



San Benito
EMS Plan Update - 2010

A. SYSTEM ORGANIZATION AND MANAGEMENT

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

SYSTEM ORGANIZATION AND MANAGEMENT (continued)

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

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

C. COMMUNICATIONS

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

D. RESPONSE/TRANSPORTATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
4.01	Service Area Boundaries	✓	✓		
4.02	Monitoring	✓	✓		
4.03	Classifying Medical Requests	✓			
4.04	Prescheduled Responses	✓			
4.05	Response Time	✓			
4.06	Staffing	✓			
4.07	First Responder Agencies	✓			
4.08	Medical & Rescue Aircraft	✓			
4.09	Air Dispatch Center	✓			
4.10	Aircraft Availability	✓			
4.11	Specialty Vehicles	✓	✓		
4.12	Disaster Response	✓			
4.13	Intercounty Response*	✓	✓		
4.14	Incident Command System	✓			
4.15	MCI Plans	✓			
Enhanced Level: Advanced Life Support:					
4.16	ALS Staffing	✓	✓		
4.17	ALS Equipment	✓			
Enhanced Level: Ambulance Regulation:					
4.18	Compliance	✓			
Enhanced Level: Exclusive Operating Permits:					
4.19	Transportation Plan	✓			
4.20	"Grandfathering"	✓			
4.21	Compliance	✓			
4.22	Evaluation	✓			

E. FACILITIES/CRITICAL CARE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
5.01	Assessment of Capabilities		✓	✓		
5.02	Triage & Transfer Protocols		✓			
5.03	Transfer Guidelines		✓			
5.04	Specialty Care Facilities		✓			
5.05	Mass Casualty Management		✓	✓		
5.06	Hospital Evacuation		✓			
Enhanced Level: Advanced Life Support:						
5.07	Base Hospital Designation		✓			
Enhanced Level: Trauma Care System:						
5.08	Trauma System Design		✓			
5.09	Public Input		✓			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
5.10	Pediatric System Design		N/A			
5.11	Emergency Departments		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		✓	✓		
6.02	Prehospital Records		✓			
6.03	Prehospital Care Audits		✓			
6.04	Medical Dispatch		N/A		✓	
6.05	Data Management - System		✓			
6.06	System Design Evaluation		✓			
6.07	Provider Participation		✓			
6.08	Reporting		✓			
Enhanced Level: Advanced Life Support:						
6.09	ALS Audit		✓			
Enhanced Level: Trauma Care System:						
6.10	Trauma System Evaluation		✓			
6.11	Trauma Center Data		✓	✓		

G. PUBLIC INFORMATION AND EDUCATION

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

H. DISASTER MEDICAL RESPONSE

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

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

EMS System: San Benito County Emergency Medical Services Area
 Reporting Year: 2010 & 2011

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) | _____ % |
| B. Limited Advanced Life Support (LALS) | _____ % |
| C. Advanced Life Support (ALS) | _____ 100% |

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

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

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

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

Table 2 - System Organization & Management (cont.)

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

Table 2 - System Organization & Management (cont.)

5. EXPENSES

Salaries and benefits (All but contract personnel)	\$	<u>340,070</u>
Contract Services (e.g. medical director)		<u>13,000</u>
Operations (e.g. copying, postage, facilities)		<u>73,997</u>
Travel		<u>4,300</u>
Fixed assets		<u>0</u>
Indirect expenses (overhead)		<u>38,043</u>
Ambulance subsidy		<u>0</u>
EMS Fund payments to physicians/hospital		<u>100,000</u>
Dispatch center operations (non-staff)		<u>0</u>
Training program operations		<u>9,000</u>
Other: _____		<u>0</u>
Other: _____		<u>0</u>
Other: _____		<u>0</u>
TOTAL EXPENSES	\$	<u>578,410</u>

Table 2 - System Organization & Management (cont.)

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]		
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 (e.g., EMS district)		<u>385,282</u>
County contracts (e.g. multi-county agencies)		<u>28,500</u>
Certification fees		<u>0</u>
Training program approval fees		<u>0</u>
Training program tuition/Average daily attendance funds (ADA)		<u>0</u>
Job Training Partnership ACT (JTPA) funds/other payments		<u>0</u>
Base hospital application 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>
Other critical care center application fees		<u>0</u>
Type: _____		
Other critical care center designation fees		<u>0</u>
Type: _____		
Ambulance service/vehicle fees		<u>0</u>
Contributions		<u>0</u>
EMS Fund (SB 12/612)		<u>176,000</u>
Other grants: _____		<u>0</u>
Other fees: <u>Use of fund balance</u>		<u>48,628</u>
Other (specify): _____		<u>0</u>
TOTAL REVENUE	\$	<u>578,410</u>

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

Table 2 - System Organization & Management (cont.)

