

San Benito County San Benito County



EMS PLAN

June 2007

SAN BENITO COUNTY EMS PLAN



June 2007

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

The Board of Supervisors of County of San Benito met at the Administration Building, Hollister, California, at its usual place of meeting on August 14, 2007 in regular session.

Upon motion made by Supervisor Botelho and seconded by Supervisor Loe, approved the EMS Plan for 2006/2007 and directed staff to submit said plan to the California EMS Authority. (Unanimous)

I hereby certify that the foregoing is a full, true and correct copy of an order made or resolution adopted and entered on the 14th day of August 2007 in File 2007 of Board of Supervisor's minutes, thereof.

WITNESS my hand and seal of said Board of Supervisors affixed this 27th day of August 2007.

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

BY: *Linda Churchill*
Clerk of the Board

San Benito County Emergency Medical Services System Plan

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EMS PLAN FORMAT

This plan includes a combination of:

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

This plan includes the following sections:

SECTION 1. Executive Summary

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

SECTION 2. Assessment of System

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

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

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

SECTION 3. System Resources and Operations

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

SECTION 4. Resource Directories

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

SECTION 5. Description of Plan Update Process

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

SECTION 6. Annex

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

SECTION 1: EXECUTIVE SUMMARY

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

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

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

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

1. Manpower and training (Standards and Guidelines 1.1 through 1.28)
2. Communications (Standards and Guidelines 2.01 through 2.13)
3. Transportation (Standards and Guidelines 3.01 through 3.10)
4. Assessment of hospitals and critical care centers (Standards and guidelines 4.01 through 4.22)
5. System organization and management (Standards and Guidelines 5.01 through 5.14)
6. Data collection and evaluation (Standards and Guidelines 6.01 though 6.11)

7. Public information and education (Standards and Guidelines 7.01 through 7.04)
8. Disaster response (Standards and Guidelines 8.01 through 8.19)

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

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		✓			

SYSTEM ORGANIZATION AND MANAGEMENT (continued)

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Medical Direction:						
1.17	Medical Direction*		✓			
1.18	QA/QI		✓	✓		
1.19	Policies, Procedures, Protocols		✓			
1.20	DNR Policy		✓			
1.21	Determination of Death		✓			
1.22	Reporting of Abuse		✓			
1.23	Interfacility Transfer		✓			
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		N/A			
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		N/A			
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		✓	N/A		
Enhanced Level: Advanced Life Support:						
2.11	Accreditatio n Process		✓			
2.12	Early Defibrillatio n		✓			

2.13	Base Hospital Personnel		✓			
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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 Standards*		✓			
4.06	Staffing		✓			
4.07	First Responder Agencies		✓			
4.08	Medical & Rescue Aircraft*		✓			
4.09	Air Dispatch Center		✓			
4.10	Aircraft Availability*		✓			
4.11	Specialty Vehicles*		✓	✓		
4.12	Disaster Response		✓			
4.13	Intercounty Response*		✓	✓		
4.14	Incident Command System		✓			
4.15	MCI Plans		✓			
4.16	ALS Staffing		✓	✓		

4.17	ALS Equip't		✓			
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RESPONSE/TRANSPORTATION (continued)

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
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*		N/A			
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	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		N/A	✓		

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			

SYSTEM ORGANIZATION and MANAGEMENT

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

Universal Level

Agency Administration

STANDARD: 1.01

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

CURRENT STATUS: Minimum Standard met.

The San Benito County Emergency Medical Services Agency is a division of the Health & Human Services Agency. The H&HSA is divided into several divisions, one of which is the Public Health Department. The Board of Supervisors elected to place the EMS agency under the Public Health Department as part of the dissolution of the Office of Emergency Services where the EMS agency formerly belonged.

The Director of H&HSA serves as the Administrator of EMS. Staff consists of a part time Medical Director, full time Emergency Medical Services Coordinator and part time Secretary I. The EMS Coordinator is responsible for policy review, certifications, quality assurance and training issues. A part time Emergency Services Specialist will be added in the next fiscal year. Non-agency resources include County Communications, Administration, County Counsel and Emergency Services (now part of the sheriffs department).

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 1.02

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

CURRENT STATUS: Minimum Standard met.

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

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

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

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 1.03

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

CURRENT STATUS: Minimum Standard met.

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

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 1.04

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

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

CURRENT STATUS: Minimum Standard and Recommended Guideline met.

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

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

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

Planning Activities

STANDARD: 1.05

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

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

CURRENT STATUS: Minimum Standard met.

During the Fiscal Years 1998-99, the San Benito EMS Agency worked with the County's Emergency Medical Care Commission to develop an EMS system plan for the County of San Benito. The EMS Plan provides an assessment of how the EMS system meets the State EMS System Guidelines, identifies system needs for patients within targeted clinical categories, and provides a methodology and timeline for meeting these needs. The Plan was submitted to the State EMS Authority in August 1999. This 2006 – 2007 EMS Plan is a continuum of that original endeavor.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 1.06

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

CURRENT STATUS: Minimum standard met.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 1.07 *

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

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

CURRENT STATUS: Minimum Standard and Recommended Guideline met.

The San Benito EMS Agency has developed a trauma plan for San Benito County which has been submitted and approved by the EMS Authority. Implementation of the Trauma Plan has not been fully accomplished as of this time. The San Benito EMS Agency needs to reevaluate the written plan for trauma care within San Benito County and execute agreements to provide trauma care with the sole hospital in San Benito County and other trauma facilities in other jurisdictions as appropriate.

COORDINATION WITH OTHER EMS AGENCIES: There is no trauma center located in San Benito County. The San Benito EMS Agency utilizes air ambulances to transport patients to trauma centers in other counties.

NEED(S): N/A

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 1.08 *

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

CURRENT STATUS: Minimum Standard met.

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

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

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 1.09

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

CURRENT STATUS: Minimum standard met.

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

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Continue to develop a detailed inventory of EMS resources within Operational Area as above.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 1.10

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

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

CURRENT STATUS: Minimum Standard and Recommended Guideline met.

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

The San Benito EMS Agency has developed and promoted a policy honoring a patient's right to "Do Not Resuscitate" or DNR orders.

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 1.11

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

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

CURRENT STATUS: Minimum Standard and Recommended Guideline met.

The roles and responsibilities of system participants providing advanced life support services are identified in various procedures, policies and performance standards developed by the San Benito EMS Agency. The ambulance provider has a written agreement with the County to provide paramedic-level ambulance services. The inter-facility ambulance providers are licensed and subject to the Ambulance Ordinance in addition to EMS policies. The hospital has a written agreement with the County to provide base hospital services for the advanced life support services program.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

Regulatory Activities

STANDARD: 1.12

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

CURRENT STATUS: Minimum Standard met.

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

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

The San Benito EMS Agency has the necessary resources to evaluate the response and clinical aspects of the care provided in the County. The County has a computer-aided dispatch (CAD) system, which tracks calls for service and response times. The PCR is the primary source for selecting clinical cases for review. However, the EMS Agency does not have a computerized PCR system. Therefore, the process for selecting cases for review of the clinical aspects of care is time-consuming, and basic clinical statistics required by the State EMS Authority on a quarterly basis are not reported.

COORDINATION WITH OTHER EMS AGENCIES: San Benito County EMS is coordinating with Santa Cruz County EMS and actively seeking an Electronic PCR software program for the collection of data from PCRs completed by advanced life support and basic life support personnel.

NEED(S): N/A

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 1.13

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

CURRENT STATUS: Minimum Standard met.

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

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 1.14

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

CURRENT STATUS: Minimum Standard met.

The San Benito EMS Agency has developed a policies and procedures manual for the EMS system. The EMS Agency is currently updating the manual with the assistance of the Prehospital Advisory Committee. An online version of the policy and procedures manual is planned for the San Benito County EMS website, allowing easier access and timely posting of revisions (www.sanbenitoco.org/ems).

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 1.15

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

CURRENT STATUS: Minimum standard met.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

System Finances

STANDARD: 1.16

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

CURRENT STATUS: Minimum Standard met.

The San Benito EMS Agency is funded by revenue collected from County Service Area (CSA) 36, the EMS Fund (Maddy) and by Hollister Hills SVRA.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

Medical Direction

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

STANDARD: 1.17 *

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

CURRENT STATUS: Minimum Standard met.

The San Benito EMS Agency has planned for appropriate medical direction within the EMS system. The County has contracted with the only acute care hospital in the County to provide paramedic base station services, in accordance with State laws. The County has contracted with an ambulance provider to provide paramedic services. The roles, responsibilities, and relationships between the County, the local hospital, and the ambulance provider are defined in these contracts. In addition, the County has developed an ordinance for the operation of ambulances within the County. Policy and procedures were developed that addressed medical direction for non-ambulance transport providers.

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

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 1.18

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

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

CURRENT STATUS: Minimum Standard and Recommended Guideline met.

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

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 1.19

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

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

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

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

The San Benito EMS Agency has established a manual that addresses the following issues: triage, treatment, transport, on-scene treatment times, standing orders, base hospital contact, on-scene interaction between EMS personnel and physicians, and local scope of practice.

Public Safety Dispatchers in San Benito County have received emergency medical orientation. This does not include providing pre-arrival/post-dispatch instructions. In the future, the San Benito EMS Agency will assess the need to develop pre-arrival/post-dispatch instructions.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): N/A

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 1.20

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

CURRENT STATUS: Minimum Standard met.

The San Benito EMS Agency was among the first EMS agencies in California to develop and promote a policy honoring a patient's right to "Do Not Resuscitate" or DNR orders in the field setting. The State EMS Authority's DNR guidelines were developed several years later. The EMS Agency's DNR policy was revised in accordance with the Authority's new guidelines.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 1.21

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

CURRENT STATUS: Minimum Standard met.

Current San Benito EMS Agency policy details the criteria and procedures for determining death by EMS personnel in the field setting, including the management of deaths at the apparent scene of a crime. The “Determination of Death at the Scene” policy was developed in conjunction with the San Benito County Coroner’s office.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 1.22

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

CURRENT STATUS: Minimum Standard met.

Current San Benito EMS Agency policy details the criteria and the mechanism for paramedics to report cases of suspected child abuse, elder abuse, and suspected SIDS deaths.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 1.23

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

CURRENT STATUS: Minimum Standard Met

Current San Benito EMS Agency policy establishes the scope of practice of prehospital personnel during Interfacility transfers.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

Enhanced Level: Advanced Life Support

STANDARD: 1.24

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

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

CURRENT STATUS: Minimum Standard met. Recommended Guideline N/A.

There is one approved Advanced Life Support provider, American Medical Response, which delivers its services county-wide by ground ambulances. AMR and San Benito County EMS Agency have entered into a written agreement, dated June 30, 2004, which delineates required services and performance criterion.

San Benito County EMS Agency has developed one EOA (EOA-1) which encompasses all incorporated and unincorporated areas of the county. AMR is the county's Exclusive Emergency Ambulance Service Provider.

