

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

The Board of Supervisors of San Benito County met at the Administration Building, 481 Fourth Street, Hollister, California, at its usual place of meeting on December 17, 2002, in regular session.

Upon motion duly made, seconded and carried, reviewed and approved the Annual Emergency Medical Services Plan and authorized the Director of Emergency Services to submit said plan to the State Emergency Medical Services Authority.

I hereby certify that the foregoing is a full, true and correct copy of an order made or resolution adopted and entered on the 17th day of December 2002, in File 2002 of Supervisor's minutes, thereof.

WITNESS my hand and seal of said Board of Supervisors affixed this 30th day of December, 2002.

JOHN R. HODGES, Clerk of the Board of Supervisors
in and for the county of San Benito, State of California

By: *Linda Churchill*
Deputy Clerk of the Board

Emergency Medical Services Plan

San Benito County Office of Emergency Services

SAN BENITO COUNTY EMS PLAN

DECEMBER 2002

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San Benito County Emergency Medical Services System Plan

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

SECTION 3. System Resources and Operations

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

SECTION 4. Resource Directories

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

SECTION 5. Description of Plan Update Process

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

SECTION 6. Annex

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

SECTION 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 work plans.

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

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

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

SECTION 2: ASSESSMENT OF SYSTEM

TABLE 1: SUMMARY OF SYSTEM STATUS

1.0 SYSTEM ORGANIZATION AND MANAGEMENT

(Shaded areas indicate no guidelines recommended for section)

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

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

B. STAFFING / TRAINING

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

C. COMMUNICATIONS

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

D. RESPONSE / TRANSPORTATION

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

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

E. FACILITIES / CRITICAL CARE

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

Enhanced Level: Pediatric Emergency Medical and Critical Care System:					
5.10 Pediatric System Design		N/A			
5.11 Emergency Departments		N/A	N/A		
5.12 Public Input		N/A			
Enhanced Level: Other Specialty Care Systems:					
5.13 Specialty System Design		N/A			
5.14 Public Input		N/A			

F. DATA COLLECTION / SYSTEM EVALUATION

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

G. PUBLIC INFORMATION AND EDUCATION

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

H. DISASTER MEDICAL RESPONSE

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

In the County of San Benito, the Emergency Medical Services Agency is a division of the Emergency Services Department. The department is made up of three divisions: Office of Emergency Services, Emergency Medical Services and Communications. The County Board of Supervisors elected to create this department to avoid any duplication of effort in the area of emergency response and planning. This arrangement has enhanced the coordination between agencies with same interests and similar responsibilities.

The Director of Emergency Services serves as the Administrator of EMS. Staff consists of a part time Medical Director and a Secretary II is assigned at .50 FTE. In addition, the County contracts with an EMS Consultant to assist with policy review, certifications and training issues. Non-agency resources include the County Public Health Department, County Communications, Office of Emergency Services, Administration and County Counsel.

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. The City of Hollister and City of San Juan Bautista by resolution approved of the formation of CSA #36 and an EMS System in San Benito County.

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

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)

1.03

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.

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)

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 Fiscal Years 1998-99, the San Benito EMS Agency worked with the County's Emergency Medical Care Commission to develop an EMS system plan for the County of San Benito. The EMS Plan provides an assessment of how the 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 was submitted to the State EMS Authority in August 1999.

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)

1.06

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

CURRENT STATUS: Minimum Standard met

This is the second EMS plan update.

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 is in the process of developing a trauma plan San Benito County. Part of the plan will include written agreements between the EMS Agency and trauma facilities in other jurisdictions. The plan will be submitted to the EMS Authority for approval in 2003.

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.

A detailed inventory of EMS resources (e.g. personnel, vehicles, and facilities) is being collected and will be maintained in the County of San Benito Operational Area Resource Directory which is currently in revision. The EMS Agency will annually assist with updates of EMS resources.

NEED(S): A detailed inventory of EMS resources.

OBJECTIVE: Continue to develop a detailed inventory of EMS resources within Operational 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: 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)

1.11

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. The ambulance provider has a written agreement with the County to provide paramedic-level ambulance services. The inter-facility ambulance providers are licensed and subject to the Ambulance Ordinance in addition to EMS policies. 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): 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)

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.

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.