7. Fee structure

We do not charge any fees

Our fee structure is:

First responder certification	\$ _____
EMS dispatcher certification	_____
EMT-I certification	_____
EMT-I recertification	_____
EMT-defibrillation certification	_____
EMT-defibrillation recertification	_____
EMT-II certification	_____
EMT-II recertification	_____
EMT-P accreditation	_____
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	_____
MICN/ARN recertification	_____
EMT-I training program approval	_____
EMT-II training program approval	_____
EMT-P training program approval	_____
MICN/ARN training program approval	_____
Base hospital application	_____
Base hospital designation	_____
Trauma center application	_____
Trauma center designation	_____
Pediatric facility approval	_____
Pediatric facility designation	_____
Other critical care center application Type: _____	
Other critical care center designation Type: _____	
Ambulance service license	\$ _____
Ambulance vehicle permits	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____

Table 2 - System Organization & Management (cont.)EMS System: San Benito County Emergency Medical Services AgencyReporting year 2010-2011

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	Health & Human Services Agency Director	0	N/A	N/A	
Asst. Admin./Admin. Asst./Admin. Mgr.	Emergency Medical Services Coordinator	1	35.75	40-45	
ALS Coord./Field Coord./ Training Coordinator					
Program Coordinator/ Field Liaison (Non-clinical)	Emergency Services Specialist	1	32.91	40-45	
Trauma Coordinator					
Medical Director	EMS Medical Director	0	\$86 Flat Rate	N/A	Temp/Extra Help Position
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner					

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

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary					
Other Clerical	Secretary I	1	\$20.29	40-45	
Data Entry Clerk					
Other					

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

TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

EMS System: San Benito County Emergency Medical Services Agency

Reporting Year: 2010-2011

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	81	N/A	16	N/A
Number newly certified this year	12		4	
Number recertified this year	39		N/A	
Total number of accredited personnel on July 1 of the reporting year	81		16	
Number of certification reviews resulting in:				
a) formal investigations	3	N/A	0	N/A
b) probation	1			
c) suspensions				
d) revocations	1			
e) denials	1			
f) denials of renewal				
g) no action taken				

1. Number of EMS dispatch agencies utilizing EMD Guidelines: 0
2. Early defibrillation:
 - a) Number of EMT-I (defib) certified 81
 - b) Number of public safety (defib) certified (non-EMT-I) 12
3. Do you have a first responder training program yes no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: San Benito County Emergency Medical Services Agency

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

County: San Benito

Reporting Year: 2010-2011

- | | |
|---|---|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>1</u> |
| 2. Number of secondary PSAPs | <u>0</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>1</u> |
| 4. Number of designated dispatch centers for EMS Aircraft | <u>0</u> |
| 5. Do you have an operational area disaster communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>Tx 463.000 / Rx 468.000</u> | |
| b. Other methods <u>Local EMS Frequency</u> | |
| c. Can all medical response units communicate on the same disaster communications system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in OASIS? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize RACES as a back-up communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 1) Within the operational area? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Who is your primary dispatch agency for day-to-day emergencies? | |
| <u>San Benito County Communications</u> | |
| 7. Who is your primary dispatch agency for a disaster? | |
| <u>San Benito County Communications</u> | |

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

EMS System: San Benito County Emergency Medical Services Agency

Reporting Year: 2010-2011

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 81

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	N/A	N/A	N/A	N/A
Early defibrillation responder	N/A	N/A	N/A	N/A
Advanced life support responder	10	30	90	120
Transport Ambulance	N/A	N/A	N/A	N/A

TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care

EMS System: San Benito County Emergency Medical Services Agency

Reporting Year: 2010-2011

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	<u>440</u>
2. Number of major trauma victims transported directly to a trauma center by ambulance	<u>0</u>
3. Number of major trauma patients transferred to a trauma center	<u>135</u>
4. Number of patients meeting triage criteria who weren't treated at a trauma center	<u>305</u>

Emergency Departments

Total number of emergency departments	<u>1</u>
1. Number of referral emergency services	<u>0</u>
2. Number of standby emergency services	<u>0</u>
3. Number of basic emergency services	<u>0</u>
4. Number of comprehensive emergency services	<u>0</u>

