

EMERGENCY MEDICAL SERVICES AUTHORITY

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



February 23, 2023

Kris Mangano, Emergency Services Manger
San Benito County EMS Agency
471 Fourth Street
Hollister, CA 95023

Dear Ms. Mangano,

This letter is in response to San Benito County Emergency Medical Services (EMS) Agency's 2020-2022 EMS, Trauma and Quality Improvement (QI), submissions to the EMS Authority on January 31, 2023.

The EMS Authority has reviewed the EMS plan based on compliance with statutes, regulations, and case law. It has been determined that 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 the transportation documentation provided, please find enclosed the ground exclusive operating area status, compiled by the EMS Authority.

The EMS Authority has also reviewed the Trauma and QI plans, based on compliance with Chapters 7 and 12 of the California Code of Regulations, Title 22, Division 9, and has been approved for implementation.

In accordance with HSC § 1797.254, EMS Plans are required to be submitted to the EMS Authority annually. San Benito County EMS Agency will not be considered current unless an EMS Plan is submitted each year.

Your 2023 EMS plan will be due on or before February 23, 2024. Concurrently with the EMS plan, please submit an annual Trauma and QI plan.

If you have any questions regarding the EMS Plan review, please contact Mr. Mark Olivas, Interim EMS Plans Coordinator, at (916) 204-7885 or mark.olivas@emsa.ca.gov.

Sincerely,

Tom McGinnis

Tom McGinnis, MHA, EMT-P
Chief, EMS Systems Division

Enclosure
AW: RD

EMERGENCY MEDICAL SERVICES AUTHORITY

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

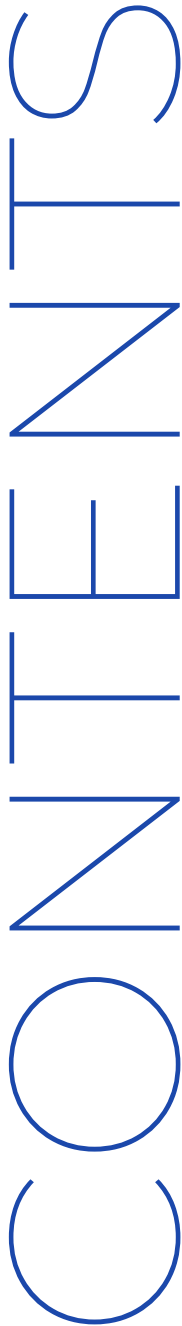


San Benito County 2020 – 2022 EMS Plan Ground Exclusive Operating Areas	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All CCT Ambulance Services	IFT	Standby Service with Transport Auth.
	EXCLUSIVITY			TYPE			LEVEL						
San Benito County		X	Non-Competitive	X				X		X			

EMS PLAN ANNUAL UPDATE

2020, 2021 & 2022

Table of Contents



02. Introductions
04. About San Benito County
05. Mission, Vision, The EMS System
06. Dispatch, Response Time Compliance
07. STEMI, Stroke, CARES, Trauma System Plan, Quality Improvement
08. PAC, EMCC, Education & Training
09. Financial Management
11. Goals
12. Organizational Chart
13. 2020 Tables
40. 2021 Tables
66. 2022 Tables
77. Ambulance Zone Summary
80. Acknowledgments

NON O T C U D O R T N I

The EMS Plan Update is intended to meet the requirements of the California Health & Safety Code, Division 2.5, Section 1797.254.

This plan is a summary of 2020, 2021 and 2022 calendar years. It provides the required information on the status of our system and the EMS Agency's progress towards meeting long-range goals.

The EMS System's primary responsibilities are to plan, implement, and evaluate the Emergency Medical Services (EMS) system that meets or exceeds the minimum standards developed by the California EMS Authority (EMSA).

There was a change in the executive leadership of the EMS Agency in 2020 as noted in the Organizational Chart on page 12. Due to changes within Public Health, the EMS Medical Director, Dr. David Ghilarducci, was also the Interim Health Officer.

We were challenged with adapting to the COVID-19 pandemic, managing the Medical Health Operational Area Coordinator (MHOAC) responsibilities, keeping staff healthy, distributing PPE to EMS partners, and focusing on response and mitigation. We managed to maintain a stable environment and continued to experience successful collaborations with key partners.

2021 brought us much of the same with regards to the pandemic. Additionally, we encountered Public Safety Power Shutoff (PSPS) events, a few weather events, and staffing issues, some related to the pandemic.

2022 kicked off with our hospital, Hazel Hawkins, operating as a Level IV Trauma Center. We are excited to see how the year went for them and how many traumas they saw.

Despite the pandemic, the County of San Benito EMS Agency had the following accomplishments:

- Maintained the Medical Health Operational Area Coordinator (MHOAC) program and all 17 public health functions, 24/7, with a very limited staff
- Implemented ImageTrend Elite ePCR system, incorporating the fire department into a single patient care reporting platform.
- Executed a new 5-year 911 Ambulance Transport contract with American Medical Response, effective July 1, 2021.
- Participated in the National Cardiac Arrest to Enhance Survival (CARES) registry.
- Continued to utilize high-performance CPR protocols with the goal of continued improvement with overall survival of cardiac arrest.
- Participated in Healthcare Coalition (HCC) coordinating preparedness, response, and recovery from COVID and other incidents that impact the public's health.
- Conducted Emergency Medical Care Committee (EMCC) meetings remotely.
- Participated in the San Benito County Opioid Task Force.
- Continued our Public Information and Education efforts by teaching Hands-Only CPR, Stop the Bleed, and by educating on Naloxone.

ABOUT SAN BENITO COUNTY

Located in California's Central Coast region, San Benito County maintains a rural feel while offering a strong sense of community and historic charm.

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 reasonable 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

The San Benito County EMS System has one exclusive operational area (EOA) for Emergency Ambulance Services and Advanced Life Support transport. A new, 5-year contract with American Medical Response (AMR) began July 1, 2021. 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 primarily 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.

CALSTAR is able to communicate to all field personnel as well as our dispatch center, SCR911, on CALCORD.

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.

SCR911 is compliant with Health & Safety Code 1797.223.

