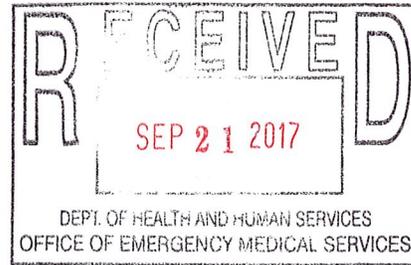


EMERGENCY MEDICAL SERVICES AUTHORITY

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



September 18, 2017

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

Dear Mr. Magnino:

This letter is in response to Sacramento County's 2016 EMS Plan Update submission to the EMS Authority on September 1, 2017.

I. Introduction and Summary:

The EMS Authority has concluded its review of Sacramento County's 2016 EMS Plan Update and is approving the plan as submitted.

II. History and Background:

Sacramento County received its last full plan approval for its 2010 plan submission, and its last annual plan update for its 2015 plan submission.

Historically, we have received EMS Plan submissions from Sacramento County for the following years:

- 1999
- 2001
- 2002
- 2004-2008
- 2010-2015

Health and Safety Code (HSC) § 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”.*

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 HSC § 1797.105(b).

III. Analysis of EMS System Components:

Following are comments related to Sacramento County's 2016 EMS Plan Update. Areas that indicate the plan submitted is concordant and consistent with applicable guidelines or regulations, HSC § 1797.254, and the EMS system components identified in HSC § 1797.103, are indicated below:

Approved Not
Approved

A. System Organization and Management

1. Standard 1.10 - Planning Activities – Special Populations

- Please explain in your next EMS Plan Update your strategy and long term process to develop and implement services for special population groups served by the EMS System.

2. Table 2. System Resources and Operations

- #3. Under "Person Responsible for day-to-day activities for EMS agency", "d – Other" was marked. Please state in your next EMS Plan Update the classification and/or name of the person for who "other" was selected..

1.

B. Staffing/Training

C. Communications

D. Response/Transportation

1. Ambulance Zones

- Based on the documentation provided by Sacramento County, please find enclosed the EMS Authority's determination of the exclusivity of Sacramento County's ambulance zones.

E. Facilities/Critical Care

F. Data Collection/System Evaluation

1. Standards 6.01 – 6.11

- Please provide supporting documentation in your next EMS Plan Update.

G. Public Information and Education

H. Disaster Medical Response

IV. Conclusion:

Based on the information identified, Sacramento County's 2016 EMS Plan Update is approved.

Pursuant to HSC § 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 next annual EMS Plan Update will be due on or before September 30, 2018. If you have any questions regarding the plan review, please contact Ms. Nancy (Steiner) Keyson, Acting EMS Plans Coordinator, at (916) 431-3688.

Sincerely,



Howard Backer, MD, MPH, FACEP
Director

Enclosure

2016 Sacramento County EMS Transportation Plan
Approved

Sacramento County	ZONE	X	EXCLUSIVITY	TYPE	LEVEL
			Non-Exclusive	Emergency Ambulance	All Emergency Ambulance Services
			Exclusive	ALS	9-1-1 Emergency Response
			Method to Achieve Exclusivity	LALS	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



County of Sacramento

September 1, 2017

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

Dear Dr. Backer:

Please see the attached annual updates to the Sacramento County 2016 Emergency Medical Services (EMS) Plan, the 2016 Trauma System Annual Update, and the 2016 Annual Quality Improvement Program (QIP). These are submitted in accordance with EMSA #103, *EMS System Guidelines* and *Title 22, Division 9, Chapter 12, EMS System Quality Improvement*.

EMS PLAN ANNUAL UPDATE

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

SECTION I: Summary of System Status

#1.02 – LEMSA Mission:

- A major effort in 2016 was to improve data collection from out-of-hospital providers through the implementation of NEMSIS V3.4 and with all ALS providers working to meet the December 31, 2016 deadline.
- Only a few ALS providers did not meet the deadline, however met it by the end of the first quarter 2017.
- Efforts are in process to implement NEMSIS V3.4 data submission by Basic Life Support first responder agencies by December 31, 2017.

#1.10 – Special Populations: Began working with EMS Providers to develop and implement the necessary services needed for these special populations.

SECTION III: System Resources and Operations

Tables 2-11: Include updated information for calendar year 2016.

Table 6: Includes data requested from EMSA in the previous EMS Plan approval letter. Two (2) data elements are not being tracked. Will begin to collect these elements from ALS providers and trauma centers by the next plan update.

Table 9: Reflects the opening and approval of the Veterans Affairs Medical Center – Sacramento as a County 911 Receiving Hospital.

SECTION VI: Annex

Appendix 9: Add the attached letters of approval from EMSA to the respective plans: November 21, 2016 approval letter/EMS Plan, February 9, 2017/Trauma System Status Report, and February 11, 2017/QIP Plan.

TRAUMA SYSTEM STATUS REPORT

The narrative was expanded to improve information provided to EMSA regarding the Sacramento County Trauma System. Key changes included:

Trauma System Goals and Objectives:

- Trauma Review Committee (TRC) provides unique educational opportunities to region wide physicians and administrators.
- The TRC requested data on 'Trauma Incidents' from 2013-2016. The data was shared with the TRC and included in this year's annual update.

System Performance Improvement:

- The EMS Agency assumed responsibility for the trauma data on behalf of the TRC. We were able to work with the trauma surgeons to identify more relevant indicators to improve the trauma system.
- Worked closely with the Coroner's Office to regularly obtain data.

QUALITY IMPROVEMENT PROGRAM ANNUAL UPDATE

The narrative includes updates to the 2015 Sacramento County Quality Improvement Program (QIP) Annual Update. Key changes included:

- New policies such as updating paramedic accreditation requirements, infrequent skills, pediatric intubation, and medication dosages.
- Updates to the QIP, development of a Quality Assurance (QA) Plan, development of QI and QA reporting form, and updating Core Measure indicators.

Active Projects include the following:

- Working with the hospitals and pre-hospital providers in order to identify and address viable solutions in order to minimize data submission errors.
- Working with pre-hospital providers on timely completion and submission of electronic patient care reports.
- Developing and implementing new policies for 'End of Life Option Act and Law Enforcement Administration of Narcan.
- Ensuring criteria for reporting, quality assurance, and follow-up for the twenty (20) minute Ambulance Standard Offload Patient Time (APOT).

August 31, 2017
Dr. Backer, EMSA
EMS, Trauma Plan and QIP Updates
Page 3 of 3

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

Sincerely,



DAVID M. MAGNINO,
EMS Administrator

Attachments:

Trauma System Annual Update
Quality Improvement Program Annual Update
EMS Plan Annual Update

Cc:

Sandy Damiano, PhD, Deputy Director
DHHS Primary Health Services

A. SYSTEM ORGANIZATION AND MANAGEMENT

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Agency Administration:						
1.01	LEMSA Structure		X			
1.02	LEMSA Mission		X			
1.03	Public Input		X			
1.04	Medical Director		X	X		
Planning Activities:						
1.05	System Plan		X			
1.06	Annual Plan Update		X			
1.07	Trauma Planning*		X	X		
1.08	ALS Planning*		X			
1.09	Inventory of Resources		X			
1.10	Special Populations		X			X
1.11	System Participants		X	X		
Regulatory Activities:						
1.12	Review & Monitoring		X			
1.13	Coordination		X			
1.14	Policy & Procedures Manual		X			
1.15	Compliance w/Policies		X			
System Finances:						
1.16	Funding Mechanism		X			
Medical Direction:						
1.17	Medical Direction*		X			
1.18	QA/QI		X	X		
1.19	Policies, Procedures, Protocols		X	X		

