



# EMMS PLAN

San Benito County

2008/2009

**OFFICE OF THE BOARD OF SUPERVISORS  
COUNTY OF SAN BENITO, STATE OF CALIFORNIA**

---

The Board of Supervisors of County of San Benito met at the Administration Building, Hollister, California, at its usual place of meeting on June 9, 2009 in regular session.

**Upon motion made by Supervisor De La Cruz and seconded by Supervisor Barrios, approved the 2008-2009 EMS Plan as presented and directed staff to submit the Plan to the State Emergency Medical Services Authority. (Unanimous)**

---

I hereby certify that the foregoing is a full, true and correct copy of an order made or resolution adopted and entered on the 9th day of June 2009 in File 2009 of Board of Supervisor's minutes, thereof.

WITNESS my hand and seal of said Board of Supervisors affixed this 22<sup>ND</sup> day of June 2009.

LINDA CHURCHILL, Clerk of the Board of Supervisors  
in and for the County of San Benito, State of California

BY: *Linda Churchill*  
Clerk of the Board

# SAN BENITO COUNTY EMS PLAN



**2008 / 2009**

Inquiries to:

San Benito County Health & Human Services Agency

***Kathy Flores, Director***

1111 San Felipe Road, Suite 207

Hollister, CA 95023

Phone: (831) 636-4180

Fax: (831) 637-9754

E-mail: [kflores@sanbenitohhsa.org](mailto:kflores@sanbenitohhsa.org)

EMS Plan Development By:

***James Clark, NREMT-P, EMS Coordinator***

San Benito County EMS Agency

1111 San Felipe Road, Suite 102

Hollister, CA 95023

Phone: (831) 636-4066

Fax: (831) 636-4037

San Benito County EMS Agency

Email : [james@sanbenitoco.org](mailto:james@sanbenitoco.org)

-and-

***Dixie Zamzow, EMS Secretary, Trauma System Data Coordinator***

San Benito County EMS Agency

1111 San Felipe Road, Suite 102

Hollister, CA 95023

Phone: (831) 636-4066

Fax: (831) 636-4037

Email : [dixie@sanbenitoco.org](mailto:dixie@sanbenitoco.org)

# San Benito County Emergency Medical Services System Plan

## Table of Contents

|  | Page      |
|--|-----------|
| <i>Acknowledgements</i> .....                | <i>i</i>  |
| <i>Plan Format</i> .....                     | <i>ii</i> |
| Section 1. Executive Summary.....            | 1         |
| Section 2. Assessment of System.....         | 3         |
| Table 1: Summary of System Status.....       | 3         |
| A. System Organization and Management .....  | 3         |
| B. Staffing / Training .....                 | 5         |
| C. Communications.....                       | 6         |
| D. Response / Transportation.....            | 7         |
| E. Facilities / Critical Care.....           | 8         |
| F. Data Collection / System Evaluation ..... | 9         |
| G. Public Information and Education .....    | 10        |
| H. Disaster Medical Response .....           | 11        |
| Standards 1.01 through 1.28.....             | 13        |
| Standards 2.01 through 2.13 .....            | 42        |
| Standards 3.01 through 3.10 .....            | 54        |
| Standards 4.01 through 4.22 .....            | 64        |
| Standards 5.01 through 5.14 .....            | 85        |
| Standards 6.01 through 6.11 .....            | 99        |
| Standards 7.01 through 7.04 .....            | 110       |

|   |     |
|---|-----|
| Standards 8.01 through 8.19 .....                       | 114 |
| Section 3. System Resources and Operations .....        | 133 |
| Table 2: System Organization and Management .....       | 133 |
| Table 3: Personnel / Training.....                      | 140 |
| Table 4: Communications.....                            | 141 |
| Table 5: Response / Transportation.....                 | 142 |
| Table 6: Facilities / Critical Care.....                | 144 |
| Table 7: Disaster Medical.....                          | 145 |
| Section 4. Resource Directories.....                    | 147 |
| Table 8: Providers.....                                 | 147 |
| Table 9: Approved Training Programs .....               | 156 |
| Table 10: Facilities.....                               | 157 |
| Table 11: Dispatch Agency.....                          | 158 |
| Section 5. Description of Plan Development Process..... | 161 |
| Section 6. Annexes.....                                 | 162 |
| Annex 1: Trauma Care System Plan.....                   | 163 |
| Annex 2: Transportation Plan.....                       | 171 |
| Annex 3: Ambulance Zone Summary Form.....               | 192 |
| Annex 4: Organizational Chart.....                      | 195 |

## ACKNOWLEDGEMENTS

On behalf of the County of San Benito and the Emergency Medical Services Agency, a special acknowledgement is extended to the citizens of San Benito County for their continued support of emergency medical services in the County and to all EMS providers for their commendable service to the ill and injured in San Benito County.

In addition, the following individuals and organizations are acknowledged for their contributions and support in the development of this Plan:

San Benito County  
Board of Supervisors

Jaime DeLaCruz  
Anthony Botelho  
Pat Loe  
Don Marcus  
Reb L. Monaco

San Benito County Health and Human  
Services Agency

Kathy Flores, Director

San Benito County Public Health

Elizabeth Falade, MD, MPH  
Health Officer

San Benito County EMS Agency

Kent Benedict, MD, FACEP  
EMS Medical Director

San Benito County EMS Agency

James Clark, NREMT-P  
EMS Coordinator

San Benito County EMS Agency

Joseph Alvarado, ESS

San Benito County EMS Agency

Dixie Zamzow, EMS Secretary  
Trauma System Data Coordinator

San Benito County Communications

Beth Kafer, Department Manager

San Benito County Sheriff's Office

Curtis J. Hill, Sheriff

CalFIRE-San Benito County Fire

Mike Marlow, Battalion Chief

State Parks Department, Hollister Hills  
SVRA

Jeff Gaffney, Superintendent

City of Hollister Fire Department

Fred Cheshire, Fire Chief

San Juan Bautista Fire Department

Scott Freels, Fire Chief

Hazel Hawkins Memorial Hospital

Trish Rovere, RN, PLN

American Medical Response

Kris Mangano, Ops Manager

Primary Air Ambulance Service  
Provider

Scott Wayland, Chief FN  
David Wiebe, Outreach Coord.

CalFIRE- Aromas Tri-County Fire  
Protection District

Phil Matteson, Chief

Bureau of Land Management

Michael Chiodini,  
USDI BLM Fire Management

California Highway Patrol

Dave Hill, Sergeant

American National Red Cross

Lynda Maguet  
Emergency Services Director

San Benito County Counsel

Dennis LeClere

# EMS PLAN FORMAT

This plan includes a combination of:

- Narrative descriptions of the system's compliance with the California EMS Authority's, [\*EMS Systems Standards and Guidelines\*](#),
- Specific numbers describing the system's resources and operations, and
- Directories, identifying specific resources available within the system.

This plan includes the following sections:

## **SECTION 1. Executive Summary**

This section provides a brief overview of the plan and identifies immediate objectives for the San Benito County EMS System.

## **SECTION 2. Assessment of System**

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

The section begins with the Summary Table (Table 1). Then, for each standard identified in the *EMS System Standards and Guidelines*:

- A description of the current status of the system as it relates to the individual standard or guideline is provided;
- Efforts to coordinate resources and/or services with other EMS agencies is described;
- If the minimum is not met, or the minimum is met but needs improvement, a "needs statement" is provided;
- Specific objective(s) for meeting or improving the minimum standard or upgrading toward the recommended guideline are provided; and
- Each objective is assigned to either the Annual Workplan (Short-Range objectives) or the Five-Year Plan (Long-Range Plan).

### **SECTION 3. System Resources and Operations**

This section describes the resources available within the EMS system and provides certain indicators of system operation. These items are subject to an annual update and are provided on Tables 2 to 7.

### **SECTION 4. Resource Directories**

This section identifies specific resources within the system. These items should be updated annually and are provided on Tables 8 to 11.

### **SECTION 5. Description of Plan Update Process**

This section consists of a narrative description of the process of updating the plan. It demonstrates that interested parties, both provider and consumer, had an opportunity to provide input on the plan and that the plan was approved by the appropriate governing body.

### **SECTION 6. Annexes**

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

## SECTION 1: EXECUTIVE SUMMARY

*The delivery of emergency health care requires the participation of numerous independent individuals and organizations, including public safety agencies, ambulance services, physicians, and hospitals. Despite their autonomy, these organizations have high degrees of functional interdependence as they work to provide care, sometimes simultaneously, to individual patients. The emergency medical services system should be coordinated in order to ensure close cooperation, to limit conflict, and to ensure that the interests of the patients are primary in the system. Managing interdependence requires planning, standardization, and mutual adjustment. (From: [EMS System Guidelines, Part III, EMS System Planning Guidelines, June 1999, EMSA #103](#)).*

One of the primary tasks of a Local Emergency Medical Services Agency (LEMSA) in California is the development of an EMS System Plan. [Section 1797.254 of the Health and Safety Code](#) calls for each LEMSA to submit a five-year EMS plan, and annual plan updates to the [California EMS Authority](#). The purpose of the plan, however, is more than to merely satisfy legal requirements. It should:

- Provide a framework for the planning and implementation of the local EMS system;
- Demonstrate that local EMS system meets minimum state standards;
- Demonstrate that local EMS system complies with applicable state laws and regulations;
- Demonstrate that Local EMS Agency is planning, implementing, and evaluating a system which provides well-managed, patient-oriented emergency health care, coordinating resources with neighboring EMS systems; and
- Be useful to the Local EMS Agency in development of long-range goals and annual work plans.

This plan identifies overall needs and objectives for the San Benito County EMS system, in accordance with [California's EMS System Standards and Guidelines](#). According to these Standards and Guidelines, EMS systems consist of the following components:

1. Manpower and training (Standards and Guidelines 1.1 through 1.28)
2. Communications (Standards and Guidelines 2.01 through 2.13)
3. Transportation (Standards and Guidelines 3.01 through 3.10)
4. Assessment of hospitals and critical care centers (Standards and guidelines 4.01 through 4.22)
5. System organization and management (Standards and Guidelines 5.01 through 5.14)
6. Data collection and evaluation (Standards and Guidelines 6.01 though 6.11)
7. Public information and education (Standards and Guidelines 7.01 though 7.04)
8. Disaster response (Standards and Guidelines 8.01 through 8.19)

In all, there are 121 Minimum Standards and Recommended Guidelines which Local EMS Agencies must address in their EMS plans. Minimum Standards are those which should be met by each Local EMS Agency. Recommended Guidelines are those which each EMS system should strive to meet whenever possible. The San Benito County local EMS system meets most of the Minimum Standards and many of the Recommended Guidelines. However, even though the local EMS system may meet a particular Minimum Standard or Recommended Guideline, there may be room for improvement and objectives may therefore be identified. Table 1 summarizes the status of the EMS Agency in meeting the State Standards and Guidelines.

## A. SYSTEM ORGANIZATION AND MANAGEMENT

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

**SYSTEM ORGANIZATION AND MANAGEMENT (continued)**

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

## B. STAFFING/TRAINING

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

### C. COMMUNICATIONS

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

#### D. RESPONSE/TRANSPORTATION

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

**RESPONSE/TRANSPORTATION (continued)**

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

**E. FACILITIES/CRITICAL CARE**

|                                   | <b>Does not currently meet standard</b> | <b>Meets minimum standard</b> | <b>Meets recommended guidelines</b> | <b>Short-range plan</b> | <b>Long-range plan</b> |
|-----------------------------------|---|-------------------------------|-------------------------------------|-------------------------|------------------------|
| <b>Universal Level:</b>           |   |                               |                                     |                         |                        |
| 5.01 Assessment of Capabilities   |   | ✓                             | ✓                                   |                         |                        |
| 5.02 Triage & Transfer Protocols* |   | ✓                             |                                     |                         |                        |
| 5.03 Transfer Guidelines*         |   | ✓                             |                                     |                         |                        |
| 5.04 Specialty Care Facilities*   |   | ✓                             |                                     |                         |                        |
| 5.05 Mass Casualty Management     |   | ✓                             | ✓                                   |                         |                        |
| 5.06 Hospital Evacuation*         |   | ✓                             |                                     |                         |                        |

| <b>Enhanced Level: Advanced Life Support:</b>                                |                            |  |     |   |  |   |
|--|----------------------------|--|-----|---|--|---|
| 5.07   | Base Hospital Designation* |  | ✓   |   |  |   |
| <b>Enhanced Level: Trauma Care System:</b>                                   |                            |  |     |   |  |   |
| 5.08   | Trauma System Design       |  | ✓   |   |  | ✓ |
| 5.09   | Public Input               |  | ✓   |   |  |   |
| <b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b> |                            |  |     |   |  |   |
| 5.10   | Pediatric System Design    |  | ✓   |   |  |   |
| 5.11   | Emergency Departments      |  | ✓   | ✓ |  |   |
| 5.12   | Public Input               |  | ✓   |   |  |   |
| <b>Enhanced Level: Other Specialty Care Systems:</b>                         |                            |  |     |   |  |   |
| 5.13   | Specialty System Design    |  | N/A |   |  |   |
| 5.14   | Public Input               |  | ✓   |   |  |   |

## F. DATA COLLECTION/SYSTEM EVALUATION

|                         |                         | <b>Does not currently meet standard</b> | <b>Meets minimum standard</b> | <b>Meets recommended guidelines</b> | <b>Short-range plan</b> | <b>Long-range plan</b> |
|-------------------------|-------------------------|---|-------------------------------|-------------------------------------|-------------------------|------------------------|
| <b>Universal Level:</b> |                         |   |                               |                                     |                         |                        |
| 6.01                    | QA/QI Program           |   | ✓                             | ✓                                   |                         |                        |
| 6.02                    | Prehospital Records     |   | ✓                             |                                     |                         |                        |
| 6.03                    | Prehospital Care Audits |   | ✓                             | ✓                                   |                         |                        |
| 6.04                    | Medical Dispatch        |   | ✓                             |                                     |                         | ✓                      |

|   |                          |  |   |   |  |   |
|---|--------------------------|--|---|---|--|---|
| 6.05  | Data Management System*  |  | ✓ | ✓ |  |   |
| 6.06  | System Design Evaluation |  | ✓ |   |  | ✓ |
| 6.07  | Provider Participation   |  | ✓ |   |  |   |
| 6.08  | Reporting                |  | ✓ |   |  |   |
| <b>Enhanced Level: Advanced Life Support:</b> |                          |  |   |   |  |   |
| 6.09  | ALS Audit                |  | ✓ | ✓ |  |   |
| <b>Enhanced Level: Trauma Care System:</b>    |                          |  |   |   |  |   |
| 6.10  | Trauma System Evaluation |  | ✓ |   |  |   |
| 6.11  | Trauma Center Data       |  | ✓ | ✓ |  |   |

**G. PUBLIC INFORMATION AND EDUCATION**

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

## H. DISASTER MEDICAL RESPONSE

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

|   |                           |  |   |  |   |
|---|---------------------------|--|---|--|---|
| <b>Enhanced Level: Advanced Life Support:</b>                           |                           |  |   |  |   |
| 8.17  | ALS Policies              |  | ✓ |  |   |
| <b>Enhanced Level: Specialty Care Systems:</b>                          |                           |  |   |  |   |
| 8.18  | Specialty<br>Center Roles |  | ✓ |  | ✓ |
| <b>Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:</b> |                           |  |   |  |   |
| 8.19  | Waiving<br>Exclusivity    |  | ✓ |  |   |

## SYSTEM ORGANIZATION and MANAGEMENT

*Although they are usually independent organizations, providers within the local EMS system have high degrees of interdependence. The emergency medical services system should be coordinated in order to ensure close cooperation, to limit conflict, and to ensure that the interests of the patients are primary in the system.*

### Universal Level

#### Agency Administration

##### **STANDARD: 1.01**

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

**CURRENT STATUS:** Minimum Standard met.

The [San Benito County Emergency Medical Services Agency](#) is a Division of the [San Benito County Health & Human Services Agency](#) (H&HSA). The H&HSA is divided into several divisions, one of which is the [Division of Public Health](#). In 2006, the Board of Supervisors elected to place the EMS Agency under the jurisdiction of the Division of Public Health. This Agency restructure occurred as part of an organizational reorganization of the Office of Emergency Services where the local EMS Agency formerly belonged.

The Director of H&HSA serves in an advisory capacity as the Administrator of EMS. EMS Agency Staff consists of a part-time (contract) Medical Director, full time Emergency Medical Services Coordinator, .75 FTE Secretary-1 and .25 FTE Emergency Services Specialist. The EMS Coordinator is responsible for policy review, certifications, quality assurance and training issues. The .25 FTE Emergency Services Specialist was incorporated into EMS Agency Staff during the 2007/2008 Fiscal Year. Non-Agency resources include County Office of Administration, County Communications Department, County Counsel and Office of Emergency Services (now part of the Sheriff's Department).

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 1.02**

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

**CURRENT STATUS:** Minimum Standard met.

Prior to 1986, the [San Benito Office of Emergency Services](#) administered the EMS system using part-time staff. In 1986, the County received grant funds from the [California EMS Authority](#) that allowed the Office of Emergency Services to hire a full-time EMS Coordinator. From 1986 to 1990, San Benito County cooperated with the Counties of Monterey and Santa Cruz in the development of a regional EMS system. This regional EMS system was known as the Central Coast EMS Consortium. The EMS Consortium shared personnel and resources in the development of key EMS system components, including: (1) disaster medical planning, (2) data collection and evaluation, (3) training program development and monitoring, (4) public information and education, (5) medical control policy and procedures development, (6) and advanced life support (paramedic) services. In 1990, the EMS Consortium disbanded and each County administered its own EMS Agency. By then, San Benito County had developed many key components of its EMS system, but it had not yet developed advanced life support (paramedic) services.

On November 6, 1990, a ballot measure recommending the establishment of a County Service Area to fund a Paramedic Emergency Medical Services Program in San Benito County was approved by the voters and later adopted by the County Board of Supervisors and City Councils. This ballot measure established County Service Area #36 (CSA #36), which assessed a fee on all real property within the County. The [City of Hollister](#) and [City of San Juan Bautista](#), by resolution, approved the formation of CSA #36 and an EMS System in San Benito County.

Current San Benito EMS Agency policy establishes a system-wide quality assessment program to evaluate the services provided within the San Benito County EMS system.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 1.03**

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

**CURRENT STATUS:** Minimum Standard met.

The County [Emergency Medical Care Commission](#) provides advice to the [San Benito County Board of Supervisors](#) and San Benito County EMS Agency regarding the development of plans, policies, and procedures for the EMS system. The Emergency Medical Care Commission includes representatives from law enforcement, fire protection, air and ground ambulance, public health agencies, the County Board of Supervisors, the hospital district, the local chapter of the American Red Cross, and a consumer representative. Subcommittees of the Emergency Medical Care Commission are used when necessary. A standing subcommittee, the [Prehospital Advisory Committee \(PAC\)](#), assists the EMS Medical Director in developing medical standards of practice for basic and advanced life support personnel. (See Standard 1.04, “Medical Director”). The EMS Agency maintains [EMCC Meeting Agendas and Minutes](#) on the EMS Agency website.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 1.04**

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

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

**CURRENT STATUS:** Minimum Standard and Recommended Guideline met.

The San Benito EMS Agency’s Medical Director is an [American Board of Emergency Medicine](#) certified emergency physician with over twenty years’ experience in emergency medicine and nineteen years’ experience in EMS system administration.

The [Prehospital Advisory Committee](#), which is composed of physicians, nurses, paramedics, and first-responder personnel, provides the EMS Medical Director with advice in the development of medical standards of practice for advanced and basic life support personnel in the San Benito County EMS system.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**Planning Activities**

**STANDARD: 1.05**

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

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

**CURRENT STATUS:** Minimum Standard met.

During the Fiscal Years 1998-99, the San Benito EMS Agency worked with the County’s [Emergency Medical Care Commission](#) to develop an EMS system plan for the County of San Benito. The EMS Plan provides an assessment of how the local EMS system meets the State [EMS System Standards and Guidelines](#), identifies system needs for patients within targeted clinical categories, and provides a methodology and timeline for meeting these needs. The Plan was submitted to the State EMS Authority in August 1999. This 2008–2009 EMS Plan Update is a continuum of that original endeavor.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 1.06**

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

**CURRENT STATUS:** Minimum standard met.

Each year in partnership with the local [Emergency Medical Care Commission \(EMCC\)](#) and [Prehospital Advisory Committee \(PAC\)](#), the San Benito County EMS Agency drafts the [annual update to the prior year's county EMS Plan](#). Once the EMCC and PAC approve the annual update during regular open-session meetings, the annual update is sent to the county Board of Supervisors for their formal adoption and approval to submit to the California EMS Authority.

The EMS Agency uses the annual update as a roadmap to identify needs and objectives for the San Benito County EMS system, in accordance with California's [EMS System Standards and Guidelines](#).

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 1.07 \***

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

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

**CURRENT STATUS:** Minimum Standard met.

The San Benito EMS Agency has developed a Trauma Care System Plan for San Benito County which has been submitted to and then approved by the [California EMS Authority](#) on May 7, 2003.

The Trauma Care System Plan outlines the structure and operations of the trauma care system within San Benito County. Specifically, the Plan determines the optimal number of Trauma Centers and their locations within the county and incorporates policies and procedures for System operations, as developed during the planning process.

The System is designed to build upon the current EMS system, making changes to policies and practices to meet the requirements of current trauma regulations, and correcting identified issues. To date, the approved Plan has not been fully implemented.

Once implemented, however, the LEMSA intends to include designation of a Level IV Trauma Center at [Hazel Hawkins Memorial Hospital in Hollister, CA](#). The Plan includes field triage to identify major trauma victims and transport those patients to one of the Level I or Level II Trauma Centers outside San Benito County when appropriate. For extended transport times to out-of-county Level I or Level II Trauma Centers, or trauma patients in extremis, patients will be transported to San Benito's Level IV Trauma Center.

Finally, a Quality Management program is to be established by the development of a Trauma Audit Committee (TAC) comprised of members of the local hospital, Trauma Centers in Santa Clara County, the LEMSAs and prehospital personnel. The TAC is responsible for ensuring that Quality Assurance standards are met by meeting County policy and procedure.

There has been one change of significant value that has a positive affect upon the San Benito County Trauma System. This change is the implementation of an electronic patient care reporting system used by ALS and BLS personnel employed by the county-approved Emergency Ambulance Service Provider, American Medical Response (AMR). The system was placed into service March 1, 2008 and is the "Multi-EMS Data System" (MEDS ePCR). MEDS ePCR is designed to ensure compliance with all reporting standards and policies, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The Patient Care Report (PCR) component incorporates the prehospital data elements published by both the [California EMS Authority](#) and [NHTSA](#), as well as most elements identified in their current [National EMS Information System](#)

(NEMSIS) and [California EMS Information System](#) (CEMSIS) research projects. In its current state, MEDS ePCR is “CEMSIS Ready.” MEDS ePCR is [“NEMSIS Silver”](#) and is currently in the accreditation process of [“NEMSIS Gold.”](#)

For this EMS System Plan Update (2008-2009), the long-term time frame for meeting two specific Trauma Planning objectives are:

- Developing written agreements with the neighboring county’s Trauma Centers and LEMSA (Santa Clara County EMS Agency) for the coordination of interfacility patient transfers, and;
- Designating [Hazel Hawkins Memorial Hospital](#) as a Level IV Trauma Center.

**COORDINATION WITH OTHER EMS AGENCIES:** There are no Trauma Centers located in San Benito County. The San Benito EMS Agency utilizes air ambulances to transport patients to Trauma Centers in other counties.