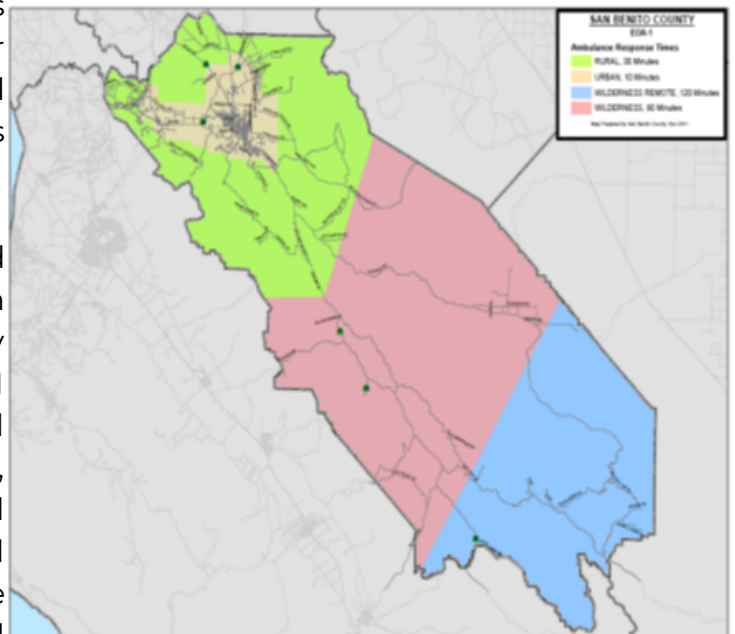
BASE HOSPITAL

Hazel Hawkins Hospital is the Base Station hospital in San Benito County. San Benito County EMS Policy #609 provides the Base Station Guidelines. The Base Station Contract between County EMS and Hazel Hawkins Hospital adheres to Title 22, Chapter 4, Section 100169 and Health & Safety Code 1798.8.

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 above 95% in 2020, 2021, and 2022.



STEMI/STROKE

SPatients 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. In late 2021, Hazel Hawkins Hospital applied for, and was approved, as a Level IV Trauma Center. The Trauma Plan has not changed as a result of this approval.

QUALITY IMPROVEMENT

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

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.

The EMS Plan was updated in 2020.

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.

EDUCATION & TRAINING

Annual Skills Training is a requirement for all 1st responders working in San Benito County. The training was held in 2020, however, it was not held in 2021 due to the pandemic. Training resumed in 2022.

Quarterly Educational Training was postponed in 2020 and 2021 due to the pandemic, however, training resumed in 2022.

FINANCIAL MANAGEMENT

Community Service Area (CSA) 36

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 SVRA paid an annual fee of \$47,050 in 2020, which was increased in 2021 to \$99,750, 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.

GOALS

01

Improve Cardiac Arrest Survival Rates

- instruct on Bystander CPR
- continue high-performance CPR
- continue participating in CARES

02

Disaster Response

- continue participating in the Hospital Preparedness Program (HPP) by planning and implementing disaster drills, including tabletop and functional exercises
- continue implementation and training of EMS policies related to multi-casualty incidents
- continue to educate on the MHOAC program

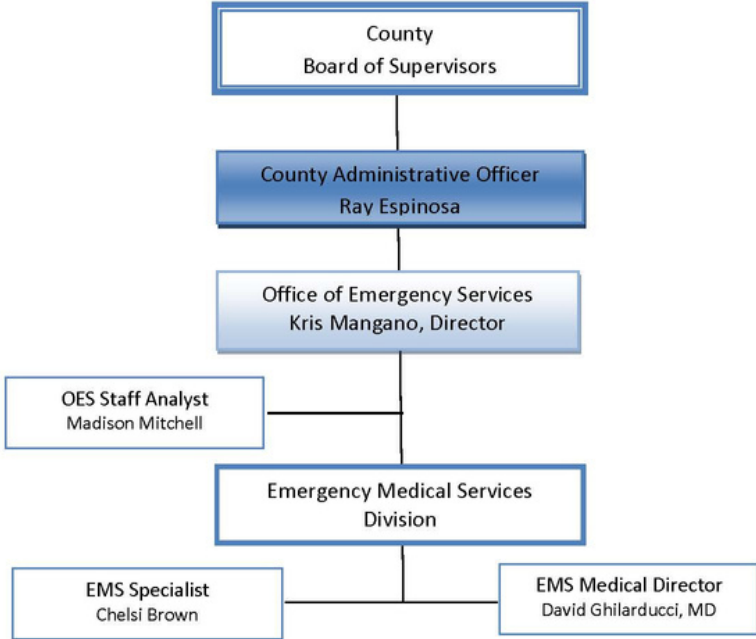
03

Public Information, Education, & Outreach

- Naloxone training
- Stop the Bleed training
- "hands-only" CPR training

ORGANIZATIONAL CHART

COUNTY OF SAN BENITO
ORGANIZATIONAL CHART
2020



TABLES 1-10

2020

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
Agency Administration:						
1.01	LEMSA Structure			✓		
1.02	LEMSA Mission			✓		
1.03	Public Input			✓		
1.04	Medical Director			✓		
Planning Activities:						
1.05	System Plan			✓		
1.06	Annual Plan Update			✓		
1.07	Trauma Planning*					✓
1.08	ALS Planning*			✓		
1.09	Inventory of Resources			✓		
1.10	Special Populations			✓		
1.11	System Participants			✓		
Regulatory Activities:						
1.12	Review & Monitoring			✓		
1.13	Coordination			✓		
1.14	Policy & Procedures Manual			✓		
1.15	Compliance w/Policies			✓		
System Finances:						
1.16	Funding Mechanism			✓		
Medical Direction:						
1.17	Medical Direction*			✓		
1.18	QA/QI			✓		
1.19	Policies, Procedures, Protocols			✓		

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			✓		
Enhanced Level: Advanced Life Support					
1.24 ALS Systems			✓		
1.25 On-Line Medical Direction			✓		
Enhanced Level: Trauma Care System:					
1.26 Trauma System Plan					✓
Enhanced Level: Pediatric Emergency Medical and Critical Care System:					
1.27 Pediatric System Plan					✓
Enhanced Level: Exclusive Operating Areas:					
1.28 EOA Plan			✓		

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

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
Communications Equipment:						
3.01	Communication Plan*			✓		
3.02	Radios		✓			
3.03	Interfacility Transfer*		✓			
3.04	Dispatch Center			✓		
3.05	Hospitals		✓			
3.06	MCI/Disasters			✓		
Public Access:						
3.07	9-1-1 Planning/Coordination			✓		
3.08	9-1-1 Public Education		✓			
Resource Management:						
3.09	Dispatch Triage			✓		
3.10	Integrated Dispatch			✓		

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
Universal Level:					
4.01	Service Area Boundaries*		✓		
4.02	Monitoring		✓		
4.03	Classifying Medical Requests		✓		
4.04	Prescheduled Responses	✓			
4.05	Response Time*		✓		
4.06	Staffing		✓		
4.07	First Responder Agencies		✓		
4.08	Medical & Rescue Aircraft*		✓		
4.09	Air Dispatch Center		✓		
4.10	Aircraft Availability*		✓		
4.11	Specialty Vehicles*		✓		
4.12	Disaster Response		✓		
4.13	Intercounty Response*		✓		
4.14	Incident Command System		✓		
4.15	MCI Plans		✓		
Enhanced Level: Advanced Life Support:					
4.16	ALS Staffing		✓		
4.17	ALS Equipment		✓		
Enhanced Level: Ambulance Regulation:					
4.18	Compliance		✓		
Enhanced Level: Exclusive Operating Permits:					
4.19	Transportation Plan		✓		
4.20	“Grandfathering”		✓		
4.21	Compliance		✓		
4.22	Evaluation		✓		