A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
1.20 DNR Policy		X			
1.21 Determination of Death		X			
1.22 Reporting of Abuse		X			
1.23 Interfacility Transfer		X			
Enhanced Level: Advanced Life Support					
1.24 ALS Systems		X			
1.25 On-Line Medical Direction		X			
Enhanced Level: Trauma Care System:					
1.26 Trauma System Plan		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:					
1.27 Pediatric System Plan		X			
Enhanced Level: Exclusive Operating Areas:					
1.28 EOA Plan		N/A			

B. STAFFING/TRAINING

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Local EMS Agency:						
2.01	Assessment of Needs		X			
2.02	Approval of Training		X			
2.03	Personnel		X			
Dispatchers:						
2.04	Dispatch Training		X	X		
First Responders (non-transporting):						
2.05	First Responder Training		X	X		
2.06	Response		X			
2.07	Medical Control		X			
Transporting Personnel:						
2.08	EMT-I Training		X	X		
Hospital:						
2.09	CPR Training		X			
2.10	Advanced Life Support		X			
Enhanced Level: Advanced Life Support:						
2.11	Accreditation Process		X			
2.12	Early Defibrillation		X			
2.13	Base Hospital Personnel		X			

C. COMMUNICATIONS

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Communications Equipment:						
3.01	Communication Plan*		X	X		
3.02	Radios		X	X		
3.03	Interfacility Transfer*		X			
3.04	Dispatch Center		X			
3.05	Hospitals		X	X		
3.06	MCI/Disasters		X			
Public Access:						
3.07	9-1-1 Planning/Coordination		X	X		
3.08	9-1-1 Public Education		X			
Resource Management:						
3.09	Dispatch Triage		X	X		
3.10	Integrated Dispatch		X	X		

D. RESPONSE/TRANSPORTATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
4.01	Service Area Boundaries*	N/A			
4.02	Monitoring	X			
4.03	Classifying Medical Requests	X			
4.04	Prescheduled Responses	X			
4.05	Response Time*	X	X		
4.06	Staffing	X			
4.07	First Responder Agencies	X			
4.08	Medical & Rescue Aircraft*	X			
4.09	Air Dispatch Center	X			
4.10	Aircraft Availability*	X			
4.11	Specialty Vehicles*	X	X		
4.12	Disaster Response	X			
4.13	Intercounty Response*	X	X		
4.14	Incident Command System	X			
4.15	MCI Plans	X			
Enhanced Level: Advanced Life Support:					
4.16	ALS Staffing	X	X		
4.17	ALS Equipment	X			
Enhanced Level: Ambulance Regulation:					
4.18	Compliance	X			
Enhanced Level: Exclusive Operating Permits:					
4.19	Transportation Plan	N/A			
4.20	"Grandfathering"	N/A			
4.21	Compliance	N/A			
4.22	Evaluation	N/A			

E. FACILITIES/CRITICAL CARE

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
5.01	Assessment of Capabilities	X	X		
5.02	Triage & Transfer Protocols*	X			
5.03	Transfer Guidelines*	X			
5.04	Specialty Care Facilities*	X			
5.05	Mass Casualty Management	X	X		
5.06	Hospital Evacuation*	X			
Enhanced Level: Advanced Life Support:					
5.07	Base Hospital Designation*	X			
Enhanced Level: Trauma Care System:					
5.08	Trauma System Design	X			
5.09	Public Input	X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:					
5.10	Pediatric System Design	X			
5.11	Emergency Departments	X			
5.12	Public Input	X			
Enhanced Level: Other Specialty Care Systems:					
5.13	Specialty System Design	X			
5.14	Public Input	X			

F. DATA COLLECTION/SYSTEM EVALUATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
6.01 QA/QI Program		X	X		
6.02 Prehospital Records		X			
6.03 Prehospital Care Audits		X	X		
6.04 Medical Dispatch		X			
6.05 Data Management System*		X	X		
6.06 System Design Evaluation		X			
6.07 Provider Participation		X			
6.08 Reporting		X			
Enhanced Level: Advanced Life Support:					
6.09 ALS Audit		X			
Enhanced Level: Trauma Care System:					
6.10 Trauma System Evaluation		X			
6.11 Trauma Center Data		X			

G. PUBLIC INFORMATION AND EDUCATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
7.01 Public Information Materials		X			
7.02 Injury Control		X			
7.03 Disaster Preparedness		X			
7.04 First Aid & CPR Training		X	X		

H. DISASTER MEDICAL RESPONSE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
8.01	Disaster Medical Planning*		X			
8.02	Response Plans		X	X		
8.03	HazMat Training		X			
8.04	Incident Command System		X	X		
8.05	Distribution of Casualties*		X	X		
8.06	Needs Assessment		X	X		
8.07	Disaster Communications*		X			
8.08	Inventory of Resources		X	X		
8.09	DMAT Teams		X	X		
8.10	Mutual Aid Agreements*		X			
8.11	CCP Designation*		X			
8.12	Establishment of CCPs		X			
8.13	Disaster Medical Training		X	X		
8.14	Hospital Plans		X	X		
8.15	Interhospital Communications		X			
8.16	Prehospital Agency Plans		X			
Enhanced Level: Advanced Life Support:						
8.17	ALS Policies		X			
Enhanced Level: Specialty Care Systems:						
8.18	Specialty Center Roles		X			
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:						
8.19	Waiving Exclusivity		N/A			

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less) OR Long Range (more than one year)	Progress	Objective
1.02	LEMSA Mission	X	Long Range	ALS providers are compliant and submitting NEMSIS v3 data as of March 1, 2017. Work with hospitals to assist with out-come data collection. Work with BLS providers to become NEMSIS v3 compliant by December 31, 2017.	Implement needs identified with approved budget and staff while not reducing any current level of program activity
1.10	Special Populations	X	Long Range	Work with EMS Providers to develop the necessary services for Special Populations	Develop and implement services for special population groups served by the EMS System

TABLE 2: SYSTEM RESOURCES AND OPERATIONS
System Organization and Management

EMS System: Sacramento County Reporting Year: 2016

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 2016-2017

Expenses	
Salaries and benefits (all but contract personnel)	\$782,075
Contract services (trauma fund dist., Med. Director, Misc.)	\$152,500
Operations (e.g. copying, postage, facilities, Not Including Allocated Costs)	\$177,409
Travel	\$6,000
Fixed assets	included in operations
Indirect expenses (overhead/allocated costs)	\$84,675
Ambulance subsidy	0
EMS Fund payments to physicians/hospital	\$865,510
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
TOTAL EXPENSES	\$2,102,429

Table 2 - System Organization & Management (cont.)

SOURCES OF REVENUE	
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)	\$56,686
Training program approval fees (EMS Training & CE Provider Fees)	\$28,129
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	\$212,883
Pediatric facility approval fees/Pediatric facility designation fees	0
Other critical care center application/designation fees	0
Ambulance service/vehicle fees (ALS Provider Fees)	\$166,769
EMS Fund (SB 12/612)	\$1,374,339
Other grants	0
Other fees: Pre-hospital fees (Medical Control)	\$141,008
Other (specify): Cigarette tax revenue (AB75, AB430, EMSA)	\$42,246
Other fees: Trauma Fund and Miscellaneous	\$80,369
TOTAL REVENUE	\$2,102,429

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

Table 2 - System Organization & Management (cont.)

