

# **SAN BENITO COUNTY EMS PLAN**

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# San Benito County Emergency Medical Services System Plan

<b>Table of Contents</b>	<b>Page</b>
<i>Acknowledgements</i> .....	<i>i</i>
<i>Plan Format</i> .....	<i>ii</i>
Section 1. Executive Summary .....	1
Section 2. Assessment of System.....	4
Table 1: Summary of System Status.....	4
A. System Organization and Management .....	4
B. Staffing / Training .....	6
C. Communications .....	7
D. Response / Transportation.....	8
E. Facilities / Critical Care.....	9
F. Data Collection / System Evaluation.....	10
G. Public Information and Education .....	11
H. Disaster Medical Response .....	12
Standards 1.01 through 1.28.....	13
Standards 2.01 through 2.13 .....	32
Standards 3.01 through 3.10 .....	41
Standards 4.01 through 4.22 .....	48
Standards 5.01 through 5.14 .....	63
Standards 6.01 through 6.11 .....	71

Standards 7.01 through 7.04 .....	80
Standards 8.01 through 8.19 .....	84
Section 3. System Resources and Operations .....	98
Table 2: System Organization and Management .....	99
Table 3: Personnel / Training.....	106
Table 4: Communications.....	107
Table 5: Response / Transportation .....	108
Table 6: Facilities / Critical Care .....	110
Table 7: Disaster Medical .....	111
Section 4. Resource Directories .....	113
Table 8: Providers .....	113
Table 9: Approved Training Programs .....	118
Table 10: Facilities.....	119
Table 11: Dispatch Agency.....	120
Section 5. Description of Plan Development Process.....	121
Section 6. Annex.....	122

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# 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 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 Development Process**

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

## **SECTION 6. Annex**

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

1. Trauma Care System Plan/Trauma Centers
2. AB 3153 Compliance (implementation of Health and Safety Code Section 1797.224, Exclusive Ambulance Operating Areas)
3. Pediatric Subsystem Plan

*Note: The San Benito County EMS Agency has not developed these optional EMS system components, however, the EMS Agency, in cooperation with all EMS stakeholders, should periodically evaluate the need for and feasibility of developing these components. (See Standards 1.04, 1.07 and 6.10)*

## 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 local emergency medical services (EMS) agencies in California is the development of an EMS system plan. Section 1797.254 of the Health and Safety Code calls for each Local Emergency Medical Services Agency 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 workplans.

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 through 6.11)
7. Public information and education (Standards and Guidelines 7.01 through 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.

The following immediate objectives have been identified for the San Benito County EMS System:

1. Administration of the EMS system: Decide how the roles and responsibilities of the EMS Agency will be administered. (Standard 1.01)
2. Policies and procedures: Update the EMS policies and procedures manual and distribute to all EMS providers. (Standard 1.14)
3. Multi-casualty planning: Develop and implement a multi-casualty response plan. (Standards 4.14, 4.15, and 5.05)
4. Dispatcher training: Public safety operators (telecommunications personnel) with medical responsibility should receive medical orientation and medical dispatch personnel should receive emergency medical dispatch training. (Standards 2.04, 3.09, 4.04, and 6.04) Develop a medical EMS dispatch operations manual. (Standard 3.09)
5. Disaster planning: Update medical response plans and procedures. (Standard 8.02) Continue to identify disaster situations that require outside assistance and refine written procedures as necessary. Participate in exercises conducted by the State Office of Emergency Services Coastal Region II Operational Area Disaster Health Coordinators. (Standard 8.06) Work with the local hospital to ensure that its plans for internal and external disasters are fully integrated with the County's medical response plan. (Standard 8.14) Work with the local EMS response agencies, the local chapter of the American National Red Cross, and other agencies to develop guidelines and training for prehospital medical response agencies responding to medical disasters. (Standard 8.16)
6. Communications Plan: Develop a written telecommunications plan. (Standard 3.01)
7. Training: Continue to monitor and improve the availability of local EMS training courses to meet the needs of various provider agencies. (Standard 2.01)
8. Evaluation of EMS system: Reconvene and hold regular meetings of the Quality Assessment Committee. (Standards 1.12 and 6.01). Evaluate the capabilities of the new computer-aided dispatch system to collect and report on EMS system response data. (Standards 1.12 and 6.01) Maintain regular contact with all EMS system

participants and promptly respond to requests for information or assistance. (Standard 1.13) Develop policies for medical direction of non-ambulance EMS providers in San Benito County. (Standards 1.17, 4.02, 4.07, and 6.07)

9. Public information and education: Provide assistance to various provider groups in developing public information and education materials regarding EMS activities. (Standard 7.01) Develop a working relationship with local health education programs. (Standard 7.02)
10. First responders: Develop a first-responder master plan. (Standards 1.11, 4.02 and 4.07)

## SECTION 2: ASSESSMENT OF SYSTEM

**TABLE 1: SUMMARY OF SYSTEM STATUS**

### 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		X	N/A	X	
1.02 LEMSA Mission		X	N/A		
1.03 Public Input		X	N/A		
1.04 Medical Director		X	X		
<b>Planning Activities:</b>					
1.05 System Plan		X	N/A	X	
1.06 Annual Plan Update		N/A	N/A		
1.07 Trauma Planning*	X		N/A		X
1.08 ALS Planning*		X	N/A		
1.09 Inventory of Resources	X		N/A	X	
1.10 Special Populations		X	X		X
1.11 System Participants		X	X		X
<b>Regulatory Activities:</b>					
1.12 Review & Monitoring		X	N/A	X	X
1.13 Coordination		X	N/A		X
1.14 Policy & Procedures Manual		X	N/A	X	
1.15 Compliance w/ Policies		X	N/A		X

<b>System Finances:</b>					
<b>1.16 Funding Mechanism</b>		X	N/A	X	
	<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>					
<b>1.17 Medical Direction*</b>		X	N/A	X	
<b>1.18 QA / QI</b>		X	X		X
<b>1.19 Policies, Procedures, Protocols</b>		X	N/A	X	X
<b>1.20 DNR Policy</b>		X	N/A		
<b>1.21 Determination of Death</b>		X	N/A		
<b>1.22 Reporting of Abuse</b>	X		N/A	X	
<b>1.23 Interfacility Transfer</b>		X	N/A		
<b>Enhanced Level: Advanced Life Support:</b>					
<b>1.24 ALS Systems</b>		X			X
<b>1.25 On-Line Medical Direction</b>		X			X
<b>Enhanced Level: Trauma Care System:</b>					
<b>1.26 Trauma System Plan</b>					
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>					
<b>1.27 Pediatric System Plan</b>					
<b>Enhanced Level: Exclusive Operating Areas:</b>					
<b>1.28 EOA Plan</b>					

**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	X		N/A	X	
2.02 Approval of Training		X	N/A	X	
2.03 Personnel	X		N/A	X	
<b>Dispatchers:</b>					
2.04 Dispatch Training	X				X
<b>First Responders (non-transporting):</b>					
2.05 First Responder Training		X	X		
2.06 Response		X	N/A		X
2.07 Medical Control		X	N/A		
<b>Transporting Personnel:</b>					
2.08 EMT-I Training		X	X		
<b>Hospital:</b>					
2.09 CPR Training		X	N/A		
2.10 Advanced Life Support		X		X	
<b>Life Enhanced Level: Advanced Support:</b>					
2.11 Accreditation Process		X	N/A	X	
2.12 Early Defibrillation		X	N/A		
2.13 Base Hospital Personnel		X	N/A		

### 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 Communication Plan*		X	X	X	
3.02 Radios		X		X	
3.03 Interfacility Transfer*		X	N/A		
3.04 Dispatch Center		X	N/A		X
3.05 Hospitals		N/A			
3.06 MCI/Disasters		X	N/A	X	X
<b>Public Access:</b>					
3.079-1-1 Planning/Coordination		X	X		
3.089-1-1 Public Education		X	N/A	X	X
<b>Resource Management:</b>					
3.09 Dispatch Triage	X				X
3.10 Integrated Dispatch	X			X	

## D. RESPONSE / TRANSPORTATION

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

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<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

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>					
5.01 Assessment of Capabilities		X	X		X
5.02 Triage & Transfer Protocols*	X		N/A		X
5.03 Transfer Guidelines*	X		N/A		X
5.04 Specialty Care Facilities*		X			
5.05 Mass Casualty Management	X			X	
5.06 Hospital Evacuation*	X		N/A		X
<b>Enhanced Level: Advanced Life Support:</b>					
5.07 Base Hospital Designation*		X	N/A		
<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					
5.14 Public Input					

**F. DATA COLLECTION / SYSTEM EVALUATION**

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>					
6.01 QA/QI Program		X	X		X
6.02 Prehospital Records		X	N/A		
6.03 Prehospital Care Audits		X		X	X
6.04 Medical Dispatch	X		N/A		X
6.05 Data Management System*	X				X
6.06 System Design Evaluation	X		N/A		X
6.07 Provider Participation		X	N/A		X
6.08 Reporting		X	N/A	X	
<b>Enhanced Level: Advanced Life Support:</b>					
6.09 ALS Audit		X		X	
<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>					
<b>7.01 Public Information Materials</b>	X				X
<b>7.02 Injury Control</b>	X				X
<b>7.03 Disaster Preparedness</b>	X				X
<b>7.04 First Aid &amp; CPR Training</b>		X			X

## 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*		X	N/A	X	X
8.02 Response Plans		X	X	X	X
8.03 HazMat Training		X	N/A	X	
8.04 Incident Command System		X		X	
8.05 Distribution of Casualties*		X		X	X
8.06 Needs Assessment		X	X	X	X
8.07 Disaster Communications*		X	N/A	X	
8.08 Inventory of Resources		X		X	X
8.09 DMAT Teams		X			X
8.10 Mutual Aid Agreements*	X		N/A	X	X
8.11 CCP Designation*	X		N/A		X
8.12 Establishment of CCPs	X		N/A		X
8.13 Disaster Medical Training		X			X
8.14 Hospital Plans	X				X
8.15 Interhospital Communications		X	N/A		
8.16 Prehospital Agency Plans	X				X
<b>Enhanced Level: Advanced Life Support:</b>					
8.17 ALS Policies					X
<b>Enhanced Level: Specialty Care Systems:</b>					
8.18 Specialty Center Roles					
<b>Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:</b>					
8.19 Waiving Exclusivity		X	N/A		

## 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

#### **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 Board of Supervisors has designated the EMS Agency within the Sheriff's department as the local EMS Agency. The Sheriff serves as the EMS Director. The Agency has a full-time EMS Coordinator position that is currently unfilled, and a part-time Medical Director under contract.\* Secretarial support is provided by the Sheriff's office, however, a dedicated, part-time Secretary position is being proposed for the EMS Agency.

Non-agency resources include County Counsel and the County Administrative Office.

