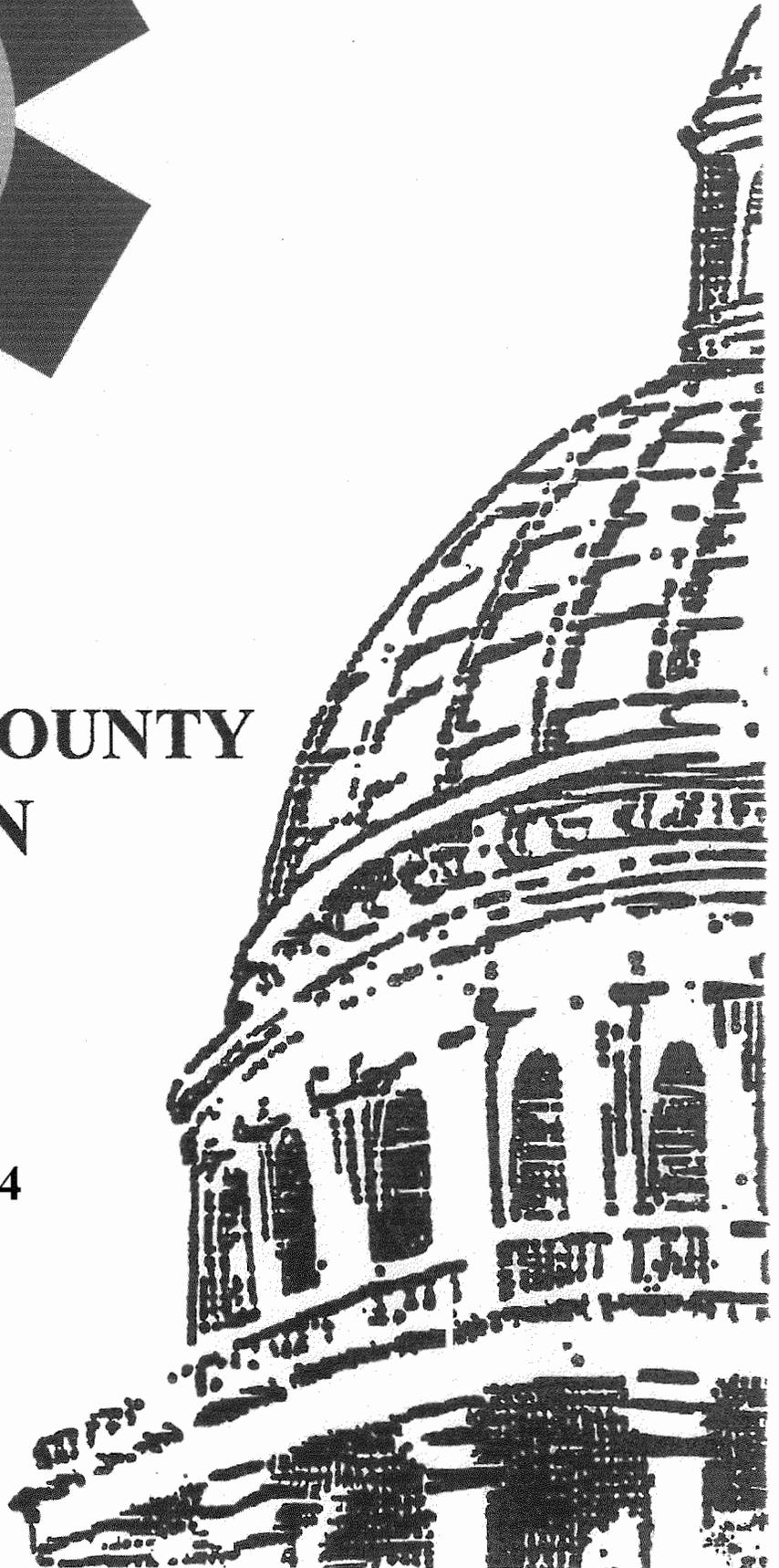




SACRAMENTO COUNTY EMS PLAN

OCTOBER 2004



SACRAMENTO COUNTY

EMERGENCY MEDICAL SERVICES PLAN

Prepared By:

Sacramento County Department of Health and Human Services

Emergency Medical Services Agency

Date

July, 1998

Updated

July, 1999

August, 2000

October, 2001

August, 2003

October, 2004

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

**Bruce A. Wagner, Chief
Emergency Medical Services
County of Sacramento
9616 Micron Avenue, Suite 635
Sacramento CA 95827**



SACRAMENTO COUNTY
DEPARTMENT OF

Health & Human Services

Jim Hunt, Director

Emergency Medical Services

Bruce A. Wagner, Chief
Telephone: (916) 875-9753
Fax: (916) 875-9711

1992 – 2002... "10 Years of Healing, Protecting and Caring"

November 11, 2004

Richard E. Watson, Interim Director
Emergency Medical Services Authority
State of California
1930 9th Street, Suite 100
Sacramento CA 95814-7043

Dear Mr. Watson: *Richard*

In accordance with publication EMSA #103, *EMS System Guidelines*, the annual/as needed update to the **Sacramento County Emergency Medical Services (EMS) Plan of July 1998** is herewith submitted. **Please replace pages in Plan as are provided.**

SECTION 1: Summary of Changes

Changes to the Plan include: updated information to System Assessment; System Resources & Operations tables 2-7; updated pay scales, phone numbers, courses offered and points of contact for Resources Directories tables 8-11b.

SECTION 2: Updates of Specific Information

Information provided in Sections III and IV of the EMS Plan have been updated and are attached on appropriate forms (Tables 1 to 11b).

SECTION 3: Progress from Previous Year

1. MAJOR CHANGES: No major changes have occurred to Sacramento County's EMS Plan.
2. SPECIFIC OBJECTIVES: No Short-range objectives remain uncompleted.
3. OBJECTIVES: Long-range objectives identified in the current EMS Plan and expected work efforts for the coming year.
 - 1.1 #1.02 - LEMSA Mission. This objective is on-going. Efforts will continue to identify needed system changes/improvements.

Richard E. Watson
November 11, 2004
Page 2

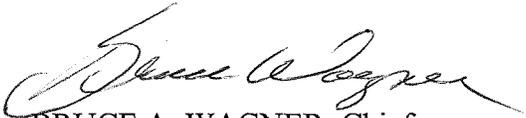
- 1.2 #4.07 - First Responder Agencies. Efforts to further integrate public safety agencies and industrial first aid teams into the system will be ongoing.
- 1.3 #4.13 - Inter-county Response. Efforts to facilitate agreements for Medical reimbursement of inter-county response of emergency medical resources will continue.

4. **TIMELINE/ ACTIONS:**

12/04- Long range Objective # 1.02- annual LEMSA Mission assessment.

