

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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



April 11, 2022

Ms. Kris Mangano, EMS Administrator  
San Benito County Emergency Medical Services Agency  
471 Fourth Street  
Hollister, CA 95023

Dear Ms. Mangano:

This letter is in response to San Benito County's 2019 emergency medical services (EMS) plan submission to the EMS Authority on January 3, 2022, as well as the Trauma and Quality Improvement (QI) plan submissions.

The EMS Authority has reviewed the EMS plan, based on compliance with statutes, regulations, and case law. It has been determined the plan meets all EMS system components identified in Health and Safety Code (HSC) § 1797.103 and is approved for implementation pursuant to HSC § 1797.105(b). Based on transportation documentation provided, please find enclosed the ground exclusive operating areas status, as compiled by the EMS Authority.

The EMS Authority has also reviewed the Trauma and QI plans, based on compliance with Title 22 California Code of Regulations §§ 100253 and 100404, and has approved for implementation.

In accordance with HSC § 1797.254, please submit an annual EMS plan to the EMS Authority in 2023. Please also submit an annual Trauma and QI plan concurrently with the EMS plan. If you have any questions regarding the EMS Plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Tom McGinnis', enclosed in a blue oval.

Tom McGinnis, EMT-P  
Chief, EMS Systems Division

Enclosure

tm:lg





# EMS PLAN ANNUAL UPDATE 2019

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

## Executive Summary

The EMS Plan Update is intended to meet the requirements of the California Health & Safety Code, Division 2.5, Section 1797.254. There are no significant changes from our 2018 Plan.

All data included in this Plan are from the calendar year 2019, unless otherwise noted.

The EMS Agency would like to thank our community partners, first responders, emergency dispatchers, EMTs and Paramedics, and emergency department personnel for their dedication, commitment, and effort in supporting the San Benito County EMS System.

It is my pleasure to present this update on behalf of San Benito County.

Respectfully submitted,

*Kris Mangano*

Kris Mangano, EMS Coordinator

---

---

# CONTENTS

---

Mission Statement	6
Vision	6
The EMS System	6
Dispatch	7
Call Volume	7
Response Time Compliance	7
STEMI / Stroke	8
CARES	8
Trauma System Plan	8
Quality Improvement	9
Pre-Hospital Advisory Committee (PAC)	9
Emergency Medical Care Committee (EMCC)	9
Education & Training	10
Community Outreach	11
Medical Health Operational Area Coordinator (MHOAC)	11
Financial Management	13
Community Service Area (CSA) 26	13
EMS Revenue	13
The Maddy Fund	13

---

Accomplishments & Significant Events	14
Goals	14
Organizational Chart	15
Tables 1-10	16
Ambulance Zone Summary Form	46

---

## About San Benito County

Located in California's Central Coast region, 130 miles south of San Francisco, San Benito County (pop. 62,808) maintains a rural feel while offering a strong sense of community and historic charm in the County's two incorporated cities and three unincorporated towns. The County encompasses almost 1,400 square miles and was formed from parts of Monterey County in 1874.

Agriculture is San Benito County's largest industry with fertile valley soil supporting some of the most productive farmland in the state. Cool ocean air regulates the County's temperature resulting in warm summers and mild winters perfect for enjoying the many outdoor pursuits available in the area.

San Benito County offers visitors and residents a wide array of "hidden" treasures. In February of 2013, the majestic mountains of Pinnacles National Monument were officially designated at the 59th National Park in the U.S. The County's emerging wine country offers highly acclaimed and award-winning wines set among the scenic landscape of the area. Home to mission San Juan Bautista, the County also offers the enjoyment of an array of outdoor recreational activities, Agri-tourism, public library, museums, art festivals and galleries. The ideal proximity situated between the Silicon Valley and Monterey Bay provides easy access to the numerous amenities of the big city, while still offering an idyllic and scenic setting with affordable housing and a quality lifestyle.



## Mission Statement

To protect and improve the health and safety of the people in San Benito County through the provision of high-quality Emergency and Disaster Medical Services, with reasonable costs, community involvement, continuous evaluation, injury and illness prevention programs and anticipatory planning.

## Vision

To provide system leadership and planning that is proactive while continuously seeking ways to improve and optimize Emergency Medical Services for the citizens and visitors of San Benito County.

## The EMS System

A functioning EMS system is composed of diverse components working together to meet the needs of those who call 911 for medical assistance. Coordination of these EMS system components is the responsibility of the EMS Agency. The EMS Agency actively monitors the response to medical emergencies, certifies and accredits personnel, authorizes ambulance providers, sets local policies and protocols, oversees first responder (fire and law enforcement) Narcan and AED use, reviews patient care documentation, monitors and evaluates contract compliance and Inter-facility Transports, provides regulatory oversight to ambulance providers, hospitals and private contracts, actively participates in State and Regional Administrator meetings and committees and provides a comprehensive framework to ensure the community has a coordinated and appropriate EMS response when calling 911.

The San Benito County EMS System has one exclusive operational area (EOA) for Emergency Ambulance Services and Advanced Life Support transport. The contract with American Medical Response (AMR) expired June 30, 2019; a one-year extension was approved by the Board of Supervisors to allow for additional time to negotiate a new contract. The First Responder agencies in San Benito County, Hollister Fire Department and CalFire, are non-transporting, providing BLS only. San Benito County partners with pre-hospital receiving centers and designated specialty centers (STEMI, Stroke, and Trauma). Online medical direction is provided by the Base Hospital, Hazel Hawkins Hospital, or the specialty center.



Air ambulances (helicopters) are used for the transport of critically injured or ill patients, as defined by Policies, Procedures and Protocols. San Benito County is primary served by CALSTAR. With bases in Monterey, Santa Cruz, and Santa Clara Counties, CALSTAR can provide a rapid transport

---



to nearby trauma or specialty centers. These resources can often be a life-saving option in those circumstances where ground transport times would be extended. CALSTAR also provides critical care air ambulance services to transfer patients from Hazel Hawkins Emergency Department to specialty centers.

The EMS Medical Director, David Ghilarducci, provides medical oversight to the system, which includes quality improvement and educational activities.

## Dispatch

Santa Cruz Regional 911(SCR911) is our contracted Public Safety Answering Point (PSAP). After initial law enforcement triage, medical calls are transferred to secondary PSAPs, located in the same center, where Emergency Medical Dispatch (EMD) process takes place, and then an EMS response is dispatched according to professional emergency medical dispatch protocols. Dispatchers are trained and certified to standards and provide potentially



life-saving pre-arrival instructions to the 911 caller. Santa Cruz Regional 911 received 3,706 medical calls from residents and visitors of San Benito County in 2019.

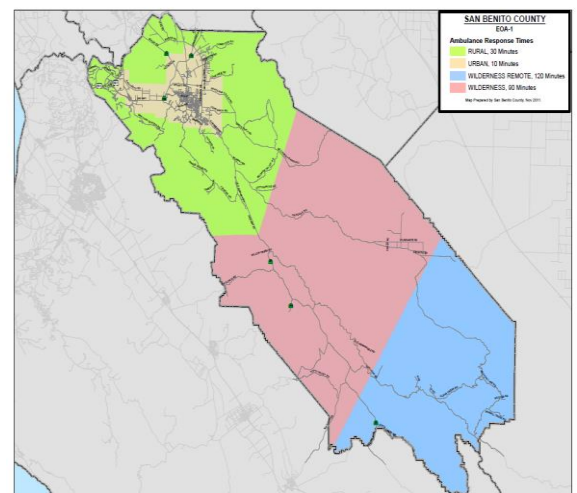
## Call Volume

For the January 1, 2019 - December 31, 2019, calendar year, American Medical Response responded to 3,567 emergency calls. In addition, they provided 105 inter-facility transports: usually from Hazel Hawkins Hospital to near-by nursing homes.

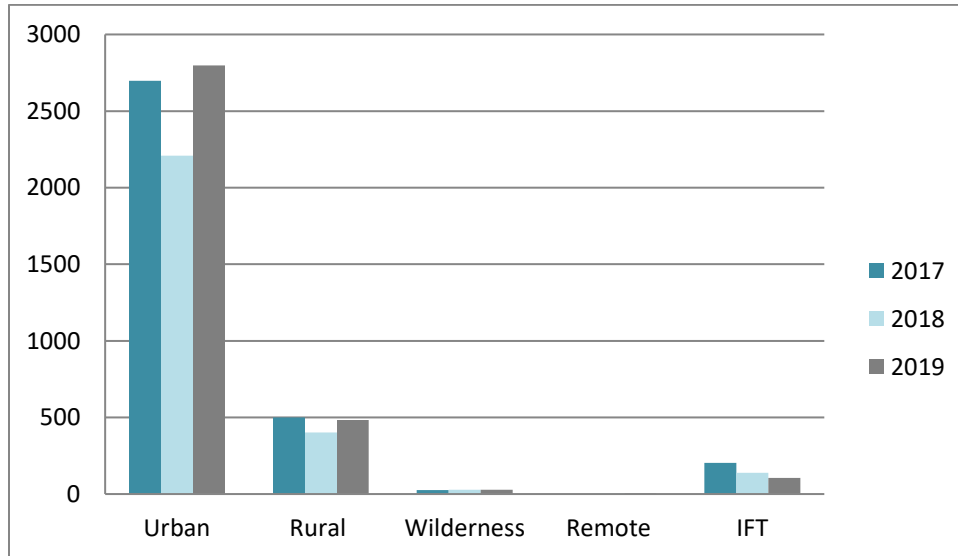
## Response Time Compliance

System response times are a key measurement of performance. This measurement is the determining factor which drives the placement and redeployment of the system's resources throughout the entire system.

American Medical Response is required by contract to be in compliance with response time standards in ninety percent (90%) or more of all 911 emergency events in which a ground transport ambulance arrives on scene,



measured monthly, to meet the specified response times. American Medical Response had an average response time compliance of 93.72% in the EOA.



## STEMI / Stroke

Patients who are suffering from the most immediate life-threatening type of heart attack or Stroke, are transported directly to a specialty Receiving Center, where rapid, specialized treatment can be immediately initiated.

## CARES

San Benito County contributes to the Cardiac Arrest Registry to Enhance Survival (CARES) program. Cardiac Arrest data is collected and reported to provide a platform to measure San Benito County outcome data against the rest of the nation and make changes to enhance delivery of care.