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
Universal Level:						
5.01	Assessment of Capabilities			✓		
5.02	Triage & Transfer Protocols*			✓		
5.03	Transfer Guidelines*			✓		
5.04	Specialty Care Facilities*		✓			
5.05	Mass Casualty Management			✓		
5.06	Hospital Evacuation*		✓			
Enhanced Level: Advanced Life Support:						
5.07	Base Hospital Designation*			✓		
Enhanced Level: Trauma Care System:						
5.08	Trauma System Design		✓			
5.09	Public Input		✓			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
5.10	Pediatric System Design		✓			
5.11	Emergency Departments		✓			
5.12	Public Input		✓			
Enhanced Level: Other Specialty Care Systems:						
5.13	Specialty System Design		✓			
5.14	Public Input		✓			

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
Universal Level:					
6.01 QA/QI Program		✓			
6.02 Prehospital Records		✓			
6.03 Prehospital Care Audits		✓			
6.04 Medical Dispatch		✓			
6.05 Data Management System*		✓			
6.06 System Design Evaluation		✓			
6.07 Provider Participation		✓			
6.08 Reporting		✓			
Enhanced Level: Advanced Life Support:					
6.09 ALS Audit			✓		
Enhanced Level: Trauma Care System:					
6.10 Trauma System Evaluation		✓			
6.11 Trauma Center Data					✓

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

G. PUBLIC INFORMATION AND EDUCATION

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

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
Universal Level:						
8.01	Disaster Medical Planning*			✓		
8.02	Response Plans			✓		
8.03	HazMat Training			✓		
8.04	Incident Command System			✓		
8.05	Distribution of Casualties*			✓		
8.06	Needs Assessment			✓		
8.07	Disaster Communications*			✓		
8.08	Inventory of Resources			✓		
8.09	DMAT Teams			✓		
8.10	Mutual Aid Agreements*		✓			
8.11	CCP Designation*		✓			
8.12	Establishment of CCPs		✓			
8.13	Disaster Medical Training		✓			
8.14	Hospital Plans		✓			
8.15	Interhospital Communications		✓			
8.16	Prehospital Agency Plans		✓			
Enhanced Level: Advanced Life Support:						
8.17	ALS Policies			✓		
Enhanced Level: Specialty Care Systems:						
8.18	Specialty Center Roles		✓			
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:						
8.19	Waiving Exclusivity					

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>\$122,887.35</u>
Contract Services (e.g. medical director)	<u>13,475.00</u>
Operations (e.g. copying, postage, facilities)	<u>0.00</u>
Travel	<u>225.92</u>
Fixed assets	<u>0.00</u>
Indirect expenses (overhead)	<u>5,568.84</u>
Ambulance subsidy	<u>11,250.00</u>
EMS Fund payments to physicians/hospital	<u>26,499.30</u>
Dispatch center operations (non-staff)	<u>92,838.82</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>
TOTAL EXPENSES	\$ <u>279,745.23</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>493,556.00</u>
County contracts (e.g. multi-county agencies)	<u>0.00</u>
Certification fees	<u>4,117.00</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>

TABLE 2:	<p>Base hospital application fees <u>0.00</u></p> <p>SYSTEM ORGANIZATION AND MANAGEMENT (cont.)</p> <p>Trauma center application fees <u>0.00</u></p> <p>Trauma center designation fees <u>0.00</u></p> <p>Pediatric facility approval fees <u>0.00</u></p> <p>Pediatric facility designation fees <u>0.00</u></p> <p>Other critical care center application fees <u>0.00</u></p> <p>Type: _____</p> <p>Other critical care center designation fees <u>0.00</u></p> <p>Type: _____</p> <p>Ambulance service/vehicle fees 9,175.00</p> <p>Contributions <u>0.00</u></p> <p>EMS Fund (SB 12/612) 99,831.29</p> <p>Other grants: _____ <u>0.00</u></p> <p>Other fees _____ <u>0.00</u></p> <p>Other (specify): <u>Hollister Hills Services</u> 66,500.00</p> <p>TOTAL REVENUE \$ 673,179.29</p>
----------	--

**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

 x Our fee structure is:

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

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	Position only filled till March
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: 2020

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	39			
Total number of accredited personnel on July 1 of the reporting year	80		0	
Number of certification reviews resulting in:				
a) formal investigations	0			
b) probation	0		0	
c) suspensions	0		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: 2020

- | | |
|--|---|
| 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?
<u>Santa Cruz Regional 911</u> | |
| 7. Who is your primary dispatch agency for a disaster?
<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: 2020

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

- Number of EMT-Defibrillation providers 5

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

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

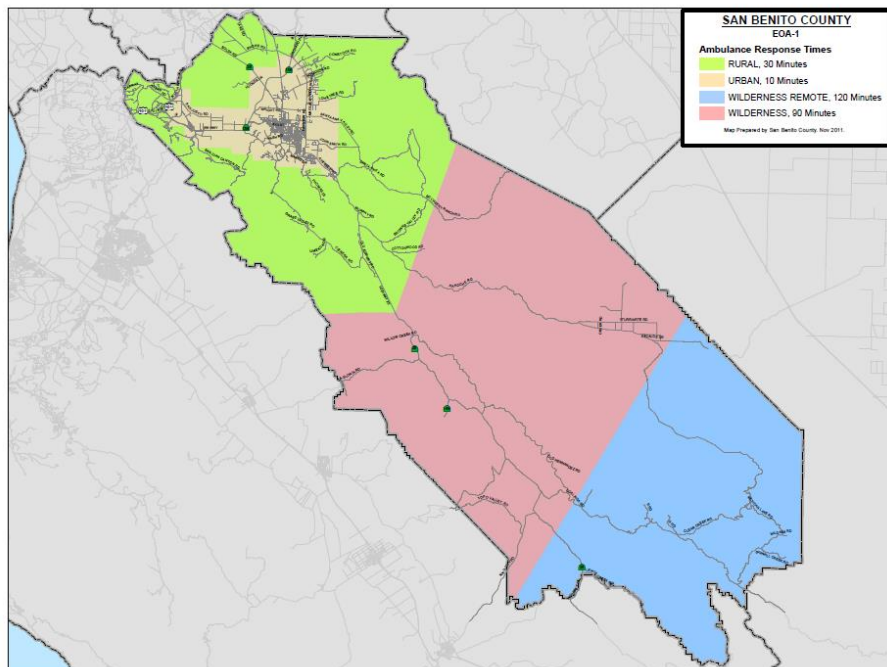


TABLE 6: FACILITIES/CRITICAL CARE

Reporting Year: 2020

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

- | | |
|--|---|
| 1. Number of patients meeting trauma triage criteria | * |
| 2. Number of major trauma victims transported directly to a trauma center by ambulance | |
| 3. Number of major trauma patients transferred to a trauma center | |
| 4. Number of patients meeting triage criteria who weren't treated at a trauma center | |

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> |

* we converted from MEDS to ImageTrend mid-year and do not have compiled data from 2020.

