





<b>AGENDA ITEM TRANSMITTAL</b>		Agenda Time Estimates: Minutes or <input checked="" type="checkbox"/> Consent	Leave Blank: <b>1068</b>	Date/Time Rec'd: <b>4/9/13</b>
TO: BOARD OF SUPERVISORS	FROM: Maria Corona, Interim Director Health & Human Services Agency		CONTACT FOR INFORMATION: Name: Marcie Morrow Phone No: 636-4066	NUMBER OF CERTIFIED COPIES REQUIRED: 0.

MEETING DATE: April 16, 2013	(1) SUBJECT: <b>Approve 2011/2012 EMS Plan Update</b>
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(2) BACKGROUND INFORMATION (Attach additional pages if necessary):

The San Benito County Emergency Medical Services Agency is required to submit an annual EMS Plan Update to the California Emergency Medical Services Authority. The completed 2011/2012 EMS Plan Update was submitted to the Emergency Medical Care Commission on March 20, 2013 where it was approved by a unanimous vote and recommended for final approval by the Board. It is requested the Board review and approve the 2011/2012 EMS Plan Update and direct staff to submit the plan to the California Emergency Medical Services Authority.

(3) OTHER AGENCY INVOLVEMENT:  
Emergency Medical Care Commission

(4) SUPPORTIVE DOCUMENTS RELATIVE TO THIS ITEM: <input type="checkbox"/> Contract <input type="checkbox"/> Ordinance <input type="checkbox"/> Resolution <input checked="" type="checkbox"/> Other: Plan Update	(5) PREVIOUS RELEVANT BOARD ACTIONS ON THIS SPECIFIC ITEM: <b>None.</b>
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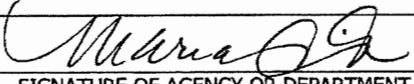
(6) FUNDING SOURCE(S): <b>N/A</b>	(7) CURRENT YEAR COST: \$ 0	(8) ANNUAL COST: \$ 0	(9) BUDGETED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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(10) WILL PROPOSAL REQUIRE ADDITIONAL PERSONNEL?  YES  NO If YES, STATE NUMBER:  
Permanent Limited Term

(11) RECOMMENDED ACTION(S):

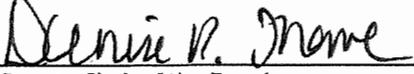
It is recommended the Board of Supervisors:

- Approve the 2011/2012 EMS Plan Update as presented and direct staff to submit the plan to the California Emergency Medical Services Authority.

 SIGNATURE OF AGENCY OR DEPARTMENT AUTHORIZED REPRESENTATIVE	<b>4/4/13</b> DATE
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CLERK'S USE ONLY

<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	<input type="checkbox"/> ADOPTED	<input type="checkbox"/> CONTINUED TO _____
<input type="checkbox"/> ACKNOWLEDGED	<input type="checkbox"/> ACCEPTED	<input type="checkbox"/> RESOLUTION NO. _____	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> SET PUBLIC HEARING	<input type="checkbox"/> APPOINTED	<input type="checkbox"/> ORDINANCE NO. _____	<input type="checkbox"/> NO ACTION TAKEN _____

BY:  Deputy Clerk of the Board	
DATE: <b>4/16/13</b>	

## **Instructions for Completing the Annual Update:**

The annual update will consist of the following:

**Changes made on a Standard** - any changes made on a standard that are different from the previous plan submission, need to be completed on the new format.

### **New Excel format:**

Column A is a drop-down menu - choose what standard you are reporting on.

Column B type the Standard

Columns C, D, & E are check boxes

Columns F & G report your Progress and Objectives

**Executive Summary** - a narrative describing a brief overview of the plan. It should identify the major needs which have been found and proposed program solutions. Also, any changes which have occurred in your system, such as changing providers, designating new centers, changing key personnel, etc.

**Tables 1-11.**

### **Ambulance Zone Summary Form**

In order to evaluate the nature of each area or subarea, an Ambulance Zone Form needs to be completed for each zone, whether exclusive or non-exclusive. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.