\* The County Board of Supervisors is currently evaluating a consultant report that:

1. Identifies the administrative roles and responsibilities of the San Benito County Emergency Medical Services system, and
2. Identifies scenarios for administration of the San Benito County Emergency Medical Services system.

**NEED(S):** Identify the various roles and responsibilities of a local EMS agency and identify possible scenarios for the administration of those roles and responsibilities.

**OBJECTIVE:** Decide how the roles and responsibilities of the local EMS agency will be administered.

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

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

## **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 to establish and 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 real property within 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 program by the San Benito EMS Agency. CSA 36 has also provided supplies, equipment, training and other support for first-responder agencies.

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. However, the EMS Agency has limited resources to evaluate the response and clinical aspects of the care provided in the County. (See Standard 6.1, Data Collection and System Evaluation)

**NEED(S):** See Standard 6.1, "Data Collection and System Evaluation."

**OBJECTIVE:** See Standard 6.1, "Data Collection and System Evaluation."

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

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

### **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 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 National Red Cross, and a consumer representative. Subcommittees of the Emergency Medical Care Commission are used when necessary. A standing subcommittee, the Prehospital Advisory Committee, assists the EMS Medical Director in developing medical standards of practice for basic and advanced life support personnel. (See Standard 1.04, "Medical Director")

**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)
- N/A (objective met)

### **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.

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

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

The San Benito EMS Agency's Medical Director is a board-certified emergency physician with over twenty years' experience in emergency medicine and fifteen 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.

The San Benito EMS Agency has not developed the EMS system enhancements of specialized trauma care or pediatric care. Therefore, the EMS Medical Director has not appointed medical consultants in these specialty areas.

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

**OBJECTIVE:** The EMS Medical Director should establish clinical specialty advisory groups and appoint medical consultants with expertise in trauma care, pediatrics, or other specialty care areas as needed.

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**Planning Activities**

**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 entire Fiscal Year 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 EMS system meets the State EMS System Guidelines, identifies system needs for patients within targeted clinical categories, and provides a methodology and timeline for meeting these needs. The Plan will be submitted to the State EMS Authority by July 1999.

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

**OBJECTIVE:** Submit the San Benito County EMS System Plan to the State EMS Authority for approval.

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**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:** N/A.

The San Benito EMS Agency is completing its first EMS system plan as described in Standard 1.05, "System Plan" above. Annual updates will be provided to the State EMS Authority as required.

**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)
- N/A (objective met)

**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 not met. Recommended Guideline not met.

The San Benito EMS Agency has not developed a written trauma plan for the San Benito County EMS system. There are no designated facilities within the County, nor any agreements between the County and trauma facilities in other jurisdictions. However, current EMS Agency protocols permit field personnel and hospital personnel to send "critical" trauma (e.g., head-injured) and burn patients directly from the field to one of several neighboring trauma or burn centers via helicopter. The neighboring trauma and burn centers readily accept patients brought to their facilities directly from the field or emergent transfers from the local emergency department. However, there are no written agreements between the EMS Agency and trauma facilities in other jurisdictions.

**NEED(S):** Evaluate the current level of care provided to trauma patients and plan for the optimal design of trauma care within San Benito County. (See also Standard 6.10, "Trauma System Evaluation")

**OBJECTIVE:** Evaluate the current level of care provided to trauma patients and plan for the optimal design of trauma care within San Benito County. Develop a written plan for trauma care within San Benito County and execute agreements with trauma facilities in other jurisdictions as appropriate. (See also Standard 6.10, "Trauma System Evaluation")

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**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 to establish and 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 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 EMS Agency. Advanced life support is now available Countywide.

**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)
- N/A (objective met)

**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 not met.

The San Benito EMS Agency does not have a current, detailed inventory of EMS resources within its EMS area. Only paramedics, mobile intensive care nurses, EMT-Is, and first-responders certified to provide defibrillation are inventoried by the EMS Agency. Except for the contract ambulance provider, EMS vehicles are not inventoried. There is no detailed inventory of facilities other than the local hospital.

**NEED(S):** A detailed inventory of EMS resources, including personnel, vehicles, and facilities within the EMS (service) area.

**OBJECTIVE:** Develop a detailed inventory of EMS resources within the EMS area as above.

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**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 met. Recommended Guideline met.

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. (TDD is also known as a Telecommunication Type or TTy device). 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 honoring a patient's right to "Do Not Resuscitate" or DNR orders.

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

**OBJECTIVE:** Identify additional specialized services required, if any, of special population groups served by the EMS system. Develop and implement plans to improve service delivery to these groups as required.

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**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 met. 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. Similar standards are not as well-defined for first-responder agencies providing basic life support services. The ambulance provider has a written agreement with the County to provide paramedic-level ambulance services. The hospital has a written agreement with the County to provide base hospital services for the advanced life support services program. The County has not implemented an exclusive operating area within its EMS system.

**NEED(S):** Develop a Master Plan that identifies the optimal roles and responsibilities of first-responder agencies in San Benito County.

**OBJECTIVE:** Develop and implement a Master Plan that identifies the optimal roles and responsibilities of first-responder agencies in San Benito County as above. Develop and

execute written agreements between the San Benito EMS Agency and first-responder agencies as appropriate.

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**Regulatory Activities**

**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 the 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.

\* The San Benito EMS Agency's Quality Assessment Committee has not formally met for over one year. The Committee will begin regular meetings in Fiscal Year 99-00.

A hand-written patient care record (PCR) is completed for every patient treated by advanced life support personnel in the field; however, a similar record for non-ALS personnel is not required, unless the provider uses an automatic defibrillator during the course of patient management. EMS-related radio and telephone traffic is tape recorded by the base hospital and County Communications Center. These tapes are used to supplement case review conducted by the Quality Assessment Committee.

The San Benito EMS Agency has limited resources to evaluate the response and clinical aspects of the care provided in the County. The County has not implemented a computer-aided dispatch (CAD) system (for evaluating responses); rather, each EMS response is hand-written in a log. This manual process does not permit the County to effectively evaluate the EMS system response to patients. (The County purchased a CAD system this fiscal year. It is anticipated that the CAD system will be implemented soon). The PCR is the primary source for selecting clinical cases for review. However, the EMS Agency does not have a computerized PCR system. Therefore, the process for selecting cases for review of the clinical

aspects of care is time-consuming, and basic clinical statistics required by the State EMS Authority on a quarterly basis are not reported.

**NEED(S):** Regular meetings of the Quality Assessment Committee. (Short-range plan)

A computerized mechanism for the collection of data from PCRs completed by advanced life support and basic life support personnel. (Long-range plan)

Written agreements with first-responder agencies to participate in the system-wide QA program. Written policies under which other licensed non-emergency medical transport providers would participate in the system-wide QA program.

**OBJECTIVE:** Reconvene the Quality Assessment Committee and hold regular meetings. (Short-range plan).

Evaluate the capabilities of the new computer-aided dispatch system to collect and report on EMS system response data, as required by the State EMS Authority. (Short-range plan)

Investigate the feasibility of implementing a computerized PCR system. (Short-range plan)

Develop written agreements and policies with first-responder agencies, as described under Standard 1.11 above. (Long-range plan).

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**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 EMS Agency and the various providers, allied agencies, and governing bodies. 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.

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

**OBJECTIVE:** Maintain regular contact with all EMS system participants and promptly respond to requests for information or assistance.

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**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 for the EMS system. The EMS Agency is currently updating the manual with the assistance of the Prehospital Advisory Committee. (See Standard 1.04, "Medical Director")

**NEED(S):** Update the policies and procedures manual as needed and distribute to all EMS system providers.

**OBJECTIVE:** Update the policies and procedures manual and distribute to all EMS system providers as above.

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**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.

See Standards 1.12 "Review and Monitoring", 2.10 "Advanced Life Support", 6.01 "QA/QI Program".

**NEED(S):** See Standards 1.12 "Review and Monitoring", 2.10 "Advanced Life Support", 6.01 "QA/QI Program".

**OBJECTIVE:** See Standards 1.12 "Review and Monitoring", 2.10 "Advanced Life Support", 6.01 "QA/QI Program".

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**System Finances**

**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 revenue collected from County Service Area (CSA) 36. (See Standard 1.01 "LEMSA Structure").

**NEED(S):** See Standard 1.01 "LEMSA Structure."

**OBJECTIVE:** See Standard 1.01 "LEMSA Structure."

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**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.*

**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. The County has contracted with the only acute care hospital in the County to provide paramedic base station services, in accordance with State laws. The County has contracted with an ambulance provider to provide paramedic services. The roles, responsibilities, and relationships between the County, the local hospital, and the ambulance provider are defined in these contracts. In addition, the County has developed an ordinance for the operation of ambulances within the County, but the ordinance does not address medical direction for non-ambulance medical transport providers.

**NEED(S):** Determine whether to address medical direction for non-ambulance EMS providers.

**OBJECTIVE:** Develop policies and procedures for non-ambulance transport providers as necessary.

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**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 met. Recommended Guideline met.

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. As required by the County, the contract ambulance provider has established in-house procedures that identify methods of improving the quality of care. The EMS Agency does not have written agreements with first-responder agencies to participate in a system-wide evaluation program. The local hospital sponsors monthly base station meetings in which quality-of-care issues are identified. Personnel from both the contract ambulance and first-responder agencies participate in these meetings. (See also Standard 6.01 "QA/QI Program").

**NEED(S):** Assess the appropriateness of establishing written agreements between the San Benito EMS Agency and first-responder agencies to participate in the system-wide evaluation program.

**OBJECTIVE:** Establish written agreements between the San Benito EMS Agency and first-responder agencies to participate in a system-wide evaluation program as appropriate.

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**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 EMS Agency has established a 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.

No telecommunications personnel in San Benito County have received emergency medical orientation or training in emergency medical dispatch procedures, including pre-arrival/post-dispatch instructions.

**NEED(S):** Update the policies and procedures manual as needed. See Standard 1.04 “Medical Director.”

Develop pre-arrival/post-dispatch instructions. See Standard 2.04 “Dispatcher Training.”

**OBJECTIVE:** Update the policies and procedures manual as needed. See Standard 1.04 “Medical Director.” (Short-range plan).

Develop pre-arrival/post-dispatch instructions. See Standard 2.04 "Dispatcher Training."  
(Long-range plan).

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**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.

**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)
- N/A (objective met)

**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 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 Sheriff's (Coroner's) office.

**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)
- N/A (objective met)

**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 not met.

Current San Benito EMS Agency policy details the criteria and the mechanism for paramedics to report cases of suspected child abuse, and suspected SIDS deaths, but no policy exists for paramedics to report cases of suspected elder abuse. First-responder agencies receive annual training for reporting suspected cases of child and elder abuse and suspected SIDS deaths.