TABLE 7: DISASTER MEDICAL

Reporting Year: 2020

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: 2020

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

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

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

Transporting Agencies

<u>3871</u> Total number of responses	<u>2381</u> Total number of transports
<u>3871</u> Number of emergency responses	<u>2381</u> Number of emergency transports
<u>191</u> Number of non-emergency responses	<u>191</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: 2020

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><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input 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><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:</p>	<p><u>If Public:</u></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><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
---	---	---	--	---

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2020

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 24/7

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input 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
--	--	---	---

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2020

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

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

*Non-transporting agency

Table 8: Resource Directory

Reporting Year: 2020

Response/Transportation/Providers

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

County: San Benito **Provider:** National Parks Service **Response Zone:** Pinnacles National Park

Address: 5000 Highway 146
Paicines, CA 95043

Number of Ambulance Vehicles in Fleet: 0

Phone Number: (831) 389-4486

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

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" 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 type="checkbox"/> IFT
--	--	---	--

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

*Non-transporting agency

TABLES 1-10

2021

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
Agency Administration:						
1.01	LEMSA Structure			✓		
1.02	LEMSA Mission			✓		
1.03	Public Input			✓		
1.04	Medical Director			✓		
Planning Activities:						
1.05	System Plan			✓		
1.06	Annual Plan Update			✓		
1.07	Trauma Planning*					✓
1.08	ALS Planning*			✓		
1.09	Inventory of Resources			✓		
1.10	Special Populations			✓		
1.11	System Participants			✓		
Regulatory Activities:						
1.12	Review & Monitoring			✓		
1.13	Coordination			✓		
1.14	Policy & Procedures Manual			✓		
1.15	Compliance w/Policies			✓		
System Finances:						
1.16	Funding Mechanism			✓		
Medical Direction:						
1.17	Medical Direction*			✓		
1.18	QA/QI			✓		
1.19	Policies, Procedures, Protocols			✓		

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			✓		
Enhanced Level: Advanced Life Support					
1.24 ALS Systems			✓		
1.25 On-Line Medical Direction			✓		
Enhanced Level: Trauma Care System:					
1.26 Trauma System Plan					✓
Enhanced Level: Pediatric Emergency Medical and Critical Care System:					
1.27 Pediatric System Plan					✓
Enhanced Level: Exclusive Operating Areas:					
1.28 EOA Plan			✓		

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

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
Communications Equipment:						
3.01	Communication Plan*			✓		
3.02	Radios		✓			
3.03	Interfacility Transfer*		✓			
3.04	Dispatch Center			✓		
3.05	Hospitals		✓			
3.06	MCI/Disasters			✓		
Public Access:						
3.07	9-1-1 Planning/Coordination			✓		
3.08	9-1-1 Public Education		✓			
Resource Management:						
3.09	Dispatch Triage			✓		
3.10	Integrated Dispatch			✓		

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
Universal Level:					
4.01 Service Area Boundaries*			✓		
4.02 Monitoring			✓		
4.03 Classifying Medical Requests			✓		
4.04 Prescheduled Responses		✓			
4.05 Response Time*			✓		
4.06 Staffing			✓		
4.07 First Responder Agencies			✓		
4.08 Medical & Rescue Aircraft*			✓		
4.09 Air Dispatch Center			✓		
4.10 Aircraft Availability*			✓		
4.11 Specialty Vehicles*			✓		
4.12 Disaster Response			✓		
4.13 Intercounty Response*			✓		
4.14 Incident Command System			✓		
4.15 MCI Plans			✓		
Enhanced Level: Advanced Life Support:					
4.16 ALS Staffing		✓			
4.17 ALS Equipment			✓		
Enhanced Level: Ambulance Regulation:					
4.18 Compliance			✓		
Enhanced Level: Exclusive Operating Permits:					
4.19 Transportation Plan			✓		
4.20 "Grandfathering"			✓		
4.21 Compliance			✓		
4.22 Evaluation			✓		

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
Universal Level:						
5.01	Assessment of Capabilities			✓		
5.02	Triage & Transfer Protocols*			✓		
5.03	Transfer Guidelines*			✓		
5.04	Specialty Care Facilities*		✓			
5.05	Mass Casualty Management			✓		
5.06	Hospital Evacuation*		✓			
Enhanced Level: Advanced Life Support:						
5.07	Base Hospital Designation*			✓		
Enhanced Level: Trauma Care System:						
5.08	Trauma System Design		✓			
5.09	Public Input		✓			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
5.10	Pediatric System Design		✓			
5.11	Emergency Departments		✓			
5.12	Public Input		✓			
Enhanced Level: Other Specialty Care Systems:						
5.13	Specialty System Design		✓			
5.14	Public Input		✓			

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
Universal Level:					
6.01 QA/QI Program		✓			
6.02 Prehospital Records			✓		
6.03 Prehospital Care Audits			✓		
6.04 Medical Dispatch			✓		
6.05 Data Management System*			✓		
6.06 System Design Evaluation		✓			
6.07 Provider Participation		✓			
6.08 Reporting			✓		
Enhanced Level: Advanced Life Support:					
6.09 ALS Audit			✓		
Enhanced Level: Trauma Care System:					
6.10 Trauma System Evaluation		✓			
6.11 Trauma Center Data					✓

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

G. PUBLIC INFORMATION AND EDUCATION

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

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
Universal Level:						
8.01	Disaster Medical Planning*			✓		
8.02	Response Plans			✓		
8.03	HazMat Training			✓		
8.04	Incident Command System			✓		
8.05	Distribution of Casualties*			✓		
8.06	Needs Assessment			✓		
8.07	Disaster Communications*			✓		
8.08	Inventory of Resources			✓		
8.09	DMAT Teams			✓		
8.10	Mutual Aid Agreements*		✓			
8.11	CCP Designation*		✓			
8.12	Establishment of CCPs		✓			
8.13	Disaster Medical Training		✓			
8.14	Hospital Plans		✓			
8.15	Interhospital Communications		✓			
8.16	Prehospital Agency Plans		✓			
Enhanced Level: Advanced Life Support:						
8.17	ALS Policies			✓		
Enhanced Level: Specialty Care Systems:						
8.18	Specialty Center Roles		✓			
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:						
8.19	Waiving Exclusivity					

1TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT

Reporting Year: 2021

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>\$108,743.38</u>
Contract Services (e.g. medical director)	<u>21,785.00</u>
Operations (e.g. copying, postage, facilities)	<u>0.00</u>
Travel	<u>282.66</u>
Fixed assets	<u>0.00</u>
Indirect expenses (overhead)	<u>2,647.02</u>
Ambulance subsidy	<u>100,579.00</u>
EMS Fund payments to physicians/hospital	<u>37,885.47</u>
Dispatch center operations (non-staff)	<u>94,435.65</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>
 TOTAL EXPENSES	 \$ <u>373,358.18</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>518,258.00</u>
County contracts (e.g. multi-county agencies)	<u>0.00</u>
Certification fees	<u>4,917.00</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	8,755.00
Contributions	<u>0.00</u>
EMS Fund (SB 12/612)	94,616.39
Other grants: _____	<u>0.00</u>
Other fees _____	<u>0.00</u>
Other (specify): <u>Hollister Hills Services</u>	83,125.00
 TOTAL REVENUE	 \$ 709,671.39