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

Sincerely,



BRUCE A. WAGNER, Chief
Emergency Medical Services

Attachments

cc: Interested Parties

TABLE OF CONTENTS

	<u>Introduction</u>	i
	<u>Table of Contents</u>	iii
SECTION I	<u>Executive Summary</u>	
A.	Executive Summary	I-1
SECTION II	<u>Assessment of System</u>	
A.	Table 1 Summary of System Status	II-1
B.	System Assessment Forms	II-14
SECTION III	<u>System Resources and Operations</u>	
A.	Table 2 System Organization and Management	III-1
B.	Table 3 Personnel/Training	III-10
C.	Table 4 Communications	III-11
D.	Table 5 Response/Transportation	III-12
E.	Table 6 Facilities/Critical Care	III-15
F.	Table 7 Disaster Medical	III-16
SECTION IV	<u>Resources Directory</u>	
A.	Table 8 Providers	IV-1
B.	Table 9 Approved Training Programs	IV-12
C.	Table 10 Facilities	IV-21
D.	Table 11 Dispatch Agency	IV-26
E.	Table 11a Disaster Medical Responders	IV-28
SECTION V	<u>Description of the Plan Development Process</u>	
A.	System Summary	V-1
B.	Geographic Information	V-1
C.	Demographic Information	V-2
D.	Resources Inventory, Availability and Utilization	V-4
E.	System Design and Management	V-7
F.	Problems/Objectives and Solutions/Time Frames	V-13
G.	Plan Development Process/Input and Approval	V-14
SECTION VI	<u>Annex</u>	
	Appendix 1 Trauma Care System Plan	VI-1
	Appendix 2 AB3153-Exclusive Operating Areas	VI-2
	Appendix 3 Pediatric Subsystem Plan	VI-3
	Appendix 4 Board Letter of December 14, 1993 and Resolution 93-1575	VI-4

Appendix 5	Board Resolution Approving Sacramento County EMS Plan	VI-5
Appendix 6	9-1-1 Ambulance Service Provider Area Map - May 2000	VI-6
Appendix 7	Sacramento County EMS Policy #5070.02 AHospital Transfer Agreements@	VI-7
Appendix 8	Annual Update Letters	VI-8
Appendix 9	Letters From State Approving Annual Updates	VI-9

SECTION III

System Resources and Operations

TABLE 2: SYSTEM RESOURCES AND OPERATIONS
System Organization and Management

EMS System: Sacramento County

Reporting Year: FY 04/05

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) 0%
- b. Limited Advanced Life Support (LALS) 0%
- c. Advanced Life Support (ALS) 100%

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:

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

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

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

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

Table 2 - System Organization & Management (cont.)

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

5. EMS agency budget for FY 04-05:

A. EXPENSES

Salaries and benefits (all but contract personnel)	<u>566,534</u>
Contract services (trauma fund dist., Med. Director, Misc.)	<u>1,586,471</u>
Operations (e.g. copying, postage, facilities)	<u>140,407</u>
Travel	<u>6,351</u>
Fixed assets	<u>included in operations</u>
Indirect expenses (overhead)	<u>118,569</u>
Ambulance subsidy	
EMS Fund payments to physicians/hospital	<u>1,516,972</u>
Dispatch center operations (non-staff)	
Training program operations	
Other: Expected mid year adjustments	
TOTAL EXPENSES	<u>\$3,935,304</u>

Table 2 - System Organization & Management (cont.)

B. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	<u>\$</u>
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>157,178</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>2,020,751</u>
Other grants:	
Other fees: <u>Pre-hospital fees</u>	<u>151,985</u>
Other (specify): <u>Cigarette tax revenue (AB75, AB430, EMSA)</u>	<u>99,671</u>
Other fees: <u>Trauma Fund and Miscellaneous</u>	<u>1,476,704</u>
TOTAL REVENUE	<u>\$3,935,304</u>

TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.

IF THEY DON'T, PLEASE EXPLAIN BELOW.

Table 2 - System Organization & Management (cont.)

6. Fee structure for FY: 03/04

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>4k, 52K & 101k 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 03-04.

Table 2 - System Organization & Management (cont.)

EMS System: Sacramento County

Reporting Year: 04/05

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	43.03	28%	
Asst. Admin./ Admin. Asst./ Admin. Mgr.	Sr. Health Program Coord Admin. Services Officer	1 1	38.62 32.71	28% 24%	
ALS Coord./ Field Coord./ Trng Coord.	EMS Specialist	2	27.05	24%	
Program Coord./Field Liaison (Non-clinical)					
Trauma Coord.					
Med. Director	EMS Medical Director	0.64	70.00	0%	
Other MD/ Med. Consult./ Trng. Med. Dir.					
Disaster Med. Planner					

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
Dispatch Supervisor					
Medical Planner					
Dispatch Supervisor					
Data Evaluator/ Analyst					
QA/QI Coordinator					
Public Info. & Ed.Coord.					
Ex. Secretary	Senior Office Assistant	1	16.66	24%	
Other Clerical					
Data Entry Clerk	Office Assistant (Iv II)	1	14.48	24%	
Other					

Table 2 - System Organization & Management (cont.)
Organizational Chart of the Sacramento County Emergency Medical Services Agency

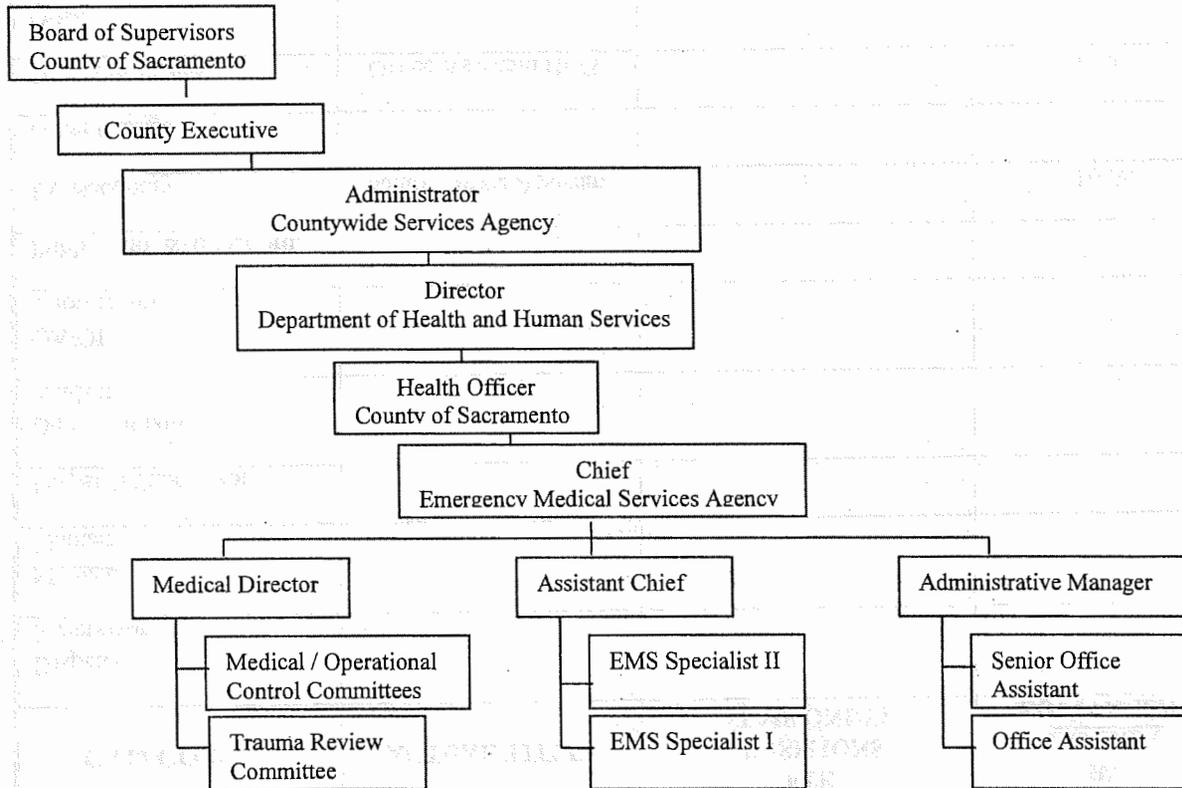


TABLE 3: SYSTEM RESOURCES AND OPERATIONS -- Personnel/Training

EMS System: Sacramento County Reporting Year: 2003-04 (1 July - 30 June)