**NEED(S):** Develop a policy for paramedics to report cases of suspected elder abuse.

**OBJECTIVE:** Develop a policy for paramedics to report cases of suspected elder abuse as above.

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**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 EMS Agency policy establishes the scope of practice of prehospital personnel during interfacility transfers. This policy needs to be reviewed. (See Standard 4.04 "Prescheduled Responses")

**NEED(S):** See Standard 4.04 "Prescheduled Responses."

**OBJECTIVE:** See Standard 4.04 "Prescheduled Responses."

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**Enhanced Level: Advanced Life Support**

**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 not met.

Several advanced life support providers serve San Benito County. These include the fringe areas of the County that are served by providers from Monterey and Santa Cruz Counties. Each is approved to provide services in the County by the San Benito EMS Agency.

The EMS Agency has not developed exclusive operating areas for ALS providers in San Benito County.

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

**OBJECTIVE:** Explore the need to develop an exclusive operating area for advanced life providers in San Benito County. (See also Standards 1.28 "EOA Plan", 4.18 "Ambulance Regulation Compliance", 4.19-4.22 "Exclusive Operating Permits").

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**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 met. Recommended Guideline not met.

On-line medical direction is provided to paramedics by the local base hospital using mobile intensive care nurses and emergency physicians.

**NEED(S):** Determine the need for in-house medical direction for all EMS provider agencies.

**OBJECTIVE:** Determine the need for in-house medical direction for all EMS provider agencies as above.

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

### **Enhanced Level: Trauma Care System**

#### **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:** See Standards 1.07 “Trauma Planning”, and 6.10 “Trauma System Evaluation.”

**NEED(S):** See Standards 1.07 “Trauma Planning”, and 6.10 “Trauma System Evaluation.”

**OBJECTIVE:** See Standards 1.07 “Trauma Planning”, and 6.10 “Trauma System Evaluation.”

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

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

**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:** The San Benito County EMS Agency has not developed a pediatric critical care system plan.

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

**OBJECTIVE:** N/A. (See Standard 1.04 "Medical Director").

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**Enhanced Level: Exclusive Operating Areas**

**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:** The San Benito County EMS Agency has not developed exclusive operating areas for ambulance service in the County.

**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)
- N/A (objective met)

## **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**

#### **2.01**

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

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

The San Benito EMS Agency has not developed a formal process for the routine assessment of personnel and training needs.

The San Benito EMS Agency does not routinely provide training courses, although the EMS Medical Director has sponsored defibrillation training courses. There is no authorized paramedic training program in San Benito County.

**NEED(S):** The current process for assessing the training needs in San Benito County is not well-defined. A more formal process needs to be developed.

**OBJECTIVE:** 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. Develop a formal process (e.g., survey) for assessing the EMS training needs in the County.

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**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.

The San Benito EMS Agency approves local training of EMT-Is and EMT-I defibrillators. There is no authorized paramedic training program in San Benito County. The Agency uses the State EMS Authority's *Continuing Education Guidelines for Paramedics* for the approval of continuing education courses.

**NEED(S):** A written mechanism for approving and monitoring EMS education programs (e.g., EMT-I, first-responder) needs to be developed. Additional resources for continuing education needs to be explored, such as EMS education programs available on the Internet.

**OBJECTIVE:** Develop a written mechanism for approving and monitoring EMS education programs.

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**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, Mobile Intensive Care Nurses, and EMT-I defibrillators. These mechanisms are identified in the Agency's policies and procedures manual.

There is a formal process for EMS personnel to identify and notify the San Benito EMS Agency of unusual occurrences which could affect EMS personnel certification, but this process needs to be reviewed. (See Standard 2.03 "Personnel")

The San Benito EMS Agency has developed a policy for certificate review using the State EMS Authority's *Certification Review Process Guidelines*

**NEED(S):** The record-keeping process for EMS personnel certifications and accreditations is hand-written and therefore cumbersome. The EMS personnel certification and accreditation information needs to be entered into a computer database.

The process for prehospital providers to identify and notify the local EMS agency of unusual occurrences which could impact EMS personnel certification needs to be reassessed. (See Standard 2.03 "Personnel")

**OBJECTIVE:** Develop a computerized database for the recording and tracking of EMS personnel certification and accreditation.

Reassess the formal process that allows for prehospital providers to identify and notify the local EMS agency of unusual occurrences which could impact EMS personnel certification.

Determine whether the existing MICN written and practical testing programs are sufficient for local certification needs. Develop mechanisms to improve testing programs, if insufficient.

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**Dispatchers**

**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.*

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

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

No telecommunications personnel in San Benito County have received emergency medical orientation or training in emergency medical dispatch procedures.

**NEED(S):** Public safety operators (telecommunications personnel) with medical responsibility should receive emergency medical orientation training and, optimally, medical dispatch personnel should receive emergency medical dispatch training in accordance with the State EMS Authority's Emergency Medical Dispatch Guidelines. (See also Standards 3.09 "Dispatch Triage", 4.04 "Prescheduled Responses", and 6.04 "Medical Dispatch")

**OBJECTIVE:** As local resources permit, public safety operators (telecommunications personnel) with medical responsibility should receive emergency medical orientation and all medical dispatch personnel (both public and private) should receive emergency medical dispatch training in accordance with the State EMS Authority's Emergency Medical Dispatch Guidelines.

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**First Responders (non-transporting)**

**2.05**

**MINIMUM STANDARD:** *At least one person on each nontransporting 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.*

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

**CURRENT STATUS:** Minimum Standard 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. Most fire-service personnel have been trained and certified to the EMT-I level. Automated first-responder defibrillation is available to most County residents.

**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)
- N/A (objective met)

**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.

Most public safety agencies respond to medical emergencies in San Benito County. All EMT-I and defibrillator personnel provide medical response in accordance with San Benito EMS Agency policies.

**NEED(S):** There is no inventory of industrial first aid teams in San Benito County.

**OBJECTIVE:** Inventory local industries in San Benito County to determine if they have first aid teams and, if they do, encourage them to respond to medical emergencies in accordance with San Benito EMS Agency policies.

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**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.

**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)
- N/A (objective met)

## **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 met.

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

**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)
- N/A (objective met)

## **Hospital**

## **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.

**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)
- N/A (objective met)

## **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.

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

**NEED(S):** The level of training of emergency department physicians in San Benito County needs to be documented.

**OBJECTIVE:** Document the level of training of emergency physicians practicing in San Benito County.

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

### **Enhanced Level: Advanced Life Support**

## **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, and participate in the San Benito EMS Agency's quality assurance process. The policy for certification and continuing education of Mobile Intensive Care Nurses was revised this year by the San Benito County Prehospital Committee.

**NEED(S):** A better mechanism for tracking MICN-level calls (when medical control is administered) at the local base hospital needs to be developed. (This information is essential in calculating the MICN's continuing education credits).

**OBJECTIVE:** Develop a formal mechanism for the tracking of MICN-level calls (when medical control is administered) at the local base hospital.

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

## **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 EMS Agency has established policies for local accreditation of public safety and other basic life support personnel using early defibrillation in San Benito County.

**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)
- N/A (objective met)

## **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.

All base hospital personnel (Mobile Intensive Care Nurses and emergency physicians) who provide medical direction to prehospital personnel in San Benito County are trained and are knowledgeable in radio communications techniques.

**NEED(S):** None identified. See Objective 2.11

**OBJECTIVE:** N/A.

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

## 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

#### 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 satellites and cellular telephones.

**CURRENT STATUS:** Minimum Standard 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 Med Net Radio Channel 1 and the "Poletti Primary" channel, and communicate with the base hospital using cellular phones and Med Net radios. There are no non-transporting advanced life support responders in the County.

The EMS agency does not have a written communications plan for the emergency medical services system.

**NEED(S):** The EMS agency, in cooperation with the San Benito County Office of Emergency Services, local first-responder agencies, and the local acute care facility needs to develop a written communications plan for the EMS system. The plan should address the medical communications capabilities of emergency transport vehicles and acute care facilities. It should also address how communications are coordinated among EMS providers.

**OBJECTIVE:** Write, in cooperation with the San Benito County Office of Emergency Services and local first-responder agencies, a communications plan for the EMS system.

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**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 met. Recommended Guideline not 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 Med Net Radio Channel 1 and the "Poletti Primary" channel, and communicate with the base hospital using either cellular phone or Med Net (channel 1) radios. There are no non-transporting advanced life support responders in the County.

The EMS agency does not have a written communications plan for the EMS system, as noted in Standard 3.01 above.

Radio communications in the areas of the County south of Bolado Park are problematic.

**NEED(S):** The EMS agency, in cooperation with the San Benito County Office of Emergency Services, local first-responder agencies, and the local acute care facility needs to write a communications plan for the EMS system, as noted in Standard 3.01 above.

Radio communications in areas of the County south of Bolado Park needs to be addressed.

**OBJECTIVE:** Write, in cooperation with the San Benito County Office of Emergency Services, local first-responder agencies, and local acute care facility a communications plan for the EMS system, as noted in Standard 3.01 above.

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**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 cellular telephone.

**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)
- N/A (objective met)

**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 ambulances, where geography allows, have the ability to communicate with the County Communications Center using Med Net radios, the "Poletti Primary" channel, cellular telephones, and wire-based (conventional) telephones.

**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)
- N/A (objective met)

### **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:** N/A.

There is only one acute care hospital in the County.

**NEED(S):** The San Benito EMS Agency and the local acute care facility, as part of a disaster medical plan, should explore mechanisms for radio communications with acute care facilities in neighboring counties.

**OBJECTIVE:** The San Benito EMS Agency and the local acute care facility should explore mechanisms for radio communications with acute care facilities in neighboring counties.

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)

N/A (objective met)

### **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.

**NEED(S):** The San Benito EMS Agency, in cooperation with the County Office of Emergency Services and EMS providers, should test 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.

**OBJECTIVE:** The local EMS agency, in cooperation with the County Office of Emergency Services and EMS providers, should test the 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. This test should be conducted periodically.

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

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

### **Public Access**

### **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 met.

The 9-1-1 telephone service is coordinated by the County Office of Emergency Services (OES). The San Benito EMS Agency participates in the OES 9-1-1 planning activities. All 9-1-1 calls placed within the County have the "enhanced" service.

**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)
- N/A (objective met)

**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.

**NEED(S):** The San Benito EMS Agency should work with the County Communications Department and EMS provider agencies in developing and promoting public education regarding 9-1-1 telephone service as it impacts system access.

**OBJECTIVE:** The San Benito EMS Agency should continue to develop and promote 9-1-1 telephone education as above.

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**Resource Management**

**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 a emergency medical dispatch priority reference system, including systemized caller interrogation, dispatch triage policies, and pre-arrival instructions.*

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

Wire-based 9-1-1 calls are answered at the County 9-1-1 center. 9-1-1 callers are interrogated by the center's communications personnel to determine the nature of the call and whether and what type of medical response is required. An operations manual is currently being developed.