**SAN BENITO COUNTY**  
HEALTH & HUMAN SERVICES AGENCY

MARIA CORONA  
INTERIM DIRECTOR

**EMERGENCY MEDICAL SERVICES**  
1111 San Felipe Rd, Suite 102, Hollister, CA 95023  
(831) 636-4066 www.SanBenitoCo.org/EMS

KENT BENEDICT, MD, FACEP  
EMS MEDICAL DIRECTOR

### **Executive Summary**

There are a few changes in the EMS Plan Update. The most significant was the Board of Supervisors decision to dissolve the San Benito County Communications Department and contract with Santa Cruz Regional 911 (SCR911) for all public safety dispatching services. This means there is no longer a Public Safety Answering Point (PSAP) in San Benito County and all secondary PSAPs are located in other counties. Some of the changes that took effect are described below.

#### **1.19 Policies, Procedures and Protocols**

The contract with SCR911 includes EMD services which were previously not available in San Benito County. The EMD services came with established pre-arrival/post dispatch instructions, allowing us to meet the recommended guidelines.

#### **2.04 Dispatch Training**

The inclusion of EMD services allowed us to meet the minimum standard as well as the recommended guidelines.

#### **2.13 Base Hospital Personnel**

All base hospital personnel who provide medical direction are not knowledgeable about local EMS agency policies and procedures and do not have training in radio communications techniques. We have added this to the short term goal and hope to work with the hospital and encourage meeting this minimum standard which is also required by contract.

#### **4.10 Aircraft Availability**

The EMS Agency has informal agreements with air ambulance services but does not have written agreements. This has been added as a short term goal and will be accomplished through the ambulance permit process established in the county code.

#### 4.11 Specialty Vehicles

The EMS Agency has not identified in writing the availability of specialty transportation vehicles. This has been added as a short term goal and will be added to the Medical Health Operation Area Coordinator (MHOAC) resource directory.

#### 6.03 Prehospital Care Audits

The EMS Agency worked with the hospital Paramedic Liaison Nurse (PLN) and contract ambulance provider to establish a comprehensive process for auditing prehospital care. This allowed us to meet the minimum standard as well as the recommended guidelines.

#### 6.04 Medical Dispatch

The addition of EMD from SCR911 included a pre-established mechanism for reviewing medical dispatching, the appropriate level of response and pre-arrival/post dispatch directions. This allowed us to meet the minimum standard as well as the recommended guidelines.

#### 8.06 Needs Assessment

The EMS Agency procedures for determining necessary outside assistance are exercised yearly, allowing us to meet the recommended guidelines.

## A. SYSTEM ORGANIZATION AND MANAGEMENT

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Agency Administration:</b>					
1.01	LEMSA Structure	✓			
1.02	LEMSA Mission	✓			
1.03	Public Input	✓			
1.04	Medical Director	✓	✓		
<b>Planning Activities:</b>					
1.05	System Plan	✓			
1.06	Annual Plan Update	✓			
1.07	Trauma Planning	✓			
1.08	ALS Planning	✓			
1.09	Inventory of Resources	✓			
1.10	Special Populations	✓	✓		
1.11	System Participants	✓	✓		
<b>Regulatory Activities:</b>					
1.12	Review & Monitoring	✓			
1.13	Coordination	✓			
1.14	Policy & Procedures Manual	✓			
1.15	Compliance w/Policies	✓			
<b>System Finances:</b>					
1.16	Funding Mechanism	✓			
<b>Medical Direction:</b>					
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		✓			
<b>Enhanced Level: Advanced Life Support</b>						
1.24	ALS Systems		✓	✓		
1.25	On-Line Medical Direction		✓	✓		
<b>Enhanced Level: Trauma Care System:</b>						
1.26	Trauma System Plan		✓			
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>						
1.27	Pediatric System Plan	✓				✓
<b>Enhanced Level: Exclusive Operating Areas:</b>						
1.28	EOA Plan		✓			