NOTE: Table 3 is to be reported by agency.

	<u>EMT - Is</u>	<u>EMT - IIs</u>	<u>EMT - Ps</u>	<u>MICN</u>	<u>EMS Dispatchers</u>
<u>Total certified</u>	<u>1602</u>	<u>na</u>		<u>199</u>	<u>na*</u>
<u>Number of newly certified this year</u>	<u>279</u>	<u>na</u>		<u>31</u>	<u>na*</u>
<u>Number of recertified this year</u>	<u>541</u>	<u>na</u>		<u>74</u>	<u>na*</u>
<u>Total number of accredited personnel on July 1 of the reporting year</u>			<u>765</u>		
<u>Number of certificate reviews resulting in:</u>					
<u>a) formal investigations</u>	<u>0</u>				
<u>b) probation</u>	<u>0</u>				
<u>c) suspensions</u>	<u>0</u>				
<u>d) revocations</u>	<u>0</u>				
<u>e) denials</u>	<u>1</u>				
<u>f) denials of renewal g) no action taken</u>	<u>00</u>				

1. Number of EMS dispatchers trained to EMSA standards: 24**
2. Early defibrillation:
 - a) Number of EMT-I (defib) certified 1600
 - 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: 2003/04

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? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | |
| a. Radio primary frequency <u>800 MHz Trunked System (multiple frequency switching)</u> | |
| b. Other methods | |
| c. Can all medical response units communicate on the same disaster communications system?
<input checked="" type="checkbox"/> yes <input type="checkbox"/> no | |
| d. Do you participate in OASIS? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | |
| e. Do you have a plan to utilize RACES as a back-up communication system?
<input checked="" type="checkbox"/> yes <input type="checkbox"/> no | |
| 1) Within the operational area? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | |
| 2) Between the operational area and the region and/or state? <input checked="" type="checkbox"/> yes <input type="checkbox"/> 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: 2003

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>
	aa) Number of incidents classified as medic responses where patient Contact was made.	<u>82,318</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>
	aa) Number of incidents requiring medic transport	<u>66,348</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>2</u>
	b) Manual	<u>0</u>
6.	Number of EMT-Defibrillation programs	
	a) Automated	<u>8</u>
	b) Manual	<u>0</u>

Air Ambulance Services Reporting Year 02/03

- 7. Total number of responses/requests 1,030
 - a) Number of emergency responses
 - b) Number of non-emergency responses
- 8. Total number of transports 751
 - a) Number of emergency (scene) responses 424
 - b) Number of non-emergency responses 361

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 County

Reporting Year: 2003

NOTE: Table 6 is to be reported by agency.

Trauma care system

1. Trauma patients:

a) Number of patients meeting trauma triage criteria not tracked

aa) Number of patients meeting trauma triage criteria and who were admitted to a 2,839

Designated Trauma Center

b) Number of major trauma victims transported directly to a trauma center by ambulance not tracked

bb) Number of major trauma victims who were admitted to a Designated Trauma 2,366

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 not tracked

d) Number of patients meeting triage criteria who weren't treated at a trauma center not tracked

Emergency departments:

2. Total number of emergency departments 9

a) Number of referral emergency services 0

b) Number of standby emergency services 0

c) Number of basic emergency services 0

d) Number of comprehensive emergency services 1

Receiving Hospitals

3. Number of receiving hospitals with written agreements 9

4. Number of Base Hospitals with written agreements 4

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: Sacramento County

County: Sacramento

Reporting Year: 2003

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 [

d. Do you have the ability to do decontamination in the field? yes [] no [

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? yes [] no [

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 3

3. Have you tested your Multi-Casualty Incident (MCI) Plan this year in a:

a. real event? yes [] no [

b. exercise? yes [] no [

4. List all counties with which you have a written medical mutual aid agreement.
Amador, Contra Costa, Placer, San Joaquin, San Joaquin, Solano, Yolo

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? yes [] no [

6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? yes [] no [

7. Are you part of a multi-county EMS system for disaster response? yes [] no [

8. Are you a separate department or agency? yes [] no [

9. If not, to whom do you report?

10. If not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? yes [] no [

SECTION IV

Resources Directory

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Sacramento County

County: Sacramento

Reporting Year: 2004

NOTE: Please make copies to add pages as needed and complete information for each provider by county.

Name, address & telephone: Sacramento Metropolitan Fire District (916) 566-4000 2101 Hurley Way / Sacramento, CA 95825			Primary Contact: Steve Cantelme		
Written Contract: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Service: <input type="checkbox"/> Air <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water	Transport: <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> Transport	Air classification: <input type="checkbox"/> Air ambulance <input type="checkbox"/> Auxiliary rescue <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 [108] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS [177] ALS
Ownership: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public	Medical Director: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other If Other, Explain:	If public: <input type="checkbox"/> City <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Fire District	System available 24 hours? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Number of ambulances: 10
Name, address & telephone: American Medical Response (916) 565-2835 1101 Fee Drive / Sacramento, CA 95816			Primary Contact: Steve Giusti, Operations Manager		
Written Contract: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Service: <input type="checkbox"/> Air <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water	Transport: <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> Transport	Air classification: <input type="checkbox"/> Air ambulance <input type="checkbox"/> Auxiliary rescue <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 <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS [110] ALS
Ownership: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Public	Medical Director: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other If Other, Explain:	If public: <input type="checkbox"/> City <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Fire District	System available 24 hours? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Number of ambulances: 30

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Sacramento County

County: Sacramento

Reporting Year: 2004

NOTE: Please make copies to add pages as needed and complete information for each provider by county.