**NEED(S):** Formalize patient transfer agreements between San Benito and Santa Clara Counties.

**OBJECTIVE:** N/A

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 1.08 \***

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

**CURRENT STATUS:** Minimum Standard met.

Before 1990, only fringe areas of [San Benito County](#) had advanced life support services. The neighboring counties of Monterey and Santa Cruz, both of which provided advanced life support services, had overlapping service boundaries with San Benito County. On November 6, 1990, a ballot measure recommending the establishment of a County Service Area to fund a Paramedic Emergency Medical Services Program in San Benito County was approved by the voters and later adopted by the County Board of Supervisors and City Councils. The ballot measure established County Service Area #36 (CSA #36), which assessed a fee on all real estate parcels in the County. CSA #36 has since provided the funds necessary for the start-up and on-going costs of the Paramedic Emergency Medical Services Program, including the administration of the paramedic program by the [San Benito County EMS Agency](#). Advanced life support (ALS) is now available Countywide.

**COORDINATION WITH OTHER EMS AGENCIES:** San Benito EMS Agency enjoys a very open and professional relationship with its contiguous counties. San Benito, Monterey, Santa Cruz and Santa Clara counties routinely corroborate with each other regarding issues such as administration of state EMS regulations, mutual aid, EMS-related training and coordination of needs. This corroboration often takes place via telephone conferences and during face-to-face meeting sessions. San Benito County also has an Auto Aid Agreement with Monterey County for an automatic ALS response from an available ambulance in King City to respond the [southwestern portion of San Benito County](#).

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 1.09**

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

**CURRENT STATUS:** Minimum standard met.

A detailed inventory of EMS resources (e.g. personnel, vehicles, and facilities) has been collected and is developed by OES in the “*County of San Benito Operational Area Resource Directory.*” The EMS Agency annually assists with updates of EMS resources.

Currently, the county Medical Health Operational Coordinator (MHOAC) is a county Health Officer assigned position within the LEMSA. Although this Minimum Standard is met by having the OES developed “*County of San Benito Operational Area Resource Directory*” the MHOAC has identified the need for the development of a “*MHOAC Resource Directory*” that will compliment the OES Directory by providing specific Medical Health related resources. This is a short term objective with a late 2009 projected date of completion.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** Need to create up-to-date EMS/MHOAC Resource Directory.

**OBJECTIVE:** To develop a detailed inventory of EMS/MHOAC resources within the San Benito Operational Area.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 1.10**

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

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

**CURRENT STATUS:** Minimum Standard and Recommended Guideline met.

**COORDINATION WITH OTHER EMS AGENCIES:** The 9-1-1 center has specialized equipment, known as a Telecommunications Device for the Deaf or TDD, which allows for communication with the hearing-impaired. In addition, a foreign language translation service is available for non-English-speaking 9-1-1 callers.

The San Benito EMS Agency has developed and promoted a policy ([EMS Policy #1110](#)) honoring a patient’s right to “Do Not Resuscitate” or DNR orders.

During the 2009/2010 fiscal year, San Benito County EMS will adopt the [POLST \(Physician Orders for Life Saving Treatment\)](#) guidelines and incorporate same into [EMS Policy/Procedure](#).

**NEED(S):** POLST paradigm analysis.

**OBJECTIVE:** To adopt the [POLST \(Physician Orders for Life Saving Treatment\)](#) guidelines and incorporate same into EMS Policy/Procedure.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 1.11**

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

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

**CURRENT STATUS:** Minimum Standard and Recommended Guideline met.

The roles and responsibilities of system participants providing advanced life support services are identified in various procedures, policies and performance standards developed by the San Benito EMS Agency. The sole emergency ambulance service provider has a written agreement with the County to provide paramedic-level (ALS) ambulance services for the [county-wide EOA](#). The inter-facility ambulance providers are licensed and subject to the county's [Ambulance Ordinance #637](#) in addition to EMS policies. The local hospital ([Hazel Hawkins Memorial Hospital](#)) has a [written Agreement with the County](#) to provide paramedic base hospital services for the advanced life support services program.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**Regulatory Activities**

**STANDARD: 1.12**

*MINIMUM STANDARD: Each local EMS agency shall provide for review and monitoring of EMS system operations.*

**CURRENT STATUS:** Minimum Standard met.

Current EMS policy establishes a system-wide quality assessment program to evaluate all services provided within the San Benito County EMS system. Specific EMS responses (cases) are selected for review by a committee (the Quality Assessment Committee) that is administered by the EMS medical director. The cases are selected using several criteria: (1) cases that appear to have been managed contrary to established policies and protocols, (2) cases that demonstrate exceptional practice by EMS providers, (3) cases that are the target of specific study (e.g., pediatric emergencies), and (4) other criteria, as appropriate.

An electronic patient care record (ePCR) is completed for every patient treated by advanced life support personnel in the field; however, a similar record for non-ALS/non-transport personnel is not required, unless the provider uses an automatic defibrillator during the course of patient management. [EMS Policy #6000](#) establishes standard criteria for ePCR completion.

The San Benito County EMS Agency has the necessary resources to evaluate the response and clinical aspects of the emergency medical care provided in the County. The County has a computer-aided dispatch (CAD) system, which tracks calls for service, response times and an electronic patient care reporting system (ePCR) is the primary source for selecting clinical cases for review.

The EMS Agency maintains a comprehensive online [EMS Policy and Procedures Manual](#) that addresses most all aspects of the Agency’s operations and emergency medical treatment standing orders. The San Benito County EMS Agency web site is located at: [www.sanbenitoco.org/EMS](http://www.sanbenitoco.org/EMS)

**COORDINATION WITH OTHER EMS AGENCIES:** The San Benito County EMS Agency, in collaboration with the neighboring counties of Monterey, Santa Cruz and Santa Clara, maintain excellent working relationships that foster a uniquely open style EMS operation.

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 1.13**

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

**CURRENT STATUS:** Minimum Standard met.

Substantial coordination exists between the San Benito County EMS Agency and the various providers, EMS stakeholders, allied agencies, and governing bodies located in San Benito County and beyond. The EMS Agency regularly meets with the County's [Emergency Medical Care Commission](#), [Prehospital Advisory Committee](#), and others. The EMS Agency also attends meetings of other agencies regarding EMS system operations as needed. The EMS Agency maintains regular contact with all EMS system participants and stakeholders and promptly responds to requests for information or assistance.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 1.14**

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

**CURRENT STATUS:** Minimum Standard met.

The San Benito EMS Agency has developed a Policies and Procedures Manual that is readily available to all EMS system participants. Over the course of the past year, the EMS Agency has completed updating the manual with the assistance of the [Prehospital Advisory Committee](#). An online version of the [EMS Policy and Procedures Manual](#) is available which allows for easier access and timely posting of policy revisions. The San Benito County EMS Agency web site and [EMS Policies and Procedures Manual](#) is located at: [www.sanbenitoco.org/EMS](http://www.sanbenitoco.org/EMS)

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 1.15**

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

**CURRENT STATUS:** Minimum standard met.

The LEMSA has 3 main mechanisms in place to ensure the compliance enforcement of EMS system policies and procedures.

First, the San Benito County [Prehospital Advisory Committee \(PAC\)](#) is a subcommittee of the county's [Emergency Medical Care Commission \(EMCC\)](#). The PAC is comprised of EMS system stakeholders, including the public-at-large, who convene on a bi-monthly basis and report directly to the county EMS Coordinator and Medical Director. The main focus of the PAC is to monitor, review and report to the EMS Agency both the successes and needs for improvement of EMS system policies and procedures. Enforcement of compliance is the responsibility of the EMS Coordinator and Medical Director.

Second, on a bi-monthly basis and in conjunction with the PAC session, the Quality Improvement Committee convenes to discuss, in closed confidential session, EMS system needs and special circumstances including any issues brought forth by the PAC. This Committee will forward their recommended actions for the compliance enforcement of EMS system policies and procedures to the EMS Coordinator and Medical Director for final enforcement resolution.

Finally, the EMS Coordinator and Medical Director, also on a bi-monthly basis, will report the status of the EMS system, including compliance with EMS policies and procedures, directly to the EMCC.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**System Finances**

**STANDARD: 1.16**

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

**CURRENT STATUS:** Minimum Standard met.

The San Benito EMS Agency is funded by property tax revenue collected from County Service Area (CSA) 36, the EMS Fund (Maddy) and by a service contract with [Hollister Hills SVRA](#).

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## Medical Direction

The local EMS system shall include appropriate medical direction. This implies involvement of the medical community and ensures medical accountability in all stages of the system.

### STANDARD: 1.17 \*

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

**CURRENT STATUS:** Minimum Standard met.

The San Benito EMS Agency has planned for appropriate medical direction within the EMS system in the following ways:

- The County employs a part-time Medical Director who is a California licensed physician/surgeon and has extensive experience in emergency medicine.
- The County has contracted with the only acute care hospital in the County to provide paramedic base station services including on-line medical direction in accordance with State laws.
- The County has contracted with an emergency ambulance service provider to provide paramedic services and ground ambulance transportation of the sick and injured.
- The roles, responsibilities, and relationships between the County, the local hospital, and the ambulance provider are defined in written contracts.
- The County has developed an ordinance for the operation of emergency and non-emergency ground ambulances within the County.
- Written policy and procedures are in place to address medical direction for emergency and non-ambulance transport providers.

**COORDINATION WITH OTHER EMS AGENCIES:** San Benito County has only one acute care hospital within its jurisdiction. San Benito County EMS Agency has developed agreements with its neighboring counties which identify the roles, responsibilities and relationships of prehospital and hospital providers. These agreements specifically address the essential medical direction required when San Benito County EMS units occasionally find it necessary to transport patients by ground across county lines to hospitals in neighboring counties.

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 1.18**

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

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

**CURRENT STATUS:** Minimum Standard and Recommended Guideline met.

Current policy establishes a system-wide quality assurance program to evaluate the services provided within the San Benito County EMS system. As required by the County, the contract emergency ambulance service provider has established in-house procedures that identify methods of improving the quality of care. All EMS first responder agencies participate in the system-wide QA/QI program. With the passage of CSA #36, all jurisdictions and first responder agencies within the San Benito County agreed to adhere to the provisions of an EMS System in San Benito County. Participation in Pre-hospital Advisory Committee by first responders within San Benito County EMS System is one method to improve quality of care. The local hospital is also a partner and sponsors monthly base station meetings in which quality-of-care issues are identified and resolved. Personnel from both the contract ambulance and first-responder agencies participate in these meetings. (See also Standard 6.01 “QA/QI Program”).

**COORDINATION WITH OTHER EMS AGENCIES:** The San Benito County EMS Medical Director participates in a bi-monthly regional trauma committee held in Santa Clara County. The county EMS Medical Director also conducts an [Annual Trauma Review held each year in Santa Cruz County](#) which is sponsored by [Santa Cruz County EMS Agency](#). The San Benito County EMS Agency contributes its trauma data that is used in both the annual trauma study and regional trauma committee meetings to foster an organized approach to transporting the very sick and injured to trauma or specialty care centers outside San Benito County.

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 1.19**

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

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

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

**CURRENT STATUS:** Minimum Standard met. Recommended Guideline not met.

The San Benito County EMS Agency has established an [EMS Policy and Procedures Manual](#) that addresses the following issues: triage, treatment, transport, on-scene treatment times, standing orders, base hospital contact, on-scene interaction between EMS personnel and physicians, and local scope of practice. The [EMS Policy and Procedure Manual](#) is posted on the EMS Agency web site at: [www.sanbenitoco.org/EMS](http://www.sanbenitoco.org/EMS)

Public Safety Dispatchers in San Benito County have received emergency medical orientation. This does not include providing pre-arrival/post-dispatch instructions. In the future, the San Benito County EMS Agency will continue to encourage the development of pre-arrival/post-dispatch instructions and the County 911 Dispatch Center to function as an Emergency Medical Dispatch (EMD) approved dispatch center.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** Upgrade County 911 Dispatch Center services to the EMD level.

**OBJECTIVE:** To continue to encourage the development of pre-arrival/post-dispatch instructions and the County 911 Dispatch Center to function as an Emergency Medical Dispatch (EMD) approved dispatch center.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 1.20**

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

**CURRENT STATUS:** Minimum Standard met.

The San Benito EMS Agency was among the first EMS agencies in California to develop and promote a policy honoring a patient’s right to [“Do Not Resuscitate” or DNR orders](#) in the field setting. The State EMS Authority’s DNR guidelines were developed several years later. The EMS Agency’s DNR policy was revised in accordance with the Authority’s new guidelines. During Fiscal Year 2009/2010, the EMS Agency will adopt into EMS Policy and encourage the use of the [California POLST form](#).

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 1.21**

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

**CURRENT STATUS:** Minimum Standard met.

Current San Benito EMS Agency policy ([EMS Policy #1100](#)) details the criteria and procedures for determining death by EMS personnel in the field setting, including the management of deaths at the apparent scene of a crime. The “Determination of Death at the Scene” policy was developed in conjunction with the San Benito County Coroner’s office. This policy is incorporated into the EMS Policy and Procedure Manual located on the EMS Agency’s web site: [www.sanbenitoco.org/EMS](http://www.sanbenitoco.org/EMS)

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 1.22**

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

**CURRENT STATUS:** Minimum Standard met.

Current San Benito County [EMS Agency Policy #1160](#) details the criteria and the mechanism for paramedics, EMTs and First Responders to report cases of suspected elder abuse. Suspected child abuse and SIDS deaths are addressed in [EMS Policy #S1-P](#).

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 1.23**

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

**CURRENT STATUS:** Minimum Standard Met

Current San Benito County [EMS Agency Policy #1130](#) “Interfacility Transfers” establishes the scope of practice of prehospital personnel during Interfacility transfers.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## Enhanced Level: Advanced Life Support

### **STANDARD: 1.24**

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

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

**CURRENT STATUS:** Minimum Standard met. Recommended Guideline met.

There is one approved Advanced Life Support provider, American Medical Response (AMR), which delivers its services county-wide by ground ambulances. AMR and San Benito County EMS Agency have entered into a written agreement, dated June 30, 2004, which delineates required services and performance criterion. This 5-year agreement expires June 30, 2009. It is anticipated that another similar agreement will be executed for another 5-year period to expire June 30, 2014.

San Benito County EMS Agency has developed one [EMSA-approved EOA \(EOA-1\)](#) which encompasses all incorporated and unincorporated areas of the county. AMR is the county's Exclusive Emergency Ambulance Service Provider and has been "grandfathered" as the provider of ALS emergency ground ambulance service for the entire EOA under the provisions of [Health & Safety Code § 1797.224](#).

**COORDINATION WITH OTHER EMS AGENCIES:** With the approval of Monterey County EMS Agency, San Benito AMR maintains an Auto Aid Agreement with Monterey County AMR to provide ALS services to the [southwestern portion of San Benito County](#) when necessary. Likewise, and with approval of the respective EMS Agencies, San Benito AMR has similar Mutual Aid Agreements with Monterey County AMR, Santa Cruz AMR and Santa Clara County AMR.

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

### **TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 1.25**

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

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

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

**CURRENT STATUS:** Minimum Standard and Recommended Guideline met.

San Benito County's single paramedic base hospital utilizes Emergency Department physicians to provide on-line medical direction to paramedics on a 24/7/365 basis.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## Enhanced Level: Trauma Care System

### **STANDARD: 1.26**

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

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

**CURRENT STATUS:** Minimum standard met.

San Benito County EMS Agency's Trauma Care System Plan was developed in compliance with [Section 1798.160 et. seq. of the California Health and Safety Code](#). The plan was submitted to and ultimately approved by the California EMS Authority on May 7, 2003.

The System is designed to build upon the current EMS system, making changes to policies and practices to meet the requirements of current trauma regulations, and correcting identified issues. To date, the approved Plan has not been fully implemented.

Once implemented, however, the LEMSA intends to include designation of a Level IV Trauma Center at [Hazel Hawkins Memorial Hospital in Hollister, CA](#). The Plan includes field triage to identify major trauma victims and transport those patients to one of the Level I or Level II Trauma Centers outside San Benito County when appropriate. For extended transport times to out-of-county Level I or Level II Trauma Centers, or trauma patients in extremis, patients will be transported to San Benito's Level IV Trauma Center.

Finally, a Quality Management program is to be established by the development of a Trauma Audit Committee (TAC) comprised of members of the local hospital, Trauma Centers in Santa Clara County, the LEMSAs and prehospital personnel. The TAC is responsible for ensuring that Quality Assurance standards are met by meeting County EMS Policy and Procedure.

### **COORDINATION WITH OTHER EMS AGENCIES:**

**NEED(S):** LEMSA designation of a Level IV Trauma Center at [Hazel Hawkins Memorial Hospital in Hollister, CA](#).

**OBJECTIVE:** By July 1, 2012, to completely implement the San Benito County EMS Agency's previously submitted and EMSA-approved Trauma Care System Plan.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 1.27**

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

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

**CURRENT STATUS:** Minimum standard met.

In San Benito County, there are no EDAP/PICU/Trauma Center/Burn Centers.

EMS Policy directs Paramedics to transport critically ill or injured children to the closest most appropriate medical facility. Ground transports of the critically ill or injured child will be limited to those cases when distances or delays are critical factors to a patient’s outcome. For the critically ill or injured child, an EDAP/PICU/Trauma Center/Burn Center is the most appropriate receiving facility. In San Benito County, the transport mode of choice to an EDAP or PICU/Trauma Center/Burn Center is by utilizing a medical helicopter.

The San Benito County EMS policy governing pediatric patient destinations is contained in [EMS Policy #1070](#).

**COORDINATION WITH OTHER EMS AGENCIES:** San Benito County EMS Agency cooperates with the surrounding EMS Agencies of Monterey, Santa Cruz and Santa Clara counties.

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## Enhanced Level: Exclusive Operating Areas

### **STANDARD: 1.28**

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

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

**CURRENT STATUS:** Minimum standard met.

San Benito County's Emergency Ambulance Zone [\(EOA-1\)](#) is an Exclusive Operating Area based on the "grandfather" provision of [Health & Safety Code §1797.224](#). The San Benito County EOA for emergency 911 ground ambulances includes all parts and portions of the incorporated and unincorporated areas within the political county boundaries. [The San Benito County EOA was approved by the California EMS Authority on July 10, 2006.](#)

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## STAFFING / TRAINING

*The local EMS system should include an adequate number of hospital and prehospital health professionals to provide emergency medical services on a twenty-four-hour-per-day basis.*

Provision should be made for the initial and ongoing training of these personnel utilizing curricula consistent with state and national standards.

### **Universal Level**

#### **Local EMS Agency**

#### **STANDARD: 2.01**

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

**CURRENT STATUS:** Minimum Standard met.

The San Benito County EMS Agency has developed a formal process through its CQI Program for the routine assessment of personnel and their training needs.

Incorporated into the Emergency Ambulance Agreement with the county's ambulance service provider, American Medical Response (AMR), is to have a Clinical and Education Services (CES) Coordinator in place and available and on staff. The CES Coordinator's primary function is to aid in local training and CQI activities to ensure field personnel compliance with all [EMS Policies and Procedures](#).

Part of the County EMS Coordinator's duties is to ensure and oversee local EMS training. The EMS Coordinator, a nationally registered and California licensed Paramedic, is also a qualified EMS Instructor and is available to provide continuing education, to meet a part of the local training needs.

The EMS Coordinator will continue to monitor and increase the availability of local EMS training courses to meet the needs of the various provider agencies throughout San Benito County.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 2.02**

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

**CURRENT STATUS:** Minimum Standard met.

There is no authorized paramedic or EMT-1 training program in San Benito County. The San Benito EMS Agency approves local training (Continuing Education) of Paramedics, EMT-Is and First Responders. The Agency uses the State EMS Authority’s [EMSA Publication #127](#) for the application and approval of continuing education providers.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 2.03**

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

**CURRENT STATUS:** Minimum Standard met.

Paramedics are licensed by the State of California and are accredited by the San Benito EMS Agency. The Agency certifies EMT-Is and First Responders. These mechanisms are identified in the [EMS Policies and Procedures Manual](#) located online at the EMS Agency web site: [www.sanbenitoco.org/EMS](http://www.sanbenitoco.org/EMS)

The San Benito County EMS Agency has developed a computer database for tracking the certification and accreditation status of EMS personnel as well as a policy for certificate review using the State EMS Authority’s *Certification Review Process Guidelines*.

The San Benito County EMS Agency contracts with the California Department of Justice (DOJ) for the reporting of criminal histories and subsequent arrest notifications which could impact EMS personnel certification (excluding paramedics). Over the course of the next EMS Plan year, the LEMSA intends to create a formal procedure, and place it into EMS Policy and Procedure, to address reporting to the LEMSA unusual occurrences outside the current DOJ reporting which could also impact EMS personnel certification.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** Procedure to report unusual occurrences to the LEMSA which could impact EMS personnel certification.

**OBJECTIVE:** To create a formal procedure, and place it into EMS Policy and Procedure, to address reporting to the LEMSA those unusual occurrences outside the current DOJ reporting which could also impact EMS personnel certification.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## **Dispatchers**

### **STANDARD: 2.04**

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

**CURRENT STATUS:** Minimum Standard met.

San Benito County Communications utilizes Public Safety Dispatchers trained on basic call taking and dispatching procedures and do not have medical responsibility. Dispatchers determine basic information as to whether the victim is conscious, breathing, their age, sex, and chief complaint. This information is then forwarded to responding EMS and Fire agencies. There is no determination as to what kind of medical service is needed and no pre-arrival instructions are provided. The determination as to how many resources should respond is determined by the size of the event and through established policies and procedures.

Dispatchers do receive orientation to the EMS system and basic information gathering as part of their Communications Training Officer (CTO) Program.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified. However, at the time San Benito County elects to utilize Emergency Medical Dispatch (EMD) trained dispatchers, this standard will need to be reviewed for compliance with [EMSA Publication #132 "Emergency Medical Services Dispatch Program Guidelines."](#)

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**First Responders** (non-transporting)

**STANDARD: 2.05**

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

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

**CURRENT STATUS:** Minimum Standard and Recommended Guideline met.

All First Responder personnel have been trained in first aid and CPR within the last three years in accordance with [Title 22 CCR, Division 9, Chapter 1.5 Sections 100018 and 100019](#). Most fire service personnel have been trained and certified to the EMT-I level. First Responder defibrillation using an AED is available to all County residents.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 2.06**

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

**CURRENT STATUS:** Minimum Standard met.

All fire suppression agencies in San Benito County provide a BLS medical response in accordance with San Benito County EMS Agency Policies and Procedures. An inventory of local industries and first aid teams are available through the San Benito Environmental Health Department and the Monterey/San Benito County Chapter of the American Red Cross.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 2.07**

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

**CURRENT STATUS:** Minimum Standard met.

Non-transporting EMS first-responders operate under the medical direction policies specified by the San Benito EMS Agency’s Medical Director.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 2.08**

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

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

**CURRENT STATUS:** Minimum Standard and Recommended Guideline met.

All emergency medical transport vehicle personnel are currently certified to at least the EMT-I level. All contract emergency 911 ground transport ambulances are staffed at all times with one certified EMT-I and one licensed Paramedic.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## Hospital

### **STANDARD: 2.09**

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

**CURRENT STATUS:** Minimum Standard met.

All hospital allied health personnel who provide direct emergency patient care have been trained in CPR.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 2.10**

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

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

**CURRENT STATUS:** Minimum Standard met. Recommended Guideline not met.

All emergency department physicians and registered nurses who provide direct emergency patient care are trained in advanced life support. However, all emergency department physicians are not certified by the [American Board of Emergency Medicine](#).