**B. STAFFING/TRAINING**

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

**C. COMMUNICATIONS**

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

## D. RESPONSE/TRANSPORTATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
4.01	Service Area Boundaries		✓	✓		
4.02	Monitoring		✓	✓		
4.03	Classifying Medical Requests		✓			
4.04	Prescheduled Responses		✓			
4.05	Response Time		✓			
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		✓			
<b>Enhanced Level: Advanced Life Support:</b>						
4.16	ALS Staffing		✓	✓		
4.17	ALS Equipment		✓			
<b>Enhanced Level: Ambulance Regulation:</b>						
4.18	Compliance		✓			
<b>Enhanced Level: Exclusive Operating Permits:</b>						
4.19	Transportation Plan		✓			
4.20	"Grandfathering"		✓			
4.21	Compliance		✓			
4.22	Evaluation		✓			

**E. FACILITIES/CRITICAL CARE**

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

**G. PUBLIC INFORMATION AND EDUCATION**

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

## H. DISASTER MEDICAL RESPONSE

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

**TABLE 2: SYSTEM RESOURCES AND OPERATIONS**

**System Organization and Management**

Reporting Year: 2011 / 2012

**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)	<u>100</u> %

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	<input checked="" type="checkbox"/>
Personnel training	<input checked="" type="checkbox"/>
Operation of oversight of EMS dispatch center	<input type="checkbox"/>
Non-medical disaster planning	<input checked="" type="checkbox"/>
Administration of critical incident stress debriefing team (CISD)	<input type="checkbox"/>
Administration of disaster medical assistance team (DMAT)	<input type="checkbox"/>
Administration of EMS Fund [Senate Bill (SB) 12/612]	<input type="checkbox"/>
Other: <u>Medical Marijuana Program</u>	<input checked="" type="checkbox"/>
Other: _____	
Other: _____	

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

**5. EXPENSES**

Salaries and benefits (All but contract personnel)	\$	<u>315,602</u>
Contract Services (e.g. medical director)		<u>7,000</u>
Operations (e.g. copying, postage, facilities)		<u>169,180</u>
Travel		<u>6,500</u>
Fixed assets		<u>          </u>
Indirect expenses (overhead)		<u>          </u>
Ambulance subsidy		<u>          </u>
EMS Fund payments to physicians/hospital		<u>100,000</u>
Dispatch center operations (non-staff)		<u>          </u>
Training program operations		<u>          </u>
Other: _____		<u>          </u>
Other: _____		<u>          </u>
Other: _____		<u>          </u>
<b>TOTAL EXPENSES</b>	<b>\$</b>	<b><u>598,282</u></b>

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

**6. SOURCES OF REVENUE**

Special project grant(s) [from EMSA]		
Preventive Health and Health Services (PHHS) Block Grant	\$	_____
Office of Traffic Safety (OTS)		_____
State general fund		_____
County general fund		_____
Other local tax funds (e.g., EMS district)		<u>325,282</u>
County contracts (e.g. multi-county agencies)		_____
Certification fees		_____
Training program approval fees		_____
Training program tuition/Average daily attendance funds (ADA)		_____
Job Training Partnership ACT (JTPA) funds/other payments		_____
Base hospital application fees		_____
Trauma center application fees		_____
Trauma center designation fees		_____
Pediatric facility approval fees		_____
Pediatric facility designation fees		_____
Other critical care center application fees		_____
Type: _____		
Other critical care center designation fees		_____
Type: _____		
Ambulance service/vehicle fees		_____
Contributions		_____
EMS Fund (SB 12/612)		_____
Other grants: _____		_____
Other fees: <u>Charges for services</u>		<u>17,500</u>
Other (specify): <u>Other financing sources</u>		<u>255,500</u>
<b>TOTAL REVENUE</b>	<b>\$</b>	<b><u>598,282</u></b>

*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	_____
AEMT certification	_____
AEMT recertification	_____
EMT-P accreditation	_____
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	_____
MICN/ARN recertification	_____
EMT-I training program approval	_____
AEMT 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.)**

