

**SACRAMENTO COUNTY**

**EMERGENCY MEDICAL SERVICES PLAN**

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**Prepared By:**

*Sacramento County Department of Medical Systems*

*Emergency Medical Services Agency*

*Date*  
*July, 1998*

*Updated*  
*July, 1999*

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EMERGENCY MEDICAL SERVICES PLAN

**Questions or comments regarding this  
Plan should be directed in writing to:**

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to assist in the development of the plan and to provide

information regarding the plan to the public.

DATE: 1997

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## INTRODUCTION

### **Guidelines to Document Format and Content**

This document follows specific format requirements as set forth by the State EMS Authority. To assist the reader in understanding the layout and/or locating specific information, the following additional information is offered.

The EMS Plan includes a combination of:

- Narrative descriptions of the system's compliance with the state's *EMS Systems Standards and Guidelines* (Sections I, II, & V);
- Specific numbers describing the system's resources and operations (Section III); and
- Directories, identifying specific resources available within the system (Section IV).

The EMS Plan is intended to be both a work plan and a long-range plan. A full plan is required every five (5) years. In each year following the development of the EMS Plan, an annual work plan is submitted, providing updated information on the status of the system and the EMS agency's progress in meeting its long-range plans.

**SECTION I - Executive Summary:** This section provides a brief overview of the plan. It identifies the major needs which have been found and an abstract of the proposed program solutions.

**SECTION II - Assessment of System:** State EMS Authority has established the minimum standards considered to be attainable by all local EMS systems in California. They are published in the *EMS Systems Standards and Guidelines*.

They are identified in the text as standards which "shall" be met and numbered sequentially from 1.01 thru 8.19 beginning on page II-14. When applicable, the minimum standards are accompanied by an "enhanced standard" and identified in the text as standards which "should" be met. They are recommended guidelines and have been identified as the standards to which each system should strive.

This section provides a specific evaluation of how the system currently meets the State's *EMS Systems Standards and Guidelines*. It identifies system needs and provides a mechanism for planning of activities necessary to comply with the State standards.

The section begins with the Summary Table (Table 1 on page II-1 thru II-13), then for each standard (beginning on page II-14), a summation of the current status and a needs abstract (if warranted) is provided.

**SECTION III - System Resources and Operations:** This section describes the resources available within the EMS system and provides certain indicators of system operation. The checklist and fill-in-the-blank formats replace much of what was provided by narrative in previous years. These items are subject to an annual update and are provided on Tables 2 to 7. The table included in Table 2 replaces the current process of collecting this information through a separate salary survey.

**SECTION IV - Resource Directories:** This section identifies specific resources within the system. These items are subject to an annual update and are provided on Tables 8 to 11b. These tables are not intended to duplicate information currently collected at the EMSA. They will become the new mechanism for updating existing lists and data bases (e.g. Provider List, Approved Prehospital Care Training Programs, Designated Trauma Centers in California, and disaster information listings.)

**SECTION V - Description of Plan Development Process:** This section consists of a narrative description of the process of developing the plan. It demonstrates that interested parties, both provider and consumer, had an opportunity to provide input on the plan and that the plan was approved by the appropriate governing body.

**SECTION VI - Annex:** In this section, agencies which have elected to develop a trauma care system, grant exclusive operating permits, and/or develop a pediatric emergency medical and critical care subsystem provide specific subsystem plans.

**SECTION I**

**Executive Summary**

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## **SACRAMENTO COUNTY EMERGENCY MEDICAL SERVICES PLAN**

### **INTRODUCTION**

Sacramento County is located in Northern California, with a warm climate and beautiful waterways which allow a wealth of recreational activities. In addition, Sacramento County is home to the State Capital and is the centerpiece of statewide activities. For this reason, the Sacramento area's growth reflects the national trends of increasing population densities, including an increase of elderly and non-English speaking residents. As our population grows and diversifies, so too must the provision of emergency medical services. The Sacramento County Emergency Medical Services (EMS) plan is designed to ensure the timely and compassionate delivery of the highest quality EMS available to the residents and visitors of Sacramento County.

### **EXECUTIVE SUMMARY**

Sacramento County's EMS system is a collective effort between the Sacramento County EMS Agency, hospitals, service providers and fire districts (both local cities and special districts). All these entities work together prospectively, concurrently and retrospectively to deliver an efficient and state-of-the-art paramedic level of service. The responsibility for the delivery of 9-1-1 ambulance services (i.e. response times, communications and staffing), has been assumed by local cities and special districts. All other local EMS agency responsibilities, as defined by the State EMS Act, are performed by Sacramento County.

The EMS plan addresses current programs as well as anticipated needs for Sacramento County. The anticipated needs/issues are presented with solutions and implementation schedules for maintenance of a state-of-the-art system. These issues, when resolved, will present a system developed to withstand the challenges and thrive in a future of fiscal pressures on political jurisdictions and health care reform initiatives on national, state and county levels.

The specific issues addressed in the plan are:

- A. Data Collection: The out-of-hospital and emergency department components of the Agency's data collections system are improving rapidly but are still less than comprehensive. Comprehensive data collection from all system providers is necessary for appropriate medical quality assurance.
- B. Trauma Center Capacity: Current trauma center capacity is inadequate to meet the demand for

local trauma care services. On December 1, 1997, the Emergency Medical Services Authority approved a revised Sacramento County Trauma Care System Plan which includes the designation of an additional in-county hospital (Mercy San Juan Hospital) as a level II trauma center in FY 99/2000.

**C. Specialty Receiving Centers:** To quantify existing pediatric subsystem capabilities, a Pediatric Emergency Medical and Critical Care Subsystem Plan must be completed.

**D. Specialized Services/Public Information & Education:** Specialized services are always a challenge for any service-based system, specifically for the poor, elderly, handicapped, and non-English speakers. More work is needed to identify population groups in the County needing specialized services.

Efforts to provide or identify solutions to these specific issues are already under way through: data collection initiatives to include Sacramento County receiving hospitals; expanded trauma capacity; initiated research on the need and feasibility of additional specialty care receiving centers; and, partnership efforts with other health agencies for promotion of public information and education.

All EMS System participants and the public-at-large must take a collaborative part in developing and maintaining an efficient and effective EMS system. Sacramento County will continue to partner with the cities, fire districts, law enforcement, ambulance companies, physicians, nurses, paramedics, EMTs, hospitals, and the public to improve the specific areas identified above, as well as, all other areas of service whenever possible.

**TABLE 1: Summary of System Status**

Items followed by an asterisk include descriptions on the System Assessment Form of how resources and/or services are coordinated with other EMS agencies in meeting the standards.

**A. SYSTEM ORGANIZATION AND MANAGEMENT**

Agency Administration	Does not currently meet standard	Meet minimum standard	Meet recommended guideline <sup>1</sup>	Short-Range Plan <sup>2</sup>	Long-range Plan <sup>2</sup>
1.01 LEMSA Structure		✓			
1.02 LEMSA Mission		✓			✓
1.03 Public Input		✓			
1.04 Medical Director		✓	✓		

**Planning Activities**

1.05 System Plan		✓			
1.06 Annual Plan Update		✓			
1.07 Trauma Planning*		✓	✓	✓	
1.08 ALS Planning*		✓			
1.09 Inventory of Resources		✓			
1.10 Special Populations		✓ <sup>#</sup>			
1.11 System Participants		✓	✓		

<sup>#</sup> Minimum standard is met in the EMS System but not necessarily by the EMS Agency.

<sup>1</sup> As applicable.

<sup>2</sup> Indicates area identified for improvement.

Regulatory Activities	Does not currently meet standard	Meet minimum standard	Meet recommended guideline <sup>1</sup>	Short-Range Plan <sup>2</sup>	Long-range Plan <sup>2</sup>
1.12 Review & Monitoring		✓			
1.13 Coordination		✓			
1.14 Policy & Procedures Manual		✓			
1.15 Compliance w/ Policies		✓			

**System Finance**

1.16 Funding Mechanism		✓			
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**Medical Direction**

1.17 Medical Direction*		✓			
1.18 QA / QI		✓	✓		
1.19 Policies, Procedures, Protocols		✓	✓		
1.20 DNR Policy		✓			
1.21 Determination of Death		✓			
1.22 Reporting of Abuse		✓			
1.23 Interfacility Transfer		✓			

**Enhanced Level: Advanced Life Support**

1.24 ALS Systems		✓			
1.25 On-Line Medical Direction		✓			

<sup>1</sup> As applicable.

<sup>2</sup> Indicates area identified for improvement.

Enhanced Level: Trauma Care System	Does not currently meet standard	Meet minimum standard	Meet recommended guideline <sup>1</sup>	Short-Range Plan <sup>2</sup>	Long-range Plan <sup>2</sup>
1.26 Trauma System Plan		✓			

**Enhanced Level: Pediatric Emergency & Critical Care System**

1.27 Pediatric System Plan	✓				✓
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**Enhanced Level: Exclusive Operating Areas**

1.28 EOA Plan					
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<sup>1</sup> As applicable.

<sup>2</sup> Indicates area identified for improvement.

## B. STAFFING / TRAINING

Local EMS Agency	Does not currently meet standard	Meet minimum standard	Meet recommended guideline <sup>1</sup>	Short-Range Plan <sup>2</sup>	Long-range Plan <sup>2</sup>
2.01 Assessment of Needs		✓			
2.02 Approval of Training		✓			
2.03 Personnel		✓			

### Dispatchers

2.04 Dispatch Training		✓	✓#		
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### First Responders (non-transporting)

2.05 First Responder Training		✓	✓#		
2.06 Response		✓			
2.07 Medical Control		✓			

### Transporting Personnel

2.08 EMT-I Training		✓	✓		
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### Hospital

2.09 CPR Training		✓			
2.10 Advanced Life Support		✓			

# Minimum standard is met in the EMS System but not necessarily by the EMS Agency.

<sup>1</sup> As applicable.

<sup>2</sup> Indicates area identified for improvement.

Enhanced Level: Advanced Life Support	Does not currently meet standard	Meet minimum standard	Meet recommended guideline <sup>1</sup>	Short-Range Plan <sup>2</sup>	Long-range Plan <sup>2</sup>
2.11 Accreditation Process		✓			
2.12 Early Defibrillation		✓			
2.13 Base Hospital Personnel		✓			

<sup>1</sup> As applicable.

<sup>2</sup> Indicates area identified for improvement.

### C. COMMUNICATIONS

Communications Equipment	Does not currently meet standard	Meet minimum standard	Meet recommended guideline <sup>1</sup>	Short-Range Plan <sup>2</sup>	Long-range Plan <sup>2</sup>
3.01 Communication Plan*		✓	✓		
3.02 Radios		✓	✓#		
3.03 Interfacility Transfer*		✓			
3.04 Dispatch Center		✓			
3.05 Hospitals		✓	✓		
3.06 MCI/Disasters		✓			

**Public Access**

3.07 9-1-1 Planning/Coordination		✓	✓		
3.08 9-1-1 Public Education		✓			

**Resource Management**

3.09 Dispatch Triage		✓#	✓#		
3.10 Integrated Dispatch		✓#	✓#		

# Minimum standard is met in the EMS System but not necessarily by the EMS Agency.

<sup>1</sup> As applicable.

<sup>2</sup> Indicates area identified for improvement.

**D. RESPONSE / TRANSPORTATION**

	Does not currently meet standard	Meet minimum standard	Meet recommended guideline <sup>1</sup>	Short-Range Plan <sup>2</sup>	Long-range Plan <sup>2</sup>
<b>Universal Level</b>					
4.01 Service Area Boundaries*					
4.02 Monitoring		✓			
4.03 Classifying Medical Requests		✓#			
4.04 Prescheduled Responses					
4.05 Response Time Standards*		✓#	✓#		
4.06 Staffing		✓#			
4.07 First Responder Agencies		✓			✓
4.08 Medical & Rescue Aircraft*		✓			
4.09 Air Dispatch Center		✓			
4.10 Aircraft Availability*		✓			
4.11 Specialty Vehicles*		✓#	✓#		
4.12 Disaster Response		✓			
4.13 Inter-county Response*		✓	✓		✓
4.14 Incident Command System		✓			
4.15 MCI Plans		✓			

**Enhanced Level: Advanced Life Support**

4.16 ALS Staffing		✓	✓		
4.17 ALS Equipment		✓			

# Minimum standard is met in the EMS System but not necessarily by the EMS Agency.

<sup>1</sup> As applicable.

<sup>2</sup> Indicates area identified for improvement.

Enhanced Level: Ambulance Regulation	Does not currently meet standard	Meet minimum standard	Meet recommended guideline <sup>1</sup>	Short-Range Plan <sup>2</sup>	Long-range Plan <sup>2</sup>
4.18 Compliance		✓			

**Enhanced Level: Exclusive Operating Permits**

4.19 Transportation Plan					
4.20 Grandfathering					
4.21 Compliance					
4.22 Evaluation					

<sup>1</sup> As applicable.

<sup>2</sup> Indicates area identified for improvement.

**E. FACILITIES / CRITICAL CARE**

<b>Universal Level</b>	<b>Does not currently meet standard</b>	<b>Meet minimum standard</b>	<b>Meet recommended guideline <sup>1</sup></b>	<b>Short-Range Plan <sup>2</sup></b>	<b>Long-range Plan <sup>2</sup></b>
5.01 Assessment of Capabilities		✓	✓		
5.02 Triage & Transfer Protocols*		✓			
5.03 Transfer Guidelines*		✓			
5.04 Specialty Care Facilities*		✓			
5.05 Mass Casualty Management		✓	✓		
5.06 Hospital Evaluation*		✓			
<b>Enhanced Level: Advanced Life Support</b>					
5.07 Base Hospital Designation*		✓			
<b>Enhanced Level: Trauma Care System</b>					
5.08 Trauma System Design		✓			
5.09 Public Input		✓			
<b>Enhanced Level: Pediatric Emergency &amp; Critical Care System</b>					
5.10 Pediatric System Design		✓			
5.11 Emergency Departments		✓			
5.12 Public Input		✓			
<b>Enhanced Level: Other Speciality Care System</b>					
5.13 Speciality System Design		✓			
5.14 Public Input		✓			

<sup>1</sup> As applicable.

<sup>2</sup> Indicates area identified for improvement.

## F. DATA COLLECTION / SYSTEM EVALUATION

Universal Level	Does not currently meet standard	Meet minimum standard	Meet recommended guideline <sup>1</sup>	Short-Range Plan <sup>2</sup>	Long-range Plan <sup>2</sup>
6.01 QA/QI Program		✓	✓		
6.02 Prehospital Records		✓			
6.03 Prehospital Care Audits		✓	✓		
6.04 Medical Dispatch		✓ <sup>#</sup>			
6.05 Data Management System*		✓	✓		
6.06 System Design Evaluation		✓			
6.07 Provider Participation		✓			
6.08 Reporting		✓			

**Enhanced Level: Advanced Life Support**

6.09 ALS Audit		✓			
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**Enhanced Level: Trauma Care System**

6.10 Trauma System Evaluation		✓			
6.11 Trauma Center Data		✓			

<sup>#</sup> Minimum standard is met in the EMS System but not necessarily by the EMS Agency.

**1** As applicable.

**2** Indicates area identified for improvement.

## G. PUBLIC INFORMATION AND EDUCATION

Universal Level	Does not currently meet standard	Meet minimum standard	Meet recommended guideline <sup>1</sup>	Short-Range Plan <sup>2</sup>	Long-range Plan <sup>2</sup>
7.01 Public Information Materials		✓			
7.02 Injury Control		✓#			
7.03 Disaster Preparedness		✓#			
7.04 First Aid & CPR Training		✓	✓#		

# Minimum standard is met in the EMS System but not necessarily by the EMS Agency.

<sup>1</sup> As applicable.

<sup>2</sup> Indicates area identified for improvement.

## H. DISASTER MEDICAL RESPONSE

Universal Level	Does not currently meet standard	Meet minimum standard	Meet recommended guideline <sup>1</sup>	Short-Range Plan <sup>2</sup>	Long-range Plan <sup>2</sup>
8.01 Disaster Medical Planning*		✓			
8.02 Response Plans		✓	✓		
8.03 HazMat Training		✓			
8.04 Incident Command System		✓	✓		
8.05 Distribution of Casualties*		✓	✓		
8.06 Needs Assessment		✓	✓		
8.07 Disaster Communications*		✓			
8.08 Inventory of Resources		✓	✓ <sup>#</sup>		
8.09 DMAT Teams		✓	✓		
8.10 Mutual Aid Agreements*		✓			
8.11 CCP Designation*		✓			
8.12 Establishment of CCPs		✓			
8.13 Disaster Medical Training		✓	✓ <sup>#</sup>		
8.14 Hospital Plans		✓	✓		
8.15 Interhospital Communications		✓			
8.16 Prehospital Agency Plans		✓	✓ <sup>#</sup>		

**Enhanced Level: Advanced Life Support**

8.17 ALS Policies		✓			
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# Minimum standard is met in the EMS System but not necessarily by the EMS Agency.

<sup>1</sup> As applicable.

<sup>2</sup> Indicates area identified for improvement.

Enhanced Level: Specialty Care Systems	Does not currently meet standard	Meet minimum standard	Meet recommended guideline <sup>1</sup>	Short-Range Plan <sup>2</sup>	Long-range Plan <sup>2</sup>
8.18 Specialty Center Roles		✓			
8.19 Waiving Exclusivity					

<sup>1</sup> As applicable.

<sup>2</sup> Indicates area identified for improvement.

**System Assessment Form # 1.01 - LEMSA Structure**

**MINIMUM STANDARD:** Each local EMS agency shall have a formal organizational structure which includes both agency staff and non-agency resources and which includes appropriate technical and clinical expertise.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** The Sacramento County EMS Agency has a formal organizational structure which includes both agency staff and non-agency resources and which includes appropriate technical and clinical expertise.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 1.02 - LEMSA Mission**

**MINIMUM STANDARD:** Each local EMS agency shall plan, implement, and evaluate the EMS system. The agency shall use its quality assurance/ quality improvement and evaluation processes to identify needed system changes.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** The Sacramento County EMS Agency plans, implements, and evaluates all medical control aspects of the local EMS system. The agency uses quality assurance/quality improvement and evaluation processes to identify needed system changes.

**NEED(S):** Areas of needed improvement include: data collection from out-of-hospital providers and emergency departments; trauma center capacity; assessment of pediatric planning; and, public information/ education.

**OBJECTIVE:** To implement those needs identified above with approved budget and staff while not reducing any current level of program activity.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-range Plan (one year or less)
- 1.02 Long-range Plan (more than one year)

**System Assessment Form # 1.03 - Public Input**

**MINIMUM STANDARD:** Each local EMS agency shall have a mechanism [including the emergency medical care committee(s) and other sources] to seek and obtain appropriate consumer and health care provider input regarding the development of plans, policies and procedures, as described throughout this document.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** The Sacramento County EMS Agency has mechanisms in place [including the emergency medical care committee(s) and other sources] to seek and obtain appropriate consumer and health care provider input regarding the development of plans, policies, and procedures, as described throughout this document. Those mechanisms include, but are not limited to a Medical Control Committee, Trauma Review (Audit) Committee and Operational Control Committee. In addition, Sacramento County's Human Services Coordination Council (HSCC) has been appointed by the Board of Supervisors as the Emergency Medical Care Committee. The HSCC is comprised of 25 provider and consumer members who advise the Board on all significant county health-related services, e.g. increases or reductions in service levels and budgets. Additionally, the County EMS Home Page on the Internet requests and allows comments and suggestions for further input on the development of plans, policies, and procedures for the EMS system.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain current practice.

**TIME FRAME FOR MEETING OBJECTIVE:** Not applicable.

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 1.04 - Medical Director**

**MINIMUM STANDARD:** Each local EMS agency shall appoint a medical director who is a licensed physician who has substantial experience in the practice of emergency medicine. The local EMS agency medical director should have administrative experience in emergency medical services systems.

**RECOMMENDED GUIDELINE:** Each local EMS agency medical director should establish clinical specialty advisory groups composed of physicians with appropriate specialties and non-physician providers (including nurses and prehospital providers), and/or should appoint medical consultants with expertise in trauma care, pediatrics, and other areas, as needed.

**CURRENT STATUS:** The Sacramento County EMS Agency has appointed a medical director who is a licensed physician who has substantial experience in the practice of emergency medicine. The medical director has established clinical specialty advisory groups composed of physicians with appropriate specialties and non-physician providers (including nurses and prehospital providers). Inter/nationally recognized physician experts have been retained to advise and evaluate the Sacramento County Trauma Care System.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 1.05 - System Plan**

**MINIMUM STANDARD:** Each local EMS agency shall develop an EMS System Plan, based on community need and utilization of appropriate resources, and shall submit it to the EMS Authority. The plan shall:

- a) assess how the current system meets these guidelines,
- b) identify system needs for patients within each of the targeted clinical categories (as identified in Section II), and
- c) provide a methodology and time line for meeting these needs.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** This Plan is based upon researched community needs and current EMS system standards. The Plan allows for continuous adaptation through open public forums, committee hearings, continuous quality improvement initiatives and clinical surveys. The plan shall:

- a) assess system effectiveness through diligent evaluation of collected data on each aspect and every event in the system,
- b) identify system needs for targeted clinical categories through systematic reviews by applicable medical specialists for each category, and
- c) provide a methodology and timetable for continuous monitoring and ultimately meeting these needs.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

- \_\_\_\_\_ Short-range Plan (one year or less)
- \_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 1.06 - Annual Plan Update**

**MINIMUM STANDARD:** Each local EMS agency shall develop an annual update to its EMS System Plan and shall submit it to the EMS Authority. The update shall identify progress made in plan implementation and changes to the planned system design.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** This Plan (when approved) will be updated annually and will identify progress made in plan implementation and changes to the system design.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

**System Assessment Form # 1.07\* - Trauma Planning**

**MINIMUM STANDARD:** The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction.

**RECOMMENDED GUIDELINE:** The local EMS agency should designate appropriate facilities or execute agreements with trauma facilities in other jurisdictions.

**CURRENT STATUS:** The current Trauma Plan incorporates regional considerations with a concentration on local needs. The Trauma Plan has been updated to reflect the designation of an out-of-county level II trauma center. This trauma center helps to alleviate the northern county burden on our current single trauma center. The Sacramento County trauma system will be augmented by a newly designated in-county level II trauma center in FY 99/2000.

**COORDINATION WITH OTHER EMS AGENCIES:** Sacramento County coordinates trauma planning with all adjacent EMS jurisdictions and invites each to attend our quarterly Trauma Review Committee Meetings.

**NEED(S):** An additional level II trauma center.

**OBJECTIVE:** Designate a level II trauma center within Sacramento County.

**TIME FRAME FOR MEETING OBJECTIVE:**

1.07 Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 1.06 - Annual Plan Update**

**MINIMUM STANDARD:** Each local EMS agency shall develop an annual update to its EMS System Plan and shall submit it to the EMS Authority. The update shall identify progress made in plan implementation and changes to the planned system design.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** This Plan (when approved) will be updated annually and will identify progress made in plan implementation and changes to the system design.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

                     Short-range Plan (one year or less)

                     Long-range Plan (more than one year)

**System Assessment Form # 1.07\* - Trauma Planning**

**MINIMUM STANDARD:** The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction.

**RECOMMENDED GUIDELINE:** The local EMS agency should designate appropriate facilities or execute agreements with trauma facilities in other jurisdictions.

**CURRENT STATUS:** The current Trauma Plan incorporates regional considerations with a concentration on local needs. The Trauma Plan has been updated to reflect the designation of an out-of-county level II trauma center. This trauma center helps to alleviate the northern county burden on our current single trauma center. The Sacramento County trauma system will be augmented by a newly designated in-county level II trauma center by 1998/99.

**COORDINATION WITH OTHER EMS AGENCIES:** Sacramento County coordinates trauma planning with all adjacent EMS jurisdictions and invites each to attend our quarterly Trauma Review Committee Meetings.

**NEED(S):** An additional level II trauma center.

**OBJECTIVE:** Designate a level II trauma center within Sacramento County.

**TIME FRAME FOR MEETING OBJECTIVE:**

- 1.07 Short-range Plan (one year or less)
- Long-range Plan (more than one year)

**System Assessment Form # 1.08\* - ALS Planning**

**MINIMUM STANDARD:** Each local EMS agency shall plan for eventual provision of advanced life support services throughout its jurisdiction.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** Sacramento County adopted a policy of county-wide advanced life support ambulance service in 1990.

**COORDINATION WITH OTHER EMS AGENCIES:** Inter-agency reciprocity agreements are in-place with neighboring counties.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 1.09 - Inventory of Resources**

**MINIMUM STANDARD:** Each local EMS agency shall develop a detailed inventory of EMS resources (e.g., personnel, vehicles, and facilities) within its area and, at least annually, shall update this inventory.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** A detailed inventory of EMS resources has been developed and is updated annually or more frequently as information becomes available.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

**System Assessment Form # 1.10 - Special Populations**

**MINIMUM STANDARD:** Each local EMS agency shall identify population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

**RECOMMENDED GUIDELINE:** Each local EMS agency should develop services, as appropriate, for special population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

**CURRENT STATUS:** The total population served by the Emergency Medical Services in Sacramento County receives a paramedic scope of practice level of service. The paramedics are trained to meet the specialized medical needs of different sub-populations (elderly, handicapped and children). Emergency medical services providers also strive to employ bi-lingual employees to meet the needs of non-English speaking patients.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 1.11 - System Participants**

**MINIMUM STANDARD:** Each local EMS agency shall identify the optimal roles and responsibilities of system participants.