This manual will contain standards for each communications dispatcher to follow for screening 9-1-1 calls and dispatching medical resources.

**NEED(S):** The County Communications Department, with input from the County EMS Agency and EMS providers, needs to complete the EMS dispatch operations manual.

Public safety operators (telecommunications personnel) with medical responsibility need to receive emergency medical orientation training and, optimally, medical dispatch personnel need to receive emergency medical dispatch training in accordance with the State EMS Authority's Emergency Medical Dispatch Guidelines, as detailed in Standard 2.04 "Dispatch Training."

**OBJECTIVE:** Complete the EMS dispatch operations manual, as above. (Short-range plan, as identified in Standard 2.04 "Dispatch Training")

As local resources permit, public safety operators (telecommunications personnel) with medical responsibility should receive emergency medical orientation and medical dispatch personnel (both public and private) should receive emergency medical dispatch training in accordance with the State EMS Authority's Emergency Medical Dispatch Guidelines, as detailed in Standard 2.04. (Long-range plan, as identified in Standard 2.04 "Dispatch Training." See also Standards 4.0 "Classifying Medical Requests" and 6.04 "Medical Dispatch")

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**3.10**

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

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

**CURRENT STATUS:** Minimum Standard met.

The County Communications Center coordinates emergency services using standardized radio frequencies for the dispatch and coordination of system-wide emergency services.

There are only two full-time ambulances serving the majority of the County. In light of this, the San Benito EMS Agency has developed policies for ambulance coverage when out-of-town (interfacility) transfers occur. The County Communications Department is working with the

local ambulance provider to develop procedures for requesting out-of-county ambulances during periods of peak ambulance demand in San Benito County.

**NEED(S):** It currently may take an hour or more for the southwestern areas of the County (South County) to receive an ambulance. The King City ambulance from Monterey County can serve this area in approximately one-fourth this time. An agreement that would send the closest ambulance to this area needs to be developed.

**OBJECTIVE:** Adopt a mutual aid response policy which would allow the King City-based ambulance (located in Monterey County) to respond to the South County areas whenever the King City ambulance is available.

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

## 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

#### **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 met. Recommended Guideline met.

The San Benito County Ambulance Ordinance 637 reads:

“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.

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

**NEEDS:** None identified.

**OBJECTIVE:** N/A.

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

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

#### **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 met. Recommended Guideline met.

Emergency medical transportation services operate under San Benito County Ordinance 637 ("Ambulance Ordinance") and written agreements with the County which mandate compliance with appropriate statutes, regulations, policies, and procedures. The Ambulance Ordinance does not address non-ambulance medical transport providers, such as litter vans ("gurney cars") or wheelchair vans ("medi-vans").

**NEED(S):** Determine whether to address medical direction for non-ambulance transport providers (e.g., litter vans and wheelchair vans). (See also Standard 1.17 "Medical Direction")

**OBJECTIVE:** Write an ordinance and/or policies and procedures addressing medical direction for non-ambulance transport providers (e.g., litter vans and wheelchair vans), if necessary. (See also Standard 1.17 "Medical Direction")

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

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

#### **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.

County Ordinance 637 ("Ambulance Ordinance") 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."

The contract between the County and the ambulance provider references Title 13 of the California Administrative Code in defining "code 2" and "code 3" dispatches.

San Benito 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., non-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.

The feasibility of implementing a "medical priority dispatch system" in the County is being studied. This system, if implemented, would classify medical priorities as either emergent, urgent, or non-emergent and send the most appropriate EMS vehicles at the most appropriate response code. (See also Standards 2.04 "Dispatch Training", 3.09 "Dispatch Triage" and 6.04 "Medical Dispatch")

**NEED(S):** Evaluate the effectiveness of the current method for classifying medical requests in San Benito County.

Continue feasibility study of implementing a medical priority dispatch system for San Benito County.

**OBJECTIVE:** Evaluate the effectiveness of the current method for classifying medical requests in San Benito County as above.

Continue feasibility study of implementing a medical priority dispatch system for San Benito County as above.

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**4.04**

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

**CURRENT STATUS:** Minimum Standard met.

The contract between the County and ground-based emergency ambulance provider provides as follows:

“This agreement does not prohibit contractor from providing non-emergency service, provided that non-emergency service does not interfere with contractor’s obligations under this agreement. Contractor understands that contractor’s primary responsibility is to provide emergency ambulance service under this agreement. Contractor shall delay handling non-emergency service calls until sufficient ambulance units and crews are available to meet the obligations of Contractor under this agreement.”

In addition, current EMS Agency policy establishes the conditions for scheduled interfacility patient transfers within the County and interfacility transfers outside the County.

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

**OBJECTIVE:** Review the interfacility transfer policy and update it as necessary.

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**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 times standards for the contracted ambulance provider in the County as defined below:

Contractor shall immediately respond to 90% of the official calls, dry runs excepted, within the following 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.
- San Benito County Rural Area: Emergency calls within the San Benito County Rural Area must be responded to within thirty (30) minutes or less.
- 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 Remote/Wilderness Area: Emergency calls within the San Benito County Remote/Wilderness Area must be responded to within one hundred twenty (120) minutes or less.

The San Benito EMS Agency has not established standards that identify the response times (zones) for basic life support and CPR-capable providers, early defibrillation-capable providers, advanced life support-capable providers, and transportation-capable providers. Each provider (first-responder) agency is trained to the basic life support level, including CPR, and is early-defibrillation capable.

**NEED(S):** Establish response time standards for each EMS provider agency.

**OBJECTIVE:** Establish response time standards for each EMS provider agency as above.

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)

- long-range plan (more than one year)
- N/A (objective met)

#### **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 policies identify the level of staffing and equipment required of advanced life support emergency medical transport vehicles operating in San Benito County. The level of staffing and equipment meet all current state regulations.

**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)
- N/A (objective met)

#### **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 Emergency Medical Technician-I personnel in response to medical emergencies. These personnel use the standardized basic life support treatment protocols approved by the San Benito EMS Agency and use (mostly) standardized EMS supplies and equipment. They are also authorized to provide defibrillation using automated external defibrillators.

There is no formal written plan (e.g., a master plan) describing the integration of first-responder agencies into the EMS system.

**NEED(S):** A First Responder Master Plan which would:

1. Identify and assist first-responder services in San Benito County.

2. Improve first-responder service delivery in areas requesting enhancement.

**OBJECTIVE:** Develop and implement the First Responder Master Plan as above. (See also Standard 1.11 “System Participants”)

Inventory of industrial first aid teams in San Benito County. (See also Standard 2.06 “Response”)

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**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.

There are no EMS aircraft based in San Benito County. The San Benito EMS Agency policy identifies the process for categorizing medical and rescue aircraft and policies and procedures for EMS aircraft operating in San Benito County, including:

- 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.

This policy is currently being reviewed by the San Benito County Prehospital Advisory Committee.

**COORDINATION WITH OTHER AGENCIES:** The San Benito County Emergency Medical Care Commission includes a member who represents the EMS aircraft providers serving San Benito County.

**NEED(S):** Revise and adopt the medical and rescue aircraft policy.

**OBJECTIVE:** Revise and adopt the medical and rescue aircraft policy as above.

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**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 not met.

San Benito County is served by several EMS aircraft providers, each of which 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. However, the dispatch center that requests resources may not be the County Communications Center. This may create difficulties in coordinating EMS provider response. A recent EMS event in the County demonstrated that coordination of these resources was problematic.

The issue of air ambulance and rescue aircraft coordination in San Benito County is currently being studied by a subcommittee of the County's Emergency Medical Care Commission.

**NEED(S):** Complete the study of air ambulance and rescue aircraft coordination in San Benito County. Develop a policy that requires aeromedical providers to notify the County Communications Center of their response if not dispatched by the County.

**OBJECTIVE:** Develop and disseminate policies and procedures describing the coordination of air ambulances and rescue aircraft in San Benito County as needed. (See also Standard 4.08 Medical and Rescue Aircraft")

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**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 aeromedical 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 EMS Agency policy specifies the staffing level of air ambulances providing patient transportation in San Benito County.

**NEED(S):** Develop and execute written agreements with aeromedical service providers as needed.

**OBJECTIVE:** Develop and execute written agreements with aeromedical service providers as above.

**TIME FRAME FOR MEETING OBJECTIVE:**

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Short-term plan (one year or less)  
Long-term plan (more than one year)  
Objective met)

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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 catchment area.

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

The Hollister Hills State Recreational Vehicle Park is staffed by Park Rangers who are certified EMT-Is. 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

**NEED(S):** Investigate the availability and use of all-terrain vehicles and other vehicles useful for EMS response.

State vehicles not controlled by EMS (EMT-I)

do you have policies addressing requirements

**OBJECTIVE:** Inventory and assess the capabilities and availability of other vehicles useful for EMS response as above. (See also Standard 1.09 "Inventory of Resources")

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**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 process for the San Benito EMS Agency to request the mobilization of response and transport vehicles through the County Office of Emergency Services.

**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)
- N/A (objective met)

**4.13**

**MINIMUM STANDARD:** *The local EMS agency shall develop agreements permitting intercounty 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 not met. Recommended Guideline n

San Benito County has written agreements address which County's medical protocols providers based in one County serve the ne

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agreements between the EMS agencies which identify financial responsibility for mutual aid responses.

There are only two full-time ambulances serving the majority of the County. In light of this, the San Benito EMS Agency has developed ambulance coverage policies when out-of-town (interfacility) transfers occur. The County Communications Department is working with the local ambulance provider to develop 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")

**NEED(S):** Written agreements between the County EMS Agencies which identify financial responsibility for mutual aid responses.

It currently may take an hour or more for the southwestern areas of the County (South County) to receive an ambulance. The King City ambulance from Monterey County can serve this area in approximately one-fourth this time. An agreement that would send the closest ambulance to this area needs to be developed. (See also Standard 3.10 "Integrated Dispatch" and 4.01 "Service Area Boundaries")

**OBJECTIVE:** Explore the need to develop written agreements between the San Benito County EMS Agency and neighboring agencies that identify financial responsibility for mutual aid responses as above.

Adopt a mutual aid response policy which would allow the King City-based ambulance (located in Monterey County) to respond to the South County areas whenever the King City ambulance is available. (See also Standard 3.10 "Integrated Dispatch" and 4.01 "Service Area Boundaries")

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**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 not met.

The San Benito EMS Agency has not developed a multi-casualty response plan. (See also Standard 5.05 "Mass Casualty Management")

**NEED(S):** Develop and implement a multi-casualty response plan.

**OBJECTIVE:** Develop and implement a multi-casualty response plan as above.

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

#### **4.15**

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

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

See Standard 4.14 "Incident Command System" above.