## Trauma System Plan

Trauma patients are flown, or ground transported to a nearby Trauma Center, based on Policies and Procedures. Hazel Hawkins Hospital is in the planning stages of becoming a Level IV Trauma Center. Our Trauma System Plan will be updated once that occurs.

## Quality Improvement

The QI Committee provides leadership for the clinical oversight and quality management of pre-hospital patient care in the county. The QI Committee membership consists of:

- the EMS Medical Director
- EMS Program Manager
- Physician from Base Hospital
- PLN from Base Hospital
- QA Manager
- EOA Ambulance CES Coordinator
- Emergency Medical Dispatch Program Manager
- and other representatives of the San Benito County EMS community as approved by the EMS Medical Director and Program Manager

The purpose of the QI Committee is to provide a system-wide approach for evaluating the Emergency Medical System of San Benito County to foster continuous improvement in performance and quality patient care. To assist the EMS Agency, EMS Providers, Receiving Hospitals, and Base Hospitals in defining standards, evaluating methodologies, and utilizing the evaluation results for continued system improvement.

Every local EMS agency implements services consistent with the standards established in statutes, regulations, and local policies that apply to that jurisdiction's emergency medical services system, all overseen and defined by the State EMS Authority.

## Pre-Hospital Advisory Committee (PAC)

This committee is not open to the public. It is comprised of the Medical Director, EMS Manager, Emergency Department physicians, PLN from Base Hospital, and any Provider Agency Representative. The purpose of the Pre-Hospital Advisory Committee is to review and update existing protocols and to develop new protocols. The meetings allow a format where provider agencies can interact directly with our Medical Director regarding questions, concerns, or new pre-hospital care devices.

## Emergency Medical Care Committee (EMCC)

The purpose of the EMCC is to assure the availability of an effective and efficient emergency medical service (EMS) system that provides consistent, high quality emergency medical services to all people in the County of San Benito. The EMCC provides the Board of Supervisors, under which it serves, advice and recommendations on EMS system planning and

---

oversight. The duties of the EMCC are outlined in the California Health & Safety Code, Sections 1797.274 and 1797.276. Membership consists of one commissioner and one alternate commissioner from each of the agencies/organizations below:

- Air Ambulance Provider (CALSTAR)
- American Red Cross
- Aromas Tri-County Fire
- Bureau of Land Management
- CA Dept. of Parks & Rec. - Hollister Hills
- CALFIRE
- CHP - Gilroy/Hollister Division
- Contracted Ambulance Provider (AMR)
- Field EMT or Paramedic
- Hollister Fire Dept.
- Hollister Police Dept.
- Member-at-Large
- National Parks Service - Pinnacles
- Public Safety Communications Center (SCR911)
- San Benito County Behavioral Health
- San Benito County Board of Supervisors
- San Benito County Probation
- San Benito County Sheriff's Office
- San Benito County Healthcare Dist. - Hazel Hawkins Hospital

## Education & Training

Annual Skills Training is a requirement for all 1<sup>st</sup> responders working in San Benito County. The course is offered every January and provides “hands-on” training ranging from airway management, childbirth, and CPR to Intraosseous Infusion (placing an IV directly into the marrow of a bone), Stroke awareness, and Trauma.

We provide Quarterly Educational Forums, in partnership with the Hazel Hawkins Hospital Emergency Department. Topics included Decontamination, Landing Zone Safety and Helicopter Operations, Diabetes forum lead by a local Endocrinologist, a trauma overview taught by Natividad Medical Center's Trauma Dept., and a special presentation on Street Drug Awareness instructed by a certified Drug Recognition Expert (DRW) with the California Highway Patrol.

Continuing Educational Units are provided for EMTs and Paramedics, which are required to maintain their certifications/licensure.

---

## Community Outreach



Community Outreach and Public Education are important component of the San Benito County EMS Agency. We work closely with all of pre-hospital provider agencies to promote “Hands-Only” CPR. We provide education at many events throughout the county, Farmers Markets, local schools, career days, community safety events and churches. We also participate in PulsePoint to assist in public awareness of Cardiac Arrest events.

San Benito County EMS Agency is active in the San Benito County Opioid Task Force, providing Naloxone training to the community and opioid awareness and prevention.

## Medical Health Operational Area Coordinator (MHOAC)

In San Benito County, the MHOAC position is the responsibility of the EMS Coordinator. The MHOAC represents the single point of contact for the MHOAC program and is responsible for monitoring and ensuring adequate medical and health resources are in place during a local emergency. The MOHOAC is authorized to make and respond to request for mutual aid from outside of San Benito County.

During non-emergency operations and the initial phase of an emergency, the MHOAC operates in a duty officer mode and is on-call 24/7. The MHOAC is responsible for ensuring the operational effectiveness of 17 mandated functions:

1. Assessment of immediate medical needs
  2. Coordination of disaster medical and health resources
  3. Coordination of patient distribution and medical evaluations
  4. Coordination of out-of-hospital medical care providers
  5. Coordination and integration with fire agencies personnel, resources, and emergency fire prehospital medical services
  6. Coordination of providers of non-fire based prehospital emergency medical services
  7. Coordination of the establishment of temporary pre-transport field treatment sites
  8. Health surveillance and epidemiological analysis of community health status
  9. Assurance of food safety
  10. Management of exposure to hazardous agents
  11. Provisions of coordination of mental health services
  12. Provision or coordination of mental health services
  13. Provision of medical and health public information and protective action recommendations
-

14. Provision or coordination of vector control services
15. Assurance of drinking water safety
16. Assurance of the safe management of liquid, solid, and hazardous wastes
17. Investigation and control of communicable disease

The MHOAC Program has 4 major activities to perform to ensure the operational effectiveness of the 17 mandated functions:

- Overall incident assessment to maintain situational awareness
- Overall interagency coordination with subject matter experts in the 17 functional areas
- Situation status reporting
- Resource request management for medical and health resources

In December, during a winter storm, one of our local nursing homes flooded because of excess rain and clogged storm drains. The MHOAC coordinated 2-strike teams to relocate over 100 patients from one facility to another, in under two hours.

# Financial Management

---

## Community Service Area (CSA) 26

---

CSA36 was established by the Board of Supervisors in December 1990 and affects all parcels in San Benito County.

The EMS Agency administers the CSA-36. These funds support the provisions of EMS within San Benito County; Advanced Life Support (paramedic services), including coordination and oversight of medical protocols, personnel, training, communications, essential services, and the administration of the Emergency Medical Services Agency.

---

## EMS Revenue

---

EMT, Paramedic and Ambulance Fees were increased in this year to reflect the approval of County Ordinance #972 - Master Fee Schedule.

Hollister Hills pays an annual amount of \$42,750.00 to help offset the calls generated by the park to the EMS System.

Additional revenue includes the administrative fees and interest earned on the Maddy Fund.

---

## The Maddy Fund

---

Section 1797.98 of the Health and Safety Code authorizes counties to establish a *Maddy Emergency Medical Services (EMS) Fund* through the adoption of a resolution by the Board of Supervisors, to reimburse physicians/surgeons and hospitals for the cost of uncompensated emergency care and for other discretionary EMS purposes. The Maddy EMS Fund is administered by the EMS Agency.

Additionally, the Health and Safety code §1797.98a(e) authorizes counties that have established the supplemental assessment, to establish a *Richie's Fund*, as part of the Maddy EMS Fund. The Richie's Fund provides funding for pediatric trauma.

The Maddy Fund (original and supplemental assessment) is funded through revenues generated from local penalty assessments on fines and forfeitures for various criminal offenses and motor vehicle violations, including a portion of traffic school fees. The assessment is currently \$2.00 per \$10 of fines, penalties, and forfeitures.

---

## Accomplishments & Significant Events

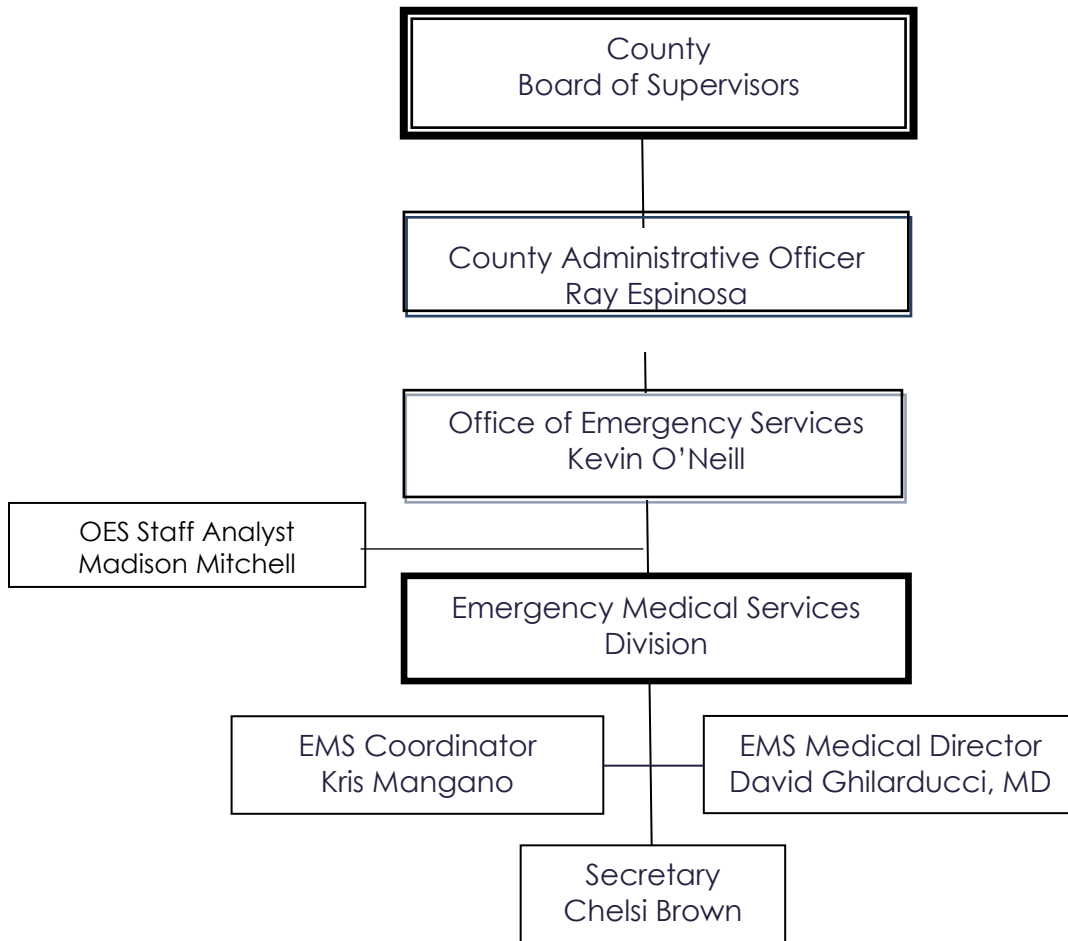
- Naloxone -training and distribution of Naloxone to the community through education at the Farmers Market, The San Benito County Opioid Task Force Town Hall, and other community events.
- “Hands-Only” CPR - continued to provide instruction at Farmers Markets, Kids in the Park, the County Fair, and other community events.
- Policies, Procedures & Protocols -the manual is updated annually, and training is provided on revisions during the Infrequently Used Skills training in January.