**RECOMMENDED GUIDELINE:** Each local EMS agency should ensure that system participants conform with their assigned EMS system roles and responsibilities, through mechanisms such as written agreements, facility designations, and exclusive operating areas.

**CURRENT STATUS:** Written agreements with all EMS system participants are in-place. Continuous monitoring of the participants to ensure their conformance with their assigned roles is conducted through continuous quality improvement initiatives, open forum discussions, fielding of complaints, data evaluation, inspections, meetings and reviews/ audits of written agreements. Note: On 3/94, the Sacramento County Board of Supervisors withdrew from the provision of 9-1-1 ambulance services, including the provision of related communications system(s). Concurrently, these responsibilities were "assumed" by local cities and special districts county-wide. Sacramento County has a "non-exclusive" 9-1-1 ambulance system.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

- \_\_\_\_\_ Short-range Plan (one year or less)
- \_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 1.12 - Review & Monitoring**

**MINIMUM STANDARD:** Each local EMS agency shall provide for review and monitoring of EMS system operations. **RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** Reviews and monitoring of EMS system operations are conducted primarily through reviews and audits of collected data from providers, facilities, and dispatch agencies. Additional reviews via continuous quality improvement initiatives, inspections, fielding of complaints, run reviews, audit committee meetings, open forums, etc., provide constant and daily monitoring of the system. Data collection enhancements as stated in Objective 1-2 will enhance meeting this standard. Note: On 3/94, the Sacramento County Board of Supervisors withdrew from the provision of 9-1-1 ambulance services, including the provision of related communications system(s). Concurrently, these responsibilities were "assumed" by local cities and special districts county-wide. Sacramento County has a "non-exclusive" 9-1-1 ambulance system.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

**System Assessment Form # 1.13 - Coordination**

**MINIMUM STANDARD:** Each local EMS agency shall coordinate EMS system operations.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** EMS system operations are coordinated through constant communications with all system participants, monthly meetings with representatives of system participants and quarterly newsletters to all system participants. Additionally, monitoring of system activity through analyses of collected data on all events provides coordination opportunities. Note: On 3/94, the Sacramento County Board of Supervisors withdrew from the provision of 9-1-1 ambulance services, including the provision of related communications system(s). Concurrently, these responsibilities were "assumed" by local cities and special districts county-wide. Sacramento County has a "non-exclusive" 9-1-1 ambulance system.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 1.14 - Policy & Procedures Manual**

**MINIMUM STANDARD:** Each local EMS agency shall develop a policy and procedure manual which includes all EMS agency policies and procedures. The agency shall ensure that the manual is available to all EMS system providers (including public safety agencies, ambulance services and hospitals) within the system.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** The developed policy, procedures and protocol manual is available to all EMS system participants at nominal cost. Individual policies, procedures and protocols are scheduled for review during a two (2) year effective period. Occasionally, documents are discussed before their scheduled review dates as the need arises. When changes occur to the manual, all system participants are notified.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 1.15 - Compliance w/ Policies**

**MINIMUM STANDARD:** Each local EMS agency shall have a mechanism to review, monitor and enforce compliance with system policies.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** The mechanisms in-place to review, monitor, and enforce compliance with system policies are through analyses of collected data, hospital run reviews, audits, inspections, complaint reviews, continuous quality improvement and quality assurance programs, etc. Enforcement is accomplished through investigative review panels, written agreements, judicial use of sanctions and certification actions (including suspension, revocation and denial of certificates).

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

**System Assessment Form # 1.16 - Funding Mechanism**

**MINIMUM STANDARD:** Each local EMS agency shall have a funding mechanism which is sufficient to ensure its continued operation and shall maximize use of its Emergency Medical Services fund.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** Funding mechanisms sufficient to ensure continued operation include revenues from: fines/ forfeitures/ penalties as mandated by Senate Bill 12/612; EMT/ Paramedic certification fees; trauma fees; Physicians EMS Tobacco Tax Program funds in accordance with Assembly Bill 75; and, miscellaneous reimbursements. Maximum use of the EMS fund is assured through departmental agreements.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

           Short-range Plan (one year or less)

           Long-range Plan (more than one year)

**System Assessment Form # 1.17\* - Medical Direction**

**MINIMUM STANDARD:** Each local EMS agency shall plan for medical direction within the EMS system. The plan shall identify the optimal number and role of base hospitals and alternative base stations and the roles, responsibilities and relationships of prehospital and hospital providers.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** A "standing orders" system of policies, procedures and protocols has been in effect for Sacramento County accredited advanced life support prehospital care providers since August 1, 1994. This allows for minimal contact between paramedics and base hospitals for medical control. Depending on continual evaluation of the effectiveness of this system, alterations to the number of designated base hospitals and the roles, responsibilities and relationships of prehospital and hospital providers may occur.

**COORDINATION WITH OTHER EMS AGENCIES:** Reciprocity agreements with neighboring counties ensures medical direction is provided when crossing boundaries.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 1.18 - QA / QI**

**MINIMUM STANDARD:** Each local EMS agency shall establish a quality assurance/quality improvement program. This may include use of provider based programs which are approved by the local EMS agency and which are coordinated with other system participants.

**RECOMMENDED GUIDELINE:** Prehospital care providers should be encouraged to establish in-house procedures which identify methods of improving the quality of care provided.

**CURRENT STATUS:** Continuous quality improvement (CQI)/ quality assurance (QA) programs have been established at each advanced life support provider level and are monitored/ evaluated at the county EMS level. The CQI/ QA program at the county EMS level also includes evaluation of the collected data on a quarterly basis. This provides "checks and balances," and initiatives for the provider programs. Additionally, in-house reviews of complaints and continuous monitoring of provider CQI/ QA programs provides open communications among all participants.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 1.19 - Policies, Procedures & Protocols**

**MINIMUM STANDARD:** Each local EMS agency shall develop written policies, procedures and/ or protocols including, but not limited to,

- a) triage,
- b) treatment,
- c) medical dispatch protocols,
- d) transport,
- e) on-scene treatment times,
- f) transfer of emergency patients,
- g) standing orders,
- h) base hospital contact,
- i) on-scene physicians and other medical personnel and
- j) local scope of practice for prehospital personnel.

**RECOMMENDED GUIDELINE:** Each local EMS agency should develop (or encourage the development of) pre-arrival/ post dispatch instructions.

**CURRENT STATUS:** The Policies, Procedures and Protocols Manual encompasses all aspects noted in the standard above. Program documents are scheduled for review once every two (2) years and the manual is revised on an as needed basis.

Dispatch agencies are using the advanced medical priority dispatch system currently approved by this EMS agency.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

- \_\_\_\_\_ Short-range Plan (one year or less)
- \_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 1.20 - DNR Policy**

**MINIMUM STANDARD:** Each local EMS agency shall have a policy regarding "Do Not Resuscitate" (DNR) situations in the prehospital setting, in accordance with the EMS Authority's DNR guidelines.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** DNR policy is in-place and is in accordance with the EMS Authority's DNR guidelines. The DNR policy is included in the policy manual and is available to all system participants.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 1.21 - Determination of Death**

**MINIMUM STANDARD:** Each local EMS agency, in conjunction with the county coroner(s) shall develop a policy regarding determination of death, including deaths at the scene of apparent crimes.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** In conjunction with the county coroner, a policy has been developed regarding determination of death, to include deaths at the scene of apparent crimes, and includes protocols for responsibilities of EMS personnel. These policies are included in the policy manual and are readily available to all system participants.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 1.22 - Reporting of Abuse**

**MINIMUM STANDARD:** Each local EMS agency, shall ensure that providers have a mechanism for reporting child abuse, elder abuse and suspected SIDS deaths.

**RECOMMENDED GUIDELINE:** - None provided.

**CURRENT STATUS:** All providers operating in Sacramento are required to report suspected child abuse, elder abuse, and suspected SIDS deaths. The mechanisms are in-place to comply with this requirement.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 1.23 - Interfacility Transfer**

**MINIMUM STANDARD:** The local EMS medical director shall establish policies and protocols for scope of practice of prehospital medical personnel during interfacility transfers.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** The local EMS medical director has established policies and protocols for scope of practice of prehospital medical personnel during interfacility transfers.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

                     Short-range Plan (one year or less)

                     Long-range Plan (more than one year)

**System Assessment Form # 1.24 - ALS Systems**

**MINIMUM STANDARD:** Advanced life support services shall be provided only as an approved part of a local EMS system and all ALS providers shall have written agreements with the local EMS agency.

**RECOMMENDED GUIDELINE:** Each local EMS agency, based on state approval, should, when appropriate, develop exclusive operating areas for ALS providers.

**CURRENT STATUS:** Written agreements, approved by the Sacramento County EMS Agency, are in-place for all designated advanced life support providers. On 3/94, the Sacramento County Board of Supervisors withdrew from the provision of 9-1-1 ambulance services, including the provision of related communications system(s). Concurrently, these responsibilities were "assumed" by local cities and special districts county-wide. Sacramento County has a "non-exclusive" 9-1-1 ambulance system.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 1.25 - On-line Medical Direction**

**MINIMUM STANDARD:** Each EMS system shall have on-line medical direction, provided by a base hospital (or alternative base station) physician or authorized registered nurse/mobile intensive care nurse.

**RECOMMENDED GUIDELINE:** Each EMS system should develop a medical control plan which determines:

- a) the base hospital configuration for the system,
- b) the process for selecting base hospitals, including a process for designation which allows all eligible facilities to apply and
- c) the process for determining the need for in-house medical direction for provider agencies.

**CURRENT STATUS:** The Sacramento County EMS System has on-line medical direction provided by base hospital physicians and mobile intensive care nurses (MICNs). The need for on-line medical control has diminished due to the implementation of standing orders.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

- \_\_\_\_\_ Short-range Plan (one year or less)
- \_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 1.26 - Trauma System Plan**

**MINIMUM STANDARD:** The local EMS agency shall develop a trauma care system plan, based on community needs and utilization of appropriate resources, which determines:

- a) the optimal system design for trauma care in the EMS area and
- b) the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** The trauma care system plan, based on community needs and utilization of appropriate resources is in place. The trauma care system plan reflects recent designation of an out-of-county level II trauma center. An additional level II trauma center in the northern county is currently being established.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

**System Assessment Form # 1.27 - Pediatric System Plan**

**MINIMUM STANDARD:** The local EMS agency shall develop a pediatric emergency medical and critical care system plan, based on community needs and utilization of appropriate resources, which determines:

- a) the optimal system design for pediatric emergency medical and critical care in the EMS area and
- b) the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** To date, there is no pediatric emergency medical and critical care subsystem plan. However, all acute care hospitals serving the residents of Sacramento County have, at a minimum, a licensed Basic Emergency Department, which are capable of meeting the immediate medical needs of the pediatric emergency patient. All of the hospitals have identified the facilities that offer specialized pediatric services and have established relationships for transfer, amongst each other, to admit a pediatric patient to a specialized critical area, if that particular hospital does not have the resources to meet those needs. The decision to admit and/or transfer a pediatric patient is made between the transferring and admitting physicians. To document that comprehensive pediatric emergency medical services exist in Sacramento County; inspection, documentation and planning to remediate any deficiencies must be completed.

**NEED(S):** Pediatric emergency medical and critical care subsystem plan.

**OBJECTIVE:** To complete a pediatric emergency medical and critical care subsystem within the next two (2) years.

**TIME FRAME FOR MEETING OBJECTIVE:**

_____	Short-range Plan (one year or less)
<u>1.27</u>	Long-range Plan (more than one year)

**System Assessment Form # 1.28 - EOA Plan**

**MINIMUM STANDARD:** The local EMS agency shall develop, and submit for state approval, a plan, based on community needs and utilization of appropriate resources, for granting of exclusive operating areas which determines:

- a) the optimal system design for ambulance service and advanced life support services in the EMS area and
- b) the process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** On 3/94, the Sacramento County Board of Supervisors withdrew from the provision of 9-1-1 ambulance services, including the provision of related communications system(s). Concurrently, these responsibilities were "assumed" by local cities and special districts county-wide. Sacramento County has a "non-exclusive" 9-1-1 ambulance system.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

- \_\_\_\_\_ Short-range Plan (one year or less)
- \_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 2.01 - Assessment of Needs**

**MINIMUM STANDARD:** The local EMS agency shall routinely assess personnel and training needs.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** Each service provider is required to have continuous quality improvement (CQI) programs in place. All provider CQI programs in place in Sacramento County are overseen by the local EMS agency. Each provider agency utilizes a peer review approach to CQI that meets monthly to assess performance of the EMS personnel. Additionally, these programs identify training needs of respective personnel. Input from colleagues, hospitals and the general public provide assessment of personnel performance and contribute significantly to this process.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 2.02 - Approval of Training**

**MINIMUM STANDARD:** The EMS Authority and/or local EMS agencies shall have a mechanism to approve EMS education programs which require approval (according to regulations) and shall monitor them to ensure that they comply with state regulations.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** All EMS education programs are approved only after thorough review of proposed program documents as they relate to set standards and compliance with state directives/regulations. These programs are monitored periodically both through audits of training materials, qualifications of instructors, and testing of graduates.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

**System Assessment Form # 2.03 - Personnel**

**MINIMUM STANDARD:** The local EMS agency shall have mechanisms to accredit, authorize and certify prehospital medical personnel and conduct certification reviews, in accordance with state regulations. This shall include a process for prehospital providers to identify and notify the local EMS agency of unusual occurrences which could impact EMS personnel certification.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** Mechanisms are in place to accredit, authorize, and certify prehospital medical personnel and conduct certification reviews, in accordance with state regulations. A process for prehospital providers, and base hospital quality assurance committees to identify and/ or notify the local EMS agency of unusual occurrences is also in place. These policies and procedures are included in the policy manual and are readily accessible to EMS system participants. A formalized background check and finger print check process has been established to ensure system participants' adherence with public trust issues considered within our purview.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 2.04 - Dispatch Training**

**MINIMUM STANDARD:** Public safety answering point (PSAP) operators with medical responsibility shall have emergency medical orientation and all medical dispatch personnel (both public and private) shall receive emergency medical dispatch training in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

**RECOMMENDED GUIDELINE:** Public safety answering point (PSAP) operators with medical dispatch responsibilities and all medical dispatch personnel (both public and private) should be trained and tested in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

**CURRENT STATUS:** All public safety answering point operators with medical dispatch responsibilities and all medical dispatch personnel (both public and private) are trained and tested in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 2.05 - First Responder Training**

**MINIMUM STANDARD:** At least one person on each non-transporting EMS first response unit shall have been trained to administer first aid and CPR within the previous three years.

**RECOMMENDED GUIDELINE:** At least one person on each non-transporting EMS first response unit should be currently certified to provide defibrillation and have available equipment commensurate with such scope of practice, when such a program is justified by the response times for other ALS providers.

At least one person on each non-transporting EMS first response unit should be currently certified at the EMT-I level and have available equipment commensurate with such scope of practice.

**CURRENT STATUS:** At least one person on each non-transport EMS first responder unit is certified at the EMT-I level. Currently, 6 of the 14 first responder agencies in Sacramento have employees who provide defibrillation.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 2.06 - Response**

**MINIMUM STANDARD:** Public safety agencies and industrial first aid teams shall be encouraged to respond to medical emergencies and shall be utilized in accordance with local EMS agency policies.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** Public safety agencies and industrial first aid teams are encouraged to respond to medical emergencies and are utilized in accordance with local EMS agency policies. Some local businesses require their security personnel to be EMT-I certified and respond to medical emergencies within their businesses.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

- \_\_\_\_\_ Short-range Plan (one year or less)
- \_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 2.07 - Medical Control**

**MINIMUM STANDARD:** Non-transporting EMS first responders shall operate under medical direction policies, as specified by the local EMS agency medical director.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** Both advanced life support and basic life support non-transporting first responders comply with policies, procedures and protocols established by this agency. Provider continuous quality improvement (CQI) programs ensure compliance and report to Sacramento County EMS CQI Committee, as needed.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

                     Short-range Plan (one year or less)  
                     Long-range Plan (more than one year)

**System Assessment Form # 2.08 - EMT-I Training**

**MINIMUM STANDARD:** All emergency medical transport vehicle personnel shall be currently certified at least at the EMT-I level.

**RECOMMENDED GUIDELINE:** If advanced life support personnel are not available, at least one person on each emergency medical transport vehicle should be trained to provide defibrillation.

**CURRENT STATUS:** All emergency medical transport vehicle personnel are currently certified at least at the EMT-I level. At least one person on each emergency medical transport vehicle is trained to provide advanced life support.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

**System Assessment Form # 2.09 - CPR Training**

**MINIMUM STANDARD:** All allied health personnel who provide direct emergency patient care shall be trained in CPR.

**RECOMMENDED / GUIDELINE:** None provided.

**CURRENT STATUS:** All allied health personnel who provide direct emergency patient care are trained in CPR. EMT-Is must provide proof of current CPR training in infant, child and adult CPR and obstructed airway maneuvers from the American Heart Association or equivalent in order to certify or recertify. EMT-Paramedics are required to have current Advanced Cardiac Life Support training in order to accredit or renew their accreditation.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 2.10 - Advanced Life Support**

**MINIMUM STANDARD:** All emergency department physicians and registered nurses who provide direct emergency patient care shall be trained in advanced life support.

**RECOMMENDED GUIDELINE:** All emergency department physicians should be certified by the American Board of Emergency Medicine.

**CURRENT STATUS:** All emergency department physicians and registered nurses who provide direct patient care are trained in advanced life support.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

**System Assessment Form # 2.11 - Accreditation Process**

**MINIMUM STANDARD:** The local EMS agency shall establish a procedure for accreditation of advanced life support personnel which includes orientation to system policies and procedures, orientation to the roles and responsibilities of providers within the local EMS system, testing in any optional scope of practice and enrollment into the local EMS agency's quality assurance/ quality improvement process.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** The local EMS agency has established a monthly procedure for accreditation of advanced life support personnel which includes orientation to system policies and procedures, orientation to the roles and responsibilities of providers within the local EMS system and orientation to the trauma system.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

**System Assessment Form # 2.12 - Early Defibrillation**

**MINIMUM STANDARD:** The local EMS agency shall establish policies for local accreditation of public safety and other basic life support personnel in early defibrillation.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** This EMS agency has established policies for local accreditation of public safety and other basic life support personnel in early defibrillation. These policies are included in the policy manual and are easily accessible to system participants.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 2.13 - Base Hospital Personnel**

**MINIMUM STANDARD:** All base hospital/ alternative base station personnel who provide medical direction to prehospital personnel shall be knowledgeable about local EMS agency policies and procedures and have training in radio communications techniques.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** All base hospital personnel who provide medical direction to prehospital personnel are knowledgeable about local EMS agency policies and procedures and have training in radio communications techniques. Nursing personnel that provide medical direction to prehospital personnel are required to be mobile intensive care nurse (MICN) certified. Prior to certification, MICN applicants are tested by this agency and are required to attend a local orientation class.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

- \_\_\_\_\_ Short-range Plan (one year or less)
- \_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 3.01\* - Communication Plan**

**MINIMUM STANDARD:** The local EMS agency shall plan for EMS communications. The plan shall specify the medical communications capabilities of emergency medical transport vehicles, non-transporting advanced life support responders and acute care facilities and shall coordinate the use of frequencies with other users.

**RECOMMENDED GUIDELINE:** The local EMS agency's communications plan should consider the availability and use of satellites and cellular telephones.

**CURRENT STATUS:** Sacramento County has taken a lead role in planning and implementing a regional radio communications system, including fire, police, sheriff and EMS. The use of satellites and cellular telephones have been integrated into the system, as deemed appropriate. However, on 3/94, the Sacramento County Board of Supervisors withdrew from the provision of 9-1-1 ambulance services, including the provision of related communications system(s). Concurrently, these responsibilities were "assumed" by local cities and special districts county-wide.

**COORDINATION WITH OTHER EMS AGENCIES:** All EMS provider agencies are part of the Sacramento Regional Radio Communications System.

**NEED(S):** None.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

- \_\_\_\_\_ Short-range Plan (one year or less)
- \_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 3.02 - Radios**

**MINIMUM STANDARD:** Emergency medical transport vehicles and non-transporting advanced life support responders shall have two-way radio communications equipment which complies with the local EMS communications plan and which provides for dispatch and ambulance-to-hospital communication.

**RECOMMENDED GUIDELINE:** Emergency medical transport vehicles should have two-way radio communications equipment which complies with the local EMS communications plan and which provides for vehicle-to-vehicle (including both ambulances and non-transporting first responder units) communication.

**CURRENT STATUS:** All emergency medical transport vehicles and non-transporting advanced life support responders have two-way radio communications equipment and cellular phones which complies with the Sacramento Regional Radio Communications System which provides for dispatch and ambulance-to-hospital communication. Note: On 3/94, the Sacramento County Board of Supervisors withdrew from the provision of 9-1-1 ambulance services, including the provision of related communications system(s). Concurrently, these responsibilities were "assumed" by local cities and special districts county-wide.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 3.03\* - Interfacility Transfer**

**MINIMUM STANDARD:** Emergency medical transport vehicles used for interfacility transfers shall have the ability to communicate with both the sending and receiving facilities. This could be accomplished by cellular telephone.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** All designated emergency medical transport vehicles used for interfacility transfers have the ability to communicate with both the sending and receiving facilities. The communication is via cellular phone or two-way radio.

**COORDINATION WITH OTHER EMS AGENCIES:** Written agreements are in-place for coordination with other EMS agencies.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

- \_\_\_\_\_ Short-range Plan (one year or less)
- \_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 3.04 - Dispatch Center**

**MINIMUM STANDARD:** All emergency medical transport vehicles, where physically possible (based on geography and technology), shall have the ability to communicate with a single dispatch center or disaster communications command post.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** All emergency medical transport vehicles have the ability to communicate with a single dispatch center or disaster communications command post via radio or cellular phone. However, on 3/94, the Sacramento County Board of Supervisors withdrew from the provision of 9-1-1 ambulance services, including the provision of related communications system(s). Concurrently, these responsibilities were "assumed" by local cities and special districts county-wide.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 3.05 - Hospitals**

**MINIMUM STANDARD:** All hospitals within the local EMS system shall (where physically possible) have the ability to communicate with each other by two-way radio.

**RECOMMENDED GUIDELINE:** All hospitals should have direct communications access to relevant services in other hospitals within the system (e.g., poison information, pediatric and trauma consultation).

**CURRENT STATUS:** All hospitals within the local EMS system have the ability to communicate with each other by two-way radio (800 MHZ trunk system). All facilities have an additional hardwired "dedicated circuit" phone line (Blast Phone). Note: On 3/94, the Sacramento County Board of Supervisors withdrew from the provision of 9-1-1 ambulance services, including the provision of related communications system(s). Concurrently, these responsibilities were "assumed" by local cities and special districts county-wide.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 3.06 - MCI/Disasters**

**MINIMUM STANDARD:** The local EMS agency shall review communications linkages among providers (prehospital and hospital) in its jurisdiction for their capability to provide service in the event of multi-casualty incidents and disasters.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** The local EMS agency does review communications linkages among providers (prehospital and hospital) in its jurisdiction for their capability to provide service in the event of multi-casualty incidents and disasters. These linkages are tested and evaluated during drills and real-life implementation several times during the year. The provider continuous quality improvement committees are responsible for review of multi-casualty drills and events. The local EMS agency plays an active role in these reviews. All providers and hospitals use the 800 MHZ system and prehospital providers also utilize cellular phones. Note: On 3/94, the Sacramento County Board of Supervisors withdrew from the provision of 9-1-1 ambulance services, including the provision of related communications system(s). Concurrently, these responsibilities were "assumed" by local cities and special districts county-wide. Sacramento County has a "non-exclusive" 9-1-1 ambulance system.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

**System Assessment Form # 3.07 - 9-1-1 Planning/ Coordination**

**MINIMUM STANDARD:** The local EMS agency shall participate in ongoing planning and coordination of the 9-1-1 telephone service.

**RECOMMENDED GUIDELINE:** The local EMS agency should promote the development of enhanced 9-1-1 systems.

**CURRENT STATUS:** Sacramento County has had a county-wide enhanced 9-1-1 emergency telephone system since 1981. The Agency actively participates in ongoing planning and coordination of the E9-1-1 telephone system.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 3.08 - 9-1-1 Public Education**

**MINIMUM STANDARD:** The local EMS agency shall be involved in public education regarding the 9-1-1 telephone service as it impacts system access.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** The Agency is actively involved in public education regarding the 9-1-1 telephone system service as it impacts system access. These efforts are in partnership with local cities and special districts and coordinated by the Sacramento Regional Fire/ EMS Communications Center.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 3.09 - Dispatch Triage**

**MINIMUM STANDARD:** The local EMS agency shall establish guidelines for proper dispatch triage which identifies appropriate medical response.

**RECOMMENDED GUIDELINE:** The local EMS agency should establish an emergency medical dispatch priority reference system, including systemized caller interrogation, dispatch triage policies and pre-arrival instructions.

