



County of Santa Cruz

HEALTH SERVICES AGENCY

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EMERGENCY MEDICAL SERVICES

July 8, 2004

Santa Cruz County EMS Plan - Annual Update 2003-2004

Section I: Summary of Changes

Santa Cruz County was the recipient of trauma plan development and implementation funding under AB430 during the previous reporting period, 2002 and concluding in March, 2004. The resulting Trauma Plan was approved by the state, contingent upon an intercounty agreement between Santa Clara County and Santa Cruz County addressing cross-county trauma transportation issues.

Santa Cruz County began a new contract for emergency ambulance transport services with American Medical Response West on September 1, 2003.

There has been a change in key personnel in the EMS office. The EMS office now reports to the Director of Environmental Health, Robert Kennedy, for day to day operations. The EMS office remains accountable to the Health Officer. Additionally, Vol Ranger, the EMS Program Manager retired in May and Celia Barry has taken her place.

Section II: Table Updates

See attached tables.

Section III: Progress

- Major Changes: Key personnel have changed and the EMS office has undertaken quarterly meetings with identified EMS stakeholders to ensure that County EMS is responsive to the EMS community's needs.
- Specific Objectives:
 1. Development of an approved Trauma Plan (from 02-03 EMS Plan). Trauma plan is now approved, contingent upon an intercounty agreement between Santa Clara County and Santa Cruz County addressing cross-county trauma transportation issues. The trauma grant period was originally April 1, 2002 to December 31, 2003 but was extended until March 31, 2004. EMS staff continues to work with

Santa Clara County to complete an agreement for transportation of trauma patients. ok

2. Emergency Management Council development of web-based database of resources which can be updated annually by users – the Emergency Management Council continues to seek funding for such emergency volunteer programs as CERT (Community Emergency Response Team) and is now the designated Citizens Corps Council. Additionally, the EMS office will be using HRSA funds to establish a Medical Reserve Corps that will establish and maintain a web-based database of Corps members.
 3. Scene Time and Elapsed Time data reports development to guide Policy and Procedure Committee deliberations – As of January, 2004, Scene Time and Elapsed Time data reports are generated monthly for the EMS Quality Assessment Committee. In order to generate the reports, programming changes were required to the WebPCR program.
- Objectives for 2004-05:
 1. Obtain FAA approval for IFR to improve helicopter transport option for trauma patients in less desirable weather. ✓
 2. Implement a voice logging recorder system upgrade which will record radio transmissions from the field to the emergency departments and record and monitor telephone calls and radio channels utilized by the 9-1-1 system. It will also provide remote monitoring, recording and playback capability at the hospitals and County EMS office for quality improvement and training purposes.
 - Timelines/Actions
 1. The Emergency Medical Care Commission identified obtaining “Instrument Flight Rules” (IFR) capacity as a very high priority. As a consequence, Homeland Security Grant funds will be used to secure IFR capability. By September, the EMS Manager expects to have an agreement with one of the air rescue services to work with the FAA to achieve this objective.
 2. The contract for voice logging recorder system upgrade has been selected and the upgrade has begun. Implementation is expected to occur in August but will depend on the success of the project to overcome some technical issues with the interface of several networks.

If you have any questions, please do not hesitate to call me at (831) 454-4751.

Sincerely,



Celia Barry
EMS Manager

CB
Enclosure

A. SYSTEM ORGANIZATION AND MANAGEMENT

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

SYSTEM ORGANIZATION AND MANAGEMENT (continued)

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

B. STAFFING/TRAINING

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

C. COMMUNICATIONS

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

D. RESPONSE/TRANSPORTATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
4.01 Service Area Boundaries*		X	X		
4.02 Monitoring		X	X		
4.03 Classifying Medical Requests		X			
4.04 Prescheduled Responses		X	X		
4.05 Response Time Standards*		X			
4.06 Staffing		X			
4.07 First Responder Agencies		X			
4.08 Medical & Rescue Aircraft*		X			
4.09 Air Dispatch Center		X			
4.10 Aircraft Availability*		X			
4.11 Specialty Vehicles*		X	X		
4.12 Disaster Response		X			
4.13 Intercounty Response*		X			
4.14 Incident Command System		X			
4.15 MCI Plans		X			
Enhanced Level: Advanced Life Support:					
4.16 ALS Staffing		X	X		
4.17 ALS Equipment		X			