## Goals

- Improve Cardiac Arrest Survival Rates
  - Bystander CPR
  - Participating in CARES
- Local Trauma Center
  - Continuing working with Hazel Hawkins Hospital on the implementation of a Level IV Trauma Center
- Disaster Response
  - Participate in the Hospital Preparedness Program (HPP) by planning and implementing disaster drills, including tabletop and functional exercises.
  - Continued implementation and training of EMS policies related to multi-casualty incidents
- Public Information, Education and Outreach
  - Continue providing and training on Naloxone
  - Continue to provide “hands-only CPR” events
  - Continue participating in local organizations
    - San Benito County Opioid Task Force



# Organizational Chart



**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**A. SYSTEM ORGANIZATION AND MANAGEMENT**

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

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)**

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

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**B. STAFFING/TRAINING**

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

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**C. COMMUNICATIONS**

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

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**D. RESPONSE/TRANSPORTATION**

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

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**E. FACILITIES/CRITICAL CARE**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
5.01	Assessment of Capabilities			✓		
5.02	Triage & Transfer Protocols*			✓		
5.03	Transfer Guidelines*			✓		
5.04	Specialty Care Facilities*		✓			
5.05	Mass Casualty Management			✓		
5.06	Hospital Evacuation*		✓			
<b>Enhanced Level: Advanced Life Support:</b>						
5.07	Base Hospital Designation*			✓		
<b>Enhanced Level: Trauma Care System:</b>						
5.08	Trauma System Design		✓			
5.09	Public Input		✓			
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>						
5.10	Pediatric System Design		✓			
5.11	Emergency Departments		✓			
5.12	Public Input		✓			
<b>Enhanced Level: Other Specialty Care Systems:</b>						
5.13	Specialty System Design		✓			
5.14	Public Input		✓			

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**F. DATA COLLECTION/SYSTEM EVALUATION**

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



**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**G. PUBLIC INFORMATION AND EDUCATION**

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

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**H. DISASTER MEDICAL RESPONSE**

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

**1TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT**

Reporting Year: 2019

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

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

County: San Benito

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

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

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

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	<u>X</u>
Designation/approval of pediatric facilities	_____
Designation of other critical care centers	_____
Development of transfer agreements	_____
Enforcement of local ambulance ordinance	<u>X</u>
Enforcement of ambulance service contracts	<u>X</u>
Operation of ambulance service	<u>X</u>
Continuing education	<u>X</u>
Personnel training	<u>X</u>
Operation of oversight of EMS dispatch center	_____
Non-medical disaster planning	_____
Administration of critical incident stress debriefing team (CISD)	_____

**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

Administration of disaster medical assistance team (DMAT)	_____
Administration of EMS Fund [Senate Bill (SB) 12/612]	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____

**5. EXPENSES**

Salaries and benefits (All but contract personnel)	\$ <u>112,451.25</u>
Contract Services (e.g. medical director)	<u>18,692.50</u>
Operations (e.g. copying, postage, facilities)	<u>939.93</u>
Travel	<u>3,764.78</u>
Fixed assets	<u>0.00</u>
Indirect expenses (overhead)	<u>5,402.59</u>
Ambulance subsidy	<u>7,500.00</u>
EMS Fund payments to physicians/hospital	<u>42,683.89</u>
Dispatch center operations (non-staff)	<u>94,650.31</u>
Training program operations	<u>0.00</u>
Other: <u>Base Station</u>	<u>7,000.00</u>
Other: _____	<u>0.00</u>
Other: _____	<u>0.00</u>
<b>TOTAL EXPENSES</b>	\$ <u>293,085.25</u>

**6. SOURCES OF REVENUE**

Special project grant(s) [from EMSA]	\$ <u>0.00</u>
Preventive Health and Health Services (PHHS) Block Grant	<u>0.00</u>
Office of Traffic Safety (OTS)	<u>0.00</u>
State general fund	<u>0.00</u>
County general fund	<u>0.00</u>
Other local tax funds(e.g., EMS district)-CSA36	<u>501,434.00</u>
County contracts (e.g. multi-county agencies)	<u>0.00</u>
Certification fees	<u>3,645.00</u>
Training program approval fees	<u>0.00</u>
Training program tuition/Average daily attendance funds (ADA)	<u>0.00</u>
Job Training Partnership ACT (JTPA) funds/other payments	<u>0.00</u>
Base hospital application fees	<u>0.00</u>

**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

Trauma center application fees	<u>0.00</u>
Trauma center designation fees	<u>0.00</u>
Pediatric facility approval fees	<u>0.00</u>
Pediatric facility designation fees	<u>0.00</u>
Other critical care center application fees	<u>0.00</u>
Type: _____	
Other critical care center designation fees	<u>0.00</u>
Type: _____	
Ambulance service/vehicle fees	<u>5,530.90</u>
Contributions	<u>0.00</u>
EMS Fund (SB 12/612)	<u>99,831.29</u>
Other grants: _____	<u>0.00</u>
Other fees: _____	<u>0.00</u>
Other (specify): _____	<u>57,000.00</u>
<b>TOTAL REVENUE</b>	<b>\$ <u>667,441.19</u></b>

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

As a small rural county, we do not generate many expenses....

**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

**7. Fee structure**

We do not charge any fees

Our fee structure is:

First responder certification	<b>\$ <u>0.00</u></b>
EMS dispatcher certification	<b><u>0.00</u></b>
EMT-I certification	<b><u>135.00</u></b>
EMT-I recertification	<b><u>90.00</u></b>
EMT-defibrillation certification	<b><u>0.00</u></b>
EMT-defibrillation recertification	<b><u>0.00</u></b>
AEMT certification	<b><u>0.00</u></b>
AEMT recertification	<b><u>0.00</u></b>
EMT-P accreditation	<b><u>0.00</u></b>
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	<b><u>0.00</u></b>
MICN/ARN recertification	<b><u>0.00</u></b>
EMT-I training program approval	<b><u>1,053.00</u></b>
AEMT training program approval	<b><u>0.00</u></b>
EMT-P training program approval	<b><u>1,250.00</u></b>
MICN/ARN training program approval	<b><u>0.00</u></b>
Base hospital application	<b><u>0.00</u></b>
Base hospital designation	<b><u>0.00</u></b>
Trauma center application	<b><u>0.00</u></b>
Trauma center designation	<b><u>4,700.00</u></b>
Pediatric facility approval	<b><u>0.00</u></b>
Pediatric facility designation	<b><u>0.00</u></b>
Other critical care center application	
Type: <u>STEMI</u>	
Other critical care center designation	
Type: _____	
Ambulance service license	<b><u>650.00-BLS 750.00-ALS</u></b>
Ambulance vehicle permits	<b><u>150.00-ALS</u></b>
Other: _____	<b><u>105.00-BLS</u></b>
Other: _____	<b><u>0.00</u></b>
Other: _____	<b><u>0.00</u></b>

**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

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	30	
Asst. Admin./Admin.Asst./Admin. Mgr.					
ALS Coord./Field Coord./Trng 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					
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary	Secretary	1	25.17	30	
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: STAFFING/TRAINING**

Reporting Year: 2019

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

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	83			
Number newly certified this year	4			
Number recertified this year	33			
Total number of accredited personnel on July 1 of the reporting year	80		0	
Number of certification reviews resulting in:				
a) formal investigations	1			
b) probation	0		0	
c) suspensions	1		0	
d) revocations	0			
e) denials	0			
f) denials of renewal	0			
g) no action taken	0		0	

1. Early defibrillation:

a) Number of EMT-I (defib) authorized to use AEDs

83

b) Number of public safety (defib) certified (non-EMT-I)

0

2. Do you have an EMR training program

yes  no



## TABLE 4: COMMUNICATIONS

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

County: San Benito

Reporting Year: 2019

- |  |   |
|--|---|
| 1. Number of primary Public Service Answering Points (PSAP)  | <u>1</u>  |
| 2. Number of secondary PSAPs   | <u>2</u>  |
| 3. Number of dispatch centers directly dispatching ambulances  | <u>1</u>  |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines  | <u>1</u>  |
| 5. Number of designated dispatch centers for EMS Aircraft  | <u>0</u>  |
| 6. Who is your primary dispatch agency for day-to-day emergencies?<br><u>Santa Cruz Regional 911</u>                   |   |
| 7. Who is your primary dispatch agency for a disaster?<br><u>Santa Cruz Regional 911</u>                               |   |
| 8. Do you have an operational area disaster communication system?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>Tx 463.00 / Rx 468.0</u>   |   |
| b. Other methods <u>Hollister Fire frequency</u>   |   |
| c. Can all medical response units communicate on the same disaster communications system?                              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)?                                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 1) Within the operational area?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
-