**NEED(S):** See Standard 4.14 "Incident Command System" above.

**OBJECTIVE:** See Standard 4.14 "Incident Command System" above.

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

### **Enhanced Level: Advanced Life Support**

#### **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 met. Recommended Guideline not met.

Before implementing an advanced life support program in San Benito County in the early 1990's, the San Benito EMS Agency investigated many EMS systems' design, including crew configurations. The consensus of the EMS community in the County was that an ALS/BLS crew configuration was appropriate for San Benito County. The advanced life support units are currently staffed with an ALS/BLS crew configuration, i.e., one EMT-I and one Paramedic.

The BLS personnel on the advanced life support units are not trained to provide defibrillation, or other optional skills available within their EMT-I scope of practice.

**NEED(S):** Provide defibrillation training to the BLS personnel who staff the advanced life support units. Train the BLS crews in optional EMT-I skills as appropriate.

**OBJECTIVE:** Provide defibrillation training to the BLS crews who staff the advanced life support units. Train the BLS crews in optional EMT-I skills as above.

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**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 is currently being reviewed by the Prehospital Advisory Committee.

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

**OBJECTIVE:** Review and update the current ALS ambulance equipment policy.

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

## Enhanced Level: Ambulance Regulation

### 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.

See Standard 4.02 "Monitoring."

**NEED(S):** See Standard 4.02 "Monitoring."

**OBJECTIVE:** See Standard 4.02 "Monitoring."

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

## Enhanced Level: Exclusive Operating Permits

### 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:** 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)
- N/A (objective met)

**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: 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)
- N/A (objective met)

**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: 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)
- N/A (objective met)

**4.22**

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

**CURRENT STATUS: 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)
- N/A (objective met)

## **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**

#### **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 met. Recommended Guideline met.

The San Benito EMS Agency has a written agreement with the San Benito Health Care District, the parent organization of the local acute-care hospital in San Benito County, Hazel Hawkins Hospital. Hazel Hawkins is a designated paramedic base station hospital.

**NEED(S):** Periodic reassessment of the EMS-related capabilities of the local hospital.

**OBJECTIVE:** Conduct periodic reassessment of the EMS-related capabilities of the local hospital as above.

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)

- N/A (objective met)

### **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 not met.

The San Benito EMS Agency has not established prehospital triage protocols. The Agency has not been involved with the development of inter-hospital transfer agreements.

**NEED(S):** Evaluate the need for establishing prehospital triage protocols. Evaluate the need for inter-hospital transfer agreements and facilitate their development if requested.

**OBJECTIVE:** Develop prehospital triage protocols as necessary. Meet with hospital administrators to evaluate the need for inter-hospital transfer agreements. Meet with EMS agencies from Fresno, Santa Cruz, Monterey, and Santa Clara Counties to coordinate inter-county transfer agreements as necessary.

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

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

### **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:** Minimum Standard not met.

See Standard 5.02 above.

**NEED(S):** See Standard 5.02 above.

**OBJECTIVE:** See Standard 5.02 above.

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

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

#### **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 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 EMS Agency has developed prehospital treatment guidelines for pediatric patients. (See Standard 5.02 above).

**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)
- N/A (objective met)

#### **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 not met. Recommended Guideline not met.

The San Benito EMS Agency does not have a mass casualty management plan and does not assist the local hospital with preparation for mass casualty management. The Agency has not developed procedures for coordinating communications and patient flow during a mass casualty incident. (See also Standards 4.14 "Incident Command System" and 4.15 "MCI Plans")

**NEED(S):** The San Benito EMS Agency needs to develop a mass casualty incident plan that will assist the local hospital in preparing for mass casualty incident management. The plan should address procedures for coordinating communications and patient flow during a mass casualty incident. (See also Standards 4.14 "Incident Command System" and 4.15 "MCI Plans")

**OBJECTIVE:** Develop a mass casualty incident plan and assist the local hospital in preparing for mass casualty incident management as above.

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**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 not met.

Evacuation policies and procedures have been developed by the local hospital as required by State law. The San Benito EMS Agency has not developed a plan for hospital evacuation.

**NEED(S):** The San Benito EMS Agency, in cooperation with the local hospital and EMS providers, needs to develop a plan for hospital evacuation. The plan should address the impact of a hospital evacuation on the local EMS system and neighboring EMS systems, including the distribution of patients from the local hospital.

**OBJECTIVE:** Develop a hospital evacuation plan as above.

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**Enhanced Level: Advanced Life Support**

**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 has been designated as a paramedic base hospital. The hospital provides medical direction to prehospital personnel as described in EMS Plan Standard 3.0 "Communications."

**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)
- N/A (objective met)

**Enhanced Level: Trauma Care System**

**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:** 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)
- N/A (objective met)

**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:** 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)
- N/A (objective met)

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

#### **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:** 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)
- N/A (objective met)

**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:** 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)
- N/A (objective met)

**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:** 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)
- N/A (objective met)

### **Enhanced Level: Other Specialty Care Systems**

#### **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.

**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)
- N/A (objective met)

#### **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:** 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)
- N/A (objective met)

## 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

#### **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 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 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.

A hand-written patient care record (PCR) is completed for every patient treated by advanced life support personnel in the field; however, a similar record for non-ALS personnel is not required, unless the provider uses an automatic defibrillator during the course of patient

management. EMS-related radio and telephone traffic is tape recorded by the base hospital and County Communications Center. These tapes are used to supplement case review conducted by the Quality Assessment Committee.

The San Benito EMS Agency has limited resources to evaluate the response and clinical aspects of the care provided in the County. The County has not implemented a computer-aided dispatch (CAD) system (for evaluating responses); rather, each EMS response is hand-written in a log. This manual process does not permit the County to effectively evaluate the EMS system response to patients. (The County purchased a CAD system this fiscal year. It is anticipated that the CAD system will be implemented soon). The PCR is the primary source for selecting clinical cases for review. However, the EMS Agency does not have a computerized PCR system. Therefore, the process for selecting cases for review of the clinical aspects of care is time-consuming, and basic clinical statistics required by the State EMS Authority on a quarterly basis are not reported.

**NEED(S):** The San Benito EMS Agency's Quality Assessment Committee has not formally met for over one year. Reconvene and hold regular meetings of the Committee. (Short-range plan)

A computerized mechanism for the collection of data from PCRs completed by advanced life support and basic life support personnel. (Long-range plan)

Written agreements with first-responder agencies to participate in the system-wide QA program. Written policies under which other licensed non-emergency medical transport providers would participate in the system-wide QA program.

**OBJECTIVE:** Reconvene and hold regular meetings of the Quality Assessment Committee. (short-range plan). (See also Standard 1.12 "Review and Monitoring")

Evaluate the capabilities of the new CAD system to collect and report on EMS system response data, as required by the State EMS Authority. (Short-range plan) (See also Standard 1.12 "Review and Monitoring")

Investigate the feasibility of implementing a computerized PCR system. (Short-range plan) (See also Standard 1.12 "Review and Monitoring")

Develop written agreements and policies with first-responder agencies, as described above (long-range plan). (See also Standard 1.18 "QA/QI")

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

## **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 patient care record (PCR) is completed for patients treated by ambulance personnel and patients treated by non-transporting personnel using defibrillation. PCRs and defibrillation records are forwarded to the base hospital and to the EMS Medical Director for review. (See Standard 6.01 "QA/QI Program")

**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)
- N/A (objective met)

## **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.

The San Benito EMS Agency conducts audits of both system response and clinical aspects, as described in Standard 6.01 "QA/QI Program" above.

There is no mechanism for linking prehospital records with dispatch, emergency department, in-patient, and discharge records. Linking these records would improve the process for auditing the response and clinical aspects of the system.

**NEED(S):** Improve the prehospital care audit process, as described in Standard 6.01 "QA/QI Program" above. (Short-range plan).

A mechanism for linking prehospital records with dispatch, emergency department, hospital in-patient, and discharge records.

**OBJECTIVE:** Improve the prehospital care audit process, as described in Standard 6.01 “QA/QI Program” above. (Short-range plan).

Investigate mechanisms to link dispatch, PCR, emergency department, and hospital in-patient records. (Long-range plan).

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**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 prearrival/post dispatch directions.*

**CURRENT STATUS:** Minimum standard not met.

No telecommunications personnel in San Benito County have received emergency medical orientation or training in emergency medical dispatch procedures.

**NEED(S):** Assist the County Communications Department in developing a mechanism to review medical dispatching in the County. (See also Standard 6.01 “QA/QI Program” above, and Standard 2.04 “Dispatch Training”).

Public safety operators (telecommunications personnel) with medical responsibility need to receive emergency medical orientation training and, optimally, medical dispatch personnel should receive emergency medical dispatch training in accordance with the State EMS Authority's Emergency Medical Dispatch Guidelines.

**OBJECTIVE:** Assist the County Communications Department in developing a mechanism to review medical dispatching in the County.

As local resources permit, public safety operators (telecommunications personnel) with medical responsibility should receive emergency medical orientation, and medical dispatch personnel should receive emergency medical dispatch training in accordance with the State EMS Authority's Emergency Medical Dispatch Guidelines. (See also Standard 6.01 “QA/QI Program” above, and Standard 2.04 “Dispatch Training”).

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)

N/A (objective met)

### **6.05**

**MINIMUM STANDARD:** *The local EMS agency shall establish a data management system which supports its systemwide 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 not met. Recommended Guideline not met.

The San Benito EMS Agency does not have an adequate data management system to support its system-wide planning and evaluation and the quality assessment audit of the care provided to specific patients.

**NEED(S):** A data management system capable of supporting the system-wide planning and evaluation and the quality assessment of the care provided to specific patients in San Benito County.

**OBJECTIVE:** Establish an integrated data management system as described above and in Standard 6.01 "QA/QI Program."

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

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

### **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 not met.

San Benito 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). However, the EMS Agency does not have a data management system to support its system-wide planning and evaluation and the quality assessment audit of the care provided to specific patients. (See Standard 6.05 above). The planned implementation of a computer-aided dispatch system by the County within the near future will 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 does not currently have an evaluation program for prevention strategies tailored to community needs. (See also Standard 1.18 "QA/QI")

**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)
- N/A (objective met)

## **6.07**

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

San Benito County licenses providers of medical transportation under its County EMS Ordinance. Currently, there is only one contract in the County for medical transportation. Contracts and licenses mandate compliance with County EMS policies, and they include reporting requirements to enhance the monitoring of compliance.

The San Benito EMS Agency does not have written agreements with first-responder agencies to participate in a system-wide evaluation program. The EMS Agency does not receive patient care reports from first-responders unless they use an automatic defibrillator during their course of patient management.