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.	EMS Coordinator	1	36.10	40-45	
ALS Coord./Field Coord./ Training Coordinator					
Program Coordinator/ Field Liaison (Non-clinical)	Emergency Services Specialist	1	35.58	40-45	
Trauma Coordinator					
Medical Director	EMS Medical Director	0	86.00 Flat Rate	N/A	
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner					

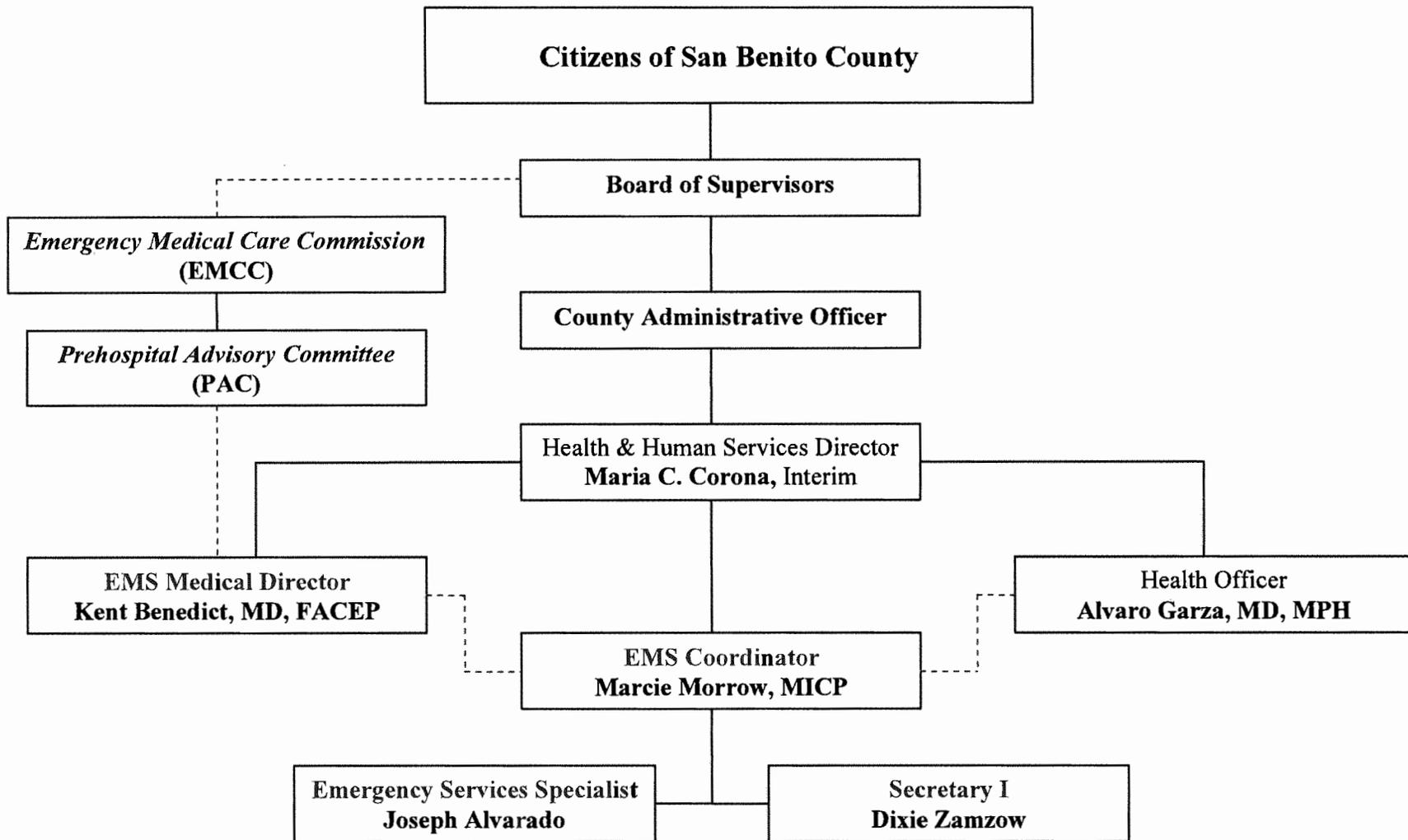
Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.