The San Benito EMS Agency has the necessary resources to evaluate the response and clinical aspects of the care provided in the County. The County has a computer-aided dispatch (CAD) system, which tracks calls for service and response times. 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): A computerized mechanism for the collection of data from PCRs completed by advanced life support and basic life support personnel.

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)

1.13

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. The EMS Agency maintains regular contact with all EMS system participants and promptly responds to requests for information or assistance.

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)

1.14

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.

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)

1.15

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

CURRENT STATUS: Minimum Standard met.

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)

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.

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)

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. Policy and procedures were developed that addressed medical direction for non-ambulance transport providers.

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)

1.18

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 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. All first-responder agencies participate in the system-wide evaluation program.

With the passage of CSA #36, all jurisdictions and first responder agencies within the San Benito County agreed to adhere to the provisions of an EMS System in San Benito County. Participation in Pre-hospital Advisory Committee by first responders within San Benito County EMS System is one method to improve quality of care. The local hospital is also a partner and sponsors monthly base station meetings in which quality-of-care issues are identified. Personnel from both the contract ambulance and first-responder agencies participate in these meetings. (See also 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)

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.

Telecommunications personnel in San Benito County have received emergency medical orientation and training in emergency medical dispatch procedures in accordance with the State Emergency Medical Dispatch Level I standard. This does not include providing pre-arrival/post-dispatch instructions.

NEED(S): Assess the need to develop pre-arrival/post-dispatch instructions.

OBJECTIVE: Develop pre-arrival/post-dispatch instructions as need is determined.

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 met.

Current San Benito EMS Agency policy details the criteria and the mechanism for paramedics to report cases of suspected child abuse, elder abuse, and suspected SIDS deaths. First-responder agencies receive annual training for reporting suspected cases of child and elder abuse and suspected SIDS deaths.

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)

1.23

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.

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: 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 N/A.

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 size of the EMS system countywide is such that developing exclusive operating areas for ALS providers in his county is not necessary

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)

1.25

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 met.

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

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

1.26

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

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

CURRENT STATUS: Minimum standard not met.

NEED(S): Complete the trauma plan which is currently being developed.

OBJECTIVE: Submit the trauma plan to 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)

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: Minimum standard N/A. The San Benito County EMS Agency has not determined a need to develop a pediatric critical care system plan.

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

1.28

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

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

CURRENT STATUS: Minimum standard N/A. The San Benito County EMS Agency has not determined a need to develop 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 met.

The San Benito EMS Agency has developed a formal process for the routine assessment of personnel and training needs, and part of EMS Consultant duties is to oversee the training. The EMS Consultant will continue to monitor and increase the availability of local EMS training courses to meet the needs of the various provider agencies throughout San Benito County. An EMS Instructor is available to provide continuing education, to meet the training needs.

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)

2.02

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 the approval of continuing education courses.

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)

2.03

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 Public Safety AED use. These mechanisms are identified in the Agency's policies and procedures manual.

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

The San Benito EMS Agency has developed a computer database for certification and accreditation of EMS personnel.

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)

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 met, Recommended Guidelines N/A

San Benito County Communications personnel currently are trained to the Level I emergency medical dispatch standard (according to the State EMS Authority guidelines). At this level, dispatch personnel determine through a non-structured questioning process whether the matter requires a medical or non-medical response. The non-structured questions involve basic information as to whether the victim is conscious, breathing, their age, sex, and chief complaint. This information is then forwarded to the EMS and Fire agencies en route.

When a medical response is necessary, dispatch personnel send both medical and fire personnel to the incident. At this level, there is no determination as to what kind of medical service is needed. The determination as to how many resources should respond is determined by the size of the event and through established policies and procedures.

Dispatchers do receive orientation to the EMS agencies and their basic information needs as part of the required Communications Training Program. At the time that San Benito County elects to participate in a Level II or Level III system of service provision, this standard will need to be reviewed for compliance at those levels.

NEED(S): None identified.

If assessment according to standards 1.19 and 3.09 determines establishing pre-arrival/post-dispatch and a medical dispatch priority system is warranted, this standard will require re-assessment to ensure training is provided to the recommended level.

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)

First Responders (non-transporting)

2.05

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

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

CURRENT STATUS: Minimum Standard met, Recommended Guideline met

All first-responder personnel have been trained in first aid and CPR within the last three years in accordance with Title 22 CCR, Division 9, Chapter 1.5. 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 public safety personnel provide medical response in accordance with San Benito EMS Agency policies. An inventory of local industries and first aid teams are available through the San Benito Environmental Health Department and the San Benito County American Red Cross Chapter.