**NEED(S):** Improve the system-wide evaluation process, as described in Standard 6.01, above. (Long-range plan).

Written agreements with first-responder agencies to participate in the system-wide quality assessment program. (Long-range plan) (See also Standards 1.17, 4.02 and 4.07)

**OBJECTIVE:** Improve the system-wide evaluation process and execute written agreements as above.

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**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 EMS Coordinator position has been vacant for over one year. The Coordinator is responsible for preparing this report. Therefore, this past year's report to the County Board of Supervisors and Emergency Medical Care Commission has been delayed. Efforts are currently underway to fulfill the responsibilities of this position.

**NEED(S):** Fulfill the responsibilities of the EMS Coordinator, including the development of an annual report for the County Board of Supervisors and Emergency Medical Care Commission regarding the EMS system design and operations.

**OBJECTIVE:** Develop and present an annual report as above.

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**Enhanced Level: Advanced Life Support**

**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.

The process to audit treatment provided by advanced life support providers is described in Standard 6.01 "QA/QI Program" above.

**NEED(S):** See Standard 6.01 "QA/QI Program" above.

**OBJECTIVE:** See Standard 6.01 "QA/QI Program" above.

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**Enhanced Level: Trauma Care System**

**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 not met.

There is no formal trauma system in San Benito County, and no hospital has been designated as a trauma center.

San Benito EMS Agency policy establishes a process for EMS personnel to dispatch medical and rescue helicopters for trauma patients. Trauma patients may be transported to the local acute care hospital or to a trauma center in a neighboring County. The EMS Medical Director reviews each helicopter response for appropriateness.

**NEED(S):** Develop trauma triage criteria, based on state-of-the-art standards and local EMS system needs, for determining which patients warrant a trauma-center care. (See also Standard 1.07 "Trauma Planning")

**OBJECTIVE:** Develop and adopt trauma triage criteria as above.

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**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.

There is no designated trauma center in San Benito County, but patients transported to neighboring Counties' trauma centers from San Benito County are reviewed for appropriateness by the EMS Medical Director. (See Standard 6.10 "Trauma System Evaluation" above) The trauma centers provide the Medical Director with patient-specific information, upon request.

**NEED(S):** Develop a more efficient process to link the prehospital, helicopter, and trauma center records to improve the process of reviewing the appropriateness and effectiveness of the care provide to trauma patients in San Benito County.

**OBJECTIVE:** Develop a records linking process as above. (See also Standards 6.03 "Prehospital Care Audits" and 1.07 "Trauma Planning")

## TIME FRAME FOR MEETING OBJECTIVE:

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

## 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

#### 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 not met.

The San Benito EMS Agency has not developed information and materials for public dissemination. Staffing limitations and other EMS Agency program priorities have restricted efforts in public information and education. However, the EMS Agency provides various organizations, including the local chapter of the American National Red Cross and local fire agencies, with supplies and equipment used to train citizens and first-responders in CPR, first aid, and other public-safety programs.

The San Benito Chapter of the American National 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.

**NEED(S):** Assist the various provider groups in developing information for the public regarding EMS activities as needed. This information may include:

- (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.

**OBJECTIVE:** Provide assistance as described above.

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**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 not met.

The San Benito EMS Agency does not work directly with local health education programs to promote injury control and preventive medicine. No special EMS educational programs have been developed by the EMS Agency for targeted groups at high risk of injury or illness. However, other organizations within the County have developed education programs for injury control and preventive medicine, as described below.

The San Benito County SAFE KIDS Coalition was organized in late 1995 as one of over 240 affiliates of the National SAFE KIDS Campaign. 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 August. 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.

The availability of an Office of Traffic Safety grant has allowed considerable expansion of Child Passenger Safety and Bicycle Safety activities. Car seat "check-ups" and bicycle helmet fittings are offered regularly. Free smoke alarms are offered upon demand and at some community events.

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

**NEED(S):** The San Benito EMS Agency needs to develop a more proactive relationship with local health education programs to promote injury control and preventive medicine.

**OBJECTIVE:** Develop a proactive working relationship with local health education programs, as described above.

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**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.

The San Benito County Office of Emergency Services (OES) is responsible for disaster preparedness in the County.

The San Benito County Chapter of the American National Red Cross offers many programs and services to the community. Most of the public information and education falls into two

categories: disaster and public health and safety. The training programs are offered to community organizations, public agencies, businesses, and the community at large.

As a Congressionally chartered disaster response agency, the Red Cross recognizes the importance of emergency preparedness. The San Benito Chapter offers disaster preparedness education for earthquake preparedness, fire safety, flood and winter storm emergencies, tornado, hurricane and general family preparedness. The Red Cross emphasizes the importance of developing self-sufficiency for 72 hours by building a disaster supply kit and emergency planning. The Chapter offers programs for children, adults, and seniors. Whenever possible, these programs are offered in a collaborative effort with response agencies and/or community organizations.

In addition to community emergency-preparedness information, the American Red Cross offers disaster-response training. These courses include Shelter Operations, Public Affairs, Mass Care, Logistics, Damage Assessment, Emergency Assistance to Families, Liaison, Health Services, Mental Health Services, and other related courses. Many of these courses have benefited outside agencies and community organizations that will respond with the Red Cross in a major disaster.

The American Red Cross recognizes the individual needs of the communities its chapters serve. Many of its programs are offered in languages other than English. In San Benito County, the Red Cross understands the diverse demographics and economics of the community and works with individuals and organizations to meet their needs.

**NEED(S):** The San Benito EMS Agency should assist the San Benito County OES and other agencies in producing and disseminating disaster-preparedness information and promoting disaster-preparedness activities, as needed.

**OBJECTIVE:** Work with County OES and other agencies, as above.

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**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.

The San Benito 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.

**NEED(S):** See Standard 7.01 "Public Information Materials."

**OBJECTIVE:** See Standard 7.01 "Public Information Materials."

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

## **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**

#### **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 annex. The annex identifies the basic concepts, policies and procedures for providing disaster medical care to persons 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, will be described in the San Benito County Multi-Casualty Incident Plan.\* The San Benito County EMS Agency participated in the development of the annex.

The San Benito County Environmental Health Department and the San Benito County Office of Emergency Services have developed a Hazardous Materials 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.

\* See Standard 5.05 "Mass Casualty Management."

**COORDINATION WITH OTHER EMS AGENCIES:** Staff from The San Benito County Office of Emergency Services currently attend meetings of Region II Operational Area Disaster Coordinators held quarterly in Contra Costa County.

**NEED(S):** The EMS Hazardous Materials Medical Management Protocols need to be reviewed. The Hazardous Materials Response Area Plan needs to incorporate a comprehensive plan for the medical response to toxic substances. The protocols and toxic substance response plan should be referenced in the Emergency Operations Plan.

Staff from the San Benito EMS Agency need to attend the quarterly meetings of Coastal Region II Operational Area Disaster Medical Health Coordinators. Promote collaborative disaster planning among the medical community at large and integrate such planning with current County efforts.

**OBJECTIVE:** The San Benito County Office of Emergency Services, San Benito County EMS Agency, San Benito County Environmental Health Department, and local fire agencies should develop a comprehensive medical component to the Hazardous Materials Response Area Plan, to include updated Hazardous Materials Medical Management Protocols. (Long-range)

San Benito EMS Agency staff should attend the quarterly meetings of Coastal Region II Operational Area Disaster Medical Health Coordinators. (Short-range)

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**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 Emergency Services Multi-Hazard Functional Plan. The Plan, however, does not include a detailed local medical response component. (See Standard 8.02 above)

**NEED(S):** Update the San Benito County Emergency Operations Plan to include a detailed medical response plan. Assure that the medical plan incorporates the Standardized Emergency Management System required by state law.

**OBJECTIVE:** Create a medical response plan and include it in the San Benito County Emergency Operations Plan.

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**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 from neighboring counties. Fire-department, County Environmental Health Department, 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 but are not equipped for hazardous materials response.

**NEED(S):** Evaluate the need for additional training for ambulance personnel in hazardous materials response.

**OBJECTIVE:** Provide additional training for ambulance personnel in hazardous material response, as necessary.

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**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 not met.

The San Benito County Emergency Operations Plan contains an annex that outlines medical response during a major disaster. (See Standard 8.01 "Disaster Medical Planning"). The Emergency Operations Plan uses the Standard Emergency Management System (SEMS), which incorporates principles of the Incident Command System.

First-responder personnel are trained in the Incident Command System. However, not all ambulance personnel or other medical personnel have been trained in this system.

**NEED(S):** Train all ambulance personnel and other medical personnel in the Incident Command System.

**OBJECTIVE:** Train ambulance personnel and other medical personnel in the Incident Command System as above.

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**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 not met.

San Benito County has only 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.

The San Benito County EMS Agency has not consulted with Regional Poison Centers or identified special facilities and capabilities for receipt and treatment of patients with radiation or chemical contamination.

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:** Coordination is through the Region II Disaster Medical Health Coordinator, and directly with Santa Clara, Santa Cruz and Monterey Counties as necessary.

**NEED(S):** The San Benito County EMS Agency needs to consult with Regional Poison Centers and identify special facilities and capabilities for treatment of patients with radiation or chemical contamination.

**OBJECTIVE:** Consult with Regional Poison Centers and identify special facilities and capabilities for treatment of patients with radiation or chemical contamination as above.

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**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 met. 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.

A comprehensive Regional Disaster Health and Medical Coordination system has been established for OES Coastal Region II with the Contra Costa EMS Agency in the lead. The

San Benito County Emergency Operations Center has a two-way radio link, via the OASIS system, with the OES Coastal Region II and the State.

**NEED(S):** Ongoing review and revision of disaster-management policies, procedures, and plans. The San Benito EMS Agency needs to participate in exercises conducted by the OES Coastal Region II Operational Area Disaster Health Coordinators.

**OBJECTIVE:** Continue to identify disaster situations that require outside assistance. Refine written procedures as necessary. Participate in exercises conducted by the OES Coastal Region II Operational Area Disaster Health Coordinators as above.

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**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 (including CALCORD) and local radio systems, but specific frequencies used for interagency communications and coordination during a disaster have not been identified.

**NEED(S):** Identify specific radio frequencies for interagency communication and coordination during a disaster.

**OBJECTIVE:** Identify specific radio frequencies for interagency communication and coordination during a disaster as above.

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**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 met. Recommended Guideline not met.

Part III of the San Benito County Emergency Operations Plan identifies appropriate resources to respond to disasters likely to occur in the County. Specific capabilities of medical facilities are not identified in the Plan.

Under the contract between the local hospital and the County, the local hospital participates with the County in disaster planning. The contracted ambulance service 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.

**NEED(S):** The San Benito County Emergency Operations Plan needs to be updated to include a detailed description of the capabilities of medical facilities anticipated to provide medical resources during a disaster.

Written agreements should be developed between the San Benito County EMS Agency and other medical providers and health facilities, as appropriate. (See also Standards 8.05 “Distribution of Casualties” and 8.10 “Mutual Aid Agreements”).