Receiving Hospitals

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

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: San Benito County Emergency Medical Services Agency

Reporting Year: 2010-2011

County: San Benito

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? (1) Community Hall & (1) Hospital Clinic
 - b. How are they staffed? Local resources and Disaster Healthcare Volunteers
 - c. Do you have a supply system for supporting them for 72 hours? Yes No

2. CISD
Do you have a CISD provider with 24 hour capability? Yes No

3. Medical Response Team
 - a. Do you have any team medical response capability? Yes No

 - b. For each team, are they incorporated into your local response plan? Yes No

 - c. Are they available for statewide response? Yes No

 - d. Are they part of a formal out-of-state response system? Yes No

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

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? Yes No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 1
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.
Auto Aid Agreement with Monterey County. Mutual Aid is based on the Government Code.
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes No
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? Yes No
7. Are you part of a multi-county EMS system for disaster response? Yes No
8. Are you a separate department or agency? Yes No
9. If not, to whom do you report? San Benito County Health & Human Services Agency
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

TABLE 8: RESOURCES DIRECTORY -- Approved Training Program

EMS System: San Benito County Emergency Medical Services

County: San Benito

Reporting Year: 2010-2011

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

Training Institution: _____	Telephone Number: _____
Address: _____	

Student Eligibility*: _____	**Program Level _____
Cost of Program:	Number of students completing training per year:
Basic: _____	Initial training: _____
Refresher: _____	Refresher: _____
	Continuing Education: _____
	Expiration Date: _____
	Number of courses:
	Initial training: _____
	Refresher: _____
	Continuing Education: _____

Training Institution: _____	Telephone Number: _____
Address: _____	

Student Eligibility*: _____	**Program Level _____
Cost of Program:	Number of students completing training per year:
Basic: _____	Initial training: _____
Refresher: _____	Refresher: _____
	Continuing Education: _____
	Expiration Date: _____
	Number of courses:
	Initial training: _____
	Refresher: _____
	Continuing Education: _____

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

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

TABLE 9: SOURCES DIRECTORY -- Dispatch Agency

EMS System: San Benito County Emergency Medical Services

County: San Benito

Reporting Year: 2010-2011

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

Name:	<u>San Benito County Communications</u>		Primary Contact: <u>Beth Kafer</u>	
Address:	<u>471 Fourth Street</u>			
	<u>Hollister, California 95023</u>			
Telephone Number:	<u>(831) 636-4100</u>			
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Disaster	<u>0</u> EMD Training	<u>0</u> EMT-D
			<u>0</u> BLS	<u>0</u> LALS
				<u>13</u> Other
Ownership:	If Public:		If Public:	
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Fire		<input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
	<input checked="" type="checkbox"/> Law			
	<input type="checkbox"/> Other			
	Explain: _____			

Training Institution Name:	_____		Primary Contact: _____	
Address:	_____			

Telephone Number:	_____			
Written Contract:	Medical Director:	<input type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	_____ EMD Training	_____ EMT-D
			_____ BLS	_____ LALS
				_____ ALS
				_____ Other
Ownership:	If Public:		If Public:	
<input type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Fire		<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
	<input type="checkbox"/> Law			
	<input type="checkbox"/> Other			
	Explain: _____			

**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 Emergency Medical Services Agency

Area or subarea (Zone) Name or Title:

N/A

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

American Medical Response since August 25, 1998

Area or subarea (Zone) Geographic Description:

The Area includes the entire County of San Benito

THE LEGAL DESCRIPTION OF COUNTY OF SAN BENITO, CALIFORNIA

Commencing at a point in the center of the Pajaro River, said point being the northwest corner of the Rancho Las Arromitas y Agua Caliente, and being on the northern boundary line of Monterey, and running thence in a southerly direction along the southwest boundary of said Rancho to the southwest corner thereof; thence southerly in a direct line to the summit of said Gabilan Range of Mountains, and thence in a southeasterly along the summit of said Gabilan Mountains to the Chalone Peak; thence southeasterly in a direct line to the division line of the parts of San Lorenzo Sobrantes Rancho owned respectively by Breen and Dunn; thence along said dividing line of said Rancho to the southern boundary thereof; thence due south to the San Lorenzo Creek; thence southeasterly up the center of said Lorenzo or Lewis Creek, and up the north fork thereof, to the summit of the divide between the waters of said Lewis Creek and San Benito Creek; thence following said divide southerly to the eastern boundary of Monterey and the summit of the Coast Range Mountains; Thence northerly, following the summit of said mountains to where the range line between T. 18S1, or R. 12 and 13 E., M. D. B. & M., crosses the same; thence northerly along said range line to the northeast corner of T. 18 S., R. 12 E., ; thence northerly along said township line to the south line of T. 16 N., R. 13 E., M. D. B. & M., thence west to the southeast corner of T. 16 S., R. 12 E., M. D. B. & M.; thence northwest in a straight line to the northeast corner of T. 14 S., R. 9 E.; thence in a straight line northwesterly, running toward the northeast corner of T. 13 S., R. 7 E., to a point where said line intersects the county line between San Benito and Merced; thence along the boundary line between San Benito and Merced to the northeast corner of San Benito and southeast corner of Santa Clara; thence following the county line between Santa Clara and San Benito to the place of beginning.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