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## Enhanced Level: Advanced Life Support

### **STANDARD: 2.11**

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

**CURRENT STATUS:** Minimum Standard met.

All Paramedics are oriented to the local system policies and procedures, tested in optional scope of practice as required, and participate in the San Benito EMS Agency's quality assurance process. The LEMSA accredits all Paramedics in the local EMS system and maintains records that track their accreditation status.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 2.12**

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

**CURRENT STATUS:** Minimum Standard met.

The San Benito County [EMS Policy #2020](#) establishes policy and procedure for public safety and other basic life support personnel using AEDs in San Benito County. All BLKS and ALS responders working in the San Benito County EMS System are trained to the American Heart Association Healthcare Provider w/ AED level or equivalent.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None Identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 2.13**

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

**CURRENT STATUS:** Minimum Standard met.

San Benito County's base hospital uses emergency department physicians to provide on-line medical direction to the field paramedics. These base hospital physicians are trained and knowledgeable in radio communications techniques and local EMS policies and procedures.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

# COMMUNICATIONS

*The local EMS system should make provision for two-way communications between personnel and facilities within coordinated communications systems(s).*

*The communications system should include public access to the EMS system, resource management, and medical direction on both the basic life support and advanced life support levels.*

## Universal Level

### Communications Equipment

#### **STANDARD: 3.01 \***

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

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

**CURRENT STATUS:** Minimum Standard and Recommended Guideline met.

The [San Benito EMS Agency](#) has established a communication system for the ambulance provider(s) in the County. Ambulance personnel communicate with the dispatch center using a Med Net Channel and a local San Benito EMS channel. Ambulance personnel use the San Benito EMS Channel, satellite and mobile cellular telephones to communicate with the base hospital. There are no non-transporting advanced life support responders in the County. The County has a written communications plan which incorporates EMS and the use of Med Net Channel radio channels, satellite and mobile cellular telephones.

**COORDINATION WITH OTHER EMS AGENCIES:** Emergency medical transport units originating from San Benito County occasionally transport patients across county lines to hospitals in neighboring counties. As part of the plan for EMS communications, San Benito EMS County Agency has ensured that the medical transport units are capable of radio transmissions to hospitals in neighboring counties via the Med Net radio system or by using satellite and mobile cellular telephones. The medical transport units that operate in San Benito County are capable of radio communications to out-of-county responders via the CALCORD channel as well as by using satellite and mobile cellular telephones.

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 3.02**

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

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

**CURRENT STATUS:** Minimum Standard and Recommended Guideline met.

The San Benito County EMS Agency has established a communication system for the ambulance provider(s) in the County. Ambulance personnel use hand held radios and radios installed in each ambulance to communicate with the dispatch center on the Med Net Channel and San Benito EMS Channel. These radios also allow ambulance personnel to communicate with the base hospital using the San Benito County EMS Channel or communicate with other public safety agencies on local law enforcement and fire channels. There are no non-transporting advanced life support responders in the County.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 3.03**

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

**CURRENT STATUS:** Minimum Standard met.

There is only one acute care hospital in the County. All San Benito County authorized emergency ambulances have the ability to communicate with both the sending and receiving facilities by mobile telephone.

**COORDINATION WITH OTHER EMS AGENCIES:** Emergency medical transport units originating from San Benito County occasionally transport patients across county lines to hospitals in neighboring counties. As part of the plan for EMS communications, San Benito EMS County Agency has ensured that the medical transport units are capable of radio transmissions to hospitals in neighboring counties via the Med Net radio system or by using satellite and mobile cellular telephones. The medical transport units that operate in San Benito County are capable of radio communications to out-of-county responders via the CALCORD channel as well as by using satellite and mobile cellular telephones.

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 3.04**

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

**CURRENT STATUS:** Minimum Standard met.

All San Benito County-authorized emergency ground transport ambulances, where geography allows, have the ability to communicate with the San Benito County Communications using Med Net radios, San Benito EMS Channel, mobile satellite and cellular telephones and wire-based (conventional landline) telephones.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 3.05**

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

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

**CURRENT STATUS:** Minimum Standard met. Recommended Guideline met.

There is only one acute care hospital in the County, [Hazel Hawkins Memorial Hospital](#). Hazel Hawkins Memorial Hospital does have communications ability to other hospitals and poison control by conventional landline telephones.

Internet based EMSsystem is used for communications with Monterey, Santa Clara and Santa Cruz County hospitals for bed availability and diversion purposes.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 3.06**

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

**CURRENT STATUS:** Minimum Standard met.

The [San Benito County EMS Agency](#) tests communications linkages in its jurisdiction by participating in the prior yearly EMSA sponsored State-wide Medical/Health Disaster Exercise. In cooperation with prehospital and hospital providers, Public Health and San Benito County Office of Emergency Services, San Benito County EMS Agency takes the lead for the drill and has included [RACES \(Radio Amateur Civil Emergency Services\)](#) as provided by [San Benito County Amateur Radio Emergency Service](#) as a component of this drill. Capability to provide service in the event of multi-causality incidents and disasters is tested during the exercise.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## Public Access

### **STANDARD: 3.07**

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

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

**CURRENT STATUS:** Minimum Standard and Recommended Guideline met.

The 9-1-1 telephone service is coordinated by San Benito County Communications. The [San Benito County EMS Agency](#) participates in the 9-1-1 planning activities. All 9-1-1 calls placed within the county have enhanced service.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

### **TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 3.08**

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

**CURRENT STATUS:** Minimum Standard met.

[San Benito County EMS Agency](#) supports San Benito County Communications in a wide variety of events promoting the 9-1-1 education program. These include community events, school programs, and public education programs.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## Resource Management

### **STANDARD: 3.09**

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

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

**CURRENT STATUS: CURRENT STATUS:** Minimum Standard met, Recommended Guideline not met.

All 9-1-1 calls are answered by [San Benito County Communications](#). 9-1-1 callers are interrogated by Public Safety Dispatchers to determine the nature of the call and whether a medical response is required. An Operations Manual has been developed that is divided into sections, one of which includes the standards for each communications dispatcher to follow for screening 9-1-1 calls and dispatching medical resources.

San Benito County Communications does not provide Emergency Medical Dispatch (EMD) services.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 3.10**

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

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

**CURRENT STATUS:** Minimum Standard and Recommended Guideline met.

[San Benito County Communications](#) coordinates emergency services using standardized radio frequencies for the dispatch and coordination of system-wide emergency medical services.

There are only two full-time ambulances serving the County on a twenty-four hour basis. There is a third ambulance available on weekends between 0800 and 1700. In light of this, the [San Benito County EMS Agency](#) has developed policies for ambulance coverage when out-of-town (interfacility) transfers occur. County Communications and San Benito County EMS Agency have established procedures for requesting out-of-county ambulances to respond to “calls-pending” during periods of peak ambulance demand in San Benito County.

**COORDINATION WITH OTHER EMS AGENCIES:** An Automatic Aid response policy is in place with Monterey County to serve the [southwestern areas of the County](#) with the closest available ambulance. This resource usually comes from King City.

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## RESPONSE / TRANSPORTATION

*The local EMS system should include adequate ground, air, and water vehicles meeting appropriate standards regarding location, design, performance, equipment, personnel, and safety.*

### Universal Level

#### **STANDARD: 4.01**

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

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

**CURRENT STATUS:** Minimum Standard and Recommended Guideline met.

The San Benito County [Ambulance Ordinance #637](#) reads in part:

*“It is the further intent of the Board of Supervisors...to exercise to the full extent allowable under the laws of the State of California its discretion and authority to regulate emergency and non-emergency ambulance transportation services throughout all the unincorporated and incorporated areas of the County of San Benito.”*

The Ambulance Ordinance also states that the Board of Supervisors may adopt, by resolution, medical transport service areas for emergency 9-1-1 calls in San Benito County. The boundaries of the EMS ground transport agencies are defined in the County’s contract with the ambulance provider and in the EMSA-approved EOA. Please see the [“2008 – 2009 EMS Transportation Plan”](#) portion of this EMS Plan update for a Response Zone Map of [San Benito County’s EOA](#).

**COORDINATION WITH OTHER EMS AGENCIES:** San Benito County has agreements in place with Monterey and Santa Cruz Counties for the administration of medical control for EMS providers serving the northern regions of San Benito County.

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 4.02**

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

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

**CURRENT STATUS:** Minimum Standard and Recommended Guideline met.

Emergency medical transportation services, both emergency and non-emergency, operate under San Benito County [Ambulance Ordinance #637](#). Written agreements with the County mandate ambulance service provider compliance with appropriate statutes, regulations, policies, and procedures.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

### **STANDARD: 4.03**

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

**CURRENT STATUS:** Minimum Standard met.

San Benito County [Ambulance Ordinance #637](#) defines an “emergency call” as “...a request for the dispatch of an ambulance to respond, transport or provide other assistance to persons in sudden need of immediate medical attention.”

[San Benito County EMS Agency](#) policy identifies that a medical emergency exists “when medical care appears essential to save a life, prevent undue suffering, or to reduce or prevent disability.” Under these circumstances, EMS vehicles respond immediately under “code 3” (i.e., with lights and siren) conditions. This is the equivalent of an “emergent” response. EMS vehicles respond under “code 2” (i.e., no lights and siren) conditions for most other medical requests. This is the equivalent to an “urgent” response. No other response codes are identified by the Agency. In practice, however, most 9-1-1 calls in San Benito County are treated as emergency events, with code-3 (emergent) responses from all providers.

In July 2004, the County entered into a new contract with its Emergency Ambulance Service Provider, American Medical Response. The contract further defines emergency responses and specific requirements for meeting the County’s response standards for emergent and urgent requests for service. On a monthly basis, the County’s Emergency Ambulance Service Provider provides the EMS Agency with a Performance Report which identifies each emergency call dispatched which did not meet the County’s response time standard.

The feasibility of implementing a “medical priority dispatch system” in the County is being discussed. This system, if implemented, would classify medical priorities and send the most appropriate EMS vehicles at the most appropriate response code. (See also Standards 3.09 “Dispatch Triage” and 6.04 “Medical Dispatch”)

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** Our current medical dispatch procedures meet our needs. Future growth may require an evaluation of the effectiveness of these methods. Emergency Medical Dispatch (EMD) is a goal the EMS Agency will explore once the system grows sufficiently to support the costs involved with implementing EMD as a County Communications service.

**OBJECTIVE:** To continue to monitor the EMS system to identify sufficient system growth to financially support an EMD level dispatch center.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 4.04**

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

**CURRENT STATUS:** Minimum Standard met.

The contract between the County and its Emergency Ambulance Service Provider, American Medical Response, states:

*“Contractor shall not be precluded from performing other outside work at approved rates, such as non-emergency medical transfers,” and “Nothing herein shall excuse Contractor from satisfying its [emergency response] obligations under the term of this Agreement.”*

In addition, current EMS Agency Policies [#1130](#) and [#1140](#) establish the conditions for scheduling interfacility patient transfers within the County and interfacility transfers outside the County.

The San Benito Health Care District operates [Hazel Hawkins Memorial Hospital](#), the EMS system’s only paramedic base station hospital as well as the two primary long term care facilities in the county. The health care district is in the process of bringing online a transportation shuttle for use with the two long term care facilities. The use of this transportation shuttle should eliminate the majority of pre-scheduled transports that the emergency ambulance service provider now performs. By virtue of its existence and the ability to shuttle clients not requiring medical observation will therefore increase available and dedicated EMS system emergency ambulance hours.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 4.05 \***

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

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

- a. The response time for a basic life support and CPR capable first responder does not exceed:  
Metro/urban--5 minutes  
Suburban/rural--15 minutes  
Wilderness--as quickly as possible
- b. The response time for an early defibrillation-capable responder does not exceed:  
Metro/urban--5 minutes  
Suburban/rural--as quickly as possible  
Wilderness--as quickly as possible
- c. The response time for an advanced life support capable responder (not functioning as the first responder) does not exceed:  
Metro/urban--8 minutes  
Suburban/rural--20 minutes  
Wilderness--as quickly as possible
- d. The response time for an EMS transportation unit (not functioning as the first responder) does not exceed:  
Metro/urban--8 minutes  
Suburban/rural--20 minutes  
Wilderness--as quickly as possible.

**CURRENT STATUS:** Minimum Standard met. Recommended Guideline not met.

The San Benito EMS Agency has established [Response Time Standards](#) (based on size of County and long transport distances) for the contracted emergency ambulance service provider in the County as defined below.

Contractor will be deemed to be in compliance with response time standards if ninety percent (90%) or more of all Code 3 (9-1-1) events in which a transport ambulance arrives on scene, measured monthly, meet the specified response times:

- San Benito Urban Area: Emergency calls within the San Benito County Urban Area must be responded to within ten (10) minutes or less (does not meet Required Guideline).

- San Benito County Rural Area: Emergency calls within the San Benito County Rural Area must be responded to within thirty (30) minutes or less (does not meet Required Guideline).
- San Benito County Wilderness Area: Emergency calls within the San Benito County Wilderness Area must be responded to within ninety (90) minutes or less.
- San Benito County Wilderness (Remote) Area: Emergency calls within the San Benito County Wilderness (Remote) Area must be responded to within one hundred twenty (120) minutes or less.

**COORDINATION WITH OTHER EMS AGENCIES:** San Benito County has written agreements with Monterey and Santa Cruz Counties for automatic and mutual aid responses to the northern and southwestern most regions of the County. The agreements cover issues where response times are too great for San Benito County based medical transport units or in the event the number of calls for service exceeds the number of available ambulances.

**NEED(S):** Additional emergency ambulance hours to be available in the EMS system to reduce the Urban and Rural Response Zone response times to comply with the Recommended Guidelines.

**OBJECTIVE:** To work with the County’s contract emergency ambulance service provider to assist them with adding ambulance hours into the EMS system in a way that is profitable, efficient and effective.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 4.06**

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

**CURRENT STATUS:** Minimum Standard met.

Current [EMS Policy #1090](#) identifies the equipment required of advanced life support emergency medical transport vehicles operating in San Benito County. The Emergency Ambulance Agreement (July 1, 2004 – June 30, 2009) identifies the minimal staffing level of ALS ambulances operating in the [San Benito County EMS EOA-1](#) shall be one EMT-1 (basic) and one EMT-P (paramedic). The level of staffing and equipment meet all current state regulations.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 4.07**

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

**CURRENT STATUS:** Minimum Standard met.

First Responder agencies are fully integrated into the San Benito County EMS system. Each agency uses either First Responder or EMT-1 level personnel in response to medical emergencies. These first response personnel use the Basic Life Support treatment protocols approved by the San Benito County EMS Agency and use industry-standard EMS supplies and equipment. The BLS first response personnel are also authorized to provide defibrillation using Automated External Defibrillators (AED).

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 4.08 \***

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

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

**CURRENT STATUS:** Minimum Standard met.

San Benito County hosts CALSTAR as an air ambulance service provider at a station located at the Hollister Municipal Airport. The San Benito County EMS Agency [Policy #1040](#) identifies the process for categorizing medical and rescue aircraft and policies and procedures for EMS aircraft operating in San Benito County, including items *a-f* above.

**COORDINATION WITH OTHER EMS AGENCIES:** The San Benito County [Emergency Medical Care Commission](#) includes a member who represents the primary EMS aircraft service provider serving San Benito County.

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 4.09**

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

**CURRENT STATUS:** Minimum Standard met.

San Benito County is served by several EMS aircraft providers. One provider, [CALSTAR](#), is based in the county while the others are based in surrounding counties. Each air ambulance service provider maintains its own dispatch center. In the event of a major incident or medical emergency, the Incident Command System is used to coordinate appropriate resources. Under the Incident Command System, a single dispatch center is designated to coordinate the use of air ambulances or rescue aircraft. All requests for EMS aircraft must be made through [San Benito County Communications](#). In the event another communications center does make a request for EMS aircraft resources for any mission located within San Benito County, they must notify San Benito County Communications for mission coordination. EMS Aircraft operations, including dispatch procedures, are identified in [EMS Policy #1040](#).

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 4.10 \***

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

**CURRENT STATUS:** Minimum Standard met.

Medical and rescue aircraft available to respond to San Benito County have been identified. San Benito County EMS Agency has executed written agreements with each of the aero medical service providers that provide EMS air support to the county.

**COORDINATION WITH OTHER EMS AGENCIES:** San Benito County is served by several EMS aircraft providers. One provider, CALSTAR, is based in the county while the others are based in surrounding counties. The EMS Agency has developed agreements for the use of out-of-county EMS air services from Monterey, Santa Clara, Stanislaus, Merced and San Luis Obispo Counties. EMS Aircraft operations are identified in [EMS Policy #1040](#).

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 4.11 \***

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

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

**CURRENT STATUS:** Minimum Standard and Recommended Guideline met.

The [Hollister Hills State Vehicular Recreation Area](#) is staffed by Park Rangers who are certified as EMT-1. They use all-terrain vehicles (motorcycles and all-wheel drive) to respond to medical emergencies within the Park. Because conventional ambulances cannot traverse most of the Park, some of the Park's all-wheel drive vehicles are configured to transport patients. These vehicles often transport a patient to rendezvous points where ground or air ambulances then transport the patient to a receiving, base hospital or trauma center.

The [San Benito County Sheriff Office](#) has an [Off-Road Enforcement Unit](#) that utilizes all-terrain vehicles and a Mounted Search and Rescue Unit, with some members trained as first responders or higher, that could be called upon in an emergency.

**COORDINATION WITH OTHER EMS AGENCIES:** San Benito County has identified and utilizes [Monterey County's Search and Rescue team](#) whenever the needs arise.

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 4.12**

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

**CURRENT STATUS:** Minimum Standard met.

The San Benito County Operational Area Emergency Operational Plan identifies the Medical/Health Operational Area Coordinator (MHOAC) or designated Medical/Health Branch Leader (EOC Operations) authorization to request the mobilization of response and transport vehicles during a disaster.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 4.13 \***

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

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

**CURRENT STATUS:** Minimum Standard and Recommended Guideline met.

There are only two full-time ambulances serving the majority of the County on a twenty four hour basis. There is a third ambulance available on weekends between 0800 and 1700. In light of this, the San Benito EMS Agency has developed ambulance coverage policies when out-of-town (interfacility) transfers occur. [San Benito County Communications](#) has developed procedures for requesting out-of-county ambulances during periods of peak ambulance demand in San Benito County. (See also Standard 3.10 “Integrated Dispatch” and 4.01 “Service Area Boundaries”). For day-to-day mutual aid responses, the surrounding counties of Monterey, Santa Cruz and Santa Clara each agree to bear their own costs related to the inter-county response.

**COORDINATION WITH OTHER EMS AGENCIES:** San Benito County has written agreements with two neighboring Counties’ EMS agencies (Monterey and Santa Cruz) that address which County’s medical protocols, administrative policies, and mutual aid responses that will be used when EMS providers based in one County serve the neighboring County.

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 4.14**

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

**CURRENT STATUS:** Minimum Standard met.

The San Benito EMS Agency has developed a Multi-Casualty Incident (MCI) response plan and have incorporated the plan into the EMS Policy and Procedure Manual. The MCI Plan is contained in [EMS Policy #1170](#).

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 4.15**

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

**CURRENT STATUS:** Minimum Standard met.

The San Benito EMS Agency has developed a Multi-Casualty Incident (MCI) response plan and has incorporated the plan into the EMS Policy and Procedure Manual. The MCI Plan is contained in [EMS Policy #1170](#).

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**Enhanced Level: Advanced Life Support**

**STANDARD: 4.16**

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

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

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

**CURRENT STATUS:** Minimum Standard and Recommended Guidelines not met.

The advanced life support units are currently staffed with an ALS/BLS crew configuration. It has been determined that units will not be staffed with two ALS crew members. The BLS crew members of ALS response vehicles are not currently trained and authorized to operate available defibrillators, i.e., manual defibrillators.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** Assess the need for EMT-1 personnel on ALS response units to use available defibrillators.

**OBJECTIVE:** When the need for EMT-1 personnel on ALS response units to use available (manual) defibrillators is determined, train all of those personnel within 6 months of the identified need.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 4.17**

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

**CURRENT STATUS:** Minimum Standard met.

San Benito EMS Agency policy establishes the equipment required for ALS ambulances commensurate with the advanced life support scope of practice in the County. This policy has been reviewed by the [Prehospital Advisory Committee](#) and has been incorporated into the [EMS Policy and Procedure Manual](#). The MICU Equipment and Drug Inventory is contained in [EMS Policy # 1090](#).

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## Enhanced Level: Ambulance Regulation

### **STANDARD: 4.18**

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

**CURRENT STATUS:** Minimum Standard met.

San Benito County enacted an Ambulance Ordinance (Ambulance Ordinance #637) on April 13, 1993. The Ambulance Ordinance ensures that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care. It is available on line at the EMS Agency web site: [San Benito County Ambulance Ordinance #637](#).

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None Identified.

**OBJECTIVE:** Objective met.

### **TIME FRAME FOR MEETING OBJECTIVE:**

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

## Enhanced Level: Exclusive Operating Permits

### **STANDARD: 4.19**

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

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

**CURRENT STATUS:** Minimum standard met.

San Benito's Transportation Plan addresses minimum standards for transportation services, optimal transportation system efficiency and effectiveness. The Plan is incorporated into the current 5 year Emergency Ambulance Agreement which was signed July 1, 2004 and expires midnight on June 30, 2009. The County granted the EOA to the current ambulance service provider, American Medical Response, based on the "grandfather" provision of [Health & Safety Code §1797.224](#) and the [EMS Authority's EOA approval dated July 10, 2006](#). The Transportation Plan is included in this EMS Plan as an annex. The 2008/2009 Transportation Plan is contained in [EMS Policy #1180](#).

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 4.20**

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

**CURRENT STATUS:** Minimum Standard met.

[San Benito County's Emergency Ambulance Zone \(EOA-1\)](#) is an Exclusive Operating Area based on the "grandfather" provision of [Health & Safety Code §1797.224](#) approved by the [California EMS Authority on July 10, 2006](#).

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 4.21**

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

**CURRENT STATUS:** Minimum standard met.

[San Benito County's 2008/2009 EMS Transportation Plan](#) and Emergency Ambulance Agreement specifically require the Exclusive Operating Area's ambulance service provider to comply with the County's [EMS Policies & Procedures](#) regarding all aspects of system operations and patient care.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 4.22**

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

**CURRENT STATUS:** Minimum standard met.

The design of [San Benito County's Exclusive Operating Area \(EOA-1\)](#) was last evaluated during the EMS Agency's [May 10, 2006 request to EMSA for approval of EOA creation](#) by using the "Grandfathering" provisions of [California Health and Safety Code §1797.224](#). San Benito County's Emergency Ambulance Zone [\(EOA-1\)](#) was [approved by the California EMS Authority on July 10, 2006](#).

San Benito County's Emergency Ambulance Agreement with American Medical Response, by design, also serves as the foundation of the [San Benito County EMS Transportation Plan](#).

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## FACILITIES / CRITICAL CARE

*The local EMS system should have provision for an appropriate number and level of health facilities to receive and treat emergency patients. It shall have a system of identifying, under medical direction, the most appropriate facility to manage a patient's clinical problem and arrange for triage and/or transfer of the patient to this facility.*

### Universal Level

#### **STANDARD: 5.01**

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

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

**CURRENT STATUS:** Minimum Standard and Recommended Guideline met.

The San Benito County EMS Agency has a [written agreement with the San Benito Health Care District](#) which operates [Hazel Hawkins Memorial Hospital](#), the local acute-care hospital in San Benito County. Hazel Hawkins Memorial Hospital is a designated paramedic base station hospital and maintains written patient transfer agreements with other hospitals and trauma centers in Monterey, Santa Cruz and Santa Clara counties.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 5.02 \***

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

**CURRENT STATUS:** Minimum Standard met.

The San Benito EMS Agency has established prehospital triage protocols. All prehospital personnel have received training in START triage. Transfer agreements will be developed through the trauma plan process. San Benito County EMS Agency maintains a Policy, [EMS Policy #1070 - "Triage for Receiving Hospital Destination"](#) which directs patient destinations based on field triage performed by ALS personnel.

**COORDINATION WITH OTHER EMS AGENCIES:** San Benito County EMS Agency has adopted the MAP and START systems of triage in conjunction with Monterey and Santa Cruz Counties. This enables all 3 counties to work in a coordinated fashion for triage purposes when multi-jurisdictional incidents occur. The MAP Trauma Triage system has been adopted in San Benito County as [EMS Policy #MAP – MAP Trauma Triage](#) for assessing and determining appropriate trauma patient destination.

**NEED(S):** N/A

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 5.03 \***

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

**CURRENT STATUS:** The San Benito County EMS Agency has a [written agreement with the San Benito Health Care District](#) which operates Hazel Hawkins Memorial Hospital, the local acute-care hospital in San Benito County. [Hazel Hawkins Memorial Hospital](#) is a designated paramedic base station hospital and maintains written patient transfer agreements with other hospitals and trauma centers in Monterey, Santa Cruz and Santa Clara counties.