**OBJECTIVE:** Update the resource list for disaster medical response in the Emergency Operations Plan. (Short-range plan).

Develop written agreements between the San Benito County EMS Agency and other medical providers and health facilities, as above. (See also Standard 8.05 “Distribution of Casualties” and 8.10, Mutual Aid Agreements”). (Long-range plan).

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**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 met. Recommended Guideline met.

There is no Disaster Medical Assistance Team (DMAT) currently established in northern California. Such a team would provide organized medical resources during a disaster within the OES Region II.

**NEED(S):** Develop relationships with, and support the development and maintenance of, Disaster Medical Assistance Teams (DMAT), as they are organized within the OES Coastal Region II.

**OBJECTIVE:** Develop relationships with, and support the development and maintenance of, Disaster Medical Assistance Teams (DMAT), as they are organized within the OES Coastal Region II as above.

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**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 not met.

Inter-county medical mutual aid planning has been extensive, particularly with the Regional Medical Health Coordinator. As yet, no regional medical mutual-aid agreement exists.

**NEED(S):** The San Benito EMS Agency and the Office of Emergency Services will continue to work with the OES Coastal Region II Disaster Medical Health Coordinator to draft and execute regional medical mutual-aid agreements.

**OBJECTIVE:** Continue to work with the OES Coastal Region II Disaster Medical Health Coordinator to draft and execute regional medical mutual-aid agreements as above.

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**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:** See Current Status above.

**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)
- N/A (objective met)

**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.

**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)
- N/A (objective met)

### **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 not met.

Disaster medical training of EMS responders includes proper management of casualties exposed to or contaminated by toxic substances. However, EMS responders are not properly trained in management of casualties exposed to radioactive substances.

**NEED(S):** Training of EMS responders in the management of casualties exposed to radioactive substances.

**OBJECTIVE:** Train EMS responders in the management of casualties exposed to radioactive substances as above.

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

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

### **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 not met.

The San Benito EMS Agency has not encouraged the local hospital to ensure that its plans for internal and external disasters are fully integrated with the County's medical response plan.

The San Benito County EMS Agency has not participated in a disaster drill with other hospitals and prehospital medical care providers within the past year.

**NEED(S):** The San Benito EMS Agency needs to work with the local hospital to ensure that its plans for internal and external disasters are fully integrated with the County's medical response plan.

The San Benito County EMS Agency needs to participate in an annual disaster drill with other hospitals and prehospital medical care providers.

**OBJECTIVE:** Work with the local hospital to ensure that its plans for internal and external disasters are fully integrated with the County's medical response plan as above.

Participate in an annual disaster drill with other hospitals and prehospital medical care providers as above.

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**8.15**

**MINIMUM STANDARD:** *The local EMS agency shall ensure that there is an emergency system for interhospital communications, including operational procedures.*

**CURRENT STATUS:** Minimum Standard met.

There is only one acute-care hospital in San Benito County. The hospital is able to communicate with ambulance personnel and the County Communications Center via Mednet Channel 1.

**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)
- N/A (objective met)

**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 not met. Recommended Guideline not 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 EMS Agency has not developed guidelines or ensured the availability of training for prehospital medical response agencies responding to significant medical incidents.

**NEED(S):** Develop guidelines and ensure the availability of training for prehospital medical response agencies responding to significant medical incidents.

**OBJECTIVE:** Work with the local EMS response agencies, the local chapter of the American National Red Cross, and other agencies to develop guidelines and training for prehospital medical response agencies responding to significant medical incidents.

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**Enhanced Level: Advanced Life Support**

**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) § 100164(g) expressly authorizes Paramedics to function outside their home EMS systems during significant medical incidents. It provides as follows:

During a mutual aid response into another jurisdiction, an EMT-P (Paramedic) may utilize the EMT-P scope of practice 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 are working to draft model ambulance medical mutual-aid agreements within the Region.

**NEED(S):** Adopt ambulance mutual-aid agreements based on model agreements promulgated by the State EMS Authority and OES Coastal Region II, as appropriate.

**OBJECTIVE:** Adopt ambulance mutual-aid agreements based on model agreements promulgated by the State EMS Authority and OES Coastal Region II, as above.

**TIME FRAME FOR MEETING OBJECTIVE:**

- short-range plan (one year or less)
- long-range plan (more than one year)
- N/A (objective met)

**Enhanced Level: Specialty Care Systems**

**8.18**

**MINIMUM STANDARD:** *Local EMS agencies developing trauma or other specialty care systems shall determine the role of identified specialty centers during a significant medical incidents and the impact of such incidents on day-to-day triage procedures.*

**CURRENT STATUS:** There are no trauma or other specialty care centers in San Benito County.

**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)
- N/A (objective met)

**Enhanced Level: Exclusive Operating Areas/Ambulance Regulation**

**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:** N/A.

The San Benito County ambulance ordinance 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.

**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)
- N/A (objective met)

### SECTION 3: SYSTEM RESOURCES AND OPERATIONS

**TABLE 2: SYSTEM RESOURCES AND OPERATIONS**  
**System Organization and Management**

EMS System: San Benito County Reporting Year: 1998-99

**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

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

2. Type of agency 100 %

- 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: Sheriff

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

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

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

- Implementation of exclusive operating areas (ambulance franchising) N/A
- Designation of trauma centers/trauma care system planning N/A
- Designation/approval of pediatric facilities N/A
- Designation of other critical care centers N/A
- Development of transfer agreements N/A
- Enforcement of local ambulance ordinance √
- Enforcement of ambulance service contracts √
- Operation of ambulance service N/A

**Table 2 - System Organization & Management (cont.)**

Continuing education	<u>√</u>
Personnel training	<u>N/A</u>
Operation of oversight of EMS dispatch center	<u>N/A</u>
Non-medical disaster planning	<u>N/A</u>
Administration of critical incident stress debriefing (CISD) team	<u>N/A</u>
Administration of disaster medical assistance team (DMAT)	<u>N/A</u>
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u>√</u>
Other: <u>N/A</u>	
Other: <u>N/A</u>	
Other: <u>N/A</u>	

5. EMS agency budget for FY 1998-99

**A. EXPENSES**

Salaries and benefits (all but contract personnel)	<u>\$ 56,990</u>
Contract Services (e.g. medical director)	<u>26,607</u>
Operations (e.g. copying, postage, facilities)	<u>2,000</u>
Travel	<u>2,000</u>
Fixed assets	<u>0</u>
Indirect expenses (overhead)	<u>7,000</u>
Ambulance subsidy	<u>156,667</u>
EMS Fund payments to physicians/hospital	<u>80,000</u>
Dispatch center operations (non-staff)	<u>32,000</u>
Training program operations	<u>0</u>
Other: <u>EMS Supplies to providers</u>	<u>20,000</u>
Other: <u>Cost applied (Sheriff's office)</u>	<u>22,000</u>
Other: <u>Cellular Communications</u>	<u>4,000</u>
<b>TOTAL EXPENSES</b>	<b>\$ <u>409,264</u></b>

**Table 2 - System Organization & Management (cont.)**

**B. SOURCES OF REVENUE**

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	\$ <u>20,000</u>
Office of Traffic Safety (OTS)	<u>0</u>
State general fund	<u>0</u>
County general fund	<u>0</u>
Other local tax funds (e.g., EMS district)	<u>301,264</u>
County contracts (e.g. multi-county agencies)	<u>0</u>
Certification fees	<u>0</u>
Training program approval fees	<u>0</u>
Training program tuition/Average daily attendance funds (ADA) Job Training Partnership ACT (JTPA) funds/other payments	<u>0</u>
Base hospital application fees	<u>0</u>
Base hospital designation fees	<u>0</u>
Trauma center application fees	<u>0</u>
Trauma center designation fees	<u>0</u>
Pediatric facility approval fees	<u>0</u>
Pediatric facility designation fees	<u>0</u>

**Table 2 - System Organization & Management (cont.)**

Other critical care center application fees	<u>0</u>
Type: <u>N/A</u>	
Other critical care center designation fees	<u>0</u>
Type: <u>N/A</u>	
Ambulance service/vehicle fees	<u>0</u>
Contributions	<u>0</u>
EMS Fund (SB 12/612)	<u>88,000</u>
Other grants: <u>N/A</u>	<u>0</u>
Other fees: <u>N/A</u>	<u>0</u>
Other (specify): <u>N/A</u>	<u>0</u>
<b>TOTAL REVENUE</b>	<b>\$ <u>409,264</u></b>

*TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.  
IF THEY DON'T, PLEASE EXPLAIN BELOW.*

**Table 2 - System Organization & Management (cont.)**

6. Fee structure for FY: 1998-99

  √   We do not charge any fees *(for EMS providers or county residents)*

       Our fee structure is:

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

**Table 2 - System Organization & Management (cont.)**

Other critical care center application

Type: N/A

Other critical care center designation

Type: N/A

Ambulance service license

\$ 0

Ambulance vehicle permits

0

Other: N/A

0

Other: N/A

0

Other: N/A

0

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 1998-99.

**Table 2 - System Organization & Management (cont.)**

EMS System: San Benito

Reporting Year: 1998-99

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./ Coord./Dir.	EMS Coordinator	1.0	22.81	33	Position Currently Unfilled
Asst. Admin./ Admin. Asst./ Admin. Mgr.	N/A	N/A	N/A	N/A	None
ALS Coord./ Field Coord./ Trng Coord.	N/A	N/A	N/A	N/A	None
Program Coord./Field Liaison (Non- clinical)	N/A	N/A	N/A	N/A	None
Trauma Coord.	N/A	N/A	N/A	N/A	None
Med. Director	EMS Medical Director	0.14	75.00	N/A	None
Other MD/ Med. Consult./ Trng. Med. Dir.	N/A	N/A	N/A	N/A	None
Disaster Med. Planner	N/A	N/A	N/A	N/A	None

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

**Table 2: System Organization & Management (cont.)**

<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	N/A	N/A	N/A	N/A	None
Medical Planner	N/A	N/A	N/A	N/A	None
Data Evaluator/Analyst/	N/A	N/A	N/A	N/A	None
QA/QI Coordinator	N/A	N/A	N/A	N/A	None
Public Info. & Ed. Coord.	N/A	N/A	N/A	N/A	None
Ex. Secretary	N/A	N/A	N/A	N/A	None
Other Clerical	N/A	N/A	N/A	N/A	None
Data Entry Clerk	N/A	N/A	N/A	N/A	None
Other	N/A	N/A	N/A	N/A	None

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

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

EMS System: San Benito County

Reporting Year: 1998-99

**NOTE:** Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN	EMS Dispatchers
Total certified	95	0	N/A	9	0
Number newly certified this year	5	0	N/A	0	0
Number recertified this year	35	0	N/A	0	0
Total number of accredited personnel on July 1 of the reporting year	N/A	N/A	12	N/A	0
Number of certification reviews resulting in:					
a) formal investigations	0	0	0	0	0
b) probation	0	0	0	0	0
c) suspensions	0	0	0	0	0
d) revocations	0	0	0	0	0
e) denials	0	0	0	0	0
f) denials of renewal	0	0	0	0	0
g) no action taken	0	0	0	0	0