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)

2.07

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. Recommended Guideline 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. Recommended Guideline N/A.

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

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: 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): 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)

2.12

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. Recommended Guideline met.

The San Benito EMS Agency has established a communication system for the ambulance provider(s) in the County. Ambulance personnel communicate with the dispatch center using Med Net Radio Channel 1 and the "San Benito EMS" 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 County has a written communications plan which incorporates EMS and the use of satellite and cellular phones.

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)

3.02

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 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 “San Benito EMS” 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.

Radio communications in the areas of the County south of Bolado Park have been resolved.

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)

3.03

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 “San Benito EMS” 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: Minimum Standard N/A. Recommended Guideline met.

There is only one acute care hospital in the County.

EMSystem is now being used for communications with Monterey County Hospitals.

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)

3.06

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

CURRENT STATUS: Minimum Standard met.

The San Benito EMS Agency, in cooperation with the County Office of Emergency Services, Public Health and EMS providers, test communications linkages among providers (prehospital and hospital) in its jurisdiction by participating in the yearly State Hospital Drill. OES takes the lead for the drill and includes RACES as a player in this drill. Capability to provide service in the event of multi-causality incidents and disasters is tested during the drill. EMS participated in this drill in November 2001 and will participate in November 2002.

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)

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. Recommended Guideline met.

The 9-1-1 telephone service is coordinated by the County Communications Division. 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.

County Communications participates in a wide variety of events promoting the 9-1-1 education program. These include community events, school programs, and public education programs including a newly developing CRT 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)

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 met, Recommended Guideline N/A.

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 has been developed. This manual is divided into sections, one of which includes the standards for each communications dispatcher to follow for screening 9-1-1 calls and dispatching medical resources.

NEED(S): Assess the need for establishing an emergency medical dispatch priority reference system, including systemized caller interrogation, dispatch triage policies, and pre-arrival instructions.

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)

3.10

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

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

CURRENT STATUS: Minimum Standard met. Recommended Guideline 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 Division has established a procedure for requesting out-of-county ambulances during periods of peak ambulance demand in San Benito County.

A mutual aid response policy is in place with Monterey County to serve to southwestern areas of the County with the closest available ambulance. This resource usually comes from King City.

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)

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.

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)

4.03

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 discussed. This system, if implemented, would classify medical priorities and send the most appropriate EMS vehicles at the most appropriate response code. (See also Standards 3.09 “Dispatch Triage” and 6.04 “Medical Dispatch”)

NEED(S): Our current medical dispatch procedures meet our needs. Future growth may require an evaluation of the effectiveness of these methods.

OBJECTIVE: Continue discussion on need for implementing a medical priority dispatch system for 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)

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: 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)

4.05

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 N/A

The San Benito EMS Agency has established response time standards (based on size of County and long transport distances) for the contracted ambulance provider in the County as defined below:

- Contractor 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.

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)

4.06

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.

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)

4.08

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.

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): 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)

4.09

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

CURRENT STATUS: Minimum Standard met.

San Benito County is served by several EMS aircraft providers, 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. Currently, the dispatch center that requests resources notifies the County Communications Center for coordination.

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)

4.10

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 not 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:

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

4.11

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

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

CURRENT STATUS: Minimum Standard met. Recommended Guideline 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 a hospital.

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)

4.12

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 Medical/Health Coordinator or designated Medical Operations Leader authorization to request the mobilization of response and transport vehicles during a disaster.

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 inter-county response of emergency medical transport vehicles and EMS personnel.*

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

CURRENT STATUS: Minimum Standard met. Recommended Guideline met.

San Benito County has written agreements with two neighboring Counties' EMS agencies that address which County's medical protocols, administrative policies, and mutual aid responses that will be used when EMS providers based in one County serve the neighboring County

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 has developed procedures for requesting out-of-county ambulances during periods of peak ambulance demand in San Benito County. (See also Standard 3.10 "Integrated Dispatch" and 4.01 "Service Area Boundaries")

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)

4.14

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

CURRENT STATUS: Minimum Standard met.