RESPONSE/TRANSPORTATION (continued)

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Enhanced Level: Ambulance Regulation:					
4.18 Compliance		X			
Enhanced Level: Exclusive Operating Permits:					
4.19 Transportation Plan		4.20			
4.20 "Grandfathering"		X	X		
4.21 Compliance		X			
4.22 Evaluation		X			

E. FACILITIES/CRITICAL CARE

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

F. DATA COLLECTION/SYSTEM EVALUATION

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

PUBLIC INFORMATION AND EDUCATION

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

H. DISASTER MEDICAL RESPONSE

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

APPENDIX 1: System Assessment Form

STANDARD:

1.07 The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction.

CURRENT STATUS:

1.07 Santa Cruz County EMS agency received approval from the State for the trauma plan submitted, contingent upon an agreement with Santa Clara County for patient transfers. Currently there are no designated trauma centers in Santa Cruz County, necessitating the transportation of major trauma victims to facilities in other counties. Santa Cruz County has traditionally sent major trauma victims to facilities in Santa Clara County and this continues to be the practice today.

The Santa Clara County EMS office had been working with Santa Cruz County towards an acceptable agreement between the two counties for the care of Santa Cruz County trauma patients. The closure of one of the three designated trauma facilities in Santa Clara County changed the EMS office's priorities. The agreement is still "on hold" but the Santa Clara County EMS office continues to plan for the care of Santa Cruz County trauma patients.

The agreement between the two counties is still pending.

COORDINATION WITH OTHER EMS AGENCIES:

Santa Cruz County EMS office has had discussions with Santa Clara County EMS staff regarding the agreement between the two counties for the care of Santa Cruz County trauma patients.

NEED(S):

One of the issues which is problematic is the amount of reimbursement for indigent trauma victims from Santa Cruz County and the desire by Santa Clara County facilities for the rapid repatriation of patients back to Santa Cruz County facilities. It is unknown whether or not the Santa Cruz County EMS office can influence these issues to the extent that Santa Clara County would like to have them addressed.

OBJECTIVE:

To obtain an agreement acceptable to both Santa Cruz and Santa Clara Counties for the care of trauma patients from Santa Cruz County.

TIME FRAME FOR MEETING OBJECTIVE:

Short-range plan (one year or less)

Long-range plan (more than one year)

APPENDIX 1: System Assessment Form

STANDARD:

1.26 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.

CURRENT STATUS:

1.26 Santa Cruz County EMS agency has a trauma care system plan in place, approved by the state with one contingency – to obtain an intercounty agreement with Santa Clara County for the care of major trauma victims from Santa Cruz County.

Currently both acute care facilities in Santa Cruz County agree that neither has the trauma patient census to justify becoming a designated Level I or Level II trauma facility. The population of Santa Cruz County is too small to justify such a facility. Major trauma care is provided by one of the designated facilities in Santa Clara County when transportation is possible. Approximately 20% of the time, weather, patient status (in extremis) or other difficulties with transportation result in major trauma patients receiving care locally.

Annually, major trauma patient care is formally reviewed by Santa Clara County EMS and Santa Cruz County EMS with participation by representatives from the designated trauma facilities in Santa Clara County, both hospitals in Santa Cruz County, the local ambulance provider, ALS fire agencies and the air ambulance companies.

The establishment of a process for eligible facilities to become designated trauma facilities is not needed in Santa Cruz County at this time as patient census doesn't warrant a Level I or Level II facility.

COORDINATION WITH OTHER EMS AGENCIES:

Santa Cruz County EMS has representation on the Santa Clara County TAC. Santa Clara EMS participates in the annual trauma review of Santa Cruz County major trauma patients.

NEED(S):

OBJECTIVE:

To continue to annually review trauma care provided to Santa Cruz County major trauma victims.

