

**County Executive**

Ann Edwards

**Deputy County Executive**

Chevon Kothari  
Social Services



**Department of Health Services**

Timothy W. Lutz, Director

**Divisions**

Administration  
Behavioral Health  
Primary Health  
Public Health

**County of Sacramento**

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July 23, 2023

**Elizabeth Basnett, Interim Director**

Emergency Medical Services Authority  
11120 International Drive, Suite 200  
Rancho Cordova, CA 95670

Dear Ms. Basnett:

Please see the **revised** annual updates to the 2022 Sacramento County Emergency Medical Services (EMS) Plan, the 2022 Trauma System Annual Update, the 2022 Annual Quality Improvement Program (QIP), 2022 STEMI Critical Care System Annual Update and the 2022 Stroke Critical Care System Annual Update. These are submitted in accordance with *Health and Safety Code Sections 1797.103 and 1797.250 – 1797.258 and Title 22, Division 9, Chapter 7.1, STEMI Critical Care System, Chapter 7.2, Stroke Critical Care System and Chapter 12, EMS System Quality Improvement.*

**EMS PLAN ANNUAL UPDATE**

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

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

**A. System Organization and Management**

1.01 – Organizational Structure:

- In July 2022, the EMS Agency moved from Primary Health Division to Public Health Division within the Department of Health Services. The EMS Administrator now reports directly to the Deputy Director of Public Health, who is also the Sacramento County's Public Health Officer.

**B. Manpower and Training**

2.13 – Critical Care Paramedic Training and Accreditation:

- In 2022, a private provider continued to request this program but the Sacramento County EMS Agency (SCEMSA) does not have staff nor funding to oversee the program at this time.

## **D. Response and Transportation**

### 4.05 – Response Time Standards:

- SCEMSA utilizes the National Response Time Standards as its benchmarks. In 2022, SCEMSA did not complete the plans to implement Sacramento County Response Time Standards. SCEMSA continues to work on the process to establish County Response Time Standard by end of calendar year 2023.

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

- Sacramento County is a Non-Exclusive Operating Area.

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

### 5.04 – Critical Care System:

- SCEMSA's Critical Care System contains Trauma, STEMI and Stroke programs since 2020.

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

### 6.04 – Electronic Patient Health Information Exchange:

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

### 6.09 – Ambulance Patient Offload Times:

- EMS stakeholders established the Ambulance Patient Offload Time (APOT) metric at 20 minutes. In 2022, the system wide 90<sup>th</sup> percentile APOT was sixty-eight and a half (68.5) minutes. In 2021 the APOT was sixty-one (61) minutes. This is an increase of seven and a half (7.5) minutes.

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

- STEMI and Stroke – Designated STEMI and Stroke centers submitted electronic data through American Heart Association, "Get with the Guidelines (GWTG) – Cardiac Artery Disease," for STEMI and GWTG – Stroke for Stroke hospitals.

## **G. Public Information and Education**

### 7.05 – Public Training and Education on Disaster Preparedness:

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

## **H. Disaster Medical Response**

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

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

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

#### Sacramento County EMS Agency Certification:

- There was a slight decrease in the number of personnel investigations in 2022 (N=35) as compared to 2021 (N = 38). During 2022, SCEMSA's new full time EMS Specialist continued to improve the Professional Standards program, including personnel investigations. SCEMSA began working on an automatically generated report from the on-line application software to meet the requirements of Section 1797.229 Health and Safety Code.

#### Available Training:

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

### **UPDATE:**

### **TABLE 3: Communication:**

#### Medical Control: Sections 100170 and 100360, Title 22, Division 9, CA Code of Regulations:

- SCEMSA Medical Director maintains medical control by establishing medical policies and procedures directing all aspects of prehospital care from emergency medical dispatch, field providers to receiving hospitals. These medical control policies and procedures include both standing orders and direct voice communications between the field and hospitals.
- SCEMSA medical control policies and procedures apply to both ground units and air provider units when based in Sacramento County.

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

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

- With over three (3) years of data submitted to California EMS Information System (CEMSIS) from all ALS providers, SCEMSA provides updates of system wide 90<sup>th</sup> percentile standard response times to stakeholders during regular meetings.

#### Provider Resource:

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

**UPDATE:**  
**TABLE 7: Disaster Medical Response:**

Disaster Response and Utilizes of Medical Health Operational Area Coordinator (MHOCA): Sections 1797.152 and 1797.153 of CA Health and Safety Code

- SCEMSA follows and utilizes the seventeen (17) function of the MHOAC program in the creation of the County's Medical and Health Disaster Plan.
- SCEMSA MHOAC use the 17 functions in coordination of resources during a disaster and integrate the coordination with the Region IV, Regional Disaster Medical Health Coordinator (RDMHC) program. This includes when resources are needed from outside of Sacramento County.
- SCEMSA administrator shares the MHOAC responsibilities with Sacramento County Public Health Officer on a daily basis.

**TRAUMA SYSTEM STATUS REPORT**

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

Trauma System Goals and Objectives:

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

System Performance Improvement:

- Due to the continued COVID-19 pandemic, the TRC met virtually on a quarterly basis.
- Worked with the TRC to update several prehospital trauma policies, including adding a new policy to address clinical and operational decision-making relative to traumatic arrest.
- Reviewed EMS provider data and identified EMS-transports with a Trauma related Primary Impression per hospital. The data indicates the number of patients, meeting trauma triage criteria (TTC) and transported to a non-trauma hospital, in the majority of the patients paramedics identified and documented paramedic judgement or high-speed motorized vehicle accidents as the positive TTC.

## **QUALITY IMPROVEMENT PROGRAM ANNUAL UPDATE**

### 2022 Highlights:

- Continue to monitor documentation compliance and trend improvements via quality improvement audits and documentation dashboards in system monitoring.
- Developed and implemented new dashboards to report data on specialty services and 9-1-1 response times.
- Improved tracking of ambulance patient off-load times (APOT). Provided monthly comparisons between 2021 and 2022 APOT data to stakeholders.
- The posting of the following APOT reports on the EMS Agency's webpage, which are updated bi-weekly:
  - Ambulance Patient Offload Times (APOT) per Month for Sacramento County
  - Ambulance Patient Offload Times (APOT) per Month by Hospital
  - Ambulance Patient Offload Times (APOT) Previous Calendar Week per Hospital

### Active Projects include the following:

- Continued focus on documentation, training and monitoring of glucose checks in Stroke patients and Stroke numerical values.
- Monitored 'Scene Times' for STEMI and trauma patient with a positive trauma triage criteria.

## **2022 STEMI CRITICAL CARE SYSTEM ANNUAL UPDATE**

- Expanded the EMS Agency's access to hospital data via the American Heart Association "Get With the Guidelines" (GWTG) data registry.
- Completed the GWTG data integration in early 2022, for more robust reporting in the next plan reporting cycle.
- Worked with the STEMI Advisory Committee to identify areas needing improvement, implements process improvement and training/education, and recognizes excellence in performance and delivery of care.

## 2022 STROKE CRITICAL CARE SYSTEM ANNUAL UPDATE

- Worked with Stroke Advisory Committee to review and approve Policy Document (PD) 2529 "Stroke Receiving Center Designation" and PD 6002 "Stroke Critical Care System General Provisions" without changes.
- Continues to evaluate the system needs based on communication, review of performance data, and suggested improvement initiatives within our Stroke Community to establish a divert care policy to Comprehensive Stroke hospitals.
- Worked with the Stroke Advisory Committee to expand the EMS Agency's access to hospital data via the American Heart Association "Get With the Guidelines" (GWTG) data registry.
- Completed the GWTG data integration in 2022, for more reporting in the next plan reporting cycle.

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

Sincerely,



David M. Magnino  
EMS Administrator

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

Cc: Oliva Kasirye, MD, Health Officer, DHS, Public Health

**County Executive**  
Ann Edwards

**Deputy County Executive**  
Chevon Kothari  
Social Services



**Department of Health Services**  
Timothy W. Lutz, Director

**Divisions**  
Administration  
Behavioral Health  
Primary Health  
Public Health

## County of Sacramento

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May 10, 2023

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Emergency Medical Services Authority  
11120 International Drive, Suite 200  
Rancho Cordova, CA 95670

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**Division of Public Health**

Olivia Kasirye, MD, MS  
Public Health Officer



**Sacramento County Emergency Medical Services Agency**

9616 Micron Ave Suite 960  
Sacramento, CA 95827  
phone (916) 875-9753  
[www.dhs.saccounty.gov/pub/ems](http://www.dhs.saccounty.gov/pub/ems)

## 2022 STEMI CRITICAL CARE SYSTEM ANNUAL UPDATE

- Expanded the EMS Agency's access to hospital data via the American Heart Association "Get With the Guidelines" (GWTG) data registry.
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Sincerely,



David M. Magnino  
EMS Administrator



Kevin Mackey, MD  
Interim Medical Director

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

Cc: Oliva Kasirye, MD, Health Officer, DHS, Public Health





**FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY**



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

# FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY



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

# FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY



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

# FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY



C. COMMUNICATIONS (cont.)	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
3.04 EMD Certification	✓		
3.05 Medical Communication System Plan	✓		
3.06 Emergency System for Inter-hospital Communication	✓		
D. RESPONSE AND TRANSPORTATION	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
4.01 Primary Response Area	✓		
4.02 Provider Selection	✓		
4.03 Authorization of Advanced EMT & Paramedic Service Providers	✓		
4.04 Advanced Life Support Provider Application	✓		
4.05 Response Time Standards		✓	At this time, Sacramento County does not have Response Time standards established. We currently utilize the National Response Time Standards as bench marks. Discussion around possible implementation by end of calendar year 2023.
4.06 System Status Management	✓		
4.07 Creation of Exclusive Operating Area and Approval		✓	Sacramento County is an Non-Exclusive Operating Area. There is no plan to establish Exclusive Operating Areas in the future

# FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY



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

# FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY



F. DATA COLLECTION AND EVALUATION (cont.)	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
6.05 Prehospital EMS and Specialty Care Data through CEMISIS/NEMSIS	✓		
6.06 EMS QA/QI Program	✓		
6.07 EMS Service Provider QI Program	✓		
6.08 EMS Quality Core Measures	✓		
6.09 Ambulance Patient Offload Times		✓	APOT metric set at 20 minutes. In 2022, the 90th Percentile APOT time system wide was: 68.47 minutes.
6.10 Data Collection from Specialty Care Centers	✓		We currently receive data from the three trauma centers. In 2022, all STEMI/Stroke hospitals submitted data through 'Get With the Guideline - CAD' and 'GTWG- Stroke' for hospital data.
G. PUBLIC INFORMATION AND EDUCATION	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
7.01 Public Information Improvement	✓		
7.02 Program for Public Awareness of EMS System	✓		
7.03 Public Training on First Aid, Bleeding Control, CPR	✓		

**FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY**



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

**FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY**



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

# FORM 3: AMBULANCE OPERATING ZONE SUMMARY FORM



<b>Date:</b>	
April 11, 2023	
<b>Local EMS Agency or County Name:</b> Sacramento County EMS Agency	
<b>Area Description:</b> (e.g., Zone 1, Zone A) Sacramento County	
<b>Title:</b> Sacramento County	
<b>Geographic Description:</b> (Also attach map) Geographic boundaries of Sacramento County.	
<b>Current Provider Name:</b> (include legal, fictitious, and dba)	
<small>1. Alpha One Ambulance, 2. America West, 3. American Medical Response, Inc. 4. Amwest, 5. Bay Medic Transportation, 6. CalMAT EMSA, 7. California Highway Patrol, Capitol Protection Division, 8. California Highway Patrol, Office of Air Operations, 9. CALSTAR Air Ambulance, 10. City of Isleton Fire Department, 11. Cosumnes CSD Fire District, 12. Folsom City Fire Department, 13. Herald Fire Protection District, 14. Medic Ambulance Services, 15. NorCal Ambulance 16. Performance EMS, 17. Pro Transport 1 Ambulance, 18. REACH Air Ambulance, 19. River Delta Fire District, 20. Sacramento City Fire Department, 21. Sacramento County Airport Fire, 22. Sacramento Metropolitan Fire District, 23. Sacramento Valley Ambulance, 24. Trauma Life Care (TLC) Inc., 25. Versa Care Emergency Medical Services, 26. Wilton Fire Protection District.</small>	
<input type="checkbox"/> <b>Exclusive</b>	<input checked="" type="checkbox"/> <b>Non - Exclusive</b>
<b>Type of Exclusivity (HSC § 1797.85):</b> (Check all applicable boxes)	
<input type="checkbox"/> <b>Emergency Ambulance</b>	<input type="checkbox"/> <b>Advanced Life Support (ALS)</b>
	<input type="checkbox"/> <b>Limited Advanced Life Support (LALS)</b>
<b>Scope of Operations:</b> (Check one box)	
<input type="checkbox"/> <b>9-1-1 Emergency Ambulance</b>  <input type="checkbox"/> <b>ALS Ambulance</b>  <input type="checkbox"/> <b>All CCT/ALS Ambulance Services</b> (CCT, 9-1-1, 7-Digit)  <input type="checkbox"/> <b>Critical Care Transport</b>  <input checked="" type="checkbox"/> <b>All Emergency Services</b> (9-1-1, 7-Digit, IFT, CCT, Non-Emergency, Standby Transportation)	<input type="checkbox"/> <b>7-Digit Emergency Ambulance</b>  <input type="checkbox"/> <b>All ALS Ambulance Services</b> (9-1-1, 7-Digit, IFT)  <input type="checkbox"/> <b>BLS Non-Emergency Services</b> (IFT)  <input type="checkbox"/> <b>Standby Service with Transport Authorization</b>  <input type="checkbox"/> <b>Other</b> <hr/> <hr/> <hr/>



# TABLE 1: SYSTEM ORGANIZATION AND MANAGEMENT

## EMS Agency Overview

Local EMS Agency: SACRAMENTO COUNTY

Plan Year: 2022

EMS Director/Administrator: DAVID MAGNINO

EMS Medical Director: DR. HERNANDO GARZON

Physical Address: 9616 MICRON AVE. SUITE 960  
SACRAMENTO, CA 95827

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

Number of Counties in Local EMS Agency: 1  
Counties within Regional Agency: \_\_\_\_\_

Population of EMS system: 1,576,618

Local EMS Agency responsibility:  Hospital Preparedness Program  
 Public Health Emergency Preparedness Program  
 Other: \_\_\_\_\_

## EMS Agency Organization

Organizational Charts Attached:  County Structure  EMS Agency

## EMS Agency Budget

Fiscal Year: 2021-22

Expenses for EMS agency administration services only:

Expense Category	Total
Salaries and Benefits (not contracted staff)	\$ 1,259,807
Contract Services	\$ 320,700
Services and Supplies	\$ 1,894,315
Total Expenses*	\$ 3,474,822



**TABLE 1: SYSTEM ORGANIZATION AND MANAGEMENT**

**EMS Agency Budget (cont.)**

Revenue received for EMS agency administration services only:

Revenue Category	Total
County General Fund (local tax funds, county health realignment funds, etc.)	\$ 550,179
County Health Realignment Funds	\$ N/A
Maddy EMS Fund (LEMSA discretionary funds only)	\$ 1,723,000
Grant Revenue	\$ 43,175
Fees	\$ 990,000
Other:	\$ 168,468
<b>Total Revenue*</b>	<b>\$ 3,474,822</b>

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

**EMS Agency Fee Structure**

Effective Date of Fees: 07/01/2021

	Item	Fee	Comment
<b>Certifications</b>	First responder certification	\$	
	First responder re-certification	\$	
	EMS dispatcher certification	\$	
	EMS dispatcher re-certification	\$	
	EMT certification	\$ 50.28	
	EMT recertification	\$ 50.28	
	EMT accreditation	\$	
	EMT re-accreditation	\$	
	AEMT certification	\$	
	AEMT recertification	\$	
	Paramedic accreditation	\$ 95.32	
	Paramedic re-accreditation	\$ 95.32	
	MICN/ARN certification	\$ 37.57	
	MICN/ARN recertification	\$ 37.57	
<b>Program Approval</b>	EMR training program approval	\$ 1,653.75	
	EMT training program approval	\$ 1,625.28	
	AEMT training program approval	\$	
	Continuing education provider	\$ 457.25	
	Paramedic training program approval	\$ 8,846.82	
	EMS dispatch program approval	\$	
	MICN/ARN training program approval	\$ 948.48	