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

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					
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: 2021

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	94			
Number newly certified this year	11			
Number recertified this year	38			
Total number of accredited personnel on July 1 of the reporting year	90		0	
Number of certification reviews resulting in:				
a) formal investigations	0			
b) probation	0		0	
c) suspensions	0		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

94

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: 2021

- | | |
|--|---|
| 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?
<u>Santa Cruz Regional 911</u> | |
| 7. Who is your primary dispatch agency for a disaster?
<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: 2021

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 5

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

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

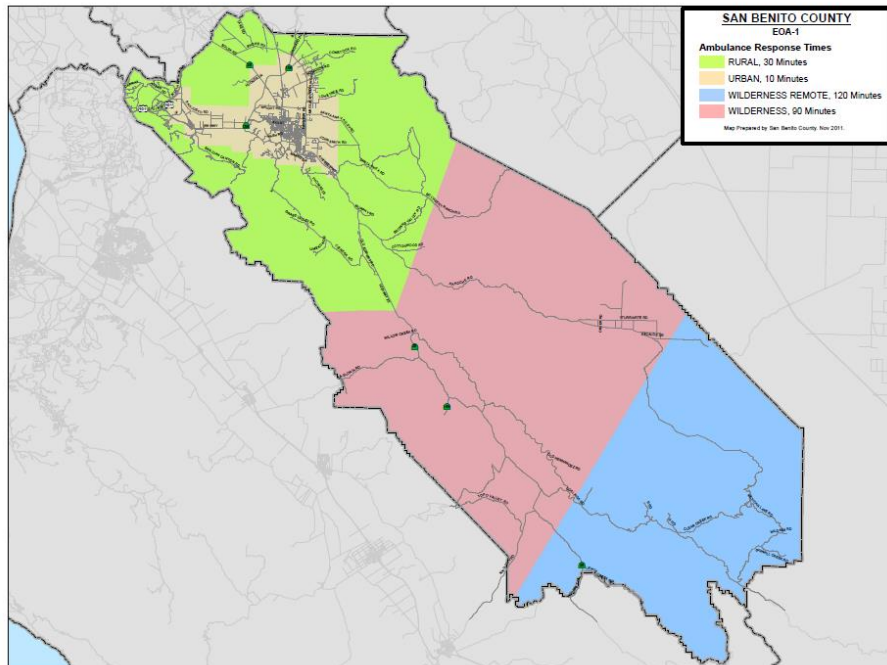


TABLE 6: FACILITIES/CRITICAL CAREReporting Year: 2021**NOTE:** Table 6 is to be reported by agency.**Trauma**

Trauma patients:

1. Number of patients meeting trauma triage criteria	1886
2. Number of major trauma victims transported directly to a trauma center by ambulance	69
3. Number of major trauma patients transferred to a trauma center	n/a
4. Number of patients meeting triage criteria who weren't treated at a trauma center	1747

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: 2021

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: 2021

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><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></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><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></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

3997	2452
Total number of responses	Total number of transports
3872	2452
Number of emergency responses	Number of emergency transports
125	125
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

Table 8: Resource Directory

Reporting Year: 2021

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

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input 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
--	--	---	--

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

*Aromas Tri-County Fire does not transport.

Table 8: Resource Directory

Reporting Year: 2021

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

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input 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
--	--	---	---

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

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

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

*Hollister Fire does not transport.

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: San Benito **Provider:** National Parks Service **Response Zone:** Pinnacles National Park

Address: 5000 Highway 146
Paicines, CA 95043

Number of Ambulance Vehicles in Fleet: 0

Phone Number: (831) 389-4486

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

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" 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 type="checkbox"/> IFT
--	--	---	--

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

*Pinnacles does not transport.

TABLES 1-10

2022

Please note, not all Tables are attached as not all data was available by the due date.

TABLE 3: STAFFING/TRAINING

Reporting Year: 2022

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	101			
Number newly certified this year	7			
Number recertified this year	97			
Total number of accredited personnel on July 1 of the reporting year	97		0	
Number of certification reviews resulting in:				
a) formal investigations	0			
b) probation	0		0	
c) suspensions	0		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

101

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: 2022

- | | |
|--|---|
| 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?
<u>Santa Cruz Regional 911</u> | |
| 7. Who is your primary dispatch agency for a disaster?
<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: 2022

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

- Number of EMT-Defibrillation providers 5

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

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

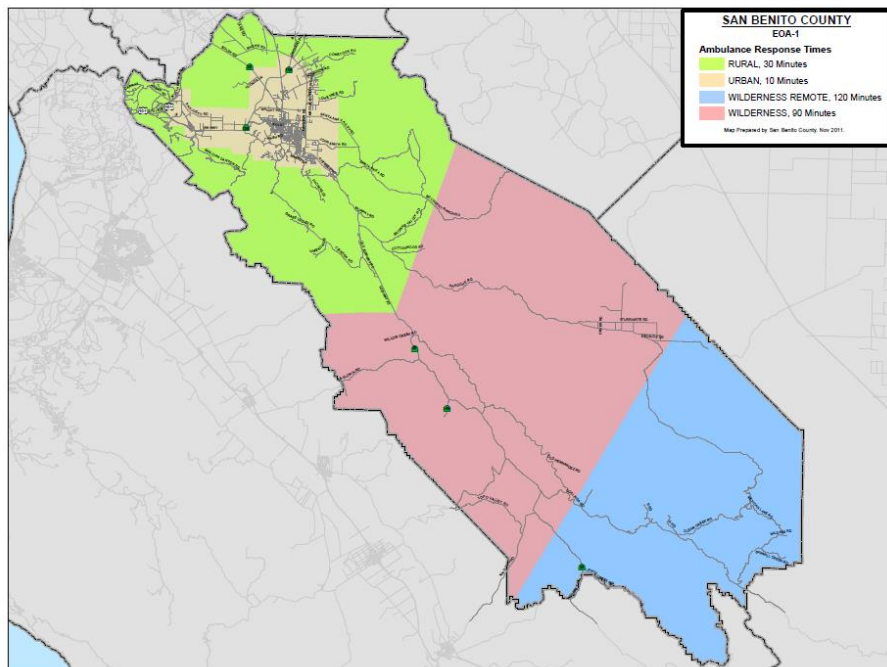


TABLE 6: FACILITIES/CRITICAL CARE

Reporting Year: 2022

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria
2. Number of major trauma victims transported directly to a trauma center by ambulance
3. Number of major trauma patients transferred to a trauma center
4. Number of patients meeting triage criteria who weren't treated at a trauma center

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: 2022

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: 2022

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

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

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

Transporting Agencies

3871* Total number of responses
3871* Number of emergency responses
136* Number of non-emergency responses

2381* Total number of transports
2381* Number of emergency transports
136* 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

*estimate only – we do not have all our 2022 data complete

Table 8: Resource Directory

Reporting Year: 2022

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><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input 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><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:</p>	<p><u>If Public:</u></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><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
--	--	---	---	--

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2022

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 24/7

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input 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
--	--	---	---

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2022

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

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input 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
--	--	---	--

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

*Non-transporting agency

AMBULANCE ZONE SUMMARY FORM

Date: 2020 & 2021

**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.

<p>Local EMS Agency or County Name:</p> <p>San Benito County Emergency Medical Services A Division of the San Benito County Office of Emergency Services</p>
<p>Area or Subarea (Zone) Name or Title:</p> <p>n/a</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>American Medical Response (uninterrupted)</p>
<p>Area or Subarea (Zone) Geographic Description:</p> <p>The area includes the entire County of San Benito</p> <p>THE LEGAL DESCRIPTION OF COUNTY OF SAN BENITO, CALIFORNIA</p> <p>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.</p>

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.