[San Benito County EMS Agency](#) has adopted the MAP and START systems of triage in conjunction with Monterey and Santa Cruz Counties. This enables all 3 counties to work in a coordinated fashion for triage purposes when multi-jurisdictional incidents occur. The MAP Trauma Triage system has been adopted in San Benito County as [EMS Policy #MAP – MAP Trauma Triage](#) for assessing and determining appropriate trauma patient destination.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 5.04**

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

**CURRENT STATUS:** Minimum Standard met.

Hazel Hawkins Memorial Hospital is the only acute-care hospital in San Benito County. There are no specialty care facilities in the County; therefore, no criteria have been developed for such facilities. The San Benito County EMS Agency has developed [prehospital treatment guidelines for pediatric patients](#) and has incorporated those into its [EMS Policy and Procedures Manual](#). (See Standard 5.02 above).

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** N/A

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 5.05**

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

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

**CURRENT STATUS:** Minimum Standard and Recommended Guideline met.

The San Benito County EMS Agency has a Mass Casualty Incident (MCI) management plan. The Agency has developed procedures for coordinating communications and patient flow during a mass casualty incident. The MCI Plan is incorporated into the [EMS Policy and Procedure Manual](#) as [EMS Policy #1170](#).

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** N/A

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 5.06 \***

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

**CURRENT STATUS:** Minimum Standard met.

Evacuation policies and procedures have been developed by the local hospital as required by State law.

**COORDINATION WITH OTHER EMS AGENCIES:** San Benito EMS Agency has entered into mutual aid agreements with Monterey and Santa Cruz Counties which address the reciprocal needs of each county. Hospital evacuation needs would be addressed as a mutual aid request.

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## Enhanced Level: Advanced Life Support

### **STANDARD: 5.07 \***

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

**CURRENT STATUS:** Minimum Standard met.

The one acute-care hospital in the County, [Hazel Hawkins Memorial Hospital](#), has been designated by the EMS Agency as a paramedic base hospital. The hospital provides medical direction to prehospital personnel as described in EMS Plan Standard 3.0 “Communications.”

**COORDINATION WITH OTHER EMS AGENCIES:** Medical transport units originating in San Benito County have the ability to communicate via mobile telephone or radio to base hospitals in neighboring counties to receive medical direction when necessary.

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

### **TIME FRAME FOR MEETING OBJECTIVE:**

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

## Enhanced Level: Trauma Care System

### **STANDARD: 5.08**

**MINIMUM STANDARD:** *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:** Minimum Standard met.

The San Benito Trauma Plan has been approved by the EMS Authority. [Approval date is July 23, 2003.](#) Full implementation of the Plan has not been accomplished at this time. However, the EMS Agency has Long Range Plans to continue to work with the local hospital in an effort to upgrade the Basic ER status to that of Level IV Trauma Center.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** Local Trauma Center; minimum Level IV.

**OBJECTIVE:** To assist Hazel Hawkins Memorial Hospital with meeting the requirements to be designated as a Level IV Trauma Center.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 5.09**

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

**CURRENT STATUS: Minimum standard met.**

San Benito County's Trauma Plan has been developed in which input was sought from prehospital and hospital providers and consumers. The Trauma Plan was [approved by the California Emergency Medical Services Authority on July 23, 2003.](#)

**COORDINATION WITH OTHER EMS AGENCIES: N/A**

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## **Enhanced Level: Pediatric Emergency Medical and Critical Care System**

### **STANDARD: 5.10**

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

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

### **CURRENT STATUS:**

There are not any pediatric emergency medical and critical care facilities located in San Benito County. This need is met by directing Emergency Transport agencies, both ground and air, to transport all critically ill or injured pediatric patients to identified EDAPs or PICUs located in adjacent Santa Clara County. Pediatric transport destination guidelines are located in [EMS Policy #1170](#).

In January of 2008 the EMS Agency approached EMSA regarding the [“EMS for Children”](#) program. The San Benito County EMS Coordinator currently sits on the EMSC committee as a (San Benito) county “EMSC Coordinator.”

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 5.11**

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

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

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

**CURRENT STATUS:**

There are not any pediatric emergency medical and critical care facilities located in San Benito County. This need is met by directing Emergency Transport agencies, both ground and air, to transport all critically ill or injured pediatric patients to identified EDAPs or PICUs located in adjacent Santa Clara County. Pediatric transport destination guidelines are located in [EMS Policy #1170](#).

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 5.12**

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

**CURRENT STATUS:** Minimum standard met.

There are not any specialized pediatric emergency medical or critical care facilities located in San Benito County. This need is met by directing Emergency Transport agencies, both ground and air, to transport all critically ill or injured pediatric patients to identified EDAPs or PICUs located in adjacent Santa Clara County.

Pediatric transport destination guidelines are located in [EMS Policy #1170](#). Prehospital and hospital providers and consumers have input to all EMS policy and procedure development by way of publically open [Emergency Medical Care Commission \(EMCC\)](#) and [Prehospital Advisory Care \(PAC\)](#) committee meetings. EMCC and PAC meetings are held bi-monthly beginning in January of each calendar year.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## Enhanced Level: Other Specialty Care Systems

### **STANDARD: 5.13**

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

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

**CURRENT STATUS:** N/A

There are not any specialized pediatric emergency medical or critical care facilities located in San Benito County.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** N/A

**OBJECTIVE:** N/A

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 5.14**

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

**CURRENT STATUS:** Minimum standard met.

Prehospital and hospital providers and consumers have input to all EMS policy and procedure development by way of publically open [Emergency Medical Care Commission \(EMCC\)](#) and [Prehospital Advisory Care \(PAC\)](#) committee meetings. EMCC and PAC meetings are held bi-monthly beginning in January of each calendar year.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## DATA COLLECTION / SYSTEM EVALUATION

*The local EMS system should have mechanisms to collect data regarding operational and clinical aspects of the system, covering all stages of the system. Both day-to-day quality assurance/quality improvement audits and overall evaluations of system operations are necessary.*

### Universal Level

#### **STANDARD: 6.01**

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

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

**CURRENT STATUS:** Minimum Standard and Recommended Guideline met

Current EMS policy establishes a system-wide quality assessment program to evaluate the services provided within the San Benito County EMS system. Specific EMS responses (cases) are selected for review by a Quality Assessment Committee administered by the EMS Medical Director. The cases are selected using several criteria: (1) cases that appear to have been managed contrary to established policies and protocols, (2) cases that demonstrate exceptional practice by EMS providers, (3) cases that are the target of specific study (e.g., pediatric emergencies), and (4) other criteria, as appropriate.

A computer-generated electronic patient care record (ePCR) is completed for every patient treated by advanced life support personnel in the field ([EMS Policy #6000](#)); however, a similar record for non-ALS transport personnel is not required, unless the provider uses an automatic external defibrillator (AED) during the course of patient management. EMS-related radio and telephone traffic is digitally recorded by County Communications. These audio recordings are used to supplement case review conducted by the Quality Assessment Committee.

The County has implemented a computer aided dispatch (CAD) system that assists with evaluations because EMS data can be retrieved from CAD. However, the ePCR is the primary source for selecting clinical cases for review.

**COORDINATION WITH OTHER EMS AGENCIES:** San Benito EMS Agency works in conjunction with Santa Cruz County for QA/QI.

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 6.02**

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

**CURRENT STATUS:** Current Standard met.

A computer generated electronic patient care record (ePCR) is completed for every dispatch and every patient contact by advanced life support transport personnel. BLS non-transporting personnel generate a response report according to their own agency's policies. For each patient that an AED is placed by an AED Service Provider, the advanced life support transport personnel will document such in the ePCR. Every ePCR and Defibrillation Report is available to the EMS Agency for review. (See Standard 6.01 "QA/QI Program")

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

### **STANDARD: 6.03**

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

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

**CURRENT STATUS:** Minimum Standard met. Recommended Guideline met

The [San Benito County EMS Agency](#) conducts audits of both system response and clinical aspects, as described in Standard 6.01 “QA/QI Program” above.

The means for linking prehospital records with dispatch, emergency department, in-patient, and discharge records was completed in March 2008. The San Benito County EMS Agency uses a series of reporting mechanisms to track patients entering the EMS system from “Dispatch to Discharge.” The informational flow of prehospital events occurs as follows:

- When an EMS call-for-service is received by the county dispatch agency, San Benito County Communications Center, the request is assigned both an “Event Number” (sequentially assigned CAD number) and an “EMS Run Number” (sequentially assigned number that tracks only EMS calls-for-service).
- When the ALS transport crews receive the EMS call-for-service, they utilize the EMS Run Number to identify the call and it can now be traced from the electronic patient care report (ePCR) back to the original request in the Communications Center’s CAD system.
- All telephonic and direct radio calls-for-service are digitally recorded at the Communications Center and can be traced and identified by using the Event Number that was assigned by the CAD system.
- Most prehospital in-extremis patients who are transported outside the county, either to specialized care or trauma centers located in Monterey or Santa Clara counties, are transported by air ambulance. The EMS Agency has agreements with the air ambulance transport providers that service the county. The agreement require the providers to provide to the EMS Agency patient care reports (PCRs) and, at a minimum, on a quarterly basis to provide a detailed “Run Report” that details all calls-for-service that originate in San Benito County.
- Each PCR contains patient destination information that identifies the medical facility that the prehospital patient has been transported to.
- For prehospital patients transported to trauma centers in Santa Clara County, each trauma center generates and sends to the EMS Agency, detailed patient reports that provide admit and discharge information. For QI/QA purposes, the EMS Agency uses these reports to trace back the entire incident from “Dispatch to Discharge.”

- For prehospital patients transported to base or receiving hospitals, the EMS Agency uses the information logged into the ePCR system to trace back the entire incident from “Dispatch to Discharge.”

**COORDINATION WITH OTHER EMS AGENCIES: N/A**

**NEED(S):** None identified

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 6.04**

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

**CURRENT STATUS:** Minimum Standard met.

Public Safety Dispatchers in San Benito County have received basic emergency medical call taking and training in emergency medical dispatch procedures. Appropriate response is determined by policy and not based upon an Emergency Medical Dispatch (EMD) system of triage. The mechanism to ensure that dispatch policy is followed is accomplished by routinely reviewing dispatch tapes during QA/QI sessions of the bi-monthly [Prehospital Advisory Committee](#) meetings.

**COORDINATION WITH OTHER EMS AGENCIES: N/A**

**NEED(S):** Emergency Medical Dispatch (EMD) capability.

**OBJECTIVE:** To continue to monitor the EMS system through established QI/QA procedures and to advocate for the San Benito County Communications Center to establish an EMD system of prioritizing dispatch and response to EMS calls-for-service.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 6.05 \***

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

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

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

**CURRENT STATUS:** Minimum Standard met. Recommended Guideline met.

On March 1, 2008, the San Benito EMS Agency launched an electronic EMS data management system (ePCR) to support its system-wide planning and evaluation and the quality assessment audit of the care provided to all prehospital patients. The data management system that San Benito County EMS Agency is using in its system wide planning and evaluation program is the “Multi EMS Data System” (MEDS). MEDS is [NEMESIS Silver](#), soon to be [NEMESIS Gold](#) and is currently [CEMSIS](#)-ready ([See EMS Policy #6000](#)).

**COORDINATION WITH OTHER EMS AGENCIES:** In its current state, MEDS is capable of supplying other EMS Agencies and organizations with requested data in a timely fashion.

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 6.06**

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

**CURRENT STATUS:** Minimum Standard met.

San Benito County EMS Agency policy establishes a system-wide quality assessment program to evaluate the services provided within the San Benito County EMS system. (See Standard 6.01 above). On March 1, 2008, the San Benito EMS Agency launched an electronic EMS data management system (ePCR) to support its system-wide planning and evaluation and the quality assessment audit of the care provided to all prehospital patients. (See Standard 6.05 above). The computer aided dispatch (CAD) system in place at San Benito County Communications Center does assist in the evaluation of the EMS system design and operations and the assessment of resources (personnel and equipment) needed to adequately support the EMS response system. The appropriateness of (medical) guidelines and standards are evaluated by the EMS Medical Director and are based on state and national guidelines and standards. The EMS Agency, in coordination with the local Public Health Division, is aware of the need to develop an evaluation program for prevention strategies tailored to community needs. (See also Standard 1.18 “QA/QI”)

**COORDINATION WITH OTHER EMS AGENCIES:**

**NEED(S):** Establish a program to evaluate:

- 1. system effectiveness at meeting community needs, and
- 2. prevention strategies that are tailored to community needs.

Strengthen the program to evaluate:

- 1. the appropriateness of guidelines and standards, and
- 2. assessment of resources needed to adequately support the system.

**OBJECTIVE:** Establish and strengthen the evaluation program as above. (See also Standard 7.0 Public Information and Education)

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 6.07**

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

**CURRENT STATUS:** Minimum standard met.

As noted under Standard 6.01 above, current EMS Policy establishes a system-wide quality assessment program to evaluate the services provided within the San Benito County EMS system. The San Benito County EMS Agency has executed [written agreements](#) with the local base hospital and paramedic service provider to participate, as required by state law, in this program.

The [County Ambulance Ordinance](#) requires providers of medical transportation to acquire a permit through the EMS Agency. The County contracts with one provider for emergency medical transport and have issued one other permit for non-emergency interfacility medical ground transports. Both require compliance with County EMS policies. This includes reporting requirements, and monitoring of their procedures to ensure the system wide evaluation program. The countywide vote on CSA #36 which funds the EMS Agency and adoption by all governing bodies provides for authorization of system wide participation and evaluation.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 6.08**

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

**CURRENT STATUS:** Minimum Standard met.

The report for the [County Board of Supervisors](#) and [Emergency Medical Care Commission](#) regarding the EMS system design and operations is presented annually.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## Enhanced Level: Advanced Life Support

### **STANDARD: 6.09**

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

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

**CURRENT STATUS:** Minimum Standard met. Recommended Guideline met

The process to audit treatment provided by advanced life support providers is described in Standard 6.01 “QA/QI Program” above. The EMS Agency’s data management system (MEDS ePCR system) is programmed to include prehospital, base hospital, and receiving hospital data.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified

**OBJECTIVE:** Objective met.

### **TIME FRAME FOR MEETING OBJECTIVE:**

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

## Enhanced Level: Trauma Care System

### **STANDARD: 6.10**

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

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

**CURRENT STATUS:** Minimum Standard met.

With the March 1, 2008 implementation of the MEDS electronic patient care reporting system, the ability of the EMS Agency to harvest local trauma data was created. Beginning July 1, 2008 and for each successive year beginning January 1 through December 31 of each year, the EMS Agency will enter all trauma data into an Excel spreadsheet "Trauma Registry." The Agency has agreements with all local hospitals and out-of-county trauma centers to supply trauma patient outcome reports. With this information, the EMS Medical Director will study the data and determine under/over triage rates, identify patients whose care fell outside of established EMS policy and will identify potential improvements to the system design and operation.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 6.11**

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

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

**CURRENT STATUS:** Minimum Standard met. Recommended Guideline met.

There is no designated trauma center in San Benito County. The Trauma cases that are transported to trauma centers in neighboring Santa Clara County are reviewed for appropriateness by the EMS Medical Director. The trauma centers and local base hospital provide the EMS Medical Director with patient-specific information upon request.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** N/A

**OBJECTIVE:** N/A

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## PUBLIC INFORMATION AND EDUCATION

*The local EMS system should provide programs to establish an awareness of the EMS system, how to access the system and how to use the system. Programs to train members of the public in first aid and CPR should be available.*

### Universal Level

#### **STANDARD: 7.01**

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

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

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

**CURRENT STATUS:** Minimum Standard met. Recommended Guideline met.

The San Benito EMS Agency promotes and works with the County Public Health Division, County Communications Center, American Red Cross, and Fire Service agencies to educate the community on the use of emergency medical services.

The Monterey/San Benito Chapter of the American Red Cross offers CPR, first aid, water safety, HIV/AIDS education, blood-borne pathogen training, and childcare provider training. They also offer specific courses for youth, including babysitting, basic aid training (BAT), and first aid for children today (FACT). Programs range from layperson to professional-level skills.

Local fire agencies train citizens and first-responders in CPR, First aid, and other public safety programs. [County Communications Center](#) heads a program designed for schools on how and when to use 9-1-1 and is working with the Red Cross to develop a class for adults. [The Public Health Division](#) provides a series of programs on various health and safety issues. They have also developed a directory of resources available to the community.

**COORDINATION WITH OTHER EMS AGENCIES: N/A**

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 7.02**

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

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

**CURRENT STATUS:** Minimum Standard met. Recommended Guideline met.

The County of San Benito has an Injury, Illness and Prevention Program that all county agencies are required to follow. The EMS Agency promotes the Public Health Division in their efforts to provide educational programs for targeted groups at high risk of injury and illness.

The [San Benito County SAFE KIDS Coalition](#) was organized in late 1995 as one of over 240 affiliates of the [National SAFE KIDS Campaign](#) through the Public Health Agency. The Coalition’s mission is to increase public awareness and reduce preventable childhood injuries through education and safety awareness activities. Coalition volunteers come from agencies, community-based organizations, and the community-at-large.

Several risk areas have been targeted for prevention, including: traffic injury (passenger, pedestrian and bicyclist), water safety, fire safety/burn prevention, and poisoning prevention.

The Coalition sponsors two major events each year: National SAFE KIDS week in May, and “KIDS at the PARK” in June. In addition, safety programs are held for organizations and schools. Safety gear is provided at low/no cost to eligible families. Audiovisual and printed safety education materials are provided upon request.

Ongoing collaborative partnerships include the California Highway Patrol, Hollister Police Department, San Benito County Sheriff’s Office, CalFIRE, County and City Fire Departments, among others.

**COORDINATION WITH OTHER EMS AGENCIES: N/A**

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 7.03**

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

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

**CURRENT STATUS:** Minimum Standard met. Recommended Guideline met.

The San Benito County Office of Emergency Services (OES) takes the lead for disaster planning and preparedness for the San Benito County Operational Area. The [EMS Agency](#) will continue to work with the [Public Health Division](#) to develop a disaster medical component to its Public Health Emergency Response Plan.

OES participates annually in the Earthquake Preparedness and Winter Wise Campaigns. Disaster preparedness and medical preparedness materials are distributed to the community. The San Benito County EMS Agency supports OES in implementing and training for [Community Emergency Response Teams \(CERT\)](#).

**COORDINATION WITH OTHER EMS AGENCIES: N/A**

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 7.04**

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

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

**CURRENT STATUS:** Minimum Standard met. Recommended Guideline met

The San Benito County EMS Agency supports the activities of the local chapter of the American National Red Cross in promoting the availability of first aid and CPR training for the general public.

The San Benito County EMS Agency is also a designated [American Heart Association](#) (AHA) “Training Site” with [Emergency Training Services, Inc](#) (Santa Cruz, CA) serving as the Agency’s AHA approved “Training Center.”

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## DISASTER MEDICAL RESPONSE

The local EMS system must be capable of expanding its standard operations to meet the needs created by multi-casualty incident and medical disasters, including out-of-area resources.

### Universal Level

#### **STANDARD: 8.01** \*

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

**CURRENT STATUS:** Minimum Standard met.

The San Benito County Office of Emergency Services has developed an Emergency Operations Plan that contains a Medical/Health annex. The annex identifies the medical and health components to address policies and procedures for providing and maintaining services during major disasters. It applies primarily to major area-wide disasters which create sufficient casualties to overwhelm local response capabilities. Medical response to single-site emergencies, such as transportation accidents involving multiple casualties, is described in the [San Benito County EMS Multi-Casualty Incident \(MCI\) Plan](#).

The San Benito County Environmental Health Department has developed a [Hazardous Materials Incident Response Area Plan](#). This Plan addresses emergency management of toxic substances, but is not specific to the medical management of toxic substance exposure. The EMS Hazardous Materials Medical Management Protocols, developed by the California Emergency Medical Services Authority and adopted by the San Benito County EMS Agency in 1991, identify the medical management of toxic substances.

In addition, the EMS Agency attends and works with the Coastal Region II Medical Health Operational Area Coordinators (MHOAC) to promote collaborative disaster planning among the medical community at large and integrates such planning with current County efforts.

The EMS Agency continuously works with the San Benito County Public Health Division and local fire agencies to develop a comprehensive medical component to the Hazardous Materials Response Area Plan. This medical component includes up-to-date Hazardous Materials Medical Management Protocols.

**COORDINATION WITH OTHER EMS AGENCIES:** San Benito County EMS Agency is actively involved with disaster planning at the Coastal Region II OES level. In addition, the County Public Health Division has developed a Public Health Emergency Response Plan that outlines plans for responses to chemical, biological, radiological, nuclear and explosive (CBRNE) catastrophic disasters.

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 8.02**

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

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

**CURRENT STATUS:** Minimum Standard met. Recommended Guideline met.

The current San Benito County Emergency Operations Plan is modeled after the California Office of Emergency Services Multi-Hazard Functional Plan. The Plan includes a terrorism annex but does not include a detailed local medical response component. (See Standard 8.01 above) However, the [Public Health Division](#) has developed a Public Health Emergency Response Plan addressing chemical, biological, radiological, nuclear and explosive (CBRNE) threats and includes medical response. In addition, San Benito County Environmental Health has developed a [Hazardous Materials Incident Response Area Plan](#).

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 8.03**

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

**CURRENT STATUS:** Minimum Standard met.

There are no hazardous materials response teams based in San Benito County. Such teams respond as mutual aid from neighboring counties. Fire department, [County Environmental Health](#), and law-enforcement personnel have received comprehensive training and are equipped for hazardous materials response, appropriate to their level of response. Ambulance personnel have received hazardous materials “awareness” training.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 8.04**

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

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

**CURRENT STATUS:** Minimum Standard met. Recommended Guideline met.

Medical response plans for disasters are addressed in the San Benito County Emergency Operations Plan under the Medical/Health Annex (See Standard 8.01 “Disaster Medical Planning”). The County Operational Area recognizes the [Standardized Emergency Management System \(SEMS\)](#) that incorporates principles of the Incident Command System. All agencies are required to use SEMS. ICS training is available to all ambulance and other medical response personnel.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 8.05 \***

**MINIMUM STANDARD:** *The local EMS agency, using state guidelines, shall establish written procedures for distributing disaster casualties to the medically most appropriate facilities in its service area.*

**RECOMMENDED GUIDELINE:** *The local EMS agency, using state guidelines, and in consultation with Regional Poison Centers, should identify hospitals with special facilities and capabilities for receipt and treatment of patients with radiation and chemical contamination and injuries.*

**CURRENT STATUS:** Minimum Standard met. Recommended Guideline met.

San Benito County has one acute-care hospital and two full-time ambulances. Hospitals in neighboring Counties are located over thirty minutes' drive from most locations in San Benito County. The San Benito County Emergency Operations Plan establishes written procedures for early assessment and a means to communicate emergency requests, including distribution of disaster casualties, to state agencies and other jurisdictions.

Local hospital emergency department personnel have met state and [JCAHO \(Joint Commission for the Accreditation of Healthcare Organizations\)](#) standards for receiving and treating patients exposed to hazardous materials.

**COORDINATION WITH OTHER EMS AGENCIES:** The [San Benito County Public Health Division](#) is currently developing a response plan which will address chemical and radiation contamination events. This plan will identify out-of-county hospitals with special facilities and capabilities for receipt and treatment of patients with radiation and chemical contamination and injuries.

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 8.06**

**MINIMUM STANDARD:** *The local EMS agency, using state guidelines, shall establish written procedures for early assessment of needs and shall establish a means for communicating emergency requests to the state and other jurisdictions.*

**RECOMMENDED GUIDELINE:** *The local EMS agency's procedures for determining necessary outside assistance should be exercised yearly.*

**CURRENT STATUS:** Minimum Standard and Recommended Guideline met.

The San Benito County Emergency Operations Plan establishes written procedures for early assessment and a means to communicate emergency requests, including distribution of disaster casualties, to state agencies and other jurisdictions. Emergency requests are communicated over [RIMS \(Regional Information Management System\)](#), [OASIS \(Operational Area Satellite Information System\)](#) or by direct telephone to the Coastal Region II Disaster Medical Health Coordinator.