COORDINATION WITH OTHER EMS AGENCIES: With the approval of Monterey County EMS Agency, AMR has an Auto Aid agreement with Westmed Ambulance of Monterey County to provide ALS services to the southwestern portion of San Benito County when necessary. Likewise, AMR has similar Mutual Aid Agreements with Westmed and Santa Cruz AMR.

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 1.25

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

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

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

CURRENT STATUS: Minimum Standard and Recommended Guideline met.

San Benito County's base hospital utilizes emergency department physicians to provide on-line medical direction to paramedics.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

Enhanced Level: Trauma Care System

STANDARD: 1.26

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

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

CURRENT STATUS: Minimum standard met.

The Trauma Plan was approved by the Emergency Medical Services Authority on January 23, 2003.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S): N/A

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 1.27

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

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

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

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

Enhanced Level: Exclusive Operating Areas

STANDARD: 1.28

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

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

CURRENT STATUS: Minimum standard met.

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

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STAFFING / TRAINING

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

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

Universal Level

Local EMS Agency

STANDARD: 2.01

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

CURRENT STATUS: Minimum Standard met.

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

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 2.02

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

CURRENT STATUS: Minimum Standard met.

The San Benito EMS Agency approves local training of EMT-Is and First Responders. There is no authorized paramedic training program in San Benito County. The Agency uses the State EMS Authority's *Continuing Education Guidelines, EMSA Publication #127* for the approval of continuing education courses.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 2.03

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

CURRENT STATUS: Minimum Standard met.

Paramedics are licensed by the State of California and are accredited by the San Benito EMS Agency. The Agency certifies EMT-Is, Mobile Intensive Care Nurses and First Responders. These mechanisms are identified in the Agency's policies and procedures manual.

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

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

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

Dispatchers

STANDARD: 2.04

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

CURRENT STATUS: Minimum Standard N/A.

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

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

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified. At the time that San Benito County elects to utilize EMD trained dispatchers this standard will need to be reviewed for compliance with EMSA Emergency Medical Services Dispatch Program Guidelines.

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

First Responders (non-transporting)

STANDARD: 2.05

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

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

CURRENT STATUS: Minimum Standard and Recommended Guideline met

All first-responder personnel have been trained in first aid and CPR within the last three years in accordance with Title 22 CCR, Division 9, Chapter 1.5. Most fire-service personnel have been trained and certified to the EMT-I level. Automated first-responder defibrillation is available to most County residents.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 2.06

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

CURRENT STATUS: Minimum Standard met.

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

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 2.07

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

CURRENT STATUS: Minimum Standard met.

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

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 2.08

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

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

CURRENT STATUS: Minimum Standard and Recommended Guideline met.

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

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

Hospital

STANDARD: 2.09

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

CURRENT STATUS: Minimum Standard met.

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

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 2.10

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

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

CURRENT STATUS: Minimum Standard met. Recommended Guideline N/A.

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

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

Enhanced Level: Advanced Life Support

STANDARD: 2.11

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

CURRENT STATUS: Minimum Standard met.

All Paramedics are oriented to the local system policies and procedures, tested in optional scope of practice as required, and participate in the San Benito EMS Agency's quality assurance process.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 2.12

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

CURRENT STATUS: Minimum Standard met.

The San Benito EMS Agency has established policies for public safety and other basic life support personnel using early defibrillation in San Benito County.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None Identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 2.13

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

CURRENT STATUS: Minimum Standard met.

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

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

COMMUNICATIONS

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

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

Universal Level

Communications Equipment

STANDARD: 3.01 *

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

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

CURRENT STATUS: Minimum Standard and Recommended Guideline met.

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

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

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 3.02

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

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

CURRENT STATUS: Minimum Standard and Recommended Guideline met.

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

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 3.03

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

CURRENT STATUS: Minimum Standard met.

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

COORDINATION WITH OTHER EMS AGENCIES: Emergency medical transport units originating from San Benito County occasionally transport patients across county lines to hospitals in neighboring counties. As part of the plan for EMS communications, San Benito EMS Agency has ensured that the medical transport units are capable of radio transmissions to hospitals in neighboring counties via the Med Net radio system. The medical transport units that operate in San Benito County also carry mobile telephones.

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 3.04

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

CURRENT STATUS: Minimum Standard met.

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

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 3.05

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

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

CURRENT STATUS: Minimum Standard N/A. Recommended Guideline met.

There is only one acute care hospital in the County.

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

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective N/A

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 3.06

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

CURRENT STATUS: Minimum Standard met.

The San Benito EMS Agency tests communications linkages in its jurisdiction by participating in the yearly State Hospital Drill in cooperation with prehospital and hospital providers, Public Health and San Benito County Office of Emergency Services. San Benito EMS Agency takes the lead for the drill and has included RACES as a participant in this drill. Capability to provide service in the event of multi-causality incidents and disasters is tested during the drill.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

Public Access

STANDARD: 3.07

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

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

CURRENT STATUS: Minimum Standard and Recommended Guideline met.

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

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 3.08

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

CURRENT STATUS: Minimum Standard met.

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

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

Resource Management

STANDARD: 3.09

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

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

CURRENT STATUS: CURRENT STATUS: Minimum Standard met, Recommended Guideline N/A.

All 9-1-1 calls are answered by San Benito County Communications. 9-1-1 callers are interrogated by public safety dispatchers to determine the nature of the call and whether a medical response is required. An operations manual has been developed that is divided into sections, one of which includes the standards for each communications dispatcher to follow for screening 9-1-1 calls and dispatching medical resources.

San Benito County does not provide EMD services.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 3.10

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

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

CURRENT STATUS: Minimum Standard and Recommended Guideline met

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

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

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

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

RESPONSE / TRANSPORTATION

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

Universal Level

STANDARD: 4.01

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

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

CURRENT STATUS: Minimum Standard and Recommended Guideline met.

The San Benito County Ambulance Ordinance 637 reads:

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

The Ambulance Ordinance also states that the Board of Supervisors may adopt, by resolution, medical transport service areas for emergency 9-1-1 calls in San Benito County. The boundaries of the EMS ground transport agencies are defined in the County’s contract with the ambulance provider.

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

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 4.02

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

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

CURRENT STATUS: Minimum Standard and Recommended Guideline met.

Emergency medical transportation services operate under San Benito County Ordinance 637 (“Ambulance Ordinance”) and written agreements with the County which mandate compliance with appropriate statutes, regulations, policies, and procedures.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 4.03

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

CURRENT STATUS: Minimum Standard met.

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

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

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

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

COORDINATION WITH OTHER EMS AGENCIES: N/A

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

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 4.04

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

CURRENT STATUS: Minimum Standard met.

The contract between the County and ground-based emergency ambulance provider states:

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

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

The San Benito Health Care District operates Hazel Hawkins Memorial Hospital, the EMS system’s only paramedic base station hospital as well as the two primary long term care facilities in the county. The health care district is in the process of bringing online a transportation shuttle for use with the two long term care facilities. The use of this transportation shuttle should eliminate the majority of pre-scheduled transports.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 4.05 *

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

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

a. the response time for a basic life support and CPR capable first responder does not exceed:

Metro/urban--5 minutes

Suburban/rural--15 minutes

Wilderness--as quickly as possible

b. the response time for an early defibrillation-capable responder does not exceed:

Metro/urban--5 minutes

Suburban/rural--as quickly as possible

Wilderness--as quickly as possible

c. the response time for an advanced life support capable responder (not functioning as the

first responder) does not exceed::

Metro/urban--8 minutes

Suburban/rural--20 minutes

Wilderness--as quickly as possible

d. the response time for an EMS transportation unit (not functioning as the first responder)

does not exceed:

Metro/urban--8 minutes

Suburban/rural--20 minutes

Wilderness--as quickly as possible.

CURRENT STATUS: Minimum Standard met. Recommended Guideline N/A

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

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

- San Benito Urban Area: Emergency calls within the San Benito County Urban Area must be responded to within ten (10) minutes or less.
- San Benito County Rural Area: Emergency calls within the San Benito County Rural Area must be responded to within thirty (30) minutes or less.

- San Benito County Wilderness Area: Emergency calls within the San Benito County Wilderness Area must be responded to within ninety (90) minutes or less.
- San Benito County Wilderness (Remote) Area: Emergency calls within the San Benito County Wilderness (Remote) Area must be responded to within one hundred twenty (120) minutes or less.

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

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 4.06

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

CURRENT STATUS: Minimum Standard met.

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

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 4.07

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

CURRENT STATUS: Minimum Standard met.

First-responder agencies are fully integrated into the San Benito County EMS system. Each agency uses either first-responder or Emergency Medical Technician-I personnel in response to medical emergencies. These personnel use the standardized basic life support treatment protocols approved by the San Benito EMS Agency and use (mostly) standardized EMS supplies and equipment. They are also authorized to provide defibrillation using automated external defibrillators.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 4.08 *

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

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

CURRENT STATUS: Minimum Standard met.

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

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

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 4.09

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

CURRENT STATUS: Minimum Standard met.

San Benito County is served by several EMS aircraft providers based in surrounding counties, each of which maintains its own dispatch center. In the event of a major incident or medical emergency, the Incident Command System is used to coordinate appropriate resources. Under the Incident Command System, a single dispatch center is designated to coordinate the use of air ambulances or rescue aircraft. All requests for EMS aircraft must be made through San Benito County Communications. In the event another communications center does make the requests they must notify County Communications for coordination.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 4.10 *

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

CURRENT STATUS: Minimum Standard met.

Medical and rescue aircraft available to respond to San Benito County have been identified. San Benito EMS Agency policy specifies the staffing level of air ambulances providing patient transportation in San Benito County. San Benito EMS Agency has executed written agreements with each of the aero medical service providers.

COORDINATION WITH OTHER EMS AGENCIES: There are no medical or rescue aircraft for emergency patient transport based within San Benito County. Therefore, the County has developed agreements for the use of out-of-county emergency medical air services from Monterey, Santa Clara, Stanislaus and San Luis Obispo Counties.

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 4.11 *

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

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

CURRENT STATUS: Minimum Standard and Recommended Guideline met.

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

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

COORDINATION WITH OTHER EMS AGENCIES: San Benito County has identified and utilizes Monterey County's land/water search and rescue teams whenever the needs arise.

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 4.12

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

CURRENT STATUS: Minimum Standard met.

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

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 4.13 *

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

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

CURRENT STATUS: Minimum Standard and Recommended Guideline met.

There are only two full-time ambulances serving the majority of the County on a twenty four hour basis. There is a third ambulance available on weekends between 0800 and 1700. In light of this, the San Benito EMS Agency has developed ambulance coverage policies when out-of-town (interfacility) transfers occur. San Benito County Communications has developed procedures for requesting out-of-county ambulances during periods of peak ambulance demand in San Benito County. (See also Standard 3.10 “Integrated Dispatch” and 4.01 “Service Area Boundaries”)

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

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 4.14

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

CURRENT STATUS: Minimum Standard met.