**CURRENT STATUS:** On 3/94, the Sacramento County Board of Supervisors withdrew from the provision of 9-1-1 ambulance services, including the provision of related communications system(s). Concurrently, these responsibilities were "assumed" by local cities and special districts county-wide. However, all local 9-1-1 dispatchers and advanced life support private ambulance dispatchers have training in emergency medical dispatching. The guidelines in use have been reviewed by this agency and have been determined to identify appropriate medical response.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 3.10 - Integrated Dispatch**

**MINIMUM STANDARD:** The local EMS system shall have a functionally integrated dispatch with systemize emergency services coordination, using standardized communications frequencies.

**RECOMMENDED GUIDELINE:** The local EMS agency should develop a mechanism to ensure appropriate systemize ambulance coverage during periods of peak demand.

**CURRENT STATUS:** The local EMS system has a functionally integrated dispatch with systemized emergency services coordination, using standardized communications frequencies. A mechanism exists which ensures appropriate systemized ambulance coverage during peak periods of peak demand. However, on 3/94, the Sacramento County Board of Supervisors withdrew from the provision of 9-1-1 ambulance services, including the provision of related communications system(s). Concurrently, these responsibilities were "assumed" by local cities and special districts county-wide.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

- \_\_\_\_\_ Short-range Plan (one year or less)
- \_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 4.01\* - Service Area Boundaries**

**MINIMUM STANDARD:** The local EMS agency shall determine the boundaries of emergency medical transportation service areas.

**RECOMMENDED GUIDELINE:** The local EMS agency should secure a county ordinance or similar mechanism for establishing emergency medical transport service areas (e.g., ambulance response zones).

**CURRENT STATUS:** On 3/94, the Sacramento County Board of Supervisors withdrew from the provision of 9-1-1 ambulance services, including the provision of related communications system(s). Concurrently, these responsibilities were "assumed" by local cities and special districts county-wide. Sacramento County has a "non-exclusive" 9-1-1 ambulance system.

**COORDINATION WITH OTHER EMS AGENCIES:** In-depth coordination with local cities and special districts ensures 100% advanced life support coverage to all county residents and visitors.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 4.02 - Monitoring**

**MINIMUM STANDARD:** The local EMS agency shall monitor emergency medical transportation services to ensure compliance with appropriate statutes, regulations, policies, and procedures.

**RECOMMENDED GUIDELINE:** The local EMS agency should secure a county ordinance or similar mechanism for licensure of emergency medical transport services. These should be intended to promote compliance with overall system management and should, wherever possible, replace any other local ambulance regulatory programs within the EMS area.

**CURRENT STATUS:** All advanced life support medical transportation services are reviewed and evaluated by the local EMS agency to assure compliance with applicable statutes, regulations, policies and procedures. However, on 3/94, the Sacramento County Board of Supervisors withdrew from the provision of 9-1-1 ambulance services, including the provision of related communications system(s). Concurrently, these responsibilities were "assumed" by local cities and special districts county-wide.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 4.03 - Classifying Medical Requests**

**MINIMUM STANDARD:** The local EMS agency shall determine criteria for classifying medical requests (e.g., emergent, urgent and non-emergent) and shall determine the appropriate level of medical response to each.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** Criteria for classifying medical requests is determined at the dispatch and provider levels using a priority dispatching system, which is approved by the local EMS agency.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 4.04 - Prescheduled Responses**

**MINIMUM STANDARD:** Service by emergency medical transport vehicles which can be pre-scheduled without negative medical impact shall be provided only at levels which permit compliance with local EMS agency policy.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** Service by emergency medical transport vehicles which can be pre-scheduled without negative medical impact is provided only at levels which permit compliance with local EMS agency policy.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 4.05\* - Response Time Standards**

**MINIMUM STANDARD:** Each local EMS agency shall develop response time standards for medical responses. These standards shall take into account the total time from receipt of the call at the primary public safety answering point (PSAP) to arrival of the responding unit at the scene, including all dispatch intervals and driving time.

**RECOMMENDED GUIDELINE:**

Emergency medical service areas (response zones) shall be designated so that, for ninety percent of emergent responses:

a) the response time for a basic life support and CPR capable first responder does not exceed:

Metro/urban--5 minutes

Suburban/rural--15 minutes

Wilderness--as quickly as possible

b) the response time for an early defibrillation-capable responder does not exceed:

Metro/urban--5 minutes

Suburban/rural--as quickly as possible

Wilderness--as quickly as possible

c) the response time for an advanced life support capable responder (not functioning as the first responder) does not exceed:

Metro/urban--8 minutes

Suburban/rural--20 minutes

Wilderness--as quickly as possible

d) the response time for an EMS transportation unit (not functioning as the first responder) does not exceed:

Metro/urban--8 minutes

Suburban/rural--20 minutes

Wilderness--as quickly as possible.

**CURRENT STATUS:** On 3/94, the Sacramento County Board of Supervisors withdrew from the provision of 9-1-1 ambulance services, including the provision of related communications system(s). Concurrently, these responsibilities, including response time standards, were "assumed" by local cities and special districts county-wide. Local cities and special districts report response time performances which far exceed those standards recommended in this section.

**COORDINATION WITH OTHER EMS AGENCIES:** Coordination with all concerned

agencies is accomplished during monthly meetings.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

           Short-range Plan (one year or less)

           Long-range Plan (more than one year)

**System Assessment Form # 4.06 - Staffing**

**MINIMUM STANDARD:** All emergency medical transport vehicles shall be staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** All emergency medical transport vehicles are staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided. All advanced life support (ALS) emergency transport vehicles are staffed with at least one EMT-P and one EMT-I and carry enough supplies to offer the local EMT-P scope of practice. Sacramento County EMS Agency assures compliance through periodic audits and inspections of ALS providers.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 4.07 - First Responder Agencies**

**MINIMUM STANDARD:** The local EMS agency shall integrate qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) into the system.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** At this time EMS first responder public safety agencies are integrated into the 9-1-1 system, industrial first aid teams are not.

**NEED(S):** Research and evaluate the feasibility of mandating industrial first aid teams to participate in the EMS system.

**OBJECTIVE:** Integrate industrial first aid teams into the EMS system, if feasible.

**TIME FRAME FOR MEETING OBJECTIVE:**

<u>                    </u>	Short-range Plan (one year or less)
<u>4.07</u>	Long-range Plan (more than one year)

**System Assessment Form # 4.08\* - Medical & Rescue Aircraft**

**MINIMUM STANDARD:** The local EMS agency shall have a process for categorizing medical and rescue aircraft and shall develop policies and procedures regarding:

- a) authorization of aircraft to be utilized in prehospital patient care,
- b) requesting of EMS aircraft,
- c) dispatching of EMS aircraft,
- d) determination of EMS aircraft patient destination,
- e) orientation of pilots and medical flight crews to the local EMS system and
- f) addressing and resolving formal complaints regarding EMS aircraft.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** The process for categorizing medical and rescue aircraft is in-place, and policies and procedures regarding the a), d), e) and f) listed above, are in-place. Concerns b) and c) listed above are operational issues considered to be under the purviews of the local cities and special districts. Note: On 3/94, the Sacramento County Board of Supervisors withdrew from the provision of 9-1-1 ambulance services, including the provision of related communications system(s). Concurrently, these responsibilities were "assumed" by local cities and special districts county-wide.

**COORDINATION WITH OTHER EMS AGENCIES:** Coordination among other EMS agencies is accomplished within the county at monthly operational meetings and with out-of-county agencies at quarterly intervals or as the need arises.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

- \_\_\_\_\_ Short-range Plan (one year or less)
- \_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 4.09 - Air Dispatch Center**

**MINIMUM STANDARD:** The local EMS agency shall designate a dispatch center to coordinate the use of air ambulances or rescue aircraft.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** A dispatch center has been designated to coordinate the use of air ambulances and rescue aircraft. Note: On 3/94, the Sacramento County Board of Supervisors withdrew from the provision of 9-1-1 ambulance services, including the provision of related communications system(s). Concurrently, these responsibilities were "assumed" by local cities and special districts county-wide.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

**System Assessment Form # 4.10\* - Aircraft Availability**

**MINIMUM STANDARD:** The local EMS agency shall identify the availability and staffing of medical and rescue aircraft for emergency patient transportation and shall maintain written agreements with aeromedical services operating within the EMS area.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** This agency has identified the availability and staffing of medical and rescue aircraft for emergency patient transportation and maintains written agreements with aeromedical services based in Sacramento County.

**COORDINATION WITH OTHER EMS AGENCIES:** All concerned agencies are represented at regularly scheduled meetings. The EMS Agency maintains reciprocity agreements with most of the surrounding EMS agencies.

**NEEDS:** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 4.11\* - Specialty Vehicles**

**MINIMUM STANDARD:** Where applicable, the local EMS agency shall identify the availability and staffing of all-terrain vehicles, snowmobiles and water rescue and transportation vehicles.

**RECOMMENDED GUIDELINE:** The local EMS agency should plan for response by and use of all-terrain vehicles, snowmobiles and water rescue vehicles in areas where applicable. This plan should consider existing EMS resources, population density, environmental factors, dispatch procedures and catchment area.

**CURRENT STATUS:** Availability and staffing for all-terrain vehicles/ water rescue are limited to local law enforcement, park services and fire service agencies' resources. However, on 3/94, the Sacramento County Board of Supervisors withdrew from the provision of 9-1-1 ambulance services, including the provision of related communications system(s). Concurrently, these responsibilities were "assumed" by local cities and special districts county-wide.

**COORDINATION WITH OTHER EMS AGENCIES:** All concerned agencies are represented at regularly scheduled meetings.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

**System Assessment Form # 4.12 - Disaster Response**

**MINIMUM STANDARD:** The local EMS agency, in cooperation with the local Office of Emergency Services (OES), shall plan for mobilizing response and transport vehicles for disaster.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** In cooperation with Sacramento County Office of Emergency Services, this agency has planned for mobilizing response and transport vehicles for a disaster. This agency has adopted the OES Region IV Multi-Casualty Incident (MCI) Plan. All hospitals and out-of-hospital providers have adopted, and train regularly, in the Region IV MCI Plan.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

                     Short-range Plan (one year or less)

                     Long-range Plan (more than one year)

**System Assessment Form # 4.13\* - Inter-county Response**

**MINIMUM STANDARD:** The local EMS agency shall develop agreements permitting inter-county response of emergency medical transport vehicles and EMS personnel.

**RECOMMENDED GUIDELINE:** The local EMS agency should encourage and coordinate development of mutual aid agreements which identify financial responsibility for mutual aid responses.

**CURRENT STATUS:** As Sacramento County is mostly a public ambulance system, mutual aid agreements are in place through long-standing fire service arrangements. Sacramento County is working closely with OES Region IV to produce an agreement which addresses reimbursement for medical personnel.

**COORDINATION WITH OTHER EMS AGENCIES:** Reciprocity agreements with surrounding EMS agencies are in-place which permits inter-county response of emergency medical transport vehicles and EMS personnel.

**NEED(S):** Continue efforts through OES Region IV to establish an agreement for medical reimbursement.

**OBJECTIVE:** Establish agreements for medical reimbursement.

**TIME FRAME FOR MEETING OBJECTIVE:**

	Short-range Plan (one year or less)
<u>4.13</u>	Long-range Plan (more than one year)

**System Assessment Form # 4.14 - Incident Command System**

**MINIMUM STANDARD:** The local EMS agency shall develop multi-casualty response plans and procedures which include provisions for on-scene medical management, using the Incident Command System.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** Multi-casualty response plans, procedures and protocols which include provisions for on-scene medical management, using the Incident Command System when applicable are in-place. SCEMS has adopted the State OES Region IV Multi-Casualty Incident plan which incorporates the Incident Command System.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 4.15 - MCI Plans**

**MINIMUM STANDARD:** Multi-casualty response plans and procedures shall utilize state standards and guidelines.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** Multi-casualty response plans and procedures (OES Region IV MCI Plan) utilize state standards and guidelines.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

           Short-range Plan (one year or less)

           Long-range Plan (more than one year)

**System Assessment Form # 4.16 - ALS Staffing**

**MINIMUM STANDARD:** All ALS ambulances shall be staffed with at least one person certified at the advanced life support level and one person staffed at the EMT-I level.

**RECOMMENDED GUIDELINE:** The local EMS agency should determine whether advanced life support units should be staffed with two ALS crew members or with one ALS and one BLS crew members.

On any emergency ALS unit which is not staffed with two ALS crew members, the second crew member should be trained to provide defibrillation, using available defibrillators.

**CURRENT STATUS:** All advanced life support (ALS) ambulances are staffed with at least one person certified at the ALS level and one person staffed at the EMT-I level.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 4.17 - ALS Equipment**

**MINIMUM STANDARD:** All emergency ALS ambulances shall be appropriately equipped for the scope of practice of its level of staffing.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** All emergency advanced life support (ALS) ambulances are appropriately equipped for the scope of practice of its level of staffing as is mandated by the Sacramento County (SC) EMS Policy Manual. SCEMS ensures compliance by periodic inspections of all county ALS Providers.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

**System Assessment Form # 4.18 - Compliance**

**MINIMUM STANDARD:** The local EMS agency shall have a mechanism (e.g., an ordinance and/ or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** Sacramento County has a mechanism (e.g., written provider agreements) to ensure that all EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 4.19 - Transportation Plan**

**MINIMUM STANDARD:** Any local EMS agency which desires to implement exclusive operating areas, pursuant to Section 1797.224, H&SC, shall develop an EMS transportation plan which addresses:

- a) minimum standards for transportation services,
- b) optimal transportation system efficiency and effectiveness and
- c) use of a competitive process to ensure system optimization.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** Sacramento County does not have 9-1-1 ambulance exclusive operating areas.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 4.20 - Grandfathering**

**MINIMUM STANDARD:** Any local EMS agency which desires to grant an exclusive operating permit without use of a competitive process shall document in its EMS transportation plan that its existing provider meets all of the requirements for non-competitive selection ("grandfathering") under Section 1797.224, H&SC.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** Sacramento County does not have 9-1-1 ambulance exclusive operating areas.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 4.21 - Compliance**

**MINIMUM STANDARD:** The local EMS agency shall have a mechanism to ensure that EMS transportation and/ or advanced life support agencies to whom exclusive operating permits have been granted, pursuant to Section 1797.224, H&SC, comply with applicable policies and procedures regarding system operations and patient care.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** Though exclusive operating areas are not applicable to this county, mechanisms are in-place to ensure EMS transportation and/or advanced life support agencies comply with applicable policies and procedures regarding system operations and patient care.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 4.22 - Evaluation**

**MINIMUM STANDARD:** The local EMS agency shall periodically evaluate the design of exclusive operating areas.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** Sacramento County does not have 9-1-1 ambulance exclusive operating areas.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 5.01 - Assessment of Capabilities**

**MINIMUM STANDARD:** The local EMS agency shall assess and periodically reassess the EMS-related capabilities of acute care facilities in its service area.

**RECOMMENDED GUIDELINE:** The local EMS agency should have written agreements with acute care facilities in its services area.

**CURRENT STATUS:** This EMS agency has written agreements in-place with acute care facilities to meet minimum standards as a receiving hospital and/ or base hospital in its services area. The EMS-related capabilities of acute care facilities are assessed and are reassessed periodically.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

**System Assessment Form # 5.02\* - Triage & Transfer Protocols**

**MINIMUM STANDARD:** The local EMS agency shall establish prehospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** This agency has established prehospital triage protocols and does assist hospitals with the establishment of transfer protocols and agreements when requested.

**COORDINATION WITH OTHER EMS AGENCIES:** All concerned EMS agencies are represented during the development stage of the triage and transfer protocols, and during negotiations of agreements.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 5.03\* - Transfer Guidelines**

**MINIMUM STANDARD:** The local EMS agency, with participation of acute care hospital administrators, physicians and nurses, shall establish guidelines to identify patients who should be considered for transfer to facilities of higher capability and shall work with acute care hospitals to establish transfer agreements with such facilities.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** Acute care hospital administrators, physicians and nurses, in cooperation with the local EMS agency, have established guidelines to identify patients who should be considered for transfer to facilities of higher capability in conjunction with those receiving facilities.

**COORDINATION WITH OTHER EMS AGENCIES:** The protocols and agreements are agenda items at bi-monthly meetings with representation from all concerned agencies when applicable.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

- \_\_\_\_\_ Short-range Plan (one year or less)
- \_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 5.04\* - Specialty Care Facilities**

**MINIMUM STANDARD:** The local EMS agency shall designate and monitor receiving hospitals and, when appropriate, specialty care facilities for specified groups of emergency patients.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** Receiving hospitals are designated by written agreement with the EMS Agency. In addition, Sacramento County has two (2) designated as trauma centers. These facilities are continuously monitored through in-house continuous quality improvement programs, data collection and interviews by the county, and independent site inspections of trauma centers.

**COORDINATION WITH OTHER EMS AGENCIES:** Regularly scheduled meetings among all concerned agencies allows opportunities for coordination and development of these initiatives.

**NEED(S):** Refer to needs #1.02 and #1.07.

**OBJECTIVE:** Refer to objectives #1.02 and #1.07.

**TIME FRAME FOR MEETING OBJECTIVE:**

- \_\_\_\_\_ Short-range Plan (one year or less)
- \_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 5.05 - Mass Casualty Management**

**MINIMUM STANDARD:** The local EMS agency shall encourage hospitals to prepare for mass casualty management.

**RECOMMENDED GUIDELINE:** The local EMS agency should assist hospitals with preparation for mass casualty management, including procedures for coordinating hospital communications and patient flow.

**CURRENT STATUS:** The agency actively participates with local and regional hospitals to prepare for the effective management of mass casualties, including procedures for coordinating hospital communications and patient flow.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 5.06\* - Hospital Evaluation**

**MINIMUM STANDARD:** The local EMS agency shall have a plan for hospital evacuation, including its impact on other EMS system providers.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** Each hospital within this jurisdiction does maintain a plan for evacuation. The EMS agency (as well as all other health entities) has adopted the OES Region IV Multi-Casualty Incident Plan which provides for patient distribution in the case local resources are exhausted.

**COORDINATION WITH OTHER EMS AGENCIES:** Coordination with other concerned agencies within the OES Region IV occurs at regular meetings. Surrounding EMS agencies and hospitals in the OES Region IV Counties conduct drills to examine the effectiveness of the Plan in regional incidents.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

- \_\_\_\_\_ Short-range Plan (one year or less)
- \_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 5.07\* - Base Hospital Designation**

**MINIMUM STANDARD:** The local EMS agency shall, using a process which allows all eligible facilities to apply, designate base hospitals or alternative base stations as it determines necessary to provide medical direction of prehospital personnel.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** Of the ten (10) in-county hospitals, four (4) are designated base hospitals. All facilities are eligible to apply for designation at any time. In addition, a level II trauma center in Placer County has been designated as a trauma base hospital for Sacramento County based units transporting to that facility.

**COORDINATION WITH OTHER EMS AGENCIES:** Coordination among base hospitals and alternative base stations is accomplished at regularly scheduled meetings.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

**System Assessment Form # 5.08 - Trauma System Design**

**MINIMUM STANDARD:** 5.08 Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community need and available resources) including, but not limited to:

**RECOMMENDED GUIDELINE:** None provided.

- a) the number and level of trauma centers (including the use of trauma centers in other counties),
- b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- c) identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
- d) the role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center and
- e) a plan for monitoring and evaluation of the system.

**CURRENT STATUS:** The trauma plan has recently been updated with EMSA approval as of December 1997, and includes:

- a) the number and level of trauma centers (including the use of trauma centers in other counties),
- b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- c) identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
- d) the role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center and
- e) a plan for monitoring and evaluation of the system.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

- \_\_\_\_\_ Short-range Plan (one year or less)
- \_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 5.09 - Public Input**

**MINIMUM STANDARD:** In planning its trauma care system, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** Input is ensured from prehospital and hospital providers and consumers throughout the trauma plan process and any revision process thereof.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-range Plan (one year or less)

Long-range Plan (more than one year)

**System Assessment Form # 5.10 - Pediatric System Design**

**MINIMUM STANDARD:** Local EMS agencies that develop pediatric emergency medical and critical care systems shall determine the optimal system, including:

**RECOMMENDED GUIDELINE:** None provided.

- a) the number and role of system participants, particularly of emergency departments,
- b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- c) identification of patients who should be primarily triaged or secondarily transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
- d) identification of providers who are qualified to transport such patients to a designated facility,
- e) identification of tertiary care centers for pediatric critical care and pediatric trauma,
- f) the role of non-pediatric specialty care hospitals including those which are outside of the primary triage area and
- g) a plan for monitoring and evaluation of the system.

**CURRENT STATUS:** Currently, all acute care hospitals serving the residents of Sacramento County have, at a minimum, a licensed Basic Emergency Department, which is capable of meeting the immediate medical needs of the pediatric emergency patient. All of the hospitals have identified the facilities that offer specialized pediatric services and have established relationships for transfer, if necessary. The decision to admit and/ or transfer a pediatric patient is made between the transferring and admitting physicians. Local paramedics are trained to meet the specialized medical needs of different sub-populations including children.

**NEED(S):** Refer to need #1.27.

**OBJECTIVE:** Refer to objective #1.27.

**TIME FRAME FOR MEETING OBJECTIVE:**

- \_\_\_\_\_ Short-range Plan (one year or less)
- \_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 5.11 - Emergency Departments**

**MINIMUM STANDARD:** Local EMS agencies shall identify minimum standards for pediatric capability of emergency departments including:

- a) staffing,
- b) training,
- c) equipment,
- d) identification of patients for whom consultation with a pediatric critical care center is appropriate,
- e) quality assurance/ quality improvement, and
- f) data reporting to the local EMS agency.

**RECOMMENDED GUIDELINE:** Local EMS agencies should develop methods of identifying emergency departments which meet standards for pediatric care and for pediatric critical care centers and pediatric trauma centers.

**CURRENT STATUS:** Currently, all acute care hospitals serving the residents of Sacramento County have, at a minimum, a licensed Basic Emergency Department, which is capable of meeting the immediate medical needs of the pediatric emergency patient. All of the hospitals have identified the facilities that offer specialized pediatric services and have established relationships for transfer, if necessary. The decision to admit and/ or transfer a pediatric patient is made between the transferring and admitting physicians.

**NEED(S):** Refer to need #1.27.

**OBJECTIVE:** Refer to objective #1.27.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 5.12 - Public Input**

**MINIMUM STANDARD:** In planning its pediatric emergency medical and critical care system, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** All emergency medical and critical care system planning goes through a public comment phase to insure input from both prehospital and hospital providers and consumers.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-range Plan (one year or less)

Long-range Plan (more than one year)

**System Assessment Form # 5.13 - Specialty System Design**

**MINIMUM STANDARD:** Local EMS agencies developing speciality care plans for EMS-targeted clinical conditions shall determine the optimal system for the specific condition involved including:

- a) the number and role of system participants,
- b) the design of catchment areas (including inter-county transport, as appropriate) with consideration of workload and patient mix,
- c) identification of patients who should be triaged or transferred to a designated center,
- d) the role of non-designated hospitals including those which are outside of the primary triage area and
- e) a plan for monitoring and evaluation of the system.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** The only specialty care plan recently optimized is the trauma plan which encompasses all the above listed concerns. As additional specialty care plans are developed, pending a determined need, all of the above listed concerns will be included.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

- \_\_\_\_\_ Short-range Plan (one year or less)
- \_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 5.14 - Public Input**

**MINIMUM STANDARD:** In planning other speciality care systems, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** As other specialty care systems are developed, input will be ensured from prehospital and hospital providers and consumers at public meetings.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

                     Short-range Plan (one year or less)

                     Long-range Plan (more than one year)

**System Assessment Form # 6.01 - QA/QI Program**

**MINIMUM STANDARD:** The local EMS agency shall establish an EMS quality assurance/ quality improvement (QA/ QI) program to evaluate the response to emergency medical incidents and the care provided to specific patients. The programs shall address the total EMS system, including all prehospital provider agencies, base hospitals and receiving hospitals. It shall address compliance with policies, procedures and protocols and identification of preventable morbidity and mortality and shall utilize state standards and guidelines. The program shall use provider based QA/ QI programs and shall coordinate them with other providers.

**RECOMMENDED GUIDELINE:** The local EMS agency should have the resources to evaluate the response to, and the care provided to, specific patients.

**CURRENT STATUS:** Sacramento County has an extensive QA/ QI program. The provider-based QA/ QI programs and the Trauma Review Committee are the mainstay of QA/ QI for this EMS system. Coordination takes place at the local EMS agency level with regularly scheduled meetings and visits to all providers and hospitals. The program addresses compliance with policies, procedures and protocols and identification of preventable morbidity and mortality and utilizes state standards and guidelines. Further, the program evaluates the response to emergency medical incidents and the care provided to specific patients.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

- \_\_\_\_\_ Short-range Plan (one year or less)
- \_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 6.02 - Prehospital Records**

**MINIMUM STANDARD:** Prehospital records for all patient responses shall be completed and forwarded to appropriate agencies as defined by the local EMS agency.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** Prehospital patient care reports for all patient encounters are completed and forwarded to base hospitals and/or receiving hospitals as defined by the local EMS agency.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current standard.