**TABLE 5: RESPONSE/TRANSPORTATION**

Reporting Year: 2019

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

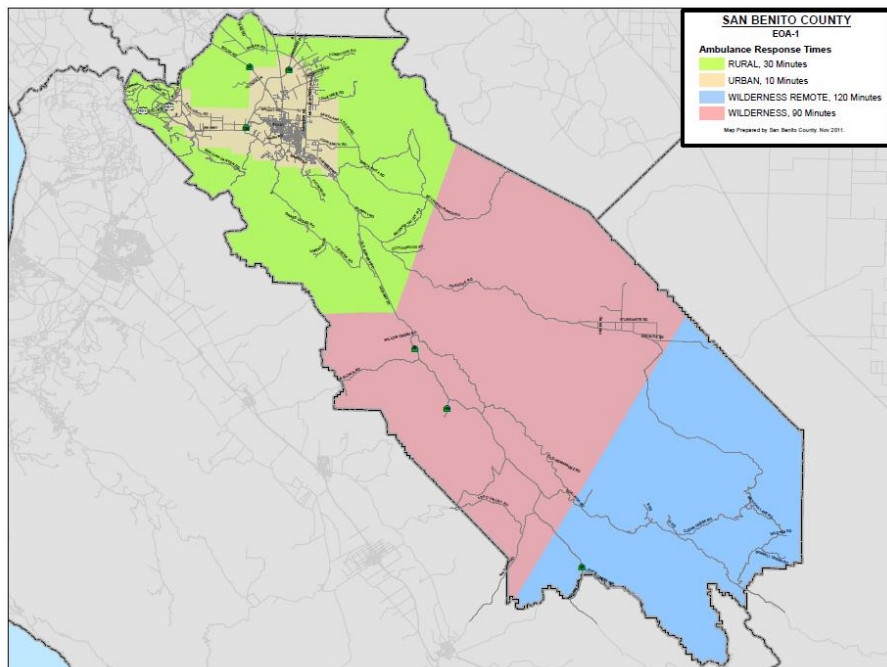
**Early Defibrillation Providers**

- Number of EMT-Defibrillation providers 5

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

Enter the response times in the appropriate boxes:

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



## TABLE 6: FACILITIES/CRITICAL CARE

Reporting Year: 2019

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

### Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	<u>718</u>
2. Number of major trauma victims transported directly to a trauma center by ambulance	<u>94</u>
3. Number of major trauma patients transferred to a trauma center	<u>73</u>
4. Number of patients meeting triage criteria who weren't treated at a trauma center	<u>333</u>

### Emergency Departments

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

### Receiving Hospitals

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

## TABLE 7: DISASTER MEDICAL

Reporting Year: 2019

County: San Benito

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

### SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? 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. CISD  
Do you have a CISD provider with 24 hour capability?  Yes  No
  
3. Medical Response Team
  - a. Do you have any team medical response capability?  Yes  No
  - b. For each team, are they incorporated into your local response plan?  Yes  No
  - c. Are they available for statewide response?  Yes  No
  - d. Are they part of a formal out-of-state response system?  Yes  No
  
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams?  Yes  No
  - b. At what HazMat level are they trained? \_\_\_\_\_
  - c. Do you have the ability to do decontamination in an emergency room?  Yes  No
  - d. Do you have the ability to do decontamination in the field?  Yes  No

### OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure?  Yes  No
  
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 1
  
3. Have you tested your MCI Plan this year in a:
  - a. real event?  Yes  No
  - b. exercise?  Yes  No

**TABLE 7: DISASTER MEDICAL (cont.)**

4. List all counties with which you have a written medical mutual aid agreement:  
none
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

Comments:

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: Resource Directory**

Reporting Year: 2019

**Response/Transportation/Providers**

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

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

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

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

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></p> <p> <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"/> LALS      <input type="checkbox"/> CCT      <input type="checkbox"/> Water  <input checked="" type="checkbox"/> IFT </p>
---	---	--	---

<p><b><u>Ownership:</u></b></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> City      <input type="checkbox"/> County <input type="checkbox"/> State      <input type="checkbox"/> District <input type="checkbox"/> Federal</p>	<p><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
--	---	--	---	--

**Transporting Agencies**

3567	Total number of responses	2112	Total number of transports
3567	Number of emergency responses	2112	Number of emergency transports
105	Number of non-emergency responses	105	Number of non-emergency transports

**Air Ambulance Services**

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



**Table 8: Resource Directory**

Reporting Year: 2019

**Response/Transportation/Providers**

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

**County:** San Benito      **Provider:** CALSTAR/REACH      **Response Zone:** County-wide

**Address:** 4933 Bailey Loop      **Number of Ambulance Vehicles in Fleet:** 3  
McClellan, CA 95652

**Phone Number:** (916) 921-4000      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3 in our area

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  Executed 11/2021	<b><u>Medical Director:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input 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 type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
--	--	---	---

<b><u>Ownership:</u></b>  <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b>  <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	---	---	---	---

**Transporting Agencies**

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

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

**Air Ambulance Services**

73 Total number of responses  
73 Number of emergency responses  
0 Number of non-emergency responses

73 Total number of transports  
73 Number of emergency transports  
0 Number of non-emergency transports



**Table 8: Resource Directory**

Reporting Year: 2019

**Response/Transportation/Providers**

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

**County:** San Benito

**Provider:** Hollister Fire Dept.

**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) 636-4324

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

<b><u>Written Contract:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <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"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
--	--	---	---

<b><u>Ownership:</u></b>  <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b>  <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b>  <input checked="" type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	--	---	---	--

**Transporting Agencies**

3567\* Total number of responses  
3567\* Number of emergency responses  
0 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

\*The "total number of responses/number of emergency responses" is included in Table 8 – American Medical Response.

**Table 8: Resource Directory**

Reporting Year: 2019

**Response/Transportation/Providers**

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

**County:** San Benito      **Provider:** Sacramento Valley Ambulance      **Response Zone:** IFT

**Address:** 6220 Belleau Wool Ln. #4      **Number of Ambulance Vehicles in Fleet:** 3  
Sacramento, CA 95822

**Phone Number:** \_\_\_\_\_      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
--	--	---	--

<b><u>Ownership:</u></b>  <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b>  <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	---	---	---	--

**Transporting Agencies**

213      Total number of responses  
0      Number of emergency responses  
0      Number of non-emergency responses

213      Total number of transports  
0      Number of emergency transports  
213      Number of non-emergency transports

**Air Ambulance Services**

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

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





**TABLE 9: FACILITIES**

**County:** San Benito

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

**Facility:** Hazel Hawkins Hospital Telephone Number: (831) 637-5711  
**Address:** 911 Sunset Drive  
Hollister, CA 95023

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Service:</u></b></p> <p><input type="checkbox"/> Referral Emergency  <input checked="" type="checkbox"/> Basic Emergency</p> <p><input type="checkbox"/> Standby Emergency  <input type="checkbox"/> Comprehensive Emergency</p>	<p><b><u>Base Hospital:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Burn Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
---	---	--	--

<p><b>Pediatric Critical Care Center<sup>1</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>EDAP<sup>2</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>PICU<sup>3</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Trauma Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>If Trauma Center what level:</u></b></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II  <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
--	--	---

<p><b><u>STEMI Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Stroke Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
---	--

<sup>1</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

<sup>2</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

<sup>3</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

**TABLE 10: APPROVED TRAINING PROGRAMS**

**County:** San Benito

**Reporting Year:** 2019

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

Training Institution:	<u>N/A</u>	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.

\*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.

**TABLE 11: DISPATCH AGENCY**

**County:** San Benito

**Reporting Year:** 2019

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

Name:		Santa Cruz Regional 911		Primary Contact:		Dennis Kidd	
Address:		495 Upper Park Road					
		Santa Cruz, CA 95065					
Telephone Number:		831-471-1000					
Written Contract:		Medical Director:		Number of Personnel Providing Services:			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Day-to-Day			
		<input checked="" type="checkbox"/> Disaster		_____ EMD Training		_____ ALS	
				_____ BLS		_____ EMT-D	
				_____ LALS		_____ Other	
Ownership:		If Public:		If Public:			
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input checked="" type="checkbox"/> Fire		<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal			
		<input checked="" type="checkbox"/> Law					
		<input checked="" type="checkbox"/> Other					
		Explain: <u>EMS</u>					

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

Date: 2019

**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 (e.g., 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.



# EMS PLAN ANNUAL UPDATE 2019

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

## Executive Summary

The EMS Plan Update is intended to meet the requirements of the California Health & Safety Code, Division 2.5, Section 1797.254. There are no significant changes from our 2018 Plan.

All data included in this Plan are from the calendar year 2019, unless otherwise noted.

The EMS Agency would like to thank our community partners, first responders, emergency dispatchers, EMTs and Paramedics, and emergency department personnel for their dedication, commitment, and effort in supporting the San Benito County EMS System.

It is my pleasure to present this update on behalf of San Benito County.

Respectfully submitted,

*Kris Mangano*

Kris Mangano, EMS Coordinator

---

---

# CONTENTS

---

Mission Statement	6
Vision	6
The EMS System	6
Dispatch	7
Call Volume	7
Response Time Compliance	7
STEMI / Stroke	8
CARES	8
Trauma System Plan	8
Quality Improvement	9
Pre-Hospital Advisory Committee (PAC)	9
Emergency Medical Care Committee (EMCC)	9
Education & Training	10
Community Outreach	11
Medical Health Operational Area Coordinator (MHOAC)	11
Financial Management	13
Community Service Area (CSA) 26	13
EMS Revenue	13
The Maddy Fund	13

---

Accomplishments & Significant Events	14
Goals	14
Organizational Chart	15
Tables 1-10	16
Ambulance Zone Summary Form	46

---

## About San Benito County

Located in California's Central Coast region, 130 miles south of San Francisco, San Benito County (pop. 62,808) maintains a rural feel while offering a strong sense of community and historic charm in the County's two incorporated cities and three unincorporated towns. The County encompasses almost 1,400 square miles and was formed from parts of Monterey County in 1874.

Agriculture is San Benito County's largest industry with fertile valley soil supporting some of the most productive farmland in the state. Cool ocean air regulates the County's temperature resulting in warm summers and mild winters perfect for enjoying the many outdoor pursuits available in the area.

San Benito County offers visitors and residents a wide array of "hidden" treasures. In February of 2013, the majestic mountains of Pinnacles National Monument were officially designated at the 59th National Park in the U.S. The County's emerging wine country offers highly acclaimed and award-winning wines set among the scenic landscape of the area. Home to mission San Juan Bautista, the County also offers the enjoyment of an array of outdoor recreational activities, Agri-tourism, public library, museums, art festivals and galleries. The ideal proximity situated between the Silicon Valley and Monterey Bay provides easy access to the numerous amenities of the big city, while still offering an idyllic and scenic setting with affordable housing and a quality lifestyle.



## Mission Statement

To protect and improve the health and safety of the people in San Benito County through the provision of high-quality Emergency and Disaster Medical Services, with reasonable costs, community involvement, continuous evaluation, injury and illness prevention programs and anticipatory planning.

## Vision

To provide system leadership and planning that is proactive while continuously seeking ways to improve and optimize Emergency Medical Services for the citizens and visitors of San Benito County.