San Benito County EMS Agency has also participated in the annual EMSA sponsored Statewide Medical Health Disaster Exercise which tests the Agency's procedures for determining necessary outside assistance.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 8.07 \***

*MINIMUM STANDARD: A specific frequency (e.g., CALCORD) or frequencies shall be identified for interagency communication and coordination during a disaster.*

**CURRENT STATUS:** Minimum Standard met.

The San Benito County Emergency Operations Plan identifies radio systems used for interagency communication and coordination during a disaster. These include State (CALCORD) and local radio systems. Due to the size of the County and the nature of communications in the area, all agencies have agreed to include the Sheriff primary, ambulance, and public works channels as minimum programming in all agency radios. Interagency communications and coordination is not an issue because anyone of these channels may be used during a disaster as necessary or as available.

**COORDINATION WITH OTHER EMS AGENCIES:** San Benito EMS Agency has identified CALCORD as the radio frequency to be used during multi-jurisdictional incidents.

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 8.08**

**MINIMUM STANDARD:** *The local EMS agency, in cooperation with the local OES, shall develop an inventory of appropriate disaster medical resources to respond to multi-casualty incidents and disasters likely to occur in its service area.*

**RECOMMENDED GUIDELINE:** *The local EMS agency should ensure that emergency medical providers and health care facilities have written agreements with anticipated providers of disaster medical resources.*

**CURRENT STATUS:** Minimum Standard and Recommended Guideline met.

The County Resource Directory identifies resources to respond to disasters likely to occur in the County. Specific capabilities of medical facilities are being included in the update.

Under the [contract between the local hospital and the County](#), the local hospital participates with the County in disaster planning. The contracted ambulance service provider responds during a disaster. The [San Benito County EMS Agency](#) has not developed written agreements with other medical providers, health facilities, or others that may provide services or resources during a disaster.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** Medical Health Operational Area Coordinator (MHOAC) EMS Resource Directory.

**OBJECTIVE:** To develop a MHOAC EMS Resource Directory during fiscal year 2009 / 2010.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 8.09**

***MINIMUM STANDARD:** The local EMS agency shall establish and maintain relationships with DMAT teams in its area.*

***RECOMMENDED GUIDELINE:** The local EMS agency should support the development and maintenance of DMAT teams in its area.*

**CURRENT STATUS:** Minimum Standard and Recommended Guideline met.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

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

**STANDARD: 8.10 \***

***MINIMUM STANDARD:** The local EMS agency shall ensure the existence of medical mutual aid agreements with other counties in its OES region and elsewhere, as needed, which ensure that sufficient emergency medical response and transport vehicles, and other relevant resources will be made available during significant medical incidents and during periods of extraordinary system demand.*

**CURRENT STATUS:** Minimum Standard met.

San Benito County has mutual aid agreements with both Santa Cruz and Monterey Counties.

The OES Coastal Region II Disaster Medical Health Coordinator is continuing to look at regional medical mutual-aid plans and agreements.

**COORDINATION WITH OTHER EMS AGENCIES:** San Benito County has mutual aid agreements with both Santa Cruz and Monterey Counties. These agreements ensure that sufficient emergency medical response, transport vehicles, and other relevant resources will be made available during significant medical incidents and during periods of extraordinary system demand. San Benito is in the process of securing an identical mutual aid agreement with Santa Clara County.

**NEED(S):** Mutual aid agreement with Santa Clara County.

**OBJECTIVE:** Develop a mutual aid agreement with Santa Clara County during FY 2009 / 2010.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 8.11 \***

*MINIMUM STANDARD: The local EMS agency, in coordination with the local OES and county health officer(s), and using state guidelines, shall designate casualty collection points (CCPs).*

**CURRENT STATUS:** Minimum Standard not met.

There are no designated casualty collection points (CCPs) within San Benito County for which staffing would be available to the extent specified in the current state CCP guidelines. The State EMS Authority is currently re-evaluating the entire CCP concept.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** Revised state CCP guidelines.

**OBJECTIVE:** Implement revised CCP guidelines as promulgated by the State EMS Authority.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 8.12**

*MINIMUM STANDARD: The local EMS agency, in coordination with the local OES, shall develop plans for establishing CCPs and a means for communicating with them.*

**CURRENT STATUS:** See Standard 8.11 “CCP Designation” above.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** See Standard 8.11 “CCP Designation” above.

**OBJECTIVE:** See Standard 8.11 “CCP Designation” above.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 8.13**

***MINIMUM STANDARD:** The local EMS agency shall review the disaster medical training of EMS responders in its service area, including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances.*

***RECOMMENDED GUIDELINE:** The local EMS agency should ensure that EMS responders are appropriately trained in disaster response, including the proper management of casualties exposed to or contaminated by toxic or radioactive substances.*

**CURRENT STATUS:** Minimum Standard met. Recommended Guideline met.

Disaster medical training of EMS responders includes proper management of casualties exposed to or contaminated by toxic substances.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 8.14**

**MINIMUM STANDARD:** *The local EMS agency shall encourage all hospitals to ensure that their plans for internal and external disasters are fully integrated with the county's medical response plan(s).*

**RECOMMENDED GUIDELINE:** *At least one disaster drill per year conducted by each hospital should involve other hospitals, the local EMS agency, and prehospital medical care agencies.*

**CURRENT STATUS:** Minimum Standard met. Recommended Guideline met

The County EMS Agency participates annually with the hospital in the Statewide Medical Health Disaster Exercise. County OES, Public Health and the Emergency Ambulance Provider participate as well. The hospitals Emergency Operations Plan integrates with the County Emergency Operations Plan.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 8.15**

*MINIMUM STANDARD: The local EMS agency shall ensure that there is an emergency system for inter-hospital communications, including operational procedures.*

**CURRENT STATUS:** Minimum Standard met.

There is only one acute-care hospital in San Benito County. [Hazel Hawkins Memorial Hospital](#) is able to communicate with ambulance personnel and the County Communications Center via Med Net Channel 1 & 4 as well as both hard line and cellular telephone.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**STANDARD: 8.16**

***MINIMUM STANDARD:** The local EMS agency shall ensure that all prehospital medical response agencies and acute-care hospitals in its service area, in cooperation with other local disaster medical response agencies, have developed guidelines for the management of significant medical incidents and have trained their staffs in their use.*

***RECOMMENDED GUIDELINE:** The local EMS agency should ensure the availability of training in management of significant medical incidents for all prehospital medical response agencies and acute-care hospital staffs in its service area.*

**CURRENT STATUS:** Minimum Standard met. Recommended Guideline met.

The local acute-care hospital has developed guidelines, and its personnel are trained in the management of significant medical incidents, in compliance with the [Joint Commission on Accreditation of Healthcare Organizations](#). The San Benito County EMS Agency has developed its [MCI Plan](#), and has provided training to prehospital medical response agencies responding to significant medical incidents. This training will be offered annually to all prehospital and other medical personnel.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## Enhanced Level: Advanced Life Support

### **STANDARD: 8.17**

*MINIMUM STANDARD: The local EMS agency shall ensure that policies and procedures allow advanced life support personnel and mutual aid responders from other EMS systems to respond and function during significant medical incidents.*

**CURRENT STATUS:** Minimum Standard met.

Title 22 CCR (California Code of Regulations) § 100165(1) (Accreditation to Practice) expressly authorizes Paramedics to function outside their home-base EMS systems during significant medical incidents. It provides as follows:

*“During a mutual aid response into another jurisdiction, a Paramedic may utilize the scope of practice for which s/he is trained and accredited according to the policies and procedures established by his/her accrediting local EMS agency.”*

The State EMS Authority and the OES Coastal Region II Disaster Medical Health Coordinator have worked to draft model ambulance medical mutual-aid agreements within the Region.

EMS Policy outlining the procedures to allow advanced life support personnel and mutual aid responders from the San Benito EMS system to respond and function during significant medical incidents in other EMS systems has been developed. This policy is [EMS Policy #2030](#) entitled “Paramedic Accreditation to Practice.”

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## Enhanced Level: Specialty Care Systems

### **STANDARD: 8.18**

*MINIMUM STANDARD: Local EMS agencies developing trauma or other specialty care systems shall determine the role of identified specialty centers during significant medical incidents and the impact of such incidents on day-to-day triage procedures.*

**CURRENT STATUS:** Minimum standard met.

There are no Specialty Care Centers located in San Benito County's EMS jurisdiction. San Benito County EMS Agency is, however, committed to fully implementing its EMSA-approved Trauma Plan ([EMSA approved July 23, 2003](#)) which calls for the single local hospital to be EMS Agency-designated Level IV Trauma Center.

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** Fully implemented May 7, 2003 EMSA-approved Trauma Plan.

**OBJECTIVE:** To update all EMS Trauma Policies and to continue to garner support from the county's EMS system stakeholders for a fully implemented [EMSA-approved Trauma Plan](#).

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## **Enhanced Level: Exclusive Operating Areas/Ambulance Regulation**

### **STANDARD: 8.19**

***MINIMUM STANDARD:** Local EMS agencies which grant exclusive operating permits shall ensure that a process exists to waive the exclusivity in the event of a significant medical incident.*

**CURRENT STATUS:** Minimum standard met.

During times of significant medical service needs, the County's contract with its Emergency Ambulance Service Provider makes provisions for the immediate recall of personnel to staff units during multi-casualty incidents, times of peak overload or declared disaster situations. To the extent that the County's Emergency Ambulance Service Provider has units available, but consistent with its primary responsibility to provide ambulance and emergency medical services in the exclusive operating area, the Emergency Ambulance Service Provider, with County approval, shall render immediate "instant aid" or "mutual aid" to those providers of EMS operating within adjacent areas in order to insure that timely emergency medical services are rendered to persons in need of such services within those areas.

If a disaster declaration is made, the County, at its discretion, may suspend normal operations and the Emergency Ambulance Service Provider shall respond in accordance with the County's disaster plan.

The San Benito County [Ambulance Ordinance #637](#) requires that all ambulance services obtain a permit from the County to provide emergency and non-emergency services in the County. However, the permit requirements do not apply (at the request of local authorities) during any "state of emergency," as defined in the [California Emergency Services Act, Chapter 7, Division I, Title 22 of the Government Code](#).

**COORDINATION WITH OTHER EMS AGENCIES:** N/A

**NEED(S):** None identified.

**OBJECTIVE:** Objective met.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ 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: San Benito County

Reporting Year: 2008/2009

**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: San Benito County

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

2. Type of agency A
- 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 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) | <u>✓</u> |
| Designation of trauma centers/trauma care system planning           | <u>✓</u> |
| Designation/approval of pediatric facilities                        | _____    |
| Designation of other critical care centers                          | _____    |
| Development of transfer agreements                                  | <u>✓</u> |
| Enforcement of local ambulance ordinance                            | <u>✓</u> |
| Enforcement of ambulance service contracts                          | <u>✓</u> |
| Operation of ambulance service                                      | _____    |

**Table 2 - System Organization & Management (cont.)**

|   |                 |
|---|-----------------|
| Continuing education  | <u>✓</u>        |
| Personnel training  | <u>✓</u>        |
| Operation of oversight of EMS dispatch center                     | <u>        </u> |
| Non-medical disaster planning                                     | <u>✓</u>        |
| Administration of critical incident stress debriefing team (CISD) | <u>        </u> |
| Administration of disaster medical assistance team (DMAT)         | <u>        </u> |
| Administration of EMS Fund [Senate Bill (SB) 12/612]              | <u>✓</u>        |
| Other: _____  |                 |
| Other: _____  |                 |
| Other: _____  |                 |

5. EMS agency budget for FY 2008/2009

**EXPENSES**

|  |                   |
|--|-------------------|
| Salaries and benefits                          | \$ <u>161,444</u> |
| EMS Medical Director                           | <u>29,900</u>     |
| Operations (e.g. copying, postage, facilities) | <u>7,734</u>      |
| Travel   | <u>3,000</u>      |
| Fixed assets                                   | <u>47,109</u>     |
| Indirect expenses (overhead)                   | <u>12,513</u>     |
| Ambulance subsidy                              | <u>184,417</u>    |
| Hospital Subsidy – Base Station Duties         | <u>7,000</u>      |
| EMS Fund payments to physicians/hospital       | <u>104,070</u>    |
| Dispatch center operations (non-staff)         | <u>65,000</u>     |
| Training program operations                    | <u>N/A</u>        |
| Other: <u>Cost Applied</u>                     | <u>7,129</u>      |
| Other: <u>Communications</u>                   | <u>4,509</u>      |
| Other: <u>Equipment Maintenance</u>            | <u>502</u>        |
| Other: <u>Equipment Purchases (Agencies)</u>   | <u>5,881</u>      |
| Other: <u>Equipment Purchases (AED)</u>        | <u>2,500</u>      |
| Other: <u>EMS Base Radio</u>                   | <u>9,976</u>      |
| Other: <u>ePCR System Purchase</u>             | <u>51,117</u>     |
| Other: <u>ePCR Maintenance Agreement</u>       | <u>26,583</u>     |

**TOTAL EXPENSES** \$ 730,384

Table 2 - System Organization & Management (cont.)

**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   | _____                    |
| Other local tax funds (e.g., EMS district CSA #36)            | <u>462,710</u>           |
| County contracts (e.g. multi-county agencies)                 | <u>57,000</u>            |
| Certification fees  | _____                    |
| 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                                | _____                    |
| Contributions   | _____                    |
| EMS Fund (SB 12/612)  | <u>191,646</u>           |
| Other grants: _____   | _____                    |
| Other fees: _____   | _____                    |
| Other (specify): _____  | _____                    |
| <b><u>TOTAL REVENUE</u></b>                                   | <b>\$ <u>711,356</u></b> |

*\*TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.  
IF THEY DON'T, PLEASE EXPLAIN BELOW.*

*\* The additional expenses (ePCR purchase/maintenance) were paid with funds carried over from Maddy.*

**Table 2 - System Organization & Management (cont.)**

Fee structure for FY 2008/2009

We do not charge any fees

Our fee structure is:

|  |         |
|--|---------|
| First responder certification  | \$_____ |
| EMS dispatcher certification   | _____   |
| EMT-I certification  | _____   |
| EMT-I recertification  | _____   |
| <b>EMT-defibrillation certification</b>  | _____   |
| EMT-defibrillation recertification   | _____   |
| EMT-II certification   | _____   |
| EMT-II recertification   | _____   |
| EMT-P accreditation  | _____   |
| Mobile Intensive Care Nurse/<br>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  | _____   |
| Trauma center designation  | _____   |
| Pediatric facility approval  | _____   |
| Pediatric facility designation   | _____   |
| Other critical care center application   |         |
| Type: _____  |         |
| Other critical care center designation   |         |
| Type: _____  |         |
| Ambulance service license  | \$_____ |
| Ambulance vehicle permits  | _____   |
| Other: _____   | _____   |
| Other: _____   | _____   |
| Other: _____   | _____   |

**Table 2 - System Organization & Management (cont.)**

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 2008/09

**Table 2 - System Organization & Management (cont.)**

EMS System: San Benito County

Reporting year 2008/2009

| CATEGORY  | ACTUAL TITLE                                  | FTE POSITIONS (EMS ONLY) | TOP SALARY BY HOURLY EQUIVALENT | BENEFITS (%of Salary) | COMMENTS                                       |
|---|---|--------------------------|---------------------------------|-----------------------|--|
| EMS Admin./Coord./Director                          | <b>Emergency Medical Services Coordinator</b> | <b>1</b>                 | <b>\$34.05</b>                  | <b>35%</b>            | Position reports to the Public Health Officer. |
| Asst. Admin./Admin. Asst./Admin. Mgr.               |   |                          |                                 |                       |  |
| ALS Coord./Field Coord./ Training Coordinator       |   |                          |                                 |                       |  |
| Program Coordinator/ Field Liaison (Non-clinical)   | <b>Emergency Services Specialist*</b>         | <b>.25</b>               | <b>\$32.91</b>                  | <b>35%</b>            | *Will add .5 FTE next fiscal year.             |
| Trauma Coordinator                                  |   |                          |                                 |                       |  |
| Medical Director                                    | <b>Medical Director</b>                       | <b>.25</b>               | <b>\$86.00</b>                  | <b>0</b>              | “Temp Employee” position.                      |
| 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.)**

| <b>CATEGORY</b>                      | <b>ACTUAL TITLE</b> | <b>FTE POSITIONS (EMS ONLY)</b> | <b>TOP SALARY BY HOURLY EQUIVALENT</b> | <b>BENEFITS (%of Salary)</b> | <b>COMMENTS</b> |
|--------------------------------------|---------------------|---------------------------------|--|------------------------------|-----------------|
| Dispatch Supervisor                  |                     |                                 |  |                              |                 |
| Medical Planner                      |                     |                                 |  |                              |                 |
| Data Evaluator/Analyst               |                     |                                 |  |                              |                 |
| QA/QI Coordinator                    |                     |                                 |  |                              |                 |
| Public Info. & Education Coordinator |                     |                                 |  |                              |                 |
| Executive Secretary                  | <b>Secretary I</b>  | <b>.75</b>                      | <b>\$20.29</b>                         | <b>35%</b>                   |                 |
| Other Clerical                       |                     |                                 |  |                              |                 |
| 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.

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

Revision #3 (2/16/95)

EMS System: San Benito County

Reporting Year: 2008/2009

**NOTE:** Table 3 is to be reported by agency.

|  | <b>EMT - Is</b> | <b>EMT - IIs</b> | <b>EMT - Ps</b> | <b>MICN</b> | <b>EMS Dispatchers</b> |
|--|-----------------|------------------|-----------------|-------------|------------------------|
| Total Certified  | 69              | N/A              | N/A             | N/A         | N/A                    |
| Number newly certified this year                                     | 11              | N/A              | N/A             | N/A         | N/A                    |
| Number recertified this year   | 33              | N/A              | N/A             | N/A         | N/A                    |
| Total number of accredited personnel on July 1 of the reporting year | N/A             | N/A              | 15              | N/A         | N/A                    |
| Number of certification reviews resulting in:                        |                 |                  |                 |             |                        |
| a) formal investigations   | 8               | N/A              | 0               | N/A         | N/A                    |
| b) probation   | 0               | N/A              | 0               | N/A         | N/A                    |
| c) suspensions   | 0               | N/A              | 0               | N/A         | N/A                    |
| d) revocations   | 0               | N/A              | 0               | N/A         | N/A                    |
| e) denials   | 0               | N/A              | 0               | N/A         | N/A                    |
| f) denials of renewal  | 2               | N/A              | 0               | N/A         | N/A                    |
| g) no action taken   | 0               | N/A              | 0               | N/A         | N/A                    |

1. Number of EMS dispatchers trained to EMSA standards: 0
2. Early defibrillation:
  - a) Number of EMT=I (defib) certified 0
  - b) Number of public safety (defib) certified (non-EMT-I) 0
3. Do you have a first responder training program  yes  no

**TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications**

EMS System: San Benito County

County: San Benito County

Reporting Year: 2008/2009

**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 1
- 3. Number of dispatch centers directly dispatching ambulances 1
- 4. Number of designated dispatch centers for EMS Aircraft 0
- 5. Do you have an operational area disaster communication system? Yes  No 
  - a. Radio primary frequency 158.775 tx / 153.875 rx
  - 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  \*Through County Communications
  - 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?  
San Benito County Communications
- 7. Who is your primary dispatch agency for a disaster?  
San Benito County Communications

**TABLE 5: SYSTEM RESOURCES AND OPERATIONS**  
**Response/Transportation**

EMS System: San Benito County

Reporting Year: 2008/2009

**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>2,564</u> |
|    | a) Number of emergency responses (Code 2: expedient, Code 3: lights and siren)  | <u>2,434</u> |
|    | b) Number non-emergency responses (Code 1: normal)                              | <u>130</u>   |
| 4. | Total number of transports  | <u>1,459</u> |
|    | a) Number of emergency transports (Code 2: expedient, Code 3: lights and siren) | <u>1,329</u> |
|    | b) Number of non-emergency transports (Code 1: normal)                          | <u>130</u>   |

**Early Defibrillation Providers**

|    |  |          |
|----|--|----------|
| 5. | Number of public safety defibrillation providers | <u>7</u> |
|    | a) Automated                                     | <u>7</u> |
|    | b) Manual  | <u>0</u> |
| 6. | Number of EMT-Defibrillation providers           | <u>0</u> |
|    | a) Automated                                     | <u>0</u> |
|    | b) Manual  | <u>0</u> |

**Air Ambulance Services**

|    |  |                    |
|----|--|--------------------|
| 7. | Total number of responses                | <u>184</u>         |
|    | a) Number of emergency responses         | <u>184</u>         |
|    | b) Number of non-emergency responses     | <u>Not Tracked</u> |
| 8. | Total number of transports               | <u>157</u>         |
|    | a) Number of emergency (scene) responses | <u>157</u>         |
|    | b) Number of non-emergency responses     | <u>Not Tracked</u> |

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

**SYSTEM STANDARD RESPONSE TIMES (90<sup>TH</sup> PERCENTILE)**

| Enter the response times in the appropriate boxes | <b>METRO/URBAN</b> | <b>SUBURBAN/RURAL</b> | <b>WILDERNESS</b> | <b>SYSTEMWIDE</b> |
|---|--------------------|-----------------------|-------------------|-------------------|
| BLS and CPR capable first responder               |                    |                       |                   |                   |
| Early defibrillation responder                    |                    |                       |                   |                   |
| Advanced life support responder                   |                    |                       |                   |                   |
| Transport Ambulance – ALS                         | <b>10 Minutes</b>  | <b>30 Minutes</b>     | <b>90 Minutes</b> | <b>N/A</b>        |

**TABLE 6: SYSTEM RESOURCES AND OPERATIONS**  
**Facilities/Critical Care**

EMS System: San Benito County

Reporting Year: 2008/2009

**NOTE:** Table 6 is to be reported by agency.

**Trauma**

Trauma patients:

- a) Number of patients meeting trauma triage criteria Unknown
- b) Number of major trauma victims transported directly to a trauma center by ambulance 0
- c) Number of major trauma patients transferred to a trauma center Unknown
- d) Number of patients meeting triage criteria who weren't treated at a trauma center Unknown

**Emergency Departments**

- Total number of emergency departments 1
- a) Number of referral emergency services 0
- b) Number of standby emergency services 0
- c) Number of basic emergency services 1
- d) Number of comprehensive emergency services 0

**Receiving Hospitals**

- 1. Number of receiving hospitals with written agreements 0
- 2. Number of base hospitals with written agreements 1

**TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical**

EMS System: San Benito County

County: San Benito County

Reporting Year: 2008/2009

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

**SYSTEM RESOURCES**

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? No Designated CCPs in San Benito County
  - b. How are they staffed? N/A
  - c. Do you have a supply system for supporting them for 72 hours?      yes  no
  
2. 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?      First Responder Operational Area
  - 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?      1



**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: San Benito County County: San Benito County Reporting Year: 2008/2009

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

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| <b>Name, address &amp; telephone:</b> American Medical Response<br>1870 Hillcrest Road<br>Hollister, CA 95023<br>(831) 636-9391 |  |   | <b>Primary Contact:</b> Kris Mangano, Operations Manager  |   |  |
| Written Contract:<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no                                     | Service:<br><input checked="" type="checkbox"/> Ground<br><input type="checkbox"/> Air<br><input type="checkbox"/> Water | <input checked="" type="checkbox"/> Transport<br><input type="checkbox"/> Non-Transport                                     | Air classification:<br><input type="checkbox"/> auxiliary rescue<br><input type="checkbox"/> air ambulance<br><input type="checkbox"/> ALS rescue<br><input type="checkbox"/> BLS rescue    | If Air:<br><input type="checkbox"/> Rotary<br><input type="checkbox"/> Fixed Wing                       | Number of personnel providing services:<br>_____ PS      _____ PS-Defib<br>__11__ BLS      _____ EMT-D<br>_____ LALS    __14__ ALS |
| Ownership:<br><input type="checkbox"/> Public<br><input checked="" type="checkbox"/> Private                                    | Medical Director:<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no                              | If public: <input type="checkbox"/> Fire<br><input type="checkbox"/> Law<br><input type="checkbox"/> Other<br>explain:_____ | If public: <input type="checkbox"/> city<br><input type="checkbox"/> county<br><input type="checkbox"/> state<br><input type="checkbox"/> fire district<br><input type="checkbox"/> Federal | System available<br>24 hours?<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | Number of ambulances: <u>2 / (3)</u><br><br>2 – Mon – Sunday 24 hrs./7 days<br>3 – Sat & Sun 0800 – 1700 hrs.                      |