**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		21.51	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.

**SAN BENITO COUNTY**  
**EMERGENCY MEDICAL SERVICES AGENCY**  
July 2012



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

Reporting Year: **2011 / 2012**

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

	<b>EMT - Is</b>	<b>AEMTs</b>	<b>EMT - Ps</b>	<b>MICN</b>
Total Certified	81	N/A		N/A
Number newly certified this year	11			
Number recertified this year	32			
Total number of accredited personnel on July 1 of the reporting year			15	
Number of certification reviews resulting in:				
a) formal investigations	2	N/A		N/A
b) probation	1			
c) suspensions				
d) revocations				
e) denials				
f) denials of renewal				
g) no action taken	1		1	

1. Early defibrillation:

- a) Number of EMT-I (defib) authorized to use AEDs
- b) Number of public safety (defib) certified (non-EMT-I)

**81**  
**Not tracked**

2. Do you have an EMR training program

yes  no

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

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

County: **San Benito**

Reporting Year: **2011 / 2012**

- |  |   |
|--|---|
| 1. Number of primary Public Service Answering Points (PSAP)  | <u>0</u>  |
| 2. Number of secondary PSAPs   | <u>0</u>  |
| 3. Number of dispatch centers directly dispatching ambulances  | <u>1</u>  |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines  | <u>1</u>  |
| 5. Number of designated dispatch centers for EMS Aircraft  | <u>0</u>  |
| 6. Who is your primary dispatch agency for day-to-day emergencies?<br><b><u>Santa Cruz Regional 911</u></b>            |   |
| 7. Who is your primary dispatch agency for a disaster?<br><b><u>Santa Cruz Regional 911</u></b>                        |   |
| 8. Do you have an operational area disaster communication system?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency <b><u>Tx 463.00 / Rx 468.00</u></b>   |   |
| b. Other methods <b><u>Hollister Fire Frequency</u></b>  |   |
| 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 the Operational Area Satellite Information System (OASIS)?                                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (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 |

**TABLE 5: SYSTEM RESOURCES AND OPERATIONS**  
**Response/Transportation**

Reporting Year: 2011 / 2012

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

**Early Defibrillation Providers**

- Number of EMT-Defibrillation providers 81

**SYSTEM STANDARD RESPONSE TIMES (90<sup>TH</sup> PERCENTILE)**

Enter the response times in the appropriate boxes:

	<b>METRO/URBAN</b>	<b>SUBURBAN/ RURAL</b>	<b>WILDERNESS</b>	<b>SYSTEMWIDE</b>
BLS and CPR capable first responder	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**

Reporting Year: 2011 / 2012

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

**Trauma**

Trauma patients:

1. Number of patients meeting trauma triage criteria	<u>162</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>50</u>
4. Number of patients meeting triage criteria who were not treated at a trauma center	<u>0</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>1</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**

Reporting Year: 2011 / 2012

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.  
We have an 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: Resource Directory**

**Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** San Benito **Provider:** American Medical Response **Response Zone:** Countywide

**Address:** 1870 Hillcrest Road **Number of Ambulance Vehicles in Fleet:** 5  
Hollister, California 95023

**Phone Number:** (831) 636-9391 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Service:</u></b></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> Air  <input type="checkbox"/> Water</p>	
<p><b><u>Ownership:</u></b></p> <p><input type="checkbox"/> Public  <input checked="" type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other          Explain: _____</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> City <input type="checkbox"/> County  <input type="checkbox"/> State <input type="checkbox"/> Fire District  <input type="checkbox"/> Federal</p>	<p><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></p> <p><input type="checkbox"/> Auxiliary Rescue  <input type="checkbox"/> Air Ambulance  <input type="checkbox"/> ALS Rescue  <input type="checkbox"/> BLS Rescue</p>