## The EMS System

A functioning EMS system is composed of diverse components working together to meet the needs of those who call 911 for medical assistance. Coordination of these EMS system components is the responsibility of the EMS Agency. The EMS Agency actively monitors the response to medical emergencies, certifies and accredits personnel, authorizes ambulance providers, sets local policies and protocols, oversees first responder (fire and law enforcement) Narcan and AED use, reviews patient care documentation, monitors and evaluates contract compliance and Inter-facility Transports, provides regulatory oversight to ambulance providers, hospitals and private contracts, actively participates in State and Regional Administrator meetings and committees and provides a comprehensive framework to ensure the community has a coordinated and appropriate EMS response when calling 911.

The San Benito County EMS System has one exclusive operational area (EOA) for Emergency Ambulance Services and Advanced Life Support transport. The contract with American Medical Response (AMR) expired June 30, 2019; a one-year extension was approved by the Board of Supervisors to allow for additional time to negotiate a new contract. The First Responder agencies in San Benito County, Hollister Fire Department and CalFire, are non-transporting, providing BLS only. San Benito County partners with pre-hospital receiving centers and designated specialty centers (STEMI, Stroke, and Trauma). Online medical direction is provided by the Base Hospital, Hazel Hawkins Hospital, or the specialty center.



Air ambulances (helicopters) are used for the transport of critically injured or ill patients, as defined by Policies, Procedures and Protocols. San Benito County is primary served by CALSTAR. With bases in Monterey, Santa Cruz, and Santa Clara Counties, CALSTAR can provide a rapid transport

---

to nearby trauma or specialty centers. These resources can often be a life-saving option in those circumstances where ground transport times would be extended. CALSTAR also provides critical care air ambulance services to transfer patients from Hazel Hawkins Emergency Department to specialty centers.

The EMS Medical Director, David Ghilarducci, provides medical oversight to the system, which includes quality improvement and educational activities.

## Dispatch

Santa Cruz Regional 911(SCR911) is our contracted Public Safety Answering Point (PSAP). After initial law enforcement triage, medical calls are transferred to secondary PSAPs, located in the same center, where Emergency Medical Dispatch (EMD) process takes place, and then an EMS response is dispatched according to professional emergency medical dispatch protocols. Dispatchers are trained and certified to standards and provide potentially



life-saving pre-arrival instructions to the 911 caller. Santa Cruz Regional 911 received 3,706 medical calls from residents and visitors of San Benito County in 2019.

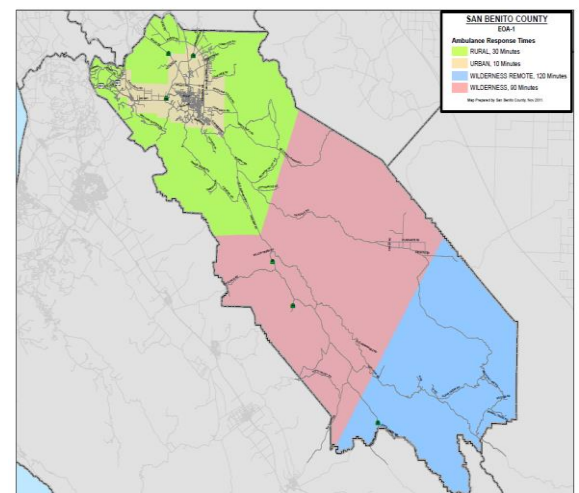
## Call Volume

For the January 1, 2019 - December 31, 2019, calendar year, American Medical Response responded to 3,567 emergency calls. In addition, they provided 105 inter-facility transports: usually from Hazel Hawkins Hospital to near-by nursing homes.

## Response Time Compliance

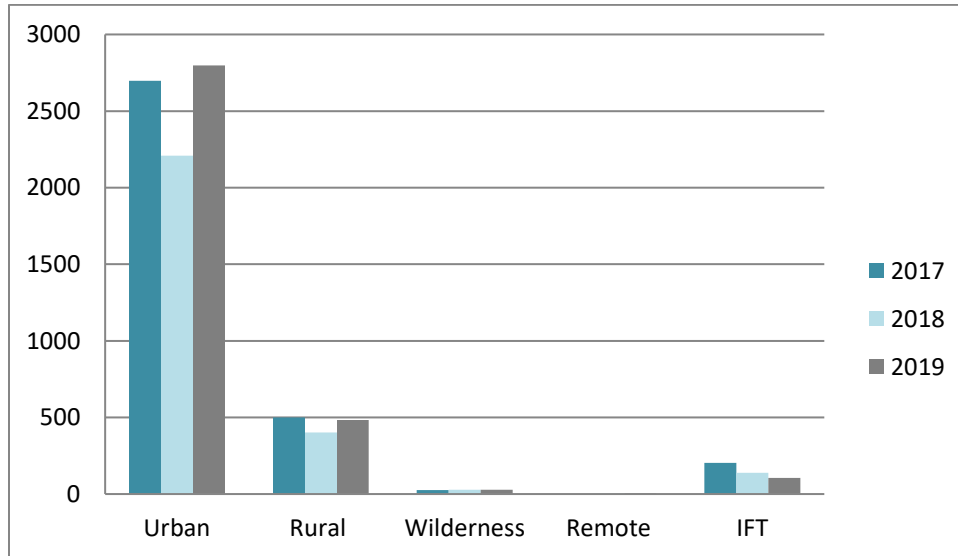
System response times are a key measurement of performance. This measurement is the determining factor which drives the placement and redeployment of the system's resources throughout the entire system.

American Medical Response is required by contract to be in compliance with response time standards in ninety percent (90%) or more of all 911 emergency events in which a ground transport ambulance arrives on scene,





measured monthly, to meet the specified response times. American Medical Response had an average response time compliance of 93.72% in the EOA.



## STEMI / Stroke

Patients who are suffering from the most immediate life-threatening type of heart attack or Stroke, are transported directly to a specialty Receiving Center, where rapid, specialized treatment can be immediately initiated.

## CARES

San Benito County contributes to the Cardiac Arrest Registry to Enhance Survival (CARES) program. Cardiac Arrest data is collected and reported to provide a platform to measure San Benito County outcome data against the rest of the nation and make changes to enhance delivery of care.



## Trauma System Plan

Trauma patients are flown, or ground transported to a nearby Trauma Center, based on Policies and Procedures. Hazel Hawkins Hospital is in the planning stages of becoming a Level IV Trauma Center. Our Trauma System Plan will be updated once that occurs.

## Quality Improvement

The QI Committee provides leadership for the clinical oversight and quality management of pre-hospital patient care in the county. The QI Committee membership consists of:

- the EMS Medical Director
- EMS Program Manager
- Physician from Base Hospital
- PLN from Base Hospital
- QA Manager
- EOA Ambulance CES Coordinator
- Emergency Medical Dispatch Program Manager
- and other representatives of the San Benito County EMS community as approved by the EMS Medical Director and Program Manager

The purpose of the QI Committee is to provide a system-wide approach for evaluating the Emergency Medical System of San Benito County to foster continuous improvement in performance and quality patient care. To assist the EMS Agency, EMS Providers, Receiving Hospitals, and Base Hospitals in defining standards, evaluating methodologies, and utilizing the evaluation results for continued system improvement.

Every local EMS agency implements services consistent with the standards established in statutes, regulations, and local policies that apply to that jurisdiction's emergency medical services system, all overseen and defined by the State EMS Authority.

## Pre-Hospital Advisory Committee (PAC)

This committee is not open to the public. It is comprised of the Medical Director, EMS Manager, Emergency Department physicians, PLN from Base Hospital, and any Provider Agency Representative. The purpose of the Pre-Hospital Advisory Committee is to review and update existing protocols and to develop new protocols. The meetings allow a format where provider agencies can interact directly with our Medical Director regarding questions, concerns, or new pre-hospital care devices.

## Emergency Medical Care Committee (EMCC)

The purpose of the EMCC is to assure the availability of an effective and efficient emergency medical service (EMS) system that provides consistent, high quality emergency medical services to all people in the County of San Benito. The EMCC provides the Board of Supervisors, under which it serves, advice and recommendations on EMS system planning and

---

oversight. The duties of the EMCC are outlined in the California Health & Safety Code, Sections 1797.274 and 1797.276. Membership consists of one commissioner and one alternate commissioner from each of the agencies/organizations below:

- Air Ambulance Provider (CALSTAR)
- American Red Cross
- Aromas Tri-County Fire
- Bureau of Land Management
- CA Dept. of Parks & Rec. - Hollister Hills
- CALFIRE
- CHP - Gilroy/Hollister Division
- Contracted Ambulance Provider (AMR)
- Field EMT or Paramedic
- Hollister Fire Dept.
- Hollister Police Dept.
- Member-at-Large
- National Parks Service - Pinnacles
- Public Safety Communications Center (SCR911)
- San Benito County Behavioral Health
- San Benito County Board of Supervisors
- San Benito County Probation
- San Benito County Sheriff's Office
- San Benito County Healthcare Dist. - Hazel Hawkins Hospital

## Education & Training

Annual Skills Training is a requirement for all 1<sup>st</sup> responders working in San Benito County. The course is offered every January and provides “hands-on” training ranging from airway management, childbirth, and CPR to Intraosseous Infusion (placing an IV directly into the marrow of a bone), Stroke awareness, and Trauma.

We provide Quarterly Educational Forums, in partnership with the Hazel Hawkins Hospital Emergency Department. Topics included Decontamination, Landing Zone Safety and Helicopter Operations, Diabetes forum lead by a local Endocrinologist, a trauma overview taught by Natividad Medical Center's Trauma Dept., and a special presentation on Street Drug Awareness instructed by a certified Drug Recognition Expert (DRW) with the California Highway Patrol.

Continuing Educational Units are provided for EMTs and Paramedics, which are required to maintain their certifications/licensure.

---

## Community Outreach



Community Outreach and Public Education are important components of the San Benito County EMS Agency. We work closely with all of pre-hospital provider agencies to promote “Hands-Only” CPR. We provide education at many events throughout the county, Farmers Markets, local schools, career days, community safety events and churches. We also participate in PulsePoint to assist in public awareness of Cardiac Arrest events.

San Benito County EMS Agency is active in the San Benito County Opioid Task Force, providing Naloxone training to the community and opioid awareness and prevention.

## Medical Health Operational Area Coordinator (MHOAC)

In San Benito County, the MHOAC position is the responsibility of the EMS Coordinator. The MHOAC represents the single point of contact for the MHOAC program and is responsible for monitoring and ensuring adequate medical and health resources are in place during a local emergency. The MHOAC is authorized to make and respond to request for mutual aid from outside of San Benito County.