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

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 4.15

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

CURRENT STATUS: Minimum Standard met.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

Enhanced Level: Advanced Life Support

STANDARD: 4.16

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

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

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

CURRENT STATUS: Minimum Standard and Recommended Guidelines met.

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

COORDINATION WITH OTHER EMS AGENCIES: N/A

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

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

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 4.17

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

CURRENT STATUS: Minimum Standard met.

San Benito EMS Agency policy establishes the equipment required for ALS ambulances commensurate with the advanced life support scope of practice in the County. This policy has been reviewed by the Prehospital Advisory Committee.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

Enhanced Level: Ambulance Regulation

STANDARD: 4.18

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

CURRENT STATUS: Minimum Standard met.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None Identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

Enhanced Level: Exclusive Operating Permits

STANDARD: 4.19

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

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

CURRENT STATUS: Minimum standard met.

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

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 4.20

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

CURRENT STATUS: Minimum Standard met.

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

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 4.21

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

CURRENT STATUS: Minimum standard met.

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

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 4.22

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

CURRENT STATUS: Minimum standard met.

The design of San Benito's Exclusive Operating Area was last evaluated during the development of the current (July 1, 2004) Emergency Ambulance Agreement which, by design, also serves as the foundation of the San Benito County Transportation Plan.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

FACILITIES / CRITICAL CARE

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

Universal Level

STANDARD: 5.01

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

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

CURRENT STATUS: Minimum Standard and Recommended Guideline met.

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

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 5.02 *

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

CURRENT STATUS: Minimum Standard met.

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

COORDINATION WITH OTHER EMS AGENCIES: San Benito County has adopted the MAP and START systems of triage in conjunction with Monterey and Santa Cruz Counties. This enables all 3 counties to work in a coordinated fashion for triage purposes when multi-jurisdictional incidents occur.

NEED(S): N/A

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 5.03 *

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

CURRENT STATUS: N/A

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 5.04

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

CURRENT STATUS: Minimum Standard met.

Hazel Hawkins Hospital is the only acute-care hospital in San Benito County. There are no specialty care facilities in the County; therefore, no criteria have been developed for such facilities. The San Benito EMS Agency has developed prehospital treatment guidelines for pediatric patients. (See Standard 5.02 above).

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 5.05

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

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

CURRENT STATUS: Minimum Standard and Recommended Guideline met.

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

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 5.06 *

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

CURRENT STATUS: Minimum Standard met.

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

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

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

Enhanced Level: Advanced Life Support

STANDARD: 5.07 *

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

CURRENT STATUS: Minimum Standard met.

The one acute-care hospital in the County has been designated as a paramedic base hospital. The hospital provides medical direction to prehospital personnel as described in EMS Plan Standard 3.0 “Communications.”

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

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

Enhanced Level: Trauma Care System

STANDARD: 5.08

MINIMUM STANDARD: *Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community need and available resources) including, but not limited to:*

- a) the number and level of trauma centers (including the use of trauma centers in other counties),*
- b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,*
- c) identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,*
- d) the role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center, and*
- e) a plan for monitoring and evaluation of the system.*

CURRENT STATUS: Minimum Standard not met.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): The San Benito Trauma Plan has been approved by the EMS Authority. Implementation of the Plan has not been accomplished at this time.

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

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____✓_____ Long-range plan (more than one year)

STANDARD: 5.09

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

CURRENT STATUS: San Benito's Trauma Plan has been developed in which input was sought from prehospital and hospital providers and consumers. The Trauma Plan was approved by the Emergency Medical Services Authority on January 23, 2003.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

Enhanced Level: Pediatric Emergency Medical and Critical Care System

STANDARD: 5.10

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

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

CURRENT STATUS: N/A

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): N/A

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 5.11

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

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

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

CURRENT STATUS: N/A

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): N/A

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 5.12

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

CURRENT STATUS: N/A

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): N/A

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

Enhanced Level: Other Specialty Care Systems

STANDARD: 5.13

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

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

CURRENT STATUS: N/A

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): N/A

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 5.14

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

CURRENT STATUS: N/A

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): N/A

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

DATA COLLECTION / SYSTEM EVALUATION

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

Universal Level

STANDARD: 6.01

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

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

CURRENT STATUS: Minimum Standard and Recommended Guideline met

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

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

The San Benito EMS Agency does not have a computerized PCR system and has limited resources to evaluate the response and clinical aspects of the care provided in the County. The County has implemented a computer aided dispatch (CAD) system that assists with evaluations since EMS data can be retrieved from CAD. However, the PCR is the primary source for selecting clinical cases for review. Therefore, the process for selecting cases for review of the clinical aspects of care is time-consuming, and basic clinical

statistics required by the State EMS Authority on a quarterly basis are not reported.

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

NEED(S): A computerized system for collection of data from PCRs completed by ALS and BLS personnel.

OBJECTIVE: The EMS Agency is currently planning the installation of an electronic Patient Care Record (ePCR) system. This system will create a digital database of all Patient Care Reports filed by first responders. This database will be searchable and enable the EMS Agency to harvest specific data on command.

TIME FRAME FOR MEETING OBJECTIVE:

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

STANDARD: 6.02

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

CURRENT STATUS: Current Standard met.

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

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 6.03

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

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

CURRENT STATUS: Minimum Standard met. Recommended Guideline not met

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

There is no mechanism for linking prehospital records with dispatch, emergency department, in-patient, and discharge records. The San Benito EMS Agency is in the process of investigating the implementation of such a mechanism in order to improve the process for auditing the response and clinical aspects of the system.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): N/A

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 6.04

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

CURRENT STATUS: Minimum Standard N/A.

Public Safety Dispatchers in San Benito County have received emergency medical orientation and training in emergency medical dispatch procedures. Appropriate response is determined by policy and not based upon a system of triage. A mechanism exists to ensure that policy is followed.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 6.05 *

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

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

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

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

The San Benito EMS Agency is working on a data management system (ePCR) to support its system-wide planning and evaluation and the quality assessment audit of the care provided to specific patients. It is anticipated that this will be completed during fiscal year 2007/2008.

COORDINATION WITH OTHER EMS AGENCIES: The data management system that San Benito EMS Agency is anticipating to install will support its system wide planning and evaluation program. It will also be capable of supplying other EMS Agencies and organizations with requested data in a timely fashion.

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

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

TIME FRAME FOR MEETING OBJECTIVE:

 ✓ Short-range plan (one year or less)

 Long-range plan (more than one year)

STANDARD: 6.06

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

CURRENT STATUS: Minimum Standard not met.

San Benito EMS Agency policy establishes a system-wide quality assessment program to evaluate the services provided within the San Benito County EMS system. (See Standard 6.01 above). However, the EMS Agency does not have a data management system to support its system-wide planning and evaluation and the quality assessment audit of the care provided to specific patients. (See Standard 6.05 above). The computer aided dispatch system in place at San Benito County Communications could assist in the evaluation of the EMS system design and operations and the assessment of resources (personnel and equipment) needed to adequately support the EMS response system. The appropriateness of (medical) guidelines and standards are evaluated by the EMS Medical Director and are based on state and national guidelines and standards. The EMS Agency does not currently have an evaluation program for prevention strategies tailored to community needs. (See also Standard 1.18 “QA/QI”)

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S): Establish a program to evaluate:

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

Strengthen the program to evaluate:

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

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

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____✓_____ Long-range plan (more than one year)

STANDARD: 6.07

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

CURRENT STATUS: Minimum standard met.

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

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

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 6.08

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

CURRENT STATUS: Minimum Standard met.

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

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

Enhanced Level: Advanced Life Support

STANDARD: 6.09

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

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

CURRENT STATUS: Minimum Standard met, Recommended Guideline not met

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

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Electronic Patient Care Reporting system.

OBJECTIVE: Place online an electronic Patient Care Reporting system during FY 2007 – 2008.

TIME FRAME FOR MEETING OBJECTIVE:

_____✓_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

Enhanced Level: Trauma Care System

STANDARD: 6.10

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

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

CURRENT STATUS: Minimum Standard not met.

The Level IV Trauma Plan has been approved by the EMS Authority.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 6.11

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

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

CURRENT STATUS: Minimum Standard N/A. Recommended Guideline met.

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

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): N/A

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

PUBLIC INFORMATION AND EDUCATION

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

Universal Level

STANDARD: 7.01

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

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

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

CURRENT STATUS: Minimum Standard and Recommended Guideline met.

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

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

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

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 7.02

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

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

CURRENT STATUS: Minimum Standard and Recommended Guideline met.

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

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

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

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

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

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 7.03

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

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

CURRENT STATUS: Minimum Standard and Recommended Guideline met.

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

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

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 7.04

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

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

CURRENT STATUS: Minimum Standard met. Recommended Guideline met

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

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

DISASTER MEDICAL RESPONSE

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

Universal Level

STANDARD: 8.01 *

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

CURRENT STATUS: Minimum Standard met.

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

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

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

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

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

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 8.02

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

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

CURRENT STATUS: Minimum Standard and Recommended Guideline met.

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

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 8.03

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

CURRENT STATUS: Minimum Standard met.

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

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 8.04

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

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

CURRENT STATUS: Minimum Standard and Recommended Guideline met.

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

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 8.05 *

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

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

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

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

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

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

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 8.06

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

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

CURRENT STATUS: Minimum Standard and Recommended Guideline met.

The San Benito County Emergency Operations Plan establishes written procedures for early assessment and a means to communicate emergency requests, including distribution of disaster casualties, to state agencies and other jurisdictions. Emergency requests are communicated over RIMS and OASIS to the Coastal Region II Disaster Health and Medical Coordinator at Contra Costa EMS Agency.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 8.07 *

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

CURRENT STATUS: Minimum Standard met.

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

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

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 8.08

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

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

CURRENT STATUS: Minimum Standard and Recommended Guideline met.

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

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

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 8.09

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

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

CURRENT STATUS: Minimum Standard and Recommended Guideline met.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 8.10 *

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

CURRENT STATUS: Minimum Standard met.

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

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

COORDINATION WITH OTHER EMS AGENCIES: San Benito County has mutual aid agreements with both Santa Cruz and Monterey Counties. These agreements ensure that sufficient emergency medical response, transport vehicles, and other relevant resources will be made available during significant medical incidents and during periods of extraordinary system demand. San Benito is in the process of securing an identical mutual aid agreement with Santa Clara County.

NEED(S): Mutual aid agreement with Santa Clara County..

OBJECTIVE: Develop a mutual aid agreement with Santa Clara County during FY 2007 – 2008.

TIME FRAME FOR MEETING OBJECTIVE:

_____✓_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 8.11 *

MINIMUM STANDARD: *The local EMS agency, in coordination with the local OES and county health officer(s), and using state guidelines, shall designate casualty collection points (CCPs).*

CURRENT STATUS: Minimum Standard not met.

There are no designated casualty collection points (CCPs) within San Benito County for which staffing would be available to the extent specified in the current state CCP guidelines. The State EMS Authority is currently re-evaluating the entire CCP concept.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): Revised state CCP guidelines.