**TIME FRAME FOR MEETING OBJECTIVE:**

- \_\_\_\_\_ Short-range Plan (one year or less)
- \_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 6.03 - Prehospital Care Audits**

**MINIMUM STANDARD:** Audits of prehospital care, including both system response and clinical aspects, shall be conducted.

**RECOMMENDED GUIDELINE:** The local EMS agency should have a mechanism to link prehospital records with dispatch, emergency department, in-patient and discharge records.

**CURRENT STATUS:** Continuous quality improvement programs provide methods to investigate and address events that may contribute to negative patient outcomes and certification issues. Present data collection initiatives/ proposals provide auditing opportunities on a routine basis.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 6.04 - Medical Dispatch**

**MINIMUM STANDARD:** The local EMS agency shall have a mechanism to review medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of pre-arrival/ post dispatch directions.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** The Sacramento County EMS Medical Director is directly responsible for reviewing medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of pre-arrival/ post dispatch directions.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

- \_\_\_\_\_ Short-range Plan (one year or less)
- \_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 6.05\* - Data Management System**

**MINIMUM STANDARD:** The local EMS agency shall establish a data management system which supports its systemize planning and evaluation (including identification of high risk patient groups) and the QA/ QI audit of the care provided to specific patients. It shall be based on state standards.

**RECOMMENDED GUIDELINE:** The local EMS agency should establish an integrated data management system which includes system response and clinical (both prehospital and hospital) data.

The local EMS agency should use patient registries, tracer studies and other monitoring systems to evaluate patient care at all stages of the system.

**CURRENT STATUS:** A data management system has been established which supports systemize planning, evaluation and quality assurance/ quality improvement audit of care provided.

**COORDINATION WITH OTHER EMS AGENCIES:** Advanced life support providers (public and private), trauma centers and dispatch centers contribute to the data collection. All concerned agencies are represented at regularly scheduled meetings. Information is shared with other EMS agencies. Previously stated objectives include expansion of the list of agencies/ sources providing data.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 6.06 - System Design Evaluation**

**MINIMUM STANDARD:** The local EMS agency shall establish an evaluation program to evaluate EMS system design and operations, including system effectiveness at meeting community needs, appropriateness of guidelines and standards, prevention strategies that are tailored to community needs and assessment of resources needed to adequately support the system. This shall include structure, process and outcome evaluations, utilizing state standards and guidelines.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** System evaluation is accomplished through the analyses of collected data. The effectiveness at meeting community needs, appropriateness of guidelines and standards, prevention strategies that are tailored to community needs and assessment of resources needed to adequately support the system are gauged both through analysis of data collected by the agency, the hospitals, the providers and information gathered at public forums, from community meetings, and complaint logs. Previously stated objectives include expansion of the list of agencies/ sources providing data.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

**System Assessment Form # 6.07 - Provider Participation**

**MINIMUM STANDARD:** The local EMS agency shall have the resources and authority to require provider participation in the systemize evaluation program.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** This agency does have the resources and authority to require provider participation in the systemize evaluation program.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

                     Short-range Plan (one year or less)

                     Long-range Plan (more than one year)

**System Assessment Form # 6.08 - Reporting**

**MINIMUM STANDARD:** The local EMS agency shall, at least annually, report on the results of its evaluation of EMS system design and operations to the Board(s) of Supervisors, provider agencies and Emergency Medical Care Committee(s).

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** Historically, this agency has reported on the effectiveness of the EMS system design and operations to the Board of Supervisors and all other concerned agencies at least annually.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

- \_\_\_\_\_ Short-range Plan (one year or less)
- \_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 6.09 - ALS Audit**

**MINIMUM STANDARD:** The process used to audit treatment provided by advanced life support providers shall evaluate both base hospital (or alternative base station) and prehospital activities.

**RECOMMENDED GUIDELINE:** The local EMS agency's integrated data management system should include prehospital, base hospital and receiving hospital data.

**CURRENT STATUS:** The process used to audit treatment provided by advanced life support providers evaluates both base hospital and out-of-hospital activities. The Agency's data collection system needs to improve to provide "comprehensive" system information.

**NEED(S):** Refer to need #1.02.

**OBJECTIVE:** Refer to objective #1.02.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 6.10 - Trauma System Evaluation**

**MINIMUM STANDARD:** The local EMS agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including:

- a) a trauma registry,
- b) a mechanism to identify patients whose care fell outside of established criteria and
- c) a process of identifying potential improvements to the system design and operation.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** The trauma system evaluation and data collection program includes:

- a) a trauma registry,
- b) a mechanism to identify patients whose care fell outside of established criteria and
- c) a process of identifying potential improvements to the system design and operation.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

- \_\_\_\_\_ Short-range Plan (one year or less)
- \_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 6.11 - Trauma Center Data**

**MINIMUM STANDARD:** The local EMS agency shall ensure that designated trauma centers provide required data to the EMS agency, including patient specific information which is required for quality assurance/ quality improvement and system evaluation.

**RECOMMENDED GUIDELINE:** The local EMS agency should seek data on trauma patients who are treated at non-trauma center hospitals and shall include this information in their quality assurance/ quality improvement and system evaluation program.

**CURRENT STATUS:** Designated trauma centers provide required data to this agency and include patient specific information which is required for quality assurance/ quality improvement and system evaluation. The Agency's data collection system needs to improve to include comprehensive county-wide emergency department information.

**NEED(S):** Refer to need #1.02.

**OBJECTIVE:** Refer to objective #1.02.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

**System Assessment Form # 7.01 - Public Information Materials**

**MINIMUM STANDARD:** The local EMS agency shall promote the development and dissemination of information materials for the public which addresses:

- a) understanding of EMS system design and operation,
- b) proper access to the system,
- c) self help (e.g., CPR, first aid, etc.),
- d) patient and consumer rights as they relate to the EMS system,
- e) health and safety habits as they relate to the prevention and reduction of health risks in target areas and
- f) appropriate utilization of emergency departments.

**RECOMMENDED GUIDELINE:** The local EMS agency should promote targeted community education programs on the use of emergency medical services in its service area.

**CURRENT STATUS:** The EMS Agency provides and supports community education programs provided by a variety of organizations, including: the service providers, Public Access Defibrillation League, Sacramento County Fire/ EMS Communications Center, hospitals and the Department of Health and Human Services.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

- \_\_\_\_\_ Short-range Plan (one year or less)
- \_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 7.02 - Injury Control**

**MINIMUM STANDARD:** The local EMS agency, in conjunction with other local health education programs, shall work to promote injury control and preventive medicine.

**RECOMMENDED GUIDELINE:** The local EMS agency should promote the development of special EMS educational programs for targeted groups at high risk of injury or illness.

**CURRENT STATUS:** The EMS Agency supports injury control programs and is partnered with a variety of organizations, including: the service providers, the Public Access Defibrillation League, the Sacramento County Fire/ EMS Communications Center, hospitals and the Department of Health and Human Services.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-range Plan (one year or less)

Long-range Plan (more than one year)

**System Assessment Form # 7.03 - Disaster Preparedness**

**MINIMUM STANDARD:** The local EMS agency, in conjunction with the local office of emergency services, shall promote citizen disaster preparedness activities.

**RECOMMENDED GUIDELINE:** The local EMS agency, in conjunction with the local office of emergency services (OES), should produce and disseminate information on disaster medical preparedness.

**CURRENT STATUS:** The EMS Agency supports disaster preparedness activities and is partnered with a variety of organizations, including: the service providers, the Sacramento County Fire/ EMS Communications Center, hospitals, the Department of Health and Human Services and the County Office of Emergency Services who is the lead agency regarding disaster preparedness activities.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

- \_\_\_\_\_ Short-range Plan (one year or less)
- \_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 7.04 - First Aid & CPR Training**

**MINIMUM STANDARD:** The local EMS agency shall promote the availability of first aid and CPR training for the general public.

**RECOMMENDED GUIDELINE:** The local EMS agency should adopt a goal for training of an appropriate percentage of the general public in first aid and CPR. A higher percentage should be achieved in high risk groups.

**CURRENT STATUS:** The EMS Agency supports the availability of first aid and CPR training for the general public by partnering with a variety of organizations, including: the service providers, the Public Access Defibrillation League, the Sacramento County Fire/ EMS Communications Center, hospital, and the Department of Health and Human Services.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 8.01\* - Disaster Medical Planning**

**MINIMUM STANDARD:** In coordination with the local office of emergency services (OES), the local EMS agency shall participate in the development of medical response plans for catastrophic disasters, including those involving toxic substances.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** This agency, in coordination with the local Office of Emergency Services, participates in the development of medical response plans for catastrophic disasters, including those involving toxic substances.

**COORDINATION WITH OTHER EMS AGENCIES:** All applicable agencies are sought out for coordination when assisting in the development of medical response plans.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 8.02 - Response Plans**

**MINIMUM STANDARD:** Medical response plans and procedures for catastrophic disasters shall be applicable to incidents caused by a variety of hazards, including toxic substances.

**RECOMMENDED GUIDELINE:** The California Office of Emergency Services' multi-hazard functional plan should serve as the model for the development of medical response plans for catastrophic disasters.

**CURRENT STATUS:** Medical response plans and procedures for catastrophic disasters developed by this agency are applicable to incidents caused by a variety of hazards, including toxic substances. The State OES Multi-hazard Functional Plan has been used by Sacramento County as a "model" in producing its plan.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

**System Assessment Form # 8.03 - HazMat Training**

**MINIMUM STANDARD:** All EMS providers shall be properly trained and equipped for response to hazardous materials (HAZMAT) incidents, as determined by their system role and responsibilities.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** As applicable to their system roles, all Hazardous Materials (HAZMAT) Responders are trained and equipped for response to hazardous materials incidents. All fire services within Sacramento County have designated HAZMAT teams.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 8.04 - Incident Command System**

**MINIMUM STANDARD:** Medical response plans and procedures for catastrophic disasters shall use the Incident Command System (ICS) as the basis for field management.

**RECOMMENDED GUIDELINE:** The local EMS agency should ensure that ICS training is provided for all medical providers.

**CURRENT STATUS:** Medical response plans and procedures developed by this agency for catastrophic disasters use the Incident Command System (ICS) as the basis for field management. The adopted OES Region IV Multi-Casualty Incident (MCI) Plan incorporates the ICS for management of the MCI. All EMS providers currently have in-house ICS training programs.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 8.05\* - Distribution of Casualties**

**MINIMUM STANDARD:** The local EMS agency, using state guidelines, shall establish written procedures for distributing disaster casualties to the medically most appropriate facilities in its service area.

**RECOMMENDED GUIDELINE:** The local EMS agency, using state guidelines, and in consultation with Regional Poison Centers, should identify hospitals with special facilities and capabilities for receipt and treatment of patients with radiation and chemical contamination and injuries.

**CURRENT STATUS:** This EMS agency, using state guidelines, has established written procedures for distributing disaster casualties to the medically most appropriate facilities in its service area. These policies are included in the policy manual and are easily accessible to system participants.

**COORDINATION WITH OTHER EMS AGENCIES:** All concerned agencies were coordinated with during development of the written procedures.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 8.06 - Needs Assessment**

**MINIMUM STANDARD:** The local EMS agency, using state guidelines, shall establish written procedures for early assessment of needs and shall establish a means for communicating emergency requests to the state and other jurisdictions.

**RECOMMENDED GUIDELINE:** The local EMS agency's procedures for determining necessary outside assistance should be exercised yearly.

**CURRENT STATUS:** This agency, using state guidelines, has established written procedures for early assessment of needs and has established a means for communicating emergency requests as necessary and appropriate through OES Region IV.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 8.07\* - Disaster Communications**

**MINIMUM STANDARD:** A specific frequency (e.g., CALCORD) or frequencies shall be identified for interagency communication and coordination during a disaster.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** Specific frequencies have been identified for interagency communication and coordination during a disaster.

**COORDINATION WITH OTHER EMS AGENCIES:** All applicable agencies have been and continue to be coordinated with and trained on interagency communication and coordination during a disaster.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

- \_\_\_\_\_ Short-range Plan (one year or less)
- \_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 8.08 - Inventory of Resources**

**MINIMUM STANDARD:** The local EMS agency, in cooperation with the local OES, shall develop an inventory of appropriate disaster medical resources to respond to multi-casualty incidents and disasters likely to occur in its service area.

**RECOMMENDED GUIDELINE:** The local EMS agency should ensure that emergency medical providers and health care facilities have written agreements with anticipated providers of disaster medical resources.

**CURRENT STATUS:** This EMS agency, in cooperation with the local Office of Emergency Services, Department of Health and Human Services, hospitals and ALS service providers maintain multiple inventories of appropriate disaster medical resources to respond to multi-casualty incidents and disasters likely to occur in this service area.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

                     Short-range Plan (one year or less)

                     Long-range Plan (more than one year)

**System Assessment Form # 8.09 - DMAT Teams**

**MINIMUM STANDARD:** The local EMS agency shall establish and maintain relationships with DMAT teams in its area.

**RECOMMENDED GUIDELINE:** The local EMS agency should support the development and maintenance of DMAT teams in its area.

**CURRENT STATUS:** Currently, there are no established Disaster Medical Assistance Teams (DMAT) in Sacramento County. On-going efforts of the Sierra-Sacramento Hospital Conference, Sacramento-El Dorado Medical Society and the EMS Agency have failed to secure sufficient medical personnel commitments to form a DMAT. These efforts will continue.

**NEED(S):** None at this time.

**OBJECTIVE:** None at this time.

**TIME FRAME FOR MEETING OBJECTIVE:**

                     Short-range Plan (one year or less)

                     Long-range Plan (more than one year)

**System Assessment Form # 8.10\* - Mutual Aid Agreements**

**MINIMUM STANDARD:** The local EMS agency shall ensure the existence of medical mutual aid agreements with other counties in its OES region and elsewhere, as needed, which ensure that sufficient emergency medical response and transport vehicles, and other relevant resources will be made available during significant medical incidents and during periods of extraordinary system demand.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** Mutual aid agreements are in-place. Reciprocity agreements are current.

**COORDINATION WITH OTHER EMS AGENCIES:** All necessary coordination has been accomplished.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 8.11\* - CCP Designation**

**MINIMUM STANDARD:** The local EMS agency, in coordination with the local OES and county health officer(s), and using state guidelines, shall designate casualty collection points (CCPs).

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** CCPs are designated and the locations are made known throughout the community.

**COORDINATION WITH OTHER EMS AGENCIES:** Coordination with all pertinent EMS agencies identifies CCP designation.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 8.12 - Establishment of CCPs**

**MINIMUM STANDARD:** The local EMS agency, in coordination with the local OES, shall develop plans for establishing CCPs and a means for communicating with them.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** This EMS agency, in coordination with the local Office of Emergency Services (OES), has developed plans for establishing casualty collection points (CCP) and a means for communicating with them.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

                     Short-range Plan (one year or less)

                     Long-range Plan (more than one year)

**System Assessment Form # 8.13 - Disaster Medical Training**

**MINIMUM STANDARD:** The local EMS agency shall review the disaster medical training of EMS responders in its service area, including the proper management of casualties exposed to and/ or contaminated by toxic or radioactive substances.

**RECOMMENDED GUIDELINE:** The local EMS agency should ensure that EMS responders are appropriately trained in disaster response, including the proper management of casualties exposed to or contaminated by toxic or radioactive substances.

**CURRENT STATUS:** This EMS agency reviews the disaster medical training of EMS responders in its service area, including the proper management of casualties exposed to and/ or contaminated by toxic or radioactive substances. All county advanced life support service providers provide current training in disaster medical services. This agency ensures appropriateness of training through periodic audits of the training courses.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 8.14 - Hospital Plans**

**MINIMUM STANDARD:** The local EMS agency shall encourage all hospitals to ensure that their plans for internal and external disasters are fully integrated with the county's medical response plan(s).

**RECOMMENDED GUIDELINE:** At least one disaster drill per year conducted by each hospital should involve other hospitals, the local EMS agency and prehospital medical care agencies.

**CURRENT STATUS:** The local EMS agency encourages all hospitals to ensure that their plans for internal and external disasters are fully integrated with the county's medical response plan(s). This local EMS agency participates in large scale hospital disaster drills. These drills are reviewed by all agencies and hospitals involved to further develop and improve our readiness in the event of a disaster. The Agency and all local hospitals are very active in OES Region IV MCI Planning and exercises.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 8.15 - Interhospital Communications**

**MINIMUM STANDARD:** The local EMS agency shall ensure that there is an emergency system for interhospital communications, including operational procedures.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** This EMS agency has ensured that there is an emergency system for interhospital communications, including operational procedures.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

           Short-range Plan (one year or less)

           Long-range Plan (more than one year)

**System Assessment Form # 8.16 - Prehospital Agency Plans**

**MINIMUM STANDARD:** The local EMS agency shall ensure that all prehospital medical response agencies and acute-care hospitals in its service area, in cooperation with other local disaster medical response agencies, have developed guidelines for the management of significant medical incidents and have trained their staffs in their use.

**RECOMMENDED GUIDELINE:** The local EMS agency should ensure the availability of training in management of significant medical incidents for all prehospital medical response agencies and acute-care hospital staffs in its service area.

**CURRENT STATUS:** This EMS agency has ensured that all prehospital medical response agencies and acute-care hospitals in its service area, in cooperation with other local disaster medical response agencies, have developed guidelines for the management of significant medical incidents and have trained their staffs in their use.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

**System Assessment Form # 8.17 - ALS Policies**

**MINIMUM STANDARD:** The local EMS agency shall ensure that policies and procedures allow advanced life support personnel and mutual aid responders from other EMS systems to respond and function during significant medical incidents.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** Sacramento County EMS Agency has reciprocity agreements in place which allow for responders and advanced life support personnel from other systems to respond and function during significant medical incidents. The Agency and all ALS providers adhere to the OES Region IV MCI Plan.

**NEED(S):** None.

**OBJECTIVE:** None.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 8.18 - Specialty Center Roles**

**MINIMUM STANDARD:** Local EMS agencies developing trauma or other specialty care systems shall determine the role of identified specialty centers during significant medical incidents and the impact of such incidents on day-to-day triage procedures.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** This EMS agency, having developed a trauma care system, has determined the role of identified specialty centers during significant medical incidents and the impact of such incidents on day-to-day triage procedures.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**System Assessment Form # 8.19 - Waiving Exclusivity**

**MINIMUM STANDARD:** Local EMS agencies which grant exclusive operating permits shall ensure that a process exists to waive the exclusivity in the event of a significant medical incident.

**RECOMMENDED GUIDELINE:** None provided.

**CURRENT STATUS:** This agency does not grant exclusive operating permits.

**NEED(S):** None at this time.

**OBJECTIVE:** To maintain the current practice.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)  
\_\_\_\_\_ Long-range Plan (more than one year)

## **SECTION III**

### **System Resources and Operations**

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

EMS System: Sacramento County

Reporting Year: 1998

**NOTE:** Number (1) below is to be completed for each county. The balance of Table 2 refers to each agency.

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

a. Basic Life Support (BLS)	<u>0 %</u>
b. Limited Advanced Life Support (LALS)	<u>0 %</u>
c. Advanced Life Support (ALS)	<u>100 %</u>
  
2. Type of agency:
  - a - Public Health Department
  - b - County Health Services Agency
  - c - Other (non-health) County Department
  - d - Joint Powers Agency
  - e - Private Non-profit Entity
  - f - Other:

b
  
3. The person responsible for day-to-day activities of EMS agency reports to:
  - a - Public Health Officer
  - b - Health Services Agency Director/Administrator
  - c - Board of Directors
  - d - Other: (Assistant Director of Medical Systems Department)

d
  
4. Indicate the non-required functions which are performed by the agency:
  - Implementation of exclusive operating areas (ambulance franchising)
  - Designation of trauma centers/trauma care system planning ✓
  - Designation/approval of pediatric facilities
  - Designation of other critical care centers
  - Development of transfer agreements

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

Enforcement of local ambulance ordinance	
Enforcement of ambulance service contracts	
Operation of ambulance service	
Continuing education	<u>✓</u>
Personnel training	
Operation of oversight of EMS dispatch center	
Non-medical disaster planning	
Administration of critical incident stress debriefing (CISD) team	
Administration of disaster medical assistance team (DMAT)	
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u>✓</u>
Other:	
5. EMS agency budget for FY 98-99:	
A. EXPENSES	
Salaries and benefits (all but contract personnel)	<u>371,162</u>
Contract services (e.g. medical director)	<u>146,182</u>
Operations (e.g. copying, postage, facilities)	<u>76,812</u>
Travel	<u>2,014</u>
Fixed assets	<u>included in operations</u>
Indirect expenses (overhead)	<u>15,705</u>
Ambulance subsidy	
EMS Fund payments to physicians/hospital	<u>697,862</u>
Dispatch center operations (non-staff)	
Training program operations	
Other:	
<b>TOTAL EXPENSES</b>	<b><u>\$1,309,737</u></b>

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

<b>B. SOURCES OF REVENUE</b>	<b>\$</b>
Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	
Office of Traffic Safety (OTS)	
State general fund/County general fund	
Other local tax funds (e.g., EMS district)	
County contracts (e.g. multi-county agencies)	
Certification fees	<u>29,015</u>
Training program approval fees	
Training program tuition/Average daily attendance funds (ADA)	
Job Training Partnership ACT (JTPA) funds/other payments	
Base hospital application fees/Base hospital designation fees	
Trauma center application fees	
Trauma center designation fees	<u>152,577</u>
Pediatric facility approval fees/Pediatric facility designation fees	
Other critical care center application/designation fees	
Ambulance service/vehicle fees	
EMS Fund (SB 12/612)	<u>714,504</u>
Other grants: _____	
Other fees: <u>Pre-hospital fees</u>	<u>150,172</u>
Other (specify): <u>Cigarette tax revenue (AB75)</u>	<u>199,014</u>
Other fees: <u>Miscellaneous</u>	<u>6,399</u>
<b>TOTAL REVENUE</b>	<b><u>\$1,251,681</u></b>

**TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.  
IF THEY DON'T, PLEASE EXPLAIN BELOW.**

Carryover from Prior Year	<u>\$58,056</u>
	<b>\$1,309,737</b>

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

6. Fee structure for FY: 1998-99

       We do not charge any fees

Our fee structure is:

First responder certification	<u>\$</u>
EMS dispatcher certification	
EMT-I certification	<u>25</u>
EMT-I recertification	<u>25</u>
EMT-defibrillation certification	<u>25</u>
EMT-defibrillation recertification	
EMT-II certification	
EMT-II recertification	
EMT-P accreditation	<u>35</u>
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	
MICN/ARN recertification	
EMT-I training program approval	
EMT-II training program approval	
EMT-P training program approval	
MICN/ARN training program approval	
Base hospital application	
Base hospital designation	
Trauma center application	<u>15,000</u>
Trauma center designation	<u>17k &amp; 98k annually</u>
Pediatric facility approval	
Pediatric facility designation	

Table 2 - System Organization & Management (cont.)

Other critical care center application

Type:

Other critical care center designation

Type:

Ambulance service license

Ambulance vehicle permits

Other:

Other:

Other:

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 1998.