Name, address & telephone: Medic Ambulance (916) 564-9040 2349 Lexington Street / Sacramento, CA 95815			Primary Contact: Ryan Real		
Written Contract: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Service: <input type="checkbox"/> Air <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water	Transport: <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> Transport	Air classification: <input type="checkbox"/> Air ambulance <input type="checkbox"/> Auxiliary rescue <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS [29] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D [8] ALS
Ownership: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Public	Medical Director: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other If Other, Explain:	If public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Fire District <input type="checkbox"/> State	System available 24 hours? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Number of ambulances: 12 3 in constant operation 9 on as needed basis
Name, address & telephone: California Highway Patrol/Valley Division Air Op (916) 262-3191 6155 Freeport Boulevard, Suite 100 / Sacramento, CA 95822			Primary Contact: Aaron York		
Written Contract: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Service: <input checked="" type="checkbox"/> Air <input type="checkbox"/> Ground <input type="checkbox"/> Water	Transport: <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> Transport	Air classification: <input type="checkbox"/> Air ambulance <input type="checkbox"/> Auxiliary rescue <input checked="" type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS [15] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib [15] EMT-D [6] ALS
Ownership: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public	Medical Director: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other If Other, Explain:	If public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Fire District <input checked="" type="checkbox"/> State	System available 24 hours? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Number of ambulances: 1 Helicopter (ALS) 2 Airplanes (BLS)

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Sacramento County

County: Sacramento

Reporting Year: 2004

NOTE: Please make copies to add pages as needed and complete information for each provider by county.

Name, address & telephone: Galt Fire Protection District (209) 745-1001 208 A Street / Galt, CA 95632			Primary Contact: Peter Sakaris/Rick Bollinger		
Written Contract: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Service: <input type="checkbox"/> Air <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water	Transport: <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> Transport	Air classification: <input type="checkbox"/> Air ambulance <input type="checkbox"/> Auxiliary rescue <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 checked="" type="checkbox"/> [14] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input checked="" type="checkbox"/> [20] ALS
Ownership: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public	Medical Director: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other If Other, Explain:	If public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> State	System available 24 hours? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Number of ambulances: 3* *1 Reserve ambulance
Name, address & telephone: Elk Grove Fire Department (916) 685-1414 8820 Elk Grove Boulevard / Sacramento, CA 95624			Primary Contact: John Michelini		
Written Contract: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Service: <input type="checkbox"/> Air <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water	Transport: <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> Transport	Air classification: <input type="checkbox"/> Air ambulance <input type="checkbox"/> Auxiliary rescue <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 checked="" type="checkbox"/> [96] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input checked="" type="checkbox"/> [41] ALS
Ownership: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public	Medical Director: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other If Other, Explain:	If public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> State	System available 24 hours? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Number of ambulances: 5

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Sacramento County

County: Sacramento

Reporting Year: 2004

NOTE: Please make copies to add pages as needed and complete information for each provider by county.

Name, address & telephone: Herald Fire Protection District (209) 748-2322 Post Office Box 52 / Herald, CA 95638			Primary Contact: Glen Hendrickson		
Written Contract: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Service: <input type="checkbox"/> Air <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water	Transport: <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Transport	Air classification: <input type="checkbox"/> Air ambulance <input type="checkbox"/> Auxiliary rescue <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: [27] PS [12] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public	Medical Director: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other If Other, Explain:	If public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> State	System available 24 hours? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Number of ambulances: 0
Name, address & telephone: Isleton Fire Department (916) 777-7776 Post Office Box 716 / Isleton, CA 95641			Primary Contact: Chief Dean Dockery		
Written Contract: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Service: <input type="checkbox"/> Air <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water	Transport: <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Transport	Air classification: <input type="checkbox"/> Air ambulance <input type="checkbox"/> Auxiliary rescue <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: [25] PS [6] BLS <input type="checkbox"/> LALS [25] PS-Defib <input type="checkbox"/> EMT-D [18] ALS
Ownership: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public	Medical Director: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other If Other, Explain:	If public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Fire District <input type="checkbox"/> State	System available 24 hours? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Number of ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Sacramento County

County: Sacramento

Reporting Year: 2004

NOTE: Please make copies to add pages as needed and complete information for each provider by county.

Name, address & telephone: Sacramento County System Aircraft Rescue Firefighter Division (916) 874-0648 7201 Earhart Drive / Sacramento, CA 95837				Primary Contact: Chief Lance McCasland	
Written Contract: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Service: <input type="checkbox"/> Air <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water	Transport: <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> Transport	Air classification: <input type="checkbox"/> Air ambulance <input type="checkbox"/> Auxiliary rescue <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 [42] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib [42] EMT-D <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public	Medical Director: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other If Other, Explain:	If public: <input type="checkbox"/> City <input type="checkbox"/> Federal <input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Fire District	System available 24 hours? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Number of ambulances: 0

Name, address & telephone: Sacramento City Fire Department (916) 264-5352 3230 J Street / Sacramento, CA 95816				Primary Contact: Chief Ray Jones	
Written Contract: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Service: <input type="checkbox"/> Air <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water	Transport: <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> Transport	Air classification: <input type="checkbox"/> Air ambulance <input type="checkbox"/> Auxiliary rescue <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 [280+] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D [295] ALS
Ownership: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public	Medical Director: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other If Other, Explain:	If public: <input checked="" type="checkbox"/> City <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Fire District	System available 24 hours? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Number of ambulances: 16

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Sacramento County

County: Sacramento

Reporting Year: 2004

NOTE: Please make copies to add pages as needed and complete information for each provider by county.

Name, address & telephone: Walnut Grove Fire Protection (916) 417-4070 Post Office Box 41 / Walnut Grove, CA 95690			Primary Contact: Joey Sanchez		
Written Contract: <input type="checkbox"/> No <input type="checkbox"/> Yes	Service: <input type="checkbox"/> Air <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water	Transport: <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Transport	Air classification: <input type="checkbox"/> Air ambulance <input type="checkbox"/> Auxiliary rescue <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 checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input checked="" type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public	Medical Director: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other If Other, Explain:	If public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> State	System available 24 hours? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Number of ambulances: 0
Name, address & telephone: Folsom Fire Department (916) 984-2284 535 Glen Drive / Folsom, CA 95630			Primary Contact: Dennis Wycoff		
Written Contract: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Service: <input type="checkbox"/> Air <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water	Transport: <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> Transport	Air classification: <input type="checkbox"/> Air ambulance <input type="checkbox"/> Auxiliary rescue <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 checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input checked="" type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public	Medical Director: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other If Other, Explain:	If public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Fire District <input type="checkbox"/> State	System available 24 hours? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Number of ambulances: 4 2 in constant service. 2 on reserve

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Sacramento County

County: Sacramento

Reporting Year: 2004

NOTE: Please make copies to add pages as needed and complete information for each provider by county.

Name, address & telephone: Wilton Fire Protection District (916) 687-6920 9800 Dillard Road / Wilton, CA 95693			Primary Contact: Chief Mike Riddley		
Written Contract: <input checked="" type="checkbox"/> No* <input type="checkbox"/> Yes *Letter of approval to operate	Service: <input type="checkbox"/> Air <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water	Transport: <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Transport	Air classification: <input type="checkbox"/> Air ambulance <input type="checkbox"/> Auxiliary rescue <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 <input checked="" type="checkbox"/> [10] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input checked="" type="checkbox"/> [1] ALS
Ownership: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public	Medical Director: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other If Other, Explain:	If public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> State	System available 24 hours? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Number of ambulances: 0
Name, address & telephone: Delta Fire Protection District (707) 374-2233 350 Main Street / Rio Vista, CA 94571			Primary Contact: Toby Sparks, EMS Coordinator		
Written Contract: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Service: <input type="checkbox"/> Air <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water	Transport: <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Transport	Air classification: <input type="checkbox"/> Air ambulance <input type="checkbox"/> Auxiliary rescue <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 <input checked="" type="checkbox"/> [27] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input checked="" type="checkbox"/> [5] ALS
Ownership: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public	Medical Director: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other If Other, Explain:	If public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> State	System available 24 hours? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Number of ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Sacramento County

County: Sacramento

Reporting Year: 2004

NOTE: Please make copies to add pages as needed and complete information for each provider by county.

