

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 322-1441



February 22, 2018

Ms. Kris Mangano, EMS Coordinator
San Benito County EMS Agency
471 Fourth Street
Hollister, CA 95023

Dear Ms. Mangano:

This letter is in response to San Benito County's 2016 EMS Plan Update submission to the EMS Authority on September 28, 2017.

I. Introduction and Summary:

The EMS Authority has concluded its review of San Benito County's 2016 EMS Plan Update and is approving the plan as submitted.

II. History and Background:

San Benito County received its last full plan approval for its 2015 plan submission, and its last annual plan update for its 2012 plan submission.

Historically, we have received EMS Plan submissions from San Benito County for the following years:

- 1999
- 2001-2002
- 2004
- 2007
- 2008
- 2010
- 2012
- 2015

Health and Safety Code (HSC) § 1797.254 states:

*"Local EMS agencies shall **annually** (emphasis added) submit an emergency medical services plan for the EMS area to the authority, according to EMS Systems, Standards, and Guidelines established by the authority".*

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, based on compliance with statute and the standards and guidelines established by the EMS Authority consistent with HSC § 1797.105(b).

III. Analysis of EMS System Components:

Following are comments related to San Benito County's 2016 EMS Plan Update. Areas that indicate the plan submitted is concordant and consistent with applicable guidelines or regulations, HSC § 1797.254, and the EMS system components identified in HSC § 1797.103, are indicated below:

- | | Not
Approved | Approved | |
|----|-------------------------------------|--------------------------|---|
| A. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>System Organization and Management</u> |
| B. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Staffing/Training</u> |
| C. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Communications</u> |
| D. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Response/Transportation</u> |

- Table 5

In the next plan submission, please discontinue use of the two documents submitted as Table 5, and use the most current table available on the EMS Authority's EMS Planning webpage.
<https://emsa.ca.gov/EMS-Planning/>

- Ambulance Zones

Based on the documentation provided by San Benito County, please find enclosed the EMS Authority's determination of the exclusivity of San Benito County's ambulance zones.

- | | | | |
|----|-------------------------------------|--------------------------|--|
| E. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Facilities/Critical Care</u> |
| F. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Data Collection/System Evaluation</u> |
| G. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Public Information and Education</u> |
| H. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Disaster Medical Response</u> |

IV. Conclusion:

Based on the information identified, San Benito County's 2016 EMS Plan Update is approved.

Pursuant to HSC § 1797.105(b):

"After the applicable guidelines or regulations are established by the Authority, a local EMS agency may implement a local plan...unless the Authority determines that the plan does not effectively meet the needs of the persons served and is not consistent with the coordinating activities in the geographical area served, or that the plan is not concordant and consistent with applicable guidelines or regulations, or both the guidelines and regulations established by the Authority."

V. Next Steps:

San Benito County's 2017 EMS Plan Update will be due on or before February 28, 2019. If you have any questions regarding the plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,

A handwritten signature in blue ink, appearing to read "Howard Backer", followed by a small flourish.

Howard Backer, MD, MPH, FACEP
Director

Enclosure

2016 San Benito Transportation Plan
Approved

ZONE	EXCLUSIVITY			TYPE			LEVEL								
	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All CCT Ambulance Services	BLS Non-Emergency and IFT	Standby Service with Transport Authorization	All Air Ambulance	Emergency Air Ambulance

San Benito County
Office of Emergency Services
Emergency Medical Services Division



EMS PLAN ANNUAL UPDATE

January 1, 2016 - December 31, 2016

INTRODUCTION

The San Benito County Emergency Medical Services Division of the Office of Emergency Services serves as the lead agency for the countywide Emergency Medical Services program. EMS is responsible for coordinating all system participants within the County and is also responsible for planning, implementing, monitoring, and evaluating the local EMS system. This includes establishing policies addressing the financial aspects of system operation, and making provisions for collection, analysis, and dissemination of EMS related data.

San Benito County encompasses an area of 1,391 square miles with a resident population of approximately 60,000. The region ranges from remote rural unincorporated communities to populated urban communities, with the City of Hollister being the County Seat.