TIME FRAME FOR MEETING OBJECTIVE:

 X Short-range plan (one year or less)

 Long-range plan (more than one year)

APPENDIX 1: System Assessment Form

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:
- 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:

5.08 Santa Cruz County EMS agency continues to ensure that trauma victims receive optimal care. The trauma system plan provides for care at Level I and II facilities out of county (in Santa Clara County) as neither of the two acute care hospitals in Santa Cruz County is a designated trauma facility.

Under Santa Cruz County EMS policies and protocols, trauma victims are triaged in the field by the use of MAP criteria. Those patients meeting the MAP criteria for transportation to a trauma facility and for which transportation is available are taken as rapidly as possible, usually by air, to the nearest designated trauma facility. The protocols further provide that those patients with only one MAP hit but who are of concern to the medics, may be transported to a trauma facility but require base hospital contact first.

Approximately 20% of the time, weather, patient status (in extremis) or other difficulties with transportation result in major trauma patients receiving care locally.

Annually, major trauma patient care is formally reviewed by Santa Clara County EMS and Santa Cruz County EMS with participation by representatives from the designated trauma facilities in Santa Clara County, both hospitals in Santa Cruz County, the local ambulance provider, ALS fire agencies and the air ambulance companies.

COORDINATION WITH OTHER EMS AGENCIES:

Santa Cruz County EMS has representation on the Santa Clara County TAC. Santa Clara EMS participates in the annual trauma review of Santa Cruz County major trauma patients.

NEED(S):

OBJECTIVE:

To continue to annually review trauma care provided to Santa Cruz County major trauma victims.

TIME FRAME FOR MEETING OBJECTIVE:

 X Short-range plan (one year or less)

 Long-range plan (more than one year)

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

EMS System: SANTA CRUZ COUNTY HEALTH SERVICES AGENCY
 Reporting Year: 2003 - 2004

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: SANTA CRUZ

- | | |
|---|--------------|
| A. Basic Life Support (BLS) | <u>0</u> % |
| B. Limited Advanced Life Support (LALS) | <u>0</u> % |
| C. Advanced Life Support (ALS) | <u>100</u> % |

2. Type of agency B
- a - Public Health Department
 - b - County Health Services Agency
 - c - Other (non-health) County Department
 - d - Joint Powers Agency
 - e - Private Non-Profit Entity
 - f - Other: _____

3. The person responsible for day-to-day activities of the EMS agency reports to D
- a - Public Health Officer
 - b - Health Services Agency Director/Administrator
 - c - Board of Directors
 - d - Other: DIRECTOR OF ENVIRONMENTAL HEALTH

4. Indicate the non-required functions which are performed by the agency:
- | | |
|---|----------|
| Implementation of exclusive operating areas (ambulance franchising) | <u>X</u> |
| Designation of trauma centers/trauma care system planning | <u>X</u> |
| Designation/approval of pediatric facilities | <u>X</u> |
| Designation of other critical care centers | _____ |
| Development of transfer agreements | <u>X</u> |
| Enforcement of local ambulance ordinance | <u>X</u> |
| Enforcement of ambulance service contracts | <u>X</u> |
| Operation of ambulance service | _____ |

Table 2 - System Organization & Management (cont.)

B. SOURCES OF REVENUE

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	<u>215,092</u>
Other local tax funds (e.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	<u>10,000</u>
Certification fees	<u>40,000</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	_____
Trauma center application fees	_____
Trauma center designation fees	_____
Pediatric facility approval fees	_____
Pediatric facility designation fees	_____
Other critical care center application fees	_____
Type: _____	
Other critical care center designation fees	_____
Type: _____	
Ambulance service/vehicle fees	<u>1,000</u>
Contributions	_____
EMS Fund (SB 12/612)	<u>77,000</u>
Other grants: <u>EMS-1095 = \$193,000</u> , etc.	<u>202,526</u>
Other fees: <u>misc. Other Revenue</u>	<u>5,865</u>
Other (specify): _____	_____
TOTAL REVENUE	\$ <u>132,266</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 2003 - 2004