<p>Name, address & telephone: First Responder Emergency Medical Services, Inc. (916) 381-3780 8611 Folsom Boulevard, Suite G / Sacramento, CA 95826</p>						<p>Primary Contact: Kevin Grant</p>					
<p>Written Contract: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>Service: <input type="checkbox"/> Air <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water</p>	<p>Transport: <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> Transport</p>	<p>Air classification: <input type="checkbox"/> Air ambulance <input type="checkbox"/> Auxiliary rescue <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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [30] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS</p>						
<p>Ownership: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Public</p>	<p>Medical Director: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other If Other, Explain:</p>	<p>If public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Fire District <input type="checkbox"/> State</p>	<p>System available 24 hours? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>Number of ambulances: 12</p>						
<p>Name, address & telephone: Courtland Fire Protection District (916) 775-1210 154 Magnolia Avenue / Courtland, CA 95615</p>						<p>Primary Contact: Stan Eddy</p>					
<p>Written Contract: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Service: <input type="checkbox"/> Air <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water</p>	<p>Transport: <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Transport</p>	<p>Air classification: <input type="checkbox"/> Air ambulance <input type="checkbox"/> Auxiliary rescue <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: [20] PS <input type="checkbox"/> PS-Defib [6] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS</p>						
<p>Ownership: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public</p>	<p>Medical Director: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other If Other, Explain:</p>	<p>If public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> State</p>	<p>System available 24 hours? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>Number of ambulances: 0</p>						

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Sacramento County

County: Sacramento

Reporting Year: 2004

NOTE: Please make copies to add pages as needed and complete information for each provider by county.

Name, address & telephone: REACH (800) 338-4045 451 Aviation Boulevard, Suite 201 / Santa Rosa, CA 95403						Primary Contact: Patrick McDonald					
Written Contract: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		Service: <input checked="" type="checkbox"/> Air <input type="checkbox"/> Ground <input type="checkbox"/> Water		Transport: <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> Transport		Air classification: <input checked="" type="checkbox"/> Air ambulance <input type="checkbox"/> Auxiliary rescue <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue		If Air: <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing		Number of personnel providing services: <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"/> [40] ALS	
Ownership: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Public		Medical Director: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other If Other, Explain:		If public: <input type="checkbox"/> City <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Fire District		System available 24 hours? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		Number of ambulances: 9 5 in service 4 on reserve	
Name, address & telephone: California Highway Patrol/ Protective Services (916) 322-3337 1801 Ninth Street / Sacramento, CA 95814						Primary Contact: Sergeant Paxon/Officer Vanbeber					
Written Contract: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		Service: <input type="checkbox"/> Air <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water		Transport: <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> Transport		Air classification: <input type="checkbox"/> Air ambulance <input type="checkbox"/> Auxiliary rescue <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 checked="" type="checkbox"/> [37] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input checked="" type="checkbox"/> [6] ALS	
Ownership: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public		Medical Director: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other If Other, Explain:		If public: <input type="checkbox"/> City <input type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Fire District		System available 24 hours? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		Number of ambulances: 0	

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Sacramento County

County: Sacramento

Reporting Year: 2004

NOTE: Please make copies to add pages as needed and complete information for each provider by county.

Name, address & telephone: Priority One Medical Transport (800) 600-3370 ext. 4477 740 South Rochester Avenue, Suite E / Ontario, CA 91761-8179			Primary Contact: Michael Parker/Liza McElroy		
Written Contract: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Service: <input type="checkbox"/> Air <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water	Transport: <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> Transport	Air classification: <input type="checkbox"/> Air ambulance <input type="checkbox"/> Auxiliary rescue <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 [8-10] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Public	Medical Director: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other If Other, Explain:	If public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Fire District <input type="checkbox"/> State	System available 24 hours? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Number of ambulances: 4
Name, address & telephone: TLC Transportation, Inc. (916) 368-5202 5751 Excelsior Road / Sacramento, CA 95827			Primary Contact: Kathryn Whipple		
Written Contract: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Service: <input type="checkbox"/> Air <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water	Transport: <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> Transport	Air classification: <input type="checkbox"/> Air ambulance <input type="checkbox"/> Auxiliary rescue <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 [11] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS [2] ALS
Ownership: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Public	Medical Director: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other If Other, Explain:	If public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Fire District <input type="checkbox"/> State	System available 24 hours? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Number of ambulances: 3

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Sacramento County

County: Sacramento

Reporting Year: 2004

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 Lane Sacramento CA 95826		Bruce Bradley (916) 368-3188
Student Eligibility: * Need to be employed as a trainer or resource person on communicable disease.	Cost of Program [basic/refresher]: AIDS education for emergency workers- \$375 Cont. Education \$150 Update (refresher)	**Program Level: Continuing Education for all EMS Personnel Number of students completing training per year: 150 Initial training: N/A Refresher: N/A Cont. Education: 150 Expiration Date: 01/03/06
		Number of courses: 17 Initial training: N/A Refresher: 1 Cont. Education: 16

Training Institution Name / Address

Contact Person telephone no.

American River College 4700 College Oak Drive Sacramento CA 95841		Grant Goold (916) 484-8902
Student Eligibility: * Open	Cost of Program [basic/refresher]: \$26 per unit + Initial \$0 Cont. Education	**Program Level: EMT-P; Cont. Education for all EMS Personnel Number of students completing training per year: 500 Initial training: 500 Refresher: 100 Cont. Education: 600 Expiration Date: EMT-P 01/31/06;
		Number of courses: 16 Initial training: 1 Refresher: N/A Cont. Education: 2 Wilderness Medical Class

* 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: 2004

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 Metropolitan Fire District 2101 Hurley Way Sacramento CA 95825-3208		Ric Maloney (916) 566-4000
Student Eligibility: * Sacramento Metropolitan Fire District Personnel Only	Cost of Program [basic/refresher]: \$0 Refresher \$0 Cont. Education	**Program Level: EMT-I; Continuing Education for all EMS Personnel Number of students completing training per year: 650 Initial training: Not offered Refresher: 0 Cont. Education: 650 Expiration Date: EMT-I, 01/31/00; CE 01/31/05
		Number of courses: 36 Initial training: Not offered Refresher: 0 Cont. Education: 36

Training Institution Name / Address

Contact Person telephone no.