The San Benito EMS Agency recently developed a multi-casualty response plan

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)

4.15

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

CURRENT STATUS: Minimum Standard met.

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: 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 Guidelines met.

The advanced life support units are currently staffed with an ALS/BLS crew configuration, i.e., one EMT-I trained in manual defibrillation and one 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)

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 was recently reviewed and updated by the Prehospital Advisory Committee.

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: 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.

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 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): 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)

5.02

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

CURRENT STATUS: Minimum Standard met.

The San Benito EMS Agency has established prehospital triage protocols. All prehospital personnel have received training in START triage. Transfer agreements will be developed through the trauma plan process. The hospital does not use 9-1-1 system ambulances for transfers.

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)

5.03

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: N/A

NEED(S): None identified

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

- short-range plan (one year or less)
- long-range plan (more than one year)
- 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 met. Recommended Guideline met.

The San Benito EMS Agency has a mass casualty management plan. The Agency has developed procedures for coordinating communications and patient flow during a mass casualty incident.

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)

5.06

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

CURRENT STATUS: Minimum Standard met.

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

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: 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: Minimum Standard not met.

NEED(S): Complete Trauma Plan.

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: Trauma Plan is currently being developed in which input was sought from prehospital and hospital providers and consumers.

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, Recommended Guideline met

Current EMS policy establishes a system-wide quality assessment program to evaluate the services provided within the San Benito County EMS system. Specific EMS responses (cases) are selected for review by a 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 implemented a computer-aided dispatch (CAD) system (for evaluating responses). EMS data can be retrieved from CAD. However, the PCR is the primary source for selecting clinical cases for review, and 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): A computerized mechanism for the collection of data from PCRs completed by advanced life support and basic life support personnel.

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)

6.02

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. Recommended Guideline not 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): A mechanism for linking prehospital records with dispatch, emergency department, hospital in-patient, and discharge records.

OBJECTIVE: Investigate mechanisms to link dispatch, PCR, emergency department, and hospital in-patient records

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 pre-arrival/post dispatch directions.*

CURRENT STATUS: Minimum Standard N/A.

Telecommunications personnel in San Benito County have received emergency medical orientation and training in emergency medical dispatch procedures to the State Emergency Medical Dispatch Level I standard. Appropriate response is determined by policy and not based upon a system of triage. A mechanism exists to ensure that policy is followed.

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)

6.05

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 is working on a data management system to support its system-wide planning and evaluation and the quality assessment audit of the care provided to specific patients. This will be completed during fiscal year 2001/2002.

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 computer-aided dispatch system in place at San Benito County Communications could 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.

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

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)

6.08

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

CURRENT STATUS: Minimum Standard met.

The report for the County Board of Supervisors and Emergency Medical Care Commission regarding the EMS system design and operations are presented annually.

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: 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, Recommended Guideline not 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.

A trauma plan is being developed.

NEED(S): Complete the trauma plan.

OBJECTIVE: Submit the trauma plan to the 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)

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 N/A. Recommended Guideline 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. The trauma centers provide the Medical Director with patient-specific information, upon request.

NEED(S): Complete the trauma plan.

OBJECTIVE: Submit the trauma plan to the 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)

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 met. Recommended Guideline met

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

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.

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

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)

7.02

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

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

CURRENT STATUS: Minimum Standard met. Recommended Guideline met.

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

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

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

The Coalition sponsors two major events each year: National SAFE KIDS week in May, and “KIDS at the PARK” in 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): 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)

7.03

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

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

CURRENT STATUS: Minimum Standard met. Recommended Guideline met.

The County Office of Emergency Services (OES) takes the lead for disaster planning and preparedness for the San Benito Operational Area. The Public Health Department is developing a Health Emergency Response Plan. The EMS Agency will work with the health agency to develop a disaster medical component.

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.

In addition, County OES participates annually in the Earthquake Preparedness and Winter Wise Campaigns. Disaster preparedness and medical preparedness materials are distributed to the community. The American Red Cross chapter of San Benito County 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): None identified

OBJECTIVE: Continue to 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. Recommended Guideline 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): None identified

OBJECTIVE: Continue to support the local chapter of the American National Red Cross.

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

The San Benito County Environmental Health Department has 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.

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

The EMS Agency is working with the San Benito County Environmental Health Department, and local fire agencies to develop a comprehensive medical component to the Hazardous Materials Response Area Plan, to include updated Hazardous Materials Medical Management Protocols.