We do not charge any fees

Our fee structure is:

First responder certification	\$ <u>50.00</u>
EMS dispatcher certification	<u>50.00</u>
EMT-I certification	<u>50.00</u>
EMT-I recertification	<u>25.00</u>
EMT-defibrillation certification	<u>50.00</u>
EMT-defibrillation recertification	<u>25.00</u>
EMT-II certification	<u>0</u>
EMT-II recertification	<u>0</u>
EMT-P accreditation	<u>75.00</u>
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	<u>75.00</u>
MICN/ARN recertification	<u>25.00</u>
EMT-I training program approval	<u>200.00</u>
EMT-II training program approval	<u>0</u>
EMT-P training program approval	<u>200.00</u>
MICN/ARN training program approval	<u>0</u>
Base hospital application	<u>0</u>
Base hospital designation	<u>0</u>
Trauma center application	<u>0</u>
Trauma center designation	<u>0</u>
Pediatric facility approval	<u>400.00</u>
Pediatric facility designation	<u>0</u>

Other critical care center application

Type: _____

Other critical care center designation

Type: _____

Ambulance service license	\$ _____
Ambulance vehicle permits	<u>100.00</u>
Other: <u>First responder recertification</u> Late Fee/Out of County/No Appt Charge	<u>25.00</u>
Other: <u>EMT-P reaccreditation</u>	<u>25.00</u>
Other: <u>Out of County EMT-I certification</u>	<u>75.00</u>
<u>Out of County EMT-I recertification</u>	<u>50.00</u>
<u>Duplicate Card - EMT-I</u>	<u>25.00</u>

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: SANTA CRUZ COUNTY HEALTH SERVICES AGENCY

Reporting year 2003/2004

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	ADMINISTRATOR PROGRAM MANAGER	.5 1.0	\$51.76 \$39.77	21.67% 23.61%	
Asst. Admin./Admin. Asst./Admin. Mgr.					
ALS Coord./Field Coord./ Training Coordinator					
Program Coordinator/ Field Liaison (Non-clinical)					
Trauma Coordinator					
Medical Director	EMS MEDICAL DIRECTOR	.33	\$80.00	∅	Services by Contract
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner					

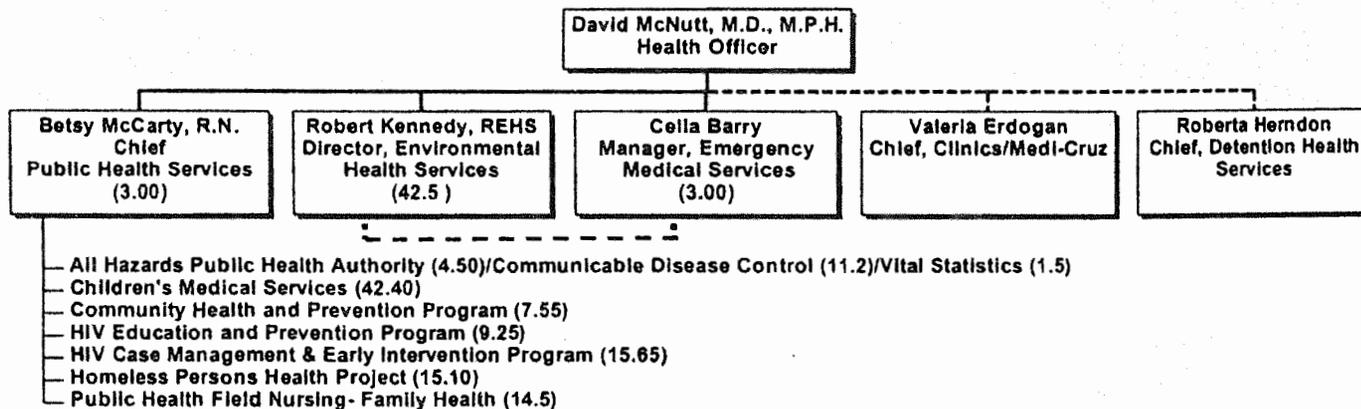
Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.