This document is the EMS Plan annual update providing relevant information to the time period of January 1, 2016 - December 31, 2016. No major changes have occurred since the EMS Plan was approved last year. It is my pleasure to present this on behalf of San Benito County.



Sincerely,

Kris Mangano

Kris Mangano
EMS Coordinator

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		✓			
Enhanced Level: Exclusive Operating Areas:					
1.28 EOA Plan		✓			

B. STAFFING/TRAINING

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

C. COMMUNICATIONS

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

D. RESPONSE/TRANSPORTATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long-range plan
Universal Level:						
4.01	Service Area Boundaries*		✓	✓		
4.02	Monitoring		✓	✓		
4.03	Classifying Medical Requests		✓			
4.04	Prescheduled Responses		✓			
4.05	Response Time 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		✓			
Enhanced Level: Advanced Life Support:						
4.16	ALS Staffing		✓	✓		
4.17	ALS Equipment		✓			

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*		✓			
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		✓			
5.11	Emergency Departments		✓	✓		
5.12	Public Input		✓			
Enhanced Level: Other Specialty Care Systems:						
5.13	Specialty System Design		✓			
5.14	Public Input		✓			

F. DATA COLLECTION/SYSTEM EVALUATION

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

G. PUBLIC INFORMATION AND EDUCATION

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

H. DISASTER MEDICAL RESPONSE

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
8.01 Disaster Medical Planning*		✓			
8.02 Response Plans		✓	✓		
8.03 HazMat Training		✓			
8.04 Incident Command System		✓	✓		
8.05 Distribution of Casualties*		✓			
8.06 Needs Assessment		✓			
8.07 Disaster Communications*		✓			
8.08 Inventory of Resources		✓			
8.09 DMAT Teams		✓			
8.10 Mutual Aid Agreements*		✓			
8.11 CCP Designation*		✓			
8.12 Establishment of CCPs		✓			
8.13 Disaster Medical Training		✓			
8.14 Hospital Plans		✓	✓		
8.15 Inter-hospital 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		✓			
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:					
8.19 Waiving Exclusivity		✓			

APPENDIX 1: System Assessment Form

STANDARD:

1.14 Policy & Procedure Manual

CURRENT STATUS:

We plan to do a complete redesign of our Policy & Procedure Manual.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

Reorganization of the current Policy & Procedure Manual, reviewing policies and procedures and making necessary changes as needed.

TIME FRAME FOR MEETING OBJECTIVE:

We plan to introduce the new format late in 2017 and implement shortly thereafter, but no later than Jan. 2018.

_____ Short-range plan (one year or less)

☒ Long-range plan (more than one year)

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

EMS System: San Benito County

Reporting Year: 2016

NOTE: Number (1) below is to be completed for each county. The balance of Table 2 refers to each agency.

1. Percentage of population served by each level of care by county:
(Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)

County: San Benito County

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

2. Type of agency
a - Public Health Department
b - County Health Services Agency
c - Other (non-health) County Department
d - Joint Powers Agency
e - Private Non-Profit Entity
f - Other: Emergency Medical Services is a Division of the Office of Emergency Services

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

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

Implementation of exclusive operating areas (ambulance franchising)	<u>✓</u>
Designation of trauma centers/trauma care system planning	<u>✓</u>
Designation/approval of pediatric facilities	<u>✓</u>
Designation of other critical care centers	<u>✓</u>
Development of transfer agreements	<u>✓</u>
Enforcement of local ambulance ordinance	<u>✓</u>
Enforcement of ambulance service contracts	<u>✓</u>
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>CSA 36</u>	

5. EMS agency budget for FY 2016 (July 1, 2016-June 30, 2017)
EXPENSES

Salaries and benefits	\$ <u>162,655.04</u>
(All but contract personnel)	
Contract Services	<u>10,945.00</u>
(e.g. medical director)	
Operations (e.g. copying, postage, facilities)	<u>21,313.95</u>
Travel	<u>5,468.75</u>
Fixed assets	
Indirect expenses (overhead)	<u>38,103.76</u>
Ambulance subsidy	
EMS Fund payments to physicians/hospital	<u>46,553.96</u>
Dispatch center operations (non-staff)	<u>88,021.82</u>
Training program operations	
Other: <u>Base Station Hospital</u>	<u>7,000.00</u>
Other:	
Other:	
TOTAL EXPENSES	<u>\$380,062.88</u>

Table 2 - System Organization & Management (cont.)