During non-emergency operations and the initial phase of an emergency, the MHOAC operates in a duty officer mode and is on-call 24/7. The MHOAC is responsible for ensuring the operational effectiveness of 17 mandated functions:

1. Assessment of immediate medical needs
  2. Coordination of disaster medical and health resources
  3. Coordination of patient distribution and medical evaluations
  4. Coordination of out-of-hospital medical care providers
  5. Coordination and integration with fire agencies personnel, resources, and emergency fire prehospital medical services
  6. Coordination of providers of non-fire based prehospital emergency medical services
  7. Coordination of the establishment of temporary pre-transport field treatment sites
  8. Health surveillance and epidemiological analysis of community health status
  9. Assurance of food safety
  10. Management of exposure to hazardous agents
  11. Provisions of coordination of mental health services
  12. Provision or coordination of mental health services
  13. Provision of medical and health public information and protective action recommendations
-

14. Provision or coordination of vector control services
15. Assurance of drinking water safety
16. Assurance of the safe management of liquid, solid, and hazardous wastes
17. Investigation and control of communicable disease

The MHOAC Program has 4 major activities to perform to ensure the operational effectiveness of the 17 mandated functions:

- Overall incident assessment to maintain situational awareness
- Overall interagency coordination with subject matter experts in the 17 functional areas
- Situation status reporting
- Resource request management for medical and health resources

In December, during a winter storm, one of our local nursing homes flooded because of excess rain and clogged storm drains. The MHOAC coordinated 2-strike teams to relocate over 100 patients from one facility to another, in under two hours.

# Financial Management

---

## Community Service Area (CSA) 26

---

CSA36 was established by the Board of Supervisors in December 1990 and affects all parcels in San Benito County.

The EMS Agency administers the CSA-36. These funds support the provisions of EMS within San Benito County; Advanced Life Support (paramedic services), including coordination and oversight of medical protocols, personnel, training, communications, essential services, and the administration of the Emergency Medical Services Agency.

---

## EMS Revenue

---

EMT, Paramedic and Ambulance Fees were increased in this year to reflect the approval of County Ordinance #972 - Master Fee Schedule.

Hollister Hills pays an annual amount of \$42,750.00 to help offset the calls generated by the park to the EMS System.

Additional revenue includes the administrative fees and interest earned on the Maddy Fund.

---

## The Maddy Fund

---

Section 1797.98 of the Health and Safety Code authorizes counties to establish a *Maddy Emergency Medical Services (EMS) Fund* through the adoption of a resolution by the Board of Supervisors, to reimburse physicians/surgeons and hospitals for the cost of uncompensated emergency care and for other discretionary EMS purposes. The Maddy EMS Fund is administered by the EMS Agency.

Additionally, the Health and Safety code §1797.98a(e) authorizes counties that have established the supplemental assessment, to establish a *Richie's Fund*, as part of the Maddy EMS Fund. The Richie's Fund provides funding for pediatric trauma.

The Maddy Fund (original and supplemental assessment) is funded through revenues generated from local penalty assessments on fines and forfeitures for various criminal offenses and motor vehicle violations, including a portion of traffic school fees. The assessment is currently \$2.00 per \$10 of fines, penalties, and forfeitures.

---

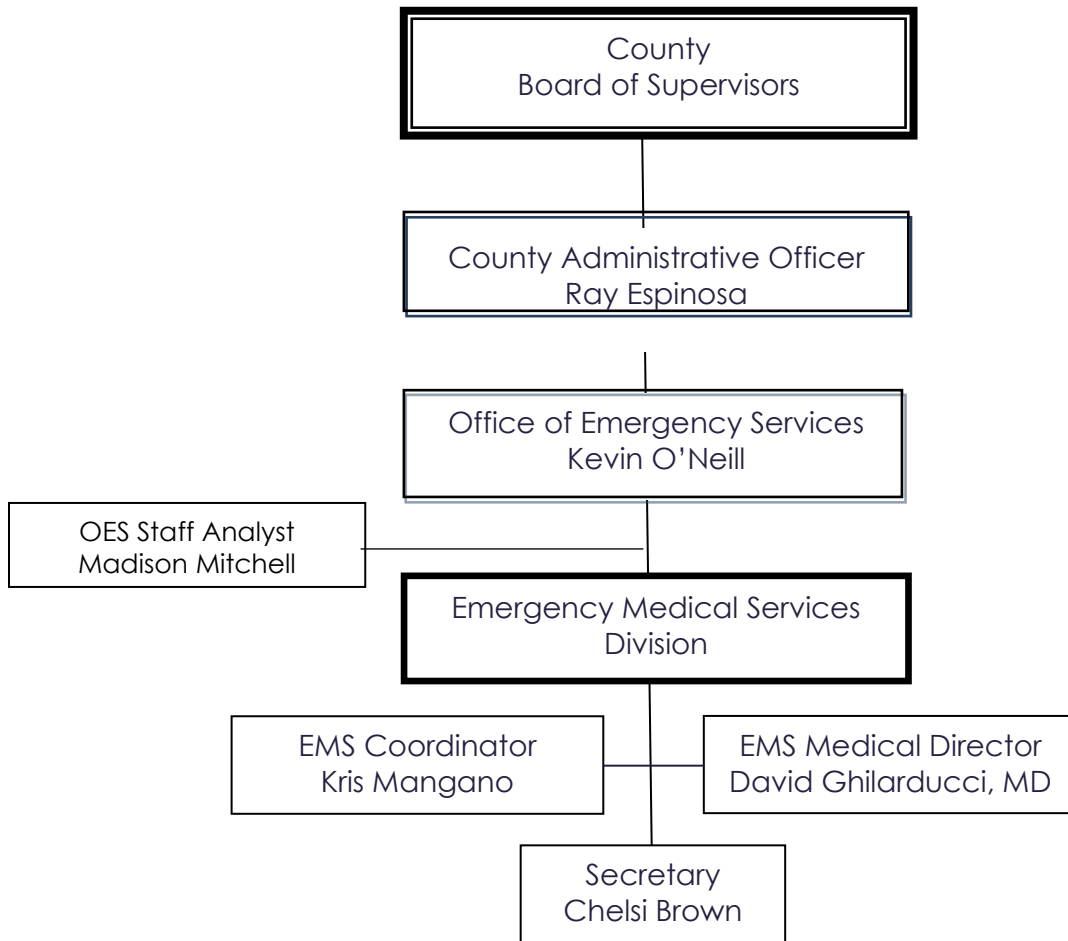
## Accomplishments & Significant Events

- Naloxone -training and distribution of Naloxone to the community through education at the Farmers Market, The San Benito County Opioid Task Force Town Hall, and other community events.
- “Hands-Only” CPR - continued to provide instruction at Farmers Markets, Kids in the Park, the County Fair, and other community events.
- Policies, Procedures & Protocols -the manual is updated annually, and training is provided on revisions during the Infrequently Used Skills training in January.

## Goals

- Improve Cardiac Arrest Survival Rates
    - Bystander CPR
    - Participating in CARES
  - Local Trauma Center
    - Continuing working with Hazel Hawkins Hospital on the implementation of a Level IV Trauma Center
  - Disaster Response
    - Participate in the Hospital Preparedness Program (HPP) by planning and implementing disaster drills, including tabletop and functional exercises.
    - Continued implementation and training of EMS policies related to multi-casualty incidents
  - Public Information, Education and Outreach
    - Continue providing and training on Naloxone
    - Continue to provide “hands-only CPR” events
    - Continue participating in local organizations
      - San Benito County Opioid Task Force
-

# Organizational Chart





**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**A. SYSTEM ORGANIZATION AND MANAGEMENT**

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

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)**

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

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**B. STAFFING/TRAINING**

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

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**C. COMMUNICATIONS**

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

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**D. RESPONSE/TRANSPORTATION**

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

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**E. FACILITIES/CRITICAL CARE**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
5.01	Assessment of Capabilities			✓		
5.02	Triage & Transfer Protocols*			✓		
5.03	Transfer Guidelines*			✓		
5.04	Specialty Care Facilities*		✓			
5.05	Mass Casualty Management			✓		
5.06	Hospital Evacuation*		✓			
<b>Enhanced Level: Advanced Life Support:</b>						
5.07	Base Hospital Designation*			✓		
<b>Enhanced Level: Trauma Care System:</b>						
5.08	Trauma System Design		✓			
5.09	Public Input		✓			
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>						
5.10	Pediatric System Design		✓			
5.11	Emergency Departments		✓			
5.12	Public Input		✓			
<b>Enhanced Level: Other Specialty Care Systems:</b>						
5.13	Specialty System Design		✓			
5.14	Public Input		✓			

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**F. DATA COLLECTION/SYSTEM EVALUATION**

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

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**G. PUBLIC INFORMATION AND EDUCATION**

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



**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**H. DISASTER MEDICAL RESPONSE**

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

**1TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT**

Reporting Year: 2019

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

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

County: San Benito

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

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

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

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	<u>X</u>
Designation/approval of pediatric facilities	_____
Designation of other critical care centers	_____
Development of transfer agreements	_____
Enforcement of local ambulance ordinance	<u>X</u>
Enforcement of ambulance service contracts	<u>X</u>
Operation of ambulance service	<u>X</u>
Continuing education	<u>X</u>
Personnel training	<u>X</u>
Operation of oversight of EMS dispatch center	_____
Non-medical disaster planning	_____
Administration of critical incident stress debriefing team (CISD)	_____

**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

Administration of disaster medical assistance team (DMAT)	_____
Administration of EMS Fund [Senate Bill (SB) 12/612]	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____

**5. EXPENSES**

Salaries and benefits (All but contract personnel)	\$ <u>112,451.25</u>
Contract Services (e.g. medical director)	<u>18,692.50</u>
Operations (e.g. copying, postage, facilities)	<u>939.93</u>
Travel	<u>3,764.78</u>
Fixed assets	<u>0.00</u>
Indirect expenses (overhead)	<u>5,402.59</u>
Ambulance subsidy	<u>7,500.00</u>
EMS Fund payments to physicians/hospital	<u>42,683.89</u>
Dispatch center operations (non-staff)	<u>94,650.31</u>
Training program operations	<u>0.00</u>
Other: <u>Base Station</u>	<u>7,000.00</u>
Other: _____	<u>0.00</u>
Other: _____	<u>0.00</u>
<b>TOTAL EXPENSES</b>	\$ <u>293,085.25</u>