OBJECTIVE: Implement revised CCP guidelines as promulgated by the State EMS Authority.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____✓_____ Long-range plan (more than one year)

STANDARD: 8.12

MINIMUM STANDARD: *The local EMS agency, in coordination with the local OES, shall develop plans for establishing CCPs and a means for communicating with them.*

CURRENT STATUS: See Standard 8.11 “CCP Designation” above.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): See Standard 8.11 “CCP Designation” above.

OBJECTIVE: See Standard 8.11 “CCP Designation” above.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____✓_____ Long-range plan (more than one year)

STANDARD: 8.13

MINIMUM STANDARD: *The local EMS agency shall review the disaster medical training of EMS responders in its service area, including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances.*

RECOMMENDED GUIDELINE: *The local EMS agency should ensure that EMS responders are appropriately trained in disaster response, including the proper management of casualties exposed to or contaminated by toxic or radioactive substances.*

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

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

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 8.14

MINIMUM STANDARD: *The local EMS agency shall encourage all hospitals to ensure that their plans for internal and external disasters are fully integrated with the county's medical response plan(s).*

RECOMMENDED GUIDELINE: *At least one disaster drill per year conducted by each hospital should involve other hospitals, the local EMS agency, and prehospital medical care agencies.*

CURRENT STATUS: Minimum Standard met, Recommended Guideline met

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

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 8.15

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

CURRENT STATUS: Minimum Standard met.

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

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

STANDARD: 8.16

MINIMUM STANDARD: *The local EMS agency shall ensure that all prehospital medical response agencies and acute-care hospitals in its service area, in cooperation with other local disaster medical response agencies, have developed guidelines for the management of significant medical incidents and have trained their staffs in their use.*

RECOMMENDED GUIDELINE: *The local EMS agency should ensure the availability of training in management of significant medical incidents for all prehospital medical response agencies and acute-care hospital staffs in its service area.*

CURRENT STATUS: Minimum Standard and Recommended Guideline met.

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

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

Enhanced Level: Advanced Life Support

STANDARD: 8.17

MINIMUM STANDARD: *The local EMS agency shall ensure that policies and procedures allow advanced life support personnel and mutual aid responders from other EMS systems to respond and function during significant medical incidents.*

CURRENT STATUS: Minimum Standard met.

Title 22 CCR (California Code of Regulations) § 100165(l) expressly authorizes Paramedics to function outside their home-base EMS systems during significant medical incidents. It provides as follows:

“During a mutual aid response into another jurisdiction, a Paramedic may utilize the scope of practice for which s/he is trained and accredited according to the policies and procedures established by his/her accrediting local EMS agency.”

The State EMS Authority and the OES Coastal Region II Disaster Medical Health Coordinator have worked to draft model ambulance medical mutual-aid agreements within the Region.

Ambulance mutual-aid agreements have been adopted.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

Enhanced Level: Specialty Care Systems

STANDARD: 8.18

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

CURRENT STATUS: N/A

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: N/A

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

Enhanced Level: Exclusive Operating Areas/Ambulance Regulation

STANDARD: 8.19

MINIMUM STANDARD: *Local EMS agencies which grant exclusive operating permits shall ensure that a process exists to waive the exclusivity in the event of a significant medical incident.*

CURRENT STATUS: N/A

During times of significant medical service needs, the County's contract with its Ambulance Service Provider makes provisions for the immediate recall of personnel to staff units during multi-casualty incidents, times of peak overload or declared disaster situations. To the extent that the County's Ambulance Service Provider has units available, but consistent with its primary responsibility to provide ambulance and emergency medical services in the exclusive operating area, the Ambulance Service Provider, with County approval, shall render immediate "instant aid" or "mutual aid" to those providers of EMS operating within adjacent areas in order to insure that timely emergency medical services are rendered to persons in need of such services within those areas.

If a disaster declaration is made, the County, at its discretion, may suspend normal operations and the Ambulance Service Provider shall respond in accordance with the County's disaster plan.

The San Benito County ambulance ordinance requires that all ambulance services obtain a permit from the County to provide emergency and non-emergency services in the County. However, the permit requirements do not apply (at the request of local authorities) during any "state of emergency," as defined in the California Emergency Services Act, Chapter 7, Division I, Title 22 of the Government Code.

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S): None identified.

OBJECTIVE: Objective met.

TIME FRAME FOR MEETING OBJECTIVE:

_____ Short-range plan (one year or less)

_____ Long-range plan (more than one year)

System Organization and Management

Reporting Year: 2006/2007

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%.)

A. Basic Life Support (BLS)	_____ %
B. Limited Advanced Life Support (LALS)	_____ %
C. Advanced Life Support (ALS)	<u>100</u> %

2. Type of agency A

a - Public Health Department

b - County Health Services Agency

c - Other (non-health) County Department

d - Joint Powers Agency

e - Private Non-Profit Entity

f - Other: _____

3. The person responsible for day-to-day activities of the EMS agency reports to _____ A _____

a - Public Health Officer

b- Health Services Agency Director/Administrator

c - Board of Directors

d - Other: _____

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

Implementation of exclusive operating areas (ambulance franchising)	✓
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: <u> </u>	
Other: <u> </u>	
Other: <u> </u>	

5. EMS agency budget for FY 2006/2007

A. EXPENSES

Salaries and benefits	\$ <u>155,589</u>
(All but contract personnel)	
Contract Services	
(e.g. medical director)	
Operations (e.g. copying, postage, facilities)	<u>1,300</u>
Travel	<u>6,000</u>
Fixed assets	<u>40,000</u>
Indirect expenses (overhead)	<u>6,815</u>
Ambulance subsidy	<u>184,417</u>
Hospital Subsidy	<u>7,000</u>
EMS Fund payments to physicians/hospital	<u>232,833</u>
Dispatch center operations (non-staff)	<u>32,000</u>
Training program operations	<u> </u>
Other: <u>Cost Applied</u>	<u>15,302</u>
Other: <u>Communications</u>	<u>1,800</u>
Other: <u>Equipment Maintenance</u>	<u>502</u>

TOTAL EXPENSES \$ 683,558

Table 2 - System Organization & Management (cont.)

B. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	\$ _____
Office of Traffic Safety (OTS)	_____
State general fund	_____
County general fund	_____
Other local tax funds (e.g., EMS district CSA #36)	__393,725__
County contracts (e.g. multi-county agencies)	__57,000__
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)	__232,833__
Other grants: _____	_____
Other fees: _____	_____
Other (specify): _____	_____
TOTAL REVENUE	\$__683,558__

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

Table 2 - System Organization & Management (cont.)

6. Fee structure for FY 2006/2007

✓ 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.)

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 06/07

Table 2 - System Organization & Management (cont.)EMS System: San Benito CountyReporting year 2006/2007

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	Emergency Medical Services Coordinator	1	\$30.58	35%	Position reports to the Public Health Officer.
Asst. Admin./Admin. Asst./Admin. Mgr.					
ALS Coord./Field Coord./ Training Coordinator					
Program Coordinator/ Field Liaison (Non-clinical)	Emergency Services Specialist*				*Will add .5 FTE next fiscal year.
Trauma Coordinator					
Medical Director	Medical Director	.25	\$75.00	0	Contracted 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	Secretary I	.5	\$19.14	35%	
Other Clerical					
Data Entry Clerk					
Other					

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

TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

Revision #3 (2/16/95)

EMS System: San Benito CountyReporting Year: 2006/2007**NOTE:** Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN	EMS Dispatchers
Total Certified	80	N/A	N/A	N/A	N/A
Number newly certified this year	7	N/A	N/A	N/A	N/A
Number recertified this year	14	N/A	N/A	N/A	N/A
Total number of accredited personnel on July 1 of the reporting year	N/A	N/A	7	N/A	N/A
Number of certification reviews resulting in:					
a) formal investigations	0	N/A	0	N/A	N/A
b) probation	0	N/A	0	N/A	N/A
c) suspensions	0	N/A	0	N/A	N/A
d) revocations	0	N/A	0	N/A	N/A
e) denials	0	N/A	0	N/A	N/A
f) denials of renewal	0	N/A	0	N/A	N/A
g) no action taken	0	N/A	0	N/A	N/A

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

EMS System: San Benito County

County: San Benito County

Reporting Year: 2006/2007

1. Number of primary Public Service Answering Points (PSAP) _____ 1
2. Number of secondary PSAPs _____ 1
3. Number of dispatch centers directly dispatching ambulances _____ 1
4. Number of designated dispatch centers for EMS Aircraft _____ 0
5. Do you have an operational area disaster communication system? Yes ✓ No _____
 - a. Radio primary frequency 158.775 tx / 153.875 rx
 - b. Other methods _____
 - c. Can all medical response units communicate on the same disaster communications system?
Yes ✓ No _____
 - d. Do you participate in OASIS? Yes ✓* No _____ *Through County Communications
 - e. Do you have a plan to utilize RACES as a back-up communication system?
Yes ✓ No _____
 - 1) Within the operational area? Yes ✓ No _____
 - 2) Between the operational area and the region and/or state? Yes ✓ No _____
6. Who is your primary dispatch agency for day-to-day emergencies?
San Benito County Communications
7. Who is your primary dispatch agency for a disaster?
San Benito County Communications

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

EMS System: San Benito County

Reporting Year: 2006/2007

Note: Table 5 is to be reported by agency.

TRANSPORTING AGENCIES

1.	Number of exclusive operating areas	<u>1</u>
2.	Percentage of population covered by Exclusive Operating Areas (EOA)	<u>100</u> %
3.	Total number responses	<u>2,593</u>
	a) Number of emergency responses (Code 2: expedient, Code 3: lights and siren)	<u>2,593</u>
	b) Number non-emergency responses (Code 1: normal)	<u>0</u>
4.	Total number of transports	<u>Not tracked</u>
	a) Number of emergency transports (Code 2: expedient, Code 3: lights and siren)	<u></u>
	b) Number of non-emergency transports (Code 1: normal)	<u></u>

Early Defibrillation Providers

5.	Number of public safety defibrillation providers	<u>6</u>
	a) Automated	<u>5</u>
	b) Manual	<u>0</u>
6.	Number of EMT-Defibrillation providers	<u>3</u>
	a) Automated	<u>2</u>
	b) Manual	<u>1</u>

Air Ambulance Services

7.	Total number of responses	<u>156</u>
	a) Number of emergency responses	<u>156</u>
	b) Number of non-emergency responses	<u>0</u>
8.	Total number of transports	<u>129</u>
	a) Number of emergency (scene) responses	<u>129</u>
	b) Number of non-emergency responses	<u>0</u>

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

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
1.BLS and CPR capable first responder	N/A	N/A	N/A	N/A
2.Early defibrillation responder	N/A	N/A	N/A	N/A
3.Advanced life support responder	10 Minutes	30 Minutes	90 Minutes	N/A
4.Transport Ambulance	10 Minutes	30 Minutes	90 Minutes	N/A

TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care

EMS System: San Benito County

Reporting Year: 2006/2007

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

a) Number of patients meeting trauma triage criteria	<u>Unknown</u>
b) Number of major trauma victims transported directly to a trauma center by ambulance	<u>0</u>
c) Number of major trauma patients transferred to a trauma center	<u>Unknown</u>
d) Number of patients meeting triage criteria who weren't treated at a trauma center	<u>Unknown</u>

Emergency Departments

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

Receiving Hospitals

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

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: San Benito County

County: San Benito County

Reporting Year: 2006/2007

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? N/A
 - b. How are they staffed? N/A
 - c. Do you have a supply system for supporting them for 72 hours? yes ☐ no ☐
2. CISD
Do you have a CISD provider with 24 hour capability? yes ☒ no ☐
3. Medical Response Team
 - a. Do you have any team medical response capability? yes ☐ no ☒
 - b. For each team, are they incorporated into your local response plan? yes ☐ no ☐
 - c. Are they available for statewide response? yes ☐ no ☐
 - d. Are they part of a formal out-of-state response system? yes ☐ no ☐
4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? yes ☒ no ☐
 - b. At what HazMat level are they trained? First Responder Operational Area
 - c. Do you have the ability to do decontamination in an emergency room? yes ☒ no ☐
 - d. Do you have the ability to do decontamination in the field? yes ☒ no ☐

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? yes ☒ no ☐
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 1

3. Have you tested your MCI Plan this year in a:
- a. real event? yes ☒ no ☐
- b. exercise? yes ☒ no ☐
4. List all counties with which you have a written medical mutual aid agreement.
Santa Cruz and Monterey
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? yes ☒ no ☐
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? yes ☐ no ☒
7. Are you part of a multi-county EMS system for disaster response? yes ☐ no ☒
8. 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 -- Providers

EMS System: San Benito County

County: San Benito County

Reporting Year: 2006/2007

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

Name, address & telephone: American Medical Response 1870 Hillcrest Road Hollister, CA 95023 (831) 636-9391			Primary Contact: Kris Mangano		
Written Contract: ☒ yes ☐ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Transport ☐ Non-Transport	Air classification: ☐ auxiliary rescue ☐ air ambulance ☐ ALS rescue ☐ BLS rescue	If Air: ☐ Rotary ☐ Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS _____ EMT-D _____ LALS _____ ALS
Ownership: ☐ Public ☒ Private	Medical Director: ☒ yes ☐ no	If public: ☐ Fire ☐ Law ☐ Other explain: _____	If public: ☐ city ☐ county ☐ state ☐ fire district ☐ Federal	System available 24 hours? ☒ yes ☐ no	Number of ambulances: <u>2</u>

Name, address & telephone: CALSTAR 590 Cohansey Avenue Gilroy, CA 95020 (408) 848-2075			Primary Contact: Scott Weyland		
Written Contract: ☒ yes ☐ no	Service: ☐ Ground ☒ Air ☐ Water	☒ Transport ☐ Non-Transport	Air classification: ☐ auxiliary rescue ☒ air ambulance ☐ ALS rescue ☐ BLS rescue	If Air: ☒ Rotary ☐ Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS _____ EMT-D _____ LALS _____ ALS
Ownership: ☐ Public ☒ Private	Medical Director: ☒ yes ☐ no	If public: ☐ Fire ☐ Law ☐ Other explain: _____	If public: ☐ city ☐ county ☐ state ☐ fire district ☐ Federal	System available 24 hours? ☒ yes ☐ no	Number of ambulances: <u> 2 </u>

Name, address & telephone: Stanford Life Flight 300 Pastur Drive Stanford, CA 95304 (800) 321-7828			Primary Contact: Sonia Hawkins		
Written Contract: ☐ yes ☒ no	Service: ☐ Ground ☒ Air ☐ Water	☒ Transport ☐ Non-Transport	Air classification: ☐ auxiliary rescue ☒ air ambulance ☐ ALS rescue ☐ BLS rescue	If Air: ☒ Rotary ☐ Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS _____ EMT-D _____ LALS _____ ALS
Ownership: ☐ Public ☒ Private	Medical Director: ☒ yes ☐ no	If public: ☐ Fire ☐ Law ☐ Other explain: _____	If public: ☐ city ☐ county ☐ state ☐ fire district ☐ Federal	System available 24 hours? ☒ yes ☐ no	Number of ambulances: <u> 1 </u>

Name, address & telephone: Air Med Team 801 D Airport Way Modesto, CA 95354 (209) 550-0881			Primary Contact: Bob Hesse		
Written Contract: ☐ yes ☒ no	Service: ☐ Ground ☒ Air ☐ Water	☒ Transport ☐ Non-Transport	Air classification: ☐ auxiliary rescue ☒ air ambulance ☐ ALS rescue ☐ BLS rescue	If Air: ☐ Rotary ☒ Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS _____ EMT-D _____ LALS _____ ALS
Ownership: ☐ Public ☒ Private	Medical Director: ☒ yes ☐ no	If public: ☐ Fire ☐ Law ☐ Other explain: _____	If public: ☐ city ☐ county ☐ state ☐ fire district ☐ Federal	System available 24 hours? ☒ yes ☐ no	Number of ambulances: <u> 1 </u>

Name, address & telephone: Medi-Flight 1700 Coffee Road Modesto, CA 95355 (209) 572-7056			Primary Contact: Don Campbell		
Written Contract: ☐ yes ☒ no	Service: ☐ Ground ☒ Air ☐ Water	☒ Transport ☐ Non-Transport	Air classification: ☐ auxiliary rescue ☒ air ambulance ☐ ALS rescue ☐ BLS rescue	If Air: ☐ Rotary ☒ Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS _____ EMT-D _____ LALS _____ ALS
Ownership: ☐ Public ☒ Private	Medical Director: ☒ yes ☐ no	If public: ☐ Fire ☐ Law ☐ Other explain: _____	If public: ☐ city ☐ county ☐ state ☐ fire district ☐ Federal	System available 24 hours? ☒ yes ☐ no	Number of ambulances: <u> 2 </u> Based in Modesto and Merced.

Name, address & telephone: REACH 451 Aviation Boulevard, Suite 201 Santa Rosa, CA 95403 (707) 575-6886			Primary Contact: Sean Russell		
Written Contract: ☐ yes ☒ no	Service: ☐ Ground ☒ Air ☐ Water	☒ Transport ☐ Non-Transport	Air classification: ☐ auxiliary rescue ☒ air ambulance ☐ ALS rescue ☐ BLS rescue	If Air: ☒ Rotary ☐ Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS _____ EMT-D _____ LALS _____ ALS
Ownership: ☐ Public ☒ Private	Medical Director: ☒ yes ☐ no	If public: ☐ Fire ☐ Law ☐ Other explain: _____	If public: ☐ city ☐ county ☐ state ☐ fire district ☐ Federal	System available 24 hours? ☒ yes ☐ no	Number of ambulances: <u> 1 </u> Based in Lodi or Concord.

Name, address & telephone: California Highway Patrol 5020 Wing Way Paso Robles, CA 93446 (805) 239-3553			Primary Contact: Sgt. Greg Egger		
Written Contract: ☐ yes ☒ no	Service: ☐ Ground ☒ Air ☐ Water	☒ Transport ☐ Non-Transport	Air classification: ☐ auxiliary rescue ☐ air ambulance ☒ ALS rescue ☐ BLS rescue	If Air: ☒ Rotary ☐ Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS _____ EMT-D _____ LALS _____ ALS
Ownership: ☒ Public ☐ Private	Medical Director: ☒ yes ☐ no	If public: ☐ Fire ☒ Law ☐ Other explain: _____	If public: ☐ city ☐ county ☒ state ☐ fire district ☐ Federal	System available 24 hours? ☒ yes ☐ no	Number of ambulances: <u> 1 </u>

Name, address & telephone: Antelope Fire Station 20400 Panoche Road Paicines, CA 95043 (831) 628-3269			Primary Contact: Curt Itson		
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☐ Air ☐ Water	☐ Transport ☒ Non-Transport	Air classification: ☐ auxiliary rescue ☐ air ambulance ☐ ALS rescue ☐ BLS rescue	If Air: ☐ Rotary ☐ Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS _____ EMT-D _____ LALS _____ ALS
Ownership: ☒ Public ☐ Private	Medical Director: ☐ yes ☒ no	If public: ☒ Fire ☐ Law ☐ Other explain: _____	If public: ☐ city ☐ county ☒ state ☐ fire district ☐ Federal	System available 24 hours? ☒ yes ☐ no	Number of ambulances: <u> 0 </u>

Name, address & telephone: Aromas Tri-County Fire District 492 Carpenteria Road Aromas, CA 95003 (831) 726-3130			Primary Contact: Phillip Matteson		
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☐ Air ☐ Water	☐ Transport ☒ Non-Transport	Air classification: ☐ auxiliary rescue ☐ air ambulance ☐ ALS rescue ☐ BLS rescue	If Air: ☐ Rotary ☐ Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS _____ EMT-D _____ LALS _____ ALS
Ownership: ☒ Public ☐ Private	Medical Director: ☐ yes ☒ no	If public: ☒ Fire ☐ Law ☐ Other explain: _____	If public: ☐ city ☐ county ☐ state ☒ fire district ☐ Federal	System available 24 hours? ☒ yes ☐ no	Number of ambulances: <u> 0 </u>

Name, address & telephone: Bear Valley Fire Station 25820 Airline Highway Paicines, CA 95043 (831) 389-3591			Primary Contact: Ken French		
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☐ Air ☐ Water	☐ Transport ☒ Non-Transport	Air classification: ☐ auxiliary rescue ☐ air ambulance ☐ ALS rescue ☐ BLS rescue	If Air: ☐ Rotary ☐ Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS _____ EMT-D _____ LALS _____ ALS
Ownership: ☒ Public ☐ Private	Medical Director: ☐ yes ☒ no	If public: ☒ Fire ☐ Law ☐ Other explain: CDF/Co Fire	If public: ☐ city ☐ county ☒ state ☐ fire district ☐ Federal	System available 24 hours? ☒ yes ☐ no	Number of ambulances: <u> 0 </u>

Name, address & telephone: Hollister Air Attack Base 2300 San Felipe Road Hollister, CA 95023 (831) 637-5456			Primary Contact: Mark Edrea		
Written Contract: ☐ yes ☒ no	Service: ☐ Ground ☒ Air ☐ Water	☐ Transport ☒ Non-Transport	Air classification: ☐ auxiliary rescue ☐ air ambulance ☐ ALS rescue ☐ BLS rescue	If Air: ☒ Rotary ☒ Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS _____ EMT-D _____ LALS _____ ALS
Ownership: ☒ Public ☐ Private	Medical Director: ☐ yes ☒ no	If public: ☒ Fire ☐ Law ☐ Other explain: CDF	If public: ☐ city ☐ county ☒ state ☐ fire district ☐ Federal	System available 24 hours? ☒ yes ☐ no	Number of ambulances: <u> 0 </u>