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

EMS System: Sacramento County

**Reporting Year: 1998**

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./ Coord./Dir.	EMS Chief (Health Program Manager)	1	36.08	23%	
Asst. Admin./ Admin. Asst./ Admin. Mgr.	Administrative Services Officer	1	21.37	25%	
ALS Coord./ Field Coord./ Trng Coord.	EMS Specialist	2	20.99	25%	
Program Coord./Field Liaison (Non-clinical)					
Trauma Coord.					
Med. Director	EMS Medical Director	0.64	71.60	0%	
Other MD/ Med. Consult./ Trng. Med. Dir.					
Disaster Med. Planner					

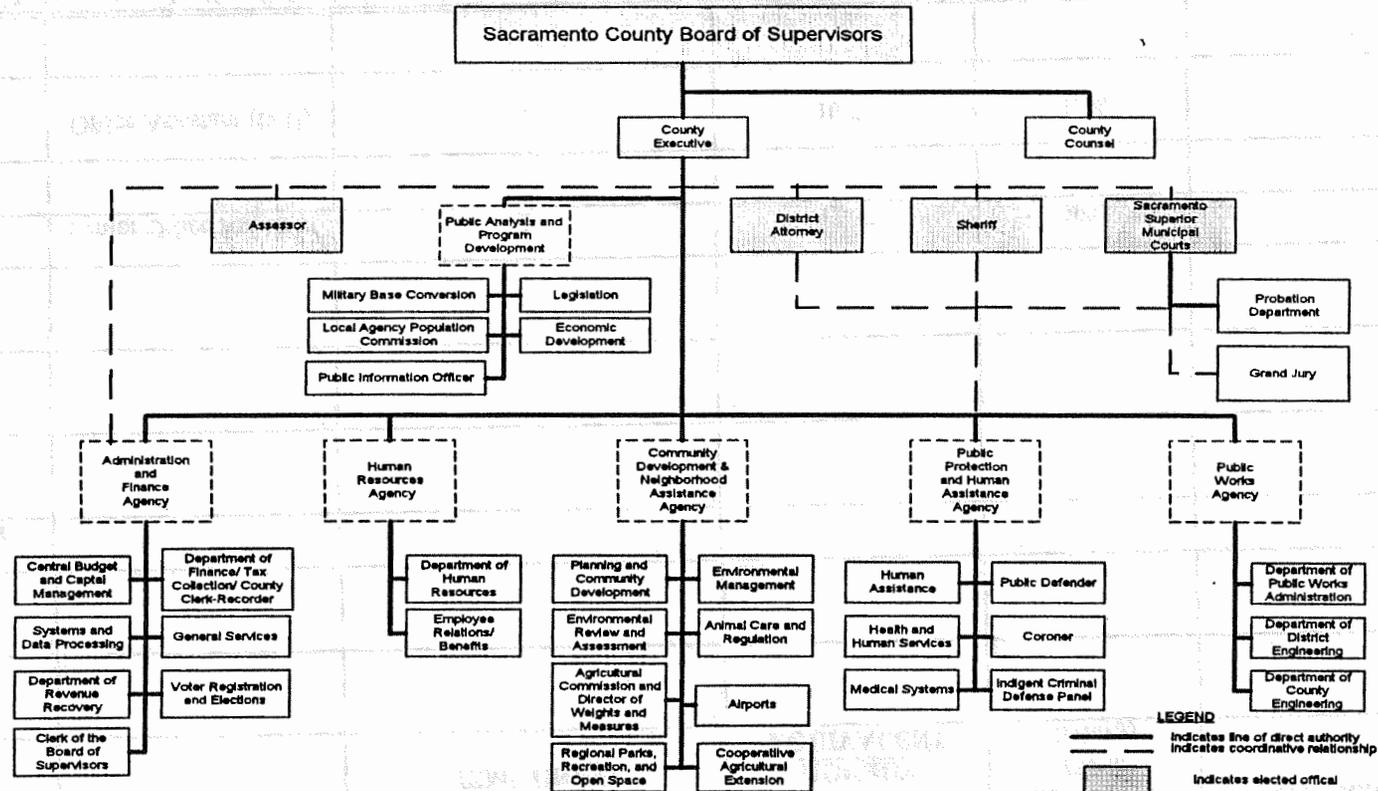
**Table 2 - System Organization & Management (cont.)**

<b>CATEGORY</b>	<b>ACTUAL TITLE</b>	<b>FTE POSITIONS (EMS ONLY)</b>	<b>TOP SALARY BY HOURLY EQUIVALENT</b>	<b>BENEFITS (% of Salary)</b>	<b>COMMENTS</b>
Dispatch Supervisor					
Medical Planner					
Dispatch Supervisor					
Data Evaluator/ Analyst					
QA/QI Coordinator					
Public Info. & Ed. Coord.					
Ex. Secretary	Senior Office Assistant	1	12.37	30%	
Other Clerical					
Data Entry Clerk	Office Assistant (lv II)	1	10.77	31%	
Other					

**Include an organizational chart of the local EMS agency and a county organizational chart(s) indicating how the LEMSA fits within the county/multi-county structure.**

Table 2 - System Organization & Management (cont.)

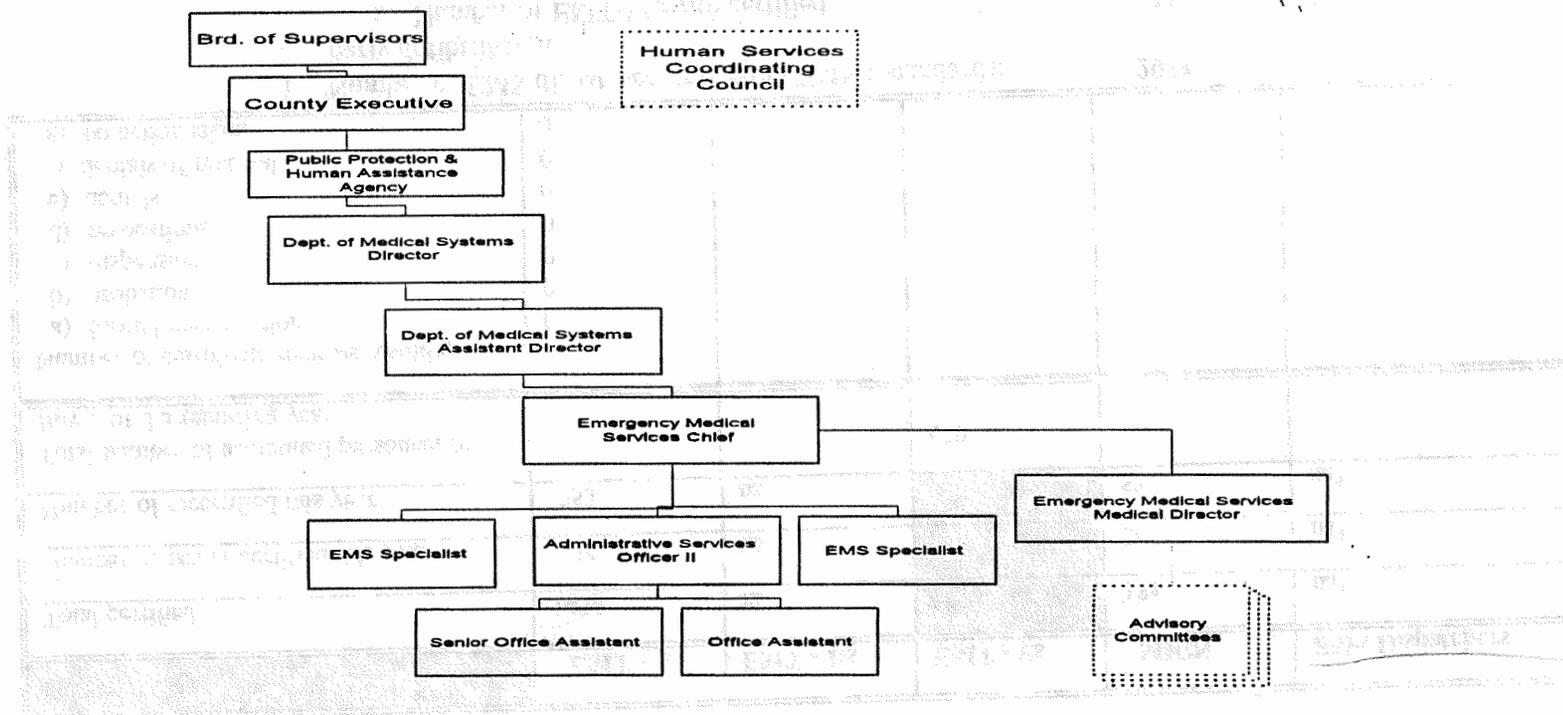
Organizational Chart of Sacramento County



**LEGEND**  
 ————— indicates line of direct authority  
 - - - - - indicates coordinative relationship  
 [Shaded Box] indicates elected official

Table 2 - System Organization & Management (cont.)

Organizational Chart of the Sacramento County Emergency Medical Services Agency



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

EMS System: Sacramento County

Reporting Year: 1998

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN	EMS Dispatchers
Total certified	1436	na		184	na*
Number of newly certified this year	274	na		24	na*
Number of recertified this year	353	na		57	na*
Total number of accredited personnel on July 1 of the reporting year			479		
Number of certificate reviews resulting in:					
a) formal investigations	0				
b) probation	0				
c) suspensions	0				
d) revocations	0				
e) denials	0				
f) denials of renewal	0				
g) no action taken	0				

1. Number of EMS dispatchers trained to EMSA standards: 29\*\*

2. Early defibrillation:

  a) Number of EMT-I (defib) certified 427

  b) Number of public safety (defib) certified (non-EMT-I) 0

3. Do you have a first responder training program?  yes  no

\* The EMS Agency Does not certify Dispatchers

\*\* The County's Communications Center does train and employ dispatchers

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

EMS System: Sacramento County

County: Sacramento

Reporting Year: 1998

Note: Table 4 is to be answered for each county.

1. Number of primary Public Service Answering Points (PSAP) 7
2. Number of secondary PSAPs 1
3. Number of dispatch centers directly dispatching ambulances 1\*
4. Number of designated dispatch centers for EMS Aircraft 1
5. Do you have an operational area disaster communication system?  yes  no
  - a. Radio primary frequency 800 MHz Trunked System (multiple frequency switching)
  - b. Other methods \_\_\_\_\_
  - c. Can all medical response units communicate on the same disaster communications system?  
 yes  no
  - d. Do you participate in OASIS?  yes  no
  - e. Do you have a plan to utilize RACES as a back-up communication system?  
 yes  no
    - 1) Within the operational area?  yes  no
    - 2) Between the operational area and the region and/or state?  yes  no

\* 1 - 911/Emergency Medical Services Center & 3 - local non-emergency providers centers

**TABLE 5: SYSTEM RESOURCES AND OPERATIONS**  
**Response/Transportation**

EMS System: Sacramento County

Reporting Year: 1998

**Note:** Table 5 is to be reported by agency.

**TRANSPORTING AGENCIES**

1. Number of exclusive operating areas	na
2. Percentage of population covered by Exclusive Operating Areas (EOA)	na
3. Total number responses	
a) Number of emergency responses (Code 2: expedient, Code 3: lights and siren)	<u>not tracked</u>
<b>aa) Number of incidents classified as medic responses</b>	<u>82,986</u>
b) Number non-emergency responses (Code 1: normal)	<u>not tracked</u>
4. Total number of transports	
a) Number of emergency transports (Code 2: expedient, Code 3: lights and siren)	<u>not tracked</u>
<b>aa) Number of incidents requiring medic transport</b>	<u>55,838</u>
b) Number non-emergency transports (Code 1: normal)	<u>not tracked</u>

**Early Defibrillation Programs**

5. Number of public safety defibrillation programs	
a) Automated	<u>0</u>
b) Manual	<u>0</u>
6. Number of EMT-Defibrillation programs	
a) Automated	<u>6</u>

b) Manual

0

**Air Ambulance Services**

7. Total number of responses/ requests

1,119

a) Number of emergency responses

b) Number of non-emergency responses

8. Total number of transports

637

a) Number of emergency (scene) responses

340

b) Number of non-emergency responses

307

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

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

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

**TABLE 6: SYSTEM RESOURCES AND OPERATIONS****Facilities/ Critical Care**EMS System: Sacramento CountyReporting Year: 1998**NOTE:** Table 6 is to be reported by agency.**Trauma care system**

## 1. Trauma patients:

a) Number of patients meeting trauma triage criteria not trackedaa) Number of patients meeting trauma triage criteria and who were admitted to a 2,172**Designated Trauma Center**b) Number of major trauma victims transported directly to a trauma center by ambulance not trackedbb) Number of major trauma victims who were admitted to a Designated Trauma 1,971

Center and who were transported directly to a trauma center by ambulance (includes air ambulances)

c) Number of major trauma patients transferred to a trauma center (all NorCal) 255(Sac Cnty only) 58d) Number of patients meeting triage criteria who weren't treated at a trauma center not tracked**Emergency departments:**2. Total number of emergency departments 10a) Number of referral emergency services 0b) Number of standby emergency services 0c) Number of basic emergency services 0d) Number of comprehensive emergency services 1**Receiving Hospitals**3. Number of receiving hospitals with written agreements 104. Number of Base Hospitals with written agreements 4

**TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical**

EMS System: Sacramento County

County: Sacramento

Reporting Year: 1998

**NOTE:** Table 7 is to be answered for each county.

**SYSTEM RESOURCES**

**1. Casualty Collections Points (CCP)**

a. Where are your CCPs located? Fixed: Sacramento International Airport, Mather Air Field, McClellan Air Force Base, Sacramento Executive Airport. Others may be designated based on incident conditions.

b. How are they staffed? Paramedics, nurses, physicians & volunteers.

c. Do you have a supply system for supporting them for 72 hours?    yes     no

**2. Critical Incident Stress Debriefing (CISD)**

Do you have a CISD provider with 24 hour capability?    yes     no

**3. Medical Response Team**

a. Do you have any team medical response capability?    yes     no

b. For each team, are they incorporated into your local response plan?    yes     no

c. Are they available for statewide response?    yes     no

d. Are they part of a formal out-of-state response system?    yes     no

**4. Hazardous Materials**

a. Do you have any HazMat trained medical response teams?    yes     no

b. At what HazMat level are they trained?    Specialist

c. Do you have the ability to do decontamination in an emergency room?    yes     no



**SECTION IV**

**Resources Directory**

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**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Sacramento County County: Sacramento Reporting Year: 1998

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

<b>Name, address &amp; telephone:</b> American River Fire Protection District (916) 566-4000 2101 Hurley Way / Sacramento, CA 95825						<b>Primary Contact:</b> Ric Maloney					
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS [200] BLS <input type="checkbox"/> LALS		<input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D [70] ALS				
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 4						

<b>Name, address &amp; telephone:</b> American Medical Response (916) 563-0600 1779 Tribute Rd., Suite H / Sacramento CA 95815						<b>Primary Contact:</b> Bob McKinnon, Operations Manager					
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS [90] BLS <input type="checkbox"/> LALS		<input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D [77] ALS				
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 38						

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Sacramento County

County: Sacramento

Reporting Year: 1998

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

<b>Name, address &amp; telephone:</b> Medic Ambulance (916) 564-9040 2349 Lexington St / Sacramento, CA 95815			<b>Primary Contact:</b> Terry Buck		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> [30] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input checked="" type="checkbox"/> [11] ALS
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>Medical Director:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available                  24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 11

<b>Name, address &amp; telephone:</b> California Highway Patrol/Valley Division Air Op (530) 823-4055 2390 Lindbergh St / Auburn, CA 95603			<b>Primary Contact:</b> John Arrabit		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input checked="" type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> [4] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input checked="" type="checkbox"/> [4] ALS
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available                  24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 0

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Sacramento County

County: Sacramento

Reporting Year: 1998

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

<b>Name, address &amp; telephone:</b> Galt Fire Protection District (209) 745-1001 208 A St / Galt, CA 95632			<b>Primary Contact:</b> Rick Bollinger		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [0] PS <input type="checkbox"/> PS-Defib [14] BLS        [4] EMT-D <input type="checkbox"/> LALS           [12] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 3

<b>Name, address &amp; telephone:</b> Elk Grove Fire Department (916) 685-9502 8820 Elk Grove Blvd / Elk Grove, CA 95624			<b>Primary Contact:</b> John Michelini		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [31] BLS       [31] EMT-D <input type="checkbox"/> LALS           [29] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 5

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Sacramento County

County: Sacramento

Reporting Year: 1998

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

<b>Name, address &amp; telephone:</b> Herald Fire Protection District (209) 748-2322 P. O. Box 52 / Herald, CA 95638			<b>Primary Contact:</b> Glen Hendrickson, Fire Chief		
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> [27] PS <input type="checkbox"/> PS-Defib [12] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 0

<b>Name, address &amp; telephone:</b> Isleton Fire Department (916) 777-7776 P.O. Box 716 / Isleton, CA 95641			<b>Primary Contact:</b> George Appel, Fire Chief		
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> [13] PS <input type="checkbox"/> PS-Defib [6] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS       [1] ALS
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	<b>If public:</b> <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 0

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Sacramento County

County: Sacramento

Reporting Year: 1998

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

<p><b>Name, address &amp; telephone:</b> Sacramento International Airport Fire Department (916) 874-0648 <b>Primary Contact:</b> Lance McCasland, Assistant Chief 7201 Earhart Dr / Sacramento, CA 95837</p>					
<p>Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p>	<p>Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water</p>	<p><input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport</p>	<p>Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue</p>	<p>If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p>Number of personnel providing services: [1] PS <input type="checkbox"/> PS-Defib [41] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS</p>
<p>Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p>Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p>	<p>If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____</p>	<p>If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal</p>	<p>System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>Number of ambulances: 0</p>

<p><b>Name, address &amp; telephone:</b> Sacramento County Fire Protection District (916) 7263801 <b>Primary Contact:</b> Timothy Maybee, EMS Division Chief 7641 Greenback Ln / Citrus Heights, CA 95610</p>					
<p>Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water</p>	<p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport</p>	<p>Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue</p>	<p>If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p>Number of personnel providing services: [4] PS <input type="checkbox"/> PS-Defib [240] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> [87] ALS</p>
<p>Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p>Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____</p>	<p>If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal</p>	<p>System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>Number of ambulances: 17</p>

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Sacramento County

County: Sacramento

Reporting Year: 1998

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

<b>Name, address &amp; telephone:</b> Sacramento Fire Department (916) 264-5352 3230 J St / Sacramento, CA 95816			<b>Primary Contact:</b> Rod Chong, EMS Division Chief		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [8] PS <input type="checkbox"/> PS-Defib [403] BLS        [390] EMT-D <input type="checkbox"/> LALS            [99] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 15

<b>Name, address &amp; telephone:</b> UCDMC Life Flight (916) 734-2406 2315 Stockton Blvd / Sacramento, CA 95817			<b>Primary Contact:</b> Linda Munyer		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D *(ALL <input type="checkbox"/> LALS            [18] ALS        RN's)
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: <u>Hospital</u>	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 1

### TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Sacramento County

County: Sacramento

Reporting Year: 1998

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

<b>Name, address &amp; telephone:</b> Walnut Grove Fire Protection District (916) 776-1113 P.O. Box 1341 / Walnut Grove, CA 95690			<b>Primary Contact:</b> Joey Sanchez, Chief		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [17] PS <input type="checkbox"/> PS-Defib [5] BLS      [5] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

<b>Name, address &amp; telephone:</b> Folsom Fire Department (916) 355-7250 48 Natoma St./ Folsom, CA 95630			<b>Primary Contact:</b> Tim McAndrew, Captain		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [30] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS      [23] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 3

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Sacramento County

County: Sacramento

Reporting Year: 1998

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

<b>Name, address &amp; telephone:</b> Wilton Fire Protection District (916) 687-6920 9800 Dillard Road, Wilton CA 95693			<b>Primary Contact:</b> Dave Ogden, Fire Chief		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no *Letter approval to operate	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [35] PS <input type="checkbox"/> PS-Defib [3] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS      [2] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes(volntr) <input type="checkbox"/> no	Number of ambulances: 0

<b>Name, address &amp; telephone:</b> Delta Fire Protection District (707) 374-2233 350 Main St / Rio Vista, CA 94571			<b>Primary Contact:</b> Keith Tadewald, Chief		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [9] PS <input type="checkbox"/> PS-Defib [35] BLS      [25] EMT-D <input type="checkbox"/> LALS      [11] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Sacramento County

County: Sacramento

Reporting Year: 1998

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

<b>Name, address &amp; telephone:</b> First Responder EMS, Inc. (916) 381-3780 8611 Folsom Blvd, Ste 6 / Sacramento, CA 95826						<b>Primary Contact:</b> Randy Martin, Operations Director					
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS [14] BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D [10] ALS					
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes(volntr) <input type="checkbox"/> no	Number of ambulances: 5						

<b>Name, address &amp; telephone:</b> Courtland Fire Protection District (916) 775-1210 154 Magnolia Ave / Courtland, CA 95615						<b>Primary Contact:</b> Stan Eddy, Fire Chief					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [20] PS [6] BLS <input type="checkbox"/> LALS	<input type="checkbox"/> PS-Defib [2] EMT-D <input type="checkbox"/> ALS					
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0						

**TABLE 8: RESOURCES DIRECTORY -- Providers**

**EMS System:** Sacramento County

**County:** Sacramento

**Reporting Year:** 1998

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

<b>Name, address &amp; telephone:</b> REACH (800) 622-4045 5010 Flightline Drive Santa Rose CA 95403			<b>Primary Contact:</b> John McDonald, M.D.		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<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	<b>If Air:</b> <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input checked="" type="checkbox"/> [18] ALS
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>Medical Director:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available</b> 24 hours? <input checked="" type="checkbox"/> yes(volntr) <input type="checkbox"/> no	<b>Number of ambulances:</b> 6

<b>Name, address &amp; telephone:</b>			<b>Primary Contact:</b>		
<b>Written Contract:</b> <input type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
<b>Ownership:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available</b> 24 hours? <input type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b>

**TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs**

**EMS System:** Sacramento County EMS

**County:** Sacramento

**Reporting Year:** 1998

**NOTE:** Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name / Address		Contact Person telephone no.
American Red Cross 8928 Volunteer Ln Sacramento, CA 95827		Darrin Heiden (916) 368-3137
Student Eligibility: * Need to be employed as a trainer or resource person on communicable disease.	Cost of Program [basic/refresher]: \$323 Cont. Education	**Program Level: Continuing Education for all EMS Personnel Number of students completing training per year: 300 Initial training: N/A Refresher: N/A Cont. Education: 300 Expiration Date: 08/31/99  Number of courses: 16 Initial training: N/A Refresher: N/A Cont. Education: 16

Training Institution Name / Address		Contact Person telephone no.
American River College 4700 College Oak Dr Sacramento, CA 95841		Grant Goold (916) 484-8254
Student Eligibility: * Open	Cost of Program [basic/refresher]: \$12 per unit + \$360 Initial \$0 Cont. Education	**Program Level: EMT-P; Cont. Education for all EMS Personnel Number of students completing training per year: 50 Initial training: 20 Refresher: N/A Cont. Education: 30 Expiration Date: EMT-P 01/31/01; CE 04/30/00  Number of courses: 3 Initial training: 1 Refresher: N/A Cont. Education: 2

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

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

**TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs**

EMS System: Sacramento County County: Sacramento Reporting Year: 1998

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name / Address		Contact Person telephone no.
American River Fire Protection District 2101 Hurley Way Sacramento, CA 95825-3208		Ric Maloney (916) 566-4000
Student Eligibility: *	Cost of Program [basic/refresher]:	**Program Level: EMT-I; Continuing Education for all EMS Personnel Number of students completing training per year: 254 Initial training: Not offered Refresher: 0 Cont. Education: 254 Expiration Date: EMT-I 06/30/00; CE 12/31/99  Number of courses: 36 Initial training: Not offered Refresher: 0 Cont. Education: 36
American River Fire Personnel Only	\$0 Refresher \$0 Cont. Education	

Training Institution Name / Address		Contact Person telephone no.
Sacramento County Office of Education Regional Occupation Program 10170 Missile Way, Mather CA 95655		Mary Jennings (916) 648-1717
Student Eligibility: *	Cost of Program [basic/refresher]:	**Program Level: EMT-I Number of students completing training per year: 22 Initial training: 22 Refresher: 0 Cont. Education: N/A Expiration Date: 04/30/01  Number of courses: 2 Initial training: 2 Refresher: 0 Cont. Education: N/A
Open	\$150 - \$200 Initial \$0 Refresher	

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

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

**TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs**

**EMS System: Sacramento County**

**County: Sacramento**

**Reporting Year: 1998**

**NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.**

Training Institution Name / Address		Contact Person telephone no.
Cosumnes River College 8401 Center Parkway Sacramento, CA 95823-5799		Dave Massengale (916) 688-4413
Student Eligibility: * Open	Cost of Program [basic/refresher]: \$60 EMT-I Initial \$12 Refresher	**Program Level: EMT-I Number of students completing training per year: 100-130 Initial training: 80-100 Refresher: 20-30 Cont. Education: N/A Expiration Date: 06/30/00  Number of courses: 6 Initial training: 4 Refresher: 2 Cont. Education: N/A

Training Institution Name / Address		Contact Person telephone no.
Drowning Accident Rescue Team (DART) P.O. Box 711 Elk Grove, CA 95759		Greg Leafe (916) 732-4500
Student Eligibility: * Open	Cost of Program [basic/refresher]: \$0 Cont. Education	**Program Level: Continuing Education for all EMS Personnel Number of students completing training per year: 20 Initial training: N/A Refresher: N/A Cont. Education: 20 Expiration Date: 09/30/99  Number of courses: 1 Initial training: N/A Refresher: N/A Cont. Education: 1

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

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

**TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs**

**EMS System: Sacramento County**

**County: Sacramento**

**Reporting Year: 1998**

**NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.**

Training Institution Name / Address		Contact Person telephone no.
Elk Grove Fire Department 8820 Elk Grove Blvd. Elk Grove, CA 95624		John Michelini (916) 685-9502
Student Eligibility: * Open	Cost of Program [basic/refresher]: \$0 Cont. Education	**Program Level: Continuing Education for all EMS Personnel Number of students completing training per year: 480 Initial training: N/A Refresher: N/A Cont. Education: 480 Expiration Date: 03/31/00  Number of courses: 24 Initial training: N/A Refresher: N/A Cont. Education: 24

Training Institution Name / Address		Contact Person telephone no.
Folsom Fire Department 48 Natoma St Folsom, CA 95630		Tim McAndrew (916) 355-7250
Student Eligibility: * Open	Cost of Program [basic/refresher]: \$125 Initial \$75 Refresher \$0 Cont. Education	**Program Level: EMT-I; Continuing Education for all EMS Personnel Number of students completing training per year: 58 Initial training: 0 Refresher: 0 Cont. Education: 58 Expiration Date: EMT-I 10/31/00; CE 12/31/99  Number of courses: 36 Initial training: 0 Refresher: 0 Cont. Education: 36