**TABLE 1: SYSTEM ORGANIZATION AND MANAGEMENT**

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

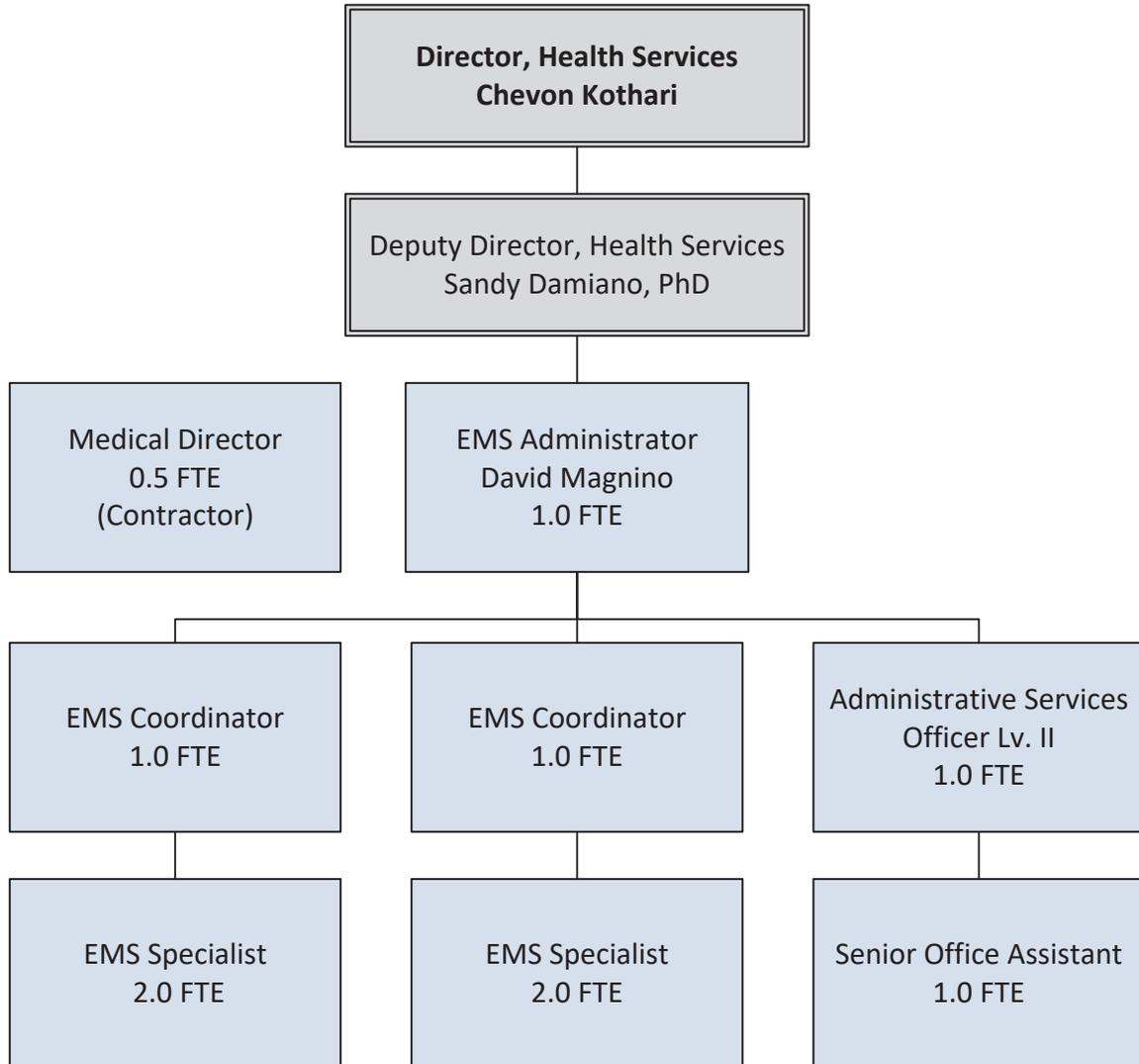
	Item	Fee	Comment
Designation	Base hospital application	\$	
	Base hospital designation	\$	
	Emergency receiving center designation	\$	
	Pediatric facility approval	\$	
	Pediatric facility designation	\$	
	STEMI/Cardiac center application	\$	
	STEMI/Cardiac center designation	\$ 14,333 / 7,166	In County / Out of County
	Stroke center application	\$	
	Stroke center designation	\$ 14,333 / 7,166	In County / Out of County
	Trauma center application	\$	
	Trauma center designation	\$ 129,650.75 / 71,053.27 70,732.66 / 5,837.96	UC Davis / Mercy San Juan / Kaiser Sacramento / Sutter Roseville
Other	Ambulance licensure	\$	
	Ambulance vehicle permits	\$	
	Ambulance franchise fee	\$	
	Paramedic course tuition	\$	
	Other: _____	\$	

**EMS Agency Staffing**

Total full-time equivalent (FTE) staff dedicated to EMS administration: 9.5

Roles	Classification	Contract (Yes/No)	FTE	Annual Salary Range	Actual Annual Salary	Benefits (% of Salary)	Benefits (Cost)
EMS Administrator	EMS Administrator	No	1.0	\$ 193,713-208,441	\$ 208,441	28 %	\$ 57,863
Asst./Deputy EMS Administrator				\$	\$	%	\$
EMS Medical Director	Medical Director	Yes	0.5	\$	\$ 122,500	0 %	\$ 0
EMS Coordinator	EMS Coordinator	No	1.0	\$ 139,586-165,963	\$ 133,456	31 %	\$ 51,190
EMS Specialist	EMS Specialist	No	1.0	\$ 109,899-129,846	\$ 114,534	34 %	\$ 39,460
CQI Coordinator				\$	\$	%	\$
Trauma Coordinator				\$	\$	%	\$
EMS Analyst				\$	\$	%	\$
Senior Procedures Analyst (IT)				\$	\$	%	\$
Administrative Assistant	Admin Svc Officer 2	No	1.0	\$ 123,886-146,871	\$ 146,871	32 %	\$ 46,836
Office Assistant III	Senior OA	No	1.0	\$ 72,733-84,680	\$ 81,481	39 %	\$ 31,921
EMS Specialist	EMS Specialist	No	1.0	\$ 109,899-129,846	\$ 129,846	33 %	\$ 42,952
EMS Specialist	EMS Specialist	No	1.0	\$ 109,899-129,846	\$ 124,493	34 %	\$ 41,731
EMS Specialist	EMS Specialist	No	1.0	\$ 109,899-129,846	\$ 109,899	35 %	\$ 38,403
EMS Coordinator	EMS Coordinator	No	1.0	\$ 139,586-165,963	\$ 133,456	31 %	\$ 51,190

FY 2021-22  
Sacramento County  
Department of Health Services, Primary Health  
Emergency Medical Services  
Total FTE = 9.5



**Legend**  
Indicates Direct Line of Authority \_\_\_\_\_  
Indicates Supervisory Authority - - - - -



**TABLE 2: MANPOWER AND TRAINING**

County: Sacramento

Reporting Year: 2022

**EMS Agency Training Program**

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

Do you have an EMR Training Program?  Yes  No

**EMS Agency Certification**

	EMT - I	EMT - II	EMT - P	MICN	NON-EMT – I (Public Safety)
Total certified	855		820	142	21
Number newly certified this year	414		141	33	10
Number recertified this year	437		679	108	11
Total accredited on July 1 of reporting year	448		475	71	12
<b>Number of certification reviews resulting in:</b>					
• Formal investigations	25		10		
• Probation	4				
• Suspensions	N/A				
• Revocations	1				
• Denials	2				
• No action taken	4		10		
<b>Number of personnel authorized/certified in:</b>					
• Early defibrillation					



**TABLE 2: MANPOWER AND TRAINING**

**Available Training**

Continuing Education Number: <u>          #34-4870          </u>	Expiration Date of Training Program: <u>          7/26/23          </u>
Student Eligibility: <u>          Restricted          </u> <small>(Open to general public or restricted)</small>	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost:    Basic <u>          \$0.00          </u> Refresher <u>          \$0.00          </u>	
Training Institution: <u>          AlphaOne Ambulance          </u>	Phone Number: <u>          916-635-1111          </u>
Address: <u>          10461 Old Placerville Rd, Suite 110          </u> <u>          Sacramento, CA 95827          </u>	Contact Name: <u>          Matthew Burruel          </u>

**Training Program Statistics for Reporting Year 2022**

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered													58	2
Number of students completing training													343	5



**TABLE 2: MANPOWER AND TRAINING**

**Available Training**

Continuing Education Number: <u>3400</u>	Expiration Date of Training Program: <u>various</u>
Student Eligibility: <u>Open to GP</u> <small>(Open to general public or restricted)</small>	Program Level: <input checked="" type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input checked="" type="checkbox"/> EMT-P <input checked="" type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic <u>46 per credit</u> Refresher _____	
Training Institution: <u>American River College</u>	Phone Number: <u>916-484-8843</u>
Address: <u>4700 College Oak Drive</u> <u>Sacramento, CA 95814</u>	Contact Name: <u>Dr. Grant Goold</u>

**Training Program Statistics for Reporting Year 2022**

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.		
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.			
Number of courses offered	5				1		0							27	
Number of students completing training	100				17									27	



**TABLE 2: MANPOWER AND TRAINING**

**Available Training**

<p><b>Continuing Education Number:</b> <u>34-3500</u></p> <p><b>Student Eligibility:</b> <u>Open</u>  <small>(Open to general public or restricted)</small></p>	<p><b>Expiration Date of Training Program:</b> <u>CE/EMT-1/17/24; Paramedic 10/31/23</u></p> <p><b>Program Level:</b> <input checked="" type="checkbox"/> EMT-I    <input type="checkbox"/> AEMT    <input checked="" type="checkbox"/> EMT-P  <input type="checkbox"/> EMR    <input type="checkbox"/> Public Safety    <input type="checkbox"/> First Aid  <input checked="" type="checkbox"/> Continuing Education</p> <p><b>Program Cost:</b> Basic <small>\$1700 EMT; \$15,000 Para</small> _____ Refresher _____</p>
<p><b>Training Institution:</b> <u>California State University, Sacramento, College of Continuing Education</u></p> <p><b>Address:</b> <u>3000 State University Drive</u>  <u>Sacramento, CA 95819</u></p>	<p><b>Phone Number:</b> <u>916-278-4846</u></p> <p><b>Contact Name:</b> <u>Kim Ramirez</u></p>

**Training Program Statistics for Reporting Year 2022**

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered	11				3								3	
Number of students completing training	229				75; 125 in progress								91	



**TABLE 2: MANPOWER AND TRAINING**

**Available Training**

Continuing Education Number: <u>34-4980</u>	Expiration Date of Training Program: <u>10/27/24</u>
Student Eligibility: <u>Public</u> <small>(Open to general public or restricted)</small>	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input checked="" type="checkbox"/> Public Safety <input checked="" type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic <u>100</u> Refresher <u>80</u>	
Training Institution: <u>Capital City CPR LLC</u>	Phone Number: <u>9165263683</u>
Address: <u>4311 Attawa Ave #100</u> <u>Sacramento, CA</u>	Contact Name: <u>Ryan Armstrong</u>