**6. SOURCES OF REVENUE**

Special project grant(s) [from EMSA]	\$ <u>0.00</u>
Preventive Health and Health Services (PHHS) Block Grant	<u>0.00</u>
Office of Traffic Safety (OTS)	<u>0.00</u>
State general fund	<u>0.00</u>
County general fund	<u>0.00</u>
Other local tax funds(e.g., EMS district)-CSA36	<u>501,434.00</u>
County contracts (e.g. multi-county agencies)	<u>0.00</u>
Certification fees	<u>3,645.00</u>
Training program approval fees	<u>0.00</u>
Training program tuition/Average daily attendance funds (ADA)	<u>0.00</u>
Job Training Partnership ACT (JTPA) funds/other payments	<u>0.00</u>
Base hospital application fees	<u>0.00</u>

**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

Trauma center application fees	<u>0.00</u>
Trauma center designation fees	<u>0.00</u>
Pediatric facility approval fees	<u>0.00</u>
Pediatric facility designation fees	<u>0.00</u>
Other critical care center application fees	<u>0.00</u>
Type: _____	
Other critical care center designation fees	<u>0.00</u>
Type: _____	
Ambulance service/vehicle fees	<u>5,530.90</u>
Contributions	<u>0.00</u>
EMS Fund (SB 12/612)	<u>99,831.29</u>
Other grants: _____	<u>0.00</u>
Other fees: _____	<u>0.00</u>
Other (specify): _____	<u>57,000.00</u>
<b>TOTAL REVENUE</b>	<b>\$ <u>667,441.19</u></b>

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

As a small rural county, we do not generate many expenses....

**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

**7. Fee structure**

We do not charge any fees

Our fee structure is:

First responder certification	<b>\$ 0.00</b>
EMS dispatcher certification	<b>0.00</b>
EMT-I certification	<b>135.00</b>
EMT-I recertification	<b>90.00</b>
EMT-defibrillation certification	<b>0.00</b>
EMT-defibrillation recertification	<b>0.00</b>
AEMT certification	<b>0.00</b>
AEMT recertification	<b>0.00</b>
EMT-P accreditation	<b>0.00</b>
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	<b>0.00</b>
MICN/ARN recertification	<b>0.00</b>
EMT-I training program approval	<b>1,053.00</b>
AEMT training program approval	<b>0.00</b>
EMT-P training program approval	<b>1,250.00</b>
MICN/ARN training program approval	<b>0.00</b>
Base hospital application	<b>0.00</b>
Base hospital designation	<b>0.00</b>
Trauma center application	<b>0.00</b>
Trauma center designation	<b>4,700.00</b>
Pediatric facility approval	<b>0.00</b>
Pediatric facility designation	<b>0.00</b>
Other critical care center application	
Type: <u>STEMI</u>	
Other critical care center designation	
Type: _____	
Ambulance service license	<b>650.00-BLS 750.00-ALS</b>
Ambulance vehicle permits	<b>150.00-ALS</b>
Other: _____	<b>105.00-BLS</b>
Other: _____	<b>0.00</b>
Other: _____	<b>0.00</b>

**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

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	30	
Asst. Admin./Admin.Asst./Admin. Mgr.					
ALS Coord./Field Coord./Trng 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					
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary	Secretary	1	25.17	30	
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: STAFFING/TRAINING**

Reporting Year: 2019

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

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	83			
Number newly certified this year	4			
Number recertified this year	33			
Total number of accredited personnel on July 1 of the reporting year	80		0	
Number of certification reviews resulting in:				
a) formal investigations	1			
b) probation	0		0	
c) suspensions	1		0	
d) revocations	0			
e) denials	0			
f) denials of renewal	0			
g) no action taken	0		0	

1. Early defibrillation:

a) Number of EMT-I (defib) authorized to use AEDs

83

b) Number of public safety (defib) certified (non-EMT-I)

0

2. Do you have an EMR training program

yes  no

**TABLE 4: COMMUNICATIONS**

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

County: San Benito

Reporting Year: 2019

- |  |   |
|--|---|
| 1. Number of primary Public Service Answering Points (PSAP)  | <u>1</u>  |
| 2. Number of secondary PSAPs   | <u>2</u>  |
| 3. Number of dispatch centers directly dispatching ambulances  | <u>1</u>  |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines  | <u>1</u>  |
| 5. Number of designated dispatch centers for EMS Aircraft  | <u>0</u>  |
| 6. Who is your primary dispatch agency for day-to-day emergencies?<br><u>Santa Cruz Regional 911</u>                   |   |
| 7. Who is your primary dispatch agency for a disaster?<br><u>Santa Cruz Regional 911</u>                               |   |
| 8. Do you have an operational area disaster communication system?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>Tx 463.00 / Rx 468.0</u>   |   |
| b. Other methods <u>Hollister Fire frequency</u>   |   |
| c. Can all medical response units communicate on the same disaster communications system?                              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)?                                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 1) Within the operational area?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|  | <hr/>   |



**TABLE 5: RESPONSE/TRANSPORTATION**

Reporting Year: 2019

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

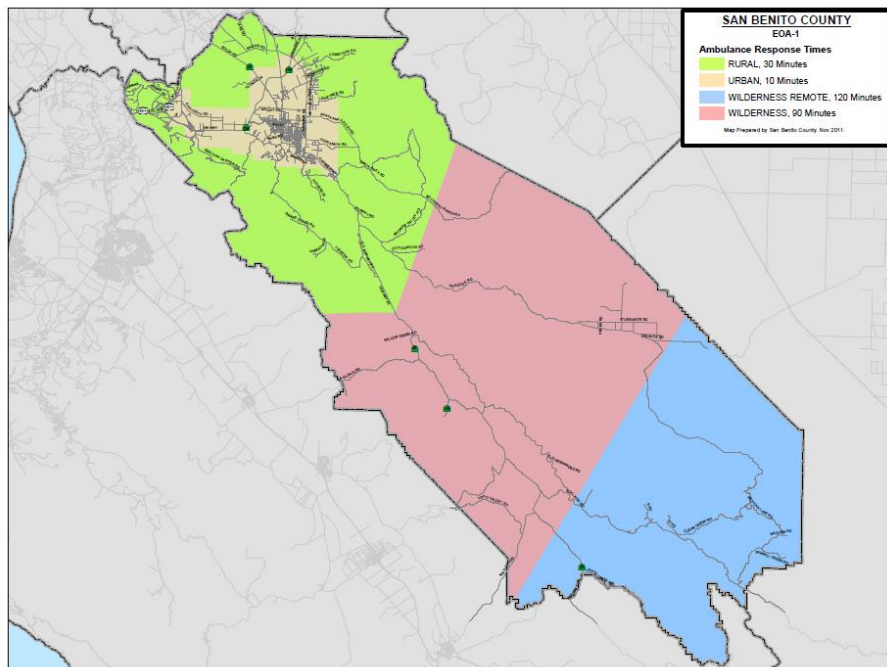
**Early Defibrillation Providers**

1. Number of EMT-Defibrillation providers 5

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

Enter the response times in the appropriate boxes:

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



**TABLE 6: FACILITIES/CRITICAL CARE**Reporting Year: 2019**NOTE:** Table 6 is to be reported by agency.**Trauma**

Trauma patients:

1. Number of patients meeting trauma triage criteria	<u>718</u>
2. Number of major trauma victims transported directly to a trauma center by ambulance	<u>94</u>
3. Number of major trauma patients transferred to a trauma center	<u>73</u>
4. Number of patients meeting triage criteria who weren't treated at a trauma center	<u>333</u>

**Emergency Departments**

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

**Receiving Hospitals**

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

## TABLE 7: DISASTER MEDICAL

Reporting Year: 2019

County: San Benito

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

### SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? 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. CISD  
Do you have a CISD provider with 24 hour capability?  Yes  No
  
3. Medical Response Team
  - a. Do you have any team medical response capability?  Yes  No
  - b. For each team, are they incorporated into your local response plan?  Yes  No
  - c. Are they available for statewide response?  Yes  No
  - d. Are they part of a formal out-of-state response system?  Yes  No
  
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams?  Yes  No
  - b. At what HazMat level are they trained? \_\_\_\_\_
  - c. Do you have the ability to do decontamination in an emergency room?  Yes  No
  - d. Do you have the ability to do decontamination in the field?  Yes  No

### OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure?  Yes  No
  
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 1
  
3. Have you tested your MCI Plan this year in a:
  - a. real event?  Yes  No
  - b. exercise?  Yes  No

**TABLE 7: DISASTER MEDICAL (cont.)**

4. List all counties with which you have a written medical mutual aid agreement:  
none
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

Comments:

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: Resource Directory**

Reporting Year: 2019

**Response/Transportation/Providers**

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

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

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

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

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <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"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
--	--	---	--

<b><u>Ownership:</u></b>  <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b>  <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	---	---	---	--

**Transporting Agencies**

<u>3567</u> Total number of responses	<u>2112</u> Total number of transports
<u>3567</u> Number of emergency responses	<u>2112</u> Number of emergency transports
<u>105</u> Number of non-emergency responses	<u>105</u> Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8: Resource Directory**

Reporting Year: 2019

**Response/Transportation/Providers**

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

**County:** San Benito      **Provider:** Aromas Tri-County Fire District      **Response Zone:** Rural/Aromas Area

**Address:** 429 Carpenteria Road      **Number of Ambulance Vehicles in Fleet:** 0  
Aromas, CA 95004

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

<p><b><u>Written Contract:</u></b></p> <p><input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></p> <p><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"/> LALS      <input type="checkbox"/> CCT      <input type="checkbox"/> Water  <input type="checkbox"/> IFT</p>
---	---	--	--

<p><b><u>Ownership:</u></b></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> City      <input type="checkbox"/> County <input type="checkbox"/> State      <input checked="" type="checkbox"/> District <input type="checkbox"/> Federal</p>	<p><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
--	--	---	---	--

**Transporting Agencies**

97*	Total number of responses		Total number of transports
97*	Number of emergency responses		Number of emergency transports
0	Number of non-emergency responses		Number of non-emergency transports

**Air Ambulance Services**

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

\*The "total number of responses/number of emergency responses" is included in Table 8 – American Medical Response.