ACKNOWLEDGEMENTS

Thank you to our community partners, fire and law enforcement partners, emergency dispatchers, EMTs and Paramedics, and emergency department personnel for their dedication, commitment, and efforts in support the San Benito County EMS System.

CONTACT

Kris Mangano

471 4th Street
Hollister, CAA 95023

(831) 636-4168

www.cosb.us
kmangano@cosb.us



TRAUMA SYSTEM STATUS REPORT 2020, 2021 & 2022

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 was formally recognized as an approved Level IV Trauma Center in January 2022. In November 2021, EMS conducted a review and Hazel Hawkins Hospital met or exceeded California Trauma Regulations outlined in the California Code of Regulations and also fulfilled current national American College of Surgeon standards. This designation represents a collaborative effort, decades in the making, to enhance the care of serious injured adults in San Benito County.

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 did not make changes to our trauma policy or transportation policy as a result Hazel Hawkins Hospital's Level IV Trauma designation.

Number and Designation Level of Trauma Centers

Hazel Hawkins Hospital is the only designated Trauma Centers in San Benito County.

Trauma System Goals and Objectives

- Develop a trauma review committee with Hazel Hawkins Hospital
- 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 no issues currently.

Revised
February 2020



Quality Improvement Plan

San Benito County Emergency Medical Services Agency

TABLE OF CONTENTS

Mission Statement	2
Vision	2
Structure and Organizational Description	2
Organizational Chart	5
Authority	6
Objectives	6
Annual Update	6
Interagency QI Responsibilities	7
EMS Agency Responsibilities	7
Base Hospital Responsibilities	7
Provider Agency Contributions	7
EMS Quality Improvement Committee	8
Pre-Hospital Advisory Committee (PAC)	8
Emergency Medical Care Committee (EMCC)	8
Data Collecting and Reporting	10
Evaluation of EMS System Indicators	12
Personnel	12
Documentation	13
Clinical Care and Patient Outcome	13
Facilities	13
CARES	14
Training and Education	15
Exercises and Drills	15
Public Education	15
Risk Management	17

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.

STRUCTURE AND ORGANIZATIONAL DESCRIPTIONS

San Benito County serves a population of approximately 60,000 residents covering 1,391 square miles. The county borders Santa Clara County to the North, Merced and Fresno Counties to the East, Monterey County to the South, and Santa Cruz County to the West. Cities are Hollister and San Juan Bautista, with Hollister being the county seat. Several unincorporated communities are also in the county.

The San Benito County Emergency Medical Services (EMS) Agency is responsible for the planning, implementation, and evaluation of the emergency medical system within the county. This system, defined in Division 2.5 of the California Health and Safety Code, consists of "...an organized pattern of readiness and response services based on public and private agreements and operational procedures." The Agency, located within the San Benito County Office of Emergency Services, is comprised of a coordinator, medical director, and staff members.

As the local Emergency Medical Services Agency (LEMSA) we are the governmental entity designated by the State to "...plan, implement, and evaluate the local emergency medical services system". EMS does this through plan development, implementation of policies, and monitoring and evaluating all local EMS system partners including:

- Pre-hospital provider agencies (i.e., fire departments, ambulance companies, law enforcement agencies, air transport agencies, etc.);
- Dispatch center
- Hospitals and specialty care facilities (i.e., emergency departments, trauma centers, STEMI centers, stroke centers, pediatric centers, burn centers, etc.);

- Educational agencies (public and private educational institutions providing curriculum for paramedics and EMTs, hospitals, etc.).

San Benito County EMS Agency consists of Basic Life Support (BLS) First Responders; the contracted 911 provider with Advanced Life Support (ALS) and BLS personnel; Air Ambulances; and a dispatch center with trained dispatchers. 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 or the appropriate receiving specialty center.

San Benito County is serviced by Santa Cruz Regional 911, our contracted *Public Safety Answering Point* (PSAP), or dispatch center. They are responsible for answering all calls to 911 and providing arrival instructions according to Emergency Medical Dispatch (EMD) protocols using a priority dispatching system.

The county has one exclusive operational area (EOA) for Emergency Ambulance Services and Advanced Life Support and Critical Care transport. The current contract with American Medical Response (AMR) expires in June 2020. Contract discussion have just begun for a new contract. The First Responder agency in San Benito County is non-transporting, providing BLS only.

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

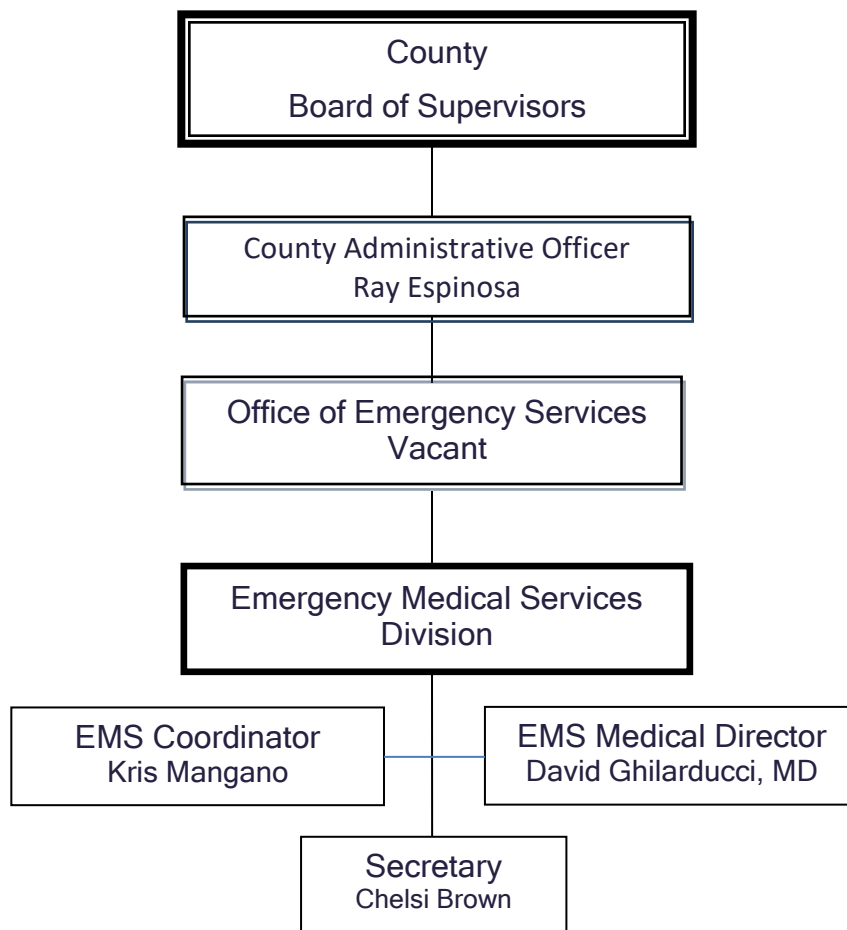
The QI Committee provides leadership for the clinical oversight and quality management of pre-hospital patient care in the county. The QI Committee membership consists of:

- 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 in order 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 statues, regulations, and local policies that apply to that jurisdiction's emergency medical services system, all overseen and defined by the State EMS Authority.