**Training Program Statistics for Reporting Year 2022**

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



**TABLE 2: MANPOWER AND TRAINING**

**Available Training**

Continuing Education Number: <u>34-1090</u>	Expiration Date of Training Program: <u>3/31/2023</u>
Student Eligibility: <u>Restricted</u> <small>(Open to general public or restricted)</small>	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>Cosumnes Fire Department</u>	Phone Number: <u>916-405-7100</u>
Address: <u>10551 E Stockton Blvd</u> <u>Elk Grove, CA 95624</u>	Contact Name: <u>Julie Carrington</u>

**Training Program Statistics for Reporting Year 2022**

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	
Number of courses offered													37
Number of students completing training													975



**TABLE 2: MANPOWER AND TRAINING**

**Available Training**

Continuing Education Number: <u>34-4900</u>	Expiration Date of Training Program: <u>1/19/25</u>
Student Eligibility: <u>Open to General Public</u> <small>(Open to general public or restricted)</small>	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic <small>0 for Dignity Employee</small> _____ Refresher <small>0 for Dignity Employee</small> _____	
Training Institution: <u>Dignity Health/ Common Spirit</u>	Phone Number: <u>513-276-0756</u>
Address: <u>3400 Data Drive, Rancho Cordova</u> <u>CA 95670</u>	Contact Name: <u>Monica Bourke</u>

**Training Program Statistics for Reporting Year 2022**

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered	0	0	0	0	0	0	0	0	0	0	0	0	11	<b>427</b>
Number of students completing training	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	27148	27148



**TABLE 2: MANPOWER AND TRAINING**

**Available Training**

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

**Training Program Statistics for Reporting Year 2022**

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered													3	
Number of students completing training													23	



**TABLE 2: MANPOWER AND TRAINING**

**Available Training**

Continuing Education Number: <u>34-4970</u>	Expiration Date of Training Program: <u>8/15/2024</u>
Student Eligibility: <u>General Public</u> <small>(Open to general public or restricted)</small>	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic <u>varies</u> Refresher <u>varies</u>	
Training Institution: <u>Everyday Heroes Training Center</u>	Phone Number: <u>916-607-0001</u>
Address: <u>9275 E. Stockton Blvd., Suite 400</u> <u>Elk Grove, CA 95624</u>	Contact Name: <u>Rob Juner</u>

**Training Program Statistics for Reporting Year 2022**

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered													85	58
Number of students completing training													348	95



**TABLE 2: MANPOWER AND TRAINING**

**Available Training**

Continuing Education Number: _____	Expiration Date of Training Program: <u>10/31/2023</u>
Student Eligibility: <u>Open to general Public</u> <small>(Open to general public or restricted)</small>	Program Level: <input checked="" type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input type="checkbox"/> Continuing Education
Program Cost: Basic _____ Semester cost _____ Refresher _____	
Training Institution: <u>Folsom Lake College-Rancho Cordova Center</u>	Phone Number: <u>(916) 996-8601</u>
Address: <u>10259 Folsom Blvd</u> <u>Rancho Cordova, CA 95670</u>	Contact Name: <u>Mark Swink</u>

**Training Program Statistics for Reporting Year 2022**

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

**TABLE 2: MANPOWER AND TRAINING**



**Available Training**

Continuing Education Number: <u>34-1030</u>	Expiration Date of Training Program: <u>1-21-24</u>
Student Eligibility: <u>Restricted</u> (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic <u>0</u> Refresher <u>0</u>	
Training Institution: <u>Folsom Fire Department</u>	Phone Number: <u>916-461-6310</u>
Address: <u>535 Glenn Dr</u> <u>Folsom CA 95630</u>	Contact Name: <u>Mark Piacentini</u>

**Training Program Statistics for Reporting Year 2022**

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														4
Number of students completing training														70



**TABLE 2: MANPOWER AND TRAINING**

**Available Training**

Continuing Education Number: <u>34-4920</u>	Expiration Date of Training Program: <u>01/15/2024</u>
Student Eligibility: <u>EMT and above</u> <small>(Open to general public or restricted)</small>	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic <u>\$2990</u> Refresher _____	
Training Institution: <u>International School of Tactical Medicine</u>	Phone Number: <u>760-880-4102</u>
Address: <u>P.O. Box 2609</u> <u>Rancho Mirage, CA 92270</u>	Contact Name: <u>Katie Heiskell</u>

**Training Program Statistics for Reporting Year 2022**

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



**TABLE 2: MANPOWER AND TRAINING**

**Available Training**

Continuing Education Number: <u>34-2090</u>	Expiration Date of Training Program: <u>02/28/2024</u>
Student Eligibility: <u>Restricted</u> <small>(Open to general public or restricted)</small>	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>Kaiser Permanente</u>	Phone Number: <u>916-973-6626</u>
Address: <u>2025 Morse Ave</u> <u>Sacramento, Ca 95825</u>	Contact Name: <u>Rich Meidinger</u>

**Training Program Statistics for Reporting Year 2022**

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered													3	
Number of students completing training													46	



**TABLE 2: MANPOWER AND TRAINING**

**Available Training**

Continuing Education Number: <u>34-2060</u>	Expiration Date of Training Program: <u>9/29/2024</u>
Student Eligibility: <u>restricted</u> <small>(Open to general public or restricted)</small>	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>Kaiser Permanente South Sacramento</u>	Phone Number: <u>916-201-4265</u>
Address: <u>6600 Bruceville Road</u> <u>Sacramento CA 95823</u>	Contact Name: <u>Wendin Gulbransen</u>

**Training Program Statistics for Reporting Year 2022**

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	
Number of courses offered													13
Number of students completing training													246



**TABLE 2: MANPOWER AND TRAINING**

**Available Training**

Continuing Education Number: <u>34-3300</u>	Expiration Date of Training Program: <u>07/05/2024</u>
Student Eligibility: <u>Open to general public</u> <small>(Open to general public or restricted)</small>	Program Level: <input checked="" type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input type="checkbox"/> Continuing Education
Program Cost: Basic <u>          </u> \$46 per unit      Refresher <u>          </u> \$46 per unit	
Training Institution: <u>Los Rios Community College District - CRC</u>	Phone Number: <u>916-691-7390</u>
Address: <u>8401 Center Parkway</u> <u>Sacramento, CA 95623</u>	Contact Name: <u>Kris Hubbard - Interim Dean</u>

**Training Program Statistics for Reporting Year 2022**

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered	2	0												
Number of students completing training	54	0												



**TABLE 2: MANPOWER AND TRAINING**

**Available Training**

Continuing Education Number: <u>34-2020</u>	Expiration Date of Training Program: <u>6/16/2024</u>
Student Eligibility: <u>Restricted</u> <small>(Open to general public or restricted)</small>	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>Mercy San Juan</u>	Phone Number: <u>916-962-8721</u>
Address: <u>6501 Coyle Ave</u> <u>Carmichael, CA 95608</u>	Contact Name: <u>Amelia Hart</u>

**Training Program Statistics for Reporting Year 2022**

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered													8	
Number of students completing training													52	



**TABLE 2: MANPOWER AND TRAINING**

**Available Training**

Continuing Education Number: <u>34-2100</u>	Expiration Date of Training Program: <u>10/25/2024</u>
Student Eligibility: <u>Restricted</u> <small>(Open to general public or restricted)</small>	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>Methodist Hospital</u>	Phone Number: <u>916-423-6103</u>
Address: <u>7500 Hospital Drive</u> <u>Sacramento, CA 95823</u>	Contact Name: <u>Krystyna Ongjoco</u>

**Training Program Statistics for Reporting Year 2022**

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered													3	
Number of students completing training													18	



**TABLE 2: MANPOWER AND TRAINING**

**Available Training**

<b>Continuing Education Number:</b> <u>34-4880</u>		<b>Expiration Date of Training Program:</b> _____	
<b>Student Eligibility:</b> <u>Open to general public</u> (Open to general public or restricted)		<b>Program Level:</b> <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education	
		<b>Program Cost:</b> Basic <u>Varies</u> Refresher <u>Varies</u>	
<b>Training Institution:</b> <u>NorCal Emergency Medical Training</u>		<b>Phone Number:</b> <u>916-787-1787</u>	
<b>Address:</b> <u>1512 Eureka Road Suite 105</u> <u>Roseville Ca 95661</u>		<b>Contact Name:</b> <u>David Mullarky</u>	

**Training Program Statistics for Reporting Year 2022**

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered													776	
Number of students completing training													3755	



**TABLE 2: MANPOWER AND TRAINING**

**Available Training**

Continuing Education Number: <u>01-0053</u>	Expiration Date of Training Program: <u>6/13/2023</u>
Student Eligibility: <u>General Public</u> <small>(Open to general public or restricted)</small>	Program Level: <input checked="" type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input type="checkbox"/> Continuing Education
	Program Cost: Basic <u>2395</u> Refresher <u>375</u>
Training Institution: <u>Project Heartbeat</u>	Phone Number: <u>510.452.1100</u>
Address: <u>2033 Howe Ave, #150</u> <u>Sacramento, CA 95825</u>	Contact Name: <u>Eric Kim</u>

**Training Program Statistics for Reporting Year 2022**

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered	11	4												
Number of students completing training	<b>121</b>	<b>13</b>												



**TABLE 2: MANPOWER AND TRAINING**

**Available Training**

Continuing Education Number: <u>#34-4960</u>		Expiration Date of Training Program: <u>09/16/2024</u>	
Student Eligibility: <u>General Public and Employee Only</u> (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P		
	<input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid		
			<input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic <u>0</u>		Refresher <u>0</u>	
Training Institution: <u>REACH Air Medical Services</u>		Phone Number: <u>916-956-0062</u>	
Address: <u>8880 Cal Center Dr. Suite 125</u> <u>Sacramento, CA 95826</u>		Contact Name: <u>Margaret Franklin</u>	