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					
Data Evaluator/Analyst	DEPARTMENTAL SYSTEMS ANALYST	1.0	\$31.42	22%61%	
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary					
Other Clerical	TYPIST CLERK III	1.0	\$19.50	35%89%	
Data Entry Clerk					
Other					

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.

*Health Services Agency
Public Health
Public Health Services*



171.15 FTE

TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

Revision #3 (2/16/95)

EMS System: SANTA CRUZ COUNTY HEALTH SERVICES AGENCY

Reporting Year: 2003/2004

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN	EMS Dispatchers
Total Certified	295	-	24	0	8
Number newly certified this year	305	-	11	0	3
Number recertified this year	163	-	19	0	5
Total number of accredited personnel on July 1 of the reporting year		-			
Number of certification reviews resulting in:					
a) formal investigations	-	-	-	-	-- --
b) probation	-	-	-	-	-
c) suspensions	-	-	-	-	-
d) revocations	-	-	-	-	-
e) denials	-	-	-	-	-
f) denials of renewal	-	-	-	-	-
g) no action taken	-	-	-	-	-

1. Number of EMS dispatchers trained to EMSA standards: 19
2. Early defibrillation:
 - a) Number of EMT=I (defib) certified 102
 - b) Number of public safety (defib) certified (non-EMT-I) 5
3. Do you have a first responder training program yes no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: SANTA CRUZ COUNTY HEALTH SERVICES AGENCY

County: SANTA CRUZ

Reporting Year: 2003 - 2004

Note: Table 4 is to be answered for each county.

1. Number of primary Public Service Answering Points (PSAP) 1
2. Number of secondary PSAPs 2
3. Number of dispatch centers directly dispatching ambulances 1
4. Number of designated dispatch centers for EMS Aircraft 2
5. Do you have an operational area disaster communication system? Yes No
 - a. Radio primary frequency 154.325
 - 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
6. Who is your primary dispatch agency for day-to-day emergencies?
SANTA CRUZ CONSOLIDATED EMERGENCY COMMUNICATIONS CENTER
7. Who is your primary dispatch agency for a disaster? SANTA CRUZ CONSOLIDATED EMERGENCY COMMUNICATIONS CENTER

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

EMS System: SANTA CRUZ COUNTY HEALTH SERVICES AGENCY

Reporting Year: 2003 - 2004

Note: Table 5 is to be reported by agency.

TRANSPORTING AGENCIES

1.	Number of exclusive operating areas		<u>1</u>
2.	Percentage of population covered by Exclusive Operating Areas (EOA)		<u>100 %</u>
3.	Total number responses		<u>14,536</u>
	a) Number of emergency responses	(Code 2: expedient, Code 3: lights and siren)	<u>14,536</u>
	b) Number non-emergency responses	(Code 1: normal)	<u>0</u>
4.	Total number of transports		<u>9,965</u>
	a) Number of emergency transports	(Code 2: expedient, Code 3: lights and siren)	<u>9,965</u>
	b) Number of non-emergency transports	(Code 1: normal)	<u>0</u>

Early Defibrillation Providers

5.	Number of public safety defibrillation providers		<u>24</u>
	a) Automated		<u> </u>
	b) Manual		<u> </u>
6.	Number of EMT-Defibrillation providers		<u>74</u>
	a) Automated		<u> </u>
	b) Manual		<u> </u>

Air Ambulance Services

7.	Total number of responses		<u>N/A</u>
	a) Number of emergency responses		<u> </u>
	b) Number of non-emergency responses		<u> </u>
8.	Total number of transports		<u>359</u>
	a) Number of emergency (scene) responses		<u>231</u>
	b) Number of non-emergency responses		<u>7</u>

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

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
1.BLS and CPR capable first responder				
2.Early defibrillation responder				
3.Advanced life support responder	6.6	12.7	23	14.10
4.Transport Ambulance	9.9	18.2	22.7	16.93

TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care

EMS System: SANTA CRUZ COUNTY HEALTH SERVICES AGENCY

Reporting Year: 2003 - 2004

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

a) Number of patients meeting trauma triage criteria	<u>261</u>
b) Number of major trauma victims transported directly to a trauma center by ambulance	<u>96</u>
c) Number of major trauma patients transferred to a trauma center	<u>N/A</u>
d) Number of patients meeting triage criteria who weren't treated at a trauma center	<u>160</u>

Emergency Departments

Total number of emergency departments	<u>2</u>
a) Number of referral emergency services	<u>0</u>
b) Number of standby emergency services	<u>0</u>
c) Number of basic emergency services	<u>2</u>
d) Number of comprehensive emergency services	<u>0</u>

Receiving Hospitals

1. Number of receiving hospitals with written agreements	<u>2</u>
2. Number of base hospitals with written agreements	<u>2</u>

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: SANTA CRUZ COUNTY HEALTH SERVICES AGENCY
County: SANTA CRUZ
Reporting Year: 2003 - 2004

NOTE: Table 7 is to be answered for each county.

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? not predesignated
 - b. How are they staffed? Reg II Bay Area DMAT, mutual aid partners
 - c. Do you have a supply system for supporting them for 72 hours? yes X no

2. CISD
Do you have a CISD provider with 24 hour capability? yes X no

3. Medical Response Team
 - a. Do you have any team medical response capability? yes X no
 - b. For each team, are they incorporated into your local response plan? yes X no
 - c. Are they available for statewide response? yes X no
 - d. Are they part of a formal out-of-state response system? yes X no

4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? yes X no
 - b. At what HazMat level are they trained? Technician Specialist
 - c. Do you have the ability to do decontamination in an emergency room? yes X no
 - d. Do you have the ability to do decontamination in the field? yes X no

OPERATIONS

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

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

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: SANTA CRUZ COUNTY HEALTH SERVICES AGENCY

County: SANTA CRUZ

Reporting Year: 03/04

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

Name, address & telephone:			Primary Contact:		
AMR, 116 Hubbard St., Santa Cruz, CA 95060; 831/423-7030			Dave Zenker, 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: _____ PS _____ PS-Defib _____ BLS _____ EMT-D _____ LALS <u>60</u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input 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 <input type="checkbox"/> no	Number of ambulances: <u>9</u>

Name, address & telephone:			Primary Contact:		
CALSTAR, 590 Cohansey, Gilroy CA 95020 408/848-2075			Dave Sharpe		
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: _____ PS _____ PS-Defib _____ BLS _____ EMT-D _____ LALS <u>14</u> 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 <input type="checkbox"/> no	Number of ambulances: <u>7</u>

ABLE 8: RESOURCES DIRECTORY -- Providers

MS System: SANTA CRUZ COUNTY HEALTH SERVICES AGENCY

County: SANTA CRUZ

Reporting Year: 03/04

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

Name, address & telephone: 650/723-5578 Stanford Life Flight, 300 Pasteur Dr, Stanford CA 94305			Primary Contact: Matt Tozer		
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: ____ PS ____ PS-Defib ____ BLS ____ EMT-D ____ LALS 35 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 <input type="checkbox"/> no	Number of ambulances: <u>1</u>

Name, address & telephone:			Primary Contact:		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input 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: ____ PS ____ PS-Defib ____ BLS ____ EMT-D ____ LALS ____ ALS
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input 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 type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: _____

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

Revision #1 [2/16/95]

EMS System: SANTA CRUZ COUNTY HEALTH SERVICES AGENCY

County: SANTA CRUZ

Reporting Year: 03/04

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

Training Institution Name EMERGENCY TRAINING SERVICES (ETS) Contact Person telephone no. 831/476-8813: Dave Barbin
 Address 3050 Paul Sweet Rd., Santa Cruz CA 95065

Student Eligibility: *	Cost of Program	**Program Level: <u>I</u>
	Basic <u>\$500</u>	Number of students completing training per year:
	Refresher <u>\$165</u>	Initial training: _____
		Refresher: _____
		Cont. Education _____
		Expiration Date: _____
		Number of courses: <u>6</u>
		Initial training: <u>4</u>
		Refresher: _____
		Cont. Education: _____