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

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

**TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs**

**EMS System: Sacramento County**

**County: Sacramento**

**Reporting Year: 1998**

**NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.**

Training Institution Name / Address		Contact Person telephone no.
<b>Galt Fire Protection District 208 A Street                      Galt, CA 95632</b>		<b>Rick Bollinger (209) 745-1001</b>
<b>Student Eligibility: *</b>  Open Ambulance/ Fire Personnel Preferred	<b>Cost of Program [basic/refresher]:</b>  (Unknown) Initial \$100 Refresher \$0 Cont. Education	<b>**Program Level: EMT-I; Continuing Education for all EMS Personnel</b> Number of students completing training per year: 60 Initial training: 25 Refresher: 0 Cont. Education: 35 Expiration Date: 05/31/00 EMT-I; 12/31/99 CE  Number of courses: 14 Initial training: 1 Refresher: 0 Cont. Education: 13

Training Institution Name / Address		Contact Person telephone no.
<b>Sacramento Fire Department 3230 J St                      Sacramento, CA 95816</b>		<b>Keith Gault (916) 264-5352</b>
<b>Student Eligibility: *</b>  Sacramento Fire Department Personnel Only	<b>Cost of Program [basic/refresher]:</b>  \$0 Refresher \$0 Cont. Education	<b>**Program Level: EMT-I; Continuing Education for all EMS Personnel</b> Number of students completing training per year: 1400 Initial training: Not Offered Refresher: 0 Cont. Education: 1400 Expiration Date: 04/30/99 EMT-I; 12/31/99 CE  Number of courses: 90 Initial training: 0 Refresher: 0 Cont. Education: 90

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

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

**TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs**

**EMS System: Sacramento County      County: Sacramento      Reporting Year: 1998**

**NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.**

Training Institution Name / Address		Contact Person telephone no.
Mercy San Juan/American River Hospital    5601 Coyle Ave & Methodist Hospital                            Carmichael, CA 95608		Karen Crain    (916) 537-5049
<b>Student Eligibility: *</b>  Open	<b>Cost of Program [basic/refresher]:</b>  \$0 Cont. Education	<b>**Program Level: Continuing Education for all EMS Personnel</b> <b>Number of students completing training per year: 300</b> Initial training: N/A Refresher: N/A Cont. Education: 300 Expiration Date: 12/31/99  <b>Number of courses: 25</b> Initial training: N/A Refresher: N/A Cont. Education: 25

Training Institution Name / Address		Contact Person telephone no.
(Empty)		(Empty)
<b>Student Eligibility: *</b>  Open	<b>Cost of Program [basic/refresher]:</b>  \$0	<b>**Program Level:</b> <b>Number of students completing training per year:</b> Initial training: Refresher: Cont. Education: Expiration Date:  <b>Number of courses:</b> Initial training: Refresher: Cont. Education:

\* Open to general public or restricted to certain personnel only.  
 \*\* Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

**TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs**

**EMS System: Sacramento County**

**County: Sacramento**

**Reporting Year: 1998**

**NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.**

**Training Institution Name / Address      Contact Person telephone no.**

<b>Mueller and Associates    6233 Samoa Way Carmichael, CA 95608</b>		<b>Roberta Mueller    (916) 944-1211</b>
<b>Student Eligibility: *</b>  Open	<b>Cost of Program [basic/refresher]:</b>  \$95 Cont. Education	<b>**Program Level: Continuing Education for all EMS Personnel</b> <b>Number of students completing training per year: 50</b> Initial training: N/A Refresher: N/A Cont. Education: 50 Expiration Date: 10/31/99  Number of courses: 14 Initial training: N/A Refresher: N/A Cont. Education: 14

**Training Institution Name / Address      Contact Person telephone no.**

<b>Northern California Training Institute    333 Sunrise Blvd, #300 Roseville, CA 95661***</b>		<b>Anne Bybee    (916) 960-6284***</b>
<b>Student Eligibility: *</b>  Open	<b>Cost of Program [basic/refresher]:</b>  \$4,600 EMT-P Initial \$975 EMT-I Initial \$135 Refresher (Varies) Cont. Education	<b>**Program Level: EMT-P; EMT-I; Continuing Education for all EMS Personnel</b> <b>Number of students completing training per year: 2,710</b> Initial training: 90 EMT-P; 80 EMT-I Refresher: 40 Cont. Education: 2,500 Expiration Date: 04/30/99 EMT-P; 02/29/00 EMT-I; 12/31/99 CE  Number of courses: 160 Initial training: 6 Refresher: 4 Cont. Education: 150

\*\*\*As of 04/01/99

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

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

**TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs**

**EMS System: Sacramento County**

**County: Sacramento**

**Reporting Year: 1998**

**NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.**

Training Institution Name / Address		Contact Person telephone no.
Sacramento County EMS Agency 9616 Micron Ave, Ste 635 Sacramento, CA 95827		Sean Trask (916) 875-9753
Student Eligibility: *	Cost of Program [basic/refresher]:	<b>**Program Level: Continuing Education for all EMS Personnel (orientation)</b> Number of students completing training per year: 140 Initial training: N/A Refresher: N/A Cont. Education: 140 Expiration Date: 12/31/99  Number of courses: 12 Initial training: N/A Refresher: N/A Cont. Education: 12
Open	\$0 Cont. Education	

Training Institution Name / Address		Contact Person telephone no.
Sacramento County Fire Protection District 7641 Greenback Ln Citrus Heights, CA 95610		Tim Maybee (916) 726-3801
Student Eligibility: *	Cost of Program [basic/refresher]:	<b>**Program Level: EMT-I; Continuing Education for all EMS Personnel</b> Number of students completing training per year: 574 Initial training: 24 Refresher: 150 Cont. Education: 400 Expiration Date: 06/30/02 EMT-I; 02/29/00 CE  Number of courses: 9-10 Initial training: 1 Refresher: 3-4 Cont. Education: 6
Open Ambulance/ Fire Personnel Preferred	(Unknown) Initial (Unknown) Refresher \$0 Cont. Education	

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

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

**TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs**

**EMS System: Sacramento County      County: Sacramento      Reporting Year: 1998**

**NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.**

Training Institution Name / Address		Contact Person telephone no.
<b>Sutter General Hospital    2801 L St Sacramento, CA 95816</b>		<b>Loni Howard    (916) 733-3004</b>
<b>Student Eligibility: *</b>  Open	<b>Cost of Program [basic/refresher]:</b>  \$0 Cont. Education	<b>**Program Level: Continuing Education for all EMS Personnel</b> <b>Number of students completing training per year: 10</b> Initial training: N/A Refresher: N/A Cont. Education: 100 Expiration Date: 12/31/99  Number of courses: 14 Initial training: N/A Refresher: N/A Cont. Education: 14
Training Institution Name / Address		Contact Person telephone no.
<b>University California Davis Medical Center    2315 Stockton Blvd Sacramento, CA 95817</b>		<b>Linda Lichty    (916) 734-5323</b>
<b>Student Eligibility: *</b>  Open	<b>Cost of Program [basic/refresher]:</b>  \$110 Initial \$0 Cont. Education	<b>**Program Level: MICN; Continuing Education for all EMS Personnel</b> <b>Number of students completing training per year: 360</b> Initial training: 60 Refresher: N/A Cont. Education: 300 Expiration Date: 03/31/00 MICN; 01/31/00 CE  Number of courses: 44 Initial training: 2 Refresher: N/A Cont. Education: 42

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

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

**TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs**

**EMS System: Sacramento County EMS      County: Sacramento      Reporting Year: 1998**

**NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.**

Training Institution Name / Address		Contact Person telephone no.
American Medical Response -Sacramento 1779 Tribute Rd., Suite H Sacramento, CA 95815		Lynne Sex (916) 960-6284
Student Eligibility: * Open	Cost of Program [basic/refreshers]: \$0 Cont. Education	**Program Level: Continuing Education for all EMS Personnel Number of students completing training per year: 400 Initial training: N/A Refresher: N/A Cont. Education: 400 Expiration Date: 12/31/99  Number of courses: 15 Initial training: N/A Refresher: N/A Cont. Education: 15

Training Institution Name / Address		Contact Person telephone no.
Sacramento International Airport Fire Department 7201 Earhart Drive Sacramento, CA 95837		Lance McCasland (916) 874-0651
Student Eligibility: * Sacramento Airport Fire Personnel Only	Cost of Program [basic/refreshers]: \$0 Initial \$0 Refresher	**Program Level: EMT-I Number of students completing training per year: 21 Initial training: 0 Refresher: 21 Cont. Education: N/A Expiration Date: 09/30/99  Number of courses: 4 Initial training: 0 Refresher: 4 Cont. Education: N/A

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

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

**TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs**

**EMS System: Sacramento County EMS**

**County: Sacramento**

**Reporting Year: 1998**

**NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.**

Training Institution Name / Address		Contact Person telephone no.
McClellan AFB fire Department 77 CEG/CEFO McClellan AFB, CA 95652		Robert Gill (916) 643-2455
Student Eligibility: *  Open	Cost of Program [basic/refresher]:  (Unknown) Cont. Education	**Program Level: Continuing Education for all EMS Personnel Number of students completing training per year: Initial training: N/A Refresher: N/A Cont. Education: Expiration Date: 10/31/99  Number of courses: Initial training: N/A Refresher: N/A Cont. Education:

Training Institution Name / Address		Contact Person telephone no.
Northbay Health & Safety 8658 Disa Alpine Way Elk Grove, CA 95624		John Micheleni (916) 686-6095
Student Eligibility: *  Open	Cost of Program [basic/refresher]:  \$50 Cont. Education	**Program Level: Continuing Education for all EMS Personnel Number of students completing training per year: 30 Initial training: N/A Refresher: N/A Cont. Education: 30 Expiration Date: 08/31/00  Number of courses: 1 Initial training: N/A Refresher: N/A Cont. Education: 1

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

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

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Sacramento County County: Sacramento

Reporting Year: 1998

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

Name, address & telephone: Mercy San Juan Hospital 6501 Coyle Ave Carmichael, CA 95608					Primary Contact: Mike Uboldi, COO				
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Pediatric Critical Care Center:*			
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no unknown		PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		If Trauma Center what Level:****	

Name, address & telephone: Mercy American River Hospital 4747 Engle Rd Carmichael, CA 95608					Primary Contact: Mike Uboldi, COO				
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Pediatric Critical Care Center:*			
EDAP:** <input type="checkbox"/> yes <input type="checkbox"/> no		PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		If Trauma Center what Level:****	

\* Meets EMSA Pediatric Critical Care Center (PCCC) Standards.  
 \*\* Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.  
 \*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.  
 \*\*\*\* Levels I, II, III and Pediatric

**TABLE 10: RESOURCES DIRECTORY -- Facilities**

**EMS System: Sacramento County County: Sacramento**

**Reporting Year: 1998**

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

<b>Name, address &amp; telephone:</b> Mercy General Hospital 4001 J St (916) 453-4547 Sacramento, CA 95819		<b>Primary Contact:</b> Thomas Petersen, COO		
<b>Written Contract</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Referral emergency service</b> <input type="checkbox"/> <b>Standby emergency service</b> <input type="checkbox"/> <b>Basic emergency service</b> <input checked="" type="checkbox"/> <b>Comprehensive emergency service</b> <input type="checkbox"/>	<b>Base Hospital:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Pediatric Critical Care Center:*</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
<b>EDAP:**</b> <input type="checkbox"/> yes <input type="checkbox"/> no	<b>PICU:***</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Burn Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Trauma Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If Trauma Center what Level:****</b>

<b>Name, address &amp; telephone:</b> Mercy Folsom Hospital 1650 Creekside Dr (916) 983-7427 Folsom, CA 95630		<b>Primary Contact:</b> Don Hudson, COO		
<b>Written Contract</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Referral emergency service</b> <input type="checkbox"/> <b>Standby emergency service</b> <input type="checkbox"/> <b>Basic emergency service</b> <input checked="" type="checkbox"/> <b>Comprehensive emergency service</b> <input type="checkbox"/>	<b>Base Hospital:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Pediatric Critical Care Center:*</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
<b>EDAP:**</b> <input type="checkbox"/> yes <input type="checkbox"/> no	<b>PICU:***</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Burn Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Trauma Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If Trauma Center what Level:****</b>

\* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*

\*\* Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards.*

\*\*\* Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards.*

\*\*\*\* Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Sacramento County County: Sacramento

Reporting Year: 1998

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

Name, address & telephone: U.C. Davis Medical Center 2315 Stockton Blvd Primary Contact: Martha Marsh, CEO (916) 734-2011 Sacramento, CA 95817				
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input checked="" type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: * <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Trauma Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level:**** 1

Name, address & telephone: Methodist Hospital 7500 Hospital Dr Primary Contact: Stanley Opegard, CEO (916) 423-3000 Sacramento, CA 95823				
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:****

\* Meets EMSA Pediatric Critical Care Center (PCCC) Standards.

\*\* Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.

\*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.

\*\*\*\* Levels I, II, III and Pediatric

**TABLE 10: RESOURCES DIRECTORY -- Facilities**

**EMS System: Sacramento County County: Sacramento**

**Reporting Year: 1998**

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

Name, address & telephone: Kaiser South Sacramento 6600 Bruceville Rd Primary Contact: Ed Glavis, Area Manager (916) 688-2430 Sacramento, CA 95823				
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:****

Name, address & telephone: Kaiser Hospital Sacramento 2025 Morse Ave Primary Contact: Ed Glavis, Area Manager (916) 973-7440 Sacramento, CA 95825				
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:****

\* Meets EMSA Pediatric Critical Care Center (PCCC) Standards.  
 \*\* Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.  
 \*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.  
 \*\*\*\* Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Sacramento County County: Sacramento

Reporting Year: 1997

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

Name, address & telephone: Sutter General Hospital 2801 L St (916) 733-8800 Sacramento, CA 95816					Primary Contact: Lou Lazatin, CEO				
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>			Base Hospital:  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Pediatric Critical Care Center:*		
EDAP:** <input type="checkbox"/> yes <input type="checkbox"/> no		PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		If Trauma Center what Level:****	

Name, address & telephone: Sutter Memorial Hospital 52nd and F St (916) 454-3333 Sacramento, CA 95819					Primary Contact: Lou Lazatin, CEO				
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>			Base Hospital:  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Pediatric Critical Care Center:*		
EDAP:** <input type="checkbox"/> yes <input type="checkbox"/> no		PICU:*** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		If Trauma Center what Level:****	

\* Meets EMSA Pediatric Critical Care Center (PCCC) Standards.

\*\* Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.

\*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.

\*\*\*\* Levels I, II, III and Pediatric

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Sacramento County County: Sacramento

Reporting Year: 1998

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

Name, address & telephone: Sacramento Regional Fire/EMS Communication Center (916) 228-3057 10230 Systems Parkway / Sacramento CA 95827				Primary Contact: Chuck Berdan	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 30 EMD Training      EMT-D      ALS BLS      LALS      20 Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	Number of Ambulances: 0	

Name, address & telephone: American Medical Response (916) 563-0600 1779 Tribute Rd., Suite H / Sacramento CA 95815				Primary Contact: Kevin Grant	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: 28 EMD Training      EMT-D      ALS BLS      LALS      Other		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	Number of Ambulances: 0 BLS Provider	

- \* Meets EMSA Pediatric Critical Care Center (PCCC) Standards.
- \*\* Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
- \*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
- \*\*\*\* Levels I, II, III and Pediatric

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

**EMS System: Sacramento County County: Sacramento**

**Reporting Year: 1998**

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

Name, address & telephone: <b>First Responder EMS, Inc. (916) 381-3780</b> 8611 Folsom Blvd, Ste G / Sacramento, CA 95826				Primary Contact: <b>Randy Martin</b>	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: <u>8</u> EMD Training <u>      </u> EMT-D <u>      </u> ALS <u>2</u> BLS <u>      </u> LALS <u>14</u> Other		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	Number of Ambulances: <u>0</u> BLS Provider	

Name, address & telephone: <b>Medic Ambulance (916) 564-9040</b> 2349 Lexington St / Sacramento, CA 95815				Primary Contact: <b>Terry Buck</b>	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: <u>5</u> EMD Training <u>      </u> EMT-D <u>1</u> ALS <u>4</u> BLS <u>      </u> LALS <u>      </u> Other		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	Number of Ambulances: <u>0</u> BLS Provider	

\* Meets EMSA Pediatric Critical Care Center (PCCC) Standards.  
 \*\* Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.  
 \*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.  
 \*\*\*\* Levels I, II, III and Pediatric

**TABLE 11a: RESOURCES DIRECTORY -- Disaster Medical Responders**

**EMS System: Sacramento County EMS**

**County: Sacramento**

**Date: 1998**

**NOTE: Information on Table 11a is to be completed for each county.**

**County Office of Emergency Services (OES) Coordinator:**

**Carole Hopwood**

**Work Telephone No.: (916) 875-3099**

**Home Telephone No.: (916) 771-9560**

**Office Pager No.: (916) 981-1622**

**FAX No.: (916) 366-3042**

**24-HR No. (916) 875-6900**

**Alternate's Name:**

**Teresa Stahl**

**Work Telephone No.: (916) 875-3099**

**Home Telephone No.: (916) 487-5993**

**Office Pager No.: (916) 981-1623**

**FAX No.: (916) 366-3042**

**24-HR No.: (916) 875-6900**

**County EMS Disaster Medical Services (DMS) Coordinator:**

**Bruce Wagner**

**Work Telephone No.: (916) 875-9753**

**Home Telephone No.: (916) 362-5092**

**Office Pager No.: (916) 566-9768**

**FAX No.: (916) 875-9711**

**24-HR No.: (916) 955-1534**

**E-Mail: wagner@co.sacramento.ca.us**

**Alternate's Name:**

**Steven Tharratt, M.D.**

**Work Telephone No.: (916) 734-8994**

**Home Telephone No.: (916) 933-2696**

**Office Pager No.: (916) 762-5109**

**FAX No.: (916) 734-7924**

**24-HR No.: (916) 762-5109**

**E-Mail: rstharratt@ucdavis.edu**

**NOTE: In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.**

**TABLE 11a: RESOURCES DIRECTORY -- Disaster Medical Responders (cont)**

**NOTE: Information on Table 11a is to be completed for each county.**

**County Health Officer's Name:**

**Glennah Trochet, MD**

**Work Telephone No.: (916) 875-5881**

**Home Telephone No.: (916) 736-3560**

**FAX No.: (916) 875-5888**

**24-HR No.: (916) 875-6900**

**Alternate's Name:**

**Bruce Wagner**

**Work Telephone No.: (916) 875-9753**

**Home Telephone No.: (916) 362-5092**

**Office Pager No.: (916) 566-9768**

**FAX No.: (916) 875-9711**

**24-HR No.: (916) 955-1534**

**E-Mail: wagner@co.sacramento.ca.us**

**Medical/Health EOC telephone no.: (916) 264-7630**

**Amateur Radio contact name: Bruce Wagner**

**Who is the RDMHC for your region? Ron Baldwin**

**Medical/Health EOC FAX No.: (916) 264-7804**

**Medical/Health radio frequency used: Sacramento County 800 MHz Trunked System (multiple frequency switching)**

**NOTE: In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.**

## **SECTION V**

### **Description of the Plan Development Process**

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## DESCRIPTION OF THE PLAN DEVELOPMENT PROCESS

### A: SYSTEM SUMMARY

The Sacramento County Emergency Medical Services (SCEMS) Plan has been developed in accordance with the State of California Emergency Medical Services (EMS) Authority guidelines to establish overall goals and a time frame for meeting these goals in Sacramento County. In developing the EMS Plan, SCEMS has sought input from multiple sources to allow the most comprehensive development possible. Numerous factors (i.e. demographic, financial, legal, political and technological) have also been taken into consideration to develop a plan that is representative and unique to Sacramento County.

In the infancy of the Plan development process, SCEMS staff sought to define the EMS system for Sacramento County. Initially SCEMS staff compared the State EMS Authority EMS Plan System Standards to existing SCEMS programs. Upon review of these existing programs, SCEMS determined whether the programs met minimum standards. If minimums were not met, or if no such program was in place, a realistic goal and corresponding time frame was assigned to that particular standard.

Once the draft EMS Plan was prepared, it was forwarded to various appropriate and interested parties for public comment. These committees included the Medical Oversight Committee, the Trauma Review Committee, and the Operational Oversight Committee. This local input allowed for suggestions, revisions and pertinent information to be incorporated into the developing EMS Plan. Upon receiving this information, SCEMS then placed the Plan into final format and submitted it to the Sacramento County Board of Supervisors for approval and adoption.

### B: GEOGRAPHIC INFORMATION

Sacramento County is an area of 994 square miles with an estimated population of 1.1 million people.<sup>1</sup> This county grew at a faster pace than the State during the last decade.

Sacramento County extends from the delta lands between the Sacramento and San Joaquin Rivers north to about ten miles beyond the State Capitol and east to the Sierra Nevada foothills. Urban population density is about six times greater than non-urban. There are large tracts of open land in the northwest, south and southwest areas of Sacramento County. The bordering Counties are: North - Placer, Sutter; West - Yolo, Solano; South - San Joaquin, Contra Costa; and, East - El Dorado,

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<sup>1</sup> Source: State Department of Finance, 1990 Census.

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**Amador.**

**1. Transportation**

Access to Sacramento County is primarily by two interstate highways: 5 and 80; two major highways: 99 and 50; the Southern Pacific Railroad, which is a major freight and commuter carrier; two commercial airports, Sacramento International Airport, Sacramento Executive Airport; and two former military airstrips, McClellan Air Force Base and Mather Air Force Base.

**C: DEMOGRAPHIC INFORMATION**

**I. Background**

Sacramento County was incorporated in 1850, the same year California became a state. Situated at the confluence of the American and Sacramento Rivers, Sacramento has been a center of trade, transportation and agriculture since the mid-nineteenth century. Government is a major employer followed by public administration and retail.

**A. Population Characteristics**

Population change occurs because of births, deaths and migration. The major source of population growth in Sacramento County is net migration - the total number of people settling into the county minus those who move out. Seventy percent of the population change since 1980 has been due to net migration. Natural increase - births minus deaths - has remained fairly stable over the past decade.

The 1990 Census records a Sacramento County population of 1.1 million.<sup>1</sup> This represents a 33% increase over 1980 census.<sup>2</sup> Most of the population is concentrated in the greater Sacramento urban area which includes the City of Sacramento.

The highest growth areas are the suburban bedroom communities to the north and to the east with the most explosive growth occurring in the southern part of the urbanized area.

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<sup>2</sup> Source: State Department of Finance.

1. Ethnic Composition<sup>3</sup>

The ethnic composition of Sacramento County is as follows:

White	67%
Black	8%
Asian	8%
Indian	1%
Hispanic	10%
Other	6%

2. Population Gender and Age<sup>3</sup>

The population age breakdown is as follows:

Male	500,000
Female	600,000

<u>Age</u>	<u>Percentage of population</u>
1-17	25%
18-34	30%
35-54	26%
55-64	8%
65-84	10%
85+	1%
	100%

3. Educational Attainment:<sup>3</sup>

- a. The county percentage of residents who only completed elementary school is 6%.
- b. The county percentage of people completing only high school is 25%.
- c. Of all persons 18 years and older, the county percentage of college completions is 15%.

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<sup>3</sup> Source: Sacramento Area Council of Governments, Regional Data Center, 1990 Census.

4. Income Distribution:<sup>3</sup>

<u>Income Range</u>	<u>Percentage</u>
0-4,999	3%
5,000-9,999	8%
10,000-14,999	9%
15,000-19,999	8%
20,000-24,999	9%
25,000-34,999	16%
35,000-49,999	19%
50,000+	27%

II. EMS High Risk Groups

Because of the nature and rate of growth in both population and the business/ industrial base in the county, there is great potential for high levels of stress related disease (primarily cardiac). Huge numbers of motor vehicles, both in daily commuting and passing through the county on their way to/ from the Sierra Nevada resort areas and the Pacific coastal areas, result in injury related motor vehicle accidents.

Ethnic distribution of the county, particularly in the Hispanic and Southeast Asian populations, may influence health care accessibility due to cultural values and language barriers. Only one-quarter of Sacramento's limited English proficient population speaks Spanish; the vast majority speak Southeast Asian languages. Sacramento's limited English speaking population continues to grow, increasing by 97% or almost doubling between 1982 and 1989.

The county's population is aging, a trend that has been observed nationally. Nation-wide life expectancy is now 75 years, compared with 47 years at the beginning of the twentieth century. Within the county, the 65 and over population is growing rapidly and is expected to nearly double during the remainder of this century. Those 85 years and older constitute our fastest growing age groups. As the population ages, there will be an increased demand for health care services.

D: RESOURCES INVENTORY, AVAILABILITY AND UTILIZATION

I. Manpower

A. Personnel Categories

1. Communications Dispatchers

All public safety answering point operators with medical dispatch

responsibilities and all medical dispatch personnel (both public and private) are trained and tested in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines. The enhanced 9-1-1 emergency phone system has been operational in this county since 1981. The dispatch communications system is a public agency that transmits information sequentially.

2. First Responders

Fire services personnel are generally the first responders to be dispatched to medical emergencies. At least one person on each non-transport EMS first responder unit is certified at the EMT-I level. Public provider agencies currently offer incentive pay differentials for EMT-I certification. Currently, 6 of the 14 first responders in Sacramento have employees who provide defibrillation.