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)

8.02

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 8.01 above) However, the Public Health Department is preparing a Bioterrorism Response Plan. In addition Environmental Health is updating the Hazardous Materials Area Plan. Both plans will have a medical component.

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)

8.03

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.

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)

8.04

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

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

CURRENT STATUS: Minimum Standard met. Recommended Guideline met.

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

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)

8.05

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.

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.

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. Emergency requests are communicated over RIMS and OASIS to the Coastal Region II Disaster Health and Medical Coordinator at Contra Costa EMS Agency.

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)

8.07

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. Due to the size of the County and the nature of communications in the area, all agencies have agreed to include the Sheriff primary, ambulance, and public works channels as minimum programming in all agency radios. Interagency communications and coordination is not an issue because anyone of these channels may be used during a disaster as necessary or as available

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)

8.08

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 met.

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

Under the contract between the local hospital and the County, the local hospital participates with the County in disaster planning. The contracted ambulance service 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): Continue to update the Resource directory to include detailed description of the capabilities of medical facilities and resources.

Written agreements should be considered 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: The EMS Agency will continue to update the County Resource Directory to include medical facilities and resources.

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

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.

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)

8.10

MINIMUM STANDARD: *The local EMS agency shall ensure the existence of medical mutual aid agreements with other counties in its OES region and elsewhere, as needed, which ensure that sufficient emergency medical response and transport vehicles, and other relevant resources will be made available during significant medical incidents and during periods of extraordinary system demand.*

CURRENT STATUS: Minimum Standard met.

San Benito County has mutual aid agreements with both Santa Cruz and Monterey Counties.

The OES Coastal Region II Disaster Medical Health Coordinator is continuing to look at regional medical mutual-aid plans and agreements.

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)

8.11

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, but 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 met, Recommended Guideline met

The County EMS Agency participates annually with the hospital in the Statewide Medical Health Disaster Exercise. County OES, Public Health and the Ambulance Providers participate as well. The hospitals plan integrates with the County Emergency Operations Plan.

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)

8.15

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

CURRENT STATUS: Minimum Standard met.

There is only one acute-care hospital in San Benito County. The hospital is able to communicate with ambulance personnel and the County Communications Center via Mednet Channel 1 & 4.

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 met. Recommended Guideline met.

The local acute-care hospital has developed guidelines, and its personnel are trained in the management of significant medical incidents, in compliance with the Joint Commission on Accreditation of Healthcare Organizations. The San Benito EMS Agency has developed a MCI Plan, and provided training to prehospital medical response agencies responding to significant medical incidents. This training will be offered annually to all prehospital and other medical personnel.

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: 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.

Ambulance mutual-aid agreements have been adopted.

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: 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: N/A.

NEED(S): None identified.

OBJECTIVE: N/A.

TIME FRAME FOR MEETING OBJECTIVE:

- short-range plan (one year or less)
- long-range plan (more than one year)
- 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: 2001/2002

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: c. OES

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

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

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

Table 2 - System Organization & Management (cont.)

Continuing education	<u>√</u>
Personnel training	<u>√</u>
Operation of oversight of EMS dispatch center	<u>√</u>
Non-medical disaster planning	<u>√</u>
Administration of critical incident stress debriefing (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: Trauma Grant	<u>√</u>
Other: <u>N/A</u>	
Other: <u>N/A</u>	

5. EMS agency budget for FY 2001/2002

A. EXPENSES

Salaries and benefits (all but contract personnel)	<u>\$ 45,857</u>
Contract Services (e.g. EMS Consultant)	<u>50,000</u>
Operations (e.g. copying, postage, facilities)	<u>3,000</u>
Travel	<u>3,000</u>
Fixed assets	<u>2,400</u>
Indirect expenses (overhead)	<u>61,509</u>
Ambulance subsidy & Hospital subsidy	<u>164,000</u>
EMS Fund payments to physicians/hospital	<u>16,906</u>
Dispatch center operations (non-staff)	<u>32,000</u>
Training program operations	<u>0</u>
Other: <u>EMS Supplies</u>	<u>1,825</u>
Other: <u>Cost applied auditing</u>	<u>9,357</u>
Other: <u>Communications</u>	<u>1,500</u>
Other: <u>Equipment Maintenance</u>	<u>2,000</u>
TOTAL EXPENSES	\$ <u>393,354</u>

Table 2 - System Organization & Management (cont.)

B. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	\$ <u> 0</u>
Preventive Health and Health Services (PHHS) Block Grant	<u> 0</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 (CSA)	<u> 376,448</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>16,906</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>
TOTAL REVENUE	<u>\$ 393,354</u>

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

Table 2 - System Organization & Management (cont.)

6. Fee structure for FY: 2001/2002

 √ 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 licence	\$ <u>0</u>
Ambulance vehicle permits	<u>0</u>
Other: <u>N/A</u>	<u>0</u>
Other: <u>N/A</u>	<u>0</u>
Other: <u>N/A</u>	<u>0</u>

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 2001/2002.

Table 2 - System Organization & Management (cont.)

EMS System: San Benito

Reporting Year: 2000-2001

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./ Coord./Dir.	EMS Administrator	.33	\$36.10	35%	OES Director
Asst. Admin./ Admin. Asst./ Admin. Mgr.	N/A	N/A	N/A	N/A	None
ALS Coord./ Field Coord./ Trng Coord.	EMS Consultant	0/3	\$50.00	N/A	None
Program Coord./Field Liaison (Non-clinical)	OES Specialist	.25	\$23.84	35%	None
Trauma Coord.	N/A	N/A	N/A	N/A	None
Med. Director	EMS Medical Director	0.25	75.00	N/A	None
Other MD/ Med. Consult./ Trng. Med. Dir.	N/A	N/A	N/A	N/A	None
Disaster Med. Planner	OES Director	N/A	N/A	N/A	OES Director

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.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
Dispatch Supervisor	Communications Manager	N/A	N/A	N/A	Communications Division
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	Secretary II	.50	\$17.70	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: 2001/2002

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: N/A
2. Early defibrillation:
 - a) Number of EMT-I (defib) certified 95
 - b) Number of public safety (defib) certified (non-EMT-I) 12
3. Do you have a first responder training program? X yes no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications

EMS System: San Benito

County: San Benito

Reporting Year: 2001/2002

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: 2001/2002

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>2067</u>
a) Number of emergency responses	(Code 2: expedient, Code 3: lights and siren)	<u>1851</u>
b) Number non-emergency responses	(Code 1: normal)	<u>N/A</u>
4. Total number of transports		<u>1796</u>
a) Number of emergency transports	(Code 2: expedient, Code 3: lights and siren)	<u>139</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>1</u>
a) Automated		<u>0</u>
b) Manual		<u>1</u>

Air Ambulance Services

7. Total number of responses		<u>122</u>
a) Number of emergency responses		<u>122</u>
b) Number of non-emergency responses		<u>0</u>
8. Total number of transports		<u>52</u>
a) Number of emergency (scene) responses		<u>52</u>
b) Number of non-emergency responses		<u>0</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: 2001/2002

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

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

Emergency Departments

- Total number of emergency departments 1
- a) Number of referral emergency services 0
- b) Number of standby emergency services 0
- c) Number of basic emergency services 1
- d) Number of comprehensive emergency services 0

Receiving Hospitals

- 1. Number of receiving hospitals with written agreements 0
- 2. Number of base hospitals with written agreements 1

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: San Benito

County: San Benito

Reporting Year: 2001/2002

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? First Responder Operational Area
- c. Do you have the ability to do decontamination in an emergency room? yes √ no ____
- d. Do you have the ability to do decontamination in the field? yes √ no ____

OPERATIONS

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

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 1

3. Have you tested your MCI Plan this year in a:

- a. real event? yes √ no ____
- b. exercise? yes √ no ____

4. List all counties with which you have a written medical mutual aid agreement.

Santa Cruz and Monterey.