SOURCES OF REVENUE

Special project grant(s) [from EMSA}	
Preventive Health and Health Services (PHHS) Block Grant	\$ _____
Office of Traffic Safety (OTS)	_____
State general fund	_____
County general fund	_____
Other local tax funds (e.g., EMS district)	<u>326,611.49</u>
County contracts (e.g. multi-county agencies)	_____
Certification fees	<u>2,235.00</u>
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	<u>8,895.00</u>
Contributions	
EMS Fund (SB 12/612)	<u>27,730.17</u>
Other grants: _____	
Other fees: <u>Hollister Hills</u>	<u>47,537.00</u>
Other (specify):	
TOTAL REVENUE	<u>\$413,008.66</u>

Revenue exceeds expensed because our local hospital did not spend any Richie Fund monies this fiscal year as they are making a large purchase next fiscal year.

Table 2 - System Organization & Management (cont.)

Fee structure for FY 2016

 We do not charge any fees

 ✓ Our fee structure is:

First responder certification	\$ <u> </u>
EMS dispatcher certification	<u> </u>
EMT-I certification	<u> 54.00 </u>
EMT-I recertification	<u> 47.00 </u>
EMT-defibrillation certification	<u> </u>
EMT-defibrillation recertification	<u> </u>
EMT-II certification	<u> </u>
EMT-II recertification	<u> </u>
EMT-P accreditation	<u> 146.00 </u>
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	<u> 169.00 </u>
MICN/ARN recertification	<u> 100.00 </u>
EMT-I training program approval	<u> </u>
EMT-II training program approval	<u> </u>
EMT-P training program approval	<u> 828.00 </u>
MICN/ARN training program approval	<u> </u>
Base hospital application	<u> </u>
Base hospital designation	<u> </u>
Trauma center application	<u> </u>
Trauma center designation	<u> 4,493.00 </u>
Pediatric facility approval	<u> </u>
Pediatric facility designation	<u> </u>
Other critical care center application	
Type:	
Other critical care center designation	
Type: <u>STEMI</u>	<u> 4,493.00 </u>
 Ambulance Provider Certificate of Operations	 ALS/CCT <u> 735.00 </u>
Gurney/Wheelchair/BLS/AIR	<u> 601.00 </u>
 Ambulance vehicle permits	
Other: <u>Gurney/Wheelchair Van/BLS</u>	<u> 102.00 </u>
Other: <u>ALC/CCT/QRV</u>	<u> 133.00 </u>

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 2016.

Table 2 - System Organization & Management (cont.)EMS System: San Benito CountyReporting year 2016

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Coordinator	1	42.02	40-50	
Asst. Admin./Admin. Asst./Admin. Mgr.					
ALS Coord./Field Coord./ Training Coordinator					
Program Coordinator/ Field Liaison (Non-clinical)					
Trauma Coordinator					
Medical Director	Medical Director	1	110.00	n/a	contractor
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner					

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

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary					
Other Clerical	EMS Secretary	1	23.72	40-45	
Data Entry Clerk					
Other					