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>Name, address &amp; telephone:</b> CALSTAR<br>590 Cohansey Avenue<br>Gilroy, CA 95020<br>(408) 848-2075 |  |  | <b>Primary Contact:</b> David Wiebe   |   |  |
| Written Contract:<br><input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no                | Service:<br><input type="checkbox"/> Ground<br><input checked="" type="checkbox"/> Air<br><input type="checkbox"/> Water | <input checked="" type="checkbox"/> Transport<br><input type="checkbox"/> Non-Transport                                      | Air classification:<br><input type="checkbox"/> auxiliary rescue<br><input checked="" type="checkbox"/> air ambulance<br><input type="checkbox"/> ALS rescue<br><input type="checkbox"/> BLS rescue | If Air:<br><input checked="" type="checkbox"/> Rotary<br><input type="checkbox"/> Fixed Wing            | Number of personnel providing services:<br>_____ PS      _____ PS-Defib<br>_____ BLS      _____ EMT-D<br>_____ LALS      _____ ALS |
| Ownership:<br><input type="checkbox"/> Public<br><input checked="" type="checkbox"/> Private               | Medical Director:<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no                              | If public: <input type="checkbox"/> Fire<br><input type="checkbox"/> Law<br><input type="checkbox"/> Other<br>explain: _____ | If public: <input type="checkbox"/> city<br><input type="checkbox"/> county<br><input type="checkbox"/> state<br><input type="checkbox"/> fire district<br><input type="checkbox"/> Federal         | System available<br>24 hours?<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | Number of ambulances: <u>  3  </u>   |

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>Name, address &amp; telephone:</b> Stanford Life Flight<br>300 Pastur Drive<br>Stanford, CA 95304<br>(800) 321-7828 |  |  | <b>Primary Contact:</b> Sonia Hawkins   |   |  |
| Written Contract:<br><input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no                            | Service:<br><input type="checkbox"/> Ground<br><input checked="" type="checkbox"/> Air<br><input type="checkbox"/> Water | <input checked="" type="checkbox"/> Transport<br><input type="checkbox"/> Non-Transport                                      | Air classification:<br><input type="checkbox"/> auxiliary rescue<br><input checked="" type="checkbox"/> air ambulance<br><input type="checkbox"/> ALS rescue<br><input type="checkbox"/> BLS rescue | If Air:<br><input checked="" type="checkbox"/> Rotary<br><input type="checkbox"/> Fixed Wing            | Number of personnel providing services:<br>_____ PS      _____ PS-Defib<br>_____ BLS      _____ EMT-D<br>_____ LALS      _____ ALS |
| Ownership:<br><input type="checkbox"/> Public<br><input checked="" type="checkbox"/> Private                           | Medical Director:<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no                              | If public: <input type="checkbox"/> Fire<br><input type="checkbox"/> Law<br><input type="checkbox"/> Other<br>explain: _____ | If public: <input type="checkbox"/> city<br><input type="checkbox"/> county<br><input type="checkbox"/> state<br><input type="checkbox"/> fire district<br><input type="checkbox"/> Federal         | System available<br>24 hours?<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | Number of ambulances: <u>  1  </u>   |

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>Name, address &amp; telephone:</b> Air Med Team<br>801 D Airport Way<br>Modesto, CA 95354<br>(209) 550-0881 |  |  | <b>Primary Contact:</b> Bob Hesse   |   |  |
| Written Contract:<br><input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no                    | Service:<br><input type="checkbox"/> Ground<br><input checked="" type="checkbox"/> Air<br><input type="checkbox"/> Water | <input checked="" type="checkbox"/> Transport<br><input type="checkbox"/> Non-Transport                                      | Air classification:<br><input type="checkbox"/> auxiliary rescue<br><input checked="" type="checkbox"/> air ambulance<br><input type="checkbox"/> ALS rescue<br><input type="checkbox"/> BLS rescue | If Air:<br><input type="checkbox"/> Rotary<br><input checked="" type="checkbox"/> Fixed Wing            | Number of personnel providing services:<br>_____ PS      _____ PS-Defib<br>_____ BLS      _____ EMT-D<br>_____ LALS      _____ ALS |
| Ownership:<br><input type="checkbox"/> Public<br><input checked="" type="checkbox"/> Private                   | Medical Director:<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no                              | If public: <input type="checkbox"/> Fire<br><input type="checkbox"/> Law<br><input type="checkbox"/> Other<br>explain: _____ | If public: <input type="checkbox"/> city<br><input type="checkbox"/> county<br><input type="checkbox"/> state<br><input type="checkbox"/> fire district<br><input type="checkbox"/> Federal         | System available<br>24 hours?<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | Number of ambulances: <u>  1  </u>   |

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>Name, address &amp; telephone:</b> Medi-Flight<br>1700 Coffee Road<br>Modesto, CA 95355<br>(209) 572-7056 |  |  | <b>Primary Contact:</b> Don Campbell  |   |  |
| Written Contract:<br><input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no                  | Service:<br><input type="checkbox"/> Ground<br><input checked="" type="checkbox"/> Air<br><input type="checkbox"/> Water | <input checked="" type="checkbox"/> Transport<br><input type="checkbox"/> Non-Transport                                      | Air classification:<br><input type="checkbox"/> auxiliary rescue<br><input checked="" type="checkbox"/> air ambulance<br><input type="checkbox"/> ALS rescue<br><input type="checkbox"/> BLS rescue | If Air:<br><input type="checkbox"/> Rotary<br><input checked="" type="checkbox"/> Fixed Wing            | Number of personnel providing services:<br>_____ PS      _____ PS-Defib<br>_____ BLS      _____ EMT-D<br>_____ LALS      _____ ALS |
| Ownership:<br><input type="checkbox"/> Public<br><input checked="" type="checkbox"/> Private                 | Medical Director:<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no                              | If public: <input type="checkbox"/> Fire<br><input type="checkbox"/> Law<br><input type="checkbox"/> Other<br>explain: _____ | If public: <input type="checkbox"/> city<br><input type="checkbox"/> county<br><input type="checkbox"/> state<br><input type="checkbox"/> fire district<br><input type="checkbox"/> Federal         | System available<br>24 hours?<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | Number of ambulances: <u>  2  </u><br><br>Based in Modesto and Merced.   |

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>Name, address &amp; telephone:</b> REACH<br>451 Aviation Boulevard, Suite 201<br>Santa Rosa, CA 95403<br>(707) 575-6886 |  |  | <b>Primary Contact:</b> Sean Russell  |   |  |
| Written Contract:<br><input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no                                | Service:<br><input type="checkbox"/> Ground<br><input checked="" type="checkbox"/> Air<br><input type="checkbox"/> Water | <input checked="" type="checkbox"/> Transport<br><input type="checkbox"/> Non-Transport                                      | Air classification:<br><input type="checkbox"/> auxiliary rescue<br><input checked="" type="checkbox"/> air ambulance<br><input type="checkbox"/> ALS rescue<br><input type="checkbox"/> BLS rescue | If Air:<br><input checked="" type="checkbox"/> Rotary<br><input type="checkbox"/> Fixed Wing            | Number of personnel providing services:<br>_____ PS      _____ PS-Defib<br>_____ BLS      _____ EMT-D<br>_____ LALS      _____ ALS |
| Ownership:<br><input type="checkbox"/> Public<br><input checked="" type="checkbox"/> Private                               | Medical Director:<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no                              | If public: <input type="checkbox"/> Fire<br><input type="checkbox"/> Law<br><input type="checkbox"/> Other<br>explain: _____ | If public: <input type="checkbox"/> city<br><input type="checkbox"/> county<br><input type="checkbox"/> state<br><input type="checkbox"/> fire district<br><input type="checkbox"/> Federal         | System available<br>24 hours?<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | Number of ambulances: <u>  1  </u><br><br>Based in Lodi or Concord.  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>Name, address &amp; telephone:</b> California Highway Patrol<br>5020 Wing Way<br>Paso Robles, CA 93446<br>(805) 239-3553 |  |   | <b>Primary Contact:</b> Sgt. Greg Egger  |   |  |
| Written Contract:<br><input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no                                 | Service:<br><input type="checkbox"/> Ground<br><input checked="" type="checkbox"/> Air<br><input type="checkbox"/> Water | <input checked="" type="checkbox"/> Transport<br><input type="checkbox"/> Non-Transport   | Air classification:<br><input type="checkbox"/> auxiliary rescue<br><input type="checkbox"/> air ambulance<br><input checked="" type="checkbox"/> ALS rescue<br><input type="checkbox"/> BLS rescue    | If Air:<br><input checked="" type="checkbox"/> Rotary<br><input type="checkbox"/> Fixed Wing            | Number of personnel providing services:<br>_____ PS      _____ PS-Defib<br>_____ BLS      _____ EMT-D<br>_____ LALS      _____ ALS |
| Ownership:<br><input checked="" type="checkbox"/> Public<br><input type="checkbox"/> Private                                | Medical Director:<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no                              | If public: <input type="checkbox"/> Fire<br><input checked="" type="checkbox"/> Law<br><input type="checkbox"/> Other<br>explain: _____ | If public: <input type="checkbox"/> city<br><input type="checkbox"/> county<br><input checked="" type="checkbox"/> state<br><input type="checkbox"/> fire district<br><input type="checkbox"/> Federal | System available<br>24 hours?<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | Number of ambulances: <u>  1  </u>   |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>Name, address &amp; telephone:</b> Antelope Fire Station<br>20400 Panoche Road<br>Paicines, CA 95043<br>(831) 628-3269 |  |   | <b>Primary Contact:</b> Mike Marlow, Battalion Chief   |   |  |
| Written Contract:<br><input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no                               | Service:<br><input checked="" type="checkbox"/> Ground<br><input type="checkbox"/> Air<br><input type="checkbox"/> Water | <input type="checkbox"/> Transport<br><input checked="" type="checkbox"/> Non-Transport   | Air classification:<br><input type="checkbox"/> auxiliary rescue<br><input type="checkbox"/> air ambulance<br><input type="checkbox"/> ALS rescue<br><input type="checkbox"/> BLS rescue               | If Air:<br><input type="checkbox"/> Rotary<br><input type="checkbox"/> Fixed Wing                       | Number of personnel providing services:<br>_____ PS      _____ PS-Defib<br>_____ BLS      _____ EMT-D<br>_____ LALS      _____ ALS |
| Ownership:<br><input checked="" type="checkbox"/> Public<br><input type="checkbox"/> Private                              | Medical Director:<br><input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no                              | If public: <input checked="" type="checkbox"/> Fire<br><input type="checkbox"/> Law<br><input type="checkbox"/> Other<br>explain: _____ | If public: <input type="checkbox"/> city<br><input type="checkbox"/> county<br><input checked="" type="checkbox"/> state<br><input type="checkbox"/> fire district<br><input type="checkbox"/> Federal | System available<br>24 hours?<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | Number of ambulances: <u>  0  </u>   |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>Name, address &amp; telephone:</b> Aromas Tri-County Fire District<br>492 Carpenteria Road<br>Aromas, CA 95003<br>(831) 726-3130 |  |   | <b>Primary Contact:</b> Reno DiTrullio, Battalion Chief  |   |  |
| Written Contract:<br><input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no   | Service:<br><input checked="" type="checkbox"/> Ground<br><input type="checkbox"/> Air<br><input type="checkbox"/> Water | <input type="checkbox"/> Transport<br><input checked="" type="checkbox"/> Non-Transport   | Air classification:<br><input type="checkbox"/> auxiliary rescue<br><input type="checkbox"/> air ambulance<br><input type="checkbox"/> ALS rescue<br><input type="checkbox"/> BLS rescue               | If Air:<br><input type="checkbox"/> Rotary<br><input type="checkbox"/> Fixed Wing                       | Number of personnel providing services:<br>_____ PS      _____ PS-Defib<br>_____ BLS      _____ EMT-D<br>_____ LALS      _____ ALS |
| Ownership:<br><input checked="" type="checkbox"/> Public<br><input type="checkbox"/> Private  | Medical Director:<br><input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no                              | If public: <input checked="" type="checkbox"/> Fire<br><input type="checkbox"/> Law<br><input type="checkbox"/> Other<br>explain: _____ | If public: <input type="checkbox"/> city<br><input type="checkbox"/> county<br><input type="checkbox"/> state<br><input checked="" type="checkbox"/> fire district<br><input type="checkbox"/> Federal | System available<br>24 hours?<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | Number of ambulances: <u>  0  </u>   |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| <b>Name, address &amp; telephone:</b> Bear Valley Fire Station<br>25820 Airline Highway<br>Paicines, CA 95043<br>(831) 389-3591 |  |   | <b>Primary Contact:</b> Mike Marlow, Battalion Chief   |  |  |
| Written Contract:<br><input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no                                     | Service:<br><input checked="" type="checkbox"/> Ground<br><input type="checkbox"/> Air<br><input type="checkbox"/> Water | <input type="checkbox"/> Transport<br><input checked="" type="checkbox"/> Non-Transport   | Air classification:<br><input type="checkbox"/> auxiliary rescue<br><input type="checkbox"/> air ambulance<br><input type="checkbox"/> ALS rescue<br><input type="checkbox"/> BLS rescue               | If Air:<br><input type="checkbox"/> Rotary<br><input type="checkbox"/> Fixed Wing                    | Number of personnel providing services:<br>_____ PS    _____ PS-Defib<br>_____ BLS    _____ EMT-D<br>_____ LALS    _____ ALS |
| Ownership:<br><input checked="" type="checkbox"/> Public<br><input type="checkbox"/> Private                                    | Medical Director:<br><input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no                              | If public: <input checked="" type="checkbox"/> Fire<br><input type="checkbox"/> Law<br><input type="checkbox"/> Other<br>explain: CDF/Co Fire | If public: <input type="checkbox"/> city<br><input type="checkbox"/> county<br><input checked="" type="checkbox"/> state<br><input type="checkbox"/> fire district<br><input type="checkbox"/> Federal | System available 24 hours?<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | Number of ambulances: <u>  0  </u>   |

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| <b>Name, address &amp; telephone:</b> Hollister Air Attack Base<br>2300 San Felipe Road<br>Hollister, CA 95023<br>(831) 637-5456 |  |   | <b>Primary Contact:</b> Mark Edrea   |   |  |
| Written Contract:<br><input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no                                      | Service:<br><input type="checkbox"/> Ground<br><input checked="" type="checkbox"/> Air<br><input type="checkbox"/> Water | <input type="checkbox"/> Transport<br><input checked="" type="checkbox"/> Non-Transport   | Air classification:<br><input type="checkbox"/> auxiliary rescue<br><input type="checkbox"/> air ambulance<br><input type="checkbox"/> ALS rescue<br><input type="checkbox"/> BLS rescue               | If Air:<br><input checked="" type="checkbox"/> Rotary<br><input checked="" type="checkbox"/> Fixed Wing | Number of personnel providing services:<br>_____ PS    _____ PS-Defib<br>_____ BLS    _____ EMT-D<br>_____ LALS    _____ ALS |
| Ownership:<br><input checked="" type="checkbox"/> Public<br><input type="checkbox"/> Private                                     | Medical Director:<br><input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no                              | If public: <input checked="" type="checkbox"/> Fire<br><input type="checkbox"/> Law<br><input type="checkbox"/> Other<br>explain: CDF | If public: <input type="checkbox"/> city<br><input type="checkbox"/> county<br><input checked="" type="checkbox"/> state<br><input type="checkbox"/> fire district<br><input type="checkbox"/> Federal | System available 24 hours?<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no    | Number of ambulances: <u>  0  </u>   |

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>Name, address &amp; telephone:</b> Hollister Fire Department<br>110 Fifth Street<br>Hollister, CA 95023<br>(831) 636-4325 |  |   | <b>Primary Contact:</b> Fred Cheshire, Fire Chief  |  |  |
| Written Contract:<br><input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no                                  | Service:<br><input checked="" type="checkbox"/> Ground<br><input type="checkbox"/> Air<br><input type="checkbox"/> Water | <input type="checkbox"/> Transport<br><input checked="" type="checkbox"/> Non-Transport   | Air classification:<br><input type="checkbox"/> auxiliary rescue<br><input type="checkbox"/> air ambulance<br><input type="checkbox"/> ALS rescue<br><input type="checkbox"/> BLS rescue               | If Air:<br><input type="checkbox"/> Rotary<br><input type="checkbox"/> Fixed Wing                    | Number of personnel providing services:<br>_____ PS      _____ PS-Defib<br>_____ BLS      _____ EMT-D<br>_____ LALS      _____ ALS |
| Ownership:<br><input checked="" type="checkbox"/> Public<br><input type="checkbox"/> Private                                 | Medical Director:<br><input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no                              | If public: <input checked="" type="checkbox"/> Fire<br><input type="checkbox"/> Law<br><input type="checkbox"/> Other<br>explain: _____ | If public: <input checked="" type="checkbox"/> city<br><input type="checkbox"/> county<br><input type="checkbox"/> state<br><input type="checkbox"/> fire district<br><input type="checkbox"/> Federal | System available 24 hours?<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | Number of ambulances: <u>  0  </u>   |

|  |  |   |  |  |   |
|--|--|---|--|--|---|
| <b>Name, address &amp; telephone:</b> National Park Service<br>Pinnacles National Monument<br>5000 Hwy 146<br>Paicines, CA 95043<br>(831) 389-4486 |  |   | <b>Primary Contact:</b> Albert Faria, Chief Ranger   |  |   |
| Written Contract:<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no  | Service:<br><input checked="" type="checkbox"/> Ground<br><input type="checkbox"/> Air<br><input type="checkbox"/> Water | <input type="checkbox"/> Transport<br><input checked="" type="checkbox"/> Non-Transport   | Air classification:<br><input type="checkbox"/> auxiliary rescue<br><input type="checkbox"/> air ambulance<br><input type="checkbox"/> ALS rescue<br><input type="checkbox"/> BLS rescue               | If Air:<br><input type="checkbox"/> Rotary<br><input type="checkbox"/> Fixed Wing                    | Number of personnel providing services:<br>_____ PS      _____ PS-Defib<br><u>  4  </u> BLS      _____ EMT-D<br>_____ LALS      _____ ALS |
| Ownership:<br><input checked="" type="checkbox"/> Public<br><input type="checkbox"/> Private   | Medical Director:<br><input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no                              | If public: <input type="checkbox"/> Fire<br><input checked="" type="checkbox"/> Law<br><input type="checkbox"/> Other<br>explain: _____ | If public: <input type="checkbox"/> city<br><input type="checkbox"/> county<br><input type="checkbox"/> state<br><input type="checkbox"/> fire district<br><input checked="" type="checkbox"/> Federal | System available 24 hours?<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | Number of ambulances: <u>  0  </u>  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>Name, address &amp; telephone:</b> San Benito County Fire Dept.<br>1979 Fairview Road<br>Hollister, CA 95023<br>(831) 637-4475 |  |   | <b>Primary Contact:</b> Mike Marlow, Battalion Chief   |   |  |
| Written Contract:<br><input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no                                       | Service:<br><input checked="" type="checkbox"/> Ground<br><input type="checkbox"/> Air<br><input type="checkbox"/> Water | <input type="checkbox"/> Transport<br><input checked="" type="checkbox"/> Non-Transport   | Air classification:<br><input type="checkbox"/> auxiliary rescue<br><input type="checkbox"/> air ambulance<br><input type="checkbox"/> ALS rescue<br><input type="checkbox"/> BLS rescue               | If Air:<br><input type="checkbox"/> Rotary<br><input type="checkbox"/> Fixed Wing                       | Number of personnel providing services:<br>_____ PS      _____ PS-Defib<br>_____ BLS      _____ EMT-D<br>_____ LALS      _____ ALS |
| Ownership:<br><input checked="" type="checkbox"/> Public<br><input type="checkbox"/> Private                                      | Medical Director:<br><input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no                              | If public: <input checked="" type="checkbox"/> Fire<br><input type="checkbox"/> Law<br><input type="checkbox"/> Other<br>explain: _____ | If public: <input type="checkbox"/> city<br><input type="checkbox"/> county<br><input checked="" type="checkbox"/> state<br><input type="checkbox"/> fire district<br><input type="checkbox"/> Federal | System available<br>24 hours?<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | Number of ambulances: _____0_____  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>Name, address &amp; telephone:</b> San Juan Bautista Volunteer Fire<br>24 Polk Street<br>San Juan Bautista, CA 95045<br>(831) 623-4513 |  |   | <b>Primary Contact:</b> Scott Freels, Fire Chief   |   |  |
| Written Contract:<br><input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no   | Service:<br><input checked="" type="checkbox"/> Ground<br><input type="checkbox"/> Air<br><input type="checkbox"/> Water | <input type="checkbox"/> Transport<br><input checked="" type="checkbox"/> Non-Transport   | Air classification:<br><input type="checkbox"/> auxiliary rescue<br><input type="checkbox"/> air ambulance<br><input type="checkbox"/> ALS rescue<br><input type="checkbox"/> BLS rescue               | If Air:<br><input type="checkbox"/> Rotary<br><input type="checkbox"/> Fixed Wing                       | Number of personnel providing services:<br>_____ PS      _____ PS-Defib<br>_____ BLS      _____ EMT-D<br>_____ LALS      _____ ALS |
| Ownership:<br><input checked="" type="checkbox"/> Public<br><input type="checkbox"/> Private  | Medical Director:<br><input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no                              | If public: <input checked="" type="checkbox"/> Fire<br><input type="checkbox"/> Law<br><input type="checkbox"/> Other<br>explain: _____ | If public: <input checked="" type="checkbox"/> city<br><input type="checkbox"/> county<br><input type="checkbox"/> state<br><input type="checkbox"/> fire district<br><input type="checkbox"/> Federal | System available<br>24 hours?<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | Number of ambulances: _____0_____  |

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| <b>Name, address &amp; telephone:</b> CA Dept. of Parks & Recreation<br>Hollister Hills SVRA<br>7800 Cienega Road<br>Hollister, CA 95023<br>(831) 637-3874 |  |   | <b>Primary Contact:</b> Max D-India  |   |  |
| Written Contract:<br><input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no  | Service:<br><input checked="" type="checkbox"/> Ground<br><input type="checkbox"/> Air<br><input type="checkbox"/> Water | <input type="checkbox"/> Transport<br><input checked="" type="checkbox"/> Non-Transport   | Air classification:<br><input type="checkbox"/> auxiliary rescue<br><input type="checkbox"/> air ambulance<br><input type="checkbox"/> ALS rescue<br><input type="checkbox"/> BLS rescue               | If Air:<br><input type="checkbox"/> Rotary<br><input type="checkbox"/> Fixed Wing                       | Number of personnel providing services:<br>_____ PS    _____ PS-Defib<br>_____ BLS    _____ EMT-D<br>_____ LALS    _____ ALS |
| Ownership:<br><input checked="" type="checkbox"/> Public<br><input type="checkbox"/> Private   | Medical Director:<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no                              | If public: <input type="checkbox"/> Fire<br><input checked="" type="checkbox"/> Law<br><input type="checkbox"/> Other<br>explain: _____ | If public: <input type="checkbox"/> city<br><input type="checkbox"/> county<br><input checked="" type="checkbox"/> state<br><input type="checkbox"/> fire district<br><input type="checkbox"/> Federal | System available<br>24 hours?<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | Number of ambulances: <u>  0  </u>   |

**TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs**

Revision #1 [2/16/95]

EMS System: San Benito County

County: San Benito County

Reporting Year: 2008/2009

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

**Training Institution Name**      \*No Approved Training Program  
 provider at this time.

**Contact Person telephone no.**

**Address** \_\_\_\_\_

\_\_\_\_\_

|                               |  |  |
|-------------------------------|--|--|
| <b>Student Eligibility: *</b> | <b>Cost of Program</b><br><br>Basic<br><br>Refresher | <b>**Program Level: EMT-1</b><br>Number of students completing training per year:<br>Initial training: _____<br>Refresher: _____<br>Cont. Education _____<br>Expiration Date: _____<br><br>Number of courses: _____<br>Initial training: _____<br>Refresher: _____<br>Cont. Education: _____ |
|-------------------------------|--|--|

- Open to general public or restricted to certain personnel only.
- \*\* Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

**TABLE 10: RESOURCES DIRECTORY -- Facilities**

Revision #1 [2/16/95]

EMS System: San Benito County County: San Benito County Reporting Year: 2006/2007

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

|  |  |  |  |   |
|--|--|--|--|---|
| <b>Name, address &amp; telephone:</b> San Benito Health Care District<br>Hazel Hawkins Hospital<br>911 Sunset Drive<br>Hollister, CA 95023<br>(831) 637-5711 |  | <b>Primary Contact:</b> Ken Underwood, CEO<br>Dr. Paulalan Gentsler, Base Medical Director |  |   |
| Written Contract<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no   | Referral emergency service <input type="checkbox"/><br>Standby emergency service <input type="checkbox"/><br>Basic emergency service <input checked="" type="checkbox"/><br>Comprehensive emergency service <input type="checkbox"/> | Base Hospital:<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no   | Pediatric Critical Care Center:*<br><input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no |   |
| EDAP:** <input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no   | PICU:*** <input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no  | Burn Center:<br><input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no     | Trauma Center:<br><input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no                   | If Trauma Center what Level:****<br>_____ |

- \* 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: San Benito County County: San Benito County Reporting Year: 2006/2007

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

|  |   |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
| <b>Name, address &amp; telephone:</b> San Benito County Communications<br>471 Fourth Street<br>Hollister, CA 95023<br>(831) 636-4100 |   |  |  | <b>Primary Contact:</b> Beth Kafer, Communications Manager |  |  |  |
| Written Contract:<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no  | Medical Director:<br><input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no | <input checked="" type="checkbox"/> Day-to-day<br><input checked="" type="checkbox"/> Disaster   | Number of Personnel providing services:<br>___0___ EMD Training    ___0___ EMT-D    ___0___ ALS<br>___0___ BLS                    ___0___ LALS    ___0___ Other                                |  |  |  |  |
| Ownership:<br><input checked="" type="checkbox"/> Public<br><input type="checkbox"/> Private   |   | If public: <input type="checkbox"/> Fire<br><input type="checkbox"/> Law<br><input checked="" type="checkbox"/> Other<br>explain: <u>Law, Fire &amp; EMS Comm Center</u> | If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal |  |  |  |  |

This page has been intentionally left blank.