Name, address & telephone: Hollister Fire Department 110 Fifth Street Hollister, CA 95023 (831) 636-4325			Primary Contact: Fred Cheshire		
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☐ Air ☐ Water	☐ Transport ☒ Non-Transport	Air classification: ☐ auxiliary rescue ☐ air ambulance ☐ ALS rescue ☐ BLS rescue	If Air: ☐ Rotary ☐ Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS _____ EMT-D _____ LALS _____ ALS
Ownership: ☒ Public ☐ Private	Medical Director: ☐ yes ☒ no	If public: ☒ Fire ☐ Law ☐ Other explain: _____	If public: ☒ city ☐ county ☐ state ☐ fire district ☐ Federal	System available 24 hours? ☒ yes ☐ no	Number of ambulances: <u> 0 </u>

Name, address & telephone: San Benito County Fire Dept. 1979 Fairview Road Hollister, CA 95023 (831) 637-4475			Primary Contact: Curt Itson		
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☐ Air ☐ Water	☐ Transport ☒ Non-Transport	Air classification: ☐ auxiliary rescue ☐ air ambulance ☐ ALS rescue ☐ BLS rescue	If Air: ☐ Rotary ☐ Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS _____ EMT-D _____ LALS _____ ALS
Ownership: ☒ Public ☐ Private	Medical Director: ☐ yes ☒ no	If public: ☒ Fire ☐ Law ☐ Other explain: _____	If public: ☐ city ☐ county ☒ state ☐ fire district ☐ Federal	System available 24 hours? ☒ yes ☐ no	Number of ambulances: <u> 0 </u>

Name, address & telephone: San Juan Bautista Volunteer Fire 24 Polk Street San Juan Bautista, CA 95045 (831) 623-4513			Primary Contact: Scott Freels		
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☐ Air ☐ Water	☐ Transport ☒ Non-Transport	Air classification: ☐ auxiliary rescue ☐ air ambulance ☐ ALS rescue ☐ BLS rescue	If Air: ☐ Rotary ☐ Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS _____ EMT-D _____ LALS _____ ALS
Ownership: ☒ Public ☐ Private	Medical Director: ☐ yes ☒ no	If public: ☒ Fire ☐ Law ☐ Other explain: _____	If public: ☒ city ☐ county ☐ state ☐ fire district ☐ Federal	System available 24 hours? ☒ yes ☐ no	Number of ambulances: <u> 0 </u>

Name, address & telephone: CA Dept. of Parks & Recreation Hollister Hills SVRA 7800 Cienega Road Hollister, CA 95023 (831) 637-3874			Primary Contact: Max D-India		
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☐ Air ☐ Water	☐ Transport ☒ Non-Transport	Air classification: ☐ auxiliary rescue ☐ air ambulance ☐ ALS rescue ☐ BLS rescue	If Air: ☐ Rotary ☐ Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS _____ EMT-D _____ LALS _____ ALS
Ownership: ☒ Public ☐ Private	Medical Director: ☒ yes ☐ no	If public: ☐ Fire ☒ Law ☐ Other explain: _____	If public: ☐ city ☐ county ☒ state ☐ fire district ☐ Federal	System available 24 hours? ☒ yes ☐ no	Number of ambulances: <u> 0 </u>

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

Revision #1 [2/16/95]

EMS System: San Benito County

County: San Benito County

Reporting Year: 2006/2007

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name *No Approved Training Program
provider at this time.

Contact Person telephone no.

Address

Student Eligibility: *	Cost of Program	**Program Level: EMT-1
	Basic Refresher	Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education _____ Expiration Date: _____ Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: _____

- Open to general public or restricted to certain personnel only.
- ** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: RESOURCES DIRECTORY -- Facilities

Revision #1 [2/16/95]

EMS System: San Benito County **County:** San Benito County **Reporting Year:** 2006/2007

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

Name, address & telephone: San Benito Health Care District Hazel Hawkins Hospital 911 Sunset Drive Hollister, CA 95023 (831) 637-5711			Primary Contact: Dr. Paulalan Gentsler, Base Medical Director Ben Shauer, Emergency Department Director	
Written Contract ☒ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☒ Comprehensive emergency service ☐	Base Hospital: ☒ yes ☐ no	Pediatric Critical Care Center:* ☐ yes ☒ no	
EDAP:** ☐ yes ☒ no	PICU:*** ☐ yes ☒ no	Burn Center: ☐ yes ☒ no	Trauma Center: ☐ yes ☒ no	If Trauma Center what Level:***** _____

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

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

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

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

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

Revision #2 [9/14/95]

EMS System: San Benito County **County:** San Benito County **Reporting Year:** 2006/2007

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

Name, address & telephone: San Benito County Communications 471 Fourth Street Hollister, CA 95023 (831) 636-4100		Primary Contact: Beth Kafer	
Written Contract: ☒ yes ☐ no	Medical Director: ☐ yes ☒ no	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 0 Other
Ownership: ☒ Public ☐ Private		If public: ☐ Fire ☐ Law ☒ Other explain: <u>Law, Fire & EMS Comm Center</u>	If public: ☐ city; ☒ county; ☐ state; ☐ fire district; ☐ Federal

SECTION 5: DESCRIPTION OF PLAN DEVELOPMENT PROCESS

The San Benito County EMS Agency developed the EMS Plan in concert with the County's Emergency Medical Care Commission (EMCC). The EMCC, a commission appointed by the San Benito County Board of Supervisors, provides advice to the EMS Agency regarding the development and update of plans, policies, and procedures for the EMS system. Its membership includes representatives from law enforcement, fire protection, air and ground ambulance, and public health agencies as well as a representative from the County Board of Supervisors, the hospital district, the local chapter of the American National Red Cross, and a consumer representative. A Plan update was last approved by the EMCC in November 2002 and was forwarded to the County Board of Supervisors with a recommendation for the Board to approve the Plan. The Board of Supervisors approved the Plan in December 2002.

This current 2005 Plan supersedes San Benito County's December 2002 Plan.

SECTION 6: ANNEXES

1. Trauma Care System Plan
2. Transportation Plan
3. Ambulance Zone Summary Form
4. Organizational Chart

Annex 1

Trauma Care System Plan

TRAUMA CARE SYSTEM PLAN

San Benito Emergency Medical Services (EMS) Agency Trauma Care System Plan (Plan) was developed in compliance with Health and Safety Code Section 1798.160, et seq., and has been approved for implementation by the EMS Authority.

This Plan outlines the structure and operations of the trauma care system within San Benito County. Specifically, the Plan determines the optimal number of trauma centers and their locations for San Benito County. It incorporates policies and procedures for system operations, as developed during the planning process. The Plan and policies meet or exceed the minimum standards in the regulations. In addition, this Plan establishes a timeframe for implementation of system changes. However, this Trauma Plan has not been implemented by the hospital as of this date.

Annex 2

Transportation Plan

Transportation Plan

San Benito County EMS Agency



FY 2006-2007

Inquiries to: James Clark, EMS Coordinator
San Benito County EMS Agency
1111 San Felipe Road, Suite 102
Hollister, CA 95023
(831) 636-4066 – Office
(831) 636-4037 – Fax
james@sanbenitoco.org

EXECUTIVE SUMMARY

San Benito County EMS Agency recognizes the vital importance of a coordinated response to health emergencies. To encourage a systems approach to a coordinated EMS response, we take pride in the sound relationships we have garnered with all of our system's stakeholders. We are also committed to comply with the requirements set forth in the State's *EMS System Standards and Guidelines* and the *EMS System Planning Guidelines*. To that end, this Transportation Plan is intended to address the county's EMS **System**, and not just the activities of the local EMS **Agency**.

The San Benito County EMS Transportation Plan outlines the structure and operations for its prehospital care services. It:

- Determines the number of and boundaries for Emergency Ambulance Zones;
- Establishes a process for granting exclusive operating permits to a limited number of Emergency Ambulance Service Providers which serve San Benito County;
- Identifies the role of basic life support (BLS) and advanced life support (ALS) first responders;
- Establishes a process for oversight and regulation of EMS providers by the San Benito County EMS Agency as provided by the San Benito County Ambulance Ordinance #637.

INTRODUCTION

INTENT

The California EMS Authority has designated San Benito County's Emergency Ambulance Zone as an Exclusive Operating Area effective July 10, 2006 and the San Benito County EMS Agency includes ground ALS transportation exclusivity in its EMS Plan.

The following EMS Transportation Plan has been developed to comply with the State EMS Authority's *Minimum Standards and Recommended Guidelines 4.01 through 4.22*.

AUTHORITY

The San Benito County EMS Transportation Plan was developed by direction of the San Benito County Emergency Medical Care Commission and County Board of Supervisors. It is compliant with:

- Division 2.5, California Health & Safety Code, Sections 1797 et seq., *Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act*
- California Code of Regulations, Title 13, *Motor Vehicles*
- California Code of Regulations, Title 22, Social Security, Division 9, *Prehospital Emergency Medical Services*
- California Welfare and Institutions Code Section 17000
- California Vehicle Code Section 251

DESCRIPTION OF THE SYSTEM

LOCAL EMS AGENCY AND COUNTY NAME

- San Benito County EMS Agency; County of San Benito

NAME OF CURRENT EMERGENCY AMBULANCE SERVICE PROVIDER

- American Medical Response
West Region Headquarters
7575 Southfront Road
Livermore, CA 94550
(925) 454-6000

FIRST RESPONDERS

San Benito County is served by 5 fire departments comprised of a combination of full-time paid and volunteer Firefighters:

- Hollister City Fire Department
- San Juan Bautista Volunteer Fire Department
- San Benito County Fire Department
- Aromas Tri-County Fire protection District
- California Division of Forestry Fire

AIR AMBULANCE SERVICES

There are no Air Ambulance Service Providers based within San Benito County. Instead, the county is served by air ambulances based outside of the county. In order to serve the County, these services are required to have a county-issued permit and to comply with County operating procedures.

Air ambulance services currently permitted to fly EMS missions in San Benito County are as follows:

AIR AMBULANCE SERVICE PROVIDERS

Provider	Helicopter Base Location
Calstar	Gilroy and Salinas, CA
Mediflight	Merced and Modesto, CA
Air Med Team	Modesto, CA
Lifeflight	Palo Alto, CA
Reach	Concord and Lodi, CA

The decision to use air ambulances involves both medical and scene management decisions. Field dispatch may be authorized only by designated personnel who include: firefighters, law enforcement, State and Federal Park Peace Officers, paramedics, registered nurses, and physicians. San Benito County 9-1-1 Communications Center is the agency responsible to forward the air ambulance flight request to the closest most appropriate helicopter service. In all cases, San Benito County BLS First Responders and an ALS ground transport unit will also be dispatched to respond in tandem with responding air ambulances.

EMS DISPATCH AND RESPONSE

DISPATCH SERVICES

San Benito County has one primary public safety answering point (PSAP) and one secondary PSAP. The primary PSAP is responsible to field all 9-1-1 emergency calls for service and to dispatch the appropriate agency to respond. The secondary PSAP is responsible to receive emergency call information from the primary PSAP and dispatch appropriate fire agencies.