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

ORGANIZATIONAL STRUCTURE

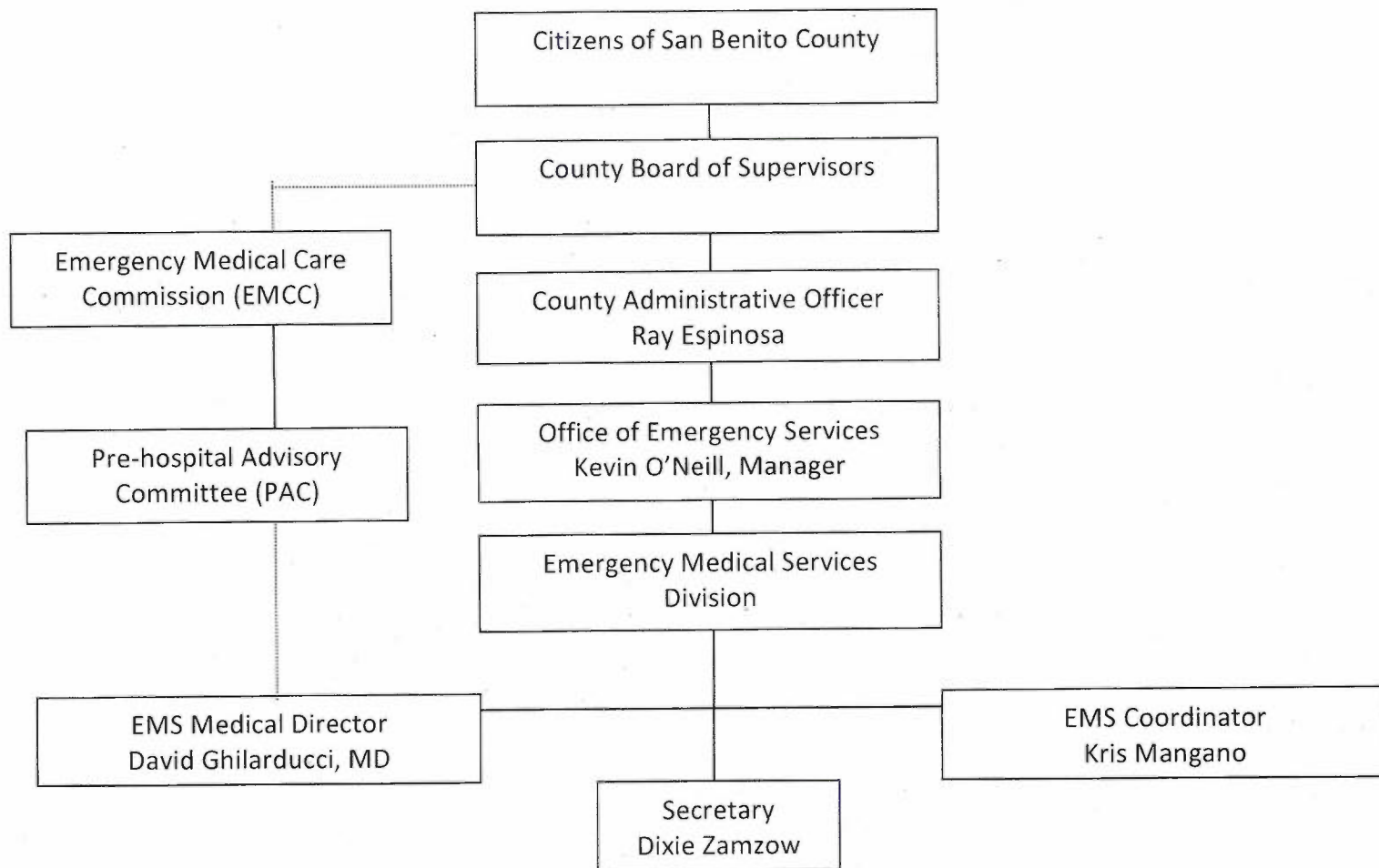


TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

Revision #3 (2/16/95)

EMS System: San Benito CountyReporting Year: 2016**NOTE:** Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN	EMS Dispatchers
Total Certified	78	n/a	15	n/a	n/a
Number newly certified this year	8		2		
Number recertified this year	33		5		
Total number of accredited personnel on July 1 of the reporting year	25		4		
a) formal investigations	0	n/a	0	n/a	n/a
b) probation	0		0		
c) suspensions	0		0		
d) revocations	0		0		
e) denials	0		0		
f) denials of renewal	0		0		
g) no action taken	0		0		

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

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: San Benito County

County: San Benito County

Reporting Year: 2016

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

1. Number of primary Public Service Answering Points (PSAP) 1
2. Number of secondary PSAPs 2
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 Tx 463.00 / Rx 468.0
 - b. Other methods Hollister Fire Frequency
 - c. Can all medical response units communicate on the same disaster communications system?
Yes ☒ No ☐
 - d. Do you participate in OASIS? Yes ☒ No ☐
 - e. Do you have a plan to utilize RACES as a back-up communication system?
Yes ☒ No ☐
 - 1) Within the operational area? Yes ☒ No ☐
 - 2) Between the operational area and the region and/or state? Yes ☒ No ☐
6. Who is your primary dispatch agency for day-to-day emergencies? Santa Cruz Regional 911
7. Who is your primary dispatch agency for a disaster? Santa Cruz Regional 911