This page has been intentionally left blank.

## **SECTION 5: DESCRIPTION OF PLAN DEVELOPMENT PROCESS**

The San Benito County EMS Agency developed the EMS Plan in concert with the [San Benito County Emergency Medical Care Commission \(EMCC\)](#).

The EMCC acts in an advisory capacity to the Board of Supervisors on all matters relating to emergency medical services. The EMCC reviews the EMS-related activities in the County to provide county residents an opportunity to participate in the policy generation for the emergency medical services system, and to report the observations of the Commission to designated regulatory bodies. EMCC membership includes representatives from law enforcement, fire protection, air and ground ambulance, and public health agencies as well as a representative from the County Board of Supervisors, the hospital district, the local chapter of the American National Red Cross, and a consumer representative.

A Plan update was last approved by the EMCC in July 2007 and was forwarded to the County Board of Supervisors with a recommendation for the Board to approve the Plan. The Board of Supervisors approved the Plan August 14, 2007.

This current 2008 / 2009 Plan Update supersedes San Benito County's 2006 / 2007 EMS Plan Update.

## **SECTION 6: ANNEXES**

1. Trauma Care System Plan
2. Transportation Plan
3. Ambulance Zone Summary Form
4. Organizational Chart

# **Annex 1**

## **Trauma Care System Plan**

# Trauma Plan Update

## San Benito County EMS Agency



### FY 2008-2009

Inquiries to: James Clark, EMS Coordinator  
San Benito County EMS Agency  
1111 San Felipe Road, Suite 102  
Hollister, CA 95023  
(831) 636-4066 – Office  
(831) 636-4037 – Fax  
[james@sanbenitoco.org](mailto:james@sanbenitoco.org)

Dixie Zamzow, Trauma System Data Coordinator  
San Benito County EMS Agency  
1111 San Felipe Road, Suite 102  
Hollister, CA 95023  
(831) 636-4066 – Office  
(831) 636-4037 – Fax  
[dixie@sanbenitoco.org](mailto:dixie@sanbenitoco.org)



# SAN BENITO COUNTY

HEALTH & HUMAN SERVICES AGENCY

ELIZABETH FALADE, M.D., M.P.H.  
HEALTH OFFICER

KATHRYN FLORES  
DIRECTOR

**PUBLIC HEALTH SERVICES**  
*Healthy People in Healthy Communities*

September 16, 2008

TO: Bonnie Sinz, RN, Chief  
EMS Systems Division  
California EMS Authority

FROM: James Clark, EMS Coordinator  
San Benito County EMS Agency

A handwritten signature in blue ink, appearing to read "J. Clark".

SUBJECT: Annual Trauma System Status Report

## **Trauma System Summary**

San Benito County EMS Agency's Trauma Care System Plan was developed in compliance with Section 1798.160 et. seq. of the California Health and Safety Code. The plan was submitted to and ultimately approved by the California EMS Authority on May 7, 2003.

The Trauma Care System Plan outlines the structure and operations of the trauma care system within San Benito County. Specifically, the Plan determines the optimal number of Trauma Centers and their locations within the county and incorporates policies and procedures for System operations, as developed during the planning process.

The System is designed to build upon the current EMS system, making changes to policies and practices to meet the requirements of current trauma regulations, and correcting identified issues. To date, the approved Plan has not been fully implemented.

Once implemented, however, the LEMSAs intends to include designation of a Level IV Trauma Center at Hazel Hawkins Memorial Hospital in Hollister, CA. The Plan includes field triage to identify major trauma victims and transport those patients to one of the Level I or Level II Trauma Centers outside San Benito County when appropriate. For extended transport times to out-of-county Level I or Level II Trauma Centers, or trauma patients in extremis, patients will be transported to San Benito's Level IV Trauma Center.

Finally, a Quality Management program is to be established by the development of a Trauma Audit Committee (TAC) comprised of members of the local hospital, Trauma Centers in Santa Clara County, the LEMSAs and prehospital personnel. The TAC is responsible for ensuring that Quality Assurance standards are met by meeting County policy and procedure.

**PUBLIC HEALTH SERVICES**  
439 Fourth Street  
Hollister, CA 95023  
831-637-5367

**MEDICAL THERAPY UNIT**  
761 Line Street  
Hollister, CA 95023  
831-637-1989

**ENVIRONMENTAL HEALTH SERVICES**  
1111 San Felipe Road, Ste 101  
Hollister, CA 95023  
831-636-4035

**HEALTH EDUCATION PROGRAMS**  
1111 San Felipe Road, Ste 102  
Hollister, CA 95023  
831-636-4011

**EMERGENCY MEDICAL SERVICES**  
1111 San Felipe Road, Ste 102  
Hollister, CA 95023  
831-636-4066

## **Changes in Trauma System**

There has been one change of significant value that has a positive affect upon the San Benito County Trauma System. That is the implementation of an electronic patient care reporting system used by ALS and BLS personnel employed by the county-approved Emergency Ambulance Service Provider, American Medical Response (AMR). The system was placed into service March 1, 2008 and is the Multi-EMS Data System (MEDS ePCR). MEDS ePCR is designed to ensure compliance with all reporting standards and policies, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The Patient Care Report (PCR) component incorporates the prehospital data elements published by both the California EMS Authority and NHTSA, as well as most elements identified in their current National EMS Information System (NEMSIS) and California EMS Information System (CEMSIS) research projects. In its current state, MEDS ePCR is “CEMSIS Ready.” MEDS ePCR is “NEMSIS Silver” and is currently in the accreditation process of “NEMSIS Gold.”

## **Number and Designation Level of Trauma Centers**

There are no designated Trauma Centers located within San Benito County.

## **Trauma System Goals and Objectives**

- During FY 2007/2008, San Benito County EMS Agency implemented an electronic patient care reporting system (MEDS ePCR).
- During FY 2008/2009, San Benito County EMS Agency anticipates beginning the process to implement the Trauma Plan by gaining local hospital “buy-in” to accept the designation of a Level IV Trauma Center.
- Beginning July 1, 2008, San Benito County EMS Agency began collecting 100% of the trauma data reported in the electronic patient care reporting system. Once identified and collected, certain trauma data are entered into an electronic trauma registry. Once at the close of each calendar year, our EMS Medical Director, Dr. Kent Benedict, will study the data and compare with hospital patient outcome reports to identify the over/under triage rates of San Benito County trauma patients taken to Trauma Centers in Santa Clara County. The main objective of this Trauma Review is to ultimately ensure that Quality Assurance standards are being met and to identify local training/re-training or policy and procedural needs.

## **Changes to Implementation Schedule**

The implementation schedule identified in the May 7, 2003 Trauma Care System Plan has not been met.

## **Progress on Addressing EMS Authority Trauma System Plan Comments**

- *Section IV – Trauma System Design:* Since the Trauma Plan was approved by EMSA, San Benito County EMS Agency has not designated any Trauma Centers within its jurisdiction. It is planned to begin the process of gaining local hospital “buy-in” of a Level IV Trauma Center designation during the 2008/2009 Fiscal Year.

The following is the information relating to the single hospital in San Benito County that the LEMSA desires to designate as the Level IV Trauma Center:

Hazel Hawkins Memorial Hospital  
911 Sunset Drive  
Hollister, CA 95023  
(831) 637.5711

- Section V – Inter-County Trauma Center Agreements: No formal “Inter-County Trauma Center Agreement” has been developed. The appropriate county to enter into such an Agreement is Santa Clara County.
- Section IX – Policy & Plan Development: The San Benito County EMS Agency is currently in the process of updating all of its EMS Policy & Procedures including the Trauma Plan Policies mentioned in the comments contained in Richard Watson’s July 23, 2003 memo noticing San Benito that the Trauma Plan has been EMSA approved. It is anticipated that the full re-write and revision of all of San Benito’s EMS Policies and Procedures, including the Trauma Policies, will be completed by July 1, 2008. The re-written EMS Policies will be posted on the San Benito County EMS Agency web site at: <http://www.sanbenitoco.org/EMS/policypage.html>

### **Other Issues**

Issues pertaining to the difficulties encountered in implementing San Benito County’s Trauma Care System Plan include:

- Insufficient EMS staff time to follow up on Plan implementation.
- Failure to obtain hospital “buy-in” for their designation of Level IV Trauma Center.
- Past inability to effectively collect patient data via electronic means.

/// end of document

**EMERGENCY MEDICAL SERVICES AUTHORITY**

1930 9<sup>th</sup> STREET  
SACRAMENTO, CA 95811-7043  
(916) 322-4336 FAX (916) 324-2875



October 1, 2008

James Clark  
EMS Coordinator  
San Benito County EMS Agency  
1111 San Felipe Road, Suite 102  
Hollister, CA 95023

Dear Mr. Clark,

The EMS Authority (EMSA) has completed its review of San Benito County's 2008 Trauma System Status Report. Thank you for providing the report in compliance with EMSA's *Trauma System Plan Revision & Annual Trauma System Status Report Guidelines*. All San Benito County trauma system information provided in the report is in compliance with California Code of Regulations, Title 22 Trauma Care Systems. In accordance with the regulations, Section 100253, "The local EMS agency shall submit a trauma system status report as part of its annual EMS Plan update." In order to provide you with an appropriate schedule, San Benito County's next Trauma System Status Report shall be included with its EMS Plan Update. According to our files, San Benito County's next EMS Plan Update is due October 23, 2008. As this deadline is this month, the next Trauma System Status Report will be due with the 2009 EMS Plan Update.

In reviewing the 2007 report, the following comments, recommendations, and/or actions are provided for consideration/inclusion in your next report:

**Trauma System Summary:** You state that a Quality Management program is to be established by the development of a Trauma Audit Committee comprised of members of the local hospital, Trauma Centers in Santa Clara County, the LEMSAs and prehospital personnel. The development of this process is imperative for San Benito County especially as there are no trauma centers within the county.

***Action:*** *Develop a Quality Management Program to ensure San Benito County trauma patients are provided quality and timely trauma care. This program should at a minimum include:*

- ***Multi-disciplinary membership including LEMSA representative(s), local hospitals, prehospital providers, out-of-county trauma centers receiving San Benito County trauma patients either directly or via interfacility transfer***

- **Quality indicators designed to monitor appropriate delivery of trauma care**
- **Process to ensure "loop closure" when system deficiencies are identified**

San Benito's participation in the Bay Area Regional Trauma Coordinating Committee may provide the appropriate vehicle to establish this review process.

**Goals and Objectives:** I am pleased to hear San Benito plans on implementing its Trauma Plan by exploring the designation of a level IV Trauma Center. The EMS Authority is available to assist you in this process. A presentation by the State to the local hospital can help facilitate the "buy in" needed.

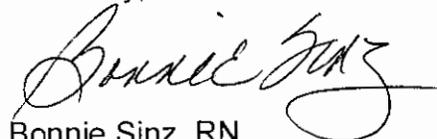
**Action: Provide an update on this objective with the next Trauma Systems Status Report.**

**Intercounty Agreements:** There has been no progress in the development of an intercounty agreement with Santa Clara County. An Intercounty Agreement is necessary for the cross-county transportation of trauma patients from the field.

**Action: Please provide an explanation as to why there has been no progress in developing an Intercounty Agreement with Santa Clara County. The development of the Bay Area Regional Trauma Coordinating Committee may provide the appropriate vehicle for these discussions. I have attached previous correspondence from EMSA regarding Intercounty Agreement options.**

Thank you again for submitting a report on San Benito County's Trauma System. Your next Trauma System Status Report should be coordinated with the 2009 EMS Plan Update due date. If you have any questions, please contact Johnathan Jones at (916) 322-4336 extension 415.

Sincerely,



Bonnie Sinz, RN  
Chief, EMS Systems Division

Attachment

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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



**DATE:** February 6, 2004  
**TO:** All Local Emergency Medical Services Agencies  
**FROM:** Richard E. Watson, Interim Director  
**SUBJECT:** TRAUMA PLANS – INTERCOUNTY AGREEMENTS

It has come to the Emergency Medical Services Authority's (EMSA) attention that there may be confusion regarding Section 100255 and 100256 of the trauma regulations. This is to clarify the intent of the regulations.

The language in the regulations indicates that there shall be "agreements" with neighboring jurisdictions regarding trauma. This was added to the trauma regulations to ensure coordination between LEMSAs. For instances where trauma patients are transported directly from the field to another jurisdiction's trauma center, the regulations require that there is an agreement between the jurisdictions.

Although the regulations use the term "agreement", it was never envisioned as a formal agreement or MOU, although that would be acceptable. The intent is to provide for coordination and show that both agencies accept the use of the specified trauma centers. This could be accomplished through cosigned policies or letters between the counties which indicate that patients are transported directly from the field. These letters should include: communication and cooperation regarding diversion, quality improvement participation when appropriate, and data sharing.

I hope this helps to clarify the intent of the regulations and provide you with some helpful examples. Cooperation among all jurisdictions is essential for good trauma care within the state and takes us one step closer to a statewide trauma system. I strongly encourage everyone to fully participate. If you have any questions, please contact Donna Nicolaus at (916) 322-4336, extension 412.

# **Annex 2**

# **Transportation Plan**

# Transportation Plan

## San Benito County EMS Agency



EMS Policy #1180

# FY 2008-2009

Inquiries to: James Clark, EMS Coordinator  
San Benito County EMS Agency  
1111 San Felipe Road, Suite 102  
Hollister, CA 95023  
(831) 636-4066 – Office  
(831) 636-4037 – Fax  
[james@sanbenitoco.org](mailto:james@sanbenitoco.org)

## **EXECUTIVE SUMMARY**

San Benito County EMS Agency recognizes the vital importance of a coordinated response to health emergencies. To encourage a systems approach to a coordinated EMS response, we take pride in the sound relationships we have garnered with all of our system's stakeholders. We are also committed to comply with the requirements set forth in the State's [EMS System Standards and Guidelines and the EMS System Planning Guidelines](#). To that end, this Transportation Plan is intended to address the county's EMS **System**, and not just the activities of the local EMS **Agency**.

The San Benito County EMS Transportation Plan outlines the structure and operations for its prehospital care services. It:

- Determines the number of and boundaries for Emergency Ambulance Zones;
- Establishes a process for granting exclusive operating permits to a limited number of Emergency Ambulance Service Providers which serve San Benito County;
- Identifies the role of basic life support (BLS) and advanced life support (ALS) first responders;
- Establishes a process for oversight and regulation of EMS providers by the San Benito County EMS Agency as provided by the San Benito County Ambulance Ordinance #637.

## **INTRODUCTION**

### **INTENT**

The California EMS Authority has designated [San Benito County's Emergency Ambulance Zone as an Exclusive Operating Area effective July 10, 2006](#) and the San Benito County EMS Agency includes ground ALS transportation exclusivity in its EMS Plan.

The following EMS Transportation Plan has been developed to comply with the State EMS Authority's [Minimum Standards and Recommended Guidelines 4.01 through 4.22](#).

### **AUTHORITY**

The San Benito County EMS Transportation Plan was developed by direction of the San Benito County Emergency Medical Care Commission and County Board of Supervisors. It is compliant with:

- [Division 2.5, California Health & Safety Code, Sections 1797 et seq., Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act](#)
- [California Code of Regulations, Title 13, Motor Vehicles](#)
- [California Code of Regulations, Title 22 Social Security, Division 9, Prehospital Emergency Medical Services](#)
- California Welfare and Institutions Code [Section 17000](#)
- California Vehicle Code [Section 165](#)

## **DESCRIPTION OF THE SYSTEM**

### **LOCAL EMS AGENCY AND COUNTY NAME**

- [San Benito County EMS Agency; County of San Benito](#)

### **NAME OF CURRENT EMERGENCY AMBULANCE SERVICE PROVIDER**

- [American Medical Response](#)  
West Region Headquarters  
7575 Southfront Road  
Livermore, CA 94550  
(925)454-6000

### **FIRST RESPONDERS**

San Benito County is served by 5 fire departments comprised of a combination of full-time paid and volunteer Firefighters:

- [Hollister City Fire Department](#)
- [San Juan Bautista Volunteer Fire Department](#)
- [San Benito County Fire Department – CAL FIRE](#)
- [Aromas Tri-County Fire Protection District](#)
- [California Department of Forestry and Fire protection – CAL FIRE](#)

### **AIR AMBULANCE SERVICES**

[CALSTAR Air Ambulance Service](#) is the only air ambulance service provider based within San Benito County. When CALSTAR is unavailable to fly local missions, the County is further served by air ambulances based outside of the county. In order to serve the County, these services are required to have a county-issued permit and to comply with County operating procedures.

Air ambulance services currently permitted to fly EMS missions in San Benito County are as follows:

### **AIR AMBULANCE SERVICE PROVIDERS**

| <b>Provider</b>                          | <b>Helicopter Base Location</b>   |
|--|-----------------------------------|
| <a href="#">CALSTAR</a>                  | Hollister, Gilroy and Salinas, CA |
| <a href="#">Air Methods - Mediflight</a> | Merced and Modesto, CA            |
| <a href="#">PHI - Air Med Team</a>       | Modesto, CA                       |
| <a href="#">Stanford Life Flight</a>     | Palo Alto, CA                     |
| <a href="#">Reach Air Ambulance</a>      | Concord and Lodi, CA              |

The decision to use air ambulances involves both medical and scene management decisions. Field dispatch may be authorized only by designated personnel who include: firefighters, law enforcement, State and Federal Park Peace Officers, paramedics, registered nurses, and physicians. San Benito County 9-1-1 Communications Center is the agency responsible to forward the air ambulance flight request to the closest most appropriate helicopter service. In all cases, San Benito County BLS First Responders and an ALS ground transport unit will also be dispatched to respond in tandem with responding air ambulances.

## **EMS DISPATCH AND RESPONSE**

### **DISPATCH SERVICES**

San Benito County has one primary public safety answering point (PSAP) and one secondary PSAP. The primary PSAP is responsible to field all 9-1-1 emergency calls for service and to dispatch the appropriate agency to respond. The secondary PSAP is responsible to receive emergency call information from the primary PSAP and dispatch appropriate fire agencies.

### **RESPONSE METHODOLOGY**

The San Benito County EMS system is a single tier, Advanced Life Support (ALS/Paramedic) dual response system. Dispatched through a non-EMD Dispatch Center, 100% of all 9-1-1 Code 3 calls for service, except for calls originating within [Hollister Hills State Vehicular Recreation Area](#), receive a fire-based BLS First Responder/EMT-1 unit and a private ALS transport ambulance staffed by one EMT-Paramedic and one EMT-1.

The feasibility of implementing an “Emergency Medical Dispatching System” (EMD) is being discussed. This system, if implemented, would classify medical priorities, provide pre-arrival medical instructions, and send the most appropriate EMS vehicles at the most appropriate response code.

### **MULTIPLE CASUALTY INCIDENT PLAN (MCI)**

See Attachment 1 - San Benito County MCI Plan; [EMS Policy #1170](#).

## **REGULATORY PROCESS**

### **SAN BENITO COUNTY AMBULANCE ORDINANCE #637**

San Benito County [Ambulance Ordinance #637](#) was enacted on April 13, 1993 in order to provide policies and regulations which are necessary for the public health and safety regarding Ambulance Service Providers in this county. The ordinance establishes policies and regulations for issuing permits and regulating

air and ground ambulances to ensure competent, efficient and adequate care is provided and to allow for adequate ambulance services and rates in all areas of the county. The Ordinance also allows for the orderly and lawful operation of the county Emergency Medical Services (EMS) system and ensures its oversight by the San Benito County EMS Agency.

### **MINIMUM STANDARDS FOR GROUND AMBULANCE TRANSPORTATION SERVICES**

Minimum standards for ground ambulance and transportation services are determined by the local EMS Agency. A written agreement between the county and AMR which determines minimum EMS System response standards was executed on July 1, 2004 and is termed to expire June 30, 2009.

San Benito County ensures that responses are conducted in coordinated fashion by one consolidated fire, law and EMS dispatch center. The level of all emergency ambulance and transportation services provided within the region is Advanced Life Support (ALS, Paramedic). Each of the county's emergency ambulances is staffed with one EMT-1 and one EMT-P.

San Benito, Santa Cruz and Monterey County's respective EMS Agencies are currently working to draft and adopt a Tri-County Mutual and Automatic Aid Agreement. Until this Agreement is finalized, the Tri-County areas work on verbal and past practices to ensure smooth day-to-day responses across the contiguous county borders. [San Benito County's southwestern-most regions](#), through Automatic Aid, are serviced by Monterey County ambulances stationed in King City.

## **HOSPITAL ACCESSIBILITY**

### **BASE HOSPITAL**

San Benito County has one acute care hospital located within its jurisdiction, [Hazel Hawkins Memorial Hospital \(HHH\)](#). Under written contract with the county, HHH serves as the county's only Paramedic Base Station. The on-duty Emergency Department physician provides online medical control for the ALS transport provider and the BLS first responders. As a county-approved EMS Continuing Education Provider, HHH also provides monthly training/educational opportunities which are open to any interested persons and agencies.