**Training Program Statistics for Reporting Year 2022**

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered													81	
Number of students completing training													2805	



**TABLE 2: MANPOWER AND TRAINING**

**Available Training**

Continuing Education Number: <u>34-4950</u>	Expiration Date of Training Program: <u>9/19/2023</u>
Student Eligibility: <u>Both</u> <small>(Open to general public or restricted)</small>	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher <u>X</u>	
Training Institution: <u>River Delta Fire District</u>	Phone Number: <u>(925) 658-0332</u>
Address: <u>16969 Jackson Slough Road</u> <u>Isleton, CA 95641</u>	Contact Name: <u>Paul Cutino</u>

**Training Program Statistics for Reporting Year 2022**

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	
Number of courses offered													1
Number of students completing training													10



**TABLE 2: MANPOWER AND TRAINING**

**Available Training**

Continuing Education Number: <u>N/A</u>	Expiration Date of Training Program: <u>2/27/24</u>
Student Eligibility: <u>Restricted</u> <small>(Open to general public or restricted)</small>	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input checked="" type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input type="checkbox"/> Continuing Education
Program Cost: Basic <u>0</u> Refresher <u>0</u>	
Training Institution: <u>Sacramento Fire CERT/HSI</u>	Phone Number: <u>916-808-2378</u>
Address: <u>3230 J Street</u> <u>Sacramento, CA 95822</u>	Contact Name: <u>Robert Ross</u>

**Training Program Statistics for Reporting Year 2022**

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered							1	1						
Number of students completing training							10	5						



**TABLE 2: MANPOWER AND TRAINING**

**Available Training**

Continuing Education Number: <u>34-1020</u>	Expiration Date of Training Program: <u>9-20-2023</u>
Student Eligibility: <u>Restricted</u> <small>(Open to general public or restricted)</small>	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input checked="" type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic <u>NA</u> Refresher <u>NA</u>	
Training Institution: <u>Sacramento County Airport Fire</u>	Phone Number: <u>916-224-8366</u>
Address: <u>7203 Earhart Drive</u> <u>Sacramento, California 95837</u>	Contact Name: <u>David Dolson(Battalion Chief)</u>

**Training Program Statistics for Reporting Year 2022**

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered													24	
Number of students completing training													32	



**TABLE 2: MANPOWER AND TRAINING**

**Available Training**

Continuing Education Number: <u>34-1050</u>	Expiration Date of Training Program: <u>1/26/2024</u>
Student Eligibility: <u>Restricted</u> <small>(Open to general public or restricted)</small>	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
	Program Cost: Basic <u>N/A</u> Refresher <u>N/A</u>
Training Institution: <u>Sacramento Fire Department</u>	Phone Number: <u>916-808-1654</u>
Address: <u>3230 J Street</u> <u>Sacramento, CA 95816</u>	Contact Name: <u>Brian Pedro</u>

**Training Program Statistics for Reporting Year 2022**

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered													16	
Number of students completing training													581	



**TABLE 2: MANPOWER AND TRAINING**

**Available Training**

Continuing Education Number: <u>34-1010</u>	Expiration Date of Training Program: <u>06/30/2024</u>
Student Eligibility: <u>Restricted</u> <small>(Open to general public or restricted)</small>	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic <u>n/a</u> Refresher <u>n/a</u>	
Training Institution: <u>Sacramento Metropolitan Fire District</u>	Phone Number: <u>916-616-2451</u>
Address: <u>10545 Armstrong Ave, Ste 200</u> <u>Mather CA 95655</u>	Contact Name: <u>Adam Blitz</u>

**Training Program Statistics for Reporting Year 2022**

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	
Number of courses offered													132
Number of students completing training													493



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-2050</u>	Expiration Date of Training Program: <u>10/14/2023</u>
Student Eligibility: <u>Restricted</u> <small>(Open to general public or restricted)</small>	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic <u>0</u> Refresher <u>0</u>	
Training Institution: <u>UC Davis Medical Center</u>	Phone Number: <u>916-734-5323</u>
Address: <u>2315 Stockton Blvd</u> <u>Sacramento, CA, 95817</u>	Contact Name: <u>Jeremy Veldstra, RN</u>

Training Program Statistics for Reporting Year 2022

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered													16	
Number of students completing training													150	



**TABLE 3: COMMUNICATIONS**

**County:** Sacramento County

**Reporting Year:** 2022

***EMS Agency Communications Structure***

Number of primary Public Service Answering Points (PSAP):	<u>10</u>
Number of secondary PSAPs:	<u>1</u>
Number of dispatch centers directly dispatching ambulances:	<u>10</u>
Number of EMS dispatch agencies utilizing EMD guidelines:	<u>10</u>
Number of designated dispatch centers for EMS aircraft:	<u>2</u>

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

Sacramento Regional Fire / EMS Communication Center

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

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

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

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

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

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

1) Within the operational area?  Yes  No

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

TABLE 3: COMMUNICATIONS



**Dispatch Resource**

County: Sacramento Reporting Year: 2022

Dispatch Agency: Sacramento International Airport Name of Primary Contact: Scott Anderson

Address: 6900 Airport Blvd Telephone Number: 916-874-0736  
Sacramento, CA 95837

Written Contract:  Yes  No

Medical Director:  Yes  No

Availability:  Day-to-Day  Disaster

Number of Personnel Providing Services:

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

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

Total Number of Dispatchers: 18

Ownership:  Public  Private

If Public:  Fire  Law  Other \_\_\_\_\_

If Public:  City  Fire District  County  Federal  State

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

TABLE 3: COMMUNICATIONS



**Dispatch Resource**

County: Sacramento Reporting Year: 2022

Dispatch Agency: Alpha One Name of Primary Contact: Jack Finnigan

Address: 10461 Old Placerville Rd. Ste 110 Telephone Number: 916-365-1111  
Sacramento, CA 95827

**Written Contract:**  Yes  No

**Medical Director:**  Yes  No

**Availability:**  Day-to-Day  Disaster

**Number of Personnel Providing Services:**

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

**Total Number of Dispatchers:** 14

**Ownership:**  Public  Private

**If Public:**  Fire  Law  Other \_\_\_\_\_

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

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

TABLE 3: COMMUNICATIONS



**Dispatch Resource**

County: Sacramento Reporting Year: 2022

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

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

Written Contract:  Yes  No

Medical Director:  Yes  No

Availability:  Day-to-Day  Disaster

Number of Personnel Providing Services:

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

BLS 33 LALS \_\_\_\_\_ Other \_\_\_\_\_

Total Number of Dispatchers: 12

Ownership:  Public  Private

If Public:  Fire  Law  Other \_\_\_\_\_

If Public:  City  County  State  Fire District  Federal

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

TABLE 3: COMMUNICATIONS



**Dispatch Resource**

County: Sacramento Reporting Year: 2022

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

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

Written Contract:  Yes  No

Medical Director:  Yes  No

Availability:  Day-to-Day  Disaster

Number of Personnel Providing Services:

EMD Training 43 EMT-D \_\_\_\_\_ ALS \_\_\_\_\_

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

Total Number of Dispatchers: 43

Ownership:  Public  Private

If Public:  Fire  Law  Other \_\_\_\_\_

If Public:  City  County  State  Fire District  Federal

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

TABLE 3: COMMUNICATIONS



**Dispatch Resource**

County: Sacramento Reporting Year: 2022

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

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

Written Contract:  Yes  No

Medical Director:  Yes  No

Availability:  Day-to-Day  Disaster

Number of Personnel Providing Services:

EMD Training	<u>5</u>	EMT-D	<u>        </u>	ALS	<u>        </u>
BLS	<u>3</u>	LALS	<u>        </u>	Other	<u>3</u>

Total Number of Dispatchers: 10

Ownership:  Public  Private

If Public:  Fire  Law  Other \_\_\_\_\_

If Public:  City  County  State  Fire District  Federal

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

TABLE 3: COMMUNICATIONS



**Dispatch Resource**

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County: Sacramento Reporting Year: 2022

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

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

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Written Contract:  Yes  No

Medical Director:  Yes  No

Availability:  Day-to-Day  Disaster

Number of Personnel Providing Services:

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

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

Total Number of Dispatchers: 12

---

Ownership:  Public  Private

If Public:  Fire  Law  Other \_\_\_\_\_

If Public:  City  County  State  Fire District  Federal

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

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TABLE 3: COMMUNICATIONS



Dispatch Resource

County: Sacramento Reporting Year: 2022

Dispatch Agency: CHP: Office of Air Operations Name of Primary Contact: Ron Wilson

Address: 601 N. 7th Street Telephone Number: 916-943-3303  
Sacramento, CA 95811

Written Contract:  Yes  No

Medical Director:  Yes  No

Availability:  Day-to-Day  Disaster

Number of Personnel Providing Services:

EMD Training \_\_\_\_\_ EMT-D \_\_\_\_\_ ALS 1

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

Total Number of Dispatchers: 0

Ownership:  Public  Private

If Public:  Fire  Law  Other \_\_\_\_\_

If Public:  City  State  Fire District  Federal

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

TABLE 3: COMMUNICATIONS



**Dispatch Resource**

County: Sacramento Reporting Year: 2022

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

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

**Written Contract:**  Yes  No

**Medical Director:**  Yes  No

**Availability:**  Day-to-Day  Disaster

**Number of Personnel Providing Services:**

EMD Training 16 EMT-D \_\_\_\_\_ ALS \_\_\_\_\_

BLS \_\_\_\_\_ LALS \_\_\_\_\_ Other 3

**Total Number of Dispatchers:** 19

**Ownership:**  Public  Private

**If Public:**  Fire  Law  Other \_\_\_\_\_

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

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

TABLE 3: COMMUNICATIONS



**Dispatch Resource**

County: Sacramento Reporting Year: 2022

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

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

Written Contract:  Yes  No

Medical Director:  Yes  No

Availability:  Day-to-Day  Disaster

Number of Personnel Providing Services:

EMD Training 12 EMT-D \_\_\_\_\_ ALS \_\_\_\_\_

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

Total Number of Dispatchers: 24

Ownership:  Public  Private

If Public:  Fire  Law  Other \_\_\_\_\_

If Public:  City  County  State  Fire District  Federal

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

TABLE 3: COMMUNICATIONS



**Dispatch Resource**

County: Sacramento Reporting Year: 2022

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

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

Written Contract:  Yes  No

Medical Director:  Yes  No

Availability:  Day-to-Day  Disaster

Number of Personnel Providing Services:

EMD Training 14 EMT-D      ALS 9

BLS 114 LALS      Other     

Total Number of Dispatchers: 21

Ownership:  Public  Private

If Public:  Fire  Law  Other \_\_\_\_\_

If Public:  City  County  State  Fire District  Federal

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

TABLE 3: COMMUNICATIONS



**Dispatch Resource**

County: Sacramento Reporting Year: 2022

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

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

**Written Contract:**  Yes  No

**Medical Director:**  Yes  No

**Availability:**  Day-to-Day  Disaster

**Number of Personnel Providing Services:**

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

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

**Total Number of Dispatchers:** 34

**Ownership:**  Public  Private

**If Public:**  Fire  Law  Other \_\_\_\_\_

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

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

TABLE 3: COMMUNICATIONS



**Dispatch Resource**

County: Sacramento Reporting Year: 2022

Dispatch Agency: TLC, Trauma Life Care Medical Transport, INC Name of Primary Contact: Steven Adeosun

Address: 3637 Mission Avenue, Bldg. A, Ste. 4 Telephone Number: 208-599-4051  
Carmichael, CA 95608

Written Contract:  Yes  No

Medical Director:  Yes  No

Availability:  Day-to-Day  Disaster

Number of Personnel Providing Services:

EMD Training	_____	EMT-D	_____	ALS	_____
BLS	<u>17</u>	LALS	_____	Other	_____

Total Number of Dispatchers: 4

Ownership:  Public  Private

If Public:  Fire  Law  Other \_\_\_\_\_

If Public:  City  County  State  Fire District  Federal

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

TABLE 3: COMMUNICATIONS



**Dispatch Resource**

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County: Sacramento Reporting Year: 2022

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

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

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**Written Contract:**  Yes  No

**Medical Director:**  Yes  No

**Availability:**  Day-to-Day  Disaster

**Number of Personnel Providing Services:**

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

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

**Total Number of Dispatchers:** Unable to obtain

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**Ownership:**  Public  Private

**If Public:**  Fire  Law  Other \_\_\_\_\_

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

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

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Numerous attempts by email and telephone calls to get information failed



**TABLE 4: RESPONSE AND TRANSPORTATION**

*Provider Resource*

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

**Address:** 7203 Earhart Drive  
Sacramento, CA 95837

**Phone Number:** 916-224-8366

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

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

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

**Ambulance Strike Team Participant:**       Yes     No

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

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

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

**CEMSIS Provider ID #:** S34-51343

**Name of ePCR Vendor:** ImageTrend

**Contract Dates:** 2/6/20 - continuous

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

843 Total number of responses  
842 Number of emergency responses  
1 Number of non-emergency responses

**Ground Transporting Agencies**

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

**Air Transporting Services**

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

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

**Provider Staff Information**

Total number of certified EMTs in the field: 24

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

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



**TABLE 4: RESPONSE AND TRANSPORTATION**

**Provider Resource**

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

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

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

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

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

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

**Ambulance Strike Team Participant:**       Yes       No

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

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

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

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

**Name of ePCR Vendor:** IMAGETREND

**Contract Dates:** JULY 1, 2019 - CONTINUOUS

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

31213 Total number of responses  
20130 Number of emergency responses  
11083 Number of non-emergency responses

**Ground Transporting Agencies**

29479 Total number of transports  
18539 Number of emergency transports  
10940 Number of non-emergency transports

**Air Transporting Services**

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

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

**Provider Staff Information**

Total number of certified EMTs in the field: 171  
 Total number of certified Advanced EMTs in the field: 0  
 Total number of certified/accredited Paramedics in the field: 39



**TABLE 4: RESPONSE AND TRANSPORTATION**

*Provider Resource*

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

**Address:** 9090 Union Park Way #117  
Elk Grove, CA

**Phone Number:** (888) 678-6801

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

**Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** 4

**Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:** 40

**Ambulance Strike Team Participant:**     Yes     No

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

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

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

**CEMSIS Provider ID #:** S34-51938

**Name of ePCR Vendor:** Trauma Soft

**Contract Dates:** Continuous

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

3050 Total number of responses  
0 Number of emergency responses  
3050 Number of non-emergency responses

**Ground Transporting Agencies**

3050 Total number of transports  
0 Number of emergency transports  
3050 Number of non-emergency transports

**Air Transporting Services**

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

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

**Provider Staff Information**

Total number of certified EMTs in the field: 26

Total number of certified Advanced EMTs in the field: 0

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



**TABLE 4: RESPONSE AND TRANSPORTATION**

**Provider Resource**

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

**Address:** 1101 Fee Drive  
Sacramento, CA 95815

**Phone Number:** 916-563-0385

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

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

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

**Ambulance Strike Team Participant:**     Yes     No

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

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

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

**CEMSIS Provider ID #:** S34-50088

**Name of ePCR Vendor:** Meds (Owned and Operated by AMR)

**Contract Dates:** N/A

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

30235 Total number of responses  
18570 Number of emergency responses  
11665 Number of non-emergency responses

**Ground Transporting Agencies**

29479 Total number of transports  
12694 Number of emergency transports  
9192 Number of non-emergency transports

**Air Transporting Services**

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

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

**Provider Staff Information**

Total number of certified EMTs in the field: 110  
 Total number of certified Advanced EMTs in the field: 0  
 Total number of certified/accredited Paramedics in the field: 75



**TABLE 4: RESPONSE AND TRANSPORTATION**

**Provider Resource**

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

**Address:** 13257 Saticoy St.  
Los Angeles CA 91605

**Phone Number:** (818) 859-7999

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

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

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

**Ambulance Strike Team Participant:**       Yes     No

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

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

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

**CEMSIS Provider ID #:** S34-51849

**Name of ePCR Vendor:** Trauma Soft

**Contract Dates:** Continuous

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

77 Total number of responses  
3 Number of emergency responses  
74 Number of non-emergency responses

**Ground Transporting Agencies**

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

**Air Transporting Services**

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

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

**Provider Staff Information**

Total number of certified EMTs in the field: 28

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

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



**TABLE 4: RESPONSE AND TRANSPORTATION**

**Provider Resource**

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

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

**Phone Number:** (916) 516-2574

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

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

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

**Ambulance Strike Team Participant:**     Yes     No

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

<b>Written ALS Agreement with LEMSA to Participate in EMS System:</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Medical Director:</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b>			
			<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> LALS <input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT	<input type="checkbox"/> Ground <input type="checkbox"/> Air



**TABLE 4: RESPONSE AND TRANSPORTATION**

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

**CEMSIS Provider ID #:** S34-51952

**Name of ePCR Vendor:** Image Trend

**Contract Dates:** 2021-Current

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

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

**Ground Transporting Agencies**

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

**Air Transporting Services**

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

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

**Provider Staff Information**

Total number of certified EMTs in the field: 236

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

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



**TABLE 4: RESPONSE AND TRANSPORTATION**

**Provider Resource**

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

**Address:** 7717 Cucamonga Ave  
Sacramento, CA 95826

**Phone Number:** 925-689-9000

**Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** 7

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

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

**Ambulance Strike Team Participant:**       Yes     No

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

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

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

**CEMSIS Provider ID #:** S34-50120

**Name of ePCR Vendor:** TraumaSoft

**Contract Dates:** 2018 - Current

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

2853 Total number of responses  
14 Number of emergency responses  
2839 Number of non-emergency responses

**Ground Transporting Agencies**

2688 Total number of transports  
14 Number of emergency transports  
2674 Number of non-emergency transports

**Air Transporting Services**

N/A Total number of responses  
N/A Number of emergency responses  
N/A Number of non-emergency responses

N/A Total number of transports  
N/A Number of emergency transports  
N/A Number of non-emergency transports