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

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

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

8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? yes √ no

SECTION 4: RESOURCE DIRECTORIES

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: San Benito

County: San Benito

Reporting Year: 2001/2002

Name, address & telephone: AMR 335 San Benito Street Hollister, CA 831-636-9391			Primary Contact: Michael Esslinger		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ BLS _____ LALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>2</u>
Name, address & telephone: CALSTAR 20876 B Corsair Blvd Hayward, CA 94545 (510) 887-3063			Primary Contact: Mary Foraker		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ BLS _____ LALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>2</u>

Name, address & telephone: Antelope Fire Station 20400 Panoche Road Paicines, CA 95043 831-638-3269				Primary Contact: 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 checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input 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>

Name, address & telephone: Aromas Tri-County Fire District 492 Carpenter Road Aromas, CA 95003 831-726-3130				Primary Contact: Ken French	
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 checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u> 0 </u>

Name, address & telephone: Bear Valley Fire Station 25820 Airline Highway Paicines, CA 95045 831-389-3591				Primary Contact: Mikel Martin	
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 _____ PS-Defib <u> 19 </u> BLS _____ EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input 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>

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

Name, address & telephone: Hollister Fire Department 110 Fifth Street Hollister, CA 95023 831-636-4325				Primary Contact: Bill Garringer	
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 ____ PS-Defib 19 BLS ____ EMT-D ____ LALS ____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: ____ 0 ____

Name, address & telephone: County Fire 1979 Fairview Road Hollister, CA 95023 831-637-4475				Primary Contact: 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 ____ PS-Defib ____ BLS ____ EMT-D ____ LALS ____ 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: ____ 0 ____

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

Primary Contact: Rick Cokley

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 _____ PS-Defib _____ BLS _____ EMT-D _____ LALS _____ 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>

TABLE 9. RESOURCES DIRECTORY -- Approved Training Programs

EMS System: San Benito

County: San Benito

Reporting Year: 2001/2002

NOTE: Table 9 is to be completed by county.

**Training Institution
Name**

Hartnell Community College

**Contact Person telephone
no.**

Nursing Department (831) 755-6711

Address

156 Homestead Avenue
Salinas, CA 93901

<p>Student Eligibility: * Open</p>	<p>Cost of Program</p> <p>Basic \$90 + books</p> <p>Refresher \$0</p>	<p>**Program Level: <u>EMT-I</u></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>
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* Open to general public or restricted to certain personnel only.

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

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: San Benito

County: San Benito

Reporting Year: 2001/2002

NOTE: Complete information for each facility by county.

Name, address & telephone:		San Benito County Hospital District 911 Sunset Dr . Hollister, CA 831-637-5711		Primary Contact: Dr. Guiseppi Slater, Base Medical Director Marian Anderson, Director of Nurses	
Written Contract	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service	<input type="checkbox"/>	Base Hospital:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
		Standby emergency service	<input type="checkbox"/>		
		Basic emergency service	<input checked="" type="checkbox"/>		Pediatric Critical Care Center:*
		Comprehensive emergency service	<input type="checkbox"/>		<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 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: San Benito

County: San Benito

Reporting Year: 2001/2002

NOTE: Complete information for each provider by county.

Name, address & telephone: San Benito County Communications		Primary Contact: Tamara 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: ____N/A____ EMD Training ____N/A____ EMT-D ____0____ ALS ____N/A____ BLS ____N/A____ 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: _Law,Fire,EMS_	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

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

SECTION 5: DESCRIPTION OF PLAN UPDATE 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 and update 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. A Plan update was approved by the EMCC in November 2002 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 in December 2002.