6. Fee structure for 2016 and 2017

- We do not charge any fees
- Our fee structure is:

Certification	2016- 2017
First responder certification	
EMS dispatcher certification	
EMT-I certification	40
EMT-I recertification	40
EMT-defibrillation certification	
EMT-defibrillation recertification	
EMT-II certification	
EMT-II recertification	
EMT-P accreditation	72
Mobile Intensive Care Nurse	
Authorized Registered Nurse (MICN/ARN)	35.35
MICN/ARN recertification	35.53
EMT-I training program approval	1,360.17
EMT-II training program approval	
EMT-P training program approval	7,403.77
MICN/ARN training program approval	793.77
Base hospital application	
Base hospital designation	
Trauma center application	
Trauma center designation (Out of County Level II - \$4,064, In-County Level II - \$53,055.44, In-County Level I – \$102,824.57)	4,064 53,055.44 102,824.57
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 2016.

Table 2 - System Organization & Management (cont.)EMS System: Sacramento CountyReporting Year: FY 2016-2017

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Administrator/ Coordinator/Director	EMS Administrator	1	61.12	28	
Administration Manager	Administrative Services Offices II	1	41.97	24	
ALS Coordinator/ Field Coordinator/ Training Coordinator	EMS Coordinator	1	48.15	24	
Program Coordinator/Field Liaison (Non-clinical)	EMS Specialist II	3	36.45	24	
Trauma Coordinator					
Medical Director	Medical Director	0.23	125.00	0	
Other MD/ Medical Consultant/ Training Medical Director					
Disaster Medical Planner					

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
Dispatch Supervisor					
Medical Planner					
Dispatch Supervisor					
Data Evaluator/ Analyst					
Quality Improvement Coordinator					
Public Information/ Education Coordinator					
Executive Secretary					
Other Clerical	Office Assistant II	1	18.97	24%	
Data Entry Clerk					
Other					

Table 2 – System Organization & Management Organizational Chart

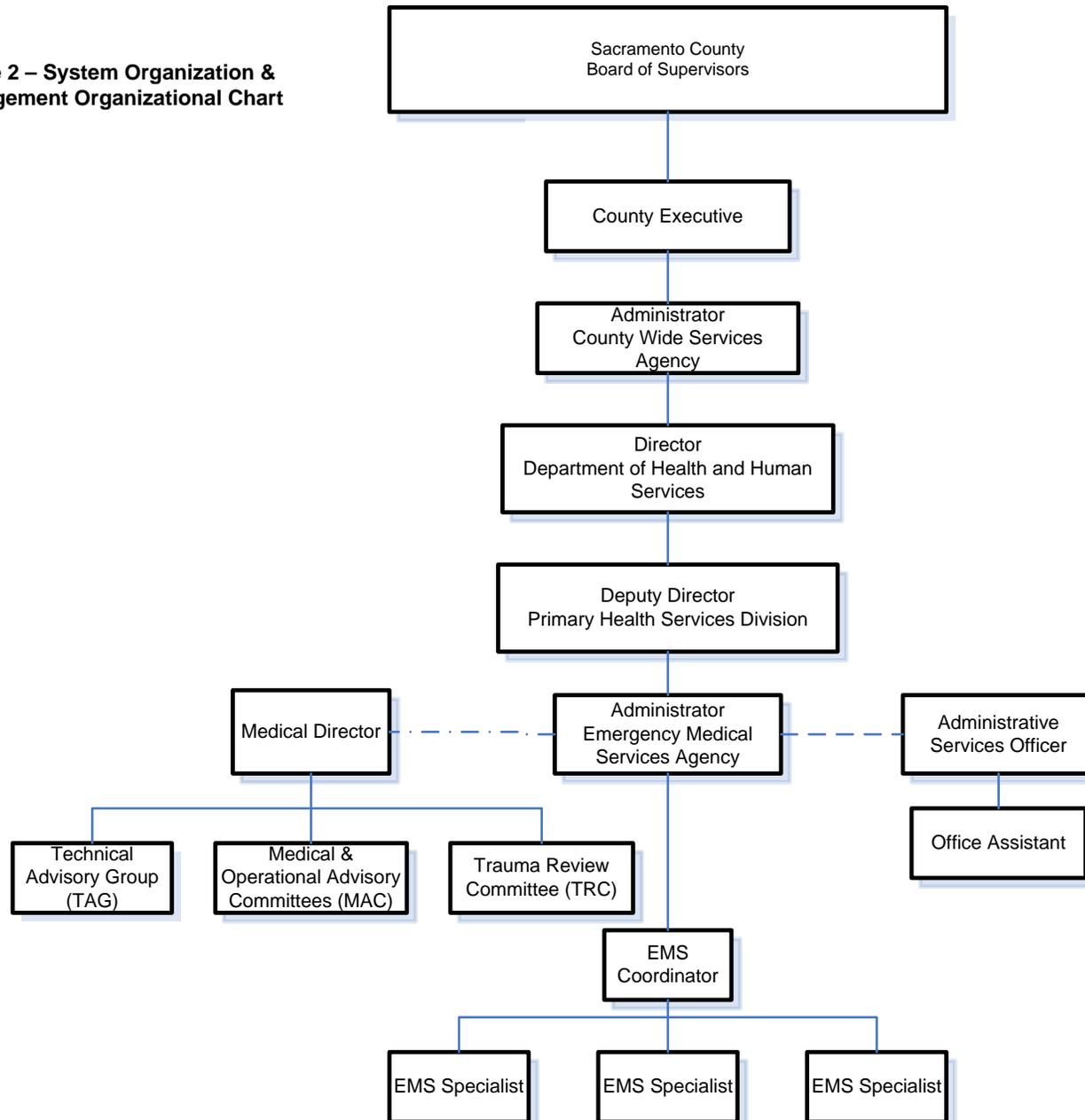


TABLE 3: SYSTEM RESOURCES AND OPERATIONS -- Personnel/TrainingEMS System: Sacramento CountyReporting Year: 2016

	EMT - Is	EMT - IIs	EMT - Ps	MICN	EMS Dispatchers
Total certified	716	0		152	0*
Number of newly certified this year	285	0		36	0*
Number of recertified this year	431	0		116	0*
Total number of accredited personnel on June 1 of the reporting year			736		
Number of certificate reviews resulting in:					
a) formal investigations	29	-	0	0	-
b) probation	0	-	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	28	-	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 – 22315
 - 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 -- CommunicationsEMS System: Sacramento CountyReporting Year: 2016

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/TransportationEMS System: Sacramento CountyReporting Year: 2016

TRANSPORTING AGENCIES		2016
1. Number of exclusive operating areas		0
2. Percentage of population covered by Exclusive Operating Areas (EOA)		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)		269,276
b. Number of incidents classified as medic responses where patient contact was made.		180,046
c. Number non-emergency responses. (Code 1: normal)		49,755
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)		177,526
b. Number of incidents requiring medic transport		127,138
c. Number non-emergency transports (Code 1: normal)		50,482
Early Defibrillation Programs		
5. Number of public safety defibrillation programs		
a. Automated		3
b. Manual		0
6. Number of EMT-Defibrillation programs		
a. Automated		8
b. Manual		0
Air Ambulance Services (<u>Provided by Air Service Providers</u>)		
7. Total number of requests		200
a. Number of emergency response		148
b. Number of non-emergency responses		52
8. Total number of transports		77
a. Number of emergency (scene) responses		41
b. Number of non-emergency responses		41