**Provider Staff Information**

Total number of certified EMTs in the field: 120

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

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



**TABLE 4: RESPONSE AND TRANSPORTATION**

**Provider Resource**

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

**Address:** 8880 Cal Center Dr.  
Sacramento, CA 95826

**Phone Number:** (707) 324-4045

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

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

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

**Ambulance Strike Team Participant:**       Yes     No

**Number of Helicopters based in this LEMSA's jurisdiction:** 1

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

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

**CEMSIS Provider ID #:** S34-51718

**Name of ePCR Vendor:** Image Trend

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

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

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

**Ground Transporting Agencies**

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

**Air Transporting Services**

49 Total number of responses  
1 Number of emergency responses  
48 Number of non-emergency responses

49 Total number of transports  
1 Number of emergency transports  
48 Number of non-emergency transports

**Provider Staff Information**

Total number of certified EMTs in the field: 0

Total number of certified Advanced EMTs in the field: 0

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



**TABLE 4: RESPONSE AND TRANSPORTATION**

**Provider Resource**

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

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

**Phone Number:** (916) 843-3300

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

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

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

**Ambulance Strike Team Participant:**       Yes     No

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

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

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

**CEMSIS Provider ID #:** S34-50181

**Name of ePCR Vendor:** Image Trend

**Contract Dates:** Current-June 30, 2026

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

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

**Ground Transporting Agencies**

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

**Air Transporting Services**

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

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

**Provider Staff Information**

Total number of certified EMTs in the field: 1

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

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



**TABLE 4: RESPONSE AND TRANSPORTATION**

**Provider Resource**

**County:** Sacramento      **Provider:** California Highway Patrol      **Response Area:** State Capitol Area

**Address:** 1801 9th Street  
Sacramento, CA 95811

**Phone Number:** 916 341-4740

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

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

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

**Ambulance Strike Team Participant:**       Yes     No

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

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

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

**CEMSIS Provider ID #:** S34-50181

**Name of ePCR Vendor:** Image Trend

**Contract Dates:** 2019 - Current

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

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

**Ground Transporting Agencies**

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

**Air Transporting Services**

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

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

**Provider Staff Information**

Total number of certified EMTs in the field: 4

Total number of certified Advanced EMTs in the field: 0

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



**TABLE 4: RESPONSE AND TRANSPORTATION**

**Provider Resource**

**County:** Sacramento      **Provider:** City of Isleton      **Response Area:** Isleton, CA

**Address:** 201 2nd Street  
Isleton, CA 95641

**Phone Number:** (916) 777-7776

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

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

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

**Ambulance Strike Team Participant:**       Yes     No

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

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

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

**CEMSIS Provider ID #:** S34-51818

**Name of ePCR Vendor:** Emergency Reporting

**Contract Dates:** Current

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

102 Total number of responses  
100 Number of emergency responses  
2 Number of non-emergency responses

**Ground Transporting Agencies**

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

**Air Transporting Services**

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

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

**Provider Staff Information**

Total number of certified EMTs in the field: 24

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

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



**TABLE 4: RESPONSE AND TRANSPORTATION**

**Provider Resource**

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

**Address:** 535 Glenn Dr  
Folsom CA 95630

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

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

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

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

**Ambulance Strike Team Participant:**       Yes       No

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

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

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

**CEMSIS Provider ID #:** S34-50402

**Name of ePCR Vendor:** Image Trend

**Contract Dates:** October 2019-Present

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

7500 Total number of responses  
7499 Number of emergency responses  
1 Number of non-emergency responses

**Ground Transporting Agencies**

5159 Total number of transports  
5158 Number of emergency transports  
1 Number of non-emergency transports

**Air Transporting Services**

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

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

**Provider Staff Information**

Total number of certified EMTs in the field: 8  
 Total number of certified Advanced EMTs in the field: 0  
 Total number of certified/accredited Paramedics in the field: 65