Sacramento County Office of Education Regional Occupation Program 10541 Norden Avenue / Mather CA 95655		ROP Career Center, Liz Levine (916) 228-2721
Student Eligibility: * Open Prerequisite: Attendees must have completed Adult CPR Training and be at least 16 years of age.	Cost of Program [basic/refresher]: \$100.00 for book and the cost of CPR card	**Program Level: EMT-I Number of students completing training per year: 40 Initial training: 40 Refresher: 0 Cont. Education: N/A Expiration Date: 04/30/05
		Number of courses: 1 Initial training: 1 Refresher: 0 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 County: Sacramento Reporting Year: 2004

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, Jim Swanson and Dave Riggs (916) 691-7391
Student Eligibility: * Open	Cost of Program [basic/refresher]: \$15/unit EMT-I Initial: Based upon number of units \$15/unit Refresher: Based upon number of units	**Program Level: EMT-I Number of students completing training per year: 160-180 Initial training: 140 Refresher: 40 Cont. Education: N/A Expiration Date: 06/30/04
		Number of courses: 6 Initial training: 4 Refresher: 2 Cont. Education: N/A

Training Institution Name / Address

Contact Person telephone no.

CE3000.COM 1401 El Camino Avenue, Suite 500 Sacramento CA 95815		Eileen Dean, R.N. (916) 923-3334, ext. 112
Student Eligibility: * Open to Pre-hospital personnel and registered nurses.	Cost of Program [basic/refresher]: Varies - Continuing Education	**Program Level: Continuing Education for all EMS Personnel Number of students completing training per year: 12,000 Initial training: N/A Refresher: N/A Cont. Education: 12,000 Expiration Date: 11/30/05
		Number of courses: 19 Initial training: N/A Refresher: N/A Cont. Education: 40

* 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: 2004

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name / Address		Contact Person telephone no.
University California Davis Medical Center 2315 Stockton Boulevard Sacramento CA 95817		Linda Lichty (916) 734-5323
Student Eligibility: *	Cost of Program [basic/refresher]:	**Program Level: MICN; Continuing Education for all EMS Personnel Number of students completing training per year: 200 Initial training: 100 Refresher: N/A Continuing Education: 100 Expiration Date: MICN 03/31/06; CE Expiration Date: 01/31/06
Open	MICN Varies \$100-\$200 \$0 Continuing Education	
		Number of courses: 26 Initial training: 1 Refresher: N/A Cont. Education: 25

Training Institution Name / Address		Contact Person telephone no.
Folsom Fire Department 535 Glen Drive Folsom CA 95630		Dennis Wycoff (916) 984-2284
Student Eligibility: *	Cost of Program [basic/refresher]:	**Program Level: EMT-I; Continuing Education for all EMS Personnel Number of students completing training per year: 64 Initial training: 0 Refresher: 0 Continuing Education: 64 Expiration Date: EMT-I 10/31/04; CE 01/31/06
Department personnel only	\$0 Initial \$0 Refresher \$0 Continuing Education	
		Number of courses: 38 Initial training: 0 Refresher: 0 Cont. Education: 38

* 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: 2004

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name / Address		Contact Person telephone no.
Galt Fire Protection District 208 A Street Galt CA 95632		Pete Sakaris/Rick Bollinger (209) 745-1001
Student Eligibility: * Open Ambulance/ Fire Personnel Preferred	Cost of Program [basic/refresher]: \$0 Initial \$100 Refresher \$0 CE	**Program Level: EMT-I; Continuing Education for all EMS Personnel Number of students completing training per year: 48-50 Initial training: 05 Refresher: 0 Continuing Education: 48-50 Expiration Date: EMT-I 05/31/04; CE 01/31/06 Number of courses: 8 Initial training: 1 Refresher: 1 Cont. Education: 6

Training Institution Name / Address		Contact Person telephone no.
Sacramento City Fire Department 3230 J Street Sacramento CA 95816		Ray Jones (916) 264-8100
Student Eligibility: * Sacramento Fire Department Personnel Only EMT-1 Open to general public	Cost of Program [basic/refresher]: \$0 Continuing Education	**Program Level: EMT-I; Continuing Education for all EMS Personnel Number of students completing training per year: 1,000 Initial training: 0 (TBD) Refresher: 0 Continuing Education: 1,000 Expiration Date: CE 01/31/06 Number of courses: 46 Initial training: 1 (TBA) Refresher: 0 Cont. Education: 45

* 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: 2004

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 Hospital & Methodist Hospital 6501 Coyle Avenue, Carmichael, CA 95608 7500 Hospital Drive, Sacramento, CA 95823		Kristina Freas (916) 537-5049 Kathy Nacey (916) 423-5914
Student Eligibility: * Open	Cost of Program [basic/refresher]: N/A \$0 Continuing Education	**Program Level: Continuing Education for all EMS Personnel Number of students completing training per year: 50 - 100 Initial training: N/A Refresher: N/A Continuing Education: 50-100 Expiration Date: 12/31/05
		Number of courses: 4-6 Initial training: N/A Refresher: N/A Cont. Education: 4-6

Training Institution Name / Address Contact Person telephone no.

Sutter General Hospital 2801 L Street Sacramento CA 95816		Loni Howard (916) 733-8579
Student Eligibility: * *** *Open ***Restricted to employees at hospitals	Cost of Program [basic/refresher]: \$0 Continuing Education (for EMS Personnel) ***\$0 Continuing Education	**Program Level: Continuing Education for all EMS Personnel & MICN Number of students completing training per year: 30 Initial training: N/A Refresher: N/A Continuing Education: 20 ***Continuing Education: 10 Expiration Date: 12/31/05
		Number of courses: 10, ***4 ***Hazardous Materials for Healthcare Initial training: N/A Refresher: N/A Cont. Education: 10, ***4

* 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: 2004

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 System Aircraft Rescue Firefighter Division 7201 Earhart Drive Sacramento CA 95837		Chief Lance McCasland (916) 874-0651
Student Eligibility* Airport Fire Personnel Only	Cost of Program [basic/refresher]: \$0 Refresher	**Program Level: EMT-I Number of students completing training per year: 34 Initial training: 0 Refresher: 43 Continuing Education: N/A Expiration Date: 09/30/03
		Number of courses: 2 Initial training: 0 Refresher: 43 Cont. Education: N/A

Training Institution Name / Address

Contact Person telephone no.

Sacramento County EMS Agency 9616 Micron Avenue, Suite 635 Sacramento CA 95827		Robert Strain (916) 875-9753
Student Eligibility: * Open	Cost of Program [basic/refresher]: \$0 Continuing Education	**Program Level: Continuing Education for all EMS Personnel (orientation) Number of students completing training per year: 140 Initial training: N/A Refresher: N/A Continuing Education: 140 Expiration Date: 12/31/05
		Number of courses: 12 Initial training: N/A Refresher: N/A Continuing Education: 12

* 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:** 2004

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name / Address		Contact Person telephone no.
Student Eligibility: *	Cost of Program [basic/refresher]:	**Program Level: Number of students completing training per year: Initial training: Refresher: Continuing Education: Expiration Date:
		Number of courses: Initial training: Refresher: Continuing Education:

Training Institution Name / Address		Contact Person telephone no.
Student Eligibility: *	Cost of Program [basic/refresher]:	**Program Level: Number of students completing training per year: Initial training: Refresher: Continuing Education: Expiration Date:
		Number of courses: Initial training: Refresher: Continuing Education:

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

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

Note: Data fields on this page left blank intentionally.