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

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

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

TABLE 6: SYSTEM RESOURCES AND OPERATIONS - Facilities/ Critical Care
 EMS System: Sacramento County Reporting Year: 2016

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.	2,852
c. Number of major trauma victims transported directly to a trauma center by ambulance	2,852
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)	3,231
e. Number of major trauma patients transferred to a trauma center	4869
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	5
4. Number of Base Hospitals with written agreements	4

***In 2016, 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 2017.**

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical
 EMS System: Sacramento County Reporting Year: 2016

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: 2016

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: 2016

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:** Sacramento

Address: 1101 Fee Drive **Number of Ambulance Vehicles in Fleet:** 40
Sacramento, CA, 95815

Phone Number: 916-563-0835 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 14

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <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 checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <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>20679</u> Total number of responses	<u>18558</u> Total number of transports
<u>3417</u> Number of emergency responses	<u>2973</u> Number of emergency transports
<u>15261</u> Number of non-emergency responses	<u>15585</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: 2016

Response/Transportation/Providers

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

County: Sacramento **Provider:** CALSTAR Air Medical Services **Response Zone:** Sacramento

Address: 4933 Bailey Loop **Number of Ambulance Vehicles in Fleet:** 4
McClellan, CA, 95652

Phone Number: 916-921-4000 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <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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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <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

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

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

Table 8: Resource Directory

Reporting Year: 2016

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:** Sacramento

Address: 10573 E. Stockton Blvd **Number of Ambulance Vehicles in Fleet:** 10
Elk Grove, CA, 95624

Phone Number: 916-405-7131 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 7

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <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"/> IFT <input checked="" type="checkbox"/> Water
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <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

18517 Total number of responses
18517 Number of emergency responses
0 Number of non-emergency responses

11408 Total number of transports
11408 Number of emergency transports
0 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: 2016

Response/Transportation/Providers

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

County: Sacramento Provider: CHP Response Zone: Sacramento

Address: 601 N 7th St Number of Ambulance Vehicles in Fleet: 0
Sacramento, CA, 95811
 Phone Number: 916-843-3300 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> 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><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain:</p>	<p><u>If Public:</u></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><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></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>0</u>	Total number of responses	<u>0</u>	Total number of transports
<u>0</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>0</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: 2016

Response/Transportation/Providers

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

County: Sacramento **Provider:** Falck Northern California **Response Zone:** Sacramento

Address: 4604 Roseville Rd **Number of Ambulance Vehicles in Fleet:** 7
N. Highlands, CA, 95660

Phone Number: 1-800-344-9955 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 6

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></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"/> CCT <input checked="" type="checkbox"/> IFT <input type="checkbox"/> Water</p>
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<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:</p>	<p><u>If Public:</u></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><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></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>1660</u>	Total number of responses	<u>1509</u>	Total number of transports
<u>15</u>	Number of emergency responses	<u>13</u>	Number of emergency transports
<u>1645</u>	Number of non-emergency responses	<u>1496</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: 2016

Response/Transportation/Providers

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

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

Address: 10161 Croydon Way, Ste 1 **Number of Ambulance Vehicles in Fleet:** 16
Sacramento, CA, 95827

Phone Number: 916-733-5100 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 9

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> CCT <input type="checkbox"/> IFT <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <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>9340</u> Total number of responses	<u>8797</u> Total number of transports
<u>1884</u> Number of emergency responses	<u>1670</u> Number of emergency transports
<u>7456</u> Number of non-emergency responses	<u>7217</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: 2016

Response/Transportation/Providers

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

County: Sacramento Provider: Herald Fire District Response Zone: Sacramento

Address: 12746 Ivie Rd Number of Ambulance Vehicles in Fleet: 0

Herald, CA, 95638

Phone Number: 916-777-8700 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

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

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

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

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: 2016

Response/Transportation/Providers

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

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

Address: 535 Glenn Dr **Number of Ambulance Vehicles in Fleet:** 5
Folsom, CA, 95630

Phone Number: 916-984-2280 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <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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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <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>7528</u>	Total number of responses	<u>3916</u>	Total number of transports
<u>7528</u>	Number of emergency responses	<u>3916</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>0</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: 2016

Response/Transportation/Providers

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

County: Sacramento Provider: Medic Ambulance Response Zone: Sacramento

Address: 2349 Lexington Street Number of Ambulance Vehicles in Fleet: 11
Sacramento, CA, 95815

Phone Number: 916-564-9011 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <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 checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <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>3155</u>	Total number of responses	<u>2703</u>	Total number of transports
<u>1571</u>	Number of emergency responses	<u>67</u>	Number of emergency transports
<u>1125</u>	Number of non-emergency responses	<u>2636</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: 2016

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: Sacramento

Address: 1815 Stockton Blvd Number of Ambulance Vehicles in Fleet: 39
Sacramento, CA, 95816
 Phone Number: 916-860-7900 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 11

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport </p> <p> <input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit </p> <p> <input type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> CCT <input type="checkbox"/> IFT </p> <p> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water </p>
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<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: </p>	<p><u>If Public:</u></p> <p> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal </p> <p> <input type="checkbox"/> County <input type="checkbox"/> Fire District </p>	<p><u>If Air:</u></p> <p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing </p>	<p><u>Air Classification:</u></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>12282</u>	Total number of responses	<u>11334</u>	Total number of transports
<u>620</u>	Number of emergency responses	<u>254</u>	Number of emergency transports
<u>11662</u>	Number of non-emergency responses	<u>11080</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: 2016

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 **Response Zone:** Sacramento

Address: 1034 Missile Way, Mather **Number of Ambulance Vehicles in Fleet:** 2
CA, 95655

Phone Number: 707-410-7784 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></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><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:</p>	<p><u>If Public:</u></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><u>If Air:</u></p> <p><input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></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

93 Total number of responses
41 Number of emergency responses
52 Number of non-emergency responses

39 Total number of transports
3 Number of emergency transports
41 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2016

Response/Transportation/Providers

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

County: Sacramento Provider: Pro Transport-1 Response Zone: Sacramento

Address: 720 Portal Street Number of Ambulance Vehicles in Fleet: 31
Cotati, CA, 94931

Phone Number: 1-800-650-4003 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 17

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input 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 type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:</p>	<p><u>If Public:</u></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><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></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

8078 Total number of responses
2 Number of emergency responses
8076 Number of non-emergency responses

8074 Total number of transports
26 Number of emergency transports
8052 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: 2016

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:** Sacramento

Address: 2360 W. Twitchell Island Road **Number of Ambulance Vehicles in Fleet:** 0
Rio Vista, CA, 94571

Phone Number: 916-777-8700 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input 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
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <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>0</u> Total number of responses	<u>0</u> Total number of transports
<u>0</u> Number of emergency responses	<u>0</u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u>0</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: 2016

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 **Response Zone:** Sacramento

Address: 3230 J st. **Number of Ambulance Vehicles in Fleet:** 24

Sacramento, CA, 95816

Phone Number: 916-808-1300 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 15

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></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><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: </p>	<p><u>If Public:</u></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><u>If Air:</u></p> <p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing </p>	<p><u>Air Classification:</u></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

88235 Total number of responses
51220 Number of emergency responses
0 Number of non-emergency responses

41061 Total number of transports
41061 Number of emergency transports
0 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: 2016

Response/Transportation/Providers

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

County: Sacramento **Provider:** Sacramento County Airport **Response Zone:** Sacramento

Address: 7201 Earhart Dr **Number of Ambulance Vehicles in Fleet:** 0
Sacramento, CA, 95837