RESPONSE METHODOLOGY

The San Benito County EMS system is a single tier, Advanced Life Support (ALS/Paramedic) dual response system. Dispatched through a non-EMD Dispatch Center, 100% of all 9-1-1 Code 3 calls for service, except for calls originating within Hollister Hills State Vehicular Recreation Area, receive a fire-based BLS First Responder/EMT-1 unit and a private ALS transport ambulance staffed by one EMT-Paramedic and one EMT-1.

The feasibility of implementing an "Emergency Medical Dispatching System" (EMD) is being discussed. This system, if implemented, would classify medical priorities, provide pre-arrival medical instructions, and send the most appropriate EMS vehicles at the most appropriate response code.

MULTIPLE CASUALTY INCIDENT PLAN (MCI)

See Attachment 1 (San Benito County MCI Plan)

REGULATORY PROCESS

SAN BENITO COUNTY AMBULANCE ORDINANCE #637

San Benito County Ambulance Ordinance #637 was enacted on April 13, 1993 in order to provide policies and regulations which are necessary for the public health and safety regarding Ambulance Service Providers in this county. The ordinance establishes policies and regulations for issuing permits and regulating

air and ground ambulances to ensure competent, efficient and adequate care is provided and to allow for adequate ambulance services and rates in all areas of the county. The Ordinance also allows for the orderly and lawful operation of the county Emergency Medical Services (EMS) system and ensures its oversight by the San Benito County EMS Agency.

MINIMUM STANDARDS FOR GROUND AMBULANCE TRANSPORTATION SERVICES

Minimum standards for ground ambulance and transportation services are determined by the local EMS Agency. A written agreement between the county and AMR which determines minimum EMS System response standards was executed on July 1, 2004 and is termed to expire June 30, 2009.

San Benito County ensures that responses are conducted in coordinated fashion by one consolidated fire, law and EMS dispatch center. The level of all emergency ambulance and transportation services provided within the region is Advanced Life Support (ALS, Paramedic). Each of the county's emergency ambulances is staffed with one EMT-1 and one EMT-P.

AMR has entered into written agreements with Monterey County's emergency ambulance service provider, Westmed, to ensure smooth day-to-day mutual-aid responses across the contiguous county borders. Also, AMR and Westmed have entered into a similar automatic-aid aid agreement. The intent of the Automatic Aid agreement is to assure ALS service in San Benito's southern-most regions. This region is readily accessible by Westmed's south Monterey County ambulances stationed in the King City region.

HOSPITAL ACCESSIBILITY

BASE HOSPITAL

San Benito County has one acute care hospital located within its jurisdiction, Hazel Hawkins Memorial Hospital (HHH). Under written contract with the county, HHH serves as the county's only Paramedic Base Station. The on-duty Emergency Department physician provides online medical control for the ALS transport provider and the BLS first responders. As a county-approved EMS Continuing Education Provider, HHH also provides monthly training/educational opportunities which are open, free of charge, to any interested persons and agencies.

RECEIVING HOSPITALS

San Benito County bases its EMS transport decisions based upon the "Closest Most Appropriate Medical Facility" and "Patient Request" model. While using these criteria to establish hospital destination decisions, ground transportation ambulances typically transport patients to the closest most appropriate medical facility which is:

- Hazel Hawkins Memorial Hospital
911 Sunset Drive
Hollister, CA 95023
(831) 637-5711

Patients from the northern boundaries of San Benito County may also be transported to the following medical facilities based on their being closest to the most appropriate medical facility or by patient request. Generally, San Benito County limits its EMS System ground ambulances to no more than a 30 minute transport time beyond the county boundary lines:

- Saint Louise Regional Hospital
9400 No Name Uno
Gilroy, CA 95020
(408) 848-2000
- Watsonville Community Hospital
75 Neilson Street
Watsonville, CA 95076
(831) 724-4741
- Salinas Valley Memorial Hospital
450 E. Romie Lane
Salinas, CA 93901
(831) 757-4333
- Natividad Medical Center
1441 Constitution Blvd.
Salinas, CA 93906
(831) 755-4111

POLICY & PROCEDURE

POLICY & PROCEDURE MANUAL

San Benito County EMS Agency maintains a Policy and Procedure Manual which outlines:

- Medical Control.
- Air and ground transportation services both emergency and interfacility.
- Guidelines on standing orders, AMA/RAS, CISD and DNR.
- MICU minimum drug lists
- Quality Improvement and System Evaluation.
- Hospital destination.
- AED Service Providers and Public Access Defibrillation Programs.
- Communications failures and Special Events.

- Paramedic accreditation policy.
- EMT Disciplinary procedures.
- ALS and BLS Field Treatment Guidelines.
- Trauma Plan policies.

San Benito County's EMS Policies and Procedures are reviewed and updated every two years by the EMS Agency Medical Director, EMS Agency staff and the San Benito County Prehospital Advisory Committee.

EXCLUSIVITY

STATEMENT OF EXCLUSIVITY (Calif H&S Code §1797.6)

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

TYPE OF EXCLUSIVITY

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

METHOD TO ACHIEVE EXCLUSIVITY

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

On July 10, 2006, San Benito County was notified that it meets EOA grandfathering requirements of Health & Safety Code Section 1797.224.

See Attachment #2 (EMSA EOA Approval Letter; July 10, 2006).

AREA (ZONE) NAME OR TITLE

San Benito County Exclusive Operating Area 1 (EOA-1)

EMERGENCY AMBULANCE ZONE GEOGRAPHIC DESCRIPTION EOA-1



EOA-1 includes the entire county's incorporated and non-incorporated areas.

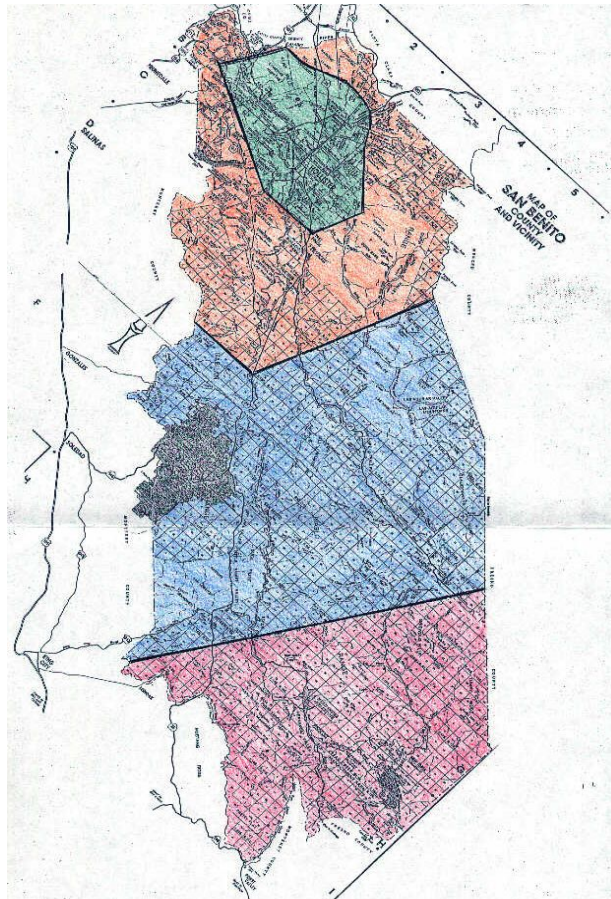
The legal geographic description of the County of San Benito's Exclusive Operating Area (EOA-1) is as follows:

Commencing at a point in the center of the Pajaro River, said point being the northwest corner of the Rancho Las Arromitas y Agua Caliente, and being on the northern boundary line of Monterey, and running thence in a southerly direction along the southwest boundary of said Rancho to the southwest corner thereof; thence southerly in a direct line to the summit of said Gabilan Range of Mountains, and thence in a southeasterly along the summit of said Gabilan Mountains to the Chalone Peak; thence southeasterly in a direct line to the division line of the parts of San Lorenzo Sobrantes Rancho owned respectively by Breen and Dunn; thence along said dividing line of said Rancho to the

southern boundary thereof; thence due south to the San Lorenzo Creek; thence southeasterly up the center of said Lorenzo or Lewis Creek, and up the north fork thereof, to the summit of the divide between the waters of said Lewis Creek and San Benito Creek; thence following said divide southerly to the eastern boundary of Monterey and the summit of the Coast Range Mountains.

Thence northerly, following the summit of said mountains to where the range line between T. 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.

SAN BENITO COUNTY RESPONSE ZONE MAP (EOA-1) See Attachment #3:



EMERGENCY AMBULANCE RESPONSE TIME STANDARDS

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

- Contractor will be deemed to be in compliance with response time standards if ninety percent (90%) or more of all Code 3 (9-1-1) events in which a transport ambulance arrives on scene, measured monthly, meet the specified response times:
 - San Benito Urban Area (**Green**): Emergency calls within the San Benito County Urban Area must be responded to within ten (10) minutes or less.
 - San Benito County Rural Area (**Orange**): Emergency calls within the San Benito County Rural Area must be responded to within thirty (30) minutes or less.
 - San Benito County Wilderness Area (**Blue**): Emergency calls within the San Benito County Wilderness Area must be responded to within ninety (90) minutes or less.
 - San Benito County Wilderness (Remote) Area (**Red**): Emergency calls within the San Benito County Wilderness (Remote) Area must be responded to within one hundred twenty (120) minutes or less

ATTACHMENT
#1
MCI PLAN



SAN BENITO COUNTY

HEALTH & HUMAN SERVICES AGENCY

ELIZABETH FALADE, M.D., M.P.H.
HEALTH OFFICER

KATHRYN FLORES
DIRECTOR

PUBLIC HEALTH SERVICES
Healthy People in Healthy Communities

SAN BENITO COUNTY EMERGENCY MEDICAL SERVICES AGENCY

MULTI-CASUALTY INCIDENT (MCI) PLAN

Policy No.: 1270-1-10

Effective Date: January 2001

Review Date:

Approved By: 
Kent Benedict, MD, Medical Director

I. SCOPE

This plan is limited in scope to Multi-Casualty Incidents within San Benito County.

II. DEFINITIONS

Three levels of incidents can be identified in emergency medical services operations:

- A. Day-to-Day: can be handled appropriately with the resources normally available to a community.
- B. Multi-Casualty Incident (MCI): produces more casualties than can be managed by normally available resources. The exact number of casualties meeting this description will vary.
- C. Medical Disaster: a situation where the number of casualties overwhelms all available resources in San Benito County. Response to this type of incident will require coordination with the county's Office of Emergency Services, Emergency Medical Services Agency and will require activation of the San Benito County Emergency Operations Plan.

**PUBLIC HEALTH
SERVICES**
439 Fourth Street
Hollister, CA 95023
831-637-5367

MEDICAL THERAPY UNIT
761 Line Street
Hollister, CA 95023
831-637-1989

**ENVIRONMENTAL
HEALTH SERVICES**
1111 San Felipe Road, Ste 101
Hollister, CA 95023
831-636-4035

**HEALTH EDUCATION
PROGRAMS**
1111 San Felipe Road, Ste 102
Hollister, CA 95023
831-636-4011

**EMERGENCY
MEDICAL SERVICES**
1111 San Felipe Road, Ste 102
Hollister, CA 95023
831-636-4066

A MCI differs from a medical disaster in the following ways:

- All involved patients originate from the same scene (as opposed to a widespread incident such as an earthquake or flood).
- Medical resources have not been damaged or otherwise decommissioned by the incident (except in the case of a hospital fire or explosion).
- All direction, control and coordination is maintained at the scene of the incident.