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Sacramento County County: Sacramento Reporting Year: 2004

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name / Address	Contact Person telephone no.

Training Institution Name / Address	Contact Person telephone no.

* 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.

Note: Data fields on this page left blank intentionally.

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Sacramento County

County: Sacramento

Reporting Year: 2004

NOTE: Make copies to add pages as needed and complete information for each facility by county.

Name, address & telephone: Mercy General Hospital 4001 J Street (916) 453-4547 Sacramento CA 95819					Primary Contact: Denny Powell, Hospital President				
Written Contract: <input type="checkbox"/> No <input type="checkbox"/> Yes		Basic emergency service <input type="checkbox"/> [T] Comprehensive emergency service <input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/>			Base Hospital: <input type="checkbox"/> [T] No <input type="checkbox"/> Yes		*Pediatric Critical Care Center: <input type="checkbox"/> [T] No <input type="checkbox"/> Yes		
EDAP: ** <input type="checkbox"/> No <input type="checkbox"/> Yes		PICU: *** <input type="checkbox"/> [T] No <input type="checkbox"/> Yes		Burn Center: <input type="checkbox"/> [T] No <input type="checkbox"/> Yes		Trauma Center: <input type="checkbox"/> [T] No <input type="checkbox"/> Yes		If Trauma Center, Level: ****	

Name, address & telephone: Mercy Folsom Hospital 1650 Creekside Drive (916) 983-7427 Folsom CA 95630					Primary Contact: Don Hudson, Vice President/ COO				
Written Contract: <input type="checkbox"/> No <input type="checkbox"/> Yes		Basic emergency service <input type="checkbox"/> [T] Comprehensive emergency service <input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/>			Base Hospital: <input type="checkbox"/> [T] No <input type="checkbox"/> Yes		*Pediatric Critical Care Center: <input type="checkbox"/> [T] No <input type="checkbox"/> Yes		
EDAP: ** <input type="checkbox"/> [T] No <input type="checkbox"/> Yes		PICU: *** <input type="checkbox"/> [T] No <input type="checkbox"/> Yes		Burn Center: <input type="checkbox"/> [T] No <input type="checkbox"/> Yes		Trauma Center: <input type="checkbox"/> [T] No <input type="checkbox"/> Yes		If Trauma Center, 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: 2004

NOTE: Make copies to add pages as needed and complete information for each facility by county.

Name, address & telephone: U.C. Davis Medical Center 2315 Stockton Boulevard Primary Contact: Robert Chason, CEO (916) 734-2011 Sacramento CA 95817				
Written Contract: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Basic emergency service	<input type="checkbox"/>	Base Hospital:	*Pediatric Critical Care Center:
	Comprehensive emergency service	<input checked="" type="checkbox"/>	<input type="checkbox"/> No	<input type="checkbox"/> No
	Referral emergency service	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
	Standby emergency service	<input type="checkbox"/>		
EDAP: ** <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	PICU: *** <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Burn Center: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Trauma Center: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If Trauma Center, Level: ****

Name, address & telephone: Methodist Hospital 7500 Hospital Drive Primary Contact: Kathy Nacey, EMS Coordinator (916) 423-5914 Sacramento CA 95823				
Written Contract: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Basic emergency service	<input checked="" type="checkbox"/>	Base Hospital:	*Pediatric Critical Care Center:
	Comprehensive emergency service	<input type="checkbox"/>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> No
	Referral emergency service	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes
	Standby emergency service	<input type="checkbox"/>		*Pediatric dept., not center
EDAP: ** <input type="checkbox"/> No <input type="checkbox"/> Yes	PICU: *** <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Burn Center: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Trauma Center: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If Trauma Center, 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: 2004

NOTE: Make copies to add pages as needed and complete information for each facility by county.

Name, address & telephone: Kaiser South Sacramento 6600 Bruceville Road Primary Contact: Max Villalobos, Director of Operations (916) 688-2430 Sacramento CA 95823 Steven Gerigk, Environmental Health (916) 688-6912				
Written Contract: <input type="checkbox"/> No <input type="checkbox"/> Yes	Basic emergency service <input type="checkbox"/> [T] Comprehensive emergency service <input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> [T] No <input type="checkbox"/> Yes	*Pediatric Critical Care Center: <input type="checkbox"/> [T] No <input type="checkbox"/> Yes	
EDAP: ** <input type="checkbox"/> No <input type="checkbox"/> Yes	PICU: *** <input type="checkbox"/> [T] No <input type="checkbox"/> Yes	Burn Center: <input type="checkbox"/> [T] No <input type="checkbox"/> Yes	Trauma Center: <input type="checkbox"/> [T] No <input type="checkbox"/> Yes	If Trauma Center, Level: ****

Name, address & telephone: Kaiser Hospital Sacramento 2025 Morse Avenue Primary Contact: Wade Nogy, (916) 973-7440 Sacramento CA 95825 Director of Hospital Operations				
Written Contract: <input type="checkbox"/> No <input type="checkbox"/> Yes	Basic emergency service <input type="checkbox"/> [T] Comprehensive emergency service <input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> [T] No <input type="checkbox"/> Yes	*Pediatric Critical Care Center: <input type="checkbox"/> [T] No <input type="checkbox"/> Yes	
EDAP: ** <input type="checkbox"/> No <input type="checkbox"/> Yes	PICU: *** <input type="checkbox"/> No <input type="checkbox"/> Yes	Burn Center: <input type="checkbox"/> [T] No <input type="checkbox"/> Yes	Trauma Center: <input type="checkbox"/> [T] No <input type="checkbox"/> Yes	If Trauma Center, 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: 2004

NOTE: Make copies to add pages as needed and complete information for each facility by county.

Name, address & telephone: Sutter General Hospital (916) 454-2222		2801 L Street Sacramento CA 95816		Primary Contact: Tom Gagen, CEO	
Written Contract: <input type="checkbox"/> No <input type="checkbox"/> Yes		Basic emergency service <input type="checkbox"/> [T] Comprehensive emergency service <input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/>		Base Hospital: <input type="checkbox"/> No <input type="checkbox"/> Yes	
EDAP: ** <input type="checkbox"/> No <input type="checkbox"/> Yes		PICU: *** <input type="checkbox"/> No <input type="checkbox"/> Yes		Burn Center: <input type="checkbox"/> No <input type="checkbox"/> Yes	
				Trauma Center: <input type="checkbox"/> No <input type="checkbox"/> Yes	
				If Trauma Center, Level: ****	

Name, address & telephone: Sutter Memorial Hospital (916) 454-3333		5151 F Street Sacramento CA 95819		Primary Contact: Tom Gagen, CEO	
Written Contract: <input type="checkbox"/> No <input type="checkbox"/> Yes		Basic emergency service <input type="checkbox"/> [T] Comprehensive emergency service <input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/>		Base Hospital: <input type="checkbox"/> No <input type="checkbox"/> Yes	
EDAP: ** <input type="checkbox"/> No <input type="checkbox"/> Yes		PICU: *** <input type="checkbox"/> No <input type="checkbox"/> Yes		Burn Center: <input type="checkbox"/> No <input type="checkbox"/> Yes	
				Trauma Center: <input type="checkbox"/> No <input type="checkbox"/> Yes	
				If Trauma Center, 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: 2004

NOTE: Make copies to add pages as needed and complete information for each facility by county.