Phone Number: 916-874-0648 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> 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><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:</p>	<p><u>If Public:</u></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><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></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

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

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

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: 2016

Response/Transportation/Providers

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

County: Sacramento **Provider:** Sac. Metro Fire Department **Response Zone:** Sacramento

Address: 10454 Armstrong Ave **Number of Ambulance Vehicles in Fleet:** 47
Mather, CA, 95655

Phone Number: 916-859-4300 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 28

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <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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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <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>82922</u> Total number of responses	<u>54836</u> Total number of transports
<u>82922</u> Number of emergency responses	<u>54836</u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u>0</u> Number of non-emergency transports

Air Ambulance Services

<u>52</u> Total number of responses	<u>4</u> Total number of transports
<u>52</u> Number of emergency responses	<u>4</u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u>0</u> Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2016

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: Sacramento

Address: 6220 Belleau Wood Lane Number of Ambulance Vehicles in Fleet: 5
Sacramento, CA, 95822

Phone Number: 916-422-3881 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

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

2761 Total number of responses
755 Number of emergency responses
2006 Number of non-emergency responses

2761 Total number of transports
755 Number of emergency transports
2006 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: 2016

Response/Transportation/Providers

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

County: Sacramento Provider: TLC Response Zone: Sacramento

Address: 3991 Attawa Ave Number of Ambulance Vehicles in Fleet: 6
Sacramento, CA, 95822

Phone Number: 916-368-2222 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

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

467 Total number of responses
33 Number of emergency responses
434 Number of non-emergency responses

467 Total number of transports
33 Number of emergency transports
434 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: 2016

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 Department **Response Zone:** Sacramento

Address: 14160 Grove St **Number of Ambulance Vehicles in Fleet:** 0
Walnut Grove, CA, 95690

Phone Number: 916-776-1111 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> 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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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <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>0</u> Total number of responses	<u>0</u> Total number of transports
<u>0</u> Number of emergency responses	<u>0</u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u>0</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 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) 973-5000

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ EDAP² PICU³	<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	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
³ 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: 916-688-2511

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ EDAP² PICU³	<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	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <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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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
³ 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) 453-4545

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ EDAP² PICU³	<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	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Carol Demaree, RN Manager

¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
³ 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

<u>Written Contract:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ EDAP² PICU³	<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	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
³ 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

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ EDAP² PICU³	<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	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	---	---	---

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

¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
³ 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

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ EDAP² PICU³	<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	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
³ 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 Medical Hospital, Sacramento
Address: 2825 Capitol Ave
Sacramento, CA 95816

Telephone Number: 916-887-1260

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ EDAP² PICU³	<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	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	---	---	--

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

¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
³ 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

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

Pediatric Critical Care Center¹ EDAP² PICU³	<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	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <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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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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I do not know if there is currently a written contract.

¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
³ 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)

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

Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	--	--	--

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

¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
³ 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: Veterans Affairs Medical Center Telephone Number: (916) 262-5763
Address: 10535 Hospital Way
Mather, Ca. 95655

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

Pediatric Critical Care Center¹ EDAP² PICU³	<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	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	---	---	--

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

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

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Sacramento

Reporting Year: 2016

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

Training Institution: AlphaOne Ambulance Telephone Number: (916)216-5602
 Address: 10451 Old Placerville Rd
Sacramento, CA. 95827

Student Eligibility*: Employees only **Program Level EMT
EMT-P
 Cost of Program: _____
 Basic: N/A Number of students completing training per year:
 Refresher: N/A
 Initial training: 0
 Refresher: 0
 Continuing Education: 40
 Expiration Date: 3/22/18
 Number of courses:
 Initial training: N/A
 Refresher: N/A
 Continuing Education: 13

Training Institution: American River College Telephone Number: 916-484-8843
 Address: 4700 College Oak Drive
Sacramento, Ca. 95841

Student Eligibility*: Open to Public **Program Level EMT-P/EMT
 Cost of Program: _____
 Basic: Varies Number of students completing training per year:
 Refresher: _____
 Initial training: 200
 Refresher: 15
 Continuing Education: 15
 Expiration Date: 3/31/18
 Number of courses:
 Initial training: 14
 Refresher: 2
 Continuing Education: 10

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Sacramento

Reporting Year: 2016

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

Training Institution: CALSTAR Telephone Number: (916)921-4066
 Address: 4933 Bailey Loop
McClellan, CA. 95652

Student Eligibility*: Open to public **Program Level EMT/RN
EMT-P
 Cost of Program: _____
 Basic: Varies Number of students completing training per year:
 Refresher: _____
 Initial training: 0
 Refresher: 0
 Continuing Education: 226
 Expiration Date: 6/30/18
 Number of courses:
 Initial training: 2
 Refresher: 1
 Continuing Education: 2

Training Institution: Methodist Hospital of Sacramento Telephone Number: 916-423-3000
 Address: 7500 Hospital Drive
Sacramento, Ca. 95823

Student Eligibility*: Open to Public **Program Level EMT/EMT-P
MICN
 Cost of Program: _____
 Basic: N/A Number of students completing training per year:
 Refresher: N/A
 Initial training: 0
 Refresher: 0
 Continuing Education: 50
 Expiration Date: 3/31/18
 Number of courses:
 Initial training: 0
 Refresher: 0
 Continuing Education: 6

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Sacramento

Reporting Year: 2016

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

Training Institution: Herald Fire Protection District Telephone Number: (209)748-2322
Address: 12746 Ivie Road
Herald, CA 95638

**Program Level EMT

Cost of Program:

Student Eligibility*: Employees only

Basic: N/A Number of students completing training per year:

Refresher: N/A

Initial training:	<u>0</u>
Refresher:	<u>0</u>
Continuing Education:	<u>0</u>
Expiration Date:	<u>12/15/18</u>
Number of courses:	
Initial training:	<u>0</u>
Refresher:	<u>0</u>
Continuing Education:	<u>0</u>
	<u> </u>

Did Not Report
<u>0</u>
<u>0</u>
<u>12/15/18</u>
<u>0</u>
<u>0</u>
<u>0</u>
<u> </u>

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Sacramento

Reporting Year: 2016

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

Training Institution: Kaiser Sacramento Medical Center Telephone Number: (916)200-5115
 Address: 2025 Morse Ave
Sacramento, CA. 95825

Student Eligibility*: Open to Public Cost of Program: **Program Level EMT/EMT-P/MICN

Basic: N/A Number of students completing training per year:
 Refresher: N/A Initial training: 0
 Refresher: 0
 Continuing Education: 0
 Expiration Date: 4/28/18

Number of courses:
 Initial training: 0
 Refresher: 0
 Continuing Education: 0

Training Institution: DMAT CA-11 Telephone Number:
 Address: 10161 Croydon Way, Suite 2
Rancho Cordova, Ca. 95826

Student Eligibility*: Employees only Cost of Program: **Program Level EMT

Basic: N/A Number of students completing training per year:
 Refresher: N/A Initial training: 0
 Refresher: 0
 Continuing Education: 66
 Expiration Date: 3/24/18

Number of courses:
 Initial training: 0
 Refresher: 0
 Continuing Education: 8

TABLE 10: RESOURCES DIRECTORY -- Approved Training ProgramsCounty: SacramentoReporting Year: 2016**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: Sacramento State Paramedic Program Telephone Number: (916)278-5984
 Address: 3000 State University Drive
Sacramento, CA. 95618