**Transporting Agencies**

2,452 Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

1,897 Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

**Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** San Benito **Provider:** San Benito County Fire Department **Response Zone:** Unincorporated county

**Address:** 1979 Fairview Road  
Hollister, California 95023

**Number of Ambulance Vehicles in Fleet:** 0

**Phone Number:** (831) 637-4475

**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** \_\_\_\_\_

<p><b><u>Written Contract:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Service:</u></b></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> Ground  <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> Air  <input type="checkbox"/> Water</p>	
<p><b><u>Ownership:</u></b></p> <p><input checked="" type="checkbox"/> Public  <input type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input checked="" type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other          Explain: _____</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> City <input checked="" type="checkbox"/> County  <input type="checkbox"/> State <input type="checkbox"/> Fire District  <input type="checkbox"/> Federal</p>	<p><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></p> <p><input type="checkbox"/> Auxiliary Rescue  <input type="checkbox"/> Air Ambulance  <input type="checkbox"/> ALS Rescue  <input type="checkbox"/> BLS Rescue</p>

**Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

**Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** San Benito **Provider:** Hollister Fire Department **Response Zone:** Incorporated city  
**Address:** 110 Fifth Street **Number of Ambulance Vehicles in Fleet:** 0  
Hollister, California 95023  
**Phone Number:** (831) 636-4325 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** \_\_\_\_\_

<p><b><u>Written Contract:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Service:</u></b></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> Ground  <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> Air  <input type="checkbox"/> Water</p>	
<p><b><u>Ownership:</u></b></p> <p><input checked="" type="checkbox"/> Public  <input type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input checked="" type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other          Explain: _____</p>	<p><b><u>If Public:</u></b></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County  <input type="checkbox"/> State <input type="checkbox"/> Fire District  <input type="checkbox"/> Federal</p>	<p><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></p> <p><input type="checkbox"/> Auxiliary Rescue  <input type="checkbox"/> Air Ambulance  <input type="checkbox"/> ALS Rescue  <input type="checkbox"/> BLS Rescue</p>

**Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

**Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** San Benito      **Provider:** San Juan Bautista Fire Department      **Response Zone:** Incorporated city

**Address:** P.O. Box 1420      **Number of Ambulance Vehicles in Fleet:** 0  
San Juan Bautista, California 95045

**Phone Number:** (831) 623-4513      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** \_\_\_\_\_

<p><b><u>Written Contract:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Service:</u></b></p> <p><input type="checkbox"/> Transport      <input type="checkbox"/> ALS      <input type="checkbox"/> Ground  <input checked="" type="checkbox"/> Non-Transport      <input checked="" type="checkbox"/> BLS      <input type="checkbox"/> Air  <input type="checkbox"/> Water</p>	
<p><b><u>Ownership:</u></b></p> <p><input checked="" type="checkbox"/> Public  <input type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input checked="" type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other          Explain: _____</p>	<p><b><u>If Public:</u></b></p> <p><input checked="" type="checkbox"/> City      <input type="checkbox"/> County  <input type="checkbox"/> State      <input type="checkbox"/> Fire District  <input type="checkbox"/> Federal</p>	<p><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></p> <p><input type="checkbox"/> Auxiliary Rescue  <input type="checkbox"/> Air Ambulance  <input type="checkbox"/> ALS Rescue  <input type="checkbox"/> BLS Rescue</p>

**Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

**Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** San Benito **Provider:** Aromas Tri-County Fire District **Response Zone:** Special district

**Address:** 492 Carpenteria Road **Number of Ambulance Vehicles in Fleet:** 0  
Aromas, California 95004

**Phone Number:** (831) 726-3130 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** \_\_\_\_\_

<p><b><u>Written Contract:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Service:</u></b></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> Ground  <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> Air  <input type="checkbox"/> Water</p>	
<p><b><u>Ownership:</u></b></p> <p><input checked="" type="checkbox"/> Public  <input type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input checked="" type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other          Explain: _____</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> City <input type="checkbox"/> County  <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District  <input type="checkbox"/> Federal</p>	<p><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></p> <p><input type="checkbox"/> Auxiliary Rescue  <input type="checkbox"/> Air Ambulance  <input type="checkbox"/> ALS Rescue  <input type="checkbox"/> BLS Rescue</p>

**Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

**Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** San Benito      **Provider:** CALSTAR      **Response Zone:** Countywide

**Address:** 177 John Glenn Drive      **Number of Ambulance Vehicles in Fleet:** 0  
Concord, California 94520

**Phone Number:** (925) 798-7670      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** \_\_\_\_\_

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Medical Director:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Service:</b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

117 Total number of responses  
117 Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

78 Total number of transports  
78 Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

**Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** San Benito      **Provider:** Stanford Life Flight      **Response Zone:** Countywide

**Address:** 300 Pasteur Drive      **Number of Ambulance Vehicles in Fleet:** 0  
Stanford, California 95304

**Phone Number:** (650) 723-5578      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** \_\_\_\_\_

<b><u>Written Contract:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	
<b><u>Ownership:</u></b>  <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b>  <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

4 Total number of responses  
4 Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

4 Total number of transports  
4 Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

**Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Benito Provider: Air Med Team Response Zone: Countywide  
 Address: 801 D Airport Way Number of Ambulance Vehicles in Fleet: 0  
Modesto, CA 95345  
 Phone Number: (209) 550-0881 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

<p><b>Written Contract:</b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Service:</b></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> Air  <input type="checkbox"/> Water</p>	
<p><b>Ownership:</b></p> <p><input type="checkbox"/> Public  <input checked="" type="checkbox"/> Private</p>	<p><b>If Public:</b></p> <p><input type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other                  Explain: _____</p>	<p><b>If Public:</b></p> <p><input type="checkbox"/> City <input type="checkbox"/> County  <input type="checkbox"/> State <input type="checkbox"/> Fire District  <input type="checkbox"/> Federal</p>	<p><b>If Air:</b></p> <p><input checked="" type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing</p>	<p><b>Air Classification:</b></p> <p><input type="checkbox"/> Auxiliary Rescue  <input checked="" type="checkbox"/> Air Ambulance  <input type="checkbox"/> ALS Rescue  <input type="checkbox"/> BLS Rescue</p>

**Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

0 \_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

0 \_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

**Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** San Benito **Provider:** Mercy Air **Response Zone:** Countywide

**Address:** 1700 Coffee Road **Number of Ambulance Vehicles in Fleet:** 0  
Modesto, CA 95355

**Phone Number:** (209) 572-7056 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** \_\_\_\_\_

<p><b><u>Written Contract:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Service:</u></b></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> Air  <input type="checkbox"/> Water</p>	
<p><b><u>Ownership:</u></b></p> <p><input type="checkbox"/> Public  <input checked="" type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other          Explain: _____</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> City <input type="checkbox"/> County  <input type="checkbox"/> State <input type="checkbox"/> Fire District  <input type="checkbox"/> Federal</p>	<p><b><u>If Air:</u></b></p> <p><input checked="" type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></p> <p><input type="checkbox"/> Auxiliary Rescue  <input checked="" type="checkbox"/> Air Ambulance  <input type="checkbox"/> ALS Rescue  <input type="checkbox"/> BLS Rescue</p>

**Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

1 Total number of responses  
1 Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

1 Total number of transports  
1 Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

**Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** San Benito **Provider:** REACH **Response Zone:** Countywide

**Address:** 451 Aviation Blvd, Suite 101 **Number of Ambulance Vehicles in Fleet:** 0  
Santa Rosa, CA 95403

**Phone Number:** (707) 575-6886 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** \_\_\_\_\_

<p><b><u>Written Contract:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Service:</u></b></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> Air  <input type="checkbox"/> Water</p>	
<p><b><u>Ownership:</u></b></p> <p><input type="checkbox"/> Public  <input checked="" type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other          Explain: _____</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> City <input type="checkbox"/> County  <input type="checkbox"/> State <input type="checkbox"/> Fire District  <input type="checkbox"/> Federal</p>	<p><b><u>If Air:</u></b></p> <p><input checked="" type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></p> <p><input type="checkbox"/> Auxiliary Rescue  <input checked="" type="checkbox"/> Air Ambulance  <input type="checkbox"/> ALS Rescue  <input type="checkbox"/> BLS Rescue</p>

**Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

0 Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

0 Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

**Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** San Benito **Provider:** California Highway Patrol **Response Zone:** Countywide

**Address:** 5020 Wing Way **Number of Ambulance Vehicles in Fleet:** 0  
Paso Robles, CA 93446

**Phone Number:** (805) 239-3553 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** \_\_\_\_\_

<p><b><u>Written Contract:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Service:</u></b></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> Air  <input type="checkbox"/> Water</p>	
<p><b><u>Ownership:</u></b></p> <p><input checked="" type="checkbox"/> Public  <input type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> Fire  <input checked="" type="checkbox"/> Law  <input type="checkbox"/> Other          Explain: _____</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> City <input type="checkbox"/> County  <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District  <input type="checkbox"/> Federal</p>	<p><b><u>If Air:</u></b></p> <p><input checked="" type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></p> <p><input type="checkbox"/> Auxiliary Rescue  <input type="checkbox"/> Air Ambulance  <input checked="" type="checkbox"/> ALS Rescue  <input type="checkbox"/> BLS Rescue</p>

**Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

0 Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

0 Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

**Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** San Benito      **Provider:** CA Department Parks & Recreation      **Response Zone:** Hollister Hills SVRA

**Address:** 7800 Cienega Road      **Number of Ambulance Vehicles in Fleet:** 0  
Hollister, CA 95023

**Phone Number:** (831) 637-8186      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** \_\_\_\_\_

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> Air <input type="checkbox"/> Water	
<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Table 9: Resources Directory**

**Facilities**

County: San Benito

Note: Complete information for each facility by county. Make copies as needed.

Facility: Hazel Hawkins Memorial Hospital  
 Address: 911 Sunset Drive  
Hollister, California 95023

Telephone Number: (831) 637-5711

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Service:</u></b></p> <p><input type="checkbox"/> Referral Emergency      <input type="checkbox"/> Standby Emergency  <input checked="" type="checkbox"/> Basic Emergency      <input type="checkbox"/> Comprehensive Emergency</p>	<p><b><u>Base Hospital:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Burn Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p><b>Pediatric Critical Care Center<sup>1</sup></b>      <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>EDAP<sup>2</sup></b>      <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>PICU<sup>3</sup></b>      <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Trauma Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>If Trauma Center what level:</u></b></p> <p><input type="checkbox"/> Level I      <input type="checkbox"/> Level II  <input type="checkbox"/> Level III      <input type="checkbox"/> Level IV</p>
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<p><b><u>STEMI Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Stroke Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<sup>1</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*  
<sup>2</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*  
<sup>3</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*



**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**

County: San Benito

Reporting Year: 2011 / 2012

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

Name:	<u>Santa Cruz Regional 911</u>	Primary Contact:	<u>Dennis Kidd</u>
Address:	<u>495 Upper Park Road</u> <u>Santa Cruz, California 95065</u>		
Telephone Number:	<u>(831) 471-1000</u>		
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: <u>15</u> EMD Training <u>27</u> EMT-D    _____ ALS _____ BLS                      _____ LALS                      _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: <u>Joint Powers</u>	If Public: <input checked="" type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

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

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<b>Local EMS Agency or County Name:</b> San Benito County Emergency Medical Services Agency
<b>Area or subarea (Zone) Name or Title:</b> N/A
<b>Name of Current Provider(s):</b> <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> American Medical Response (Uninterrupted)
<b>Area or subarea (Zone) Geographic Description:</b> The area includes the entire County of San Benito  <b>THE LEGAL DESCRIPTION OF COUNTY OF SAN BENITO, CALIFORNIA</b>  Commencing at a point in the center of the Pajaro River, said point being the northwest corner of the Rancho Las Arroyitas 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. 18S, 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 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.).

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.