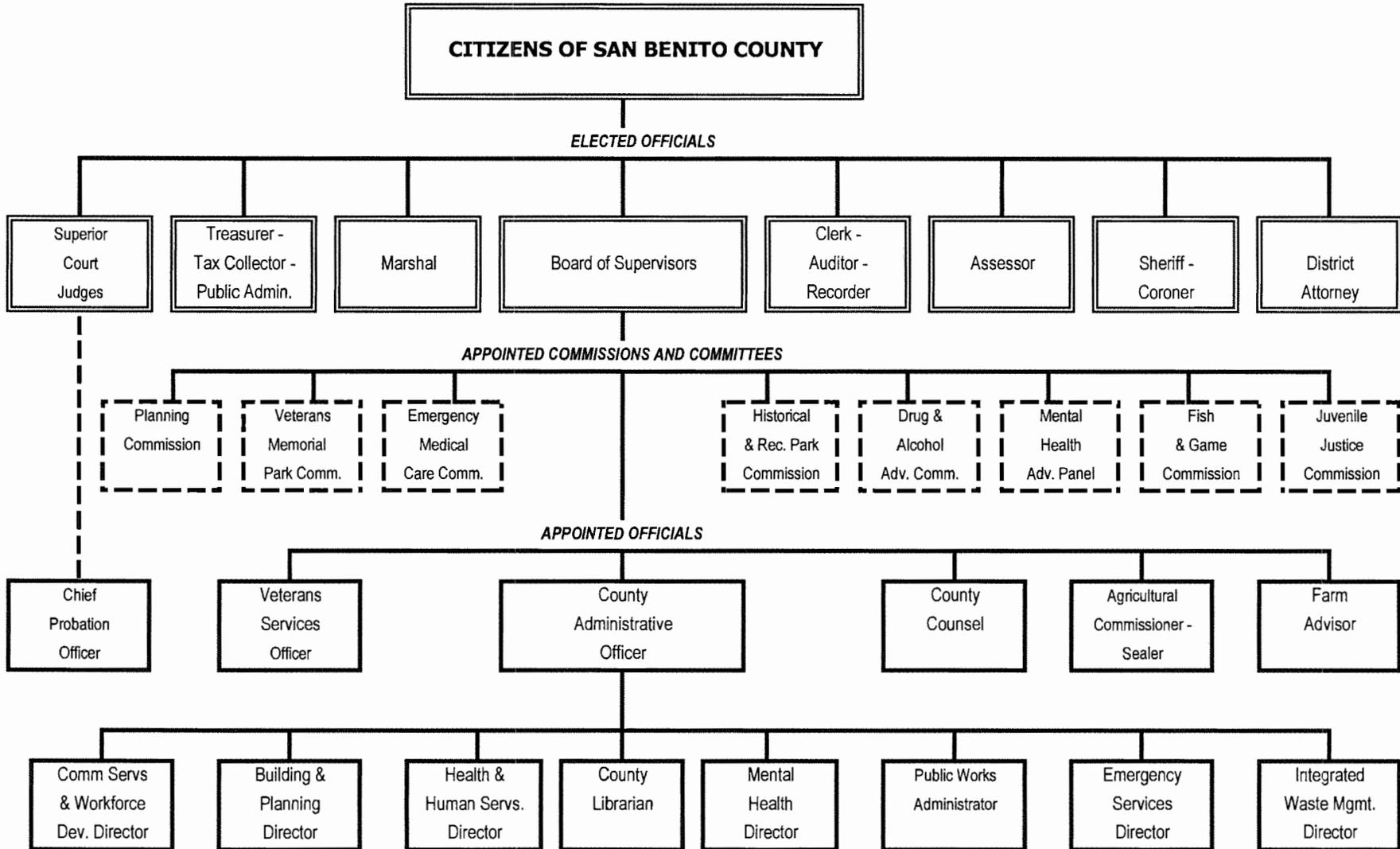
SECTION 6: ANNEX

1. Trauma Care System Plan
2. Organizational Chart

TRAUMA PLAN

Trauma Plan is currently under development. Anticipated completion date is Spring 2003

COUNTY OF SAN BENITO ORGANIZATION CHART



**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: San Benito County EMS Agency
Area or subarea (Zone) Name or Title: Single zone - countywide
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. American Medical Response has been the provider since August 1998.
Area or subarea (Zone) Geographic Description: San Benito County
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Current provider assumed contract from previous provider (Stephens & Poletti). Previous provider selected in the 1970's. No copy of competitive process available.

EMERGENCY MEDICAL SERVICES AUTHORITY

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



March 14, 2003

Margie M. Riopel
San Benito EMS Agency
471 4th Street
Hollister, CA 95023

Dear Ms. Riopel:

We have completed our review of *San Benito's EMS Agency Emergency Medical Services Plan Update 2002*, and have found it to be in compliance with the *EMS System Standards and Guidelines* and the *EMS System Planning Guidelines*.

Our reviewers raised some concerns regarding certain sections of the plan. I have listed those sections along with the specific comment below.

SECTION	COMMENT
4.10 Aircraft Availability	Need to develop and maintain written agreements with aeromedical service providers.
6.06 System Design Evaluation	Need to develop a data management system that evaluates the effectiveness at meeting community needs and prevention strategies that are tailored to community needs.
8.11 CCP Designation	Need to designate casualty collection points and a means for communicating with them.
8.12 Establishment of CCPs	

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

Sincerely,

A handwritten signature in black ink that reads "Richard E. Watson for".

Richard E. Watson
Interim Director

REW:SS