Student Eligibility*: Open to Public **Program Level EMT-P
 Cost of Program:
 Basic: 12,750 Number of students completing training per year:
 Refresher: 0 Initial training: 77
 Refresher: 0
 Continuing Education: 0
 Expiration Date: 10/31/19
 Number of courses:
 Initial training: 2
 Refresher: N/A
 Continuing Education: 0

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

Student Eligibility*: General Public **Program Level EMT-P/RN
 Cost of Program:
 Basic: \$0-200 Number of students completing training per year:
 Refresher: _____ Initial training: 1460
 Refresher: 1460
 Continuing Education: 1460
 Expiration Date: 11/30/18
 Number of courses:
 Initial training: 192
 Refresher: 192
 Continuing Education: 192

*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 ProgramsCounty: SacramentoReporting Year: 2016**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: Sacramento Airport Fire Department Telephone Number: (916)852-3190
 Address: 7201 Earhart Drive
Sacramento, CA. 95837

Student Eligibility*: Employees Only Cost of Program: **Program Level EMT
 Basic: N/A Number of students completing training per year:
 Refresher: N/A Initial training: 0
 Refresher: 0
 Continuing Education: 17
 Expiration Date: 4/20//18
 Number of courses:
 Initial training: 0
 Refresher: 0
 Continuing Education: 22

Training Institution: Walnut Grove Fire Department Telephone Number: 916-224-4211
 Address: 14160 Grove Street
Walnut Grove, Ca. 95690

Student Eligibility*: Open to Public Cost of Program: **Program Level EMT
 Basic: 1200 Number of students completing training per year:
 Refresher: _____ Initial training: 11
 Refresher: 0
 Continuing Education: 0
 Expiration Date: 5/19/21
 Number of courses:
 Initial training: 0
 Refresher: 0
 Continuing Education: 0

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Sacramento

Reporting Year: 2016

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

Training Institution: Sacramento Fire Department Telephone Number: (916)808-1300
 Address: 3230 J St
Sacramento, CA. 95816

Student Eligibility*: Employees Only Cost of Program: **Program Level EMT/EMT-P
 Basic: N/A Number of students completing training per year:
 Refresher: N/A Initial training: 0
 Refresher: 550
 Continuing Education: 553
 Expiration Date: 1/26//18
 Number of courses:
 Initial training: 0
 Refresher: 2
 Continuing Education: 25

Training Institution: City of Folsom Fire Department Telephone Number: 916-984-2280
 Address: 535 Glenn Dr.
Folsom, Ca. 95630

Student Eligibility*: Employees only Cost of Program: **Program Level EMT
 Basic: N/A Number of students completing training per year:
 Refresher: N/A Initial training: 0
 Refresher: 0
 Continuing Education: 56
 Expiration Date: 1/21/18
 Number of courses:
 Initial training: 0
 Refresher: 0
 Continuing Education: 12

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Sacramento

Reporting Year: 2016

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

Training Institution: Sacramento Metropolitan Fire District Telephone Number: (916)859-4300
 Address: 10454 Armstrong Ave Suite 200
Mather, Ca. 95655

Student Eligibility*: Employees only **Program Level EMT-1
EMT-P
 Cost of Program:
 Basic: N/A Number of students completing training per year:
 Refresher: N/A Initial training: 467
 Refresher: N/A
 Continuing Education: 560
 Expiration Date: 7/13/18
 Number of courses:
 Initial training: 1
 Refresher: 0
 Continuing Education: 9

Training Institution: NorCal Emergency Medical Training Telephone Number: 916-787-1787
 Address: 1512 Eureka Rd. Suite 105
Roseville, Ca. 95661

Student Eligibility*: General Public **Program Level EMT/EMTP
RN
 Cost of Program:
 Basic: \$60-250 Number of students completing training per year:
 Refresher: SAA Initial training: 246
 Refresher: 993
 Continuing Education: 3030
 Expiration Date: _____
 Number of courses:
 Initial training: 65
 Refresher: 146
 Continuing Education: 387

*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: 2016

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

Training Institution: Department of Emergency Medicine, UC Davis Medical Center Telephone Number: (916)734-5323
 Address: 2315 Stockton Blvd. PSSB2100A
Sacramento, CA. 95817

Student Eligibility*: Employees only **Program Level EMT/MICN
EMT-P
 Cost of Program: Basic: \$300 Number of students completing training per year:
 Refresher: N/A Initial training: N/A
 Refresher: N/A
 Continuing Education: 89
 Expiration Date: 10/14/19
 Number of courses:
 Initial training: 3
 Refresher: N/A
 Continuing Education: 9

Training Institution: ISTM, LLC Telephone Number: 916-880-4102
 Address: 1 Sunset View Court, PO Box, 2609
Rancho Mirage, Ca. 92270

Student Eligibility*: General Public **Program Level EMT-P
 Cost of Program: Basic: \$1495 Number of students completing training per year:
 Refresher: _____ Initial training: N/A
 Refresher: N/A
 Continuing Education: 80
 Expiration Date: 1/15/18
 Number of courses:
 Initial training: 2
 Refresher: 0
 Continuing Education: 2

*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: 2016

Name:	<u>AlphaOne Ambulance Medical Services, Inc</u>		Primary Contact:	<u>Tom Arjil</u>	
Address:	<u>10461 Old Placerville Road, Suite 110</u>				
	<u>Sacramento, CA 95827</u>				
Telephone Number:	<u>916-635-1111</u>				
Written Contract:	Medical Director:	<input checked="" 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>13</u> EMD Training	<u>38</u> EMT-D	<u>38</u> ALS
			<u>64</u> BLS	<u>15</u> LALS	<u>15</u> Other
Ownership:	If Public:		If Public:		
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<input type="checkbox"/> Fire		<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
	<input type="checkbox"/> Law				
	<input type="checkbox"/> Other				
	Explain: _____				

Name:	<u>AMR Sacramento Communications</u>		Primary Contact:	<u>Jacquelyn Hunsaker</u>	
Address:	<u>1041 Fee Drive</u>				
	<u>Sacramento, CA 95815</u>				
Telephone Number:	<u>1-800-193-9112</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> -No	<input type="checkbox"/> Disaster	<u>50</u> EMD Training	<u>24</u> EMT-D	<u>24</u> ALS
			<u>24</u> BLS	<u>24</u> LALS	<u>24</u> Other
Ownership:	If Public:		If Public:		
<input type="checkbox"/> Public <input checked="" type="checkbox"/> -Private	<input type="checkbox"/> Fire		<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
	<input type="checkbox"/> Law				
	<input type="checkbox"/> Other				
	Explain: _____				

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Sacramento County

Reporting Year: 2016

Name:	<u>First Responder EMS</u>	Primary Contact:	Brent Morgan								
Address:	<u>10161 Croydon Way Ste1 Sac., CA 95827</u>										
Telephone Number:	<u>916-444-1944</u>										
Written Contract: <input checked="" 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: <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><u>12</u> EMD Training</td> <td style="width: 25%;"><u>0</u> EMT-D</td> <td style="width: 25%;"><u>40</u> ALS</td> <td style="width: 25%;"></td> </tr> <tr> <td><u>37</u> BLS</td> <td><u>0</u> LALS</td> <td></td> <td>Other</td> </tr> </table>	<u>12</u> EMD Training	<u>0</u> EMT-D	<u>40</u> ALS		<u>37</u> BLS	<u>0</u> LALS		Other
<u>12</u> EMD Training	<u>0</u> EMT-D	<u>40</u> ALS									
<u>37</u> BLS	<u>0</u> LALS		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									