3. Emergency Medical Technicians-I (EMT-I)

Sacramento County EMS has identified sixteen employers who professionally employ EMT-I's. These employers range from fire departments and ambulance service providers to industrial workers that respond to medical emergencies at the work site. Sacramento County has 1378 EMT-I's that are currently certified through this agency of which 328 are trained to provide first responder early defibrillation. Employers of EMT-I's may employ EMT-I's who are certified by other EMS agencies, the State Fire Marshall's Office, or other certifying authorities. SCEMS does not maintain records of EMT-I's certified by outside certifying authorities.

4. Emergency Medical Technician-Paramedic (EMT-P)

Sacramento County currently has 447 licensed and accredited EMT-Paramedics employed by ten (10) emergency 9-1-1 service providers (9 ground and 1 air). All ambulances which respond to 9-1-1 emergencies in Sacramento County are advanced life support, staffed with at least one (1) EMT-Paramedic.

5. Mobile Intensive Care Nurses (MICN)

The base hospitals overall are able to maintain adequate numbers of MICN's to cover the 9-1-1 EMS system requirements for medical direction and supervision. There are currently 152 MICNs approved by Sacramento County.

6. Emergency Physicians

All emergency departments in Sacramento County have adequate coverage of emergency physicians.

II. Training Programs

At the present time the county EMS Agency has two (2) approved EMT-P training programs, ten (10) EMT-I programs and five (5) EMT-I Defibrillation programs. There is one MICN training program conducted in Sacramento County. This program accepts local students as well as nurses from surrounding counties.

III. Communications Resources

An Enhanced (E) 9-1-1 emergency phone system is used county-wide. Emergency calls through the E9-1-1 system are received at several "primary" public safety answering points (PSAP) and are triaged to the appropriate agency (police, fire and/or medical).

Medical emergency calls are transferred to a "secondary" PSAP, which provides pre-arrival medical (first-aid) instructions. Pre-arrival instruction programs give reporting parties potentially life-saving instructions over the phone while awaiting the arrival of first responders and paramedics. The secondary PSAP dispatches first responders and ambulances to the scene. All ALS units have two-way radios and cellular phones. This provides a mechanism for direct communication from ambulance to the hospital.

All out-of-hospital and hospital providers utilize the Sacramento Regional 800 MHz Trunked Radio System which is a functionally integrated dispatch/ communications system, with county-wide, all government emergency services coordination.

IV. Transportation

Emergency medical rescue and transport services in the county includes two (2) private ambulance services and a variety of public agencies such as city and county fire services and law enforcement as well as helicopter services. Multiple ALS providers serve the county. On 3/94, the Sacramento County Board of Supervisors withdrew from the provision of 9-1-1 ambulance services, including the provision of related communications system(s). Concurrently, these responsibilities were "assumed" by local cities and special districts county-wide. Sacramento County has a "non-exclusive" 9-1-1 ambulance system. Ambulances responding to 9-1-1 emergencies are stationed at specified stations or cover-posts located throughout the county.

Two air ambulances and one ALS Rescue helicopter operate in Sacramento County. They are operated by the U.C. Davis, Medical Center, REACH and the California Highway Patrol respectively.

V. Assessment of Hospitals and Specialty Care Centers

Ten (10) licensed acute care facilities are located in Sacramento County. Five (5) hospitals (one out-of-county) have been designated by Sacramento County EMS (SCEMS) Agency as base stations that provide on-line medical direction to paramedic personnel.

One specialty care center has been designated by SCEMS. The University of California Davis, Medical Center has been designated a Level I Pediatric and Adult Trauma Center. This Center also serves as the County's (disaster) Control Facility, spinal rehabilitation and regional burn treatment center.

Hospital Capacity

<u>Hospital</u>	<u>Licensed Beds<sup>4</sup></u>
Kaiser Foundation Hospital-North	328
Kaiser Foundation Hospital-South	221
Mercy American River/Mercy San Juan*	400
Mercy General	412
Mercy Hospital of Folsom	95
Methodist Hospital of Sacramento*	315
Sutter General*	208
Sutter Memorial	358
UCDMC*	457

\*denotes base hospitals

E: SYSTEM DESIGN AND MANAGEMENT

I. Local EMS Agency

The Sacramento County Health Department was designated by the Board of Supervisors as the local EMS agency by the Board of Supervisors on July 10, 1990 and became operational on September 2, 1990. The County Department of Medical Services, reorganized in part from the Health Department, was established July 1, 1992. The Office of Emergency Medical Services of the Department of Medical Services performs the administrative functions assigned to the Agency by

<sup>4</sup> Source: Local EMS Agency Survey conducted January 30, 1996

statute and regulation.

Emergency Medical Services has been a very public issue in Sacramento County. Multiple media reports covered the topic of the EMS system. This highly visible community issue and system seeks input and involvement from community leaders as well as professional groups via several advisory committees.

The Sacramento County Board of Supervisors has designated the Human Services Coordinating Council (HSCC) as the Emergency Medical Care Committee in accordance with California Health and Safety Code, Division 2.5, Chapter 4, Article 3. The Human Services Coordinating Council's multidisciplinary membership is appointed by the Board and is composed of consumer as well as providers from within the county EMS system. The purpose of the HSCC is to provide independent oversight and evaluation of the EMS system and to advise the Board of Supervisors on EMS policy.

The Medical Oversight/ Operational Oversight Committees (MOC/ OOC) meet simultaneously and were established to advise the EMS Medical Director on medical policy and protocols governing out-of-hospital care. The committee is chaired by the Medical Director and its membership includes each base hospital medical director and one physician representative from each emergency department in the county and paramedics from all system out-of-hospital providers, EMS coordinators from all hospitals, and representatives from each provider organization.

A. The local EMS Agency is staffed by the following:

1. EMS Administrator  
Chief, Sacramento County EMS 1.0 FTE

Responsible for overall administration of county-wide EMS system. This involves supervision of the process to plan, coordinate and evaluate the designated components of the EMS system. The EMS Chief is the primary liaison to the State EMS Authority and the Sacramento Human Services Coordinating Council - Advisory Committee on Emergency Medical Care.

2. EMS Specialist 2.0 FTEs

Responsible for quality assurance, EMT certification/ accreditation testing, training program approval, MICN testing and certification, complaint and incident investigation, trauma care system monitoring and coordination, monitoring base hospital/ service provider contracts and policy and procedure development and maintenance.

3. EMS Medical Director  
Personal Services Contract Position 0.64 FTE

The Medical Director is responsible for medical direction, control and accountability. The Medical Director is the primary liaison to the State EMS Authority Medical Director. The Medical Director serves as Chairperson of the Agency's medical advisory committees and Trauma Review Committee.

4. Administrative Services Officer 1.0 FTE

Responsible for general administrative duties to include, the writing and management of contracts, budgeting duties to include preparation, development, administering and maintaining. The position also serves in the preparation of correspondence and data base management.

5. Senior Office Assistant 1.0 FTE

Responsible for general office duties, secretary to the EMS Chief and Medical Director and updates and maintains out-of-hospital records.

6. Office Assistant 1.0 FTE

Responsible for data entry, data processing, report preparation and EMS data base management.

**B. Data Collection and Tools**

1. Data Collection

The EMS Agency has a data collection program in place. Data sources are outlined below.

- a. County Communications Dispatch Records include segmented time elements of each dispatch, dispatch code, location of incident, public agency responding, provider dispatched and patient disposition and other data.
- b. Hospital Information includes receipt, disposition, intervention, medical history, treatments and discharge information for all trauma patients.

- c. Patient Care Reports are received from all ambulance providers on all patients transported. The reports provide the main source of data collection for the out-of-hospital segment of the EMS system.

#### C. Data Monitoring and Evaluation

Currently, data collection is out-sourced to a local vender. Reports derived from the data base are produced quarterly, semi-annually and annually on system activity. Special study reports are generated as needed.

Each base hospital has established quality assurance programs in-place as required in the California Code of Regulations. All ALS service provider agencies have initiated Continuous Quality Improvement programs as required by SCEMS policy.

#### D. Public Information and Education

The EMS Agency provides and supports community education programs provided by a variety of organizations, including: the service providers, Public Access Defibrillation League, Sacramento County Fire/ EMS Communications Center, hospitals and the Department of Health and Human Services.

#### E. Medical Control

Medical Control is in place as mandated in Health and Safety Code, Division 2.5 and California Code of Regulations, Title 22, Division 9. The local EMS Agency in conjunction with its medical advisory committees, has been revising all previous policies and procedures. The EMS system has transitioned to Standing Orders with the exception of a small number of medications and procedures. A policy governing trauma triage, including burns, is in place.

#### F. Disaster Medical Response

Sacramento County has adopted the OES Region IV Multi-Casualty Incident Plan which encompasses an eleven (11) county incident response and mutual aid plan.

### II. System Design

#### A. Introduction

The EMS system is divided into three (3) distinct phases: pre-response or system access, out-of-hospital and in-hospital.

1. Pre-Response Phase

An Enhanced (E) 9-1-1 emergency phone system is used county-wide. Emergency calls through the E9-1-1 system are received at several "primary" public safety answering points (PSAP) and are triaged to the appropriate agency (police, fire and/or medical).

All medical emergency calls are transferred to a "secondary" PSAP, which provides pre-arrival medical (first-aid) instructions. Pre-arrival instruction programs give reporting parties potentially life-saving instructions over the phone while awaiting the arrival of first responders and paramedics. The secondary PSAP dispatches first responders and ambulances to the scene.

2. Out-of-Hospital Phase

a. Manpower and Training

Sacramento County has advanced life support (ALS) ambulance service county-wide supported by ALS and basic life support (BLS) first responder fire department personnel. All fire departments in the County provide a first response with either ALS or BLS personnel. In most areas of the County, BLS first responders are certified at the EMT-I level and have early defibrillation capability. All 9-1-1 response personnel are currently trained in triage, principles of field resuscitation of injured patients, and the State Office of Emergency Services Region 4 Multi-Casualty Incident Standards. First responders provide initial assessment and stabilization of the patient while awaiting the arrival of paramedics.

All ALS service providers meet the minimum requirements set forth in Title 22 of the California Code of Regulations. Individuals also meet standards set forth by the County EMS Agency for paramedic accreditation. All ALS response vehicles are inspected for compliance with applicable state and local regulations, laws and policies.

b. Transport

ALS ambulances that respond to 9-1-1 emergencies are designated by the county EMS agency as ALS service providers. Designation agreements are in place with eleven (nine ground, two air) ALS

provider agencies (three private, eight public).

c. Helicopter Transport

Two transporting helicopter services are currently designated as ALS service providers by the county - CHP and REACH. In addition, the UCDMC LifeFlight program is staffed by specially trained nurses who operate under the medical control of UCDMC. Helicopters are utilized by the EMS system when activated by first responders, ground ambulance personnel, or Sacramento Regional Fire/ EMS Communications dispatch. Ideally, air ambulances should only be utilized when time factors associated with ground transport are considered to be a significant factor in patient survival or recovery, or the higher level of care that can be provided is required for patient care. An FAA/Cal Trans approved (non-airport) helipad is located at UCDMC.

3. Hospital Phase

There are ten (10) licensed acute care hospitals in Sacramento County. All have Basic Emergency Departments with the exception of UCDMC which has a comprehensive Emergency Department.

B. Medical Control

EMS system medical control is accomplished in accord with statutory requirements by EMS Agency policies and procedures in three ways:

1. Prospectively, through the development and implementation of standing orders policies, procedures and protocols,
2. Concurrently, through on-line medical control with one of the designated base hospitals and
3. Retrospectively, through the continuous quality improvement process at the base hospital level, provider level and the EMS Agency level.

C. Disaster Medical Response

System response to disasters is covered in the County Disaster Plan in addition to participation in the OES Region IV Multi-Casualty Incident Plan.

The Plans stipulate the manner in which regular existing medical and public health activities will be modified to respond to increased community need in time of crisis. It provides a framework for all medical disaster planning within Sacramento County, including incorporated cities. Medical care will be administered at a variety of locations including existing medical facilities and supplemental casualty collection sites as required.

## F: PROBLEMS/OBJECTIVES AND SOLUTIONS/ TIME FRAMES

### I. Data Collection

#### *PROBLEM*

At present, the data collection effort allows for system assessment and analyses for the majority of out-of-hospital and all in-hospital trauma services data. Comprehensive out-of-hospital response data needs to be secured and data from all local emergency departments must be obtained to establish a fully "inclusive" trauma care system.

#### *PROPOSED SOLUTIONS AND IMPLEMENTATION SCHEDULE*

Data collection will be expanded to a comprehensive level for out-of-hospital services within one (1) year and local emergency departments within two (2) years.

### II. Trauma Center Capacity

#### *PROBLEM*

The University of California, Davis Medical Center (UCDMC) is the only trauma center within county boundaries. Increases in trauma service demands exceeds UCDMC's capacity. An agreement with an out-of-county level II trauma center (Sutter Roseville Medical Center) alleviates the situation somewhat, but an additional in-county level II trauma center needs to be designated.

#### *PROPOSED SOLUTION AND IMPLEMENTATION SCHEDULE*

On December 1, 1997, the State EMS Authority approved a revised Sacramento County Trauma Care System Plan which includes the designation of an additional level II trauma center in Sacramento County in 1998.

### III. Specialty Receiving Centers

#### *PROBLEM*

To date, there is no pediatric emergency medical or critical care subsystem plan. To document that comprehensive pediatric emergency medical services exist in Sacramento County, inspection,

documentation and planning to remediate any deficiencies must be completed.

***PROPOSED SOLUTION AND IMPLEMENTATION SCHEDULE***

To quantify existing pediatric subsystem capabilities, a Pediatric Emergency Medical and Critical Care Subsystem Plan must be completed within the next two (2) years.

**IV. Specialized Services/ Public Information & Education**

***PROBLEM***

Specialized services are always a challenge for any service-based system, specifically for the poor, elderly, handicapped, and non-English speakers. More work is needed to identify population groups in the county needing specialized services.

***PROPOSED SOLUTION AND IMPLEMENTATION SCHEDULE***

To enhance coordination with allied health care providers to: more clearly identify community needs; promote and provide targeted information and education opportunities for affected populations and emergency responders; and, to document progress made in subsequent updates to this Plan.

**G. PLAN DEVELOPMENT PROCESS/ INPUT AND APPROVAL**

All EMS service providers/agencies provided input on the format and information in this Plan. The Agencies' standing committee structure also reviewed the Plan, including: the Medical Oversight Committee, the Trauma Review Committee, and the Medical Oversight Committee, which include representatives from all health care providers within the county. The proposed EMS Plan is based upon community needs and is designed to accommodate ever changing needs through open public forums, committee hearings, CQI initiatives and, clinical surveys. Appropriate resources are utilized based upon national and state standards. The Plan:

- A. Assesses system effectiveness through diligent evaluation of collected data on each aspect and every event in the system,
- B. Identifies system needs for targeted clinical categories through systematic reviews by applicable medical specialist for each category, and
- C. Provides a methodology and timetable for continuous monitoring by local and national medical associations.

On July 21, 1998, by Resolution No. 98-0902, the Sacramento County Board of Supervisors approved the Sacramento County Emergency Medical Services Plan, dated July 1998 (Appendix 5).

**SECTION VI**

**Annex**

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**APPENDIX 1:**

**TRAUMA CARE SYSTEM PLAN**

AVAILABLE UNDER SEPARATE COVER

An updated Trauma Care System Plan for Sacramento County was approved by the Emergency Medical Services Authority on December 1, 1997.

**APPENDIX 2:**

**AB 3153 - EXCLUSIVE OPERATING AREAS**

The Sacramento County Board of Supervisors, approved Resolution No. 93-1575 authorizing the County to withdraw from the provision of 9-1-1 ambulance services effective March 1, 1994.

**APPENDIX 3:**

**PEDIATRIC SUBSYSTEM PLAN**

The Pediatric Subsystem Plan is being assessed for need. Development of the plan is expected to result within two (2) years.

**APPENDIX 4:**

**BOARD LETTER OF DECEMBER 14, 1993  
AND RESOLUTION 93-1575**

**COUNTY OF SACRAMENTO**  
**INTER-OFFICE MEMORANDUM**

December 16, 1993

TO: Joseph Sanchez, Director, Medical Systems  
Michele Bach, Supervising Deputy Counsel

FROM: *BW* Beverly A. Williams, Clerk  
Board of Supervisors

SUBJECT: ITEM 65 - DECEMBER 14, 1993 AGENDA  
MESO/94-005 AMBULANCE WORKSHOP

The Board of Supervisors, at a regular meeting held Tuesday, December 14, 1993, took the following action on the above item:

1. Denied authorization to appeal;
2. Approved the recommendations to terminate all efforts to complete the RFP, nullify arrangement for temporary ambulance dispatch/communications from Sacramento Life Support, and abandon efforts to relocate County Ambulance communications and dispatch equipment to a County-operated facility; approved Resolution No. 93-1575 authorizing County to withdraw from the provision of 911 ambulance services effective March 1, 1994 and provide notice of termination of contract with Sacramento Life Support, and authorizing the sale to Sacramento Regional Fire/EMS Communications Center all communications equipment procured by the County for the purpose of this contract;
3. Set hearing on February 8, 1994 at 2:00 p.m. for decision on certification of Emergency Medical Technicians and EMS Communication Center;
4. Directed Medical Systems to report back on February 8, 1994, at 2:00 p.m. with a mid-year budget adjustment to accommodate adjustments in EMS fee revenues; and,
5. Adopted policy to reimburse emergency transportation costs not to exceed Medi-Cal rate and directed Medical Systems report back on February 8, 1994 at 2:00 p.m.

BAW/adj

10/14/93  
10:12 AM  
10/14/93

**COUNTY OF SACRAMENTO**  
**Inter-Department Correspondence**

FOR THE AGENDA OF:  
December 14, 1993

**TO:** Board of Supervisors  
**FROM:** Joseph A. Sanchez, Director  
Department of Medical Systems

**SUBJECT: TIMED MATTER: METO/ 94-012 9-1-1 AMBULANCE SERVICES**

On September 28, 1993 in executive session, your Board adopted a County Counsel recommendation to continue to November 9, 1993: 1) the formal public presentation of a request for proposals (RFP) for ambulance services; 2) the entertaining of further public consideration of ambulance regulatory issues; and 3) the receipt and consideration of a staff recommendation pertaining to future emergency medical services (EMS) regulatory activity that would incorporate the effects of the pending final trial court decision. An additional continuance from November 9th to December 14th was necessary as the court's final decision was delayed.

This memorandum provides an overview of recent major events affecting 9-1-1 ambulance services in the County, and recommendations for future ambulance and other EMS regulatory activity.

**BACKGROUND**

On June 9, 1993, your Board directed staff to prepare a one (1) year extension to the ambulance service agreement with Sacramento Life Support (SLS) and to complete a draft RFP for procuring advanced life support (ALS) emergency ambulance services. The extension of SLS's agreement was executed on July 20, 1993 and the draft RFP was completed on September 24, 1993. During this time and without authorization from your Board, the Sacramento County Fire Protection District (FPD) and Elk Grove Community Services District (CSD) initiated emergency 9-1-1 ambulance services on July 1, 1993. On August 3, 1993, your Board authorized County Counsel to initiate appropriate litigation against all local cities and special districts to protect your Board's challenged authority to designate exclusive emergency ambulance service providers. On August 12, 1993, your Board enacted an emergency amendment to our County Code requiring emergency ambulance providers beginning service after June 1, 1993 to obtain a special business license from Sacramento County.

On August 24, 1993 in regular session, your Board authorized, on the basis that it was unable to control ambulance dispatch services contracted from the Sacramento Regional Fire/EMS Communications Center (SRFECC), that: 1) a six-month notice of termination of the contract with SRFECC be issued; 2) an arrangement for emergency ambulance dispatch by SLS be secured for a limited period, beginning March 1, 1994; and 3) County emergency ambulance communications be relocated from SRFECC to a County-operated facility.

On September 30, 1993, the court denied the County's motion for preliminary injunction with respect to the initiation or expansion of ambulance services by the Cities of Folsom and Sacramento and the Fair Oaks, Florin and Galt FPDs, and prohibited the County from enforcing its special business license ordinance against those entities. Further, the Court: 1) clarified that the injunction issued in favor of the cities and districts did not prohibit the County from enacting an ordinance to carry out its residual responsibilities with respect to medical control issues; and, 2) deferred any ruling with respect to the Elk Grove CSD and the American River and Sacramento County FPDs. On November 4, 1993, the County received notice that the court ruled that the Elk Grove CSD and the American River and Sacramento County FPDs may also provide ambulance services without authorization from your Board.

DISCUSSION

In view of the court's decision to allow local cities and districts to continue, expand, or initiate ambulance services, the Department of Medical Systems strongly recommends that your Board appeal the trial court decision, remove itself from further emergency 9-1-1 ambulance service designation and terminate the County's contractual agreement with SLS, effective 12:01 a.m. on March 1, 1994. SLS has agreed to this date, which represents a shorter cancellation period than is provided for in our contractual agreement. The recommended termination date also coincides with your Board's termination of the agreement with SRFECC for ambulance dispatch services. These two concurrent actions will in effect transfer emergency 9-1-1 ambulance service responsibility to the public fire agencies and are consistent with the transition and expansion of public ambulance services in Sacramento County (Attachment A). Terminating these two contracts will also limit direct County involvement with "ambulance" services to only: 1) medical control issues discussed later in this report; and 2) payment for services rendered to inmates and County qualified medically indigent patients as required by §17000 of the Welfare and Institutions Code.

With respect to the County's overall EMS Program involvement, the Department of Medical Systems strongly recommends that your Board maintain its role as a local EMS agency, but limit its responsibility to those services which can be funded by direct revenues. These responsibilities (see Attachment B) center around the provision of "medical control," and must be maintained if County residents and visitors are going to continue to receive paramedic and systemized trauma emergency care services. Although abrogation of all local EMS agency responsibility is an alternative option, this Department is not recommending that it be pursued as it would remove the existing legitimate system of organized physician oversight and therefore, expose the County's population to unnecessary risk. The responsibilities recommended for retention will be discharged by your Board's local EMS agency authority over the individual certification/accreditation of EMS personnel and the designation of specialty care facilities, e.g. trauma.

The shifting of 9-1-1 ambulance responsibility to the public fire agencies will have a dramatic impact on the Department's programs. These impacts are grouped and summarized below into four major areas of consideration: 1) Transportation/ Communications/ Dispatch; 2) Medical Control; 3) Custody/ Medically Indigent Services; and 4) EMS Funding.

1. Transportation/ Communications/ Dispatch

Eliminating 9-1-1 ambulance service as a County responsibility removes various functions from the County's EMS program. Specifically, program staff would no longer: 1) recommend and monitor agreements to assure ambulance services are available/ provided to the public; 2) enforce County adopted emergency ambulance service response zones; 3) monitor and/ or report on provider response times; 3) review and approve ambulance service fees; 4) investigate/ respond to complaints regarding the availability or timeliness of emergency ambulance response(s); 5) investigate/ respond to complaints regarding ambulance service fees; and 6) oversee your Board's provision of 9-1-1 ambulance dispatch services or the communications equipment infrastructure (including maintenance). In short, the responsibility of 9-1-1 ambulance transportation, communications and dispatch will be totally assumed by the cities and special districts. The most visual implication of this action would be that the County would no longer be in the business of ensuring ambulance service in those areas where public providers are currently not providing that service, e.g. American River, Delta and Isleton FPDs, and some portions of the City of Sacramento.

With regard to the ambulance communications infrastructure, SRFEC has elected to exercise its option to purchase all equipment procured by the County for the dispatch of private ambulances from their facility. The Department of Medical Systems has been working with the Department of General Services to identify the appropriate methodology for determining the "fair market" value of this equipment. A significant consideration in this divestiture is the securing of a formal commitment from SRFEC for the Sheriff's Department's continued use of the mobile data terminal portion of this equipment. The Sheriff's Department has assured Medical Systems that this matter has been successfully negotiated, and that the Sheriff will soon be advancing an agreement to your Board for consideration.

2. Medical Control

It is critically important to understand that the universal "scheme" of all modern EMS systems is predicated on the delivery of basic and advanced life support services to the victims of serious illnesses and injuries at the time and location of insult. This remote "extension" of hospital-level medical intervention requires "physician authority," at the level prescribed by state law. That is, paramedics can only practice medicine in a clearly defined surrogate relationship with a physician. This physician relationship is what is commonly referred to as "medical control." Without "medical (physician) control," ambulance service providers would be limited to providing "first-aid" level service, and literally thousands of preventable deaths would occur each year in the United States.

The State of California only provides for "medical control" of paramedics to be established at the county level. If your Board wants to stay in EMS, it is required by state law to provide medical control for the local EMS system. The functions and corresponding authority recommended for retention by your Board largely revolve around "medical control" activities. That is, those regulatory functions which affect and/ or

measure the medical performance of EMS personnel. The most essential of these County activities include: 1) approve and monitor local EMS training programs; 2) test and certify emergency medical technician and mobile intensive care nurse personnel; 3) provide orientation and local accreditation of local paramedic personnel; 4) establish and maintain medical treatment policies and procedures; 5) investigate and respond to patient care problems/ complaints; 6) designate and monitor ALS receiving hospitals, base hospitals and service providers; and 7) designate and monitor specialty care (e.g. trauma) hospitals. Simply stated, your Board would retain the authority to assure the quality of prehospital emergency medical treatment, regardless of what agency is designated by cities and special districts to deliver their ambulance services.