III. OBJECTIVES

To ensure adequate and coordinated efforts to minimize loss of life, disabling injuries and human suffering by providing effective emergency medical assistance through efficient utilization of medical and other resources in the event of an incident which results in a significant number of injured persons.

IV. MULTI-CASUALTY INCIDENT PLAN ACTIVATION

A. Declaration of a “Possible MCI”

A “Possible MCI” may be called by County Communications, Law, Fire or Medical based upon information received from the San Benito County Communications Center that a multi-casualty incident may have occurred or a condition exists which may overwhelm the medical resources of the county.

The San Benito County Communications Center will notify all responding agencies, ambulance dispatch and California Highway Patrol dispatch by broadcasting a “Possible MCI” declaration and notify Hazel Hawkins Memorial Hospital of the declaration. Hazel Hawkins Memorial Hospital will monitor the MEDNET radio for updates.

B. Cancellation of a “Possible MCI”

When the San Benito County Communications Center has broadcast a MCI plan declaration of “Possible MCI,” the first arriving unit on-scene should immediately determine the need for declaring a “MCI” or cancelling the “Possible MCI.” The Communications Center will then broadcast the declared “MCI” or cancel the “Possible MCI” and notify those other dispatch centers.

C. Declaration of “Activate MCI”

Whenever a situation occurs that Emergency Personnel, on-scene or enroute, believe multiple patients will overwhelm the initial responding resources, the MCI Plan shall be initiated by declaring “Activate MCI” to the San Benito County Communications Center. The following information is to be provided to San Benito County Communications Center by the Incident Commander for MCI Plan Declaration:

- Type of incident.
- Location, best access routes and exposure areas.
- Need for specific types and numbers of additional resources.
- Types of injuries.
- Designation of the Incident, Incident Commander and incident name.

The San Benito County Communications Center will notify all responding agencies, ambulance dispatch and California Highway Patrol dispatch by broadcasting a “MCI” declaration and notify Hazel Hawkins Memorial Hospital of the declaration. Hazel Hawkins Memorial Hospital will monitor the MEDNET radio for updates.

All ALS personnel in the county will function under automatic orders for all patients. Paramedic units involved in other ALS calls will make brief radio contact on an available radio frequency that will not interfere with MCI radio traffic.

Hazel Hawkins Hospital in conjunction with the Transportation Group Supervisor will determine the destination of the patients based upon the patient’s condition and the capability of the receiving hospital to handle the patient.

County Communications will notify the EMS Agency Administrator and/or designee in the event of a confirmed MCI Plan Declaration.

When the incident is not manageable with the resources available to San Benito County (or with existing mutual aid agreements), activation of the county Emergency Operation Plan will be made by the Incident Commander in conjunction with the Office of Emergency Services and/or Emergency Medical Services.

V. OPERATIONAL CONSIDERATIONS

A. Command Structure

Incident Organization shall be based on the Incident Command System (ICS). Incident Command will be as follows:

- For single jurisdictional incidents, command will be with the responsible jurisdictional agency having investigative or legal authority.
- For multi-jurisdictional incidents, a Unified Command structure will be established with the incident command responsibilities being jointly provided by those agencies sharing legal jurisdiction.

B. Command Authority Principles

- The IC will be a Law Enforcement, Fire Department or Health Officer at the scene who is from the jurisdiction having investigative or legal authority for the incident.
- The first arriving unit or any agency may function as the IC implementing the necessary actions until the role can be relinquished to the appropriate agency.
- The first arriving unit of any agency should take responsibility for the declaration of the “Possible MCI” or “Activate MCI” and relay additional information to County Communications.
- Only those positions needed for the size and nature of the incident will be filled.

C. Other Considerations

- Ambulance crews will take responsibility for managing patient transportation working under the authority of the Incident Commander.

- All incoming units/personnel shall assume support roles based upon assignment/mission designated by the Incident Commander or designee. All units/personnel shall report to staging for direction unless instructed otherwise.
- During the MCI, all agencies will request additional resources through the Incident Commander or designee.
- The Transportation Group Supervisor is the only person designated to make contact with a hospital to determine transport destination.
- Paramedics may establish Base Hospital contact with Medical Control (ER Physician) to obtain consult/orders.
- S.T.A.R.T. Triage is the designated means for establishing the condition of MCI involved patients. Patients shall be triaged and tagged using the California Fire Chief's Association Triage Tag upon contact and directed to the appropriate treatment area(s) for re-triage, care and transportation.
- The Incident Commander will direct all requests for air ambulances and will assign the Helispot Manager and landing zone(s).
- The Incident Commander will request Critical Incident Stress Debriefing (CISD) as soon as the need is identified.
- Any emergency service responder may activate the MCI Plan when any potential or actual situation may overwhelm the resources of any jurisdiction or geographic area.
- The Incident Commander or designee may deactivate the MCI Plan by contacting the San Benito County Communications Center.
- The County Emergency Operations Plan may be activated whenever the number of injured persons overwhelms the system and normal medical or logistical support services are degraded beyond the capabilities of the local resources within reasonable distance. The Incident Commander, in conjunction with the County Office of Emergency Services and/or the Emergency Medical Services Agency, may request the activation of this plan.
- The San Benito County EMS Agency may provide assistance to the Incident Commander on scene if requested. The EMS Agency will only provide technical support and information and will not become actively involved in the incident.

VI. MULTI-CASUALTY INCIDENT REVIEW/QUALITY ASSURANCE

Copies of all multi-casualty incident forms will be forwarded to the EMS Agency by the Incident Commander or designee within forty-eight (48) hours of the incident. The EMS Agency may conduct an "all agency critique" of a Multi-Casualty Incident for the purposes of improving future coordination and performance.

VII. REFERENCES AND AUTHORITIES

Multi-casualty planning is conducted by EMS Agencies in accordance with Sections 1797.204, 1797.220 and 1797.252 of the California Health and Safety Code.

ATTACHMENT

#2

EMSA Letter of Approval (EOA)

EMERGENCY MEDICAL SERVICES AUTHORITY

1830 W STREET

SACRAMENTO, CA 95814-7043

(916) 322-4336 FAX (916) 324-2875



July 10, 2008

James Clark
EMS Coordinator
San Benito County
111 San Felipe Rd., Suite 102
Hollister, CA 95023

Dear Mr. Clark:

Thank you for submitting the additional materials requested by the EMS Authority to clarify the status of the ambulance zones in San Benito County. The EMS Authority has completed its review of the following materials:

- Revisions to the transportation plan indicating the county's intent to establish an exclusive operating area for 9-1-1 ALS emergency ambulance.
- Documentation in support of grandfathering the current provider, American Medical Response.

The EMS Authority finds that the transportation plan revisions are in compliance with the *EMS System Standards and Guidelines* and the *EMS System Planning Guidelines*. In addition, the Authority finds the supporting documentation demonstrates the county's compliance with Health and Safety Code section 1797.224 in the establishment of an exclusive operating area by grandfathering for ambulance service.

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

Sincerely,

A handwritten signature in cursive script, reading 'Cesar A. Aristeiguleta, M.D.'.

Cesar A. Aristeiguleta, M.D.
Director

CAA:cg

Enclosure

RECEIVED

JUL 24 2008

SAN BENITO COUNTY
EMERGENCY SERVICES

ATTACHMENT

#3

**San Benito County
Response Zone Map**



Annex 3

Ambulance Zone Summary EOA-1

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:

San Benito County

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:

San Benito County is located in the central coast region, 100 miles southeast of San Francisco, 40 east of Monterey and 300 miles north of Los Angeles. Contiguous counties include Fresno, Merced, Monterey, Santa Clara, and Santa Cruz. Land area is 1,396 square miles. Terrain varies from flat valley floor, to hilly rangeland to 5,450 foot peaks.

At an elevation of 229 feet, the City of Hollister lies on the juncture of two major earthquake faults considered to have a high potential for surface rupture. Consequently, Hollister is the county seat of one of the most seismically active counties in the United States. The north and northwest segments of the county comprise almost all the urban areas, leaving the southern portion of the county primarily rural.

Major surface transportation routes bisecting the county include Highways 101, 129, 156 and 25.

The current population of San Benito County is approximately 57,000 inclusively. The county has two incorporated cities, Hollister 36,000 population and San Juan Bautista 1,646 population. The transient population is substantial, but seasonal in nature, corresponding to the harvest season of various agricultural products grown in the county.

The county's economy is primarily agricultural in nature, interspersed with some light manufacturing and four munitions manufacturers. The population primarily works in the neighboring counties.

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

As stated in the 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):

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

Method to achieve Exclusivity, if applicable (HS 1797.224):

In the 2005 EMS Plan Update, the California EMS Authority designated the County as an Exclusive Operating Area without the use of a competitive bid process. This was done by using the grandfather provision of Health & Safety Code §1797.224 and to acknowledge that San Benito 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.

Annex 4

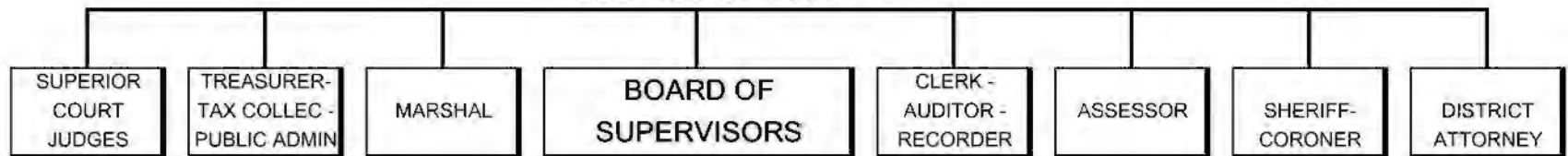
San Benito County Organizational Chart

COUNTY OF SAN BENITO ORGANIZATION CHART

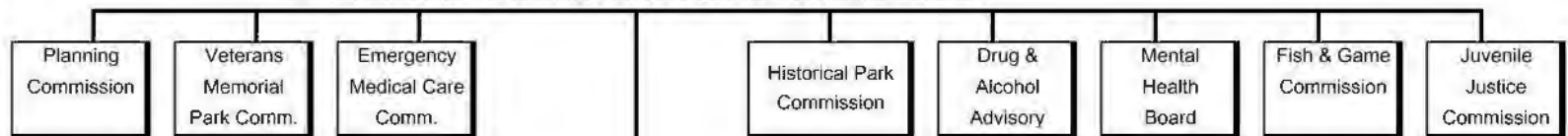
JUNE 2006

People of San Benito County, California

ELECTED OFFICIALS



APPOINTED COMMISSIONS AND COMMITTEES



APPOINTED OFFICIALS