Name:	<u>Medic Ambulance</u>	Primary Contact:	Sandra Whaley								
Address:	<u>506 Couch Street</u> <u>Vacaville, CA, 94590</u>										
Telephone Number:	<u>707-644-8989</u>										
Written Contract: <input checked="" 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: <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><u>13</u> EMD Training</td> <td style="width: 25%;"><u> </u> EMT-D</td> <td style="width: 25%;"><u> </u> ALS</td> <td style="width: 25%;"></td> </tr> <tr> <td><u> </u> BLS</td> <td><u> </u> LALS</td> <td></td> <td>Other</td> </tr> </table>	<u>13</u> EMD Training	<u> </u> EMT-D	<u> </u> ALS		<u> </u> BLS	<u> </u> LALS		Other
<u>13</u> EMD Training	<u> </u> EMT-D	<u> </u> ALS									
<u> </u> BLS	<u> </u> LALS		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: 2016

Name:	<u>NORCAL Ambulance</u>	Primary Contact: John Brooks 916.812.9465
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 checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster Number of Personnel Providing Services: <u>14</u> EMD Training <u> </u> EMT-D <u>10</u> ALS <u>168</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

Name:	<u>Pro-Transport Ambulance</u>	Primary Contact: Devon D Luce; 916.822.0575
Address:	<u>191 Lathrop Way Suite N</u> <u>Sacramento, CA 95815</u>	
Telephone Number:	<u>1.800.650.4003</u>	
Written Contract: <input checked="" 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>20</u> EMD Training <u>2</u> EMT-D <u>30 of 30</u> ALS <u>30 of 30</u> BLS <u>3</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: 2016

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

Name:	<u>Sacramento Valley Ambulance</u>		Primary Contact:	<u>Larry Brown</u>	
Address:	<u>6220 Belleau Wood Lane #4</u>				
	<u>Sacramento, CA, 95822</u>				
Telephone Number:	<u>916-736-2500</u>				
Written Contract:	Medical Director:	<input checked="" 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>1</u> EMD Training	<u> </u> EMT-D	<u> 7 </u> ALS
			<u> 50 </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: _____			

Name:	<u>Sac Regional Fire/EMS Communications Center</u>		Primary Contact:	<u>Teresa Murray</u>	
Address:	<u>10230 Systems Parkway</u>				
	<u>Sacramento, CA, 95827</u>				
Telephone Number:	<u>916-228-3070</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	<u> 36 </u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> 14 </u> Other
Ownership:		If Public:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" 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: _____			

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Sacramento County

Reporting Year: 2016

Name:	<u>TLC Transportation, Inc</u>	Primary Contact: <u>Kathryn Whipple-Lininger</u>
Address:	<u>P.O.Box 5218</u> <u>Sacramento, CA, 95817</u>	
Telephone Number:	<u>916-825-2281</u>	
Written Contract: <input checked="" 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
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: _____	Number of Personnel Providing Services: <u>5</u> EMD Training _____ EMT-D <u>3</u> ALS <u>12</u> 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

Date: July 1, 2017

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name: Sacramento County EMS Agency</p>
<p>Area or Subarea (Zone) Name or Title: Sacramento County</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>Note: Public providers operate primarily within their service districts. Private providers operate within County borders.</p> <p>Length of operation over 10 years: American Medical Response, California Highway Patrol, CALSTAR, Cosumnes CSD Fire Department, First Responder EMS Inc., Folsom Fire Department, Medic Ambulance Service, REACH, Sacramento Fire Department, Sacramento Metropolitan Fire District.</p> <p>Length of operation less than 10 years: TLC EMS Inc. - 9 years, ProTransport-1 - 7 years, Sacramento Valley Ambulance - 6 years, NorCal Ambulance - 5 years, Falck - 4 years, Alpha One Ambulance - 4 years.</p>
<p>Area or Subarea (Zone) Geographic Description: Geographic boundaries of Sacramento County.</p>
<p>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action.</p> <p>Non-exclusive. See Appendices 4, 5 & 6 of the EMS Plan.</p>
<p>Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Not Applicable</p>
<p>Method to achieve exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>Not Applicable</p>

APPENDIX 9:

LETTERS FROM STATE APPROVING ANNUAL UPDATES

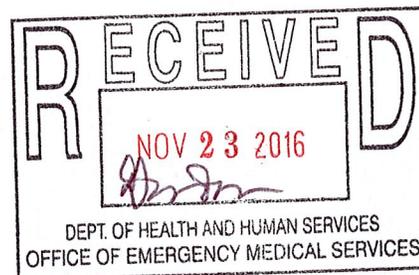
EMERGENCY MEDICAL SERVICES AUTHORITY

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



November 21, 2016

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



Dear Mr. Magnino:

This letter is in response to Sacramento County's 2015 EMS Plan Update submission to the EMS Authority on October 26, 2016.

I. Introduction and Summary:

The EMS Authority has concluded its review of Sacramento County's 2015 EMS Plan Update and is approving the plan as submitted.

II. History and Background:

Sacramento County received its last full plan approval for its 2010 plan submission, and its last annual plan update for its 2014 plan submission.

Historically, we have received EMS Plan submissions from Sacramento County for the following years:

- 1999
- 2001
- 2002
- 2004-2008
- 2010-2014

Health and Safety Code (HSC) § 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”.*

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 HSC § 1797.105(b).

III. Analysis of EMS System Components:

Following are comments related to Sacramento County's 2015 EMS Plan Update. Areas that indicate the plan submitted is concordant and consistent with applicable guidelines or regulations, HSC § 1797.254, and the EMS system components identified in HSC § 1797.103, are indicated below:

- | | Approved | Not 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> |

1. Ambulance Zones

- Based on the documentation provided by Sacramento County, please find enclosed the EMS Authority's determination of the exclusivity of Sacramento County's EMS Agency's ambulance zones.

- | | | | |
|----|-------------------------------------|--------------------------|--|
| 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's 2015 EMS Plan Update is approved.

Pursuant to HSC § 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 next annual EMS Plan Update will be due on or before November 30, 2017. If you have any questions regarding the plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,

A handwritten signature in black ink, appearing to read "Howard Backer". The signature is fluid and cursive, with a large initial "H" and "B".

Howard Backer, MD, MPH, FACEP
Director

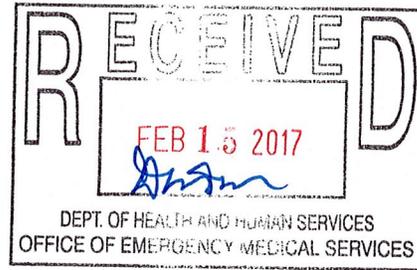
Enclosure

EMERGENCY MEDICAL SERVICES AUTHORITY

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



February 9, 2017



Dave Magnino
 EMS Chief
 Sacramento County EMS Agency
 9616 Micron Avenue, Suite 960
 Sacramento, CA 95827

Dear Mr. Magnino:

The EMS Authority (EMSA) has approved Sacramento County's 2016 Trauma System Status Report. Thank you for providing the report in compliance with EMSA's Annual Trauma System Status Report Guidelines. All Sacramento County's trauma system information provided in the report and subsequent correspondence is in compliance with California Code of Regulations, Title 22 Trauma Care Systems.