### **RECEIVING HOSPITALS**

San Benito County bases its EMS transport decisions based upon the "Closest Most Appropriate Medical Facility" and "Patient Request" model. While using these criteria to establish hospital destination decisions, ground transportation ambulances typically transport patients to the closest most appropriate medical facility which is:

- [Hazel Hawkins Memorial Hospital](#)  
911 Sunset Drive  
Hollister, CA 95023  
(831) 637-5711

Patients from the northern boundaries of San Benito County may also be transported to the following medical facilities based on their being closest to the most appropriate medical facility or by patient request. Generally, San Benito County limits its EMS System ground ambulances to no more than a 30 minute transport time beyond the county boundary lines:

- [Saint Louise Regional Hospital](#)  
9400 No Name Uno  
Gilroy, CA 95020  
(408) 848-2000
- [Watsonville Community Hospital](#)  
75 Neilson Street  
Watsonville, CA 95076  
(831) 724-4741
- [Salinas Valley Memorial Hospital](#)  
450 E. Romie Lane  
Salinas, CA 93901  
(831) 757-4333
- [Natividad Medical Center](#)  
1441 Constitution Blvd.  
Salinas, CA 93906  
(831) 755-4111

## **POLICY & PROCEDURE**

### **POLICY & PROCEDURE MANUAL**

San Benito County EMS Agency maintains an [EMS Policy and Procedure Manual](#) which outlines:

- ALS / BLS Policies.
- Educational & Certification Requirements for ALS & BLS EMS Personnel.
- ALS Procedures.
- ALS / BLS Standards & Guidelines.
- Trauma.
- Documentation / Data.
- Adult Field Treatment Guidelines.
- Pediatric Field Treatment Guidelines.

- Pandemic Influenza response.

San Benito County's EMS Policies and Procedures are reviewed and updated every two years by the EMS Agency Medical Director, EMS Agency staff and the [San Benito County Prehospital Advisory Committee](#).

## **EXCLUSIVITY**

### **STATEMENT OF EXCLUSIVITY ([Calif H&S Code §1797.6](#))**

As stated in the County EMS Plan and defined in [Calif. H&S Code §1797.85](#) and as [approved by the California EMS Authority on July 10, 2006](#), San Benito County's Emergency Ambulance Zone ([EOA-1](#)) is an Exclusive Operating Area.

### **TYPE OF EXCLUSIVITY**

Emergency Advanced Life Support Ambulance Services; Performance Based franchise for ALS ground transportation.

### **METHOD TO ACHIEVE EXCLUSIVITY**

In the 2005 EMS Plan Update, the California EMS Authority designated the County as an Exclusive Operating Area without the use of a competitive bid process. This was done by using the grandfather provision of [Health & Safety Code §1797.224](#) and to acknowledge that San Benito has continued using, without interruption of services, existing Emergency Ambulance Service Providers since at least 1968.

On July 10, 2006, San Benito County was notified that it meets EOA grandfathering requirements of Health & Safety Code Section 1797.224.

See Attachment #2 ([EMSA EOA Approval Letter; July 10, 2006](#)).

### **AREA (ZONE) NAME OR TITLE**

San Benito County Exclusive Operating Area 1 ([EOA-1](#))

## EMERGENCY AMBULANCE ZONE GEOGRAPHIC DESCRIPTION EOA-1



[EOA-1](#) includes the entire county's incorporated and non-incorporated areas.

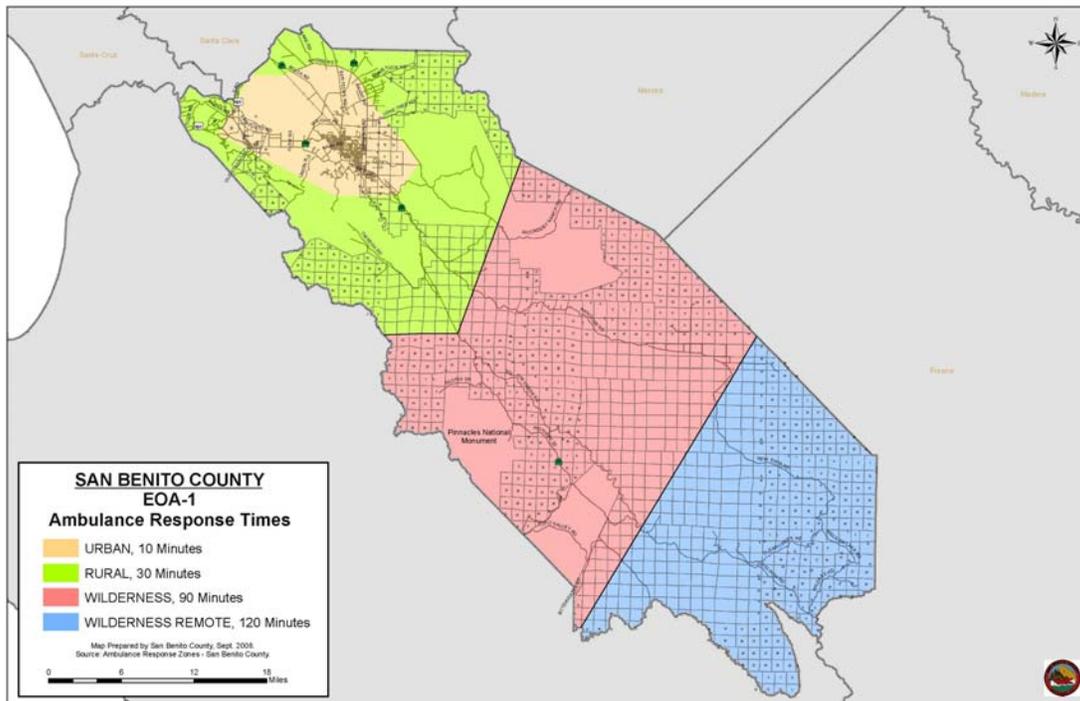
The legal geographic description of the County of San Benito's Exclusive Operating Area (EOA-1) is as follows:

Commencing at a point in the center of the Pajaro River, said point being the northwest corner of the Rancho Las Arromitas y Agua Caliente, and being on the northern boundary line of Monterey, and running thence in a southerly direction along the southwest boundary of said Rancho to the southwest corner thereof; thence southerly in a direct line to the summit of said Gabilan Range of Mountains, and thence in a southeasterly along the summit of said Gabilan Mountains to the Chalone Peak; thence southeasterly in a direct line to the division line of the parts of San Lorenzo Sobrantes Rancho owned respectively by Breen and Dunn; thence along said dividing line of said Rancho to the

southern boundary thereof; thence due south to the San Lorenzo Creek; thence southeasterly up the center of said Lorenzo or Lewis Creek, and up the north fork thereof, to the summit of the divide between the waters of said Lewis Creek and San Benito Creek; thence following said divide southerly to the eastern boundary of Monterey and the summit of the Coast Range Mountains.

Thence northerly, following the summit of said mountains to where the range line between T. 18SI, or R. 12 and 13 E., M. D. B. & M., crosses the same; thence northerly along said range line to the northeast corner of T. 18 S., R. 12 E., ; thence northerly along said township line to the south line of T. 16 N., R. 13 E., M. D. B. & M., thence west to the southeast corner of T. 16 S., R. 12 E., M. D. B. & M.; thence northwest in a straight line to the northeast corner of T. 14 S., R. 9 E.; thence in a straight line northwesterly, running toward the northeast corner of T. 13 S., R. 7 E., to a point where said line intersects the county line between San Benito and Merced; thence along the boundary line between San Benito and Merced to the northeast corner of San Benito and southeast corner of Santa Clara; thence following the county line between Santa Clara and San Benito to the place of beginning.

**SAN BENITO COUNTY RESPONSE ZONE MAP (EOA-1) See Attachment #3:**



## **EMERGENCY AMBULANCE RESPONSE TIME STANDARDS**

The San Benito County EMS Agency has established response time standards (based on size of County and long transport distances) for the contracted ambulance provider in the County as defined below:

- Contractor will be deemed to be in compliance with response time standards if ninety percent (90%) or more of all Code 3 (9-1-1) events in which a transport ambulance arrives on scene, measured monthly, meet the specified response times:
  - San Benito Urban Area (**TAN**): Emergency calls within the San Benito County Urban Area must be responded to within ten (10) minutes or less.
  - San Benito County Rural Area (**GREEN**): Emergency calls within the San Benito County Rural Area must be responded to within thirty (30) minutes or less.
  - San Benito County Wilderness Area (**SALMON**): Emergency calls within the San Benito County Wilderness Area must be responded to within ninety (90) minutes or less.
  - San Benito County Wilderness (Remote) Area (**BLUE**): Emergency calls within the San Benito County Wilderness (Remote) Area must be responded to within one hundred twenty (120) minutes or less.

**ATTACHMENT**  
**#1**  
**MCI PLAN**



# SAN BENITO COUNTY

HEALTH & HUMAN SERVICES AGENCY

ELIZABETH FALADE, M.D., M.P.H.  
HEALTH OFFICER

KATHRYN FLORES  
DIRECTOR

**PUBLIC HEALTH SERVICES**  
*Healthy People in Healthy Communities*

## SAN BENITO COUNTY EMERGENCY MEDICAL SERVICES AGENCY

### MULTI-CASUALTY INCIDENT (MCI) PLAN

**Policy No.:** 1170  
**Effective Date:** January 1, 2008  
**Reviewed:** July 2008

**Approved By:**   
EMS Agency Medical Director

#### I. SCOPE

This plan is limited in scope to Multi-Casualty Incidents within San Benito County.

#### II. DEFINITIONS

Three levels of incidents can be identified in emergency medical services operations:

- A. *Day-to-Day*: can be handled appropriately with the resources normally available to a community.
- B. *Multi-Casualty Incident (MCI)*: produces more casualties than can be managed by normally available resources. The exact number of casualties meeting this description will vary.
- C. *Medical Disaster*: a situation where the number of casualties overwhelms all available resources in San Benito County. Response to this type of incident will require coordination with the county's Office of Emergency Services, Emergency Medical Services Agency and will require activation of the San Benito County Emergency Operations Plan.

**PUBLIC HEALTH SERVICES**  
439 Fourth Street  
Hollister, CA 95023  
831-637-5367

**MEDICAL THERAPY UNIT**  
761 Line Street  
Hollister, CA 95023  
831-637-1989

**ENVIRONMENTAL HEALTH SERVICES**  
1111 San Felipe Road, Ste 101  
Hollister, CA 95023  
831-636-4035

**HEALTH EDUCATION PROGRAMS**  
1111 San Felipe Road, Ste 102  
Hollister, CA 95023  
831-636-4011

**EMERGENCY MEDICAL SERVICES**  
1111 San Felipe Road, Ste 102  
Hollister, CA 95023  
831-636-4066

A MCI differs from a medical disaster in the following ways:

- All involved patients originate from the same scene (as opposed to a widespread incident such as an earthquake or flood).
- Medical resources have not been damaged or otherwise decommissioned by the incident (except in the case of a hospital fire or explosion).
- All direction, control and coordination is maintained at the scene of the incident.

### **III. OBJECTIVES**

To ensure adequate and coordinated efforts to minimize loss of life, disabling injuries and human suffering by providing effective emergency medical assistance through efficient utilization of medical and other resources in the event of an incident which results in a significant number of injured persons.

### **IV. MULTI-CASUALTY INCIDENT PLAN ACTIVATION**

#### **A. Declaration of a “Possible MCI”**

A “Possible MCI” may be called by County Communications, Law, Fire or Medical based upon information received from the San Benito County Communications Center that a multi-casualty incident may have occurred or a condition exists which may overwhelm the medical resources of the county.

The San Benito County Communications Center will notify all responding agencies, ambulance dispatch and California Highway Patrol dispatch by broadcasting a “Possible MCI” declaration and notify Hazel Hawkins Memorial Hospital of the declaration. Hazel Hawkins Memorial Hospital will monitor the MEDNET radio for updates.

#### **B. Cancellation of a “Possible MCI”**

When the San Benito County Communications Center has broadcast a MCI plan declaration of “Possible MCI,” the first arriving unit on-scene should immediately determine the need for declaring a “MCI” or cancelling the “Possible MCI.” The Communications Center will then broadcast the declared “MCI” or cancel the “Possible MCI” and notify those other dispatch centers.

#### **C. Declaration of “Activate MCI”**

Whenever a situation occurs that Emergency Personnel, on-scene or enroute, believe multiple patients will overwhelm the initial responding resources, the MCI Plan shall be initiated by declaring “Activate MCI” to the San Benito County Communications Center. The following information is to be provided to San Benito County Communications Center by the Incident Commander for MCI Plan Declaration:

- Type of incident.
- Location, best access routes and exposure areas.
- Need for specific types and numbers of additional resources.
- Types of injuries.
- Designation of the Incident, Incident Commander and incident name.

The San Benito County Communications Center will notify all responding agencies, ambulance dispatch and California Highway Patrol dispatch by broadcasting a “MCI” declaration and notify Hazel Hawkins Memorial Hospital of the declaration. Hazel Hawkins Memorial Hospital will monitor the MEDNET radio for updates.

All ALS personnel in the county will function under automatic orders for all patients. Paramedic units involved in other ALS calls will make brief radio contact on an available radio frequency that will not interfere with MCI radio traffic.

Hazel Hawkins Hospital in conjunction with the Transportation Group Supervisor will determine the destination of the patients based upon the patient’s condition and the capability of the receiving hospital to handle the patient.

County Communications will notify the EMS Agency Administrator and/or designee in the event of a confirmed MCI Plan Declaration.

When the incident is not manageable with the resources available to San Benito County (or with existing mutual aid agreements), activation of the county Emergency Operation Plan will be made by the Incident Commander in conjunction with the Office of Emergency Services and/or Emergency Medical Services.

## **V. OPERATIONAL CONSIDERATIONS**

### **A. Command Structure**

Incident Organization shall be based on the Incident Command System (ICS). Incident Command will be as follows:

- For single jurisdictional incidents, command will be with the responsible jurisdictional agency having investigative or legal authority.
- For multi-jurisdictional incidents, a Unified Command structure will be established with the incident command responsibilities being jointly provided by those agencies sharing legal jurisdiction.

### **B. Command Authority Principles**

- The IC will be a Law Enforcement, Fire Department or Health Officer at the scene who is from the jurisdiction having investigative or legal authority for the incident.
- The first arriving unit or any agency may function as the IC implementing the necessary actions until the role can be relinquished to the appropriate agency.
- The first arriving unit of any agency should take responsibility for the declaration of the “Possible MCI” or “Activate MCI” and relay additional information to County Communications.
- Only those positions needed for the size and nature of the incident will be filled.

### **C. Other Considerations**

- Ambulance crews will take responsibility for managing patient transportation working under the authority of the Incident Commander.

- All incoming units/personnel shall assume support roles based upon assignment/mission designated by the Incident Commander or designee. All units/personnel shall report to staging for direction unless instructed otherwise.
- During the MCI, all agencies will request additional resources through the Incident Commander or designee.
- The Transportation Group Supervisor is the only person designated to make contact with a hospital to determine transport destination.
- Paramedics may establish Base Hospital contact with Medical Control (ER Physician) to obtain consult/orders.
- S.T.A.R.T. Triage is the designated means for establishing the condition of MCI involved patients. Patients shall be triaged and tagged using the California Fire Chief's Association Triage Tag upon contact and directed to the appropriate treatment area(s) for re-triage, care and transportation.
- The Incident Commander will direct all requests for air ambulances and will assign the Helispot Manager and landing zone(s).
- The Incident Commander will request Critical Incident Stress Debriefing (CISD) as soon as the need is identified.
- Any emergency service responder may activate the MCI Plan when any potential or actual situation may overwhelm the resources of any jurisdiction or geographic area.
- The Incident Commander or designee may deactivate the MCI Plan by contacting the San Benito County Communications Center.
- The County Emergency Operations Plan may be activated whenever the number of injured persons overwhelms the system and normal medical or logistical support services are degraded beyond the capabilities of the local resources within reasonable distance. The Incident Commander, in conjunction with the County Office of Emergency Services and/or the Emergency Medical Services Agency, may request the activation of this plan.
- The San Benito County EMS Agency may provide assistance to the Incident Commander on scene if requested. The EMS Agency will only provide technical support and information and will not become actively involved in the incident.

## VI. MULTI-CASUALTY INCIDENT REVIEW/QUALITY ASSURANCE

Copies of all multi-casualty incident forms will be forwarded to the EMS Agency by the Incident Commander or designee within forty-eight (48) hours of the incident. The EMS Agency may conduct an "all agency critique" of a Multi-Casualty Incident for the purposes of improving future coordination and performance.

## VII. REFERENCES AND AUTHORITIES

Multi-casualty planning is conducted by EMS Agencies in accordance with Sections 1797.204, 1797.220 and 1797.252 of the California Health and Safety Code.

**ATTACHMENT**

**#2**

**EMSA Letter of Approval (EOA)**

**EMERGENCY MEDICAL SERVICES AUTHORITY**

1830 Q STREET  
SACRAMENTO, CA 95814-7043  
(916) 322-4336 FAX (916) 324-2875



July 10, 2008

James Clark  
EMS Coordinator  
San Benito County  
111 San Felipe Rd., Suite 102  
Hollister, CA 95023

Dear Mr. Clark:

Thank you for submitting the additional materials requested by the EMS Authority to clarify the status of the ambulance zones in San Benito County. The EMS Authority has completed its review of the following materials:

- Revisions to the transportation plan indicating the county's intent to establish an exclusive operating area for 9-1-1 ALS emergency ambulance.
- Documentation in support of grandfathering the current provider, American Medical Response.

The EMS Authority finds that the transportation plan revisions are in compliance with the *EMS System Standards and Guidelines* and the *EMS System Planning Guidelines*. In addition, the Authority finds the supporting documentation demonstrates the county's compliance with Health and Safety Code section 1797.224 in the establishment of an exclusive operating area by grandfathering for ambulance service.

Your annual EMS plan 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,

A handwritten signature in cursive script that reads "Cesar A. Aristeiguleta, M.D.".

Cesar A. Aristeiguleta, M.D.  
Director

CAA:cg

Enclosure

RECEIVED

JUL 24 2008

SAN BENITO COUNTY  
EMERGENCY SERVICES

# **ATTACHMENT**

## **#3**

**San Benito County  
Response Zone Map**



Santa Cruz

Santa Clara

Merced

Madera

Fresno

## **SAN BENITO COUNTY**

### **EOA-1**

### **Ambulance Response Times**

-  URBAN, 10 Minutes
-  RURAL, 30 Minutes
-  WILDERNESS, 90 Minutes
-  WILDERNESS REMOTE, 120 Minutes

Map Prepared by San Benito County, Sept. 2008.  
Source: Ambulance Response Zones - San Benito County.

0 6 12 18 Miles



# **Annex 3**

## **Ambulance Zone Summary EOA-1**

## EMS PLAN AMBULANCE ZONE SUMMARY FORM

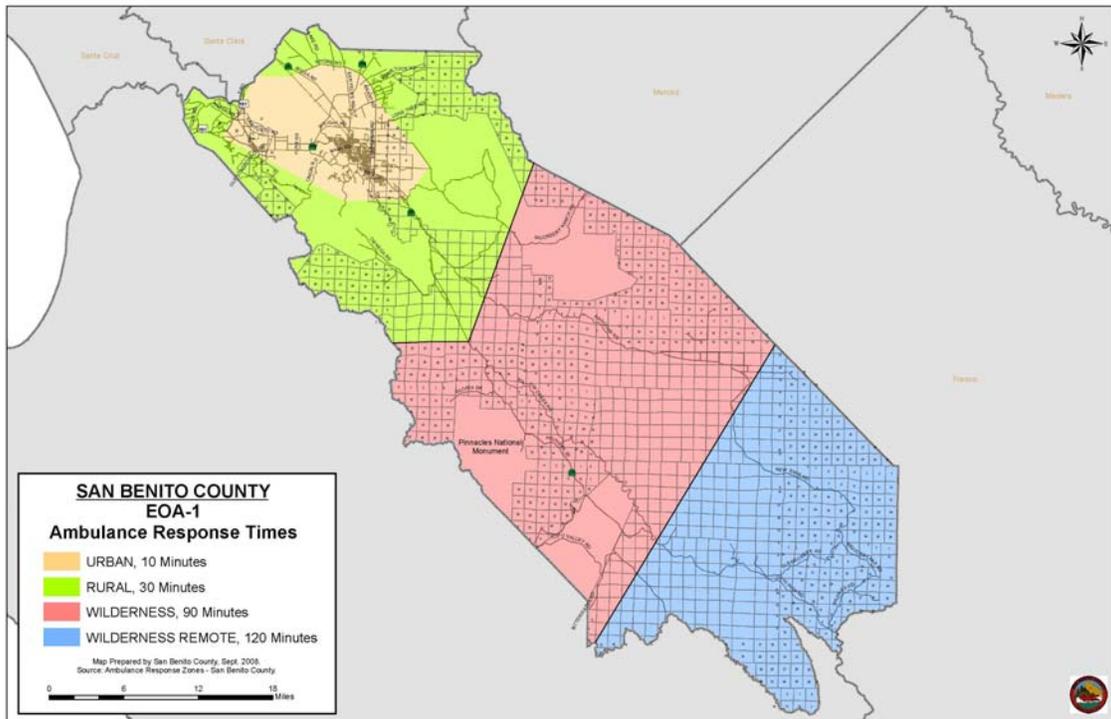
In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone

### Local EMS Agency or County Name:

San Benito County EMS Agency

### Area or subarea (Zone) Name or Title:

EOA-1



### Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

American Medical Response since August 25, 1998

### Area or subarea (Zone) Geographic Description:

San Benito County is located in the central coast region, 100 miles southeast of San Francisco, 40 east of Monterey and 300 miles north of Los Angeles. Contiguous counties include Fresno, Merced, Monterey, Santa Clara, and Santa Cruz. Land area is 1,396 square miles. Terrain varies from flat valley floor, to hilly rangeland to 5,450 foot peaks.

At an elevation of 229 feet, the City of Hollister lies on the juncture of two major earthquake faults considered to have a high potential for surface rupture. Consequently, Hollister is the county seat of one of the most seismically active counties in the United States. The north and northwest segments of the county comprise almost all the urban areas,

leaving the southern portion of the county primarily rural.

Major surface transportation routes bisecting the county include Highways 101, 129, 156 and 25.

The current population of San Benito County is approximately 57,000 inclusively. The county has two incorporated cities, Hollister 36,000 population and San Juan Bautista 1,646 population. The transient population is substantial, but seasonal in nature, corresponding to the harvest season of various agricultural products grown in the county.

The county's economy is primarily agricultural in nature, interspersed with some light manufacturing and four munitions manufacturers. The population primarily works in the neighboring counties.

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**

As stated in the San Benito County County EMS Plan and defined in Calif. H&S Code §1797.85 and as [approved by the California EMS Authority on July 10, 2006](#), San Benito County's Emergency Ambulance Zone ([EOA-1](#)) is an Exclusive Operating Area for Emergency Ground Ambulance Transportation of the sick and injured.

Emergency Ground Ambulance Transportation Exclusivity is granted to American Medical Response by way of the "Grandfather" provisions of Health & Safety Code §1797.224 and the exclusive operating permit contained in the July 1, 2004 - June 30, 2009 Emergency Ambulance Agreement entered into between the County and American Medical Response.

**Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):**

- Emergency Advanced Life Support Ambulance Service
- Performance Based franchise for ALS ground transportation.

**Method to achieve Exclusivity, if applicable (HS 1797.224):**

In the 2005 EMS Plan Update, the California EMS Authority designated the County as an Exclusive Operating Area without the use of a competitive bid process. This was done by using the grandfather provision of Health & Safety Code §1797.224 and to acknowledge that San Benito County has continued using, in the same manner and scope without interruption of services, existing Emergency Ambulance Service Providers since January 1, 1981.

[On July 10, 2006, the EMS Authority notified San Benito County EMS Agency](#) that it meets EOA grandfathering provisions of Health & Safety Code Section 1797.224.

# **Annex 4**

## **San Benito County Organizational Chart**

# COUNTY OF SAN BENITO ORGANIZATION CHART

JUNE 2006

People of San Benito County, California