Training Institution Name CABRILLO COMMUNITY COLLEGE Contact Person telephone no. 831/479-5042: Kris Legge
 Address 6500 Soquel Dr., Aptos CA 95003

Student Eligibility: *	Cost of Program	**Program Level: <u>I</u>
	Basic <u>\$300-375</u>	Number of students completing training per year:
	Refresher <u>"</u>	Initial training: <u>150</u>
		Refresher: <u>20</u>
		Cont. Education _____
		Expiration Date: <u>7/31/2004</u>
		Number of courses: _____
		Initial training: <u>2</u>
		Refresher: <u>2</u>
		Cont. Education: _____

*Residents vs. out-of-county registrants

- 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

Revision #1 [2/16/95]

EMS System: SANTA CRUZ COUNTY HEALTH SERVICES AGENCY County: SANTA CRUZ Reporting Year: 2003/2004

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

Name, address & telephone: Watsonville Community Hospital, 75 Nielsen, Watsonville CA 95076		Primary Contact: Lisa Angell, MICN 831/724-4741	
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 checked="" 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: Dominican Santa Cruz Hospital, 1555 Soquel Dr., Santa Cruz CA 95065		Primary Contact: Terry Lapid, MD/ED Medical Director 831/462-7700	
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 checked="" 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 11: RESOURCES DIRECTORY -- Dispatch Agency

Revision #2 [9/14/95]

EMS System: SANTA CRUZ COUNTY HEALTH SERVICES AGENCY

County: SANTA CRUZ

Reporting Year: 03/04

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

Name, address & telephone:		Primary Contact:	
Santa Cruz Consolidated Emergency Communications Center 495 Upper Park Rd., Santa Cruz CA 95065		Michael McDougall 831/471-1000	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS <u>26</u> Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: <u>Joint Powers</u> Authority	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

Name, address & telephone:		Primary Contact:	
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: SANTA CRUZ COUNTY EMERGENCY MEDICAL SERVICE
Area or subarea (Zone) Name or Title: SANTA CRUZ COUNTY
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. AMERICAN MEDICAL RESPONSE WEST 1978-present
Area or subarea (Zone) Geographic Description: ENTIRE SANTA CRUZ COUNTY AREA
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Request for Proposal for Emergency Ambulance Transportation released by Board of Supervisors April 2002.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). ADVANCED LIFE SUPPORT 911 CALLS ONLY
Method to achieve exclusivity (HS 1797.224) Prior to 1981 three ambulance services existed in the county: Valley Ambulance (Scotts Valley) Santa Cruz Ambulance (Santa Cruz) A-1 Ambulance (Watsonville) 1978 Santa Cruz Ambulance bought Valley ambulance 1985 ALS services now provided by Santa Cruz and A-1 Ambulances 1988 Santa Cruz Ambulance purchased A-1 Ambulance 1989 Santa Cruz Ambulance changed name to PACMED (both Santa Cruz Ambulance and A-1 operated under this name) 1994 PACMED changed its name to American Medical Response West 1996 American Medical Response West acquired by Laidlaw but name & scope of service did not change 1997 Current 5-year contract between AMRW and County of Santa Cruz began 2002 RFP for Emergency Ambulance Transportation released by Board Of Supervisors

*is this Ambulance?
looks like ALS 911 only.*

~~AMR~~ (same provider selected by bid.
9/1/03
approved s/r/03

EMERGENCY MEDICAL SERVICES AUTHORITY

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



January 7, 2005

Celia Barry
Santa Cruz County EMS Agency
P.O. Box 962
1080 Emeline Avenue
Santa Cruz, CA 95061

Dear Ms. Barry:

We have completed our review of *Santa Cruz EMS Agency's Emergency Medical Services Plan Update 2003/2004*, and have found it to be in compliance with the *EMS System Standards and Guidelines* and the *EMS System Planning Guidelines*.

Your next EMS Plan update 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,

A handwritten signature in cursive script that reads "Daniel R. Swiley for".

Richard E. Watson
Interim Director

REW:SS