1. Number of EMS dispatchers trained to EMSA standards: 0
2. Early defibrillation:
  - a) Number of EMT-I (defib) certified
  - b) Number of public safety (defib) certified (non-EMT-I)
3. Do you have a first responder training program?     yes     no

**TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications**

EMS System: San Benito

County: San Benito

Reporting Year: 1998-99

**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 5
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
  - 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

**TABLE 5: SYSTEM RESOURCES AND OPERATIONS**

**Response/Transportation**

EMS System: San Benito

Reporting Year: 1998-99

**Note:** Table 5 is to be reported by agency.

**TRANSPORTING AGENCIES**

1. Number of exclusive operating areas	<u>0</u>
2. Percentage of population covered by Exclusive Operating Areas (EOA)	<u>N/A%</u>
3. Total number responses	<u>1,342</u>
a) Number of emergency responses (Code 2: expedient, Code 3: lights and siren)	<u>1,342</u>
b) Number non-emergency responses (Code 1: normal)	<u>N/A</u>
4. Total number of transports	<u>1,066</u>
a) Number of emergency transports (Code 2: expedient, Code 3: lights and siren)	<u>1,066</u>
b) Number of non-emergency transports (Code 1: normal)	<u>N/A</u>

**Early Defibrillation Providers**

5. Number of public safety defibrillation providers	<u>4</u>
a) Automated	<u>4</u>
b) Manual	<u>0</u>
6. Number of EMT-Defibrillation programs	<u>0</u>
a) Automated	<u>0</u>
b) Manual	<u>0</u>

**Air Ambulance Services**

7. Total number of responses	<u>123</u>
a) Number of emergency responses	<u>114</u>
b) Number of non-emergency responses	<u>9</u>
8. Total number of transports	<u>68</u>
a) Number of emergency (scene) responses	<u>59</u>
b) Number of non-emergency responses	<u>9</u>

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

**SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)**

Enter the response times in the appropriate boxes.	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
1. BLS and CPR capable first responder.	N/A	N/A	N/A	N/A
2. Early defibrillation responder.	N/A	N/A	N/A	N/A
3. Advanced life support responder.	10 minutes	30 minutes	60 minutes	N/A
4. Transport Ambulance.	10 minutes	30 minutes	60 minutes	N/A

**TABLE 6: SYSTEM RESOURCES AND OPERATIONS**

**Facilities/Critical Care**

EMS System: San Benito County

Reporting Year: 1998-99

**NOTE:** Table 6 is to be reported by agency.

**Trauma**

Trauma patients:

- |  |                |
|--|----------------|
| a) Number of patients meeting trauma triage criteria                                   | <u>unknown</u> |
| b) Number of major trauma victims transported directly to a trauma center by ambulance | <u>unknown</u> |
| c) Number of major trauma patients transferred to a trauma center                      | <u>unknown</u> |
| d) Number of patients meeting triage criteria who weren't treated at a trauma center   | <u>unknown</u> |

**Emergency Departments**

- |   |          |
|---|----------|
| Total number of emergency departments         | <u>1</u> |
| a) Number of referral emergency services      | <u>0</u> |
| b) Number of standby emergency services       | <u>0</u> |
| c) Number of basic emergency services         | <u>1</u> |
| d) Number of comprehensive emergency services | <u>0</u> |

**Receiving Hospitals**

- |  |          |
|--|----------|
| 1. Number of receiving hospitals with written agreements | <u>0</u> |
| 2. Number of base hospitals with written agreements      | <u>1</u> |

**TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical**

EMS System: San Benito

County: San Benito

Reporting Year: 1998-99

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

**SYSTEM RESOURCES**

- 1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? \_\_\_\_\_ N/A
  - 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? \_\_\_\_\_
  - 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 11: RESOURCES DIRECTORY -- Dispatch Agency**

EMS System: San Benito

County: San Benito

Reporting Year: 1998-1999

NOTE: Complete information for each provider by county.

<b>Name, address &amp; telephone:</b> San Benito County Communications		<b>Primary Contact:</b> Tammy Becker 636-4106	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: ___0___ EMD Training    ___0___ EMT-D    ___0___ ALS ___0___ BLS                    ___0___ LALS                    ___0___ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: <u>County</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

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

**TABLE 10: RESOURCES DIRECTORY -- Facilities**

EMS System: San Benito

County: San Benito

Reporting Year: 1998-99

NOTE: Complete information for each facility by county.

<b>Name, address &amp; telephone:</b> Hazel Hawkins Community Hospital 911 Sunset Dr Hollister, CA 831-637-5711		<b>Primary Contact:</b> Dr. Guiseppi Slater, Base Medical Director		
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:****

\* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*

\*\* Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.

\*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.

\*\*\*\* Levels I, II, III and Pediatric.

**TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs**

EMS System: San Benito

County: San Benito

Reporting Year: 1998-99

NOTE: Table 9 is to be completed by county.

**Training Institution  
Name**

Hartnell Community College

**Address**

156 Homestead Avenue  
Salinas, CA 93901

**Contact Person telephone  
no.**

Nursing Department (831) 755-6711

<p><b>Student Eligibility: * Open</b></p>	<p><b>Cost of Program</b></p> <p>Basic      \$90 + books</p> <p>Refresher    \$0</p>	<p><b>**Program Level: <u>EMT-I</u></b></p> <p>Number of students completing training per year:</p> <p>Initial training: _____</p> <p>Refresher: _____</p> <p>Cont. Education: _____</p> <p>Expiration Date: _____</p> <p>Number of courses: _____</p> <p>Initial training: _____</p> <p>Refresher: _____</p> <p>Cont. Education: _____</p>
---	--	--

\* 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.

**Name, address & telephone:** San Juan Bautista Fire Department  
 24 Polk Street  
 San Juan Bautista, CA 95045  
 831-623-4513

**Primary Contact:** Rick Cokley

<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> _____ PS _____ BLS _____ LALS _____ PS-Defib _____ EMT-D _____ ALS
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> <u>  0  </u>

<b>Name, address &amp; telephone:</b> Hollister Fire Department 110 Fifth Street Hollister, CA 95023 831-636-4327				<b>Primary Contact:</b> Dave Lantis	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ BLS _____ LALS _____ PS-Defib _____ EMT-D _____ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>  0  </u>

<b>Name, address &amp; telephone:</b> Hollister Forest Fire Station 1979 Fairview Road Hollister, CA 95023 831-637-4475				<b>Primary Contact:</b> Jeff Row	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ BLS _____ LALS _____ PS-Defib _____ EMT-D _____ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>  0  </u>

<b>Name, address &amp; telephone:</b> Bear Valley Fire Station 25820 Airline Highway Paicines, CA 95045 831-389-3591			<b>Primary Contact:</b> Mikul Martin		
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> _____ PS _____ BLS _____ LALS _____ PS-Defib _____ EMT-D _____ ALS
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> <u>  0  </u>

<b>Name, address &amp; telephone:</b> Hollister Air Attack Base 2300 San Felipe Road Hollister, CA 95023 831-637-5456			<b>Primary Contact:</b> Paul Vlastelica		
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Service:</b> <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<b>Air classification:</b> <input checked="" type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> _____ PS _____ BLS _____ LALS _____ PS-Defib _____ EMT-D _____ ALS
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> <u>  0  </u>

<b>Name, address &amp; telephone:</b> Antelope Fire Station 20400 Panoche Road Paicines, CA 95043 831-638-3269			<b>Primary Contact:</b> Jeff Row		
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> _____ PS _____ BLS _____ LALS _____ PS-Defib _____ EMT-D _____ ALS
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> <u>  0  </u>

<b>Name, address &amp; telephone:</b> Aromas Tri-County Fire District 492 Carpenter Road Aromas, CA 95003 831-726-3130			<b>Primary Contact:</b> Ken French		
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> _____ PS _____ BLS _____ LALS _____ PS-Defib _____ EMT-D _____ ALS
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> <u>  0  </u>

# SECTION 4: RESOURCE DIRECTORIES

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: San Benito

County: San Benito

Reporting Year: 1998-99

<b>Name, address &amp; telephone:</b> AMR 335 San Benito Street Hollister, CA 831-636-9391			<b>Primary Contact:</b> Michael Poirier		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> _____ PS _____ BLS _____ LALS _____ PS-Defib _____ EMT-D _____ ALS
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>Medical Director:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> <u>2</u>

<b>Name, address &amp; telephone:</b> CALSTAR 20876 B Corsair Blvd Hayward, CA 94545 (510) 887-3063			<b>Primary Contact:</b> Mary Foraker		
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Service:</b> <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> _____ PS _____ BLS _____ LALS _____ PS-Defib _____ EMT-D _____ ALS
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>Medical Director:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> <u>2</u>

## **SECTION 5: DESCRIPTION OF PLAN DEVELOPMENT PROCESS**

The San Benito County EMS Agency developed the EMS Plan in concert with the County's Emergency Medical Care Commission (EMCC). The EMCC, a commission appointed by the San Benito County Board of Supervisors, provides advice to the EMS Agency regarding the development of plans, policies, and procedures for the EMS system. Its 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. From September 1998 to June 1999, monthly Plan development meetings were held between the EMS Agency and the EMCC. Draft sections of the report were provided to Commissioners prior to each meeting. In addition, the drafts were provided to the Clerk of the Board of Supervisors where they were available to the general public. The Commissioners provided oral and written comments to the Plan during and between EMCC meetings. A final draft of the Plan was approved by the EMCC in June 1999 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 at their August 10, 1999 meeting.

## **SECTION 6: ANNEX**

### **1. Trauma Care System Plan**

The San Benito County EMS Agency has not developed a trauma care system plan.

### **2. AB 3153 Compliance (implementation of Section 1797.224, HSC)**

The San Benito County EMS Agency has not developed exclusive ambulance operating areas.

### **3. Pediatric Subsystem Plan**

The San Benito County EMS Agency has not developed a pediatric subsystem plan.

99 SEP -3 PM 1: 17  
RECEIVED  
EMS AUTHORITY

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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



December 20, 2000

Peggy Earle  
San Benito County  
EMS Administrator  
471 Fourth Street  
Hollister, CA 95023

Dear Ms. Earle:

We have completed our review of *San Benito County's Emergency Medical Services Plan: 1999*, and have found it to be in compliance with the *EMS System Standards and Guidelines* and the *EMS System Planning Guidelines*.

Several of our reviewers commented on how well the plan was written.

If you have any questions regarding the plan review, please call Michele Handewith at (916) 322-4336, extension 315.

Sincerely,

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

Richard E. Watson  
Interim Director