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

EMS System: San Benito County

Reporting Year: 2016

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>2748</u>
	a) Number of emergency responses (Code 2: expedient, Code 3: lights and siren)	<u>2748</u>
	b) Number non-emergency responses (Code 1: normal)	<u>217</u>
4.	Total number of transports	<u>2277</u>
	a) Number of emergency transports (Code 2: expedient, Code 3: lights and siren)	<u>2277</u>
	b) Number of non-emergency transports (Code 1: normal)	<u>0</u>

Early Defibrillation Providers

5.	Number of public safety defibrillation providers	<u>2</u>
	a) Automated	<u>2</u>
	b) Manual	<u></u>
6.	Number of EMT-Defibrillation providers	<u>4</u>
	a) Automated	<u>4</u>
	b) Manual	<u></u>

Air Ambulance Services

7.	Total number of responses	<u>256</u>
	a) Number of emergency responses	<u>256</u>
	b) Number of non-emergency responses	<u>0</u>
8.	Total number of transports	<u>250</u>
	a) Number of emergency (scene) responses	<u>250</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
BLS and CPR capable first responder	n/a	n/a	n/a	n/a
Early defibrillation responder	n/a	n/a	n/a	n/a
Advanced life support responder	10 min	30 min	90 min	
Transport Ambulance	10 min	30 min	90 min	

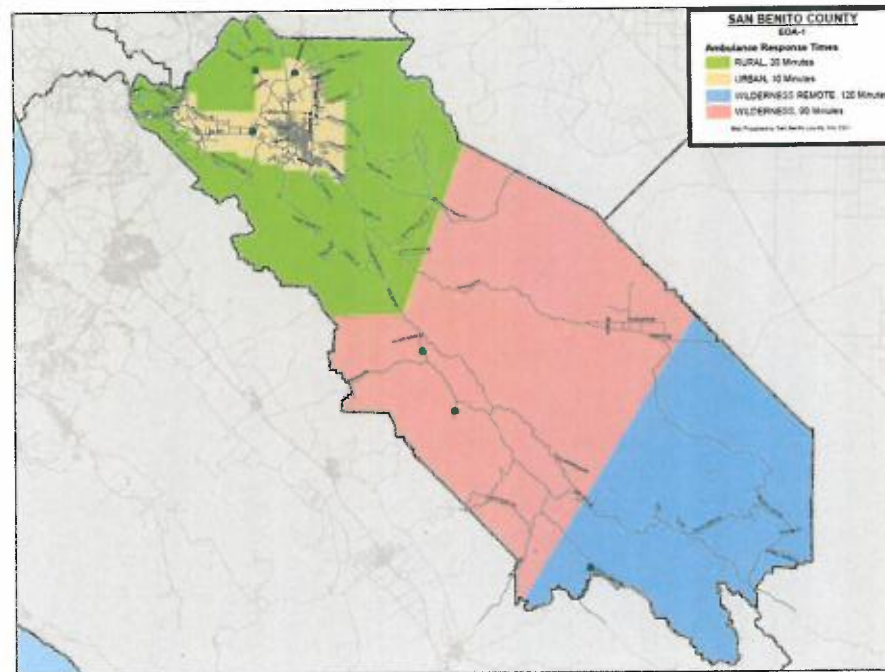


TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care

EMS System: San Benito County

Reporting Year: 2016

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

a) Number of patients meeting trauma triage criteria	<u>155</u>
b) Number of major trauma victims transported directly to a trauma center by ambulance	<u>33</u>
c) Number of major trauma patients transferred to a trauma center	<u>50</u>
d) Number of patients meeting triage criteria who weren't treated at a trauma center	<u>41</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>1</u>
2. Number of base hospitals with written agreements	<u>1</u>

