

**EMERGENCY MEDICAL SERVICES AUTHORITY**

11120 INTERNATIONAL DR., 2<sup>ND</sup> FLOOR  
RANCHO CORDOVA, CA 95670  
(916) 322-4336 FAX (916) 324-2875



May 3, 2023

Greg Benson, EMS Administrator  
Santa Cruz County EMS Agency  
1800 Green Hills Road, Suite 240  
Scotts Valley, CA 95066

Dear Mr. Benson,

This letter is in response to Santa Cruz Emergency Medical Services (EMS) Agency's 2018-2021 EMS, Trauma, St-Elevation Myocardial Infarction (STEMI), Quality Improvement (QI), and EMS for Children (EMSC) plan, submissions to the EMS Authority on June 15, 2020, and April 26, 2022.

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, STEMI, QI plans, and EMSC based on compliance with Chapters 7, 7.1, 12, and 14 of the California Code of Regulations, Title 22, Division 9, and has been approved for implementation.

The Authority does not have an EMS Plan submission for the year 2022, and submission is required for compliance with HSC § 1797.254. Per HSC § 1797.254, EMS Plans must be submitted to the EMS Authority annually. Santa Cruz County EMS Agency will not be considered current unless an EMS Plan is submitted for each year.

Your 2023 EMS plan will be due on or before May 3, 2024. Concurrently with the EMS plan, please submit an annual Trauma, STEMI, QI, and EMSC 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](mailto:mark.olivas@emsa.ca.gov).

Sincerely,

*Tom McGinnis*

Tom McGinnis  
Chief, EMS Systems Division

Enclosure:  
AW: rd

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<b>Santa Cruz County          2018-2021 EMS          Plan Ground          Exclusive          Operating Areas</b>	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, BLS Ambulance	All CCT Ambulance Services	IFT ALS	Standby Service with Transport Authorization
	<b>EXCLUSIVITY</b>			<b>TYPE</b>			<b>LEVEL</b>						
<b>Santa Cruz County</b>		X	Competitive	X				X	X	X		X	X



**Public Health Division, EMS**

# County of Santa Cruz

## HEALTH SERVICES AGENCY

POST OFFICE BOX 962, 1080 EMELINE AVE., SANTA CRUZ, CA 95061

TELEPHONE: (831) 454-4120 FAX: (831) 454-4488 TDD: Call 711

### 2019-2020-2021 Santa Cruz County Emergency Medical Services Plan Executive Summary April 2022

California Health and Safety Code Section 1797.254 requires the Local Emergency Medical Services (EMS) Agency to submit an Emergency Medical Services Plan to the California Emergency Medical Services Authority (EMSA) and provide annual updates. The EMS Plan is a framework for the planning, implementation, and evaluation of EMS in Santa Cruz County. It addresses the local status of standards, subsets, and recommended goals for Santa Cruz County, as well as anticipated future needs.

Somewhat isolated, Santa Cruz County is enclosed by a coastal mountain range to the east and the Pacific Ocean to the west and south. The northern border is coastal and rural, the southern is primarily agricultural.

Hospital resources are limited. Santa Cruz County, with a resident population of approximately 276,000 people and a major university with an enrollment of over 18,000 students, is served by only two hospitals, neither of which are trauma centers, and one of which serves as the only STEMI Center in Santa Cruz County. Our smallest hospital is currently going through bankruptcy and is being sold, with a closure date expected in August 2022 to a newly formed healthcare district: Pajaro Valley Healthcare District Trust Project. A third hospital closed over thirty years ago, when our population was much smaller. The nearest Level I and Level II trauma centers are in Santa Clara County (Stanford, Valley Medical Center and Regional Medical Center) and Monterey County (Natividad Medical Center), approximately 40-60 miles distant. Therefore, all trauma patients needing Trauma Center evaluation must be subjected to either helicopter or long ground transportation over a mountain pass or over rural secondary roads.

The county is served by only 2 highways; Highway 1 runs north/south along the coast and Highway 17 which crosses the Santa Cruz Mountains to the northeast. Both are heavily used year-round and are vulnerable to delay and closure. Since Santa Cruz and northern Monterey counties have become bedroom communities for Silicon Valley, both highways are reliably jammed with commuter traffic. Santa Cruz County is also a popular tourist destination and, during the summer months, both highways carry this additional burden, particularly on weekends. All patient transports out of the county to specialty centers take that ALS resource out of our system for extended periods of time. This is especially true in the summer on the weekends due to tourism or during rush hour traffic, often for two or more and as much as 3-4



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**Santa Cruz County**

hours at a time before the ambulance is available again in the system, leading to potential delays answering other calls. This adds stress to our system.

Despite heavy traffic volume, each highway has significant physical limitations. Hwy 1 narrows to only two lanes at both the northern and southern ends of the county. Hwy 17, the only major pass over the mountains, is commonly closed or restricted by traffic, mudslides, roadwork and accidents, sometimes for extended periods of time. For instance, winter storms in 2017 created major delays for several weeks, and mostly notably, Santa Cruz County was nearly isolated for months from Santa Clara and Monterey counties as a consequence of major damage due to the Loma Prieta earthquake. At these times, helicopters are the obvious answer and are frequently used. However, coastal fog patterns and other weather often make this method impractical.

Santa Cruz's last EMS Plan submitted in 2018-2019 was rejected by EMSA pending creation and implementation of helicopter agreements for CALSTAR/Reach and Life Flight. Both draft agreements have been reviewed by their respective counsels, and have been submitted through the County administrative process, which includes review by County Counsel, Risk and approval by leadership.

This EMS Plan covers 2019, 2020, and 2021. Because of the COVID-19 pandemic and the substantial increase in workload for Santa Cruz County EMS and MHOAC programs, the extension of the deadline to submit our EMS Plans was appreciated. In addition to submitting the Plans for the COVID years, we are changing to a calendar year from a fiscal year for reporting. The 2019 data is being submitted in addition to the COVID years data to fill that half-year gap.

Dr. David Ghilarducci is Santa Cruz County's EMS Medical Director, as well as the Deputy Health Officer for Santa Cruz County, and also serves as the Health Officer for San Benito County. Dr. Ghilarducci has a deep background in public safety and emergency medical care, including experience providing care during international disasters. Dr. Ghilarducci has served as a Fire Captain and Acting Battalion Chief with Santa Clara County Fire Department, has experience in FEMA Urban Search and Rescue operations, and is a board-certified EMS Medical Director. He has served as the president of the Emergency Medical Director's Association of California, as the EMS Medical Director for Santa Clara County EMS, and co-director of the Stanford University EMS Fellowship Program. Dr. Ghilarducci arrived as part of the international medical relief corps to care for residents of Haiti after a magnitude 7.0 earthquake, where he was forced to practice "austere medicine".

Brenda Brenner is the EMS Director/Administrator for the LEMSA and licensed paramedic. She has over 43 years of experience in EMS, with 28 of those years taking place in Santa Clara County and the last 15 years taking place in Santa Cruz County. She served with American Medical Response for 37 years as an EMT, a paramedic, a Paramedic Supervisor, Administrative Supervisor, Operations Manager and Director of Operations. Ms. Brenner has served as the LEMSA Director/Administrator since 2016.

Claudia Garza is the new EMS Coordinator for the LEMSA. She began working for Santa Cruz County in the role of Logistics Chief for the COVID-19 DOC response, during which she masterfully managed PPE and all other COVID-19 response logistics with her Logistics team. Within a month of beginning in this role, she had to add response activities resulting from the CZU Lightening Fire at the same time. She began her permanent role as the EMS Coordinator in July 2021. Prior to her work with Santa Cruz County, she worked for Monterey County as a Management Analyst, where she led the effort to replace the 9-1-1 CAD. Ms. Garza has



worked in service to the public for her entire career, including roles with the University of California Santa Cruz, and as an aide for Congressman Sam Farr (ret'd). Having had minimal EMS experience, Ms. Garza will be attending EMT training beginning June 2022.

Over the past six years, numerous system enhancements and disaster activities have taken place, including, but are not limited to:

- EMS System Review (June 2016-November 2016)
- New EMS Ordinance written, approved, and implemented (October 2017)
- Ambulance RFP Process (November 2016-December 2018)
- NEMSIS Version 3 Implementation (September 2016-March 2017)
- Complete staffing change to the Emergency Preparedness team and EMS Office Assistant (December 2017-August 2018)
- Hepatitis A Outbreak and response (May 2017-February 2018)
- Acquisition of the MMSM-Mobile Hospital (June 2017-April 2018)
- New ambulance contract implementation beginning January 2019, which includes a state-of-the-art system report card containing metrics to measuring clinical and operational performance.
- Covid-19 Pandemic (February 2020-current)
- CZU Lightening Fire (August-September 2020)
- Debris Flow events (multiple in 2021 and 2021)
- Tsunami (January 2022)
- PGE Public Safety Power Shut-off (PSPS) (multiple in 2019-2021)
- Upgrades and refinements to the PSPS, Wildfire, Debris Flow, and hospital evacuation plans.

As you can see from the list above, Santa Cruz County has experienced numerous significant events or disasters that called for an extraordinary response from the EMS and MHOAC programs. Responses to these many incidents included staffing the Med-Health Branch Director and MHOAC positions in the EOC and DOC, creating just-in-time plan updates as needed, providing for the medical-health resource needs of the healthcare system, including Personal Protective Equipment, therapeutic medications, medical personnel. Santa Cruz County also responded to requests for assistance from other mutual aid regions in the state for ambulances during fires, medications and equipment. A report of some of the activities of our Logistics/MHOAC Section are below. The County of Santa Cruz is GREATLY appreciative of the substantial assistance provided by EMSA, CDPH, and other state departments during the many crises over the past few years.


**Logistics Branch**  
**3/1/2020 - 3/7/2022**

<b>Total Number of Orgs Receiving PPE Supplies</b>	220
<b>Item</b>	<b>Amount Distributed</b>
CAPR/PAPR Parts	3
COVID19 Test Kits	122,890
Epinephrine	56

Face Shields	17,636
Glasses/Goggles	948
Gloves	1,525,050
Gowns	428,014
Hair Caps or Hoods	3,800
Hand Sanitizer	14,770
Masks (N95, KN95, Procedure)	999,295
Pharmaceuticals	34
Saline	6,316
Sharps Containers	385
Shoe Covers	10,100
Swabs	25,037
Syringes/Needles	12,000
Thermometer	1,459
Tyvek Suits	696
Ventilators	0
VTM	41,046
Wipes	5,040

<b>Total Number of Facilities Registered to Receive Therapeutics</b>	21
<b>COVID-19 Therapeutics (in courses)**</b>	<b>Amount Distributed</b>
Bamlanivimab	80
Bebtelovimab	205
Casirivimab	24
Etesevimab	160
Evusheld	1,054
Molnupiravir	1,076
Paxlovid	360
Regeneron	72
Sotrovimab	480
<b>Total Therapeutics Ordered/Received</b>	<b>3,511</b>
<b>**Therapeutics Data through 3/10/22</b>	

This EMS Plan for Santa Cruz County provides the required information on the status of our system and progress toward meeting objectives. Santa Cruz County continues with our goal to plan, coordinate and oversee a high-quality EMS system to respond to the needs of our patients and community. Collaboration, being outcome driven, patient centered, and sustainable are some of the values identified by our stakeholders about our EMS system. The needs identified by the EMS Plan process will become the basis for ongoing future planning. We remain committed to assuring our patients and community receive excellent care.



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Brenda V. Brenner, EMT-P  
EMS Director, Santa Cruz County

4/26/2022

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Date



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Dr. David Ghilarducci, MD, FACEP FAEMS  
EMS Medical Director/Deputy Public Health Officer  
Santa Cruz County

4/26/2022

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Date

Date: 2019-2020-2021

**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.

**Local EMS Agency or County Name:**

**Santa Cruz County**

**Area or Subarea (Zone) Name or Title:**

**Santa Cruz County**

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

**American Medical Response West**

**Area or Subarea (Zone) Geographic Description:**

**Santa Cruz County**

**Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):**

Include intent of local EMS agency and board action.

**Exclusive**

**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, 9-1-1 Emergency Response, 7-Digit Emergency Response, ALS Ambulance, All ALS Ambulance Services (9-1-1, 7-Digit, IFT), BLS Ambulance, Standby Service with Transportation Authorization.**

**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.

*RFP released in 2017 approved by your organization, Final Contract approval by Board of Supervisors on Oct. 30, 2018, new 5-year contract began January 1, 2019, with two 30-month extension options for a total of 10 years. You should have a copy that was sent and approved by you. Please let me know if you need another.*

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES****A. SYSTEM ORGANIZATION AND MANAGEMENT**

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

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES****B. STAFFING/TRAINING**

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



**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES****D. RESPONSE/TRANSPORTATION**

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



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

**F. DATA COLLECTION/SYSTEM EVALUATION**

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

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES****H. DISASTER MEDICAL RESPONSE**

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

**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT**

Reporting Year: 2019-2020-2021

**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: Santa Cruz County

A. Basic Life Support (BLS)	<u>0</u> %
B. Limited Advanced Life Support (LALS)	<u>0</u> %
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: Asst. Health Services Agency Director

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

Implementation of exclusive operating areas (ambulance franchising)	<u>X</u>
Designation of trauma centers/trauma care system planning	<u>X</u>
Designation/approval of pediatric facilities	<u>X</u>
Designation of other critical care centers	<u>X</u>
Development of transfer agreements	_____
Enforcement of local ambulance ordinance	<u>X</u>
Enforcement of ambulance service contracts	<u>X</u>
Operation of ambulance service	_____
Continuing education	<u>X</u>
Personnel training	<u>X</u>
Operation of oversight of EMS dispatch center	<u>X</u>
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: ☐ Administrative tasks

Other: ☐ MHOAC Program

☐

X ☒

X ☐

☐ X

5.    **EXPENSES: See attached budget sheet**

6.    **SOURCES OF REVENUE: See attached budget sheet and Fee Schedule**

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

7.    **Fee structure: See attached Fee Schedule**

☐ We do not charge any fees

☒ Our fee structure is: attached

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

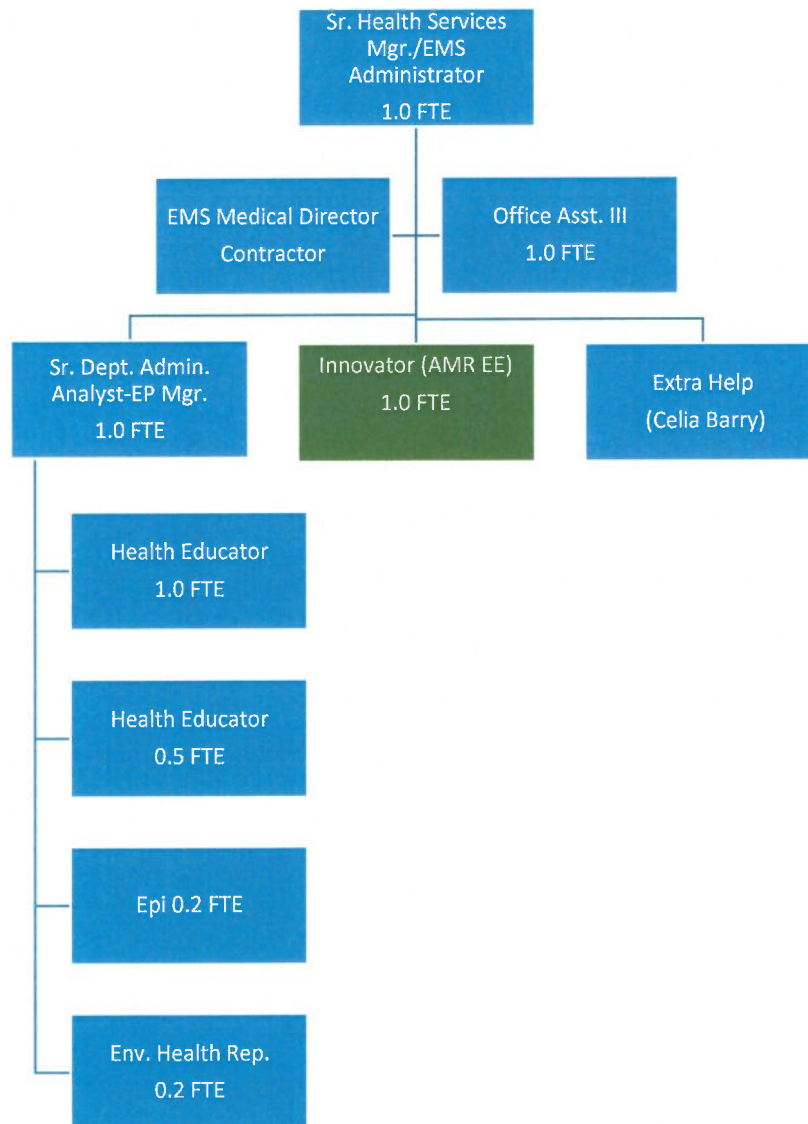
CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	Sr. Health Services Manager	1.0			Oversaw Emergency Preparedness grant program (PHEP, HPP, Pan Flu-spends about 25% of the time with this.) until August 2021. Currently only oversees EMS.
Asst. Admin./Admin.Asst./Admin. Mgr.					
ALS Coord./Field Coord./Trng Coordinator	Sr. Dept. Administrative Analyst	1.0			About 50-75% of her time is spent on COVID DOC/Logs activities.
BLS Coord./Special Projects	Asst. Dept. Administrative Analyst	.5 Extra Help			Working on special projects.
Trauma Coordinator					
Medical Director	EMS Medical Director	.25	\$140.00/hr	0	Contractor, however converting to extra help employee effective 3/4/22.
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	Office Assistant III	1.0			
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.

EMS FTE's: 3.0 if you count the EMS Administrator as 1.0 and not split between two programs

- EMS Administrator 0.75 (0.25 goes to EP)
- EMS Medical Director- Contractor 0.25 equivalent

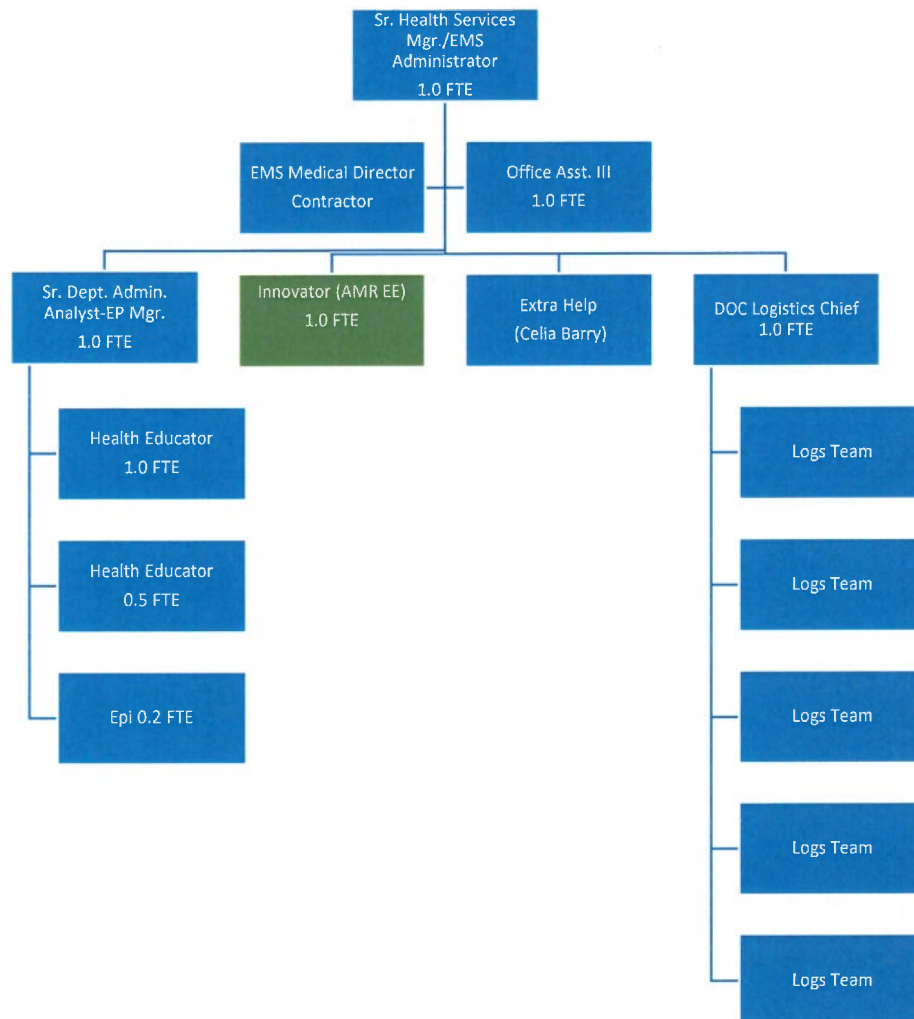




2020

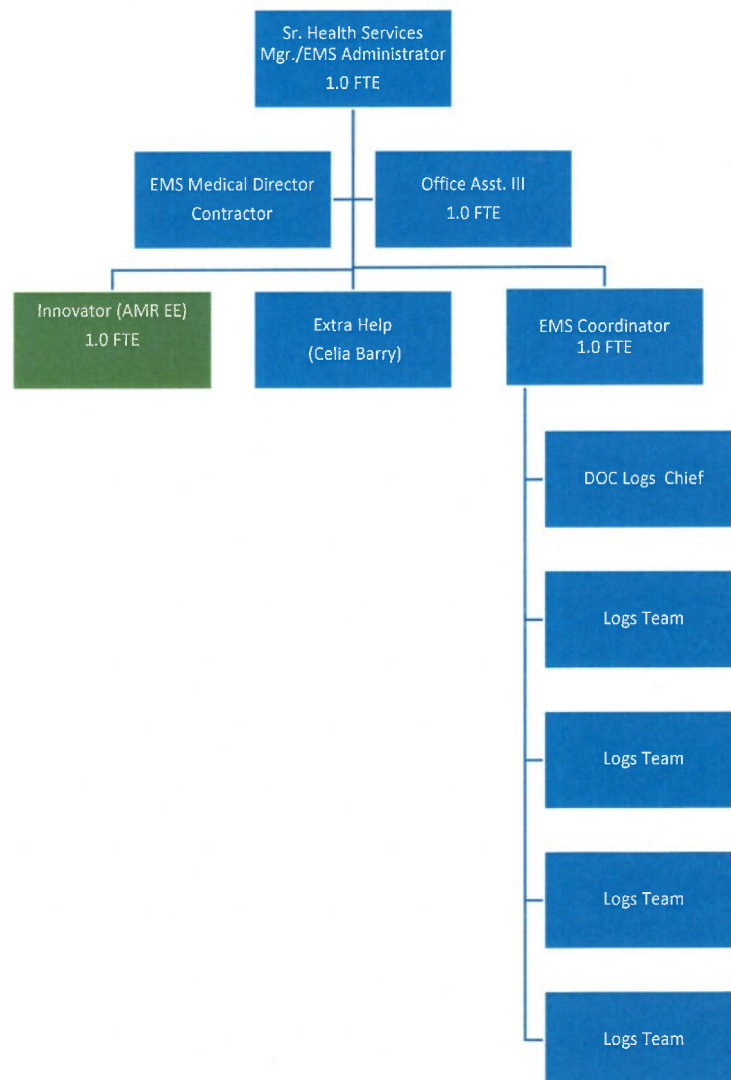
EMS FTE's: 3.0 if you count the EMS Administrator as 1.0 and not split between two programs

- EMS Administrator 0.75 (0.25 goes to EP)
- EMS Medical Director- Contractor 0.25 equivalent
- Admin Asst. 1.0
- EMS Innovator (AMR)
- DOC/MHOAC Logistics Team (1-6 FTE's depending on the dates in 2020)



EMS FTE's: Beginning July 2021, EMS and EP were split.

- EMS Administrator 1.0
- EMS Medical Director- Contractor 0.15-20 equivalent
- EMS Coordinator (began July 2021)
- Admin Asst. 1.0
- EMS Innovator (AMR)
- DOC/MHOAC Logistics Team (1-6 FTE's depending on the dates in 2021)



## EMS Section of United Fee Schedule 2021-2022

<http://sccounty04.co.santa-cruz.ca.us/UFS/ufsview.aspx>

<b>EMERGENCY MEDICAL SERVICES (EMS) FEES (RES 171-2018)</b>		
<b>PERSONNEL</b>		
Emergency Medical Dispatcher Certification and Re-Certification	\$75.00	2-Year Cycle
Emergency Medical Technician - Defibrillator (EMT-D) Certification and Re- Certification	\$75.00	2-Year Cycle
Emergency Medical Technician - Out of County Certification and Re- Certification	\$200.00	2-Year Cycle
Emergency Medical Technician Working in Santa Cruz County - Certification and Re-Certification	\$100.00	2-Year Cycle
Mobil Intensive Care Nurse (MICN) - Certification and Re-Certification	\$75.00	4-Year Cycle
Paramedics Accreditation and Re-Accreditation	\$75.00	2-Year Cycle
Late Fee/No Appointment Charges	\$25.00	Per appointment
Duplicate Copies of Various EMS Certifications	\$25.00	Per request
Duplicate Copies of EMS Policies and Protocols	\$25.00	Per request
<b>HOSPITAL SPECIALTY CARE DESIGNATION</b>		
Emergency Department Approved for Pediatrics (EDAP) Designation	\$1000.00	1-Year Cycle
Stemi Center Designation	\$15000.00	1-Year Cycle
Stroke Center Designation	\$15000.00	1-Year Cycle
Trauma Center Designation	\$15000.00	1-Year Cycle
Other Specialty Center Designation	\$15000.00	1-Year Cycle
<b>EMERGENCY MEDICAL SERVICES/PUBLIC SAFETY COURSE APPROVAL</b>		
Initial Course Approval	\$2000.00	1st request
Continuing Course Approval	\$750.00	4-Year Cycle
Continuing Education Provider Approval	\$500.00	4-Year Cycle (Included in Course Approval if Applicable)
<b>PROVIDER PERMITS</b>		
9-1-1 Ambulance/QRV Inspection Fee	\$5000.00 per vehicle	1-Year Cycle
ALS Non-Transport Provider Permit	\$1500.00	1-Year Cycle
Non 9-1-1 Ambulance Service Provider Permit	\$1500.00	1-Year Cycle
Air Ambulance Provider Permit	\$1500.00	1-Year Cycle

Change for 2019: ALS Non-Transport Provider permit, Non-9-1-1 Ambulance Service Provider Permit, and Air Ambulance Provider Permit were each \$1000.

Division	PUBLIC HEALTH
Sub Program	(All)
GLKey	362010
JLKey	(All)

FY 19-20
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Row Labels	Budget	Actual	Bud to Act Var
<b>REVENUE</b>	<b>(409,499)</b>	<b>(189,701)</b>	<b>(219,798)</b>
05-LICENSES, PERMITS AND FRANCHIS	(78,000)	(81,000)	3,000
40302-AMBULANCE OPERATORS LICENSE	(78,000)	(81,000)	3,000
07-FINES, FORFEITURES & ASSMNTS	(48,750)	(51,703)	2,953
40392-MISCELLANEOUS FEES & FINES	(48,750)	(51,703)	2,953
15-INTERGOVERNMENTAL REVENUES	(111,309)	(14,857)	(96,452)
40679-ST-EMSA REVENUE	(42,000)	0	(42,000)
41163-AID OTH GV-ANTI TERR APPR AUTH	(69,309)	(14,857)	(54,452)
19-CHARGES FOR SERVICES	(156,440)	(27,141)	(129,299)
41704-SB 612-EMS REVENUE	(130,440)	0	(130,440)
42047-OTHER CHARGES CURRENT SERVICES	(26,000)	(27,141)	1,141
23-MISC. REVENUES	(15,000)	(15,000)	0
42384-OTHER REVENUE	(15,000)	(15,000)	0
<b>EXPENDITURE</b>	<b>912,170</b>	<b>482,995</b>	<b>429,175</b>
50-SALARIES AND EMPLOYEE BENEF	575,041	267,596	307,445
51000-REGULAR PAY-PERMANENT	368,479	155,739	212,740
51005-OVERTIME PAY-PERMANENT	0	174	(174)
51010-REGULAR PAY-EXTRA HELP	27,000	13,066	13,934
52010-OASDI-SOCIAL SECURITY	28,167	13,192	14,975
52015-PERS	84,058	35,443	48,615
53010-EMPLOYEE INSURANCE & BENEFITS	60,295	43,045	17,250
53015-UNEMPLOYMENT INSURANCE	472	464	8
54010-WORKERS COMPENSATION INSURANCE	6,570	6,473	98
60-SERVICES AND SUPPLIES	337,129	215,399	121,730
61215-RADIO	41,093	850	40,243
61220-TELECOM SERVICES	4,590	8,511	(3,921)
61730-MAINT-OTH EQUIP-SERVICES	0	1,851	(1,851)
61920-MEDICAL, DENTAL & LAB SUPPLIES	0	(110)	110
62020-MEMBERSHIPS	1,900	1,650	250
62214-DUPLICATING SERVICES	2,000	972	1,029
62223-SUPPLIES	1,300	(20,907)	22,207
62228-SAFETY SUPPLIES	0	24,988	(24,988)
62301-ACCOUNTING AND AUDITING FEES	4,500	5,000	(500)
62325-DATA PROCESSING SERVICES	17,790	11,323	6,467
62374-PHYSICIAN SERVICES	120,000	98,160	21,840
62377-PATIENT TRANSPORTATION	0	0	0
62381-PROF & SPECIAL SERV-OTHER	136,244	82,274	53,970
62610-RENTS/LEASES-STRUC IMP & GRNDS	0	24	(24)
62910-AIR FARE	1,240	0	1,240
62922-LODGING	2,760	0	2,760
62924-MEALS	947	74	873
62926-MILEAGE	900	739	161
62928-TRAVEL-OTHER(NON-REPT)	250	0	250
62930-REGISTRATIONS (NON REPT)	1,615	0	1,615
<b>Grand Total</b>	<b>502,671</b>	<b>293,293.67</b>	<b>209,377</b>

Division	PUBLIC HEALTH
Sub Program	(All)
GLKey	362010

**FY 20-21**

Row Labels	Budget	Actual	Bud to Act Var
<b>REVENUE</b>	<b>(748,164)</b>	<b>(505,848)</b>	<b>(242,316)</b>
05-LICENSES, PERMITS AND FRANCHIS	(82,000)	(75,000)	(7,000)
40302-AMBULANCE OPERATORS LICENSE	(82,000)	(75,000)	(7,000)
07-FINES, FORFEITURES & ASSMNTS	(80,000)	(30,000)	(50,000)
40392-MISCELLANEOUS FEES & FINES	(80,000)	(30,000)	(50,000)
15-INTERGOVERNMENTAL REVENUES	(410,334)	(336,833)	(73,501)
40679-ST-EMSA REVENUE	(294,239)	0	(294,239)
40894-ST-OTHER	0	(279,353)	279,353
41163-AID OTH GV-ANTI TERR APPR AUTH	(116,095)	(57,480)	(58,615)
19-CHARGES FOR SERVICES	(160,830)	(49,015)	(111,815)
41704-SB 612-EMS REVENUE	(134,440)	0	(134,440)
42047-OTHER CHARGES CURRENT SERVICES	(26,390)	(49,015)	22,625
23-MISC. REVENUES	(15,000)	(15,000)	0
42384-OTHER REVENUE	(15,000)	(15,000)	0
<b>EXPENDITURE</b>	<b>959,489</b>	<b>899,511.74</b>	<b>59,977</b>
50-SALARIES AND EMPLOYEE BENEF	404,173	399,819	4,354
51000-REGULAR PAY-PERMANENT	252,488	230,142	22,346
51005-OVERTIME PAY-PERMANENT	0	2,217	(2,217)
51010-REGULAR PAY-EXTRA HELP	27,000	28,908	(1,908)
51040-DIFFERENTIAL PAY	0	8,041	(8,041)
52010-OASDI-SOCIAL SECURITY	19,250	17,629	1,621
52015-PERS	36,236	57,908	(21,672)
53010-EMPLOYEE INSURANCE & BENEFITS	61,889	47,664	14,225
53015-UNEMPLOYMENT INSURANCE	417	417	0
54010-WORKERS COMPENSATION INSURANCE	6,893	6,893	(0)
60-SERVICES AND SUPPLIES	555,316	499,693	55,623
61215-RADIO	6,798	985	5,813
61220-TELECOM SERVICES	4,770	7,813	(3,043)
61730-MAINT-OTH EQUIP-SERVICES	2,285	0	2,285
61920-MEDICAL, DENTAL & LAB SUPPLIES	0	23,236	(23,236)
62020-MEMBERSHIPS	1,950	108	1,842
62214-DUPLICATING SERVICES	2,226	4,573	(2,347)
62219-PC SOFTWARE PURCHASES	0	104	(104)
62223-SUPPLIES	1,300	(21,745)	23,045
62228-SAFETY SUPPLIES	0	(0)	0
62301-ACCOUNTING AND AUDITING FEES	5,000	0	5,000
62325-DATA PROCESSING SERVICES	33,582	20,459	13,123
62374-PHYSICIAN SERVICES	98,000	107,051	(9,051)
62377-PATIENT TRANSPORTATION	0	0	0
62381-PROF & SPECIAL SERV-OTHER	387,740	357,037	30,703
62610-RENTS/LEASES-STRUC IMP & GRNDS	0	72	(72)
62910-AIR FARE	1,920	0	1,920
62922-LODGING	3,875	0	3,875
62924-MEALS	1,030	0	1,030
62926-MILEAGE	2,525	0	2,525
62928-TRAVEL-OTHER(NON-REPT)	700	0	700
62930-REGISTRATIONS (NON REPT)	1,615	0	1,615
<b>Grand Total</b>	<b>211,325</b>	<b>393,664</b>	<b>(182,339)</b>



**TABLE 3: STAFFING/TRAINING**Reporting Year: 19/20/21**NOTE:** Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	282/321/275			7/0/0
Number newly certified this year	96/91/87			7/0/0
Number recertified this year	191/220/185			0/0/0
Total number of accredited personnel on July 1 of the reporting year			19/5/4	
Number of certification reviews resulting in:				
a) formal investigations	6/4/8			
b) probation	5/3/4		1*/0/0	
c) suspensions	0/0/0		0/0/0	
d) revocations	0/1/0			
e) denials	0/0/0			
f) denials of renewal				
g) no action taken				

## 1. Early defibrillation:

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

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

\_\_\_\_\_  
\_\_\_\_\_

## 2. Do you have an EMR training program

☐ yes ☒ no

\*: Probation implemented by EMSA

## TABLE 4: COMMUNICATIONS

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

County:     Santa Cruz    

Reporting Year:     2019-2020-2021    

- |  |   |
|--|---|
| 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>    2    </u>  |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines  | <u>    1    </u>  |
| 5. Number of designated dispatch centers for EMS Aircraft  | <u>    1    </u>  |
| 6. Who is your primary dispatch agency for day-to-day emergencies?<br><u>    Santa Cruz Regional 9-1-1    </u>         |   |
| 7. Who is your primary dispatch agency for a disaster? <u>    Santa Cruz Regional 9-1-1, Cal Fire Felton    </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>    Fire Red 153.770 (tx), 154.325 (rx)    </u>  |   |
| b. Other methods <u>    Hear Net, ARES    </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 type="checkbox"/> Yes <input type="checkbox"/> No            |
-



## TABLE 5: RESPONSE/TRANSPORTATION

Reporting Year: \_\_\_\_2019-2020-2021\_\_\_\_

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

### Early Defibrillation Providers

1. Number of EMT-Defibrillation providers \_\_\_\_0\_\_\_\_

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

Enter the response times in the appropriate boxes:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	N/A	N/A	N/A	N/A
Early defibrillation responder	N/A	N/A	N/A	N/A
Advanced life support responder	8 minutes	12 minutes	20 minutes	N/A
Transport Ambulance	16 minutes	20 minutes	30 minutes	N/A

## TABLE 6: FACILITIES/CRITICAL CARE

Reporting Year:   2019-2020-2021  

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

### Trauma

***Trauma patients: Please see excel spreadsheet labeled: "Trauma Data 19-20-21 Table 6" for the information in the following four items.***

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>          2          </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>          2          </u>
4. Number of comprehensive emergency services	<u>          0          </u>

### Receiving Hospitals

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

Trauma Data 2019-2020-2021

This table shows the number of in-extremis patients transported to Dominican and Watsonville hospitals:			
Agency Name (dAgency.03)	AMERICAN MEDICAL RESPONSE		
Situation Initial Patient Acuity (eSituation.13)	1 - In Extremis		
Incident Date	(All)		
Count of Response Incident Number (eResponse.03)	Column Labels		
	Patient Transported by this EMS Unit		Grand Total
Row Labels	Dominican	Watsonville Community Hospital	
2019	9	5	14
2020	24	6	30
2021	16	5	21
2022	6		6
Grand Total	55	16	71

This table shows the number of major trauma patients transported by AMR who are classified as moderate, severe, or in extremis, transported to one of our trauma centers:									
Agency Name (dAgency.03)	AMERICAN MEDICAL RESPONSE								
Situation Initial Patient Acuity (eSituation.13)	(Multiple Items)								
Incident Date	(All)								
Count of Response Incident Number (eResponse.03)	Column Labels								
	Patient Transported by this EMS Unit							Transported to Landing Zone, Care Transferr	
Row Labels	Natividad	Regional Medical Center	Stanford University Hospital	Valley Medical Center	Natividad	Stanford University Hospital	Valley Medical Center	Grand Total	
2019	162	2	17	328	7	40	64	620	
2020	221		21	335	22	25	49	673	
2021	292		3	472	17	20	59	863	
2022	47			93		9	11	160	
Grand Total	722	2	41	1228	46	94	183	2316	

## TABLE 7: DISASTER MEDICAL

Reporting Year: 2019-2020-2021

County: Santa Cruz County

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

### SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

a. Where are your CCPs located?

b. How are they staffed?

Not Predesignated

Medical Reserve Corp,

Region II Mutual Aid, DMAT, CalMat

c. Do you have a supply system for supporting them for 72 hours? ☒ Yes ☐ No

2. CISM

Do you have a CISM provider with 24 hour capability? ☒ Yes ☐ No

3. Medical Response Team

a. Do you have any team medical response capability? ☒ Yes ☐ No

b. For each team, are they incorporated into your local response plan? ☒ Yes ☐ No

c. Are they available for statewide response? ☒ Yes ☐ No

d. Are they part of a formal out-of-state response system? ☐ Yes ☒ No

4. Hazardous Materials

a. Do you have any HazMat trained medical response teams? ☒ Yes ☐ No

b. At what HazMat level are they trained? Minimum state technician level and with some members to the state specialist

level\_\_

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?

5

3. Have you tested your MCI Plan this year in a:

a. real event?

☒ Yes ☐ No

b. exercise? (Surge test, Shooter drill)

☒ Yes ☐ No

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

4. List all counties with which you have a written medical mutual aid agreement:

     **We participate in the Region II Mutual Aid Agreement and the Statewide Mutual Aid Agreement.**

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? ☐ Yes ☒ No

6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? ☐ Yes ☒ No

7. Are you part of a multi-county EMS system for disaster response? ☒ Yes ☐ No

8. Are you a separate department or agency? ☒ Yes ☐ No

9. If not, to whom do you report? \_\_\_\_\_

8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? We are part of Public Health. ☒ Yes ☐ No

**Table 8: Resource Directory**

Reporting Year: 19/20/21

**Response/Transportation/Providers**

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

**County:** Santa Cruz County **Provider:** American Medical Response West **Response Zone:** Santa Cruz County

**Address:** 10 Victor Sq. **Number of Ambulance Vehicles in Fleet:** 14

Scotts Valley, CA 95066

**Phone Number:** 831-423-7030 **Average Number of Ambulances on Duty** 7.5

At 12:00 p.m. (noon) on Any Given Day:

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

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

**2019:**

20,638	Total number of responses
17,018	Number of emergency responses
3,620	Number of non-emergency responses

**2020:**

19,361	Total number of responses
16,156	Number of emergency responses
3,205	Number of non-emergency responses

**2021:**

21,227	Total number of responses
17,881	Number of emergency responses
3,346	Number of non-emergency responses

14,434	Total number of transports
1,507	Number of emergency transports
12,927	Number of non-emergency transports

**2020:**

12,974	Total number of transports
1,256	Number of emergency transports
11,718	Number of non-emergency transports

**2021:**

13,964	Total number of transports
1,388	Number of emergency transports
12,576	Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2019-2020-2021

**Response/Transportation/Providers**

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

County: Santa Cruz County Provider: EMSIA (Fire Depts) Response Zone: All

Address: 6934 Soquel Dr, Aptos, CA 95003 Number of Ambulance Vehicles in Fleet: 0: Fire Agency

Aptos, CA 95003

Phone Number: 831-685-6690 Average Number of Ambulances on Duty 4  
At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

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

**2019**

25623 Total number of responses 18 Total number of transports  
Number of emergency responses 0 Number of emergency transports  
Number of non-emergency responses 0 Number of non-emergency transports

**2020**

23334 Total number of responses 1 Total number of transports  
Number of emergency responses 0 Number of emergency transports  
Number of non-emergency responses 0 Number of non-emergency transports

**2021**



24115	Total number of responses
	Number of emergency responses
	Number of non-emergency responses

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

# Table 8: Resource Directory

Reporting Year: 2019-2020-2021

## Response/Transportation/Providers

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

County: Santa Cruz County Provider: CALSTAR Response Zone: Santa Cruz County

Address: 120 Aviation Way Number of Ambulance Vehicles in Fleet: 52

Watsonville, CA 95076

Phone Number: 831-601-4552 Average Number of Ambulances on Duty 1 in Santa Cruz County

At 12:00 p.m. (noon) on Any Given Day:

<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 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 checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<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 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
---	--	--	---	--

### 2019

#### Air Ambulance Service

391	Total number of responses	256	Total number of transports
145	Number of emergency responses	72	Number of emergency transports
246	Number of non-emergency responses	184	Number of non-emergency transports

### 2020

319	Total number of responses	194	Total number of transports
154	Number of emergency responses	67	Number of emergency transports
165	Number of non-emergency responses	127	Number of non-emergency transports

### 2021

348	Total number of responses	194	Total number of transports
156	Number of emergency responses	64	Number of emergency transports
192	Number of non-emergency responses	130	Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2019-2020-2021

**Response/Transportation/Providers**

County: Santa Cruz County Provider: Stanford Life Flight Response Zone: \_\_\_\_\_

Address: 300 Pasteur Dr. HG021A Number of Ambulance Vehicles in Fleet: 1

Stanford, CA 94305

Phone 650-723-5578

Number: \_\_\_\_\_ Average Number of Ambulances on Duty 1  
At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b><u>Ownership:</u></b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**2019**

**Air Ambulance Services**

172	Total number of responses	45	Total number of transports
172	Number of emergency responses	45	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

**2020**

125	Total number of responses	29	Total number of transports
125	Number of emergency responses	29	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

**2021**

112	Total number of responses	27	Total number of transports
112	Number of emergency responses	27	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2019

**Response/Transportation/Providers**

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

**County:** Santa Cruz County      **Provider:** Central Coast Ambulance      **Response Zone:** Santa Cruz County

**Address:** PO Box 1244      **Number of Ambulance Vehicles in Fleet:** 8  
Aptos, CA 95001

**Phone** 831.685.3200      **Average Number of Ambulances on Duty** 3  
**Number:**      **At 12:00 p.m. (noon) on Any Given Day:** \_\_\_\_\_

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

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

**Transporting Agencies**

_____	Total number of responses	4381	Total number of transports
_____	Number of emergency responses	_____	Number of emergency transports
_____	Number of non-emergency responses	4381	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:** Santa Cruz County      **Provider:** Central Coast Ambulance      **Response Zone:** Santa Cruz County

**Address:** PO Box 1244      **Number of Ambulance Vehicles in Fleet:** 8

**Phone Number:** Aptos, CA 95001      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

831.685.3200

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

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

**Transporting Agencies**

Total number of responses	3565	Total number of transports
Number of emergency responses		Number of emergency transports
Number of non-emergency responses	3565	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: 19/20/21

**Response/Transportation/Providers**

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

**County:** Santa Cruz County **Provider:** Royal Ambulance **Response Zone:** Santa Cruz County

**Address:** 2864 Soquel Ave **Number of Ambulance Vehicles in Fleet:** 3- dedicated to Santa Cruz  
Santa Cruz, Ca 94577

**Phone** 510-568-6161 **Average Number of Ambulances on Duty** 2  
**Number:** At 12:00 p.m. (noon) on Any Given Day:

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

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

**2019:**

**Transporting Agencies**

13	Total number of responses	13	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
13	Number of non-emergency responses	13	Number of non-emergency transports
<b>2020:</b>			
1129	Total number of responses	1129	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
1129	Number of non-emergency responses	1129	Number of non-emergency transports
<b>2021:</b>			
2165	Total number of responses	2165	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
2165	Number of non-emergency responses	2165	Number of non-emergency transports



**TABLE 9: FACILITIES**

**County:**  Santa Cruz County

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

**Facility:**  Dominican Santa Cruz Hospital  **Telephone Number:**  831-462-7700   
**Address:**  1555 Soquel Drive   
 Santa Cruz, CA 95062

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

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

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

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

**TABLE 9: FACILITIES**

**County:**   Santa Cruz County  

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

<b>Facility:</b> <u>Watsonville Community Hospital</u>	<b>Telephone Number:</b> <u>(831) 724-4741</u>
<b>Address:</b> <u>75 Nielson St.</u>	
<u>Watsonville, CA 95076</u>	

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

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

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

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

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

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

**TABLE 10: APPROVED TRAINING PROGRAMS**

County: Santa Cruz County

Reporting Year: 2020/2021

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

Santa Cruz EMS

831-454-4120

Training Institution:

Telephone Number:

Address: 1800 Green Hills

Scotts Valley, CA. 95066

Student Eligibility\*:

Employees

\*\*Program Level EMT/Paramedic

Cost of Program:

Basic: \$0

Refresher:

Number of students completing training per year:

Initial training:

Varies

0

Refresher:

Continuing Education:

Expiration Date:

Number of courses:

Initial training:

Refresher:

Continuing Education:

NA

NA

NA

NA

6

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

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

Santa Cruz EMS

831-454-4120

Training Institution:

Telephone Number:

Address: 1800 Green Hills

Scotts Valley, CA. 95066

Student Eligibility\*:

Employees

\*\*Program Level EMT/Paramedic

Cost of Program:

Basic: \$0

Refresher:

Number of students completing training per year:

Initial training:

Varies

1

Refresher:

Continuing Education:

Expiration Date:

Number of courses:

Initial training:

NA

1

NA

1

(Vaccine)

**TABLE 10: APPROVED TRAINING PROGRAMS**

**County:** Santa Cruz County

**Reporting Year:** 2020/2021

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

Training Institution:		American Medical Response		Telephone Number:	831-423-7030
Address:		10 Victor Sq Scotts Scotts Valley, Ca. 95066			
Student Eligibility*:	Employees only	Cost of Program:	**Program Level	EMT/Paramedic	
		Basic: \$0	Number of students completing training per year:		
		Refresher:	Initial training: 85		
			Refresher: NA		
			Continuing Education: 85		
			Expiration Date: NA		
			Number of courses: NA		
			Initial training: NA		
			Refresher: NA		
			Continuing Education: NA		

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

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

**TABLE 10: APPROVED TRAINING PROGRAMS**

**County:** Santa Cruz County

**Reporting Year:** 2020/2021

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

Training Institution:		EMSIA	Telephone Number:	831-316-3556
Address:		930 17th street		
		Santa Cruz, CA. 95062		
Student Eligibility*:	Employees only	Cost of Program:	**Program Level	Paramedic/EMT
		Basic: \$0	Number of students completing training per year:	
		Refresher:	Initial training:	
			Refresher:	
			Continuing Education:	
			Expiration Date:	
			Number of courses:	
			Initial training:	
			Refresher:	
			Continuing Education:	
			3-400 per year	
			NA	
			NA	
			Varies	
			NA	
			Varies	
			NA	
			NA	
			Varies	

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

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

# TABLE 10: APPROVED TRAINING PROGRAMS

County: Santa Cruz County \_\_\_\_\_

Reporting Year: 2019, 2020, 2021 \_\_\_\_\_

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

Training Institution: Defib This Emergency Response Training Inc-2019		Telephone Number: 831-426-9111
Address: 1543 Pacific Avenue, Suite 104		
Santa Cruz, CA 95060		
Student Eligibility*: Gen. Public	Cost of Program:	**Program Level Basic EMT Provider course, Paramedic and MICN CE
Open	Basic: 1850 - 2250 Refresher: 385	Number of students completing training per year: Initial training: 229 Refresher: 44 Continuing Education: _____ Expiration Date: _____ Number of courses: 14 Initial training: 4 Refresher: _____ Continuing Education: _____

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

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

Training Institution: Defib This Emergency Response Training Inc-2020		Telephone Number: 831-426-9111
Address: 1543 Pacific Avenue, Suite 104		
Santa Cruz, CA 95060		
Student Eligibility*: Gen. Public	Cost of Program:	**Program Level Basic EMT Provider course, Paramedic and MICN CE
Open	Basic: 1850 - 2250 Refresher: 385	Number of students completing training per year: Initial training: 230 Refresher: 57 Continuing Education: EMT/Medic Expiration Date: _____ Number of courses: MICN Initial training: 15

Refresher:  
Continuing Education:

6

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

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

Training Institution:		Defib This Emergency Response Training Inc-2021		Telephone Number:		831-426-9111	
Address:		1543 Pacific Avenue, Suite 104					
		Santa Cruz, CA 95060					
Student Eligibility*:	Gen. Public	Cost of Program:	**Program Level		Basic EMT Provider course, Paramedic and MICN CE		
	Open	Basic:	1850 - 2250	Number of students completing training per year:		216	
		Refresher:	385	Initial training:		47	
				Refresher:			
				Continuing Education:			
				Expiration Date:			
				Number of courses:		13	
				Initial training:		4	
				Refresher:			
				Continuing Education:			

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

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



# TABLE 10: APPROVED TRAINING PROGRAMS

County: Santa Cruz County

Reporting Year: 2020/2021

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

Training Institution:		NCTI Livermore- (satellite out of Deftb this)		Telephone Number:	925-454-6184
Address:		1543 Pacific Ave Unit 104 Santa Cruz, CA. 95060			
Student Eligibility*:	Private Scholarship	Cost of Program:	**Program Level	Paramedic	
		Basic: \$ 11,740	Number of students completing training per year:		
		Refresher:	Initial training: 0		
			Refresher: NA		
			Continuing Education: NA		
			Expiration Date:		
			Number of courses:		
			Initial training: 1		
			Refresher: NA		
			Continuing Education: NA		

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

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

Training Institution:		NCTI- (satellite out of Deftb this)		Telephone Number:	925-454-6184
Address:		1543 Pacific Avenue, Suite 104 Santa Cruz, CA 95060			
Student Eligibility*:	Private Scholarship	Cost of Program:	**Program Level	Paramedic	
		Basic: \$ 12,090	Number of students completing training per year:		
		Refresher:	Initial training: 13		
			Refresher: NA		
			Continuing Education: NA		
			Expiration Date: NA		
			Number of courses: 2		
			Initial training: NA		
			Refresher: NA		
			Continuing Education: NA		

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

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

# TABLE 11: DISPATCH AGENCY

County: Santa Cruz County \_\_\_\_\_

Reporting Year: 2019-2020-2021

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

Name: _____ Address: _____ Telephone Number: _____		Santa Cruz Regional 9-1-1 495 Upper Park Road Santa Cruz, CA 95065 831-471-1000		Primary Contact: _____ Amethyst Uchida, GM	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ 27 _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: _____ JPA _____		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Joint Powers Authority	

Name: _____ Address: _____ Telephone Number: _____		Santa Cruz Regional 9-1-1 495 Upper Park Road Santa Cruz, CA 95065 831-471-1000		Primary Contact: _____ Amethyst Uchida, GM	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ 27 _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: _____ JPA _____		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Joint Powers Authority	

Santa Cruz Regional 9-1-1

Amethyst Uchida, GM

Name:

Primary Contact:

Address:

495 Upper Park Road

Santa Cruz, CA 95065

Telephone Number:

831-471-1000

Written Contract:

☒ Yes ☐ No

Medical Director:

☒ Yes ☐ No

☒ Day-to-Day

☒ Disaster

Number of Personnel Providing Services:

\_29\_ EMD Training \_\_\_\_\_ EMT-D \_\_\_\_\_ LALS \_\_\_\_\_ ALS  
\_\_\_\_\_ BLS

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

If Public:

☐ Fire

☐ Law

☒ Other

Explain:

\_\_\_\_\_ JPA \_\_\_\_\_

Ownership: ☒ Public ☐ Private

2021

☒ Joint Powers Authority

## SYSTEM ASSESSMENT FORMS

---

### GENERAL:

A System Assessment Form is required to be submitted as follows:

- Full five-year plan. Submit every standard (1.01 through 8.19).
- Annual plan update. Submit an individual standard when there has been a major change in the system from the previous five-year plan submission.

### INSTRUCTIONS:

Next to the "Current Status," indicate if the current status meets or does not meet the minimum standard.

Include a description of the System below the "Current Status" as it relates to the individual standard The system description should clearly demonstrate how the minimum standard is met, and should include information such as:

1. Who is involved.
2. Contractual agreements in place.
3. References to policy acknowledging policies/protocols in place.
4. Efforts to coordinate resources and/or services with other EMS agencies.  
(Only required for those standards identified on Table 1 with an asterisk.)

If the Minimum Standard is not met, indicate the Needs, Objective, and Timeframe for Meeting the Objective.

Ensure the information on Table 1 (Minimum Standards/Recommended Guidelines) coincides with the information documented in the System Assessment Forms.

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.01 LEMSA STRUCTURE

---

#### MINIMUM STANDARDS:

Each local EMS agency shall have a formal organization structure which includes both agency staff and non-agency resources and which includes appropriate technical and clinical expertise.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: *MEETS MINIMUM STANDARD*

- EMS Administrator: Brenda V. Brenner, Paramedic (1.0 FTE) (Regularly attends EMSAAC, MHOAC, and other meetings coordinating with other EMS systems.
- EMS Medical Director: Dr. David Ghilarducci, MD. (Hourly contract) (Regularly attend EMDAC, Regional Trauma, and other meetings coordinating with other EMS systems.
- EMS Coordinator: Claudia Garza. Began employment in July 2021. (1.0 FTE) (Manages COVID DOC Logs, assists with MHOAC and other EMS activities, will be attending EMT class in late Spring/early summer 2022).
- EMS Coordinator, Extra Help: Virginia Jones, EMT (0.5 FTE equivalent). (Assigned to numerous COVID and EMS projects)
- Office Assistant III: Shelley Huxtable (1.0 FTE)

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.02 LEMSA MISSION

---

#### MINIMUM STANDARDS:

Each local EMS agency shall plan, implement, and evaluate the EMS system. The agency shall use its quality assurance/quality improvement (QA/QI) and evaluation processes to identify system changes.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: *MEETS MINIMUM STANDARD*

System underwent review in 2018-2019: policies and procedures have been updated and implemented, an EMS system design, and Ambulance RFP were written with Stakeholder committees evaluating needs with the assistance of the Abaris Group (contract in place). Ambulance/EMS Ordinance was updated and approved. The Ambulance RFP was released and contract began Jan. 1, 2019.

**NEED(S): SYSTEM REVIEW OF OVERALL EMS SYSTEM AND AMBULANCE CONTRACTOR'S PERFORMANCE COMING IN 2022.**

**OBJECTIVE: IDENTIFY ONGOING EMS SYSTEM CONTRACTUAL NEEDS OR CHANGES AND DECISION TO EXTEND AMBULANCE CONTRACT.**

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.03 PUBLIC INPUT

---

#### MINIMUM STANDARDS:

Each local EMS agency shall have a mechanism (including EMCCs and other sources) to seek and obtain appropriate consumer and health care provider input regarding the development of plans, policies and procedures, as described in the State EMS Authority's EMS Systems Standards and Guidelines.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: *MEETS MINIMUM STANDARD*

We have the following committees:

- EMCC: includes representatives from consumer, fire, police, hospitals, ambulance, air, field care providers, EMS, etc.
- PAC: Prehospital Advisory Committee: includes representatives from fire, hospitals, air, field care providers, Dispatch, EMS, ED MD's, QA/QI from fire and ambulance, etc. Assists with development of policy and improvements to clinical care.
- QIC: Quality Improvement Council: includes selected representatives from PAC, reviews cases and metrics regarding EMS system performance.
- HEMS: Helicopter EMS Committee: includes representatives from Lifeflight, CALSTAR, field care providers, hospitals, ambulance. Makes recommendations to LEMSA regarding helicopter responses and matters.
- Image Trend Users: includes representatives from ambulance, fire agencies, LEMSA. Discussions regarding Image Trend set up and trouble shooting, +EMS HIE grant deliverables.
- Stakeholder Committee meetings: short term, occurring during system design process in anticipation of the ambulance RFP release. These committee meeting may resume as needed throughout the life of the new contract.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)



# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.04 MEDICAL DIRECTOR

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

The local EMS agency medical director should have administrative experience in emergency medical services systems.

Each local EMS agency medical director should establish clinical specialty advisory groups composed of physicians with appropriate specialties and non-physician providers (including nurses and pre-hospital providers), and/or should appoint medical consultants with expertise in trauma care, pediatrics, and other areas, as needed.

#### CURRENT STATUS: *MEETS MINIMUM STANDARD*

Santa Cruz County contracts with Dr. David Ghilarducci, MD, former EMS Medical Director for Santa Clara County and for American Medical Response, formerly ED Physician for O'Connor Hospital in San Jose and St. Louise Hospital in Gilroy, and former Urgent Care Physician for Kaiser in Scotts Valley. Dr. Ghilarducci leads the PAC, QIC, and HEMS meetings with representatives from a variety of disciplines including ED physicians, and participates in the EMCC, Regional Trauma and other meetings and committees to assure the system is kept current. Dr. Ghilarducci will be changing his status to County employee in 2022.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.05 SYSTEM PLAN

---

#### MINIMUM STANDARDS:

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

The plan shall:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: DOES NOT *MEET MINIMUM STANDARD*

Multiple stakeholder committee meetings took place in 2017-2018 to provide feedback and information regarding the EMS System plan for the RFP process. This information was incorporated into the RFP which was approved and release in September 2017. A bidder was selected and the new contract implemented Jan. 1, 2019.

2019 and 2020 EMS Plans held up by requirement for Helicopter agreements and the impact of COVID-19 pandemic on capacity of the EMS Agency. This document will update the 2019 through 2021 EMS Plan Update system review and planning to take place in 2022, and should be reflected in the next (2022) EMS Plan submitted.

**NEED(S): EMS SYSTEM REVIEW BY EMCC, ONGOING EFFORT TO FINALIZE THE HELICOPTER AGREEMENTS**

#### OBJECTIVE

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.06 ANNUAL PLAN UPDATE

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: *MEETS MINIMUM STANDARD*

With the submission of this plan, we meet minimum standard.

**NEED(S): AN UPDATED RFP WAS CREATED AND SUBMITTED IN LATE 2017. A NEW EMS PLAN WAS SUBMITTED COVERING 2018, WHICH WAS REJECTED BY EMSA PENDING THE HELICOPTER AGREEMENTS. SINCE THAT TIME, THE EMS AGENCY HAS BEEN SEVERLY IMPACTED BY THE COVID-19 PANDEMIC, AND MULTIPLE OTHER DISASTERS INCLUDING: THE CZU LIGHTENING WILDFIRE AND ONGOING AFTERMATH, MULTIPLE DEBRIS FLOW INCIDENTS, MULTIPLE SURGES RELATED TO THE PANDEMIC, ETC. THE HELICOPTER AGREEMENTS ARE IN PROGRESS AND WILL BE SUBMITTED ASAP. THIS PLAN WILL UPDATE ALL AREAS AND BRING US INTO COMPLIANCE WITH THIS REQUIREMENT.**

**OBJECTIVE: UPDATED 2019/20/21 EMS PLAN (THIS ONE), WITH ANNUAL UPDATES PROVIDED AS REQUIRED, WITH NEXT UPDATE BEING PROVIDED IN FEBRUARY 2023 REFLECTING 2022, AND ANNUALLY FOLLOWING THAT.**

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.07 TRAUMA PLANNING

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: *MEETS MINIMUM STANDARD*

Santa Cruz County EMS Medical Director has designated trauma centers in Santa Clara and Monterey Counties as receiving facilities for patients who meet trauma criteria (EMS Policies Section 100.)

<http://www.santacruzhealth.org/Portals/7/Pdfs/EMS/PP/Santa%20Cruz%20County%20EMS%20Policies%20and%20Procedures.pdf>

Santa Cruz ALS Providers transport major trauma patients to Trauma Centers in Santa Clara and Monterey counties based on trauma scores, via ground or air. The EMS Medical Director creates and updates trauma policies. An updated Trauma report is pending.

**COORDINATION WITH OTHER EMS AGENCIES:** TRANSPORTS OF TRAUMA PATIENTS TO SANTA CLARA COUNTY OR MONTEREY COUNTY TAKE PLACE VIA GROUND OR AIR ROUTINELY. OUR EMS MEDICAL DIRECTOR ATTENDS MEETINGS OF THE REGIONAL TRAUMA PROGRAMS AND COORDINATES WITH THEM FOR THIS SERVICE. AIR PROVIDERS REGULARLY ATTEND ADVISORY COMMITTEE MEETINGS, THE EMS ADMINISTRATOR ALSO ATTENDS VARIOUS COUNTY ADVISORY COMMITTEE MEETINGS ATTENDED BY OTHER SYSTEM PROVIDERS AND MEMBERS OF THE PUBLIC. THE FIRE SERVICES ARE TRAINED TO UNDERSTAND AND IMPLEMENT TRAUMA POLICIES, INCLUDING THE NEED TO FLY OR DRIVE PATIENTS TO TRAUMA CENTERS.

**NEED(S):** UPDATED TRAUMA REPORT

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.08 ALS PLANNING

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: *MEETS MINIMUM STANDARD*

Santa Cruz County has deployed ALS services since the mid-1980s, and currently enjoys a contract for ALS transport services and subcontract for first response ALS services with AMR and the Emergency Medical Services Integration Authority (Fire Services).

**COORDINATION WITH OTHER EMS AGENCIES:** THE CURRENT AMBULANCE CONTRACTOR AMR SUBCONTRACTS WITH THE EMERGENCY MEDICAL SERVICES INTEGRATION AUTHORITY, THE JPA INCLUDING ALL OF THE COUNTY FIRE SERVICE PROVIDERS, TO PROVIDE FIRST RESPONDER ALS AND BLS SERVICES.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.09 INVENTORY OF RESOURCES

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: *MEETS MINIMUM STANDARD*

The ALS ambulance provider must submit this information annually to obtain an ambulance service license under county ordinance. The most recent submission was in July 2021.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.10 SPECIAL POPULATIONS

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: *MEETS MINIMUM STANDARD*

Non-English speakers: a phone resource exists for on-scene assistance as needed, the 9-1-1 dispatch center promotes hiring of bilingual personnel, the current contractor offers a pay differential for employees who are bilingual, many firefighters are bilingual.

Children: We have an EDAP agreement in place and offer periodic CE to responders. We have a highly specialized kit created locally which divides supplies and equipment into separate pouches based on size, coordinated with a tape that measures the size of a child. This kit helps take some of the guesswork for responders out of obtaining the correct size equipment and correct dosages during these high-stress calls.

We hired an EMS Coordinator who will be looking into opportunities to expand our services to children this year.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)



# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.11 SYSTEM PARTICIPANTS

---

#### MINIMUM STANDARDS:

Each local EMS agency shall identify the optimal roles and responsibilities of system participants.

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: *MEETS MINIMUM STANDARD*

The Santa Cruz County EMS Agency has a contract with an ambulance provider (AMR) for ALS transport services. That provider subcontracts with the Fire Department JPA to provide ALS and BLS first responder services. Policies also exist to guide roles and responsibilities for all system participants (EMS, Fire, Hospitals). Base Station Hospital agreements are current with all receiving facilities. A STEMI agreement also exists.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.12 REVIEW AND MONITORING

---

#### MINIMUM STANDARDS:

Each local EMS agency shall provide for review and monitoring of EMS system operations.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARDS (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

Currently, there are compliance reviews conducted with the EMS Agency, ALS Providers and Dispatch center that are required in the contract. There are also quarterly and annual reports, as well as attendance at monthly EMCC, PAC, QIC meetings by the contractor and Fire Responders. The system also encourages and receives the participation of Law Enforcement, hospitals, members of the public at system meetings.

The current contract expanded on this previous expectation to include additional monitoring of system operations and clinical measures.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.13 COORDINATION

---

#### MINIMUM STANDARDS:

Each local EMS agency shall coordinate EMS system operations.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARDS (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

This is accomplished through the EOA contract with AMR and the EMSIA (fire service JPA). There are compliance reviews conducted with the EMS Agency, ALS Providers and Dispatch center that are required in the contract. There are also quarterly and annual reports, as well as attendance at monthly EMCC, PAC, QIC meetings by the contractor and Fire Responders. The system also encourages and receives the participation of Law Enforcement, hospitals, members of the public at system meetings. The contractor and providers notify the LEMSA regarding significant events and coordinate with the LEMSA on these and other high profile situations.

The current contract expanded on this previous expectation to include additional monitoring of system operations and clinical measures

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.14 POLICY & PROCEDURES MANUAL

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARDS (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

Policies and procedures are available via our website at this link:

<http://www.santacruzhealth.org/Portals/7/Pdfs/EMS/PP/Santa%20Cruz%20County%20EMS%20Policies%20and%20Procedures.pdf>

Our EMS Medical Director coordinates with our system stakeholders to evaluate and update our policies and procedures as needed,

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.15 COMPLIANCE WITH POLICIES

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARDS (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

Compliance with system policies are enforced via regular monitoring of the care being provided by field providers through data analysis available currently via Image Trend and our Report Card process that contains approximately 30 clinical and operational measures. Compliance is also enforced through reviews of charts by the service providers and the EMS Medical Director, quarterly reviews of compliance by the LEMSA, 911 center and provider, and through monitoring of compliments and complaints, quarterly and annual reports, various meetings with stakeholders and the LEMSA.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.16 FUNDING MECHANISM

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARDS *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

Funding of the EMS Agency is provided via county general funds in addition to grants and fees which are collected, including the Maddy Fund, ambulance license fees and liquidated damages.

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.17 MEDICAL DIRECTION

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARDS (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

Both Basic Emergency Departments have agreements in place as Base Station Hospitals, which include roles and responsibilities. Base hospital medical directors or their designees provide on-line medical control during the course of patient evaluation and treatment in the field.

The LEMSA Medical Director provides off-line medical control via published policies, protocols and directives.

**COORDINATION WITH OTHER EMS AGENCIES: BOTH HOSPITALS ATTEND MULTIPLE SYSTEM MEETINGS TO COLLABORATE ABOUT TOPICS WITHIN THE EMS SYSTEM AND PROVIDE FEEDBACK. THESE MEETINGS INCLUDE EMCC, PAC, HEMS, AND VARIOUS AD HOC COMMITTEE MEETINGS AS NEEDED TO MAKE SYSTEM IMPROVEMENTS.**

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.18 QA/QI

---

#### MINIMUM STANDARDS:

Each local EMS agency shall establish a quality assurance/quality improvement (QA/QI) program. This may include use of provider-based programs which are approved by the local EMS agency and which are coordinated with other system participants.

#### RECOMMENDED GUIDELINES:

Pre-hospital care providers should be encouraged to establish in-house procedures, which identify methods of improving the quality of care provided.

#### CURRENT STATUS: MEETS MINIMUM STANDARDS (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

QI/QA plan is a requirement of the contract with the EOA provider. Also covered by policy 101.

<http://www.santacruzhealth.org/Portals/7/Pdfs/EMS/PP/Santa%20Cruz%20County%20EMS%20Policies%20and%20Procedures.pdf>

NEED(S): REVIEW

OBJECTIVE: REVIEW AND UPDATE PLAN AS NEEDED

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)



# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.19 POLICIES, PROCEDURES, PROTOCOLS

---

#### MINIMUM STANDARDS:

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

- triage,
- treatment,
- medical dispatch protocols,
- transport,
- on-scene treatment times,
- transfer of emergency patients,
- standing orders,
- base hospital contact,
- on-scene physicians and other medical personnel, and
- local scope of practice for pre-hospital personnel.

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: MEETS MINIMUM STANDARDS (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

Santa Cruz Regional 9-1-1 uses the National Academy MPDS protocols for triaging and providing pre-arrival/post-dispatch instructions to callers.

Other policies and procedures affecting the EMS system as described above can be found in our website:

<http://www.santacruzhealth.org/Portals/7/Pdfs/EMS/PP/Santa%20Cruz%20County%20EMS%20Policies%20and%20Procedures.pdf>

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.20 DNR POLICY

---

#### MINIMUM STANDARDS:

Each local EMS agency shall have a policy regarding "Do Not Resuscitate (DNR)" situations in the pre-hospital setting, in accordance with the EMS Authority's DNR guidelines.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARDS (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

This policy has been updated with the Patient Assisted process, policy 614, which can be found online:

<http://www.santacruzhealth.org/Portals/7/Pdfs/EMS/PP/Santa%20Cruz%20County%20EMS%20Policies%20and%20Procedures.pdf>

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.21 DETERMINATION OF DEATH

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS: MEETS MINIMUM STANDARDS (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')**

Policy 613 covers this:

<http://www.santacruzhealth.org/Portals/7/Pdfs/EMS/PP/Santa%20Cruz%20County%20EMS%20Policies%20and%20Procedures.pdf>

**NEED(S):**

**OBJECTIVE:**

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.22 REPORTING OF ABUSE

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARDS (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

Policy 619 contains this direction.

<http://www.santacruzhealth.org/Portals/7/Pdfs/EMS/PP/Santa%20Cruz%20County%20EMS%20Policies%20and%20Procedures.pdf>

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.23 INTERFACILITY TRANSFER

---

#### MINIMUM STANDARDS:

The local EMS medical director shall establish policies and protocols for scope of practice of pre-hospital medical personnel during interfacility transfers.

#### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS: MEETS MINIMUM STANDARDS** (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

Policy 616 contains this information:

<http://www.santacruzhealth.org/Portals/7/Pdfs/EMS/PP/Santa%20Cruz%20County%20EMS%20Policies%20and%20Procedures.pdf>

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.24 ALS SYSTEMS

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: DOES NOT MEET MINIMUM STANDARDS (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

Exclusive operating area approved with recent RFP and contracting process. ALS providers have written agreements (Ambulance Agreement and the Subcontractor agreement) and ALS agreements exist with fire agencies. Also covered in the EMS System Ordinance 5.35.

Still pending: Helicopter Service Agreements

#### NEED(S): HELICOPTER SERVICE AGREEMENTS

#### OBJECTIVE: GET THE DRAFTS FINALIZED AND SIGNED

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.25 ON-LINE MEDICAL DIRECTION

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

Each EMS system should develop a medical control plan that determines:

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

**CURRENT STATUS: MEETS MINIMUM STANDARDS (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')**

Both Basic Emergency Departments have agreements as Base Stations, also covered by Policy 611. ALS providers are required to have in-house medical direction by contract.

<http://www.santacruzhealth.org/Portals/7/Pdfs/EMS/PP/Santa%20Cruz%20County%20EMS%20Policies%20and%20Procedures.pdf>

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.26 TRAUMA SYSTEM PLAN

---

#### MINIMUM STANDARDS:

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

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM REQUIREMENTS(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

The trauma System Plan update to EMSA in December 2019 and Policies 102, 103, 104, 105, 107, 625, 626, 627 all describe our approach to trauma.

<http://www.santacruzhealth.org/Portals/7/Pdfs/EMS/PP/Santa%20Cruz%20County%20EMS%20Policies%20and%20Procedures.pdf>

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)



# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.27 PEDIATRIC SYSTEM PLAN

---

#### MINIMUM STANDARDS:

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

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

#### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS: MEETS MINIMUM STANDARD** (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

Covered in Section 3 of this document: Pediatric Protocols in our online Policies and Procedures, as well as Policy 401:

<http://www.santacruzhealth.org/Portals/7/Pdfs/EMS/PP/Santa%20Cruz%20County%20EMS%20Policies%20and%20Procedures.pdf>

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.28 EOA PLAN

---

#### MINIMUM STANDARDS:

The local EMS agency shall develop and submit for State approval, a plan, based on community needs and utilization of appropriate resources, for granting of exclusive operating areas, that determines: a) the optimal system design for ambulance service and advanced life support services in the EMS area, and b) the process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

We began a stakeholder review process in Fall of 2016 that informed a new optimal system design for ambulance service and advanced life support services in the county. This design, submitted as an RFP for ambulance services, was approved by EMSA and formed the basis for our ambulance contract implemented in Jan. 2019.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.01 ASSESSMENT OF NEEDS

---

**MINIMUM STANDARDS:**

The local EMS agency shall routinely assess personnel and training needs.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: MEETS MINIMUM STANDARDS (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')**

Conducted by the EMS Medical Director, the Ambulance CES Manager and the Fire Training/QI Chief through prospective, concurrent, and retrospective review of care being provided, as described in Policy 101 and annual reports. Also conducted through discussions at the PAC, QIC and other ad hoc meetings.

**NEED(S):****OBJECTIVE:****TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.02 APPROVAL OF TRAINING

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

Policies 303 and 304 cover this for the EMT programs. Currently, no paramedic program approval process in Santa Cruz County exists.

<http://www.santacruzhealth.org/Portals/7/Pdfs/EMS/PP/Santa%20Cruz%20County%20EMS%20Policies%20and%20Procedures.pdf>

A new paramedic training program was implemented in late 2020, attached below as Policy 308.



Paramedic Training  
Program Approval Pr

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.03 PERSONNEL

---

#### MINIMUM STANDARDS:

The local EMS agency shall have mechanisms to accredit, authorize, and certify pre-hospital medical personnel and conduct certification reviews, in accordance with state regulations. This shall include a process for pre-hospital providers to identify and notify the local EMS agency of unusual occurrences that could impact EMS personnel certification.

#### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS: MEETS MINIMUM STANDARD**      **(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')**

From our Policy and Procure Manual online, Section 200: Education and Certification requirements covers this.

<http://www.santacruzhealth.org/Portals/7/Pdfs/EMS/PP/Santa%20Cruz%20County%20EMS%20Policies%20and%20Procedures.pdf>

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.04 DISPATCH TRAINING

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

Public safety answering point (PSAP) operators with medical dispatch responsibilities and all medical dispatch personnel (both public and private) should be trained and tested in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

#### CURRENT STATUS: MEETS MINIMUM STANDARD (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

Santa Cruz Regional 9-1-1 personnel undergo extensive training in dispatching and MPDS protocols during their new hire academy and ongoing through their employment. Santa Cruz County Policy and Procedure Policy #306 also addresses this.

<http://www.santacruzhealth.org/Portals/7/Pdfs/EMS/PP/Santa%20Cruz%20County%20EMS%20Policies%20and%20Procedures.pdf>

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.05 FIRST RESPONDER TRAINING

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

At least one person on each non-transporting EMS first response unit should be currently certified at the EMT level and have available equipment commensurate with such scope of practice.

#### CURRENT STATUS: MEETS MINIMUM STANDARD (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

CHP provides training for 1<sup>st</sup> Aid for their responders. All responders are trained in CPR and early defib; this is part of the regular curriculum and required of all agencies that respond to 911 calls in the County. The EMSIA (Fire JPA) uses their EMS Training Chief to coordinate meeting this requirement.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.06 RESPONSE

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS: MEETS MINIMUM STANDARD** (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

Through the ALS first responder subcontract agreement with the Fire JPA, EMSIA, this is addressed.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)



# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.07 MEDICAL CONTROL

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS: MEETS MINIMUM STANDARD** (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

EMS Policies apply to all responders:

<http://www.santacruzhealth.org/Portals/7/Pdfs/EMS/PP/Santa%20Cruz%20County%20EMS%20Policies%20and%20Procedures.pdf>

**NEED(S):**

**OBJECTIVE:**

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.08 EMT-I TRAINING

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: MEETS MINIMUM STANDARD (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

Through the ALS contract, all medical transport units must have at least one Licensed Paramedic and one EMT or must have at least two EMT's.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.09 CPR TRAINING

---

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: MEETS MINIMUM STANDARDS** *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

All allied health personnel are trained in CPR in accordance with AHA guidelines.

**NEED(S):****OBJECTIVE:****TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.10 ADVANCED LIFE SUPPORT

---

#### MINIMUM STANDARDS:

All emergency department physicians and registered nurses that provide direct emergency patient care shall be trained in advanced life support.

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: MEETS MINIMUM STANDARDS (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

All are trained in advanced life support. Each emergency department is exclusively staffed with ABEM certified emergency physicians.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.11 ACCREDITATION PROCESS

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS: MEETS MINIMUM STANDARDS** (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

All advanced life support personnel must pass an orientation provided by their employer which covers these items. This program must be and is approved by the LEMSA.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.12 EARLY DEFIBRILLATION

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS: DOES NOT MEET MINIMUM STANDARD (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')**

All are trained. Early defibrillation is addressed for BLS and ALS personnel in Reference 806.

<http://www.santacruzhealth.org/Portals/7/Pdfs/EMS/PP/Santa%20Cruz%20County%20EMS%20Policies%20and%20Procedures.pdf>

**NEED(S): POLICY AS DESCRIBED**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.13 BASE HOSPITAL PERSONNEL

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS: MEETS MINIMUM REQUIREMENTS** (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

Base hospital personnel go through an orientation to be accredited as MICN's covering these topics.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## COMMUNICATIONS

### 3.01 COMMUNICATIONS PLAN

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: *DOES NOT MEET MINIMUM STANDARD* (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

The ambulance agreement requires the provider to have and maintain the radio communications strategy approved by the County. The EMS System shares the frequency with the fire departments, making scene coordination smooth. A more formal plan needs to be developed and written. Satellite phones exist and are part of the Emergency Preparedness plans. All vehicles have radios, cell phones and mobile computing devices.

**COORDINATION WITH OTHER EMS AGENCIES:** AMBULANCE AND FIRE USE THE SAME FREQUENCIES.

**NEED(S):** A PLAN IS IN THE PROCESS OF BEING DEVELOPED AND WRITTEN.

**OBJECTIVE:** A written and approved and implemented plan

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)



# SYSTEM ASSESSMENT FORMS

## COMMUNICATIONS

### 3.02 RADIOS

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

**CURRENT STATUS: *MEETS MINIMUM STANDARD* (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')**

Per the AMR Agreement, all vehicles are required to have two-way radio equipment which provides for dispatch and ambulance-to-hospital communication. All fire apparatus have two-way radios.

**NEED(S):** A COMMUNICATION PLAN NOTED IN 3.01 NEEDS TO BE COMPLETED TO COMPLY WITH THE GUIDELINES.

**OBJECTIVE:** COMM. PLAN

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## COMMUNICATIONS

### 3.03 INTERFACILITY TRANSFER

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS: *MEETS MINIMUM STANDARD* (INDICATE '*MEETS MINIMUM STANDARD*' OR '*DOES NOT MEET MINIMUM STANDARD*') CELL PHONES ARE USED AND INCLUDED ON ALL TRANSPORTING VEHICLES.**

**COORDINATION WITH OTHER EMS AGENCIES: CELL PHONES ARE USED.**

**NEED(S):**

**OBJECTIVE:**

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## COMMUNICATIONS

### 3.04 DISPATCH CENTER

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS: *MEETS MINIMUM STANDARD* (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')**

All emergency medical transport vehicles communicate with Santa Cruz Regional 9-1-1 per the requirements of their contract with us. They also have the capability to communicate with CalFire as needed.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## COMMUNICATIONS

### 3.05 HOSPITALS

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

**CURRENT STATUS:** *Meets Minimum Standard* (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD') :

The hospitals have radios installed in the ED, and can also use phones for communication both inside and outside the facilities. We use ReddiNet to track hospital status and other information, and hospitals can also use Hear Net, which was updated in the last year.

**NEED(S):**

**OBJECTIVE:**

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## COMMUNICATIONS

### 3.06 MCI/DISASTERS

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: *MEETS MINIMUM STANDARD (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

All Fire and EMS 911 units operate on the same frequencies and are coordinated by Santa Cruz Regional 9-1-1, and have mutual aid frequencies programmed into every radio. Both hospitals have the same frequencies in the ED for their use as needed. The local IFT provider uses cell phones. Hospitals and pre-hospital have access to ReddiNet, too. All 9-1-1 units have cell phones, and the County works with the HAM radio operators group to provide back up coverage.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## COMMUNICATIONS

### 3.07 9-1-1 PLANNING/COORDINATION

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

The local EMS agency should promote the development of enhanced 9-1-1 systems.

**CURRENT STATUS: *MEETS MINIMUM STANDARD*' (INDICATE '*MEETS MINIMUM STANDARD*' OR '*DOES NOT MEET MINIMUM STANDARD*')'**

Santa Cruz Regional 9-1-1 provides enhanced 9-1-1 systems.

**NEED(S):**

**OBJECTIVE:**

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## COMMUNICATIONS

### 3.08 9-1-1 PUBLIC EDUCATION

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS: *MEETS MINIMUM STANDARD*** (INDICATE '*MEETS MINIMUM STANDARD*' OR '*DOES NOT MEET MINIMUM STANDARD*')  
*STANDARD*)

The Ambulance Agreement requires the provider to provide educational information about the EMS system and 9-1-1 service, and Santa Cruz Regional 9-1-1 provides public education.

**NEED(S):**

**OBJECTIVE:**

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## COMMUNICATIONS

### 3.09 DISPATCH TRIAGE

---

#### MINIMUM STANDARDS:

The local EMS agency shall establish guidelines for proper dispatch triage that identifies appropriate medical response.

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: *MEETS MINIMUM STANDARD'* (INDICATE '*MEETS MINIMUM STANDARD'* OR '*DOES NOT MEET MINIMUM STANDARD'*)

Santa Cruz Regional 9-1-1 uses the National Academy MPDS protocols for identifying appropriate medical response. The EMS Medical Director serves as their medical director.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)



# SYSTEM ASSESSMENT FORMS

## COMMUNICATIONS

### 3.10 INTEGRATED DISPATCH

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: *MEETS MINIMUM STANDARD'* (INDICATE '*MEETS MINIMUM STANDARD'* OR '*DOES NOT MEET MINIMUM STANDARD'*)

Santa Cruz Regional 9-1-1 provides system-wide dispatching services for all Fire Departments (except CalFire) and for the ALS Ambulance provider. They are dispatched on the same frequency and can monitor each other's transmissions. All responders can also communicate tactical channels and on the CalFire frequencies as needed.

The EMS Agency approves the deployment plan of the ALS Ambulance provider, and has put an Ambulance Surge policy into practice.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.01 SERVICE AREA BOUNDARIES

---

#### MINIMUM STANDARDS:

The local EMS agency shall determine the boundaries of emergency medical transportation service areas.

#### RECOMMENDED GUIDELINES:

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

**CURRENT STATUS: *MEETS MINIMUM STANDARD*' (INDICATE '*MEETS MINIMUM STANDARD*' OR '*DOES NOT MEET MINIMUM STANDARD*')'**

Defined in the RFP, the Ambulance Transportation Agreement, and the ordinance 5.35.

**COORDINATION WITH OTHER EMS AGENCIES:** MONTEREY AND SANTA CRUZ COUNTIES EXCHANGE MUTUAL AID RESOURCES, AND SANTA CRUZ RESPONDS ON AUTO-AID INTO NORTHERN MONTEREY COUNTY. SANTA CRUZ, SANTA CLARA, SAN BENITO, AND SAN MATEO COUNTIES EXCHANGE MUTUAL AID RESOURCES. SANTA CRUZ PARTICIPATES IN THE REGION II AND STATEWIDE MUTUAL AID AGREEMENTS AND RESPONDS TO MHOAC REQUESTS.

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.02 MONITORING

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

**CURRENT STATUS: *MEETS MINIMUM STANDARDS* (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'):** THE LOCAL EMS AGENCY MONITORS EMERGENCY MEDICAL TRANSPORTATION SERVICES TO ENSURE COMPLIANCE AS REQUIRED. ORDINANCE 5.35 COVERS THIS REQUIREMENT

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.03 CLASSIFYING MEDICAL REQUESTS

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: *MEETS MINIMUM STANDARD* (INDICATE '*MEETS MINIMUM STANDARD*' OR '*DOES NOT MEET MINIMUM STANDARD*')

The National Academy MPDS program is the standard used, and provides guidance, through Users meetings and from the EMS Medical Director regarding classification of calls.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.04 PRESCHEDULED RESPONSES

---

#### MINIMUM STANDARDS:

Service by emergency medical transport vehicles that can be prescheduled without negative medical impact shall be provided only at levels that permit compliance with local EMS agency policy.

#### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS: *MEETS MINIMUM STANDARD* (INDICATE '*MEETS MINIMUM STANDARD*' OR '*DOES NOT MEET MINIMUM STANDARD*')**

The ALS transportation provider can provide this service as long as it does not interfere with their responsibilities to the ALS Agreement. They have exclusive right to ALS IFT calls. The local BLS and CCT providers provide this service at a BLS or CCT level as requested.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.05 RESPONSE TIME STANDARDS

#### MINIMUM STANDARDS:

Each local EMS agency shall develop response time standards for medical responses. These standards shall take into account the total time from receipt of call at the primary public safety answering point (PSAP) to arrival of the responding unit at the scene, including all dispatch time intervals and driving time.

#### RECOMMENDED GUIDELINES:

Emergency medical service areas (response zones) shall be designated so that, for ninety percent of emergency responses, response times shall not exceed:

	Metropolitan/Urban Area	Suburban/Rural Area	Wilderness Area
BLS and CPR Capable First Responder	5 minutes	15 minutes	As quickly as possible
Early Defibrillation – Capable Responder	5 minutes	As quickly as possible	As quickly as possible
ALS Capable Responder (not functioning as first responder)	8 minutes	20 minutes	As quickly as possible
EMS Transportation Unit (not functioning as first responder)	8 minutes	20 minutes	As quickly as possible

**CURRENT STATUS: MEETS MINIMUM STANDARD** (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

RESPONSE TIME REQUIREMENTS ARE DEFINED IN THE PROVIDER AGREEMENT AS FOLLOWS:

Response Time Standards – The response time standards for the first ALS unit and the first ALS transport Ambulance will be as follows for all Code-3 (Emergency) calls. It does not apply to Code-2 (Non-Emergency) calls:

Area	First ALS Unit		ALS Transport	
	Standard	Outlier	Standard	Outlier
Urban	90% ≤ 8:00	> 12:00	90% ≤ 16:00	> 24:00
Suburban	90% ≤ 12:00	> 18:00	90% ≤ 20:00	> 30:00
Rural	90% ≤ 20:00	> 30:00	90% ≤ 30:00	> 45:00

*Code 3 is the immediate response of first responders and ambulance with lights and sirens.*

**COORDINATION WITH OTHER EMS AGENCIES:** THESE REQUIREMENTS ARE PART OF THE EMSIA SUBCONTRACT AGREEMENT. ANY AGENCY CAN STOP THE CLOCK FOR ANY OTHER AGENCY, INCLUDING THE AMBULANCE PROVIDER. ALL ENTITIES IN THE SYSTEM WORK TOGETHER TO MEET THE NEEDS OF THE PATIENT.

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.06 STAFFING

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS: *MEETS MINIMUM STANDARD* (INDICATE '*MEETS MINIMUM STANDARD*' OR '*DOES NOT MEET MINIMUM STANDARD*')**

CHP certification is a requirement of the annual ambulance licensing process, as well as the provider agreement. 9-1-1 transport vehicles are allowed to be staffed with one paramedic and one EMT at a minimum; two paramedic and dual EMT staffing of ambulances is also allowed.

**NEED(S):**

**OBJECTIVE:**

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.07 FIRST RESPONDER AGENCIES

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: *MEETS MINIMUM STANDARD* (INDICATE *MEETS MINIMUM STANDARD* OR *DOES NOT MEET MINIMUM STANDARD*)

This is accomplished through the EMSIA Subcontract agreement to the provider agreement, which includes rescue swimmer programs for the ocean, swift-water rescue, and hazmat.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)



# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.08 MEDICAL & RESCUE AIRCRAFT

---

#### MINIMUM STANDARDS:

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

- authorization of aircraft to be utilized in pre-hospital patient care,
- requesting of EMS aircraft,
- dispatching of EMS aircraft,
- determination of EMS aircraft patient destination,
- orientation of pilots and medical flight crews to the local EMS system, and
- addressing and resolving formal complaints regarding EMS aircraft.

#### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS: *MEETS MINIMUM STANDARD*** (INDICATE '*MEETS MINIMUM STANDARD*' OR '*DOES NOT MEET MINIMUM STANDARD*')  
*STANDARD*')

SANTA CRUZ COUNTY POLICY 606 ADDRESSES THIS INFORMATION, AS DO POLICIES THAT EXIST AT THE DISPATCH CENTER. THE DESTINATION IS DETERMINED BY THE AIR PROVIDER.

COORDINATION WITH OTHER EMS AGENCIES: ANY AGENCY WITHIN SANTA CRUZ COUNTY CAN REQUEST THE AIRCRAFT THROUGH THE DISPATCH CENTER, WHO COORDINATES WITH THE AIR AGENCY.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.09 AIR DISPATCH CENTER

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS: *MEETS MINIMUM STANDARD*' (INDICATE '*MEETS MINIMUM STANDARD*' OR '*DOES NOT MEET MINIMUM STANDARD*')'**

Coordinated by Santa Cruz Regional 9-1-1.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.10 AIRCRAFT AVAILABILITY

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS:** *Meets Minimum Standard*

**(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')**

Air providers are required to have a permit to operate in Santa Cruz County, with expectations spelled out in the Ordinance. Written agreements are in progress.

**COORDINATION WITH OTHER EMS AGENCIES:** PERMITS TO OPERATE ARE REQUIRED, PERIODIC HEMS MEETINGS TAKE PLACE TO DISCUSS HELICOPTER MATTERS.

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.11 SPECIALTY VEHICLES

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

**CURRENT STATUS:** *MEETS MINIMUM STANDARD' (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

Water rescue vehicles are identified by the First Responder Agency at the dispatch center. Transportation vehicle requirements are identified in the Provider Agreement. We don't get snow and have no snow mobiles.

**COORDINATION WITH OTHER EMS AGENCIES:** THREE FIRE AGENCIES IN SANTA CRUZ COUNTY PROVIDE WATER RESCUE SERVICES. ADDITIONALLY, HARBOR PATROL AND COAST GUARD CAN BE REQUESTED AS NEEDED.

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.12 DISASTER RESPONSE

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS: *MEETS MINIMUM STANDARD* (INDICATE '*MEETS MINIMUM STANDARD*' OR '*DOES NOT MEET MINIMUM STANDARD*')**

Surge capacity fire transport units are available in the Operational Area. The LEMSA regularly participates in MHOAC meetings, and works with Emergency Preparedness and OES for response plans. The LEMSA Administrator participates in the MHOAC program.

**NEED(S):**

**OBJECTIVE:**

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.13 INTERCOUNTY RESPONSE

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

The local EMS agency should encourage and coordinate development of mutual aid agreements that identify financial responsibility for mutual aid responses.

#### CURRENT STATUS: *Meets Minimum Standard (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

Mutual aid is routinely provided across county borders with all neighboring counties. Santa Cruz County signed the Region II Mutual Aid Agreement in Spring of 2017 as well as the more recent Statewide Mutual Aid Agreement. Santa Cruz MHOAC actively participates in providing resources in response to requests from the RDMHS.

COORDINATION WITH OTHER EMS AGENCIES: SEE ABOVE.

NEED(S):

OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.14 INCIDENT COMMAND SYSTEM

---

#### MINIMUM STANDARDS:

The local EMS agency shall develop multi-casualty response plans and procedures that include provision for on-scene medical management using the Incident Command System.

#### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS: *MEETS MINIMUM STANDARD*** (INDICATE '*MEETS MINIMUM STANDARD*' OR '*DOES NOT MEET MINIMUM STANDARD*')  
MCI Plan was updated. Policies 623, 809, and 811 address this.

<http://www.santacruzhealth.org/Portals/7/Pdfs/EMS/PP/Santa%20Cruz%20County%20EMS%20Policies%20and%20Procedures.pdf>

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### RESPONSE AND TRANSPORTATION

#### 4.15 MCI PLANS

---

##### MINIMUM STANDARDS:

Multi-casualty response plans and procedures shall utilize state standards and guidelines.

##### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS: *MEETS MINIMUM STANDARD.* (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')**

MCI plan was updated (Policy 811). MHOAC plan in place.

##### NEED(S):

##### OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)



## SYSTEM ASSESSMENT FORMS

### RESPONSE AND TRANSPORTATION

#### 4.16 ALS STAFFING

---

##### MINIMUM STANDARDS:

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

##### RECOMMENDED GUIDELINES:

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

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

**CURRENT STATUS: *MEETS MINIMUM STANDARD* (INDICATE '*MEETS MINIMUM STANDARD*' OR '*DOES NOT MEET MINIMUM STANDARD*')**

All ALS ambulances are required to be staffed with a minimum of one paramedic and one EMT-1, or with two paramedics.

##### NEED(S):

##### OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### RESPONSE AND TRANSPORTATION

#### 4.17 ALS EQUIPMENT

---

##### MINIMUM STANDARDS:

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

##### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS: *MEETS MINIMUM STANDARD*** (INDICATE '*MEETS MINIMUM STANDARD*' OR '*DOES NOT MEET MINIMUM STANDARD*')  
Required by the Provider Agreement and county policy.

<http://www.santacruzhealth.org/Portals/7/Pdfs/EMS/PP/Santa%20Cruz%20County%20EMS%20Policies%20and%20Procedures.pdf>

**NEED(S):**

**OBJECTIVE:**

##### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.18 TRANSPORT COMPLIANCE

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS: *MEETS MINIMUM STANDARDS* (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')**

The Provider Agreement and the EMS Ordinance meet this requirement.

**NEED(S):**

**OBJECTIVE:**

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.19 TRANSPORTATION PLAN

---

#### MINIMUM STANDARDS:

Any local EMS agency that desires to implement exclusive operating areas, pursuant to Section 1797.224, H&S Code, shall develop an EMS transportation plan which addresses: a) minimum standards for transportation services; b) optimal transportation system efficiency and effectiveness; and c) use of a competitive bid process to ensure system optimization.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: **MEETS MINIMUM STANDARD'** (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

Transportation plan developed in the ambulance RFP, approved by EMSA and implemented in the Provider Agreement.

#### NEED(S):

#### OBJECTIVE:

I

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### RESPONSE AND TRANSPORTATION

#### 4.20 "GRANDFATHERING"

---

##### MINIMUM STANDARDS:

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

##### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS: MEETS MINIMUM STANDARD. (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')**

Recent ambulance RFP completed with provider agreement that started on 1/1/19, all approved by EMSA.

**NEED(S):**

**OBJECTIVE:**

##### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### RESPONSE AND TRANSPORTATION

#### 4.21 EOA COMPLIANCE

---

##### MINIMUM STANDARDS:

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

##### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS: MEETS MINIMUM STANDARD** (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

The RFP described these requirements and the provider agreement supports them.

**NEED(S):**

**OBJECTIVE:**

##### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.22 EOA EVALUATION

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

This occurred in 2008 and 2010, and an EMS system review was conducted in preparation for the ambulance RFP that was submitted and approved in September 2017.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **FACILITIES AND CRITICAL CARE**

#### **5.01 ASSESSMENT OF CAPABILITIES**

---

##### **MINIMUM STANDARDS:**

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

##### **RECOMMENDED GUIDELINES:**

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

##### **CURRENT STATUS: MEETS MINIMUM STANDARD (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')**

Requirement met through current Base Station Agreements with both facilities.

##### **NEED(S):**

##### **OBJECTIVE:**

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)



# SYSTEM ASSESSMENT FORMS

## FACILITIES AND CRITICAL CARE

### 5.02 TRIAGE & TRANSFER PROTOCOLS

---

#### MINIMUM STANDARDS:

The local EMS agency shall establish pre-hospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements.

#### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS: *MEETS MINIMUM STANDARD* (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')**

There are appropriate pre-hospital triage protocols. Protocols exist for triaging STEMI's and Trauma, and the 911 system is used to move a STEMI patient from a non-STEMI receiving facility immediately to the STEMI receiving facility. The EOA provider has exclusivity for ALS-level IFT.

#### COORDINATION WITH OTHER EMS AGENCIES:

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### FACILITIES AND CRITICAL CARE

#### 5.03 TRANSFER GUIDELINES

---

##### MINIMUM STANDARDS:

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

##### RECOMMENDED GUIDELINES:

None.

##### CURRENT STATUS: **MEETS MINIMUM STANDARD** (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

Patients with STEMI's are rapidly moved to the designated STEMI receiving facility. All other transfers are managed by the hospitals. The ambulance agreement requires ALS interfacility availability.

##### COORDINATION WITH OTHER EMS AGENCIES:

##### NEED(S):

##### OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### FACILITIES AND CRITICAL CARE

#### 5.04 SPECIALTY CARE FACILITIES

---

##### MINIMUM STANDARDS:

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

##### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS: MEETS MINIMUM STANDARD** (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

Policies exist designating STEMI receiving facility and trauma receiving facilities.

<http://www.santacruzhealth.org/Portals/7/Pdfs/EMS/PP/Santa%20Cruz%20County%20EMS%20Policies%20and%20Procedures.pdf>

**COORDINATION WITH OTHER EMS AGENCIES: THE EMS MEDICAL DIRECTOR ATTENDS REGIONAL TRAUMA MEETINGS AND MEETS WITH RECEIVING FACILITIES LOCALLY REGARDING STEMI.**

**NEED(S):**

##### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## FACILITIES AND CRITICAL CARE

### 5.05 MASS CASUALTY MANAGEMENT

---

#### MINIMUM STANDARDS:

The local EMS agency shall encourage hospitals to prepare for mass casualty management.

#### RECOMMENDED GUIDELINES:

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

**CURRENT STATUS: MEETS MINIMUM STANDARD**      *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

OUR EMERGENCY PREPAREDNESS TEAM REGULARLY COLLABORATE WITH HOSPITAL TEAMS IN PLANNING FOR SURGE AND MASS CASUALTIES, AND THE HOSPITALS PARTICIPATE ON COMMITTEES AND IN DRILLS, INCLUDING THE HEALTHCARE COALITION AND STATEWIDE EXERCISE.

**NEED(S):**

**OBJECTIVE:**

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### FACILITIES AND CRITICAL CARE

#### 5.06 HOSPITAL EVACUATION

---

##### MINIMUM STANDARDS:

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

##### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS: MEETS MINIMUM STANDARD** (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

Policy requiring use of ICS and policy regarding Mass Casualty Incidents exist.

<http://www.santacruzhealth.org/Portals/7/Pdfs/EMS/PP/Santa%20Cruz%20County%20EMS%20Policies%20and%20Procedures.pdf>

COORDINATION WITH OTHER EMS AGENCIES: SANTA CRUZ EMS COMMITS TO USING THE MHOAC GUIDEBOOK AND CONCEPTS IN LARGE SCALE EVENTS. CURRENT EMS ADMINISTRATOR HAS ACTUAL EXPERIENCE CONDUCTING AN EVACUATION OF A SKILLED NURSING FACILITY.

NEW HOSPITAL EVAUCATION PLAN RECENTLY CREATED.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **FACILITIES AND CRITICAL CARE**

#### **5.07 BASE HOSPITAL DESIGNATION**

---

##### **MINIMUM STANDARDS:**

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

##### **RECOMMENDED GUIDELINES:**

None.

##### **CURRENT STATUS: MEETS MINIMUM STANDARD (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')**

Both hospitals have agreements with the LEMSA to provide this service.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

##### **NEED(S):**

##### **OBJECTIVE:**

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## FACILITIES AND CRITICAL CARE

### 5.08 TRAUMA SYSTEM DESIGN

---

#### MINIMUM STANDARDS:

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

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

#### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS: MEETS MINIMUM STANDARD (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')**

THERE ARE NO LOCAL TRAUMA CENTERS. PATIENTS MEETING TRAUMA CRITERIA ARE TRANSPORTED TO TRAUMA CENTERS THAT EXIST IN NEIGHBORING COUNTIES. ADDRESSED BY EMS SYSTEM POLICIES:

<http://www.santacruzhealth.org/Portals/7/Pdfs/EMS/PP/Santa%20Cruz%20County%20EMS%20Policies%20and%20Procedures.pdf>

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## FACILITIES AND CRITICAL CARE

### 5.09 PUBLIC INPUT

---

#### MINIMUM STANDARDS:

In planning its trauma care system, the local EMS agency shall ensure input from both pre-hospital and hospital providers and consumers.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

This topic is discussed at the PAC and EMCC meetings and any ad hoc meetings that might be needed to fully meet the needs. These committees have a broad spectrum of stakeholder attendance, including members of the public.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)



# SYSTEM ASSESSMENT FORMS

## FACILITIES AND CRITICAL CARE

### 5.10 PEDIATRIC SYSTEM DESIGN

---

#### MINIMUM STANDARDS:

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

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

#### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS: DOES NOT MEET STANDARD** (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

Current EDAP approval for one receiving facility.

**NEED(S):** A MORE THOROUGH AND UPDATED PLAN IS DESIRED AND HAS BEEN ASSIGNED TO THE EMS COORDINATOR HANDLING SPECIAL PROJECTS.

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## FACILITIES AND CRITICAL CARE

### 5.11 EMERGENCY DEPARTMENTS

---

#### MINIMUM STANDARDS:

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

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

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: DOES NOT MEET MINIMUM STANDARDS (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

One receiving facility is approved EDAP. EMS Policy covers some of the bullet points above.

<http://www.santacruzhealth.org/Portals/7/Pdfs/EMS/PP/Santa%20Cruz%20County%20EMS%20Policies%20and%20Procedures.pdf>

**NEED(S): A MORE THOROUGH AND UPDATED PLAN IS NEEDED.**

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## FACILITIES AND CRITICAL CARE

### 5.12 PUBLIC INPUT

---

#### MINIMUM STANDARDS:

In planning its pediatric emergency medical and critical care system, the local EMS agency shall ensure input from both pre-hospital and hospital providers and consumers.

#### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS: MEETS MINIMUM STANDARD**      *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

Feedback and input is gathered through our EMCC, PAC, QIC, and HEMS meetings, and through our QA process. We will include their input on any changes made as we update our plans.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## FACILITIES AND CRITICAL CARE

### 5.13 SPECIALTY SYSTEM DESIGN

---

#### MINIMUM STANDARDS:

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

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARDS (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

Policies related to trauma, STEMI, Pediatric, burns, etc. cover this requirement.

<http://www.santacruzhealth.org/Portals/7/Pdfs/EMS/PP/Santa%20Cruz%20County%20EMS%20Policies%20and%20Procedures.pdf>

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## FACILITIES AND CRITICAL CARE

### 5.14 PUBLIC INPUT

---

#### MINIMUM STANDARDS:

In planning other specialty care systems, the local EMS agency shall ensure input from both pre-hospital and hospital providers and consumers.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARDS (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

This is discussed at PAC, EMCC, QIC, HEMS and our Stakeholders meetings.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## DATA COLLECTION AND SYSTEM EVALUATION

### 6.01 QA/QI PROGRAM

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

**CURRENT STATUS: MEETS MINIMUM STANDARD** (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

Policy 101 meets this requirement, as do the required providers plans.

<http://www.santacruzhealth.org/Portals/7/Pdfs/EMS/PP/Santa%20Cruz%20County%20EMS%20Policies%20and%20Procedures.pdf>

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## DATA COLLECTION AND SYSTEM EVALUATION

### 6.02 PREHOSPITAL RECORDS

---

#### MINIMUM STANDARDS:

Pre-hospital records for all patient responses shall be completed and forwarded to appropriate agencies as defined by the local EMS agency.

#### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS: MEETS MINIMUM STANDARD**      **(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')**

All patient responses are documented in Image Trend, documentation is covered in Section 500 of our policies and protocols:  
<http://www.santacruzhealth.org/Portals/7/Pdfs/EMS/PP/Santa%20Cruz%20County%20EMS%20Policies%20and%20Procedures.pdf>

We use Image Trend Elite in the entire system, and continue to participate in the +EMS HIE EMSA project.

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## DATA COLLECTION AND SYSTEM EVALUATION

### 6.03 PREHOSPITAL CARE AUDITS

---

#### MINIMUM STANDARDS:

Audits of pre-hospital care, including both system response and clinical aspects, shall be conducted.

#### RECOMMENDED GUIDELINES:

The local EMS agency should have a mechanism to link pre-hospital records with dispatch, emergency department, in-patient and discharge records.

#### CURRENT STATUS: MEETS MINIMUM STANDARD (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

Audits are conducted within our PAC and QIC meetings, as well as individually with involved providers. Records are linked via the event number assigned to every call by the Dispatch center, and the hospital has access to Image Trend from the Emergency Dept, which also notes the event number of the call in addition to other demographics. Robust review and monitoring of pre-hospital care is conducted and documented using the newly required system "Report Cards" located at the end of Reference 813 in our Policies and Protocols:

<http://www.santacruzhealth.org/Portals/7/Pdfs/EMS/PP/Santa%20Cruz%20County%20EMS%20Policies%20and%20Procedures.pdf>

#### NEEDS:

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)



# SYSTEM ASSESSMENT FORMS

## DATA COLLECTION AND SYSTEM EVALUATION

### 6.04 MEDICAL DISPATCH

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS: MEETS MINIMUM STANDARD** (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

Code 2 out, Code 3 In reports sent monthly to the EMS Agency by the dispatch center, and reviewed by the EMS Medical Director. Dispatch manager attends and participates in the QIC monthly meetings.

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## **SYSTEM ASSESSMENT FORMS**

### **DATA COLLECTION AND SYSTEM EVALUATION**

#### **6.05 DATA MANAGEMENT SYSTEM**

---

##### **MINIMUM STANDARDS:**

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

##### **RECOMMENDED GUIDELINES:**

The local EMS agency should establish an integrated data management system which includes system response and clinical (both pre-hospital and hospital) data.

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

##### **CURRENT STATUS: MEETS MINIMUM STANDARD (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')**

The EMS system currently uses Image Trend Elite for patient care data. First Watch and First Pass have been implemented with the latest ambulance agreement.

**COORDINATION WITH OTHER EMS AGENCIES:** ALL FIRE AGENCIES ARE REQUIRED TO DOCUMENT THEIR CARE IN IMAGE TREND ELITE.

##### **NEEDS:**

##### **OBJECTIVE:**

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## DATA COLLECTION AND SYSTEM EVALUATION

### 6.06 SYSTEM DESIGN EVALUATION

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

Our EMCC, RFP committee provide feedback and make suggestions for improvements, our PAC as well as the QA Managers for both the ALS ambulance provider and the Fire Depts work with the Medical Director to identify needs. There is a task team and User's committee focused on dispatching rules and protocols and operations. The EMS Chiefs, ambulance provider managers, and LEMSA meet monthly.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## DATA COLLECTION AND SYSTEM EVALUATION

### 6.07 PROVIDER PARTICIPATION

---

#### MINIMUM STANDARDS:

The local EMS agency shall have the resources and authority to require provider participation in the system-wide evaluation program.

#### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS: MEETS MINIMUM STANDARD**      *(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')*

Participation by all providers welcome and has been occurring. Participation is a requirement in the new ambulance agreement.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## DATA COLLECTION AND SYSTEM EVALUATION

### 6.08 REPORTING

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARDS (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

Annual report provided to EMCC and Board of Supervisors in January.

#### NEEDS:

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## DATA COLLECTION AND SYSTEM EVALUATION

### 6.09 ALS AUDIT

---

#### MINIMUM STANDARDS:

The process used to audit treatment provided by advanced life support providers shall evaluate both base hospital (or alternative base station) and pre-hospital activities.

#### RECOMMENDED GUIDELINES:

The local EMS agency's integrated data management system should include pre-hospital, base hospital, and receiving hospital data.

#### CURRENT STATUS: MEETS MINIMUM STANDARD (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

Various data points are evaluated periodically, care is monitored by the PAC and QIC committees and our EMS Medical Director. EMS Medical Director attends STEMI and Trauma review meetings. First Watch was recently implemented and will assist with this task. See Reference 813 in policy manual:

<http://www.santacruzhealth.org/Portals/7/Pdfs/EMS/PP/Santa%20Cruz%20County%20EMS%20Policies%20and%20Procedures.pdf>

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## DATA COLLECTION AND SYSTEM EVALUATION

### 6.10 TRAUMA SYSTEM EVALUATION

---

#### MINIMUM STANDARDS:

The local EMS agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including: a trauma registry, a mechanism to identify patients whose care fell outside of established criteria, and a process for identifying potential improvements to the system design and operation.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

Data related to trauma is collected and reviewed by the EMS Medical Director, who attends Trauma QI meetings in both neighboring counties. We do not have a trauma center, therefore no Trauma Registry. Patients who fall outside of the established criteria are reviewed through the normal QA/QI process.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### DATA COLLECTION AND SYSTEM EVALUATION

#### 6.11 TRAUMA CENTER DATA

---

##### MINIMUM STANDARDS:

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

##### RECOMMENDED GUIDELINES:

The local EMS agency should seek data on trauma patients who are treated at non-trauma center hospitals and shall include this information in their QA/QI and system evaluation program.

**CURRENT STATUS: DOES NOT MEET MINIMUM STANDARD (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')**

Trauma centers do not always provide needed data.

**NEED(S):** DEVELOP A MORE RELIABLE PROCESS FOR GETTING DATA FROM THE TRAUMA CENTERS.

**OBJECTIVE:** RELIABLE PLAN IN PLACE.

##### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)



# SYSTEM ASSESSMENT FORMS

## PUBLIC INFORMATION AND EDUCATION

### 7.01 PUBLIC INFORMATION MATERIALS

---

#### MINIMUM STANDARDS:

The local EMS agency shall promote the development and dissemination of information materials for the public that addresses:

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

#### RECOMMENDED GUIDELINES:

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

**CURRENT STATUS: DOES NOT MEET MINIMUM STANDARDS (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')**

**NEED(S): AMR DISTRIBUTES SOME INFORMAITON. MORE NEEDS TO BE DEVELOPED. THIS EFFORT HAS BEEN DELAYED BY THE COVID-19 PANDEMIC AND SURGES, AS WELL AS THE MANY OTHER DISASTERS WE HAVE EXPERIENCED SIMULTANEOUSLY OVER THE PAST TWO YEARS.**

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### PUBLIC INFORMATION AND EDUCATION

#### 7.02 INJURY CONTROL

---

##### MINIMUM STANDARDS:

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

##### RECOMMENDED GUIDELINES:

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

##### CURRENT STATUS: MEETS MINIMUM STANDARD (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

This is conducted through our Community Health and Education programs. Additionally, educational materials and training being provided to local police departments interested in providing Narcan to opioid overdose patients. The EMS Agency worked in collaboration with Central Fire Dept and AMR to develop and implement an elderly falls prevention program, and educational materials for 2-1-1 and others are usually distributed at the county fair. AMR is required to conduct community education demonstrations every year as part of their contract. A reduction in this capability occurred due to the COVID-19 pandemic and other disasters occurring within the county.

##### NEED(S):

OBJECTIVE: SEE ABOVE.

##### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## PUBLIC INFORMATION AND EDUCATION

### 7.03 DISASTER PREPAREDNESS

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: MEETS MINIMUM STANDARDS (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

Continuous, ongoing effort involving the Emergency Preparedness team and OES. The County has a VERY ACTIVE Medical Reserve Corps and CERT teams as well as other volunteer organizations.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## PUBLIC INFORMATION AND EDUCATION

### 7.04 FIRST AID & CPR TRAINING

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: MEETS MINIMUM STANDARDS (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

AMR strongly focuses on early compressions-only CPR. They also provide information at demonstrations and first aid standbys as well as trying to break previous records for numbers trained each year, although a decline in capacity to perform these occurred as a result of the COVID-19 pandemic and other disasters for the last two years.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.01 DISASTER MEDICAL PLANNING

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARDS (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

Continuous, ongoing effort involving the Emergency Preparedness team and OES. Santa Cruz County HazMat team exists and responds to hazardous materials calls.

#### COORDINATION WITH OTHER EMS AGENCIES: SANTA CRUZ COUNTY HAZMAT TEAM RESPONDS TO SYSTEM CALLS AS NEEDED.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.02 RESPONSE PLANS

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: DOES NOT MEET STANDARD (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

This is an ongoing work in progress. We have several plans completed, and are working on completing the remainder. New MHOAC program manual in place and used, specific hazard plans being written, with a huge increase in written plans as a result of numerous disasters we have experienced simultaneously during the last couple of years. Additionally, we have contracted out writing of some of the plans.

**NEED(S):** FINISH UPDATING AND CREATION OF ALL NEEDED PLANS

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.03 HAZMAT TRAINING

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS: MEETS MINIMUM STANDARD** (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

ALL HAZMAT RESPONDERS ARE TRAINED TO THE MINIMUM STATE TECHNICIAN LEVEL AND WITH SOME MEMBERS TO THE STATE SPECIALIST LEVEL

**NEED(S):**

**OBJECTIVE:**

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.04 INCIDENT COMMAND SYSTEM

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

**CURRENT STATUS: MEETS MINIMUM STANDARD** (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

ICS is used and required routinely on all calls. This is covered in policy in Section 800, Core Principles

<http://www.santacruzhealth.org/Portals/7/Pdfs/EMS/PP/Santa%20Cruz%20County%20EMS%20Policies%20and%20Procedures.pdf>

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)



# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.05 DISTRIBUTION OF CASUALTIES

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

**CURRENT STATUS: MEETS MINIMUM STANDARD** (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

MCI Plan , policy 811, covers this.

<http://www.santacruzhealth.org/Portals/7/Pdfs/EMS/PP/Santa%20Cruz%20County%20EMS%20Policies%20and%20Procedures.pdf>

**COORDINATION WITH OTHER EMS AGENCIES:** THE MCI PLAN REVISION WAS A COLLABORATIVE EFFORT INVOLVING FIRE, AMBULANCE AND EMS AGENCY PERSONNEL.

**NEED(S): MORE DETAIL REGARDING RADIATION AND CHEMICAL CONTAMINATION SITUATIONS**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.06 NEEDS ASSESSMENT

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: MEETS MINIMUM STANDARD (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

Included in MHOAC Handbook, and exercised during the Statewide Exercises that take place in November outside of the pandemic. This manual was also used during the mutual aid response of the MHOAC to Lake County in 2018, during the CZU Lightening Fire in 2020, the multiple debris flow incidents, the tsunamis, and substantially every day during the COVID-19 pandemic.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.07 DISASTER COMMUNICATIONS

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS: MEETS MINIMUM STANDARD** (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

Fire and EMS operate on the same bank of frequencies, and also have CalFire's frequencies preprogrammed. These include CALCORD.

#### COORDINATION WITH OTHER EMS AGENCIES:

**NEED(S): SYSTEM COMMUNICATION PLAN NEEDS TO BE WRITTEN**

**OBJECTIVE: COMPLETED PLAN**

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.08 INVENTORY OF RESOURCES

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: MEETS MINIMUM STANDARD (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

An inventory of disaster supplies exists and has expanded as a result of the COVID-19 pandemic. We are in the process of implementing FlowTrac, an inventory management system, within the county, which should improve our tracking of disaster supplies. Statement of participation exists with our coalition partners, who are very involved in planning and drilling. They are awesome.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.09 DMAT TEAMS

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

**CURRENT STATUS: DOES NOT MEET STANDARD** (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

Relationship needs to be established. Delayed by pandemic and multiple other disasters the last couple of years.

**NEED(S):** CONTACT BY EMS TO DMAT NEEDS TO OCCUR.

**OBJECTIVE:** IDENTIFY A PROCESS FOR REQUESTING THEM AND DRILLING WITH THEM.

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

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# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.10 MUTUAL AID AGREEMENTS

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: **MEETS MINIMUM STANDARD** (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

Santa Cruz County approved and participates in the Region II Mutual Aid agreement. We have also approved and participate in the Statewide Mutual Aid agreement.

**COORDINATION WITH OTHER EMS AGENCIES:** WE FULLY PARTICIPATE IN THE MUTUAL AID AGREEMENTS AND HAVE SENT RESOURCES AS REQUESTED TO SONOMA, NAPA, LAKE, BUTTE AND KERN COUNTIES IN THE PAST SEVERAL YEARS. WE HAVE ALSO SHARED AND RECEIVED SUPPLIES WITH OTHER COUNTIES.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.11 CCP DESIGNATION

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#### MINIMUM STANDARDS:

The local EMS agency, in coordination with the local OES and county health officer(s), and using state guidelines, shall designate Field Treatment Sites (FTS).

#### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS: *MEETS MINIMUM STANDARD* (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')**

A plan exists in the following link: <http://www.santacruzhealth.org/Portals/7/Pdfs/EMS/Misc/FTSP%202013.pdf>

#### COORDINATION WITH OTHER EMS AGENCIES:

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.12 ESTABLISHMENT OF CCP

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#### MINIMUM STANDARDS:

The local EMS agency, in coordination with the local OES, shall develop plans for establishing Casualty Collection Points (CCP) and a means for communicating with them.

#### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS: DOES NOT MEET STANDARD (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')**

Plan needed.

**NEED(S): PLAN NEEDED**

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)



# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.13 DISASTER MEDICAL TRAINING

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#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

**CURRENT STATUS: *MEETS MINIMUM STANDARD* (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')**

Training of the revised MCI Plan has taken place, and MCI's are drilled every June focusing on Tactical. ORMAC training provided in Spring 2018. Local providers conduct training for management of toxic/radioactive exposures.

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.14 HOSPITAL PLANS

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#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

At least one disaster drill per year conducted by each hospital should involve other hospitals, the local EMS agency, and pre-hospital medical care agencies.

#### CURRENT STATUS: MEETS MINIMUM STANDARDS (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

The Emergency Preparedness Team along with EMS plan frequently and drill at least annually with the local hospitals in disaster response, except during the last two years due to the COVID-19 pandemic and multiple other county disasters. Representatives from the local hospitals attended Disaster training and the Center for Domestic Preparedness in Anniston, AL in July of 2016 along with Public Health staff. Representatives from local hospitals and EMS system attended ORMAC training in April 2018. The Health Care Coalition has been participating in creating of the Surge plan and in the Surge test.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.15 INTERHOSPITAL COMMUNICATIONS

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#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

An Emergency Operations Guide, which includes redundant communications capabilities is updated and distributed nearly yearly. The amateur radio group is incorporated into our plans, and they respond to hospitals in a disaster in the event of communications infrastructure failure. We also have satellite phones, Hear Net, and radios.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.16 PREHOSPITAL AGENCY PLANS

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#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: MEETS MINIMUM STANDARD (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

All prehospital medical response agencies aim to drill at least once per year. Hospitals are included in the invitation to participate, and participate in the Statewide exercise each November. We have an active coalition of partners (Health Care coalition) who work with us on this endeavor.

**NEED(S):** CONTINUOUS PLANNING AND DRILLING IS IMPORTANT FOR READINESS AND WILL CONTINUE

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.17 ALS POLICIES

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS: MEETS MINIMUM STANDARD**      **(INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')**

EMS Ordinance allows outside resources to function in Santa Cruz County during a disaster or MCI. Santa Cruz County approved the Region 2 Mutual Aid Agreement as well as the Statewide Mutual Aid Agreement and fully participates.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

## SYSTEM ASSESSMENT FORMS

### DISASTER MEDICAL RESPONSE

#### 8.18 SPECIALTY CENTER ROLES

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##### MINIMUM STANDARDS:

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

##### RECOMMENDED GUIDELINES:

None.

**CURRENT STATUS: DOES NOT MEET MINIMUM STANDARD** (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

**NEED(S):** POLICIES NEEDED FOR OUR ONLY SPECIALTY: STEMI. CURRENT MCI PLAN ADDRESSES SOME OF THIS, BUT MORE WORK IS NEEDED.

##### OBJECTIVE:

##### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.19 WAIVING EXCLUSIVITY

---

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS: MEETS MINIMUM STANDARD (INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD')

The EMS Ordinance allows resources from other areas to operate in Santa Cruz County during a disaster.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
  - ☐ Long-Range Plan (more than one year)
-

**AGREEMENT FOR SPECIAL SERVICES**  
**BETWEEN**  
**SANTA CRUZ COUNTY HEALTH SERVICES AGENCY**  
**AND**  
**STANFORD HEALTH CARE**

**THIS AGREEMENT**, is made and entered into by and between the County of Santa Cruz Health Services Agency, a political subdivision of the State of California, (hereinafter referred to as "COUNTY"), and Stanford Health Care (through its life flight business operations unit) , a California non profit public benefit corporation duly qualified to conduct business in the State of California whose principal place of business is 300 Pasteur Drive, Stanford, CA, 94305. (Hereinafter referred to collectively as "CONTRACTOR").

**WHEREAS**, pursuant to Health and Safety Code section 1797.204, the local Emergency Medical Services (EMS) Agency shall plan, implement, and evaluate an emergency medical services system, in accordance with the provision so this part, consisting of an organized pattern of readiness and response services based on public and private agreements and operational procedures; and

**WHEREAS**, Title 22 of the California Code of Regulations section 100280 states that Air Ambulance means any aircraft specially constructed, modified or equipped, and used for the primary purposes of responding to emergency calls and transporting critically ill or injured patients whose medical flight crew has at a minimum two (2) attendants certified or licensed in advanced life support; and

**WHEREAS**, Health and Safety Code authorizes the Local EMS Agency (LEMSA) to adopt medical control policies and procedures governing the transportation of a patient who received care in the field from prehospital emergency medical personnel to specialty care centers utilizing authorized medical transportation providers including private air ambulances; and

**WHEREAS**, Title 22 of the California Code of Regulations section 100300 requires written agreements with air ambulance providers specifying conditions to routinely serve their jurisdiction; and

**WHEREAS**, COUNTY desires to contract with CONTRACTOR for special services which consist of rotor-wing air ambulance service; and

**WHEREAS**, CONTRACTOR represents they are specially trained, experienced, and competent to perform such services in connection with operation of rotor-wing air ambulance services in compliance with all applicable Santa Cruz County EMS Agency policies, procedures, regulations and directives; and

**WHEREAS**, CONTRACTOR agrees, under this Agreement, to provide services for 9-1-1 calls only when requested through the Santa Cruz Regional 9-1-1 Dispatch Center and interfacility transport services are not subject to this Agreement; and

**WHEREAS**, the parties desire to set forth herein the terms and conditions under which said services shall be furnished.

**NOW, THEREFORE**, in consideration of the mutual covenants and promises herein contained,



the parties hereby agree as follows:

## **1. SCOPE OF SERVICES**

CONTRACTOR shall provide rotor-wing air ambulance services in accordance with the terms and conditions stated herein, and any specifically referenced attachments hereto. CONTRACTOR's services include, but are not limited to, the following:

- A. CONTRACTOR air ambulance service shall be operated, at a minimum, in such a way that meets the current standards established by the Federal Aviation Administration (FAA) or those of the FAA part 135 Operator. In addition, the CONTRACTOR is to perform and conduct operations in such a way that meets the current accreditation standards as published by the Commission on Accreditation of Medical Transport Services (CAMTS). CONTRACTOR's air ambulance service and its local bases from which they operate must be accredited by CAMTS (Commission on Accreditation of Medical Transportation Services) within two (2) years of the execution of this Agreement, thus ensuring the highest standards of quality and safety are met on every transport.
- B. This Agreement shall serve as the written Paramedic Service Provider Agreement with the LEMSA to participate in the EMS system pursuant to California Code of Regulations, Title 22 Social Security, Division 9 Pre-Hospital Emergency Medical Services Chapter 4 Paramedic Section 100168(b)(4).
- C. This Agreement shall serve as the EMS Agency approval of CONTRACTOR integration of Air Medical Transportation Service into the Santa Cruz County Prehospital EMS System per California Code of Regulations, Title 22, Division 9, Chapter 8, Article 2 Section 100300.
- D. This Agreement shall serve as the EMS Agency's classification of CONTRACTOR as an "Air Ambulance" service per California Code of Regulations, Title 22, Division 9, Chapter 8, Article 2 Section 100300(c)(3)(A).

The following exhibits are specifically incorporated by reference, attached hereto, and made a part hereof, except when in conflict with this Agreement or modified herein:

Exhibit A - Scope of Work and Rotor-Wing Air Ambulance Performance Standards of Operations

## **2. TERM**

The term of this Agreement shall commence no later than 12:00 AM on the date of execution, and continue through the 31<sup>st</sup> day of December, 2024, unless sooner terminated in accordance with the sections entitled "TERMINATION FOR CONVENIENCE" or "TERMINATION FOR CAUSE", as set forth elsewhere in this Agreement.

A decision regarding renewal of this Agreement or any extension thereof shall be made by mutual consent of the parties at least three (3) months prior to the scheduled termination date.

## **3. NOTICES**

All notices, requests, demands or other communications under this Agreement shall be in

writing. Notice shall be sufficiently given for all purposes as follows:

- A. Personal Delivery. When personally delivered to the recipient, notice is effective upon delivery.
- B. First Class Mail. When mailed first class to the last address of the recipient known to the party giving notice, notice is effective three (3) mail delivery days after deposit in a United States Postal Service office or mailbox.
- C. Certified Mail. When mailed by certified mail, return receipt requested, notice is effective upon receipt, if a return receipt confirms delivery.
- D. Overnight Delivery. When delivered by an overnight delivery service, charges prepaid or charged to the sender's account, notice is effective on delivery, if delivery is confirmed by the delivery service.

Any correctly addressed notice that is refused, unclaimed, or undeliverable because of an act or omission of the party to be notified shall be deemed effective as of the first date that the notice was refused, unclaimed or deemed undeliverable by the postal authorities, messengers, or overnight delivery service.

Information for notice to the parties to this Agreement at the time of endorsement of this Agreement is as follows:

County of Santa Cruz:  
EMS Director  
1800 Green Hills Rd.  
Scotts Valley, CA 95066

CONTRACTOR:  
Stanford Health Care  
Stanford Life Flight  
ATTN: Program Director  
300 Pasteur Drive-HG021  
Stanford, CA 94305

With a copy to:  
Contract Administration  
300 Pasteur Drive, Mail Code 5572  
Stanford, CA 94305  
With confirming copy by email to:

contractadministration@stanfordhealthcare.org

Any party may change its physical notice address or email address by giving the other party notice of the change in any manner permitted by this Agreement.

#### **4. TERMINATION FOR CONVENIENCE**

This Agreement, notwithstanding anything to the contrary herein above or hereinafter set forth, may be terminated by either party at any time without cause or legal excuse by providing the other party with ninety (90) calendar days written notice of such termination.

Upon effective date of termination, COUNTY shall have no further liability to CONTRACTOR except for payment for actual services incurred during the performance hereunder prior to the effective date of termination. Such liability is limited to the time specified in said notice and for services not previously reimbursed by COUNTY.

## **5. TERMINATION FOR CAUSE**

Either Party may terminate this Agreement and be relieved of making any payments to the other Party, and all duties to the other Party should such other Party fail to perform any material duty or obligation of the Agreement. Notice shall be given as otherwise provided herein and the Party receiving such notice shall have a period of thirty (30) days to cure such breach. In the event of termination for breach, COUNTY may proceed with the work in any manner deemed proper by COUNTY. All costs to COUNTY shall be deducted from any sum otherwise due the CONTRACTOR and the balance, if any, shall be paid to CONTRACTOR upon demand. Such remedies is in addition to such other remedy as may be available to the non-breaching Party provided by law.

## **6. MODIFICATION OF THE AGREEMENT**

Notwithstanding any of the provisions of this Agreement, the parties may agree to amend this Agreement. No alteration or variation of the terms of this Agreement shall be valid unless made in writing and signed by the parties hereto. No oral understanding or agreement not incorporated herein shall be binding on any of the parties hereto

## **7. INSURANCE**

A. Prior to the commencement of work, and as a precondition to this Agreement, CONTRACTOR shall purchase and maintain the following types of insurance for the stated minimum limits indicated during the term of this Agreement. CONTRACTOR shall provide a certificate of insurance and endorsements naming COUNTY as an additional insured for commercial general liability and automobile liability.

1. Commercial General Liability: \$1,000,000 per occurrence and \$2,000,000 annual aggregate covering bodily injury, personal injury and property damage. COUNTY and its officers, employees and agents shall be endorsed to above policies as additional insured, using ISO form CG2026 or an alternate form that is at least as broad as form CG2026, as to any liability arising from the performance of this Agreement.
2. Aircraft Insurance: Aircraft liability insurance covering bodily injury and property damage in an amount no less than Two Million Dollars (\$2,000,000) combined single limit for each occurrence. Said insurance shall include coverage for owned, hired, and non-owned aircraft.
3. Automobile Liability: \$1,000,000 per accident for bodily injury and property damage, or alternatively split limits of \$500,000 per person and \$1,000,000 per accident for bodily injury with \$250,000 per accident for property damage.
4. Workers Compensation: Statutory coverage, if and as required according to the California Labor Code, including Employers' Liability limits of \$1,000,000 per accident. The policy shall be endorsed to waive the insurer's subrogation rights against the COUNTY.
5. Professional Liability: \$1,000,000 limit per occurrence and \$5,000,000 annual aggregate limit covering CONTRACTOR's wrongful acts, errors and

omissions. Any aggregate limit for professional liability must be separate and in addition to any CGL aggregate limit.

**B. Insurance Conditions**

1. Each of the above required policies shall be endorsed to endeavor to provide COUNTY with thirty (30) calendar days prior written notice of cancellation. COUNTY is not liable for the payment of premiums or assessments on the policy. No cancellation provisions in the insurance policy shall be construed in derogation of the continuing duty of CONTRACTOR to furnish insurance during the term of this Agreement.
2. If the CONTRACTOR maintains broader coverage and/or higher limits than the minimums shown above, COUNTY requires and shall be entitled to the broader coverage and/or the higher limits maintained by the CONTRACTOR. Any available insurance proceeds in excess of the specified minimum limits of insurance and coverage shall be available to COUNTY.
3. If CONTRACTOR uses Sub-contractors or others to perform work under this contract, such Sub-contractor or other persons shall be Named Insured or Additionally Insured to CONTRACTOR's required insurance coverage or required by CONTRACTOR to comply with equivalent insurance and conditions of this Section.

**8. INDEMNIFICATION**

CONTRACTOR has the contracted duty (hereinafter "the duty") to indemnify, defend and hold harmless, COUNTY, its Board of Supervisors, officers, employees, agents and assigns from and against any and all claims, demands, liability, judgments, awards, interest, attorney's fees, costs, experts' fees and expenses of whatsoever kind or nature, at any time arising out of or in any way connected with the performance of this Agreement, whether in tort, contract, or otherwise. This duty shall include, but not be limited to, claims for bodily injury, property damage, personal injury, and contractual damages or otherwise alleged to be caused to any person or entity including, but not limited to employees, agents, and officers of CONTRACTOR.

CONTRACTOR's liability for indemnity under this Agreement shall apply, regardless of fault, to any acts or omissions, willful misconduct or negligent conduct of any kind, on the part of CONTRACTOR, its agents, sub-CONTRACTORS and employees. The duty shall extend to any allegation or claim of liability except in circumstances found by a jury or judge to be the sole and legal result of the willful misconduct of COUNTY. This duty shall arise at the first claim or allegation of liability against COUNTY. CONTRACTOR will on request and at its expense defend any action suit or proceeding arising hereunder. This clause for indemnification shall be interpreted to the broadest extent permitted by law.

**9. INDEPENDENT CONTRACTOR**

It is mutually understood and agreed that CONTRACTOR is an independent CONTRACTOR in the performance of the work duties and obligations devolving upon CONTRACTOR under this Agreement.

It is agreed that no employer-employee relationship is created and CONTRACTOR shall hold COUNTY harmless and be solely responsible for withholding, reporting and payment

of any federal, state or local taxes; any contributions or premiums imposed or required by workers' compensation; any unemployment insurance; any social security-income tax; and any other obligations from statutes or codes applying to CONTRACTOR, or its sub-contractors and employees, if any.

It is mutually agreed and understood that CONTRACTOR, its sub-contractors and employees, if any, shall have no claim under this Agreement or otherwise against the COUNTY for vacation pay, sick leave, retirement or social security benefits, occupational or non-occupational injury, disability or illness, or loss of life or income, by whatever cause.

CONTRACTOR shall insure that all its personnel and employees, sub-contractors and their employees, and any other individuals used to perform the contracted services are aware and expressly agree that COUNTY is not responsible for any benefits, coverage or payment for their efforts.

## **10. RECORDS, INFORMATION AND REPORTS**

CONTRACTOR shall maintain full and accurate records with respect to all matters covered under this Agreement. To the extent permitted by law, COUNTY shall have free access at all proper times or until the expiration of four (4) years after the furnishing of services to such records, and the right to examine and audit the same and to make transcripts therefrom, and to inspect all data, documents, proceedings, and activities pertaining to this Agreement.

As required by Health and Safety Code section 1797.227, CONTRACTOR shall use an electronic health record system that exports data in a format that is compliant with the current versions of the California Emergency Medical Services Information System (CEMSIS) and the National Emergency Medical Services Information System (NEMSIS) standards and includes those data elements that are required by the LEMSA. CONTRACTOR is required to ensure that their electronic health record system is integrated with the LEMSA data system so that the LEMSA may collect data from the CONTRACTOR. This integration shall occur no later than thirty (30) calendar days after this Agreement is executed and shall be maintained throughout the life of the Agreement.

To the extent permitted by law, CONTRACTOR shall furnish COUNTY such periodic reports as COUNTY may request pertaining to the work or services undertaken pursuant to this Agreement. The costs and obligations incurred or to be incurred in connection therewith shall be borne by CONTRACTOR.

## **11. OWNERSHIP OF DOCUMENTS**

To the extent permitted by law, all county-specific technical data, evaluations, plans, specifications, reports, documents, or other work products developed by CONTRACTOR hereunder are the exclusive property of COUNTY and upon request of COUNTY shall be delivered to COUNTY upon completion of the services authorized hereunder. In the event of termination, all finished or unfinished documents and other materials, if any, at the option of COUNTY, and to the extent permitted by law, shall become the property of the COUNTY. CONTRACTOR may retain copies thereof for its files and internal use.

COUNTY must first approve any publication of information directly derived from work performed or data obtained in connection with services rendered under this Agreement.

**12. QUALITY OF SERVICE**

CONTRACTOR shall perform its services with care, skill, and diligence, in accordance with the applicable professional standards currently recognized by such profession, and shall be responsible for the professional quality, technical accuracy, completeness, and coordination of all reports, designs, drawings, plans, information, specifications, and/or other items and services furnished under this Agreement.

CONTRACTOR shall, without additional compensation, correct or revise any errors or deficiencies immediately upon discovery in its reports, drawings, specifications, designs, and/or other related items or services.

**13. SATISFACTION AS A CONDITION PRECEDENT**

The obligations of COUNTY as provided in this Agreement are expressly conditioned upon CONTRACTOR's compliance with the provisions of this Agreement to the satisfaction of the COUNTY. COUNTY shall determine compliance in good faith as a reasonable person would under the circumstances.

**14. ENTIRE AGREEMENT**

This Agreement and any additional or supplementary document or documents incorporated herein by specific reference contain all the terms and conditions agreed upon by the parties hereto, and no other contracts, oral or otherwise, regarding the subject matter of this Agreement or any part thereof shall have any validity or bind any of the parties hereto.

**15. COUNTY NOT OBLIGATED TO THIRD PARTIES**

COUNTY shall not be obligated or liable hereunder to any party other than CONTRACTOR.

**16. LAWS, LICENSES, PERMITS AND REGULATIONS**

CONTRACTOR and COUNTY agree to comply with all State laws and regulations that pertain to construction, health and safety, labor, minimum wage, fair employment practice, equal opportunity, and all other matters applicable to CONTRACTOR and COUNTY, their sub-grantees, contractors, or sub-contractors, and their work.

CONTRACTOR shall possess and maintain all necessary licenses, permits, certificates and credentials required by the laws of the United States, the State of California, County of Santa Cruz and all other appropriate governmental agencies, including without limitations any certification and credentials required by COUNTY. Failure to maintain the licenses, permits, certificates, and credentials shall be deemed a breach of this Agreement and constitutes grounds for the termination of this Agreement by COUNTY. Notwithstanding, CONTRACTOR does not agree to state or local laws that set or relate to rates, routes or services, nor does CONTRACTOR agree to any judicial or administrative bodies setting or determining CONTRACTOR's rates, routes, or services in a manner different than as set by CONTRACTOR except the Department of Transportation (DOT) to the extent authorized by federal law whether implied in contract or otherwise.

**17. LIMITED AFFECT OF WAIVER OR PAYMENT**

In no event shall the making, by COUNTY, of any payment to CONTRACTOR constitute,

or be construed as, a waiver by COUNTY of any breach of covenant, or any default which may then exist, on the part of CONTRACTOR. The making of any such payment by COUNTY while any such breach or default shall exist, shall not be construed as acceptance of substandard or careless work or as relieving CONTRACTOR from its full responsibility under this Agreement.

No waiver by either party of any default, breach or condition precedent shall be valid unless made in writing and signed by the parties hereto. No oral waiver of any default, breach or condition precedent shall be binding on any of the parties hereto. Waiver by either party of any default, breach or condition precedent shall not be construed as a waiver of any other default, breach or condition precedent, or any other right hereunder.

**18. PERSONNEL**

CONTRACTOR represents that it has, or will secure at its own expense, all personnel required in performing the services under this Agreement. All of the services required hereunder will be performed by CONTRACTOR or under its supervision, and all personnel engaged in the work shall be qualified and properly licensed to perform such services.

**19. APPLICABLE LAW; VENUE**

All parties agree that this Agreement and all documents issued or executed pursuant to this Agreement as well as the rights and obligations of the parties hereunder are subject to and governed by the laws of the State of California in all respects as to interpretation, construction, operation, effect and performance.

Notwithstanding any other provision of this Agreement, any disputes concerning any question of fact or law arising under this Agreement or any litigation or arbitration arising out of this Agreement, shall be tried in Santa Cruz County, unless the parties agree otherwise or are otherwise required by law.

**20. BREACH OF CONTRACT**

Upon breach of this Agreement by CONTRACTOR, COUNTY shall have all remedies available to it both in equity and/or at law.

**21. REMEDY FOR BREACH AND RIGHT TO CURE**

Notwithstanding anything else in this Agreement to the contrary, if CONTRACTOR fails to perform any obligation of this Agreement, the COUNTY may itself perform, or cause the performance of, such agreement or obligation. In that event, CONTRACTOR will, on demand, fully reimburse COUNTY for all such expenditures. Alternatively, COUNTY, at its option, may deduct from any funds owed to CONTRACTOR the amount necessary to cover any expenditures under this provision. This is in addition to any other remedies available to COUNTY by law or as otherwise stated in this Agreement.

**22. SUCCESSORS IN INTEREST**

All the terms, covenant, and conditions of this Agreement shall be binding and in full force and effect upon any successors in interest and assigns of the parties hereto. This paragraph shall not be deemed as a waiver of any of the conditions against assignment set forth herein.

**23. CONFLICT OF INTEREST**

CONTRACTOR covenants that it presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of this Agreement. CONTRACTOR shall ensure that no conflict of interest exists between its officers, employees, or sub-contractors, and the COUNTY. CONTRACTOR shall ensure that no COUNTY officer or employee in a position that enables them to influence this Agreement will have any direct or indirect financial interest resulting from this Agreement. CONTRACTOR shall ensure that no COUNTY employee shall have any relationship to the CONTRACTOR or officer or employee of the CONTRACTOR, nor that CONTRACTOR will employ any such person in the performance of this Agreement without immediate divulgence of such fact to the COUNTY.

**24. NONDISCRIMINATION IN EMPLOYMENT, SERVICES, BENEFITS AND FACILITIES**

CONTRACTOR and any sub-contractors shall comply with all applicable federal, state, and local Anti-discrimination laws, regulations, and ordinances and shall not unlawfully discriminate, deny family care leave, harass, or allow harassment against any employee, applicant for employment, employee or agent of COUNTY, or recipient of services contemplated to be provided or provided under this Agreement, because of race, ancestry, marital status, color, religious creed, political belief, national origin, ethnic group identification, sex, sexual orientation, age (over 40), medical condition (including HIV and AIDS), or physical or mental disability. CONTRACTOR shall ensure that the evaluation and treatment of its employees and applicants for employment, the treatment of COUNTY employees and agents, and recipients of services are free from such discrimination and harassment.

CONTRACTOR represents that it is in compliance with and agrees that it will continue to comply with the Americans with Disabilities Act of 1990 (42 U.S.C. § 12101 et seq.), the Fair Employment and Housing Act (Government Code §§ 12900 et seq.), and ensure a workplace free of sexual harassment pursuant to Government Code section 12950; and regulations and guidelines issued pursuant thereto.

CONTRACTOR agrees to compile data, maintain records and submit reports to permit effective enforcement of all applicable antidiscrimination laws and this provision.

CONTRACTOR shall include this nondiscrimination provision in all subcontracts related to this Agreement and when applicable give notice of these obligations to labor organizations with which they have Agreements.

**25. CAPTIONS**

The captions of each paragraph in this Agreement are inserted as a matter of convenience and reference only, and in no way define, limit, or describe the scope or intent of this Agreement or in any way affect it.

**26. SUBCONTRACTS - ASSIGNMENT**

CONTRACTOR shall not subcontract or assign this Agreement, or any part thereof, or interest therein, directly or indirectly, voluntarily or involuntarily, to any person without obtaining the prior written consent by COUNTY. CONTRACTOR remains legally responsible for the performance of all contract terms including work performed by third parties under subcontracts. Any subcontracting will be subject to all applicable provisions of this Agreement. CONTRACTOR shall be held responsible by COUNTY for the



performance of any subcontractor whether approved by COUNTY or not.

CONTRACTOR hereby assigns to COUNTY all rights, title, and interest in and to all causes of action it may have under Section 4 of the Clayton Act (15 U.S.C. Sec. 15) or under the Cartwright Act (Chapter 2 (commencing with Section 16700) of Part 2 of Division 7 of the Business and Professions Code), arising from the purchase of goods, materials, or services by CONTRACTOR for sale to COUNTY pursuant to this Agreement.

## 27. SEVERABILITY

If a court of competent jurisdiction holds any provision of this Agreement to be illegal, unenforceable or invalid, in whole or in part, for any reason, the validity and enforceability of the remaining provisions, or portion of them, will not be affected. Compensation due to CONTRACTOR from COUNTY may, however, be adjusted in proportion to the benefit received despite the removal of the effected provision.

## 28. DUPLICATE COUNTERPARTS

This Agreement may be executed in duplicate counterparts, each of which shall be deemed a duplicate original. Electronic counterparts are equally as valid as duplicate counterparts. The Agreement shall be deemed executed when both parties have signed it.

County of Santa Cruz

CONTRACTOR:  
STANFORD HEALTH CARE

DocuSigned by:  
Jessica Randolph for M.M.  
Monica Morales  
Director, Health Services Agency

Dale Beatty  
By Dale Beatty (Sep 19, 2022 11:39 PDT)  
Dale Beatty, DNP, RN  
Chief Nursing Officer and VP of  
Patient Care Services

9/27/2022

Sep 19, 2022

Dated

Dated

Approved as to Form:

DocuSigned by:  
John Nguyen 9/23/2022  
Office of the County Counsel Date

Approved as to Insurances:

DocuSigned by:  
Enrique Salazar 9/23/2022  
Risk Management Date

Approved as to County Policy:

DocuSigned by:  
David Brown 9/23/2022  
County Administrative Office Date

## **EXHIBIT A**

### **SCOPE OF WORK AND ROTOR-WING AIR AMBULANCE PERFORMANCE STANDARDS OF OPERATION**

#### **Administrative:**

- a. CONTRACTOR shall maintain continuous compliance with the Standards identified below.
- b. CONTRACTOR shall provide locally approved rotor-wing Air Ambulance services 24 hours a day, 7 days a week within the boundaries of Santa Cruz County subject to availability of aircraft and weather conditions (hereafter, "Services").
- c. CONTRACTOR shall adhere to all applicable EMS policies of the EMS Agency (LEMSA), incorporated into this Agreement by reference, and shall comply with all federal, State, and local laws, rules and regulations.
- d. The LEMSAs and CONTRACTOR shall monitor CONTRACTOR's performance and obligations and enforce provisions of these Standards as necessary. The LEMSAs shall notify CONTRACTOR of and afford an opportunity to respond to any concerns about their performance of duties and obligations. CONTRACTOR shall notify the LEMSAs regarding any violations of EMS policies or of federal, State, and local laws, rules, and regulations within 24 hours of awareness of the violation.
- e. The LEMSAs recognize and authorize CONTRACTOR to, from time to time, provide patient care utilizing Santa Cruz County approved ground ambulance transport, when available. These circumstances include but are not limited to; weather, mechanical issues, patient size and/or weight limitations, continuity of care and acuity of illness or injury, or as approved by LEMSAs.
- f. CONTRACTOR shall be properly licensed by the State of California and hold all appropriate licenses and certificates required by the Federal Aviation Administration. This includes a valid FAA Part 135 Air Carrier Certificate.
- g. CONTRACTOR shall meet State and local standards for Prehospital EMS Aircraft Providers, including accreditation by the Commission on Accreditation of Medical Transport Systems (CAMTS) and maintain accreditation throughout the term of their respective agreements.
- h. CONTRACTOR shall not self-dispatch an air ambulance response to any 911 on-scene incident or respond into the area of any incident unless requested to respond by an authorized agency in accordance with LEMSAs requirements.

- i. CONTRACTOR, and its pilots, at their sole discretion, may unilaterally make any changes prior to or while in flight to accommodate changes in weather, air traffic, FAA directive, mechanical problems, or other matters affecting safety in flight. Under no circumstances shall any other person or passenger overrule the pilot regarding the aviation operations of any flight.
- j. CONTRACTOR shall provide a current copy of its Medical Protocols and Standardized Procedures to the LEMSA and submit any and all changes to the LEMSA upon making changes.

Staffing:

- a. CONTRACTOR's air ambulance service shall be staffed at all times with a minimum of two (2) State of California Registered Nurses, working under the Nurse Practice Act, or with a minimum of one (1) State of California Registered Nurse and one (1) Santa Cruz County Accredited Paramedic. Each medical crew member shall be appropriately licensed by the state of California and must have experience and credentials that meet or exceeds the requirements of Santa Cruz County and current standards as published by the Commission on Accreditation of Medical Transport Services (CAMTS), incorporated into this Agreement by reference. Additional medical personnel to this minimum staffing requirement can be used as indicated.
- b. Ensure all flight nurses maintain critical and specialty care skill levels by participating in monthly, quarterly and annual clinical trainings per CONTRACTOR's and CAMTS standards.
- c. CONTRACTOR shall retain its own Medical Director who is licensed and authorized to practice in the State of California and should have experience in both air and ground emergency medical services. CONTRACTOR's Medical Director shall be Board Certified in Emergency Medicine or eligible to sit for the Emergency medical boards and ensure medical flight personnel meet all training and medical qualifications required. CONTRACTOR's Medical Director shall be actively involved in the on-going training and quality improvement program and shall maintain regular communications with the EMS Agency Medical Director.
- d. CONTRACTOR shall designate administrative on-duty or on-call management or supervisory staff to be available at all times who are authorized to act on behalf of the CONTRACTOR in all operational matters. The LEMSA shall at all times be advised of and have available, the contact information for CONTRACTORs on duty or on-call administrative staff.
- e. CONTRACTOR shall maintain an active list of employees including their current addresses, phone numbers, qualifications, certificates, and licenses with expiration dates. Such list will be available for review by the EMS Agency.
- f. Ensure that all CONTRACTOR's pilots meet the minimum standard set forth by the FAA and CAMTS.
- g. CONTRACTOR will follow all Federal, State, and Local requirements concerning safety and infection control.

**Standards of Operation:**

- a. CONTRACTOR shall participate in the Santa Cruz County EMS system and comply with all applicable state regulations and local policies and procedures including without limitation participation in the EMS Agency's Prehospital Advisory Committee, Trauma Advisory Committee, Helicopter EMS Committee, and CQI program.
- b. CONTRACTOR agrees to provide periodic specialized (air service) training and Continuing Education Units to local EMS providers and stakeholders as requested by LEMSA.
- c. CONTRACTOR's air ambulance service and its local base(s) from which they operate must be accredited by CAMTS (Commission on Accreditation of Medical Transportation Services) within two (2) years of the execution of this Agreement, thus ensuring the highest standards of quality and safety are met on every transport.
- d. CONTRACTOR agrees to connect its electronic patient care data/report system (i.e., ePCR), and successfully export NEMIS/CEMSIS data to the Santa Cruz County LEMSA's EMS data repository system at CONTRACTOR's expense. This requirement shall be maintained until changed by the LEMSA.
- e. CONTRACTOR agrees to participate with COUNTY and provide the necessary expertise in the development and designation of EMS landing sites within the COUNTY's jurisdiction.
- f. CONTRACTOR agrees to be an active participant in local drills and exercises including without limitation Mass Casualty Incident (MCI/Disaster) training exercises and drills.
- g. CONTRACTOR understands it is the LEMSA's desire to have the CONTRACTOR connect its Computer Aided Dispatch (CAD), at CONTRACTOR's expense, with the First Watch Online Compliance Utility (OCU) in use in the county for monitoring time stamps that occur during call processing and response to emergency calls for services. CONTRACTOR agrees to work towards CAD connection. CONTRACTOR agrees, until such time CAD connection to the OCU is established, CONTRACTOR will provide in an electronic format in a mutually agreed upon data set consisting of the following time stamps and information, calculated on a quarterly basis by the 20<sup>th</sup> of the month following the calendar quarter:
  - a. The number of flights organized by emergency prehospital, interhospital transports, by assigned response area, and by outside of the assigned response area but within Santa Cruz County.
  - b. Time of call, defined as the moment the request for services has been received by CONTRACTOR's dispatch center.
  - c. Enroute or "Lift off" times, defined as the moment the helicopter pilot has completed their pre-check, has the crew on-board, and the helicopter has physically left the ground. This shall be measured as the 90<sup>th</sup> percentile based on 5 minutes from the request for service, calculated on a quarterly basis.
  - d. At the scene time, defined as ¼ nautical mile and not more than 1000 feet above ground level (AGL) from the actual scene or designated landing area.

- e. Leaving the scene time, defined as the time the helicopter lifted off from the scene or landing area enroute to the hospital.
- f. Arrival at the receiving facility, defined as ¼ nautical mile and not more than 1000 feet above ground level (AGL) from the receiving facility designated landing area.
- g. Aborted flights
- h. Cancellation of requested service
- i. Death on scene
- j. Non-transport
- k. Refusal of care
- l. Transport destinations and the number of transports to each.
- m. Any unusual circumstances with the call, e.g., weather issues, establishment of landing zone, improper packaging of patient for air transport (delays for the air crew), safety concerns, inappropriate triage (patient not requiring air transport), or any other circumstances affecting the execution of the response and transport. etc. These circumstances are to be documented on an Unusual Occurrence Form and sent to the LEMSA within 48 hours of the date of the call.
- n. A list of times that CONTRACTOR is not available due to lack of staff.

Performance Measures and Reports: CONTRACTOR agrees to provide the LEMSA with a copy of the following reports:

1. QA/QI:

<b>Report Description</b>	<b>Report Frequency and Due Date</b>
A report listing unusual occurrences, complaints, and billing complaints with resolution.	Quarterly, 20 <sup>th</sup> of the month following the calendar quarter
A list of employees by name, credential, and role who are serving the County of Santa Cruz.	Quarterly, 20 <sup>th</sup> of the month following the calendar quarter

**Certificate Of Completion**

Envelope Id: 0A39C47C88DA47FFB2F7EEB3D671EFDF

Status: Completed

Subject: Please DocuSign: Agreement for special services - Stanford Life Flight MOU

Source Envelope:

Document Pages: 14

Signatures: 4

Certificate Pages: 6

Initials: 0

AutoNav: Enabled

Enveloped Stamping: Enabled

Time Zone: (UTC-08:00) Pacific Time (US &amp; Canada)

Envelope Originator:

Melissa McCuiston

701 Ocean Street

Santa Cruz, CA 95060

Melissa.McCuiston@santacruzcounty.us

IP Address: 73.162.242.137

**Record Tracking**

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**Signer Events**

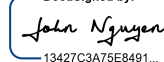
John Nguyen

John.Nguyen@santacruzcounty.us

Assistant County Counsel

Security Level: Email, Account Authentication  
(None)**Signature**

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Signature Adoption: Pre-selected Style

Using IP Address: 24.23.138.12

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Signed: 9/23/2022 9:01:58 AM

**Electronic Record and Signature Disclosure:**

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Enrique Sahagun

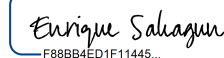
Enrique.Sahagun@santacruzcounty.us

Risk Manager

County of Santa Cruz

Security Level: Email, Account Authentication  
(None)

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Signature Adoption: Pre-selected Style

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Viewed: 9/23/2022 1:17:54 PM

Signed: 9/23/2022 1:23:22 PM

**Electronic Record and Signature Disclosure:**

Accepted: 2/28/2022 5:38:23 PM

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David Brown

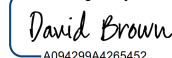
David.Brown@santacruzcounty.us

Sr. Admin. Analyst

County of Santa Cruz

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(None)

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**Electronic Record and Signature Disclosure:**

Accepted: 3/2/2022 4:08:43 PM

ID: 1de39428-3fe8-4de9-b022-7649144d2b78

Jessica Randolph

Jessica.Randolph@santacruzcounty.us

Director of Admin Services

County of Santa Cruz

Security Level: Email, Account Authentication  
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Signature Adoption: Pre-selected Style

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Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
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Signing Complete	Security Checked	9/27/2022 7:35:50 PM
Completed	Security Checked	9/27/2022 7:35:56 PM
Payment Events	Status	Timestamps





## **ELECTRONIC RECORD AND SIGNATURE DISCLOSURE**

From time to time, County of Santa Cruz (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

### **Getting paper copies**

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

### **Withdrawing your consent**

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

### **Consequences of changing your mind**

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

### **All notices and disclosures will be sent to you electronically**

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

### **How to contact County of Santa Cruz:**

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: [nada.algharib@santacruzcounty.us](mailto:nada.algharib@santacruzcounty.us)

### **To advise County of Santa Cruz of your new email address**

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at [nada.algharib@santacruzcounty.us](mailto:nada.algharib@santacruzcounty.us) and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

### **To request paper copies from County of Santa Cruz**

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to [nada.algharib@santacruzcounty.us](mailto:nada.algharib@santacruzcounty.us) and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

### **To withdraw your consent with County of Santa Cruz**

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to [nada.algharib@santacruzcounty.us](mailto:nada.algharib@santacruzcounty.us) and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

### **Required hardware and software**

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

### **Acknowledging your access and consent to receive and sign documents electronically**

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify County of Santa Cruz as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by County of Santa Cruz during the course of your relationship with County of Santa Cruz.

# TRAUMA SYSTEM STATUS REPORT

## Santa Cruz County 2021

### Trauma System Summary

Timely disposition of trauma patients is a challenge in Santa Cruz County. The Santa Cruz County EMS Agency utilizes a novel approach to trauma triage and trauma management that enables us to manage the complexities related to resources, geography, weather, traffic, population surges due to tourism.

Somewhat isolated, this County is enclosed by a coastal mountain range to the east and the Pacific Ocean to the west and south. The northern border is coastal and rural, the southern is primarily agricultural.

Hospital resources are limited. Santa Cruz County, with a resident population of 275,000 people and a major university with an enrollment of over 18,000 students, is served by only two hospitals, neither of which are trauma centers. A third hospital closed over thirty years ago, when our population was much smaller. The nearest Level I and Level II trauma centers are in Santa Clara (Stanford, Valley Medical Center and Regional Medical Center) and Monterey Counties (Natividad Medical Center), approximately 40-60 miles distant. Therefore, all trauma patients needing Trauma Center evaluation must be subjected to either helicopter or long ground transportation over a mountain pass or over rural secondary roads.

The county is served by only 2 highways; Highway 1 runs north/south along the coast and Highway 17 which crosses the Santa Cruz Mountains to the northeast. Both are heavily used year-round and are vulnerable to delay and closure. Since Santa Cruz and northern Monterey counties have become bedroom communities for Silicon Valley, both highways are reliably jammed with commuter traffic. Santa Cruz County is also a popular tourist destination and, during the summer months, both highways carry this additional burden, particularly on weekends.

Despite heavy traffic volume, each highway has significant physical limitations. Hwy 1 narrows to only two lanes at both the northern and southern ends. Hwy 17, the only major pass over the mountains, is commonly closed or restricted by mudslides, roadwork and accidents, sometimes for extended periods of time. For instance, winter storms in 2017 created major delays for several weeks, and mostly notably, Santa Cruz County was nearly isolated for months from Santa Clara and Monterey counties as a consequence of major damage due to the Loma Prieta earthquake. At these times, helicopters are the obvious answer and are frequently used. However, coastal fog patterns and other weather often make this method impractical.

The time needed to transport major trauma patients poses risk to our patients and adds stress to our resources. Ground transportation to a trauma center is, at best, is a 45-60-minute one-way endeavor. Recognizing that time to the trauma center is a critical variable for mortality and morbidity, we continually monitor trauma scene times and our EOA contract specifies financial incentives to minimize out of hospital time for the trauma patient. However, the long transport times and overloaded highways indirectly impact other EMS patients. Each ground transport to a trauma center entails at least a 2-hour turnaround before the ambulance is available again in the system, leading to potential delays answering other calls.

Consequently, our EMS system, has had to balance risks of over triage against under triage by employing a novel triage scheme that identifies the patients most likely to benefit from immediate trauma center evaluation. While over-triage (defined as patients not meeting major trauma criteria transported to a trauma center) is the safest approach for every potential trauma patient, it poses a risk of depriving other EMS patients of finite transportation resources and adding additional financial burden to patients transported by helicopter.

Prior to the publication of the Centers for Disease Control triage scheme for identifying trauma patients (reference here) our system utilized a similar triage scheme that considered mechanical, anatomic and physiological criteria and identified patients meeting more than one criterion as major trauma patients needing direct transportation to a trauma center, commonly referred to as “2 MAP hits”. This scheme has been retrospectively validated as safe and effective.<sup>1</sup>

As we considered the CDC criteria, our experience led us to learn that not each of these criteria carried equally predictive power to determine major trauma, when mechanism alone was unlikely to require trauma services, and a single hit in the anatomic or physiologic criterion did. Therefore, our current triage scheme modified the CDC criteria by redefining a trauma patient as meeting only 1 “hit” in the physiologic or anatomic criteria and excludes those with mechanism only (except where special considerations may apply). P and A patients are taken directly to trauma centers. M only patients are transported to our local hospitals. MAP has been reframed as PAM to reflect this ranking of importance.

Annual retrospective review of our modified CDC triage scheme by correlating prehospital PAM scores with trauma center ISS scores and hospital disposition, and the absence of significant numbers of retriage of EMS transported patients from our emergency department, has revalidated this approach as safe and effective.

Updated 2021 CDC guidelines for Field Triage of Injured Patients has recently been released. These guidelines include important clarifications regarding nomenclature and terminology. Most significant for Santa Cruz County is formal recognition that moderate risk patients (Mechanism only) are preferentially transported to a trauma center “as available within geographic constraints of the regional trauma system” which is aligned with our preexisting modified trauma triage process.

#### Number and Designation Level of Trauma Centers

Santa Cruz County has no trauma centers. There are 4 Level I and Level II Trauma Centers in neighboring counties.

#### Trauma System Goals and Objectives

- 1) Continue to analyze trauma patient outcomes at local care centers and to out-of-county trauma centers.

*Progress: Ongoing.* The EMS Medical Director participates in the Regional Trauma Coordinating Committee, the Santa Clara County Trauma Audit Committee as well as the Monterey County EMS Trauma Evaluation Quality Improvement Committee (TEQIC) and reviews patient outcome data for trauma patients.

Case by case reviews are performed as needed and annual retrospective reviews of data from all 4 trauma centers are performed which compare Trauma Center disposition, ISS scores and prehospital PAM scores.

- 2) Continually review all trauma ground transport policies and consider revisions as needed.

*Progress: Ongoing.* Policy 110: Policy Development and Implementation specifies the process for policies and protocols

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<sup>1</sup> Validation of a prehospital trauma triage tool: a 10-year perspective,  
<https://pubmed.ncbi.nlm.nih.gov/19077609/>

The following policies as related to trauma have been reviewed or updated within the past year:

- Policy 102: Trauma System Organization and Management
- Policy 103: Trauma System Data Collection and Management
- Policy 104: Trauma Service Area
- Policy 105: Trauma Mutual Aid and Coordination with Neighboring System
- Policy 107: Trauma Quality Improvement and System Evaluation
- Policy 625: Trauma Transport and Destination
- Policy 626: Trauma Triage
- Policy 627: Emergency Department Trauma Re-Triage

- 3) Perform quality assurance and continuous quality improvement using IHI established methods.

Progress: Ongoing. Key performance indicators are continually monitored using FirstWatch and ImageTrend. Performance on these indicators is regularly communicated to stakeholders. Performance scores are recorded quarterly and are directly tied to EOA contract fines and penalties. Currently performance indicators are:

- Documentation of trauma criteria
- Trauma center destination for trauma patients
- Average Scene times < 15 minutes for trauma patients

- 4) Maintain participation in CEMSIS.

Progress: Ongoing. All prehospital NEMSIS 3.5 compliant data elements are automatically transmitted to CEMSIS.



0241

Adm R  
3/21

# County of Santa Cruz

## HEALTH SERVICES AGENCY

POST OFFICE BOX 962, 1080 EMELINE AVE., SANTA CRUZ, CA 95061-0962  
TELEPHONE: (831) 454-4000 FAX: (831) 454-4770 TDD: (831) 454-4123

### HEALTH SERVICES AGENCY ADMINISTRATION

January 22, 2013

BOARD OF SUPERVISORS  
County of Santa Cruz  
701 Ocean Street, Fifth Floor  
Santa Cruz, CA. 95060

**APPROVED AND FILED** **AGENDA: February 12, 2013**  
**BOARD OF SUPERVISORS**

DATE: 2-12-13  
COUNTY OF SANTA CRUZ  
SUSAN A. MAURIELLO  
EX-OFFICIO CLERK OF THE BOARD  
BY: [Signature] DEPUTY

**SUBJECT: DESIGNATION OF DOMINICAN HOSPITAL TO SERVE AS AN ST-  
SEGMENT ELEVATION MYOCARDIAL INFARCTION (STEMI)  
RECEIVING CENTER**

Dear Members of the Board:

The Health Services Agency (HSA) recommends your Board ratify the attached revenue agreement with Dignity Health, doing business as Dominican Hospital, designating it as a ST-Segment Elevation Myocardial Infarction (STEMI) Receiving Center and providing for STEMI Receiving Center services. HSA Emergency Medical Services (EMS) program staff has conducted a comprehensive review of Dominican Hospital's policies, procedures, staffing, and site, and has confirmed that Dominican meets the STEMI Receiving Center standards as detailed in EMS Policy 1600 (see Attachment 1).

A STEMI occurs when there is a severe heart attack caused by a prolonged period of blocked blood supply that affects a large area of the heart. Patients suffering from this condition carry a substantial risk of disability and death and call for a quick response by many individuals and systems. STEMI is considered the most critical type of heart attack, yet when quickly recognized and treated, damage to the heart is reduced considerably.

Under the STEMI Receiving Center agreement, Dominican Hospital agrees to staffing levels appropriate for rapidly managing STEMI-identified patients, accepting and swiftly treating medic identified STEMI patients, and submitting regular reports to County EMS. The agreement formalizes existing arrangements that have been developed and piloted to implement the STEMI program and provides for EMS program oversight.

EMS oversight is required to permit deviation from the standard practice of transporting EMS patients to the closest hospital. Dominican Hospital agrees to an annual \$15,000

fee to pay for the additional oversight required. This fee has been paid for fiscal year 2012-13 and this revenue is reflected in the current budget approved by your Board.

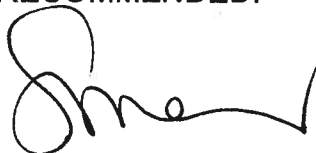
It is, therefore, RECOMMENDED that your Board ratify the attached revenue agreement with Dignity Health, doing business as Dominican Hospital, R941, in the amount of \$15,000, which designates Dominican Hospital as a ST-Segment Elevation Myocardial Infarction (STEMI) Receiving Center and provides for STEMI Receiving Center services, and authorize the Health Services Agency Director to sign.

Sincerely,

RECOMMENDED:



Giang T. Nguyen  
Health Services Agency Director



SUSAN A. MAURIELLO  
County Administrative Officer

Attachments: Attachment 1: EMS Policy 1600; ADM-29; Agreement

Cc: Dignity Health  
Emergency Medical Care Commission





# County of Santa Cruz

## HEALTH SERVICES AGENCY

POST OFFICE BOX 962, 1080 EMELINE AVENUE SANTA CRUZ, CA 95061-0962

(831) 454-4120 FAX: (831) 454-4272 TDD: (831) 454-4123

EMERGENCY MEDICAL  
SERVICES PROGRAM

Policy No. 1600

April 1, 2012

### Emergency Medical Services Program

Approved

Medical Director

**Subject: STEMI IDENTIFICATION, TRANSMISSION, AND HOSPITAL DESTINATION FROM THE FIELD**

#### **I. Criteria for 12-Lead ECG Acquisition**

##### **A. Chest pain /anginal equivalent symptoms**

- 1) Chest pain consistent with Acute Coronary Syndrome (ACS). Suspicion of ACS is primarily based upon patient history: chest discomfort, jaw pain, arm pain, neck pain, or other anginal equivalent symptoms.
- 2) Be alert to patients likely to present with atypical symptoms or "silent AMIs": women, the elderly, and diabetics. Atypical symptoms may include non-pulmonary shortness of breath, syncope, dizziness, diaphoresis, nausea/vomiting, altered level of consciousness, severe fatigue.
- 3) Patients with chronic SOB such as a COPD may be included if there are additional new symptoms such as dizziness, weakness, diaphoresis, nausea/vomiting or ALOC.

##### **B. Consider 12-lead when the following conditions are present:**

- 1) Arrhythmias
- 2) Cardiogenic pulmonary edema
- 3) Cardiogenic shock
- 4) Post cardiac arrest (ROSC)
- 5) Age 80 or older with any type of medical complaint.

#### **II. Acquire 12-Lead ECG as Indicated**

- A. See Policy 5900 - 12-Lead ECG Procedure
- B. Document 12-Lead ECG acquired on PCR (A-12)

#### **III. Criteria for Identifying a STEMI**

A STEMI is indicated when 12-Lead ECG interpretation Indicates (\*\*meets ST Elevation MI criteria\*\*).

#### IV. Criteria for ECG Transmission/STEMI Center Communication

- A. When ECG interpretation indicates an acute MI (\*\*meets ST Elevation MI criteria\*\*), transmit ECG to STEMI Receiving Center and make a verbal report to the receiving ED as soon as possible.
- B. The verbal report to the STEMI Center will include the following:
  - ETA to the STEMI Receiving Hospital
  - Patient age and gender
  - Chief Complaint, including duration of complaint (PQRST)
  - Vital Signs
  - Significant physical findings
  - ECG interpretation (\*\*meets ST Elevation MI criteria\*\*)
  - Field treatments and response to treatments
  - Patient's cardiologist (if known)
- C. Document transmission of ECG (T12)

#### V. Hospital Destination

- A. All patients for whom the ECG meets ST Elevation MI criteria; the ECG shall be transmitted to the STEMI Receiving Center and the patient shall be transported directly to the STEMI Receiving Center. The STEMI Receiving Center will accept these patients except when experiencing an internal disaster or in the event there are no cardiac catheterization services available, regardless of ICU/CCU or ED status. If the STEMI Receiving Center has no cardiac catheterization services available, transport the patient to the closest ED.
- B. All patients who have had an ECG that does not indicate acute ST Elevation MI will be transported to the local receiving hospital (Watsonville Community Hospital in South County, Dominican Hospital in North County) and it is not required that the ECG be transmitted.
- C. When STEMI interpretation is less clear, ECG transmission is optional and will depend upon factors discussed in the Note below
- D. Specifically, when paramedics in South County have an ECG that does not indicate STEMI, but still elect to transmit, they should transmit the patient's ECG to WCH and make verbal contact for medical direction regarding the transport destination.
- E. ROSC STEMI patients from South County may be too unstable to transport directly to Dominican Hospital. Crews should evaluate the relative stability of the ROSC patient and call Dominican Hospital before transporting to verify Dominican staff agrees to accept the patient. Unstable ROSC patients in South County should be transported to WCH.

#### Note:

STEMI identification may be complicated by various ECG "imitators" or by various conditions such as left bundle branch block, paced rhythms, the presence of pericarditis, etc. In these instances, paramedics will depend on the clinical evaluation of the patient, and proceed with ECG transmission and radio contact with the local receiving hospital (Watsonville Community Hospital in South County, Dominican Hospital in North County) for clarification and guidance.

**VI. Paramedic Documentation**

- A. When an ECG is acquired in the field, PCR documentation should reflect the findings of the ECG (A-12). When an ECG is transmitted to a hospital, PCR documentation should reflect this (T-12).
- B. A copy of the field ECG will be attached to the TOC and delivered with the patient.
- C. When an ECG is acquired in the field (whether or not the ECG indicates a STEMI), the verbal communication between the Paramedic Unit and the Base Hospital will be recorded for CQI purposes, even if the Base Hospital is not a STEMI Receiving Hospital.
- D. No patient name is to be placed on the field ECG. Instead, use the patients initials (last name, First name) and the last 4 digits of the run number entered under ID number.

COUNTY OF SANTA CRUZ  
REQUEST FOR APPROVAL OF AGREEMENT

0243

TO: Board of Supervisors  
County Administrative Office  
Auditor Controller

FROM: Health Services Agency (Department)  
BY: [Signature] (Signature) 1.25.13 (Date)  
Signature certifies that appropriations/revenues are available

AGREEMENT TYPE (Check One)

Expenditure Agreement ☐

Revenue Agreement ☒

The Board of Supervisors is hereby requested to approve the attached agreement and authorize the execution of same.

1. Said agreement is between the Health Services Agency - Public Health (Department/Agency)  
and Dignity Health, dba Dominican Hospital, 1555 Soquel Drive, Santa Cruz, CA 95065 (Name/Address)

2. The agreement will provide ST-Segment Elevation Myocardial Infarction (STEMI) Receiving Center services.

3. Period of the agreement is from July 1, 2012 to Until terminated

4. Anticipated Cost Is \$ NA: Revenue of \$15,000 per year ☒ Fixed ☐ Monthly Rate ☐ Annual Rate ☐ Not to Exceed

Remarks: \_\_\_\_\_

5. Detail: ☐ On Continuing Agreements List for FY \_\_\_\_\_ Page CC- \_\_\_\_\_ Contract, No: R941 OR ☒ 1st Time Agreement  
☐ Section II No Board letter required, will be listed under Item 8  
☐ Section III Board letter required  
☐ Section IV Revenue Agreement

6. Appropriations/Revenues are available and are budgeted in 362010 (Index) 2384 (Sub object)

NOTE: IF APPROPRIATIONS ARE INSUFFICIENT, ATTACHED COMPLETED AUD-74 OR AUD-60

Appropriations are available and have been encumbered.  
are not will be

Contract No: R941

By: [Signature]  
Auditor-Controller Deputy

Date: 1-29-13

Proposal and accounting detail reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize

Health Services Agency Director (Dept/Agency Head) to execute on behalf of the \_\_\_\_\_

Health Services Agency (Department/Agency)

Date: 1/31/13

By: [Signature]  
County Administrative Office

Distribution:

Board of Supervisors - White  
Auditor Controller - Canary  
Auditor-Controller - Pink  
Department - Gold

State of California

County of Santa Cruz

Susan A. Mauriello

ex-officio Clerk of the Board of Supervisors of the County of Santa Cruz,  
State of California, do hereby certify that the foregoing request for approval of agreement was approved by said Board of Supervisors as recommended by the County Administrative Office by an order duly entered in the minutes of said Board on 2-12 2013

ADM - 29 (8/01)

Title I, Section 300 Proc Man

By: [Signature]  
Deputy Clerk

AUDITOR-CONTROLLER USE ONLY

CO \_\_\_\_\_ \$ \_\_\_\_\_  
Document No. JE Amount Lines H/TL Keyed By Date

TC110 \_\_\_\_\_ \$ \_\_\_\_\_  
Auditor Description Amount Index Sub object User Code **39**

**AGREEMENT FOR SERVICES**  
between  
**COUNTY OF SANTA CRUZ**  
and  
**DOMINICAN HOSPITAL**  
for  
**STEMI RECEIVING CENTER DESIGNATION**

**THIS AGREEMENT** (hereafter Agreement) is made by and between the County of Santa Cruz, a political subdivision of the State of California (hereafter COUNTY) and Dignity Health d/b/a Dominican Hospital, (hereafter HOSPITAL) wherein the parties agree to provide and accept the services specified herein.

**WHEREAS**, COUNTY has implemented an Emergency Medical Services ("EMS") System consisting of an advanced life support (paramedic) system as part of its EMS System, pursuant to applicable sections of the Health and Safety Code; and

**WHEREAS**, once a County has elected to implement an advanced life support system, the Health and Safety Code requires that it comply with established policies and procedures governing system performance; and

**WHEREAS**, COUNTY wishes to assure the highest quality of care by directing ST Elevation Myocardial Infarction (STEMI) patients to facilities committed to meeting STEMI Receiving Center standards; and

**WHEREAS**, COUNTY conducted a comprehensive review of HOSPITAL STEMI policies and procedures, interviewed medical staff at the HOSPITAL and conducted a site review to confirm systems are in place that meet STEMI Receiving Center standards as outlined in EMS Policy 1601; and

**WHEREAS**, COUNTY found that HOSPITAL meets COUNTY STEMI Receiving Center standards as outlined in EMS Policy 1601; and

**WHEREAS**, HOSPITAL is willing to accept designation as a STEMI Receiving Center; and

**WHEREAS**, HOSPITAL, by virtue of the parties executing this Agreement, will be designated by COUNTY as a STEMI Receiving Center under the terms of the Agreement:

**NOW, THEREFORE**, in consideration of the mutual covenants and conditions contained herein, the parties agree as follows:

**Definitions for the purposes of this Agreement:**

- a. "EMS Agency" means the County of Santa Cruz, Emergency Medical Services Agency.
- b. "STEMI Patient" means a person evaluated by EMS qualified medical personnel (paramedic, physician, or nurse), as may be amended from time to time, and found to require STEMI Receiving Center Services.

- c. "STEMI Care System" means an integrated prehospital and hospital program that is intended to direct patients with an identified ST Segment Elevation Myocardial Infarction directly to hospitals with cardiac catheterization laboratory specialized capabilities to promptly treat these patients.
- d. "STEMI Audit Committee" means the multi-disciplinary peer-review committee, comprised of representatives from the STEMI Receiving Center and other professionals designated by the EMS Agency, which audits the STEMI Care System, makes recommendations for system improvements, and functions in an advisory capacity on other STEMI Care System issues. Committee members designated by the EMS Agency may include, but are not limited to, STEMI Receiving Center medical directors and program managers, representatives from other local hospitals, interventional and non-interventional cardiologists, emergency medicine sub-specialists, and representatives from ground and flight emergency services providers.
- e. "STEMI Receiving Center" or "SRC" means a licensed general acute care facility meeting STEMI Receiving Center Standards, which has been designated as a STEMI Receiving Center by the EMS Agency.
- f. "STEMI Receiving Center Services" means the customary and appropriate hospital and physician services provided by a STEMI Receiving Center to STEMI Patients which, at a minimum, meet STEMI Receiving Center Standards.
- g. "STEMI Information System" means the computer information system maintained by the STEMI Receiving Center which captures the presentation, diagnostic, treatment and outcome data sets required by the EMS Agency and the STEMI Receiving Center Standards.
- h. "STEMI Receiving Center Standards" means the standards applicable to the STEMI Receiving Center set forth in EMS Agency policies and procedures, as amended from time to time, including EMS Policy 1601.

## 1. NOTICES

Any notice or consent required or permitted to be given under this Agreement shall be given to the respective parties in writing, by first class mail, postage prepaid, delivered as follows:

To COUNTY:	Giang T. Nguyen Director, Health Services Agency 1080 Emeline Avenue Santa Cruz, CA 95060
To HOSPITAL:	Nanette Mickiewicz, M.D. Hospital President Dignity Health d/b/a/ Dominican Hospital 1555 Soquel Drive Santa Cruz, CA 95065

or at such other address or to such other person that the parties may from time to time designate. Notices and consents under this section, which are sent by mail, shall be deemed to be received five (5) days following their deposit in the U.S. mail.

## **2. SCOPE OF SERVICES**

### **A. HOSPITAL RESPONSIBILITIES**

- i. Provide STEMI Receiving Center Services to any STEMI Patient that comes to the emergency department of the HOSPITAL, regardless of the STEMI Patient's ability to pay physician fees and/or hospital costs. For the purpose of the Agreement, the phrase "comes to the emergency department" shall have the same meaning as set forth in the Emergency Medical Treatment and Active Labor Act (42 U.S.C. § 1395dd) and the regulations promulgated thereunder (EMTALA). HOSPITAL acknowledges that COUNTY makes no representation, and does not guarantee that STEMI Patients will be delivered or diverted to HOSPITAL for care and cannot assure that a minimum number of STEMI Patients will be delivered to HOSPITAL during the term of this Agreement;
- ii. Any subsequent transfer of a STEMI Patient by HOSPITAL must be in accordance with EMTALA;
- iii. The STEMI Receiving Center will accept STEMI patients except when experiencing an internal disaster or in the event there are no cardiac catheterization services available, regardless of ICU/CCU or ED status in accordance with EMS Policy 1600.
- iv. Comply with STEMI Receiving Center Standards set forth in EMS Policy 1601 dated April 1, 2012, which has been provided to Hospital. HOSPITAL shall monitor compliance with STEMI Receiving Center Standards on a regular and ongoing basis. Documentation of such efforts shall be available to the EMS Agency upon request;
- v. Maintain an adequate number of physicians, surgeons, equipment, and facilities needed to perform the services required under this Agreement;
- vi. Provide all persons, employees, supplies, equipment and facilities needed to perform the services required under this Agreement;
- vii. Notify the EMS Agency, in writing within twenty-four (24) hours of any failure to meet STEMI Receiving Centers Standards, and take corrective action within a reasonable period of time to correct the failure;
- viii. Notify the EMS Agency of any circumstances that will prevent HOSPITAL from providing STEMI Receiving Center Standards within timeframes established by the EMS Agency;
- ix. Comply with any EMS Agency plan of correction, regarding any failure to meet STEMI Receiving Center Standards, within the timeframes established by the EMS Agency;

- x. Maintain a designated telephone number to facilitate rapid access to an on-site physician for consultation with community physicians and other providers regarding care and transfer of STEMI Patients. Assure that a Base Hospital Physician is available for each Advanced Life Support (ALS) call by radio or telephone in support of STEMI Patient care;
- xi. Actively participate as a member of the STEMI Audit Committee for quality improvement (QI), and other such related committee that may, from time to time, be named and organized by the EMS Agency in support of system improvements;
- xii. Provide American College of Cardiology (ACC) CathPCI data quarterly to County EMS Agency and provide concurrent STEMI case data, with data elements as prescribed by the ACC and to the extent allowed by HIPAA and applicable laws;
- xiii. Collect data elements identified on Exhibit A attached hereto and provide such data to County EMS Agency to the extent allowed by HIPAA and applicable laws;
- xiv. Maintain designation as a Base Hospital. Should HOSPITAL lose its designation as a Base Hospital, this Agreement shall automatically terminate.

## **B. COUNTY RESPONSIBILITIES**

- i. Monitor and review this Agreement annually to ensure all regulatory requirements are met and the system participants are compliant with state regulations and Santa Cruz County EMS Agency policies and procedures;
- ii. To evaluate protocols, policies, and procedures for COUNTY'S Emergency Medical Services System, in compliance with applicable chapters of Title 22, and make appropriate changes as necessary. COUNTY shall notify HOSPITAL when it desires to adopt, change or modify the protocols, policies and procedures which affect STEMI patients. COUNTY and HOSPITAL shall cooperate in such process towards the goal of strengthening the EMS System. Should HOSPITAL wish to terminate the Agreement based on said policy changes, HOSPITAL shall have the right to deliver to COUNTY, within thirty (30) days after adoption, written notice of termination of this Agreement, which termination shall be effective thirty (30) days after such delivery to COUNTY, unless a later date is specified in the notice.
- iii. May perform periodic site visits for the purpose of monitoring contract performance and compliance. COUNTY will notify HOSPITAL by telephone or in writing prior to visit.
- iv. Provide opportunity for HOSPITAL representation on County CQI Committees that may, from time to time, be named and organized by the



EMS Agency in support of STEMI system improvements including the EMS Medical Executive Committee;

- v. Provide HOSPITAL and/or the STEMI Audit Committee, prehospital system data related to STEMI care to the extent allowed by HIPAA and applicable laws;
- vi. Participate in a consultant capacity to assist HOSPITAL in carrying out the terms, conditions, and intent of this Agreement;
- vii. Maintain the EMS Agency Policy & Procedures Manual and provide updates to all EMS stakeholders on new or amended policies;
- viii. Establish a STEMI Quality Improvement Committee, provide data to participating HOSPITAL and ensure industry standards are utilized to benchmark the success of the program;
- ix. Strive to optimize the overall effectiveness of cardiac care and its individual EMS-related components through the development of performance measures for each component and for the system function as a whole (both process and outcome measures) and by employing continuous quality improvement strategies and collaboration with stakeholders.
- x. COUNTY warrants and represents that it is a "health oversight agency," as that term is defined under HIPAA and the data provided by HOSPITAL will be used by the COUNTY pursuant to such authority.

### **3. TERM**

The initial term of this agreement shall be for the period of July 1, 2012 through June 30, 2013. This Agreement shall renew automatically from year to year each July 1, for an additional two years unless cancelled by either party pursuant to Section 12 of this Agreement.

### **4. FEES**

HOSPITAL agrees to pay COUNTY for services provided under the terms of this Agreement: \$15,000 for the initial services provided (fiscal year 2012-13) by the COUNTY for establishing the STEMI program and \$15,000 annually thereafter, for maintaining the STEMI program.

This annual service charge shall be paid in full by July 15<sup>th</sup> of each year of this Agreement, beginning July 15, 2012. The initial payment of \$15,000 shall be due upon execution of this Agreement.

### **5. INDEPENDENT ENTITIES**

HOSPITAL and COUNTY acknowledge that they are independent entities and that each shall perform all of its services under this Agreement as an independent entity and not

as an employee of the other. HOSPITAL understands and acknowledges that neither HOSPITAL nor its employees shall be entitled to any of the benefits of a COUNTY employee, including but not limited to vacation, sick leave, administrative leave, health insurance, disability insurance, retirement, unemployment insurance, workers' compensation and protection of tenure.

## **6. MEDICAL RECORDS**

The parties shall maintain all patient medical records relating to patients in such form and containing such information as required by applicable laws. All medical records to be provided by one party to the other shall be provided according to, and the extent allowable under, applicable privacy and confidentiality laws including, without limitation, the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and all rules and regulations promulgated thereunder ("HIPAA") and the California Confidentiality of Medical Information Act .

## **7. CONFIDENTIALITY**

HOSPITAL and COUNTY agree that information concerning patients shall be kept confidential and shall not be disclosed to any person except as authorized by law. HOSPITAL does not waive its right pursuant to Evidence Code, Sections 1157.1 et. seq. This confidentiality provision shall remain in effect notwithstanding any subsequent termination of the Agreement. COUNTY agrees that any patient specific medical information submitted to it by HOSPITAL shall be maintained in confidence. Further, COUNTY agrees it will use all reasonable diligence to prevent disclosure except to its necessary personnel. This obligation shall exclude material or information that is in the public domain for public use, publication, and general knowledge or the like. To the extent required and permitted by law and on receipt of reasonable prior written notice from COUNTY, HOSPITAL shall permit COUNTY to inspect and make copies of medical records of patients served hereunder.

## **8. MUTUAL INDEMNIFICATION**

HOSPITAL shall, at its expense, indemnify, defend, and hold harmless County, its employees, officers, directors, contractors and agents from and against any losses, liabilities, damages, penalties, costs, fees, including without limitation, reasonable attorneys' fees, and expenses from any claim or action, including without limitation for property damage, bodily injury or death, caused by or arising from the negligent acts or omissions or willful misconduct of HOSPITAL, its officers, employees, agents, or subcontractors, but only in proportion to and to the extent such liability, loss, expense, attorneys' fees or claims for injury or damages are caused by or result from the negligent or intentional acts or omissions of HOSPITAL, its officers, employees or agents. COUNTY shall promptly give HOSPITAL written notice of such claim.

COUNTY shall, at its expense, indemnify, defend, and hold harmless HOSPITAL, its employees, officers, directors, contractors and agents from and against any losses, liabilities, damages, penalties, costs, fees, including without limitation, reasonable attorneys' fees, and expenses from any claim or action, including without limitation, for property damage, bodily injury or death, caused by or arising from the negligent acts or omissions or willful misconduct of COUNTY, its officers, employees, agents, or subcontractors, but only in proportion to and to the extent such liability, loss, expense,

attorneys' fees or claims for injury or damages are caused by or result from the negligent or intentional acts or omissions of COUNTY, its officers, employees or agents. HOSPITAL shall promptly give COUNTY written notice of such claim.

## **9. NONDISCRIMINATION**

COUNTY hereby notifies HOSPITAL that COUNTY's Unlawful Discrimination Ordinance (Article XIII of Chapter 2 of the Santa Cruz County Code) applies to this Agreement and is incorporated herein by this reference with the same force and effect as if the ordinance were specifically set out herein and HOSPITAL agrees to comply with said ordinance.

## **10. NONEXCLUSIVE AGREEMENT**

HOSPITAL understands that this is not an exclusive Agreement and that COUNTY shall have the right to negotiate with and enter into contracts with others providing the same or similar services as those provided by HOSPITAL as the COUNTY desires.

## **11. ASSIGNMENT**

HOSPITAL shall not assign any of its rights nor transfer any of its obligations under this Agreement without the prior written consent of COUNTY and any attempt to so assign or so transfer without such consent shall be void and without legal effect and shall constitute grounds for termination.

## **12. TERMINATION**

### **A. TERMINATION FOR CAUSE**

In the event of a material breach of this Agreement, either party may initiate termination of the Agreement. The aggrieved party shall serve the other party with a thirty (30) day notice to cure the breach. The notice must specify in detail the nature of the alleged material breach, including the supporting factual basis and any relevant documentation. A material breach by either party may include failing to comply with the duties and responsibilities set forth in Section 2 of this Agreement.

The party receiving the notice shall have ten (10) days from the date of receipt to respond to the alleged breach by either requesting in writing a meeting with the noticing party, curing the breach, or if the breach is of such a nature that it cannot be reasonably cured within thirty (30) days, commence curing the breach within said period and notifying the other party of the actions taken. If a meeting is requested by the party receiving the notice, it shall be scheduled within ten (10) days of the date notice is received. If corrective action is not taken by the party receiving notice, or the parties do not reach an agreement during the notice period, the parties shall deliver to each other all data, estimates, graphs, summaries, reports, and all other records, documents or papers, except for medical records, as may have been accumulated or produced by the other party

in performing this Agreement, whether completed or in process, and this Agreement shall terminate upon completion of the thirty (30) days notice period, at the option of the noticing party, notwithstanding any other provision of this Agreement. Notwithstanding the above, HOSPITAL shall retain ownership of all medical records prepared and maintained by HOSPITAL in connection with services provided by HOSPITAL.

#### **B. TERMINATION WITHOUT CAUSE.**

This Agreement may be terminated by either party without cause upon ninety (90) days' advance written notice to the other party. In the event the COUNTY terminates this Agreement without cause, COUNTY shall return to HOSPITAL a prorated amount of the annual fee paid by HOSPITAL for that year. The service payment is not otherwise refundable in whole or part.

#### **13. SEVERABILITY**

If any one or more of the provisions contained herein shall for any reason be held to be invalid, illegal or unenforceable in any respect, then such provision or provisions shall be deemed severable from the remaining provisions hereof, and such invalidity, illegality or unenforceability shall not affect any other provision hereof, and this Agreement shall be construed as if such invalid, illegal or unenforceable provision had never been contained herein.

#### **14. REMEDIES NOT EXCLUSIVE**

No remedy herein conferred upon or reserved to COUNTY is intended to be exclusive of any other remedy or remedies, and each and every such remedy, to the extent permitted by law, shall be cumulative and in addition to any other remedy given hereunder or now or hereafter existing at law or in equity or otherwise.

#### **15. NO WAIVER OF DEFAULT**

No delay or omission of COUNTY to exercise any right or power arising upon the occurrence of any event of default shall impair any such right or power or shall be construed to be a waiver of any such default or an acquiescence therein; and every power and remedy given by this Agreement to COUNTY shall be exercised from time to time and as often as may be deemed expedient in the sole discretion of COUNTY.

#### **16. ENTIRE AGREEMENT AND AMENDMENT**

In conjunction with the matters considered herein, this Agreement contains the entire understanding and agreement of the parties and there have been no promises, representations, agreements, warranties or undertakings by any of the parties, either oral or written, of any character or nature hereafter binding except as set forth herein. This Agreement may be altered, amended or modified only by an instrument in writing, executed by the parties to this Agreement and by no other means. Each party waives their future right to claim, contest or assert that this Agreement was modified, canceled, superseded, or changed by any oral agreements, course of conduct, waiver or estoppel.

## 17. SUCCESSORS AND ASSIGNS

All representations, covenants and warranties set forth in this Agreement, by or on behalf of, or for the benefit of any or all of the parties hereto, shall be binding upon and inure to the benefit of such party, its successors and assigns.

**IN WITNESS WHEREOF**, the parties have executed this agreement to be effective upon the date authorized by the Santa Cruz County Board of Supervisors.