As stated in the County EMS Plan and defined in Calif. H&S Code §1797.85 and as approved by the California EMS Authority on July 10, 2006, San Benito County's Emergency Ambulance Zone (EOA-1) is an Exclusive Operating Area.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include description 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.).

Emergency Advanced Life Support Ambulance Services; Performance Based franchise for ALS ground transportation.

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.

In the 2005 EMS Plan Update, the California EMS Authority designated the County as an Exclusive Operating Area without the use of a competitive bid process. This was done by using the grandfather provision of Health & Safety Code §1797.224 and to acknowledge that San Benito has continued using, in the same manner and scope without interruption of services, existing Emergency Ambulance Service Providers since January 1, 1981.

On July 10, 2006, the Authority notified San Benito County EMS that it meets EOA grandfathering provisions of Health & Safety Code Section 1797.224.

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DRIVE, SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875



December 30, 2011

Marcie Morrow
EMS Coordinator
San Benito County EMS Agency
1111 San Felipe Rd., Ste. 102
Hollister, CA 95023

Dear Ms. Morrow:

We have completed our review of *San Benito County's 2010 Emergency Medical Services Plan Update*, and have found it to be in compliance with the *EMS System Standards and Guidelines* and the *EMS System Planning Guidelines*. Following are comments on your EMS plan update:

Standards 1.27 & 5.10 - Pediatric System Plan and Design - Even though these are enhanced level standards, I recommend you review the, "*Development and Implementation of EMSC, a Step by Step Approach*", found on our web site at <http://192.168.100.211:8000/systems/EMSC/files/EMS-C.pdf>. This document provides information to LEMSAs interested in the incremental program development for EMSC. Development of pediatric prehospital care treatment protocols, quality improvement activities associated with pediatric EMS and pediatric specific equipment requirements for EMS vehicles are basic EMSC program components that most LEMSAs have in place. If these components are in place in San Benito County reference to these components should be included in your next EMS plan update.

Standards 2.04 & 6.04 - Dispatch Training and Medical Dispatch - In your 2008 EMS plan update your objective was to establish an EMD system. According to the standards, ". . . all medical dispatch personnel shall receive EMD training in accordance with EMSA's EMD guidelines". In your next EMS plan update please show what progress has been made in establishing an EMD system.

Trauma System Status Report

The EMS Authority approved San Benito County's last Trauma System Status Report in October 2008 and requested your next Trauma System Status Report

be submitted with the 2009 submission of your EMS plan update which was due on August 19, 2010. In accordance with the regulations, Section 100253, "The local EMS agency shall submit a trauma system status report as part of its annual EMS plan update." While in the past the Trauma System Status Reports have been requested separate from the EMS plan updates, the EMS Authority is working with all local EMS agencies to submit both documents on the same schedule. Since your submittal is overdue please expedite the submission of your 2010 Trauma System Status Report.

Transportation Plan: Based on documentation you provided the EMS Authority has made the following determination related to the ambulance zones within your EMS system:

2010 San Benito County EMS Plan Update

ZONE	EXCLUSIVITY			TYPE			LEVEL						
	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	9-1-1 Emergency	All Emergency Ground Ambulance (9-1-1 & 7 digits)	All Ambulance Services (9-1-1, 7 digits, IFT)	ALS Ambulance Services	IFT	CCT	Air Ambulance
County of San Benito		X	Non-Competitive	X			X			X			

Your 2011 annual update will be due on December 30, 2012. Please submit San Benito County's EMS Agency's 2011 Trauma System Status Report, as a separate document, with your EMS Plan Update. If you have any questions regarding the plan review, please contact Sandy Salaber at (916) 431-3688 or by email ssalaber@emsa.ca.gov.

Sincerely,



Howard Backer, MD, MPH, FACEP
 Director