3. Custody/ Medically Indigent Services

Historically, Sacramento County has met its Welfare and Institutions Code 17000 obligations for ambulance services provided to the medically indigent by recognizing these services as bad debt within an approved rate structure which included a reasonable rate of return on investment to contracted providers. With the proposed elimination of County-contracted ambulance service providers, a program to reimburse for transport costs incurred by CMISP eligibles must be implemented.

First, the Department of Medical Systems proposes that the most appropriate placement of this new activity would be within the Department's County Medically Indigent Services Program (CMISP) and therefore, would not be reflected as an EMS expense. The Department has studied prehospital and hospital data to determine that approximately 2,300 ambulance trips would be provided annually to County-qualified CMISP residents. To process claims and reimburse providers for services, one full-time Account Clerk will need to be added to CMISP. Utilizing Medi-Cal rates, the estimated annual cost of this obligation has been estimated at \$265,000, with \$231,000 being distributed for services rendered.

Finally, the Department proposes that the annual \$44,000 County expense of transporting custodial patients be shifted from EMS to the Department's Forensics Division. This realignment of program expenses more appropriately reflects the direct cost to the County of providing health care services to inmates.

4. EMS Funding

To accommodate the reduction of County EMS program activities described in #1 above, the Department of Medical Systems proposes to reduce the EMS program staff from 8.5 to 5.5 full-time equivalent personnel. The annual cost for maintaining the reduced level of activity is estimated at \$435,000. This expense, with approval from your Board, will be offset at no cost to the County through program-specific vehicle code fines; allocation of state aid realignment for oversight of trauma care services; and by raising the EMS program fee schedule for certification/ accreditation of EMS personnel (Attachment C). These proposed increases to County EMS certification/ accreditation fees (Attachment D) are necessary to offset the loss of other County EMS fees implemented earlier this year,

and to assure your Board that there will be an ongoing direct funding source for the proposed EMS program activities. It should be noted in Attachment D that controversy will arise from the highest increase proposed for paramedic accreditation and will likely be opposed by EMS personnel, their employers and the corresponding unions. However, medical control primarily focuses on the individual performing the service and therefore remains the only practical vehicle for recovering the expenses incurred in this monitoring function.

With approval from your Board for retaining the proposed EMS activities, the Department of Medical Systems will finalize an amended budget, while continuing to explore other potential sources of direct revenue. Therefore, the Department of Medical Systems proposes to return to your Board within sixty (60) days with a revised budget to: 1) accommodate adjustments in EMS fee revenues; 2) provide for MediCal level reimbursement for ambulance services to County responsible patients; and 3) maintain proposed EMS program activities at no cost to the County.

In conclusion, a few local jurisdictions have not yet established their long-term plans for securing emergency ambulance services. The Department of Medical Systems believes that the solution to this problem is imbedded in the consummation of a county-wide public ambulance service alliance, including those agencies who have initiated service in the high volume and more affluent areas of the county. While we appreciate the complexity of this undertaking, the formation of such a coalition is essential to establishing a coordinated and cost-effective county-wide emergency ambulance service system.

It is, therefore, recommended, that your Board:

1. Instruct the Director the Department of Medical Systems to: 1) terminate all efforts to complete the request for proposals for emergency ambulance services; 2) nullify arrangements for temporary ambulance dispatch / communications from Sacramento Life Support; and, 3) abandon efforts to relocate County ambulance communications and dispatch equipment to a County-operated facility.
2. Adopt the attached Resolution to: a) withdraw the County from the provision of 9-1-1 ambulance services, effective 12:01 a.m. on March 1, 1994; b) direct the Director of Medical Systems to provide notice of termination of the contract with Sacramento Life Support, effective 12:01 a.m. March 1, 1994; and c) authorize the Director of the Department of Medical Systems to sell to Sacramento Regional Fire/EMS Communications Center, all communications equipment procured by the County for the purpose of its agreement with that agency at "fair market" value (Attachment E).
3. Conduct a public hearing within forty-five (45) days for the purpose of increasing EMS program fees, as delineated in Attachment C.

4. Direct the Director of the Department of Medical Systems to report back to the Board within sixty (60) days with a mid-year budget adjustment to: 1) accommodate adjustments in EMS Fee revenues; 2) provide for MediCal level reimbursement for ambulance services to County responsible patients; and, 3) maintain proposed EMS program activities at no cost to the County.

Respectfully submitted,

  
Joseph A. Sanchez, Director  
Department of Medical Systems

JAS:BAW  
120893

**Attachments (5)**

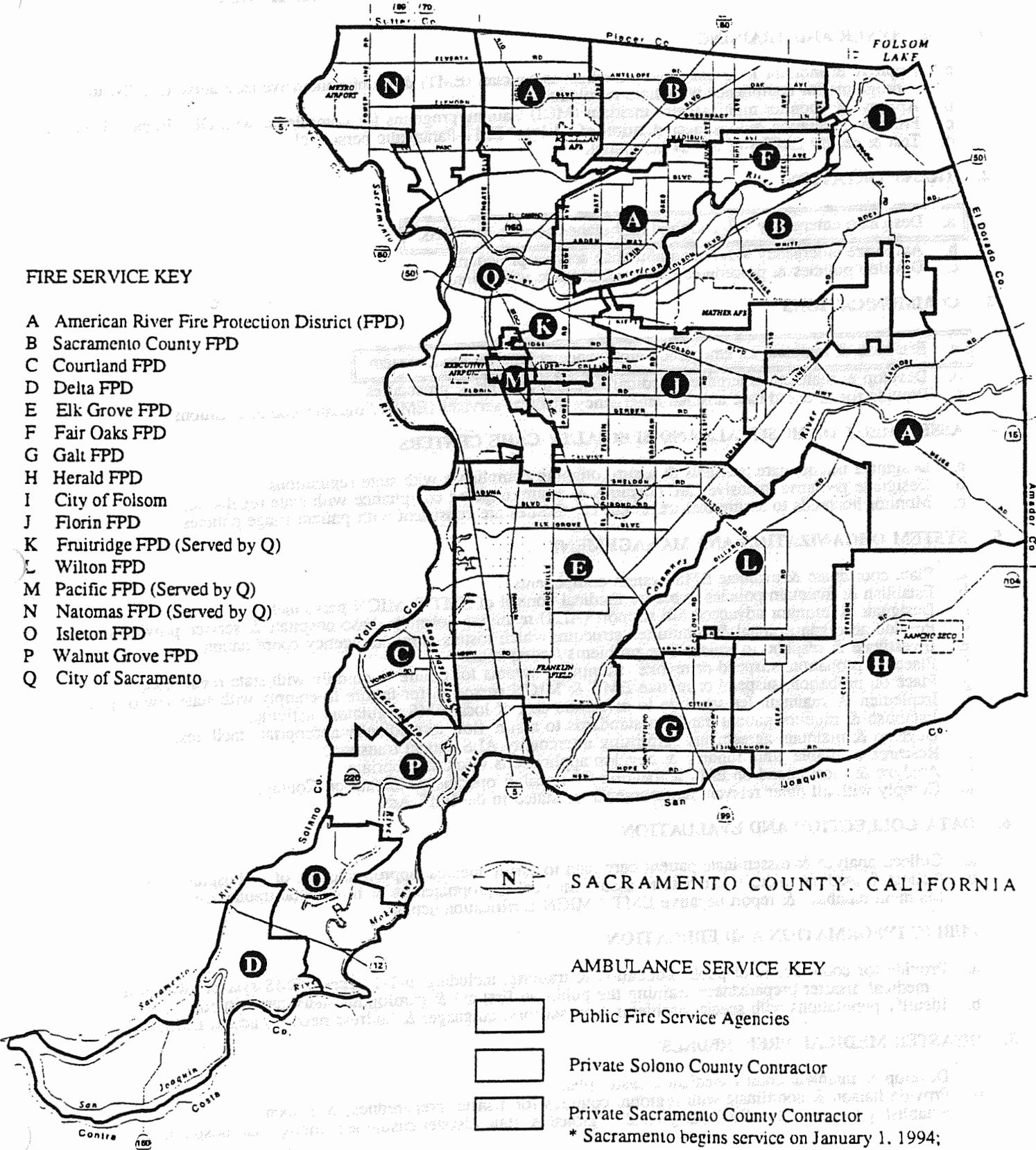
- cc: **Sacramento County Counsel**  
**Sacramento County Sheriff's Department**  
**Sacramento County Auditor / Controller**  
**Local Cities and Special Districts**  
**Sacramento Life Support**  
**Sacramento County Health Council**  
**Sacramento-El Dorado Medical Society**  
**Sacramento-Sierra Hospital Association**  
**California EMS Authority**

CONCUR:



Bob Smith  
County Executive

CURRENT PUBLIC AND PRIVATE AMBULANCE SERVICE AREAS IN SACRAMENTO COUNTY



## LOCAL EMS AGENCY FUNCTIONS IN CALIFORNIA

### 1. MANPOWER AND TRAINING

- a. Approve & monitor local emergency medical technician (EMT) & mobile intensive care nurse (MICN) training programs for compliance with state regulations.
- b. Approve & monitor multicasualty incident (MCI) training programs for compliance with OES Region 4 standards.
- c. Provide orientation & local accreditation of all local EMT-Paramedic personnel.
- d. Test & certify EMT-1 & MICN personnel.

### 2. TRANSPORTATION

- a. Designate emergency 9-1-1 ground ambulance service providers.
- b. Authorize emergency 9-1-1 air ambulance service providers.
- c. Develop policies & procedures for air ambulance utilization.

### 3. COMMUNICATIONS

- a. Establish & maintain an emergency ambulance communications system.
- b. Develop & maintain emergency medical dispatch policies & procedures.
- c. Provide for & coordinate hospital emergency medical services (EMS) / disaster communications.

### 4. ASSESSMENT OF HOSPITALS AND SPECIALTY CARE CENTERS

- a. Designate trauma care hospitals & assure ongoing compliance with state regulations.
- b. Designate pediatric intensive care hospitals & assure ongoing compliance with state regulations.
- c. Monitor hospitals to assure that treatment capabilities are consistent with patient triage policies.

### 5. SYSTEM ORGANIZATION AND MANAGEMENT

- a. Plan, coordinate & evaluate EMS system components.
- b. Establish & maintain policies to assure medical control of EMT & MICN personnel.
- c. Designate & monitor advanced life support (ALS) receiving hospitals, base hospitals & service providers.
- d. Provide an organizational & committee structure which fosters intra/interagency coordination.
- e. Investigate & respond to patient care problems / complaints.
- f. Place on probation, suspend or revoke training programs for failure to comply with state regulations.
- g. Place on probation, suspend or revoke EMT & MICN personnel for failure to comply with state law or local policy.
- h. Implement & maintain fee structure to offset the cost of local EMS regulatory activities.
- i. Establish & monitor patient transport standards to assure flow to medically appropriate facilities.
- j. Develop & maintain agreements permitting intercounty ALS patient transport.
- k. Research available grant funding & develop applications where appropriate.
- l. Analyze & recommend on EMS legislation for fiscal & operational impact on County.
- m. Comply with all other relevant requirements, as stated in the EMS Act.

### 6. DATA COLLECTION AND EVALUATION

- a. Collect, analyze & disseminate patient care data to assure medical appropriateness of prehospital care.
- b. Collect & analyze patient care data to assure medical appropriateness of in-hospital trauma care.
- c. Maintain database & report negative EMT / MICN certification actions.

### 7. PUBLIC INFORMATION AND EDUCATION

- a. Provide for coordination of public education & training, including: 9-1-1 access; EMS system awareness; medical disaster preparedness; training the public in first aid & cardiopulmonary resuscitation.
- b. Identify populations with special problems (e.g. sensory, language) & address needs to access EMS.

### 8. DISASTER MEDICAL PREPAREDNESS

- a. Develop & maintain county medical disaster plan.
- b. Provide liaison & coordinate with regional counties for disaster preparedness & response.
- c. Establish procedures for distributing local, regional & state disaster casualties among local hospitals.

Block denotes function recommended for elimination from County EMS Program.

7350 MEDICAL SYSTEMS

7374 EMERGENCY MEDICAL SYSTEMS

(00)	(01)	(02)	(03)	(04)	(06)	(10)
INDX/ACCT	ACCOUNT TITLE	ACTUAL 1991-92	ACTUAL 1992-93	APPROVED FINAL BUDGET 1993-94	ADJUSTED FINAL BUDGET 1993-94	REQUESTED BUDGET (BASE+ADDT'L) 1994-95
7374/1110	S&W-REGULAR EMPLOYEES		193,650	318,940	318,940	222,649
7374/1141	S&W-PREMIUM PAY		4,927	5,343	5,343	3,974
7374/1152	TERMINAL PAY					
7374/1210	RETIREMENT-EMPLOYER COS		17,382	30,927	30,927	21,082
7374/1220	OS&DHI-EMPLOYER COST		15,192	24,999	24,999	17,516
7374/1230	GROUP INS-EMPLOYER COST		20,621	36,866	36,866	25,619
7374/1240	COMP INS-EMPLOYER COST		3,785	5,625	5,625	4,084
7374/1250	SUI-EMPLOYER COST		231	372	372	270
* * * OBJECT TOTAL * * *			255,968	423,072	423,072	296,194
7374/2005	ADVERTISING/LEGAL NOTIC		500	815	815	
7374/2015	BLUEPRINT/COPYING SERVI					
7374/2021	BOOKS/PERIODICAL SERVIC		192	313	313	310
7374/2022	BOOKS/PERIODICAL SUPPLY		389	634	634	625
7374/2029	BUSINESS/CONFERENCE		630	1,027	1,027	1,050
7374/2035	EDUCATION/TRAINING SVC		240	400	400	400
7374/2036	EDUCATION/TRAINING SUP		100	163	163	165
7374/2039	EMPLOYEE TRANSPORTATION		1,600	2,608	2,608	2,500
7374/2045	FREIGHT/EXPRESS/CARTAGE			251	251	100
7374/2051	INSURANCE-LIABILITY		1,206	2,442	2,442	1,550
7374/2061	MEMBERSHIPS			150	150	150
7374/2076	OFFICE SUPPLIES		500	1,989	1,989	1,250
7374/2085	PRINTING SERVICES		23,800	26,300	26,300	12,700
7374/2201	OFFICE EQUIP MAINT SVC		100	163	163	163
7374/2262	OFFICE EQUIP MAINT SUP		1,730	10,916	10,916	
7374/2275	RENTS/LEASES-EQUIPMENT					3,600
7374/2561	REPORTING SERVICES		600	978	978	
7374/2571	OTHER PROFESSIONAL SVC		41,270	94,525	94,525	74,350
7374/2612	DATA PROCESSING SUP					
7374/2879	OTHER OPERATING EXP-SVC					
7374/2921	CS-PRINTING SERVICES		376	645	645	400
7374/2922	CS-MAIL-POSTAGE CHARGES		1,100	1,793	1,793	1,150
7374/2923	CS-MESSENGER SERVICES		162	92	92	50
7374/2925	CS-PURCHASING SERVICES		644	927	927	580
7374/2926	CS-STORES CHARGES		985	1,606	1,606	500
7374/2927	CS-WAREHOUSING CHARGES		34	55	55	55
7374/2928	CS-CD EQUIP RENTAL-LICH		376	613	613	50
7374/2931	CS-COMMUNICATION SYS SV		2,565			
7374/2942	COUNTY FACILITY USE CHG		8,387	5,882	5,882	290
7374/2943	LEASED PROPERTY USE CHG			12,575	12,575	30,000
7374/2962	CS-COUNTY PARKING CHGS		75	225	225	225
7374/2983	CS-SURPLUS PROPERTY MCT		53	71	71	70
7374/2984	CS-RADIO SYSTEMS SVC		11,571	12,678	12,678	500

BUDGET REPORT POSSED EXPENDITURE/INDEX  
 HE GE DOCUMENT

PAGE  
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 7330 MEDICAL SYSTEMS 7374 EMERGENCY MEDICAL SYSTEMS  
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(00)	(01)	(02)	(03)	(04)	(06)	(10)
INDEX/ACCT	ACCOUNT TITLE	ACTUAL 1991-92	ACTUAL 1992-93	APPROVED FINAL BUDGET 1993-94	ADJUSTED FINAL BUDGET 1993-94	REQUESTED BUDGET (BASE+ADDT'L) 1994-95
7374/2987	GS-TELEPHONE CHARGES		3,283	3,800	3,800	2,400
7374/2989	GS-TELEPHONE INSTALLATI			2,400	2,400	1,600
7374/2999	REND ONLY BILLING		8,085			
* * * OBJECT TOTAL * * *			110,673	187,036	187,036	136,823
7374/3105	PAYMENTS-OTHER GOVT INS		567,232	562,493	562,493	
7374/3106	PAYMENTS-PRIVATE INST		70,727	78,000	73,000	
7374/3112	SVC CONNECTED SPEC NEED		825,770	716,116	716,116	716,116
* * * OBJECT TOTAL * * *			1,463,729	1,356,609	1,356,609	716,116
7374/4302	OTHER EQUIPMENT		250,000	250,000	250,000	
7374/4305	OFFICE EQUIPMENT			225	225	
* * * OBJECT TOTAL * * *			250,000	250,225	250,225	
7374/6011	DEPT OVERHEAD ALLOCATIO			81,718	81,718	
7374/6015	CHG-COPY SERVICES		2,800	3,920	3,920	
7374/6931	CHG-LEGAL SERVICES			33,120	33,120	
7374/6911	CHG-SYSTEMS DEVEL SVC			2,000	2,000	
7374/6912	CHG-DATA PROCESSING SVC		8,780	1,434	1,434	1,500
7374/6999	CHG-OTHER SERVICES			48,159	48,159	
* * * OBJECT TOTAL * * *			11,780	179,351	170,351	1,500
* * * INDEX TOTAL * * *			2,092,170	2,387,293	2,307,293	1,150,633



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7350 MEDICAL SYSTEMS 7374 EMERGENCY MEDICAL SYSTEMS  
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(00)	(01)	(02)	(03)	(04)	(06)	(10)
INDEX/ACCT	ACCOUNT TITLE	ACTUAL 1991-92	ACTUAL 1992-93	APPROVED FINAL BUDGET 1993-94	ADJUSTED FINAL BUDGET 1993-94	REQUESTED BUDGET (BASE+ADDT'L) 1994-95
7374/7290	LICENSES/PERMITS-OTHER		250	125	125	
* * * OBJECT TOTAL * * *			250	125	125	
7374/9330	FORFEITURES/PENALTIES		739,408	627,876	627,876	636,739
* * * OBJECT TOTAL * * *			739,408	627,876	627,876	636,739
7374/9512	CIGARETTE TAX		503,761	471,676	471,676	221,696
7374/9526	VEHICLE IN LIEU-REALIGN					
7374/9538	ST AID-REALIGNMENT		146,083	78,578	78,578	133,578
* * * OBJECT TOTAL * * *			650,044	550,274	550,274	355,274
7374/9699	SVC FEES/CHARGES-OTHER		654,078	1,202,318	1,202,318	158,620
* * * OBJECT TOTAL * * *			654,078	1,202,318	1,202,318	158,620
7374/9790	OTHER REVENUES		37,700	6,700	6,700	
* * * OBJECT TOTAL * * *			37,700	6,700	6,700	
7374/9290	LICENSES/PERMITS-OTHER					
* * * OBJECT TOTAL * * *						
7374/9512	CIGARETTE TAX					
* * * OBJECT TOTAL * * *						
* * * INDEX TOTAL * * *			2,081,480	2,387,293	2,387,293	1,150,633

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SCHEDULED FOR REVIEW BY THE COMMITTEE ON BUDGETS

**SACRAMENTO COUNTY EMS FEE SCHEDULE**  
**Current & Proposed**

Description	Population	Current Fee	Annual Revenue	Proposed Fee	Annual Revenue	Revenue Gained
EMT-I Certification	400	\$25.00	\$10,000.00	\$50.00	\$20,000.00	\$10,000.00
EMT-I Recertification	300	\$25.00	\$7,500.00	\$50.00	\$15,000.00	\$7,500.00
EMT-I Cross Certification	1	\$35.00	\$35.00	\$75.00	\$75.00	\$40.00
Paramedic Accreditation	275	\$35.00	\$9,625.00	\$380.00	\$104,500.00	\$94,875.00
Defibrillation Certification*	50	\$25.00	\$1,250.00	\$35.00	\$1,750.00	\$500.00
Defibrillation Recertification*	150	\$0.00	\$0.00	\$35.00	\$5,250.00	\$5,250.00
MICN Certification*	15	\$0.00	\$0.00	\$75.00	\$1,125.00	\$1,125.00
MICN Recertification*	85	\$0.00	\$0.00	\$75.00	\$6,375.00	\$6,375.00
Copying:						
Policy Manuals	49	\$10.00	\$490.00	\$20.00	\$980.00	\$490.00
Policy Manuals#	149	\$0.00	\$0.00	\$20.00	\$2,980.00	\$2,980.00
Duplicate Cards	23	\$5.00	\$115.00	\$20.00	\$460.00	\$345.00
Other			\$118.48		\$125.00	\$6.52
Ambulance Special Business License	1	\$125.00	\$125.00	\$0.00	\$0.00	(\$125.00)
<b>TOTAL</b>			<b>\$29,258.48</b>		<b>\$158,620.00</b>	<b>\$129,361.52</b>

\* January – December 1992 (All other fees from FY 92/93)

# no charge w/Accreditation class (w/new fee schedule a charge will be incurred w/Accreditation class)

RESOLUTION NO. 93-1575

BE IT RESOLVED AND ORDERED that the Board of Supervisors of the COUNTY OF SACRAMENTO, a political subdivision of the State of California, hereby:

1. Withdraws the COUNTY from the provision of 9-1-1 ambulance services, effective 12:01 a.m. on March 1, 1994;
2. Directs the Director of Medical Systems to sell to Sacramento Regional Fire/EMS Communications Center, all communications equipment procured by the County for the purpose of its agreement with that agency at "fair market" value;
3. Directs the Director of Medical Systems to provide immediate notice of termination of the contract with Sacramento Life Support, to be effective at 12:01 a.m. on March 1, 1994.

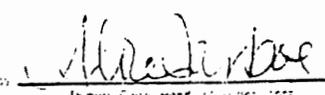
On a motion by Supervisor T. JOHNSON, seconded by Supervisor M. JOHNSON, the foregoing Resolution was passed and adopted by the Board of Supervisors of the County of Sacramento, State of California, this 14th day of December, 1993, by the following vote, to wit:

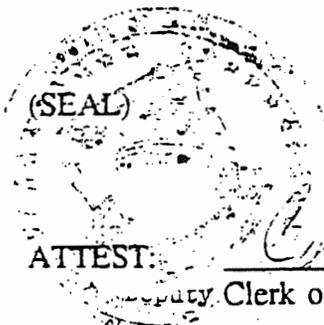
AYES: M. Johnson, T. Johnson, Cox  
 NOES: None  
 ABSENT: Collin

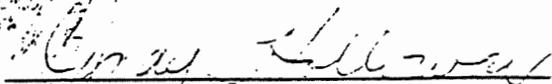
  
 \_\_\_\_\_  
 Chairperson of the Board of Supervisors of  
 Sacramento County, California

RECEIVED AND FILED IN THE OFFICE OF THE CLERK OF THE BOARD OF SUPERVISORS OF SACRAMENTO COUNTY, CALIFORNIA, ON DECEMBER 14, 1993.

DEC 14 1993

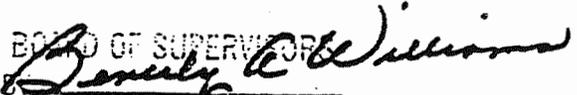
  
 \_\_\_\_\_  
 Deputy Clerk, Board of Supervisors



ATTEST:   
 \_\_\_\_\_  
 Deputy Clerk of the Board of Supervisors

FILED

DEC 14 1993

BOARD OF SUPERVISORS  
  
 \_\_\_\_\_  
 CLERK OF THE BOARD

**APPENDIX 5:**

**BOARD RESOLUTION APPROVING  
SACRAMENTO COUNTY EMS PLAN**

**EMERGENCY MEDICAL SERVICES AUTHORITY**

1930 9TH STREET  
SACRAMENTO, CALIFORNIA 95814-7043  
(916) 322-4336 FAX: (916) 324-2875



July 25, 2001

Bruce Wagner  
Chief of EMS  
Sacramento County EMS Agency  
9616 Micron Avenue, Suite 635  
Sacramento, CA 95827

Dear Mr. Wagner:

We have completed our review of *Sacramento County's Emergency Medical Services Plan*, and have found it to be in compliance with the *EMS System Standards and Guidelines* and the *EMS System Planning Guidelines*.

One reviewer had a concern regarding the *Pediatric System Plan* section. Listed below is that section along with the specific comment.

**SECTION****COMMENT**

1.27 Pediatric System Plan

Need a pediatric emergency medical and critical care plan. Your objective was to have this completed within the next two years.

When preparing your annual update please explain if this objective has been met. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 322-4336, extension 423.

Sincerely,

A handwritten signature in cursive that reads "Daniel Smiley for".

Richard E. Watson  
Interim Director

REW:SS