ORGANIZATIONAL CHART



AUTHORITY

On January 1, 2006, the California Emergency Medical Services Authority (EMSA) implemented regulations related to quality improvement for EMS throughout the State. San Benito County EMS' QIP meets the requirements of Title 22, Chapter 12, Section 4 of the California Code of Regulations. In addition, policy #101 in the San Benito County EMS Agency Policies, Procedures & Protocols Manual provides details on the expectations for development and implication of a Quality Improvement Program for 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. This policy describes the role, composition and procedure for regular assessment of key quality indicators and a process for categorizing incidents that are reviewed.

OBJECTIVES

The San Benito County Quality Improvement Plan is designed to create a consistent approach to EMS quality objectives based on input from the providers and the customers of those services. These objectives include:

- Ensure the level of patient care is consistent with the Policies, Procedures and Protocols
- Evaluate and seek continual improvement in system-wide performance
- Identify relevant and best practice components of pre-hospital care
- Collect, analyze

ANNUAL UPDATE

The San Benito County EMS Agency works in collaboration with the Pre-Hospital Advisory Committee (PAC) and Emergency Medical Care Committee (EMCC) members to evaluate and address any system-wide clinical issues and the initiatives to correct them. The San Benito County EMS Agency ensures that the QI Plan is aligned with strategic goals set forth by stakeholders.

EMS partners conduct an annual review of the Exclusive Operating Area (EOA) provider's QI Plan and provides an annual update to the California Emergency Medical Services Authority (EMSA) with an annual update for approval.

INTERAGENCY QI RESPONSIBILITIES

EMS Agency Responsibilities

- Implementation and maintenance of a Quality Improvement (QI) Plan in conjunction with base hospitals, receiving hospitals, and provider agencies.
- Provide for a multidisciplinary team approach and provide staff support for the EMS QI Committee.
- Assist in ongoing monitoring and evaluation of clinical and organizational performance.
- Provide information to support system improvement of those processes that are important to the quality of patient care.
- Provide confidential patient outcome and informational system reports to assist in improving the functions targeted by the QI program.

Base Hospital Responsibilities

- Implementation and maintenance of a Quality Improvement (QI) Plan in conjunction with Pre-hospital care providers assigned to the base hospital.
- Designation of a representative to participate in the San Benito County EMS QI Committee and Pre-Hospital Advisory Committee.
- Collection of outcome data on patients brought to the Base Hospital as outlined in the EMS CQI Plan
- Base Hospital physicians provide on-line medical control for EMS personnel in concurrence with protocols established by San Benito County EMS Agency.

Provider Agency Contributions

- Implementation and maintenance of a Quality Improvement (QI) Plan in conjunction with base hospitals, receiving hospitals, and provider agencies.
- Provide for a multidisciplinary team approach and provide staff support for the EMS QI Committee.
- Assist in ongoing monitoring and evaluation of clinical and organizational performance.
- Provide information to support system improvement of those processes that are important to the quality of patient care.
- Provide confidential patient outcome and informational system reports to assist in improving the functions targeted by the QI program.

EMS Quality Improvement Committee

The QI Committee meets bi-monthly following the EMCC meeting. The information discussed within the QI Committee is considered confidential; the proceedings and records of this committee are free from disclosure and discovery. The focus is on system processes for improvement. Coordinated and compiled focused studies/research is completed on selected issues. The committee membership consists of:

- 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
- Other representatives of the San Benito County community as approved by the EMS Medical Director and Program Manager.

Pre-Hospital Advisory Committee

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)

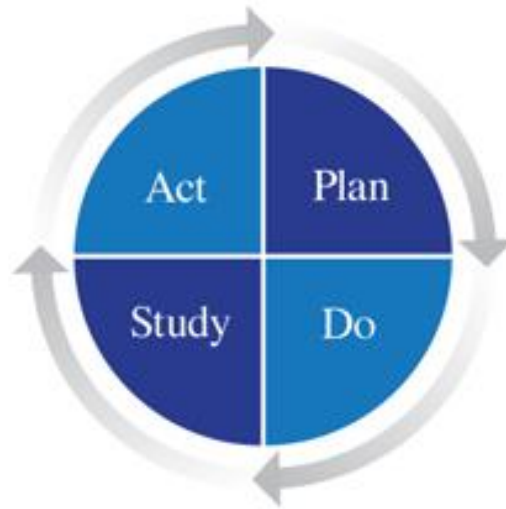
The purpose of the EMCC is to assure the availability of an effective and efficient emergency medical service (EMS) system that provides consistent, high quality emergency medical services to all people in the County of San Benito. The EMCC provides the Board of Supervisors under which it serves advice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

Air Ambulance Provider	Member-at-Large
American Red Cross	National Parks Service
Aromas Tri-County Fire Protections District	Public Safety Communications Center
Bureau of Land Management	San Benito County Board of Supervisors
CALFIRE	San Benito County Sheriff Office
California Dept. of Parks & Recreation	Hazel Hawkins Hospital
California Highway Patrol	San Benito County Behavioral Health
Contracted Ambulance Provider	San Benito County Dept. of Probation
Hollister/San Benito County Fire Dept.	San Benito County Public Health Dept.
Hollister Police Dept.	Field EMT or Paramedic

The EMCC may establish ad-hoc groups to advise the EMS Agency and EMS stakeholders on matters of interest. These groups will be terminated upon completion of their goals.

DATA COLLECTION & REPORTING

San Benito County EMS Agency utilizes multiple ways to collect and review data. Statistical summaries are provided from the electronic data collection system used by the EOA provider. The EMS Agency utilizes the Plan-Do-Study-Act cycle model to test the change and determine if the change is an improvement. By collecting and monitoring defined indicators that reflect state and national standards in EMS, we can measure our performance, identify areas for improvement, and create an action plan to implement, monitor and study the effects of the changes.



The San Benito County EMS Agency participates in the Emergency Medical Services Authority Core Measures Project.

In addition to the Core Measures Project, the San Benito County EMS Agency has developed local indicators to measure and monitor goals and evaluate current systems. Core Measures are submitted to the EMSA annually, while the local indicators are reviewed bi-monthly at the QI meeting.

1. Cardiac Arrest
 - a) Bystander CPR (PUB-1)
 - b) AED prior to arrival (CAR-1)
 - c) First Arrival time to rescuer CPR
 - d) Initial rhythm recorded
 - e) Defibrillation (number and dose)
 - f) Intubation (see #6)
 - g) ROSC (y/n) (CAR-2)
 - h) EtCO₂ readings (initial and continuous)
 - i) survival to ED discharge(CAR-3)
 - j) survival to hospital discharge (CAR4)

2. STEMI
 - a) Arrival to EKG
 - b) ASA (ACS-1)
 - c) Scene time (ACS-3)
 - d) STEMI alert (ACS-4)
 - e) 911-to balloon
 - f) Appropriate destination (ACS-5)
3. Suspected Cardiac Ischemia
 - a) 12 Lead EKG Obtained
 - b) 12 Lead EKG transmitted
 - c) 12 Lead EKG interpretation
 - d) STEMI alert
 - e) ASA given
 - f) NTG given
 - g) Morphine given
 - h) Destination Hospital
 - i) Mode of transport
4. Stroke
 - a) Time Last Known Well
 - b) Stroke scale recorded (STR-1)
 - c) Blood Glucose recorded (STR-2)
 - d) Scene time (STR-3)
 - e) Stroke alert called (STR-4)
 - f) 911-to needle time
5. Trauma (see also Policy 107, *Trauma Quality Improvement and System Evaluation*)
 - a) Scene times (TRA-1)
 - b) PAM scale recorded
 - c) Appropriate destination (TRA-2)
6. Advanced Airway Management (See Procedure 704 *Advanced Airway Management*)
 - a) Indications for invasive airway
 - b) Date/Time Airway Device Placement Confirmation
 - c) Airway Device Being Confirmed
 - d) Airway Device Placement Confirmed Method
 - e) Tube Depth
 - f) Type of Individual Confirming Airway Device Placement
 - g) Crew Member ID
 - h) Airway Complications Encountered
 - i) Suspected Reasons for Failed Airway Management
 - j) Waveform capnography readings through duration of care
 - (1) EtCO₂ initial (SKL-2)
 - (2) EtCO₂ continuous (SKL-2)

EVALUATION OF EMS SYSTEM INDICATORS

Personnel

San Benito County EMS Agency has established policies for EMT certification and Paramedic licensure and accreditation. EMT processes and standards for certification, recertification and investigations align with state requirements. In order to obtain accreditation in San Benito County, Paramedics must meet standards outlined in policy, including attending a San Benito County EMS Agency orientation and completion of a ten (10) call evaluation.

Provider agencies communicate with San Benito County EMS Agency regarding licensure and certification, expiration dates, personnel contact information, license status, and employment status as needed, or no later than annually for all licensed and certified personnel.

Pre-hospital performance issues are generally handled at the provider level; however, if an incident involves a potential risk to public health, could be identified as a safety risk, or if the incident involves the potential harm to a patient, it must be reported to San Benito County EMS Agency immediately, but no later than twenty-four (24) hours.

All EMTs and Paramedics new to the San Benito County EMS system are required to complete an orientation process that includes both didactic and field components. These may include but are not limited to:

- System familiarization
- Deployment
- Communications
- Policies, Procedures & Protocols review
- Orientation to ePCR
- Mandatory skills training
- Base Station familiarization
- Call routing and mapping
- MCI Plan familiarization
- ICS Training
- Equipment checkout, vehicle layout, and maintenance
- HazMat

Documentation

San Benito County EMS currently utilizes MEDS for electronic Patient Care Reporting (ePCR) provided by American Medical Response. Our goal is to have consistency and relevancy in how data is captured. This is an evolving process with recognizable challenges; by standardizing data collection methods and recognizing opportunities to educate personnel on ways to document accurately, we can better understand the EMS system and identify areas for improvement.

Clinical Care and Patient Outcome

San Benito County EMS Policies, Procedures and Protocols are used for off-line medical direction by our pre-hospital care providers. Policies, Procedures and Protocols are evaluated on a continual basis by the Pre-Hospital Advisory Committee (PAC) and feedback from all stakeholders within the system is encouraged. Policies, Procedures and Protocols are updated annually, on February 1st, with adequate time allowed for training and distribution. San Benito County currently uses a smartphone app and its webpage for distribution of Policies, Procedures and Protocols.

Facilities

San Benito County has one hospital, Hazel Hawkins Hospital, which also serves as the Base Hospital. Hazel Hawkins Hospital has expressed an interest in becoming a Level IV Trauma Center. The closest Level I and Level II Trauma Centers are in the adjacent counties of Santa Clara and Monterey, with Santa Clara County providing two pediatric trauma centers.

San Benito County EMS Agency's Trauma Triage Criteria is used to identify critical trauma patients to be transported by ground or air ambulance to the out-of-county trauma centers based on the most available resource to reduce transport times.

San Benito County does not have any STEMI or Stroke receiving facilities. Through early recognition, rapid transport, and early notification, patients are transported by air or ground to the nearest receiving specialty facility.

CARES

San Benito County participates in 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.



TRAINING & EDUCATION

San Benito County EMS Agency provides training opportunities for all personnel. Personnel who are new into San Benito County for certification and/or accreditation receive the following:

- EMS Orientation
- Review of Policies, Procedures & Protocols
- Optional and local Scope Training

All EMS personnel have the opportunity to attend quarterly Quality Educational Forums/Base Station meetings and are required to attend and participate in the annual Infrequently Used Skills training. Continuing Educational Units are provided

Exercises and Drills

San Benito County EMS Agency works in collaboration with fire, law, dispatch, ambulance, hospital Public Health, and the Office of Emergency Services to provide functional exercises that test our response and recovery plans. A top priority is to sustain yearly functional exercises that incorporate all providers. These exercises are used to analyze our system and identify gaps.

Public Education

Public Education and Outreach is an 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 also placed over 30 AEDs in county and city buildings within the last year, with training provided by our pre-hospital care providers.

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

San Benito County EMS participated in a "Pull to the Right for Sirens and Lights" campaign last year, working with our pre-hospital care providers to educate the public on pulling to the right.

“Stop the Bleed” kits were purchased through a grant, in part from Hazel Hawkins Hospital. Training was provided to partner agencies within San Benito County and the kits were distributed to law enforcement personnel and all schools within the County. Larger kits are included in the School Resource Officers 1st Responder bags.

RISK MITIGATION

Risk Management is addressed through the use of the Unusual Occurrence/Incident Report. These reports are submitted by anyone with a concern regarding patient care, patient management, crew interaction, safety, public perception, or any other issue that is in question. The Unusual Occurrence/Incident Report is available on our website and can be completed and submitted electronically. Supporting documentation would include the electronic Patient Care Report (ePCR), computer-aided dispatch (CAD) record, audio recordings from dispatch, and when available, patient outcomes from the hospital. San Benito County EMS Agency compiles the data and works with agencies involved to resolve or correct the issue. All reported information is tracked and maintained in a confidential and secure manner.