**TABLE 4: RESPONSE AND TRANSPORTATION**

*Provider Resource*

**County:** Sacramento      **Provider:** Cosumnes Fire Department      **Response Area:** Elk Grove & Galt

**Address:** 10573 East Stockton Blvd.  
Elk Grove, CA 95624

**Phone Number:** (916) 405-7130

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

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

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

**Ambulance Strike Team Participant:**       Yes     No

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

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

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

**CEMSIS Provider ID #:** S34-1090

**Name of ePCR Vendor:** Image Trend

**Contract Dates:** 06/13/2016 - Current

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

16979 Total number of responses  
16979 Number of emergency responses  
3 Number of non-emergency responses

**Ground Transporting Agencies**

10642 Total number of transports  
10642 Number of emergency transports  
0 Number of non-emergency transports

**Air Transporting Services**

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

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

**Provider Staff Information**

Total number of certified EMTs in the field: 44

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 137



**TABLE 4: RESPONSE AND TRANSPORTATION**

**Provider Resource**

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

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

**Phone Number:** (800) 650-4003

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

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

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

**Ambulance Strike Team Participant:**       Yes       No

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

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

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

**CEMSIS Provider ID #:** S34-50771

**Name of ePCR Vendor:** Image Trend

**Contract Dates:** 11/21-Current

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

3100 Total number of responses  
0 Number of emergency responses  
3100 Number of non-emergency responses

**Ground Transporting Agencies**

3029 Total number of transports  
0 Number of emergency transports  
3029 Number of non-emergency transports

**Air Transporting Services**

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

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

**Provider Staff Information**

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



**TABLE 4: RESPONSE AND TRANSPORTATION**

**Provider Resource**

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

**Address:** 12746 Ivie Rd  
Herald, CA 95638

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

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

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

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

**Ambulance Strike Team Participant:**       Yes     No

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

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

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

**CEMSIS Provider ID #:** S34-51340

**Name of ePCR Vendor:** Beyond Lucid Technologies

**Contract Dates:** Current

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

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

**Ground Transporting Agencies**

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

**Air Transporting Services**

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

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

**Provider Staff Information**

Total number of certified EMTs in the field: 15

Total number of certified Advanced EMTs in the field: 0

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



**TABLE 4: RESPONSE AND TRANSPORTATION**

**Provider Resource**

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

**Address:** 3300 Business Dr.  
Sacramento, CA 95820

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

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

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

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

**Ambulance Strike Team Participant:**     Yes     No

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

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

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

**CEMSIS Provider ID #:** S34-50600

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

**Contract Dates:** 1/2022-Current

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

18331 Total number of responses  
1072 Number of emergency responses  
17259 Number of non-emergency responses

**Ground Transporting Agencies**

17181 Total number of transports  
889 Number of emergency transports  
16292 Number of non-emergency transports

**Air Transporting Services**

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

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

**Provider Staff Information**

Total number of certified EMTs in the field: 69

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

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



**TABLE 4: RESPONSE AND TRANSPORTATION**

**Provider Resource**

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

**Address:** 10545 Armstrong Ave. Ste 200  
Mather, CA 95655

**Phone Number:** (916) 616-2451

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

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

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

**Ambulance Strike Team Participant:**       Yes     No

**Number of Helicopters based in this LEMSA's jurisdiction:** 2

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

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

**CEMSIS Provider ID #:** S34-50811

**Name of ePCR Vendor:** Image Trend

**Contract Dates:** 09/22/22 - 09/21/25

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

89703 Total number of responses  
89590 Number of emergency responses  
1 Number of non-emergency responses

**Ground Transporting Agencies**

37353 Total number of transports  
37263 Number of emergency transports  
0 Number of non-emergency transports

**Air Transporting Services**

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

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

**Provider Staff Information**

Total number of certified EMTs in the field: 91

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 494



**TABLE 4: RESPONSE AND TRANSPORTATION**

**Provider Resource**

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

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

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

**Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** 50

**Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** 38

**Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:** 3

**Ambulance Strike Team Participant:**     Yes     No

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

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

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

**CEMSIS Provider ID #:** S34-50672

**Name of ePCR Vendor:** Trauma Soft

**Contract Dates:** 10/23/2020-Present

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

21909 Total number of responses  
654 Number of emergency responses  
21255 Number of non-emergency responses

**Ground Transporting Agencies**

21833 Total number of transports  
649 Number of emergency transports  
21184 Number of non-emergency transports

**Air Transporting Services**

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

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

**Provider Staff Information**

Total number of certified EMTs in the field: 253

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 12



**TABLE 4: RESPONSE AND TRANSPORTATION**

**Provider Resource**

**County:** Sacramento      **Provider:** Performance EMS      **Response Area:** Sacramento County

**Address:** 7636 Poppy Way  
Citrus Heights CA 95610

**Phone Number:** 530-521-7456

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

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

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

**Ambulance Strike Team Participant:**       Yes     No

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

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

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

**CEMSIS Provider ID #:** S34-51963

**Name of ePCR Vendor:** Image Trend

**Contract Dates:** 2020-Current

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

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

**Ground Transporting Agencies**

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

**Air Transporting Services**

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

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

**Provider Staff Information**

Total number of certified EMTs in the field: 15

Total number of certified Advanced EMTs in the field: 0

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



**TABLE 4: RESPONSE AND TRANSPORTATION**

**Provider Resource**

**County:** Sacramento      **Provider:** Reach      **Response Area:** California/Oregon/Nevada

**Address:** 8880 Cal Center Dr.  
Sacramento, CA 95826

**Phone Number:** (707) 324-4045

**Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** 2

**Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** 2

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

**Ambulance Strike Team Participant:**       Yes     No

**Number of Helicopters based in this LEMSA's jurisdiction:** 1

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

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

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

**Name of ePCR Vendor:** Image Trend

**Contract Dates:** 4/4/2022 - Current

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

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

**Ground Transporting Agencies**

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

**Air Transporting Services**

38 Total number of responses  
3 Number of emergency responses  
35 Number of non-emergency responses

38 Total number of transports  
3 Number of emergency transports  
35 Number of non-emergency transports

**Provider Staff Information**

Total number of certified EMTs in the field: 0

Total number of certified Advanced EMTs in the field: 0

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



**TABLE 4: RESPONSE AND TRANSPORTATION**

**Provider Resource**

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

**Address:** 16969 Jackson Slough Road  
Isleton, CA 95641

**Phone Number:** (916) 777-8701

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

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

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

**Ambulance Strike Team Participant:**       Yes     No

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

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

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

**CEMSIS Provider ID #:** S34-51342

**Name of ePCR Vendor:** ESO & Emergency Reporting

**Contract Dates:** January 1, 2022 - Current

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

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

**Ground Transporting Agencies**

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

**Air Transporting Services**

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

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

**Provider Staff Information**

Total number of certified EMTs in the field: 45

Total number of certified Advanced EMTs in the field: 0

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



**TABLE 4: RESPONSE AND TRANSPORTATION**

**Provider Resource**

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

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

**Phone Number:** 916-808-1654

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

**Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** 17

**Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:** 6 Box vans

**Ambulance Strike Team Participant:**       Yes       No

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

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

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

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

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

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

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

82643 Total number of responses  
82642 Number of emergency responses  
1 Number of non-emergency responses

**Ground Transporting Agencies**

43254 Total number of transports  
43254 Number of emergency transports  
0 Number of non-emergency transports

**Air Transporting Services**

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

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

**Provider Staff Information**

Total number of certified EMTs in the field: 136  
 Total number of certified Advanced EMTs in the field: 0  
 Total number of certified/accredited Paramedics in the field: 444



**TABLE 4: RESPONSE AND TRANSPORTATION**

**Provider Resource**

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

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

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

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

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

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

**Ambulance Strike Team Participant:**       Yes       No

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

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

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

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

**Name of ePCR Vendor:** Trauma Soft

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

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

1162 Total number of responses  
0 Number of emergency responses  
1162 Number of non-emergency responses

**Ground Transporting Agencies**

1156 Total number of transports  
0 Number of emergency transports  
1156 Number of non-emergency transports

**Air Transporting Services**

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

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

**Provider Staff Information**

Total number of certified EMTs in the field: 35  
 Total number of certified Advanced EMTs in the field: 0  
 Total number of certified/accredited Paramedics in the field: 2



**TABLE 4: RESPONSE AND TRANSPORTATION**

**Provider Resource**

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

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

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

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

**Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** 4

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

**Ambulance Strike Team Participant:**       Yes       No

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

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

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

**CEMSIS Provider ID #:** S34-50929

**Name of ePCR Vendor:** Forte Holdings

**Contract Dates:** 03/01/2021 - Current

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

1140 Total number of responses  
0 Number of emergency responses  
1140 Number of non-emergency responses

**Ground Transporting Agencies**

1130 Total number of transports  
0 Number of emergency transports  
1130 Number of non-emergency transports

**Air Transporting Services**

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

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

**Provider Staff Information**

Total number of certified EMTs in the field: 20

Total number of certified Advanced EMTs in the field: 0

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



**TABLE 4: RESPONSE AND TRANSPORTATION**

**Provider Resource**

**County:** Sacramento      **Provider:** VersaCare Emergency Medical Services      **Response Area:** Northern California

**Address:** 8850 Greenback Ln - Suite B  
Orangevale, CA 95662

**Phone Number:** 916-521-0966

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

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

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

**Ambulance Strike Team Participant:**       Yes       No

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

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

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

**CEMSIS Provider ID #:** S34-51723

**Name of ePCR Vendor:** Beyond Lucid Technologies

**Contract Dates:** Current

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

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

**Ground Transporting Agencies**

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

**Air Transporting Services**

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

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

**Provider Staff Information**

Total number of certified EMTs in the field: 17

Total number of certified Advanced EMTs in the field: 0

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



**TABLE 4: RESPONSE AND TRANSPORTATION**

**Provider Resource**

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

**Address:** 9800 Dillard Rd.  
Wilton, CA 95683

**Phone Number:** (916) 687-6920

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

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

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

**Ambulance Strike Team Participant:**       Yes     No

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

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

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

**CEMSIS Provider ID #:** S34-51345

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

**Contract Dates:** 6/16 - Current

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

596 Total number of responses  
592 Number of emergency responses  
4 Number of non-emergency responses

**Ground Transporting Agencies**

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

**Air Transporting Services**

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

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

**Provider Staff Information**

Total number of certified EMTs in the field: 31

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

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



**TABLE 5: ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS**

County: Sacramento

Reporting Year: 2022

**EMS Agency Facility Details**

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

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

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

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

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

**EMS Agency Facility Statistics**

**Emergency Departments**

Total number of emergency departments: 11  
Note: Includes two (2) out-of-county facilities

Total number of comprehensive emergency services: 11

Total number of basic emergency services: \_\_\_\_\_

Total number of standby emergency services: \_\_\_\_\_

**Hospitals with Written Agreements**

Total number of receiving hospitals: 11  
Note: Includes two (2) out-of-county facilities

Total number of base hospitals: 4

**Alternative Receiving Facilities**

Do you have designated alternative receiving facilities? Yes No

Number of alternate receiving facilities:

Psychiatric: \_\_\_\_\_ Sobering Centers: \_\_\_\_\_ Rural Area \_\_\_\_\_

**Specialty Care System**

Do you have a trauma system? Yes No

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



# TABLE 5: ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS

## EMS Agency Facility Statistics (cont.)

Do you have a stroke system?  Yes  No

Do you have an EMS for children system?  Yes  No

## EMS Agency Specialty Care System Capabilities

Number of trauma centers:

Level I 1 Level II 3 Level III      Level IV       
Note: Includes one (1) out-of-county trauma center

Number of pediatric trauma centers:

Level I 1 Level II     

Number of EMS patients meeting trauma triage criteria:

2245

a) Transported to a trauma center by ambulance:

2214

b) Not transported to a trauma center:

31

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

Unable to obtain

a) From a non-trauma facility:

Unable to obtain

b) From a lower level trauma center:

Unable to obtain

Number of STEMI centers/hospitals designated by EMS Agency:

Receiving: 7 Referring:     

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

Comprehensive: 4 Thrombectomy Capable:     

Primary: 10 Acute Stroke Ready:     

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

Number of pediatric receiving centers:

Comprehensive: 1 General:      Advanced:      Basic:



## TABLE 6: PUBLIC INFORMATION AND EDUCATION

County: Sacramento

Reporting Year: 2022

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

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Number of programs EMS Agency provided to the public:

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

### *Injury & Illness Prevention*

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Number of programs EMS Agency provided to the public:

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



# TABLE 7: DISASTER MEDICAL RESPONSE

County: Sacramento

Reporting Year: 2022

## EMS Agency Structure

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

Are you a separate department or agency?  Yes  No

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

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

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

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

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

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

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

Do you have the following:

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

b) Active Shooter Policy?  Yes URL Link: \_\_\_\_\_  No

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

d) Disaster Medical Cache?  Yes URL Link: \_\_\_\_\_  No

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

f) Medical Assets?  Yes URL Link: \_\_\_\_\_  No

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

h) Communications Plan?  Yes URL Link: \_\_\_\_\_  No

i) Ambulance Strike Team Leader Program?  Yes  No

j) EMS Authority Affiliated Strike Teams (includes a Disaster Medical Support Unit)?  Yes  No

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



## TABLE 7: DISASTER MEDICAL RESPONSE

### EMS Agency System Operations and Resources

Do you have designated field treatment sites?  Yes  No

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

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

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

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

a) Identify the program: EAP

Is there a team medical response capability?  Yes  No

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

b) Are they available for statewide response?  Yes  No

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

Are there HazMat trained medical response teams?  Yes  No

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

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

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

Identify who the Medical Health Operational Area Coordinator is:

Health Officer       EMS Agency       Jointly Appointed

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

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

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

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

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

a) Was it a real event? \_\_\_\_\_

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

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

a) Hospitals?  Yes  No

b) Community Clinics?  Yes  No

# **Annex 1**

**2021 EMS PLAN  
UPDATE:  
APPROVAL LETTERS**

**CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY**

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



November 2, 2022

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

Dear Mr. Magnino,

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

The EMS Authority has reviewed the EMS plan, based on compliance with statutes, regulations, and case law. It has been determined that the plan meets all EMS system components identified in Health and Safety Code (HSC) § 1797.103 and is approved for implementation pursuant to HSC § 1797.105(b). Based on the transportation documentation provided, please find enclosed the ground exclusive operating area status, as compiled by the EMS Authority.

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

In accordance with HSC § 1797.254, please submit an annual EMS plan to the EMS Authority on or before November 2, 2023. Concurrently with the EMS Plan please submit an annual Trauma, STEMI, Stroke, and QI plan. If you have any questions regarding the EMS Plan review, please contact Mr. Mark Olivas, Interim EMS Plans Coordinator, at (916) 384-1925.

Sincerely,

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

//for//

Tom McGinnis  
Chief, EMS Systems Division

Enclosure

AW: rd



# **Annex 2**

**2020 EMS PLAN  
UPDATE:  
APPROVAL LETTERS**

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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



September 15, 2021

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

Dear Mr. Magnino:

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

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

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

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

Sincerely,

Tom McGinnis, EMT-P  
Chief, EMS Systems Division

Enclosure

tm:lg

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