Name, address & telephone: Mercy San Juan Hospital (916) 537-5308		6501 Coyle Avenue Carmichael CA 95608		Primary Contact: Teresa Whitfield, Safety & Security Officer	
Written Contract: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		*Pediatric Critical Care Center: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
EDAP: ** <input type="checkbox"/> No <input type="checkbox"/> Yes	PICU: *** <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Burn Center: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Trauma Center: <input type="checkbox"/> No <input type="checkbox"/> Yes	If Trauma Center, Level: **** Level II	

Name, address & telephone:		Primary Contact:			
Written Contract: <input type="checkbox"/> No <input type="checkbox"/> Yes	Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> No <input type="checkbox"/> Yes		*Pediatric Critical Care Center: <input type="checkbox"/> No <input type="checkbox"/> Yes	
EDAP: ** <input type="checkbox"/> No <input type="checkbox"/> Yes	PICU: *** <input type="checkbox"/> No <input type="checkbox"/> Yes	Burn Center: <input type="checkbox"/> No <input type="checkbox"/> Yes	Trauma Center: <input type="checkbox"/> No <input type="checkbox"/> Yes	If Trauma Center, 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: 2004

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

Name, address & telephone: Sacramento Regional Fire/EMS Communication Center (916) 228-3070 10230 Systems Parkway / Sacramento CA 95827				Primary Contact: William Harry	
Written Contract: <input type="checkbox"/> No <input type="checkbox"/> Yes	Medical Director: <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: 30 EMD Training _____ EMT-D _____ ALS _____ LALS 20 Other _____ BLS		
Ownership: <input type="checkbox"/> Private <input type="checkbox"/> Public		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"/> Federal <input type="checkbox"/> Fire District <input type="checkbox"/> State	Number of Ambulances: 0	
Name, address & telephone: American Medical Response (916) 563-0600 1779 Tribute Road, Suite H / Sacramento CA 95815				Primary Contact: Doug Petrick, Director of Operations	
Written Contract: <input type="checkbox"/> No <input type="checkbox"/> Yes	Medical Director: <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: 23 EMD Training _____ EMT-D _____ ALS _____ LALS _____ Other _____ BLS		
Ownership: <input type="checkbox"/> Private <input type="checkbox"/> Public		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"/> Federal <input type="checkbox"/> Fire District <input type="checkbox"/> State	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: 2004

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

Name, address & telephone: First Responder Emergency Medical Services, Inc. (916) 381-3780			Primary Contact: Kevin Grant	
8611 Folsom Boulevard, Suite G / Sacramento CA 95826				
Written Contract: <input type="checkbox"/> No <input type="checkbox"/> Yes	Medical Director: <input type="checkbox"/> No <input type="checkbox"/> Yes	[T] Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: <u>3</u> EMD Training <u>1</u> EMT-D <u>1</u> ALS <u> </u> LALS <u>5</u> Other <u>7</u> BLS	
Ownership: <input type="checkbox"/> Private <input type="checkbox"/> Public		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"/> Federal <input type="checkbox"/> Fire District <input type="checkbox"/> State	Number of Ambulances: <u>0</u> BLS Provider

Name, address & telephone: Medic Ambulance (916) 564-9040			Primary Contact: Ryan Real	
2349 Lexington Street / Sacramento CA 95815				
Written Contract: <input type="checkbox"/> No <input type="checkbox"/> Yes	Medical Director: <input type="checkbox"/> No <input type="checkbox"/> Yes	[T] Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: <u>4</u> EMD Training <u>4</u> EMT-D <u>1</u> ALS <u> </u> LALS <u> </u> Other <u>7</u> BLS	
Ownership: <input type="checkbox"/> Private <input type="checkbox"/> Public		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"/> Federal <input type="checkbox"/> Fire District <input type="checkbox"/> State	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: 2004

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) 874-4670

Home Telephone No.: (916) 408-7718

Office Pager No.: (916) 901-3887

FAX No.: (916) 930-9227

24-HR No.: (916) 875-5000

Alternate's Name:

Teresa Stahl

Work Telephone No.: (916) 874-4670

Home Telephone No.: (916) 487-5993

Office Pager No.: (916) 901-2507

FAX No.: (916) 930-9227

24-HR No.: (916) 875-5000

County EMS Disaster Medical Services (DMS) Coordinator:

Bruce Wagner

Work Telephone No.: (916) 875-9753

Home Telephone No.: (916) 941-9117

Office Pager No.: (916) 423-7593

FAX No.: (916) 875-9711

24-HR No.: (916) 955-1534

E-Mail: wagnerems@msn.com

Alternate's Name:

Carole Hopwood

Work Telephone No.: (916) 874-4670

Home Telephone No.: (916) 408-7718

Office Pager No.: (916) 901-3887

FAX No.: (916) 930-9227

24-HR No.: (916) 875-5000

E-Mail: chopwood@sacsheriff.com

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) 875-5000

Alternate's Name:

Bruce Wagner

Work Telephone No.: (916) 875-9753

Home Telephone No.: (916) 941-9117

Office Pager No.: (916) 423-7593

FAX No.: (916) 875-9711

24-HR No.: (916) 955-1534

E-Mail: wagnerems@msn.com

02/11/04 09:11:00

Medical/Health EOC Telephone no.: (916) 955-1534

Amateur Radio Contact Name: Scott Haymart

Who is the RDMHC for your region? Daryl Cramphorn

Medical/Health EOC FAX No.: (916) 363-8168

Medical/Health Radio Frequency: 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.

RECEIVED
EMS AUTHORITY
04 NOV 12 PM 1:36

URGENT 11/04/80 1500Z
FM 1100Z
TO 1100Z
INFO 1100Z
SUBJECT: [Illegible]

[Illegible text block]

[Illegible text block]

[Illegible text block]

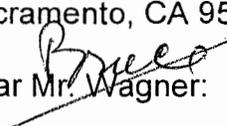
EMERGENCY MEDICAL SERVICES AUTHORITY

1930 9th STREET
SACRAMENTO, CA 95814-7043
(916) 322-4336 FAX (916) 324-2875



February 16, 2005

Bruce Wagner, EMS Administrator
Sacramento County EMS Agency
9616 Micron Avenue, Suite 635
Sacramento, CA 95827


Dear Mr. Wagner:

We have completed our review of *Sacramento County's 2004 Emergency Medical Services Plan Update*, and have found it to be in compliance with the *EMS System Standards and Guidelines* and the *EMS System Planning Guidelines*.

Your annual update, utilizing the attached guidelines, will be due one year from your approval date. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 322-4336, extension 423.

Sincerely,



Richard E. Watson
Interim Director

REW:SS

Attachments