In accordance with the regulations, Section 100253, the local EMS agency shall submit to the EMS Authority an annual trauma system status report. Upon review of the report, the EMS Authority has the following required actions/recommendations/comments:

Trauma System Summary

Accepted as Written Required Action Recommendation Comment

Changes in Trauma System

Accepted as Written Required Action Recommendation Comment

Number and Designation Level of Trauma Centers

Accepted as Written Required Action Recommendation Comment

Trauma System Goals and Objectives

Accepted as Written Required Action Recommendation Comment

Changes to Implementation Schedule

Accepted as Written Required Action Recommendation Comment

System Performance Improvement

Accepted as Written Required Action Recommendation Comment

Progress on Addressing EMS Authority Trauma System Plan/Status Report

Action Items

Accepted as Written Required Action Recommendation Comment

Thank you again for submitting a report on Sacramento County's Trauma System. Your next Trauma System Status Report will be due February 9, 2018 (see attached format). Please provide us with an electronic copy. If you have any questions, please contact Tom McGinnis at (916) 322-4336 or tom.mcginnis@emsa.ca.gov.

Sincerely,

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

Howard Backer, MD, MPH, FACEP
Director

Attachment



Emergency Medical Services Authority

Trauma System Plan Revision & Annual Trauma System Status Report Guidelines

Jerry Brown
Governor
State of California

Diana S. Dooley
Secretary
Health and Human Services Agency

Howard Backer, MD, MPH, FACEP
Director
Emergency Medical Services Authority

Updated, June 2012



This document is intended to provide Emergency Medical Services (EMS) Agencies with instructions and minimum guidelines for preparing Trauma System Plan Revisions and Annual Trauma System Status Reports.

TRAUMA SYSTEM PLAN

California statute, Health and Safety Code Section 1798.162, allows local emergency medical services (EMS) agencies to implement a trauma system if the system meets the minimum standards set forth in the regulations. For preparation of the Trauma System Plan, refer to EMSA #151 - Trauma Plan Development Guidelines, January 2000. The guideline is available on the EMS Authority website: www.emsa.ca.gov/emsdivision/trauma_plan_cover.asp.

TRAUMA SYSTEM PLAN SIGNIFICANT CHANGES

If significant changes to the trauma system occur after the Trauma System Plan has been approved, the Trauma System Plan must be revised and submitted to the EMS Authority for review and approval prior to the implementation of the changes. The California Code of Regulations outlines the requirements for significant changes to a Trauma System Plan.

- ✚ **Section 100253 (i):** After approval of a trauma system plan, the local EMS agency shall submit to the EMS Authority for approval any significant changes to that trauma system plan prior to the implementation of the changes. In those instances where a delay in approval would adversely impact the current level of trauma care, the local EMS agency may institute the changes and then submit the changes to the EMS Authority for approval within thirty (30) days of their implementation.

Significant changes would include designation or de-designation of trauma care facilities, changes in use of outside trauma care systems, change of trauma care system design, or major policy changes. Two copies of the revised Trauma System Plan should be submitted to the EMS Authority with a cover letter that clearly outlines the major changes.

Generally, significant changes will require the entire Trauma System Plan to be revised. However, specific section changes will be accepted only if they clearly fit within the old plan (i.e., page numbering remains the same, new sections are complete). A letter clearly outlining the changes must accompany two copies of

the section changes. Please contact the EMS Authority Trauma Coordinator to determine if section changes would be appropriate at (916) 322-4336.

The EMS Authority should be notified immediately upon **any** changes to the number of trauma centers. If a trauma center is added, a letter should be sent to the EMS Authority that includes the name of the trauma center, the street address, whether the trauma center is a public or private facility, the phone number for the hospital and the trauma office, the trauma center designation level, and the date it was designated.

The local EMS Agency should immediately contact the EMS Authority to alert them as to any possible de-designation or reduction in designation level of a trauma center and update the Authority as additional information becomes available. If the trauma center is ultimately de-designated or the designation level is reduced, a letter should be sent to the EMS Authority indicating the name, address and the level of the trauma center, and the date of de-designation or designation level reduction. The trauma plan should also be updated to indicate the addition or deletion of the trauma center and show how trauma patients will be cared for.

ANNUAL TRAUMA SYSTEM PLAN STATUS REPORT

Local EMS Agencies are required to include a trauma system status report as part of the annual EMS Plan update according to the California Code of Regulations.

- **Section 100253 (j):** The local EMS agency shall submit a trauma system status report as part of its annual EMS Plan update. The report shall address, at a minimum, the status of trauma plan goals and objectives.

The report is to be a separate chapter of the EMS Plan and is due one year from the approval of the most current EMS Plan. The report should include a summary of the trauma system, a description of any changes to the trauma system, the number and designation level of the trauma centers, an update of the status of the Trauma System Plan's goals and objectives and any modifications, progress toward or changes to the implementation schedule, and progress toward addressing any comments made in the EMS Authority's review of the Trauma System Plan. Any changes and/or additions to the Trauma System Plan should also be enclosed with the status report and clearly marked for incorporation into the trauma plan. A general format for the trauma system status report follows.

EMS Plan: TRAUMA SYSTEM STATUS REPORT

Trauma System Summary – Brief summary of trauma care system.

Changes in Trauma System – Describe any changes in the trauma care system and/or progress toward implementation.

Number and Designation Level of Trauma Centers – List the designated trauma centers and indicate any potential problems or possible changes in designation.

Trauma System Goals and Objectives – Provide update on progress toward meeting goals and objectives listed in the Trauma System Plan. Modify goals and objectives as appropriate.

Changes to Implementation Schedule – Indicate completion of activities and modify schedule as appropriate.

System Performance Improvement – Provide a description of trauma system review processes accomplished during the reporting year.

Progress on Addressing EMS Authority Trauma system Plan Components – Trauma System Plan approval letters may include issues to be addressed or commented upon by the local EMS Agency. The status report should include an update of progress toward completion of these items along with any required changes accomplished as required in the approval letter. Changes should be accompanied by a cover letter which clearly indicates where the changes should be added to the Trauma System Plan.

Other Issues – Local EMS Agencies may include any other relevant issues as deemed appropriate.

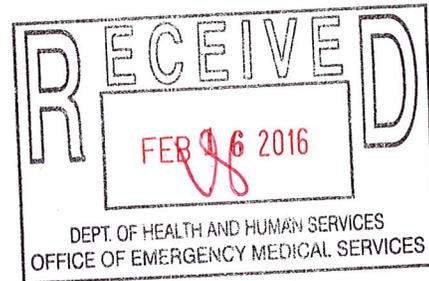
EMERGENCY MEDICAL SERVICES AUTHORITY

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



February 11, 2016

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



Dear Mr. Magnino:

This letter is in response to the Quality Improvement (QI) Program supplement to Sacramento County's 2013 EMS Plan Update submitted to the EMS Authority on December 9, 2015.

I. Introduction and Summary:

The EMS Authority has accepted the QI Program as submitted and is updating the status of Sacramento County's 2013 EMS Plan Update to fully approved.

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 recently, its 2014 plan submission. Sacramento County received its last Full Plan approval for its 2010 plan, received temporary approval in 2014 for its 2013 Update, contingent on submission of a QI Program, and received approval in 2016 for its 2014 Update.

III. Analysis of EMS System Components:

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. Please refer to specific comments for each area provided in the temporary approval letter dated December 11, 2014.

- | | Approved | Not
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> |
| 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 2013 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:

Due to Sacramento's subsequent submission and approval of its 2014 EMS Plan Update, Sacramento County's 2015 EMS Plan Update is due on or before January 15, 2017. In addition, an annual status update of the QI Program must also be submitted to the EMS Authority.

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

Sincerely,

A handwritten signature in blue ink, appearing to read "Howard Backer", with a stylized flourish at the end.

Howard Backer, MD, MPH, FACEP
Director