**Table 8: Resource Directory**

Reporting Year: 2019

**Response/Transportation/Providers**

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

**County:** San Benito      **Provider:** CALSTAR/REACH      **Response Zone:** County-wide

**Address:** 4933 Bailey Loop      **Number of Ambulance Vehicles in Fleet:** 3  
McClellan, CA 95652

**Phone Number:** (916) 921-4000      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3 in our area

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  Executed 11/2021	<b><u>Medical Director:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input 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 type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
--	--	---	---

<b><u>Ownership:</u></b>  <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b>  <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	---	---	---	---

**Transporting Agencies**

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

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

**Air Ambulance Services**

73 Total number of responses  
73 Number of emergency responses  
0 Number of non-emergency responses

73 Total number of transports  
73 Number of emergency transports  
0 Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2019

**Response/Transportation/Providers**

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

**County:** San Benito

**Provider:** Hollister Fire Dept.

**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) 636-4324

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

<b><u>Written Contract:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <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"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
--	--	---	---

<b><u>Ownership:</u></b>  <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b>  <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b>  <input checked="" type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	--	---	---	--

**Transporting Agencies**

3567\* Total number of responses  
3567\* Number of emergency responses  
0 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

\*The "total number of responses/number of emergency responses" is included in Table 8 – American Medical Response.



**Table 8: Resource Directory**

Reporting Year: 2019

**Response/Transportation/Providers**

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

**County:** San Benito **Provider:** Sacramento Valley Ambulance **Response Zone:** IFT

**Address:** 6220 Belleau Wool Ln. #4 **Number of Ambulance Vehicles in Fleet:** 3  
Sacramento, CA 95822

**Phone Number:** \_\_\_\_\_ **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air  <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water  <input checked="" type="checkbox"/> IFT</p>
---	---	--	---

<p><b><u>Ownership:</u></b></p> <p><input type="checkbox"/> Public  <input checked="" type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other          Explain:</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> City <input type="checkbox"/> County  <input type="checkbox"/> State <input type="checkbox"/> District  <input type="checkbox"/> Federal</p>	<p><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></p> <p><input type="checkbox"/> Auxiliary Rescue  <input type="checkbox"/> Air Ambulance  <input type="checkbox"/> ALS Rescue  <input type="checkbox"/> BLS Rescue</p>
---	--	--	--	---

**Transporting Agencies**

213 Total number of responses  
0 Number of emergency responses  
0 Number of non-emergency responses

213 Total number of transports  
0 Number of emergency transports  
213 Number of non-emergency transports

**Air Ambulance Services**

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

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





**TABLE 9: FACILITIES**

**County:** San Benito

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

**Facility:** Hazel Hawkins Hospital Telephone Number: (831) 637-5711  
**Address:** 911 Sunset Drive  
Hollister, CA 95023

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Service:</u></b></p> <p><input type="checkbox"/> Referral Emergency  <input checked="" type="checkbox"/> Basic Emergency</p> <p><input type="checkbox"/> Standby Emergency  <input type="checkbox"/> Comprehensive Emergency</p>	<p><b><u>Base Hospital:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Burn Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
---	---	--	--

<p><b>Pediatric Critical Care Center<sup>1</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>EDAP<sup>2</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>PICU<sup>3</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Trauma Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>If Trauma Center what level:</u></b></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II  <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
--	--	---

<p><b><u>STEMI Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Stroke Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
---	--

<sup>1</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

<sup>2</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

<sup>3</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

**TABLE 10: APPROVED TRAINING PROGRAMS**

**County:** San Benito

**Reporting Year:** 2019

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

Training Institution:	<u>N/A</u>	Telephone Number:	_____
Address:	_____		
	_____		
Student Eligibility*:	_____	**Program Level	_____
	Cost of Program:	Number of students completing training per year:	
	Basic: _____	Initial training: _____	
	Refresher: _____	Refresher: _____	
		Continuing Education: _____	
		Expiration Date: _____	
		Number of courses: _____	
		Initial training: _____	
		Refresher: _____	
		Continuing Education: _____	

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

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

\*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.



Date: 2019

**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 Arroyitas y Agua Caliente, and being on the northern boundary line of Monterey, and running thence in a southerly direction along the southwest boundary of said Rancho to the southwest corner thereof; thence southerly in a direct line to the summit of said Gabilan Range of Mountains, and thence in a southeasterly along the summit of said Gabilan Mountains to the Chalone Peak; thence southeasterly in a direct line to the division line of the parts of San Lorenzo Sobrantes Rancho owned respectively by Breen and Dunn; thence along said dividing line of said Rancho to the southern boundary thereof; thence due south to the San Lorenzo Creek; thence southeasterly up the center of said Lorenzo or Lewis Creek, and up the north fork thereof, to the summit of the divide between the waters of said Lewis Creek and San Benito Creek; thence following said divide southerly to the eastern boundary of Monterey and the summit of the Coast Range Mountains; Thence northerly, following the summit of said mountains to where the range line between T. 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 (e.g., 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.





# TRAUMA SYSTEM STATUS REPORT 2019

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

Kris Mangano  
cosb.us

# Trauma System Status Report

As required by Section 100253(j) of the California Code of Regulation, the *Trauma System Status Report* is shown as Attachment A.

## Medical Health Operational Area Coordinator (MHOAC)

In San Benito County, the MHOAC position is the responsibility of the EMS Coordinator. The MHOAC represents the single point of contact for the program and is responsible for monitoring and ensuring adequate medical and health resources are in place during a local emergency. The MHOAC is authorized to make and respond to requests for mutual aid from outside of San Benito County.

During non-emergency operations and the initial phase of an emergency, the MHOAC operates in a duty officer mode and is on-call 24/7. The MHOAC is responsible for ensuring the operational effectiveness of 17 mandated functions:

1. Assessment of immediate medical needs
2. Coordination of disaster medical and health resources
3. Coordination of patient distribution and medical evaluations
4. Coordination of out-of-hospital medical care providers
5. Coordination and integration with fire agencies personnel, resources, and emergency fire prehospital medical services
6. Coordination of providers of non-fire based prehospital emergency medical services
7. Coordination of the establishment of temporary pre-transport field treatment sites
8. Health surveillance and epidemiological analysis of community health status
9. Assurance of food safety
10. Management of exposure to hazardous agents
11. Provisions of coordination of mental health services
12. Provision or coordination of mental health services
13. Provision of medical and health public information and protective action recommendations
14. Provision or coordination of vector control services
15. Assurance of drinking water safety
16. Assurance of the safe management of liquid, solid, and hazardous wastes
17. Investigation and control of communicable disease

The MHOAC Program has 4 major activities to perform in order to ensure the operational effectiveness of the 17 mandated functions:

- Overall incident assessment to maintain situational awareness
  - Overall interagency coordination with subject matter experts in the 17 functional areas
  - Situation status reporting
  - Resource request management for medical and health resources
-

In San Benito County, the Emergency Medical Services Agency is a division of the Office of Emergency Services. As a result, both agencies work together to ensure the development of a health and medical disaster plan for the operational area. The health and medical emergency function (EF-8) plan includes preparedness, response, recovery, and mitigation functions and is an annex to the County Emergency Operations Plan.

The *Multi-Casualty Incident (MCI) Plan* is reviewed annually and has been tested in annual drills and exercises and has been implemented for several MCIs.

**ATTACHMENT A:**

**Trauma System Summary Report**

The San Benito County Trauma Care System Plan was developed in compliance with California Code of Regulations, Title 22 Trauma Care Systems. The last System Status Report was submitted in July 2017.

The Trauma Care System Plan outlines the structure and operations of the trauma care system within San Benito County, specifically policies and procedures for System operations, building upon the current EMS system.

It is recognized that the best trauma care will be consistently rendered not locally, but at out-of-county trauma centers. Therefore, San Benito County's trauma system focuses on the rapid and accurate identification of patients who would likely require the services of such centers. Our current plan includes field triage using *PAM* triage criteria to identify major trauma victims and transportation of those patients to a Level I or Level II Trauma Center outside San Benito County, when appropriate, by air ambulance or by ground. For extended transport times to out-of-county Level I or Level II Trauma Centers, or trauma patients in extremis, patients are transferred to Hazel Hawkins Hospital, our local general acute care medical facility.

Our plan continues to include the designation of a Level IV Trauma Center at Hazel Hawkins Hospital in Hollister, in the next few years. Hazel Hawkins Hospital has had numerous internal setbacks (staffing, lack of support from surgeons, etc.). With the designation of a Level IV Trauma Center, a Trauma Audit Committee (TAC) will be established. The committee will be comprised of members from Hazel Hawkins Hospital, trauma centers in Santa Clara and Monterey Counties, the LEMSAs and pre-hospital personnel. The TAC will be responsible for ensuring that Quality Assurance standards are met by meeting County policy and procedure.

**Changes in Trauma System**

There have been no changes to the Trauma System; however, Hazel Hawkins Hospital continues to work towards a designation as a Level IV Trauma Center.

Our Policies, Procedures and Protocols, including trauma protocols, are reviewed annually by the EMS Agency Medical Director and the Pre-Hospital Advisory Committee (PAC) and approved by the Emergency Medical Care Commission (EMCC).

We do not anticipate changes to our trauma policy or transportation policy when Hazel Hawkins Hospital is a Level IV Trauma Center. However, the Trauma System Plan will be updated once the hospital becomes Level IV Trauma Center.

**Number and Designation Level of Trauma Centers**

There are currently no designated Trauma Centers in San Benito County.

---

### **Trauma System Goals and Objectives**

- Designation of Hazel Hawkins Hospital as a Level IV Trauma in the next few years.
- Continue to contribute and participate in regional trauma data collection programs
- Participate in Trauma Advisory Committees with Monterey and Santa Clara Counties and assure attendance when San Benito County patients are on the agenda for review/discussion

### **Changes to Implementation Schedule**

There are currently no changes.

### **System Performance Improvement**

We consistently review trauma calls with our PAC and QI Workgroup and measure Quality Improvement Indicators. We also participate in monthly QI and Trauma-facility meetings with Monterey and Santa Clara Counties, as most of our trauma patients are transported Natividad Medical Center in Salinas, Valley Medical Center in San Jose, or Regional Medical Center in San Jose. We receive monthly trauma data from our air ambulance providers, in addition to the data received from our electronic patient care reporting system and include a summary to our PAC and QI Workgroups.

### **Progression Addressing EMS Authority Trauma System Plan Comments**

There is no update currently.

### **Other Issues**

There are issues currently.

---