COUNTY OF SANTA CRUZ

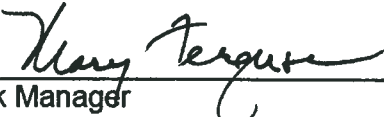

  
Susan A. Mauriello  
County Administrative Officer

  
Giang T. Nguyen  
Health Services Agency Director

APPROVED AS TO FORM:

  
By: \_\_\_\_\_  
County Counsel

APPROVED AS TO RISK:

By:   
Risk Manager  
  
Nanette Mickiewicz, M.D.  
Hospital President

Date: 10/19/12

**Exhibit A,  
STEMI Receiving Center Data Elements**

**All cases will include:**

Date of incident  
Receiving Center (SRC) identification  
PCRNumber assigned to patient  
Age of patient on day of arrival \*  
Gender of patient. \*  
Chief Complaint\*  
Time\*  
Location\*

*(\* in the case of patient admitting from a STEMI Referral Hospital, the SRH will collect these elements.)*

**Cases will then be defined as either a Category 1, 2 or 3 as follows;**

**CATEGORY 1**

**For all patients arriving at a STEMI Receiving Center (SRC) by air or ground ambulance as a Field to SRC Transport**

Time of Dispatch (from PCR)  
Time On Scene – time treating paramedics arrived on scene (from PCR)  
Time at patient– time treating paramedics at patient's side (from PCR)  
Time first ECG was performed in the field (from PCR)  
Area of injury as printed on machine interpretation of prehospital ECG  
EDMD or Cardiologist interpretation of prehospital ECG  
Time of transport from scene to hospital begins (from PCR)  
Time of arrival to Emergency Department (from PCR)  
Time of arrival to Emergency Department (from hospital patient care record)  
Time first ECG was done by SRC  
Time first call made to cardiovascular team (CVL)  
Time of arrival to Cath Lab  
Time of first reperfusion by balloon/device in Cath Lab  
Specific Infarct Related Artery  
Date of discharge from hospital  
Status at discharge (Alive, Dead)  
Comments

**CATEGORY 2**

**For all patients arriving at a STEMI Receiving Center (SRC) as an “Arrival by Other than Ambulance” (i.e.; private vehicle, walk-in, etc.)**

Time of arrival to Emergency Department  
Time first ECG was done by SRC  
ECG Interpretation by ERMD or cardiologist  
Time patient transported from ED to Cath Lab  
Time of arrival to Cath Lab  
Time of first reperfusion by balloon/device in Cath Lab  
Specific Infarct Related Artery

Date of discharge from hospital  
Status at discharge (Alive, Dead)  
Comments

**CATEGORY 3**

**For all patients arriving at a STEMI Receiving Center as a STEMI Referral Hospital (SRH) Transport**

Time of arrival to Emergency Department at SRH

Time first ECG was done by SRH

Time of SRH's first call for transport ambulance

Time of ambulance arrival to referring hospital

Time of patient departure from SRH to STEMI Receiving Center (SRC)

Time of ambulance arrival at SRC

Time of patient arrival at Cath Lab

Time of first reperfusion by Cath Lab

Infarct Related Artery

Date of discharge from hospital

Status at discharge (Alive, Dead)

Comments

*(\* additional data will have been collected by the STEMI Referral Hospital)*

Agreement No: 22R0941

Contractor: Dominican Hospital

COUNTY OF SANTA CRUZ

THIRD AMENDMENT TO AGREEMENT FOR STEMI SERVICES

THIS THIRD AMENDMENT TO AGREEMENT FOR STEMI SERVICES ("**Third Amendment**") is entered into effective July 1, 2021 (the "**Renewal Effective Date**"), by and between Dignity Health, a California nonprofit public benefit corporation doing business as Dominican Hospital ("Hospital"), and County of Santa Cruz, a political subdivision of the State of California ("County").

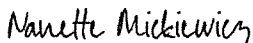
THE PARTIES AGREE AS FOLLOWS:


1. The term of the Agreement for Stemi Services shall be extended for an additional term of three (3) years through June 30, 2024 (the "**Expiration Date**").
2. All other terms and conditions of the Agreement remain unchanged, and except as expressly modified by this Third Amendment, the Agreement shall remain in full force and effect. This Third Amendment may be executed by the Parties in any number of separate counterparts and all of said counterparts taken together shall be deemed to constitute one and the same instrument. Capitalized terms not otherwise defined herein shall have the meaning set forth in the Agreement.

IN WITNESS WHEREOF, Hospital and County execute this Third Amendment as of the dates below.

Dignity Health, A California nonprofit public  
benefit corporation d/b/a Dominican Hospital

County of Santa Cruz, a political subdivision of the  
State of California

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Signature: \_\_\_\_\_  
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DocuSigned by:  
  
Signature: \_\_\_\_\_  
AB27037A500A44A...

Nanette Mickiewicz, M.D.

Mimi Hall

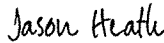
Hospital President

Health Services Agency Director

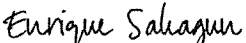
Date: 7/22/2021

Date: 7/22/2021

Approved as to form:

DocuSigned by:  
  
7/22/2021  
AF757CF013B5419  
County Counsel Date

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Risk Management Date



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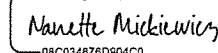
Nanette Mickiewicz

Nanette.Mickiewicz@DignityHealth.org

President/ CEO

Security Level: Email, Account Authentication  
(None)**Signature**

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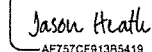
Jason Heath

jason.heath@santacruzcounty.us

County Counsel -- Approved as to Form

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Enrique Sahagun

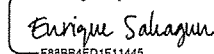
Enrique.Sahagun@santacruzcounty.us

Risk Manager

County of Santa Cruz

Security Level: Email, Account Authentication  
(None)

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Jennifer Herrera

Jennifer.Herrera@santacruzcounty.us

Chief of Public Health

County of Santa Cruz

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Notary Events	Signature	Timestamp
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### **Consequences of changing your mind**

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To contact us by email send messages to: [tibi.mccann@santacruzcounty.us](mailto:tibi.mccann@santacruzcounty.us)

**To advise County of Santa Cruz of your new e-mail address**

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at [tibi.mccann@santacruzcounty.us](mailto:tibi.mccann@santacruzcounty.us) and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

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- ii. send us an e-mail to [tibi.mccann@santacruzcounty.us](mailto:tibi.mccann@santacruzcounty.us) and in the body of such request you must state your e-mail, full name, US Postal Address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

**Required hardware and software**

Operating Systems:	Windows® 2000, Windows® XP, Windows Vista®; Mac OS® X
Browsers:	Final release versions of Internet Explorer® 6.0 or above (Windows only); Mozilla Firefox 2.0 or above (Windows and Mac); Safari™ 3.0 or above (Mac only)
PDF Reader:	Acrobat® or similar software may be required to view and print PDF files
Screen Resolution:	800 x 600 minimum

Enabled Security Settings:	Allow per session cookies
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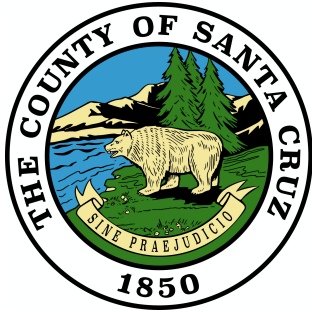
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Public Health Division, EMS

# County of Santa Cruz

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## HEALTH SERVICES AGENCY

POST OFFICE BOX 962, 1800 Green Hills Rd., SCOTTS VALLEY, CA 95066  
TELEPHONE: (831) 454-4120 FAX: (831) 454-4488 TDD: Call 711

## Santa Cruz County EMS STEMI Critical Care Plan

This document is the STEMI Critical Care System Plan intended for submission to the EMS Authority for approval and in accordance with California Code of Regulations Title 22. Social Security Division 9. Prehospital Emergency Medical Services Chapter 7.1 ST-Elevation Myocardial Infarction Critical Care System: ARTICLE 2. LOCAL EMS AGENCY STEMI CRITICAL CARE SYSTEM REQUIREMENTS,

### Introduction/Background

Santa Cruz County EMS began to establish a countywide STEMI System of Care in 2004 by implementing 12-lead electrocardiograms by paramedics in the out-of-hospital setting. In 2005, with only one PCI-capable hospital (Dominican Community Hospital) located in the north of Santa Cruz County, paramedics recognizing a possible STEMI patient by 12-lead ECG acquisition, transported directly to our only STEMI Receiving Center (SRC). Patients with STEMI or subsequently developed STEMI who arrived at our other hospital (Watsonville Community Hospital) are rapidly transferred to Dominican Community Hospital using a 911 system ambulance in order to minimize delays associated with interfacility transfers.

The initial purpose of developing a STEMI system was to ensure preparation, timely response and definitive care for people that present with STEMI in Santa Cruz County. A decade and a half later, the goal and objectives remain unchanged. The many changes influencing the health care delivery systems in the United States over the years have not had any negative impact on the STEMI system within the County. The fundamental components of the STEMI system design remain intact and continue to improve performance and meet the needs of the residents and visitors to Santa Cruz County.

### SCCEMS EMS Design/Administration

Hospital resources are limited in Santa Cruz County. With a resident population of approximately 276,000 people and a major university with an enrollment of over 18,000

## Santa Cruz County EMS STEMI Critical Care Plan

students, is served by only two hospitals, one of which serves as the only STEMI Center in Santa Cruz County.

The EMS system design and configuration consists of a countywide Advanced Life Support (ALS) model for first responders and transport: 4 First Responder ALS (FRALS) Fire Departments, one private EOAALS transport provider agency and 4 Basic Life Support (BLS) First responder Fire Departments, 3 of which staff reserve BLS ambulances should system needs require their deployment.

Within the county, currently two hospitals exist as emergency receiving centers for ambulance transport. Of the two hospitals, one is a LEMSA designated SRC with intermittent ECMO capability at this time.

The EMS Agency is responsible for oversight of the countywide STEMI System of Care including operations, performance, quality improvement, administration and compliance monitoring of designated SRC MOU. SCCEMS EMS leadership consists of the Director – Gregory Benson, Medical Director – David Ghilarducci MD and EMS Coordinator – Claudia Garza EMT.

### **Santa Cruz EMS Designated STEMI Receiving Center/MOU**

SCCEMS [Policy 402](#): STEMI Receiving Centers, establishes the process and standards for becoming and maintaining status as a STEMI Receiving Center in Santa Cruz County.

There is currently one designated STEMI Receiving Center in Santa Cruz County which serves the entire county:

- Dominican Community Hospital (Santa Cruz)      MOU Expiration – June 30, 2024

### **STEMI Identification and Destination Policy/Protocol**

The identification of a suspected STEMI starts in the dispatch center (SCR911): below are both Medical Priority Dispatch CARD 10 for Chest Pain / Discomfort and SCCEMS EMS Field Assessment / Treatment Protocol for Chest Pain Suspected Cardiac/STEMI. These decision pathways and protocols address and comply with § 100270.123.



## Santa Cruz County EMS STEMI Critical Care Plan

<ol style="list-style-type: none"> <li>Is s/he <b>completely alert</b> (responding appropriately)?</li> <li>Is s/he <b>breathing normally</b>? <ol style="list-style-type: none"> <li>(<b>No and Alert</b>) Does s/he have <b>difficulty</b> speaking/crying <b>between</b> breaths?</li> </ol> </li> <li>(<b>Not 1<sup>st</sup> party</b>) Is s/he <b>changing color</b>? <ol style="list-style-type: none"> <li>(<b>Yes</b>) Describe the color change.</li> </ol> </li> <li>Is s/he <b>clammy</b> or having <b>cold sweats</b>?</li> <li>Has s/he ever had a <b>heart attack</b> or <b>angina</b> (heart pains)?</li> <li>Did s/he take any <b>drugs</b> or <b>medications</b> in the <b>past 12 hours</b>? <p>Cocaine (or derivative) Medications</p> </li> </ol>	<ol style="list-style-type: none"> <li>I'm sending the <b>paramedics</b> (ambulance) to help you now. <b>Stay on the line</b> and I'll tell you <b>exactly</b> what to do next.</li> <li>(<b>≥ 1 + D-1, 2, 3</b>) If there is a <b>defibrillator</b> (AED) available, <b>send</b> someone to get it <b>now</b> in case we need it later.</li> <li>(<b>Patient medication requested and Alert</b>) Remind her/him to do what her/his <b>doctor has instructed</b> for these situations.</li> </ol> <p><b>* Stay on the line</b> with the caller if her/his condition seems <b>unstable</b> or is <b>worsening</b>.</p> <p><b>* Utilize the Aspirin Diagnostic &amp; Instruction Tool</b> – if <b>authorized</b> by local Medical Control <b>and</b> the chest pain/discomfort (Heart Attack Symptoms) patient is <b>alert</b>, <b>≥ 16 years old</b>, and has <b>no reported STROKE symptoms</b>.</p> <p>DLS <b>* Link to X-1 unless:</b></p> <p>Unconscious <b>NABC-1</b></p> <p>INEFFECTIVE BREATHING and Not alert <b>NABC-1</b></p>
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LEVELS	#	DETERMINANT DESCRIPTORS	CODES	RESPONSES	MODES
<b>D</b>	1	Not alert	10-D-1		
	2	<b>DIFFICULTY SPEAKING BETWEEN BREATHS</b>	10-D-2		
	3	<b>CHANGING COLOR</b>	10-D-3		
	4	<b>Clammy or cold sweats</b>	10-D-4		
	5	<b>Heart attack or angina history</b>	10-D-5		
<b>C</b>	1	<b>Abnormal breathing</b>	10-C-1		
	2	<b>Cocaine</b>	10-C-2		
	3	<b>Breathing normally ≥ 35</b>	10-C-3		
<b>A</b>	1	<b>Breathing normally &lt; 35</b>	10-A-1		

- Unable to **complete a full sentence** without taking a breath
- Only able to **speak a few words** without taking a breath
- Breathing attempts that **severely hinder** crying in infants and small children

**CHANGING COLOR**

Changing colors of **clinical significance** include:

- Ashen/Gray
- Blue/Cyanotic/Purple
- Mottled

(Pale, pink, and red are not colors of clinical significance in the dispatch environment and will not, alone, change the dispatch priority. Callers failing to initially identify a listed color should not be coached by asking unlisted clarifiers such as "Well, is s/he gray?")

**Rules**

- Patients with a history of **angioplasty, coronary artery stents, or bypass surgery** are considered to have a **history of heart attack or angina** in the dispatch environment.
- When the complaint description involves **both NON-TRAUMATIC chest pain/heart attack symptoms and breathing problems**, choose the Chief Complaint Protocol that best fits the patient's **foremost symptom**, with **ECHO-level conditions** taking precedence. (**≥ 16, alert, no reported STROKE symptoms**) Use the **Aspirin Diagnostic & Instruction Tool** on either protocol as appropriate.
- A patient having a **heart attack may worsen at any time**. Always advise to call back if condition worsens.

**proven otherwise.**

- If the **caller asks** whether the patient should be given their medication now, the EMD should **only give instructions included in the protocol**.
- Chest pain **due to trauma** (current or non-recent) should be **handled on Protocol 30**.
- If the complaint description involves **both chest pain and STROKE symptoms**, go to **Protocol 10** but **do not utilize** the Aspirin Diagnostic & Instruction Tool.

**First Law of Chest or Back Pain**

"Hurts to breathe" is not considered difficulty or abnormal breathing.

**Second Law of Chest Pain**

A little chest pain may be as bad as a lot.

**Axioms**

- Patients with a history of **angioplasty, coronary artery stents, or bypass surgery** may **not** have actually had a **heart attack** (myocardial infarction). However, since these patients suffer from coronary artery disease, they have a **greater risk of a heart attack** than the general population.
- True heart attacks are **uncommon in females < 45 and males < 35**.
- Medical Dispatch may consider heart attack (and an ALS CHARLIE response) in certain patients < 35 when the **symptoms listed in Heart Attack Symptoms strongly suggest** the possibility.
- Automated external defibrillators (AEDs) might also be called "**shock boxes**." Other local names may be used.

**accompanied by STROKE symptoms** due to the possibility of acute aortic dissection involving concurrent coronary and carotid artery damage.

**Heart Attack Symptoms**

EMDs may initially receive non-specific complaints in heart attack cases. Due to patient denial or caller confusion, the following **symptoms may not be recognized as a heart attack**:

- Aching pain
- Chest pain/discomfort (now gone)
- Constricting band
- Crushing discomfort
- Heaviness
- Numbness
- Pressure
- Tightness

While these symptoms are most common in the **chest**, they may also (or only) be present in the **arm(s), jaw, neck, or upper back**. These symptoms should be considered **equivalent to chest pain and handled on Protocol 10**.

**Thrombolytic and PCI Therapy**

**Thrombolytic therapy** is the use of drugs such as tissue Plasminogen Activator (t-PA) and Streptokinase to break down blood clots.

**Percutaneous Coronary Intervention (PCI) therapy** is an invasive technique to reopen blocked arteries. These are **critical, time-dependent therapies** for patients suffering from a developing heart attack. EMD is a vital first link in the chain of survival for these patients, as early recognition and rapid treatment are essential.

## EMS Procedures/Policies

### EMS Personnel and Early Recognition.

Our goal is to incorporate the 12-lead EKG into our destination decision- making process with regard to the ST-elevation MI (STEMI) patient. The transmission or reporting of the ST-elevation MI should decrease "door-to-intervention" times in our community hospitals. 12-lead electrocardiograms (EKGs) are used with a variety of patients and should be used with a number of [patient care and administrative policies and procedures](#), including:

- Policy 101: Quality Improvement Program
- Protocol 700-C1: Cardiac Arrest



- Protocol 700-C6: Suspected Cardiac Ischemia
- Protocol 700-E2: Cold Exposure/Hypothermia
- Protocol 700-M7: Diabetic Emergencies
- Protocol 700-M9: Non-Traumatic Hypotension (Shock)
- Protocol 700-R1: Respiratory Distress
- Protocol 700-C1-P: Cardiac Arrest
- Procedure 706: 12 Lead ECG Procedure
- Reference 806: Core Principles: Managing Cardiac Arrest
- Reference 813: System Performance Data Dictionary

### **Hospital Notification Procedures**

#### EKG Transmission

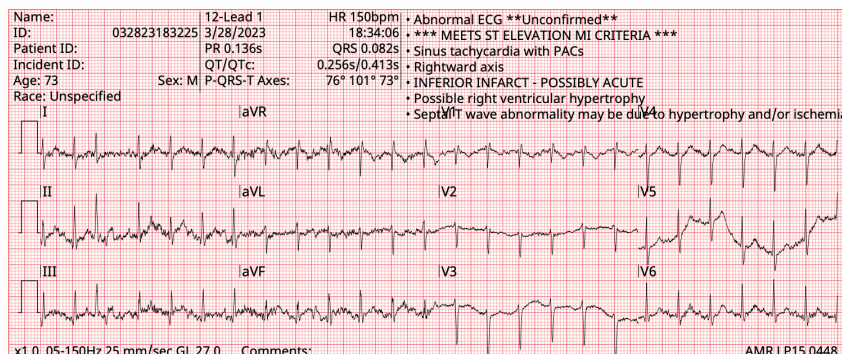
All ALS Paramedic units are equipped with a cardiac monitor that is 12-lead and transmission capable. Early 12-lead acquisition, identification and transmission of a suspected STEMI to a SRC is strongly encouraged and re-enforced to EMS field personnel through education and training. The early transmission allows for further scrutiny by the SRC ED Physician and on-call cardiology if needed. The early notification by 12-lead transmission also allows the SRC time to mobilize and or re-appropriate resources for patient flow. Serial 12-lead EKGs, en route, are required in patients with strong symptomology and are encouraged in all other patients

An SCCEMS EMS designated SRC shall have the electronic ability (computer and software) to receive diagnostic quality 12-lead ECG's transmitted by prehospital personnel prior to suspected STEMI patient arrival at that SRC/CARC (not to be used for consult, unless SRC/CARC is an approved EMS Base Station). Our county currently uses the LifeNet system which is integrated with our LifePack 15 monitors.

If the EKG machine is reading "Acute MI" or the equivalent, or definite new left bundle branch block, EMS is instructed to immediately transmit EKG through the LifeNet system. The machine reading is the principal determinant for STEMI assessment. Below is an example:

## Santa Cruz County EMS STEMI Critical Care Plan

12-Lead 1			
Name:	Device:	LP15 48700448 LP15 0448	Transmitting Agency: AMR Santa Cruz County (Santa Cruz, CA)
Patient ID:	Device Configuration:	3135804008906	Report Received: 3/28/2023 18:36:01
Incident ID:	Software Revision:	3313494-011, LIFENET® 7.0.4.3	Time Zone: (GMT-08:00) United States / Los Angeles



I	II	III	aVR	aVL	aVF	V1	V2	V3	V4	V5	V6
-0.46	0.72	1.19	-0.13	-0.82	0.95	-0.15	-0.35	-0.09	-0.10	0.03	0.13

ST measurements are measured at the J point and are expressed in mm.

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### Radio/Telephone Ringdown

In addition to the EKG Transmission, Per Policy 609: Base Station Guidelines, radio-call-In formats are needed so that Base Hospital staff will be assured of getting necessary information to prepare for a patient. In addition, a radio-call-in can also help determine which facility is best to receive a patient. When contacting the Base Hospital, the following information will be presented during the call-in, regardless of what format used.

- Unit Identifier
- Med channel being used (when not using cellular or land line communication)
- Patient Status Level (see Policy 621 Patient Acuity Guidelines)
- Type of call-in (Notification, Consult, or Medical Control) including EKG machine interpretation
- Paramedics and EMTs attending
- Age and Gender
- ETA and code of transport
- Relevant patient information.

### Documentation

In addition to a transmitted EKG, a copy of the EKG is attached to the hospital copy and scanned copy attached to the digital PCR report.

### **Interfacility Transfers**

Patients who arrive at our non STEMI facility (Watsonville Community Hospital) either by ambulance or by others means who are determined to have a STEMI requiring emergency cardiac catheterization may be transferred by ambulance using a 911 system resource. The procedures are outlined in Policy 616: Interfacility Transfers.

### **EMS/SRC Data Collection, Analysis and Reporting**

SCCEMS EMS agency implemented a standardized data collection and reporting process for a STEMI critical care system in 2014.

The STEMI Critical Care System includes the collection of both prehospital and hospital patient care data, as determined by SCCEMS EMS agency and complies with § 100270.126.

The prehospital STEMI patient care elements selected by SCCEMS EMS are compliant with the most current version of the California EMS Information Systems (CEMSIS) database, and the National EMS Information System (NEMSIS) via ImageTrend Electronic Patient Care Report (ePCR).

Our SRC that receives STEMI patients via SCCEMS EMS currently participate in the data collection process in accordance with SCCEMS EMS policies and procedures. Quarterly reports are produced and provided to the EMS Agency that summarizes the care of all STEMI patients as detailed below. The following is an example of this report:

## STEMI Outcome and Performance Report



**Reporting Period:** Jan 2023

**Case #1:** T,P 7/22/53 SCO2300000035 **Date:** 01/07/23 **Participating Crew:** Bradley, Foy, Shaughnessy, Cortes, Post.

Arrived On-scene	1214
EKG Obtained	1216
D2B	53
Balloon Time	1337

**Field Care Performed:** EKG, IV, ASA, Zofran, C3 transport, STEMI activation.

**Outcome:** emergent cath 2 stents placed to RCA discharged home in stable condition with cardiology follow-up.

**Case #2:** S,K 7/30/51 BOU2300000184 **Date:** 01/24/23 **Participating Crew:** Brekka, Weaver.

Arrived On-scene	1639
EKG Obtained	1706
D2B	54
Balloon Time	1815

**Field Care Performed:** EKG, IV, ASA, NTG, C3 transport, STEMI activation

The prehospital care record and the hospital data elements are collected by the SCCEMS EMS agency and are subsequently submitted to the California EMS Authority. This will be on no less than a quarterly basis and shall include, but not be limited to, the following:

A. The STEMI patient data elements:

1. EMS ePCR Number
2. Facility
3. Name: Last, First
4. Date of Birth
5. Patient Age
6. Patient Gender
7. Patient Race
8. Hospital Arrival Date
9. Hospital Arrival Time
10. Dispatch Date
11. Dispatch Time

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12. Field ECG Performed
13. 1st ECG Date
14. 1st ECG Time
15. Did the patient suffer out-of-hospital cardiac arrest
16. CATH LAB Activated
17. CATH LAB Activation Date
18. CATH LAB Activation Time
19. Did the patient go to the CATH LAB
20. CATH LAB Arrival Date
21. CATH LAB Arrival Time
22. PCI Performed
23. PCI Date
24. PCI Time
25. Fibrinolytic Infusion
26. Fibrinolytic Infusion Date
27. (AA) Fibrinolytic Infusion Time
28. Transfer
29. SRH ED Arrival Date
30. SRH ED Arrival Time
31. SRH ED Departure Date
32. SRH ED Departure Time
33. Hospital Discharge Date
34. Patient Outcome
35. Primary and Secondary Discharge Diagnosis

### B. The STEMI System data elements:

1. Number of STEMIs treated
  - a. Number of STEMI patients transferred
  - b. Number and percent of emergency department STEMI patients arriving by private transport (non-EMS)
  - c. The false positive rate of EMS diagnosis of STEMI, defined as the percentage of STEMI alerts by EMS that did not show STEMI on ECG reading by the emergency physician
2. In addition an SRC shall collect on-going aggregate data (de-identified) for patients below, submit and present to Santa Cruz County Emergency Medical Services for quarterly and annual review:
  - a. Number of patients identified with possible STEMI transported from the field by EMS for intervention

- b. Number of patients who received primary PCI
- c. Number of patients identified with possible STEMI, transferred (IFT) by EMS from another acute care hospital ED (RH) to SRC for intervention
- d. Number of patients who received primary PCI (IFT)
- e. Number of SRC walk-in patients identified in ED with possible STEMI
- f. Number of patients (walk-in) who received primary PCI
- g. For ALL STEMI patients door-to-infusion time (median ) for fibrinolysis; and, door-to-intervention time (median ) for primary PCI. (EMS, IFT by EMS, SRC walk-in)

### **Regional SRC Integration**

SCCEMS EMS includes surrounding county representatives from both EMS and SRCs to Santa Cruz County's QI Meetings.

SCCEMS EMS supports the transport of suspected STEMI patients to out-of-county SRCs if appropriate:

### **Continued Quality Oversight and Improvement Strategies**

The STEMI system quality improvement process was established by Santa Cruz County EMS and includes contractual participation of our designated SRC:

SCCEMS EMS STEMI Critical Care System shall have a quality improvement process that complies with § 100270.127. Quality Improvement and Evaluation Process and includes, at a minimum but not limited to:

- 1. Evaluation of program structure, process, and outcome
- 2. Review of STEMI-related deaths, major complications, and transfers
- 3. A multidisciplinary STEMI Quality Improvement Committee, including both prehospital and hospital members
- 4. Participation in the QI process by all designated STEMI centers and prehospital providers involved in the STEMI critical care system
- 5. Evaluation of regional integration of STEMI patient movement
- 6. Compliance with the California Evidence Code, Section 1157.7 to ensure confidentiality, and a disclosure-protected review of selected STEMI cases

SCCEMS EMS agency is responsible for on-going performance evaluation and quality improvement of the STEMI critical care system by continuing the following strategies that satisfy (1-6) in this section. Criteria for reviews, evaluations and benchmarking are referenced

and compared to current evidence-based guidelines and recommendations for recognized standards in STEMI care.

STEMI/Cardiac Arrest Receiving Center Program staff shall participate in Santa Cruz County EMS quarterly PAC and QIC Committee meetings, with a minimum attendance requirement of two per year.

SRC shall maintain a written internal quality improvement plan for STEMI, Cardiac Arrest and Post Cardiac Arrest patients that includes, but is not limited to the determination and evaluation of:

1. Death rate
2. Complications
3. Sentinel events
4. System issues
5. Organizational issues and resolution processes
6. Hospital shall support EMS Agency QI activities including educational activities for prehospital personnel.

### **Cardiovascular (CV) Public Education/Awareness Strategies**

#### Programs to conduct or promote public information specific to cardiac care

Dominican continues to provide community based educational programs for the public through our lifestyles management courses, events at our new Live Oak wellness center, and content developed and delivered by our cardiology team. A few of these activities are listed below:

#### Cardiac Risk Reduction Program:

Lowering risk factors such as high cholesterol, weight, high blood pressure and stress has been shown to significantly reduce future cardiac problems. This nationally certified program includes cardiac education classes, nutrition assessment, risk factor counseling, lifestyle coaching, and monitored exercise therapy. Designed for individuals who have had angina, heart attack, cardiac procedure (angioplasty, atherectomy, stent), bypass surgery, valve surgery or congestive heart failure.

#### Talk with a cardiologist:

Our cardiologists regularly present cardiovascular topics at cardiac fairs and wellness clinics. Recent presentations included signs, symptoms and current treatment of coronary disease; and indications treatment and prevention of peripheral vascular.

#### Public service announcements:

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Dr. Johnson and Dr. Shafi both produced public service videos on general cardiac and cardio-surgical procedures