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: San Benito County

County: San Benito County

Reporting Year: 2016

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

SYSTEM RESOURCES

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

OPERATIONS

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

3. Have you tested your MCI Plan this year in a:
- a. real event? yes ☒ no ☐
- b. exercise? yes ☒ no ☐
4. List all counties with which you have a written medical mutual aid agreement.
- _____
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? _____
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 ☐

Although we have pre-identified Casualty Collection Points, the emergency itself will ultimately determine whether the pre-identified sites are most appropriate for the given circumstances. Resources needed to operate CCPs would go through the IC. We would also work closely with the Office of Emergency Services to identify locations, for staffing, and logistics.

TABLE 8: Response/Transportation/Providers

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

County: San Benito County **Provider:** American Medical Response **Response Zone:** Countywide (EOA)

Address: 1870 Hillcrest Road **Number of Ambulance Vehicles in Fleet:** 6
Hollister, CA 95023

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

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

2965 Total number of responses
2748 Number of emergency responses
217 Number of non-emergency responses

2543 Total number of transports
2277 Number of emergency transports
266 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

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

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

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

Phone (831) 726-3130 **Average Number of Ambulances on Duty**
Number: At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

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

County: San Benito County

Provider: Hollister Fire Department

Response Zone: County of San Benito,
City of Hollister, City of
San Juan Bautista

Address: 110 Sally Street
Hollister, CA 95023

Number of Ambulance Vehicles in Fleet: 0

Phone Number: (831) 636-4325

**Average Number of Ambulances on Duty
At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

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

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

Address: 20 Morensen Ave. **Number of Ambulance Vehicles in Fleet:** 2
Salinas, CA 93905

Phone Number: 831-424-3815 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

316 _____ Total number of responses
316 _____ Number of emergency responses
 _____ Number of non-emergency responses

309 _____ Total number of transports
309 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

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

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

Address: 7800 Cienega Road
Hollister, CA 95023

Phone Number: (831) 637-8186

Number of Ambulance Vehicles in Fleet: 0

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:

San Benito County Emergency Medical Services
A Division of the San Benito County Office of Emergency Services

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 (uninterrupted)

Area or subarea (Zone) Geographic Description:

The area includes the entire County of San Benito

THE LEGAL DESCRIPTION OF COUNTY OF SAN BENITO, CALIFORNIA

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

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

Include intent of local EMS agency and Board action.

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

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Emergency Ambulance Service at 911 Emergency Response/ALS Ambulance

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

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

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

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

TABLE 9: FACILITIES

County: San Benito

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

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

Telephone Number: (831) 637-5711

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center¹ EDAP² PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center what level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
STEMI Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stroke Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 10: APPROVED TRAINING PROGRAMS

County: San Benito

Reporting Year: 2016

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: N/A		Telephone Number: _____	
Address: _____			

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

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

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

Training Institution: _____ Telephone Number: _____
 Address: _____

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

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

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

TABLE 11: DISPATCH AGENCY

County: San Benito County

Reporting Year: 2016

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

Santa Cruz Regional 911

Name: _____ Primary Contact: _____
Address: 495 Upper Park Road Dennis Kidd, General Manager
Santa Cruz, CA 95065
Telephone Number: 831-471-1000

Written Contract: ☒ Yes ☐ No Medical Director: ☐ Yes ☐ No ☒ Day-to-Day
☒ Disaster

Number of Personnel Providing Services:
_____ EMD Training 31 EMT-D _____ ALS
_____ BLS _____ LALS _____ Other

Ownership: ☐ Public ☒ Private If Public:
☐ Fire ☐ Law ☐ Other
Explain: _____

If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal

Name: _____ Primary Contact: _____
Address: _____
Telephone Number: _____

Written Contract: _____ Medical Director: ☐ Day-to-Day _____ Number of Personnel Providing Services:
☐ Yes ☐ No ☐ Yes ☐ No ☐ Disaster _____ EMD Training _____ EMT-D _____ ALS
_____ BLS _____ LALS _____ Other

Ownership: _____ If Public: _____
☐ Public ☐ Private ☐ Fire _____
☐ Law _____
☐ Other _____
Explain: _____

If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal