

EMERGENCY MEDICAL SERVICES AUTHORITY

11120 INTERNATIONAL DR., SUITE 200
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875



July 11, 2024

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

Dear Kris Mangano,

This letter is in response to San Benito County Emergency Medical Service (EMS) Agency's 2023 EMS, Trauma, and Quality Improvement (QI) plan, submissions to EMSA on February 27, 2024.

EMSA 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 the enclosed EMS area/subarea status, compiled by EMSA.

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

Per HSC § 1797.254, local EMS agencies must annually submit EMS plans to EMSA. San Benito EMS Agency will only be considered current if an EMS plan is submitted each year.

Your 2024 EMS plan will be due on or before July 11, 2025. Concurrently with the EMS plan, please submit an annual Trauma and QI plan.

If you have any questions regarding the EMS plan review, please contact Roxanna Delao, EMS Plans Coordinator, at (916) 903-3260 or roxanna.delao@emsa.ca.gov.

Sincerely,

A handwritten signature in cursive script that reads 'Tom McGinnis'.

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

Enclosure:
AW: rd

EMERGENCY MEDICAL SERVICES AUTHORITY

11120 INTERNATIONAL DR., SUITE 200
 RANCHO CORDOVA, CA 95670
 (916) 322-4336 FAX (916) 324-2875



San Benito County 2023 EMS Agency EMS Areas or Subareas	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All CCT Ambulance Services	IFT	Standby Service with Transport Authorization
	EXCLUSIVITY			TYPE			LEVEL						
San Benito County		X	Non Competitive	X				X		X			



**ANNUAL
UPDATE**

EMS PLAN ANNUAL UPDATE

THE WORD FROM THE MANAGER OF EMERGENCY SERVICES

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

This plan is a summary of 2023 calendar year. It provides the required information on the status of our system and the EMS Agency's progress towards meeting long-range goals.

The EMS System's primary responsibilities are to plan, implement, and evaluate the

Emergency Medical Services (EMS) system that meets or exceeds the minimum standards developed by the California EMS Authority (EMSA).

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

Respectfully submitted,

Kris Mangano

Kris Mangano

MANAGER, EMERGENCY SERVICES

ABOUT SAN BENITO COUNTY

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

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

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



MISSION STATEMENT

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

VISION

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

THE EMS SYSTEM

The San Benito County EMS System has one exclusive operational area (EOA) for Emergency Ambulance Services and Advanced Life Support transport. A new, 5-year contract with American Medical Response (AMR) began July 1, 2021. The First Responder agencies in San Benito County, Hollister Fire Department and CalFire, are non-transporting, providing BLS only. San Benito County partners with pre-hospital receiving centers and designated specialty centers (STEMI, Stroke, and Trauma). Online medical direction is provided by the Base Hospital, Hazel Hawkins Hospital, or the specialty center.

Air ambulances (helicopters) are used for the transport of critically injured or ill patients, as defined by Policies, Procedures and Protocols. San Benito County is primarily served by CALSTAR. With bases in Monterey, Santa Cruz, and Santa Clara Counties, CALSTAR can provide a rapid transport to nearby trauma or specialty centers. These resources can often be a life-saving option in those circumstances where ground transport times would be extended. CALSTAR also provides critical care air ambulance services to transfer patients from Hazel Hawkins Emergency Department to specialty centers.

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

DISPATCH

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

SCR911 is compliant with Health & Safety Code 1797.223.

BASE HOSPITAL

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

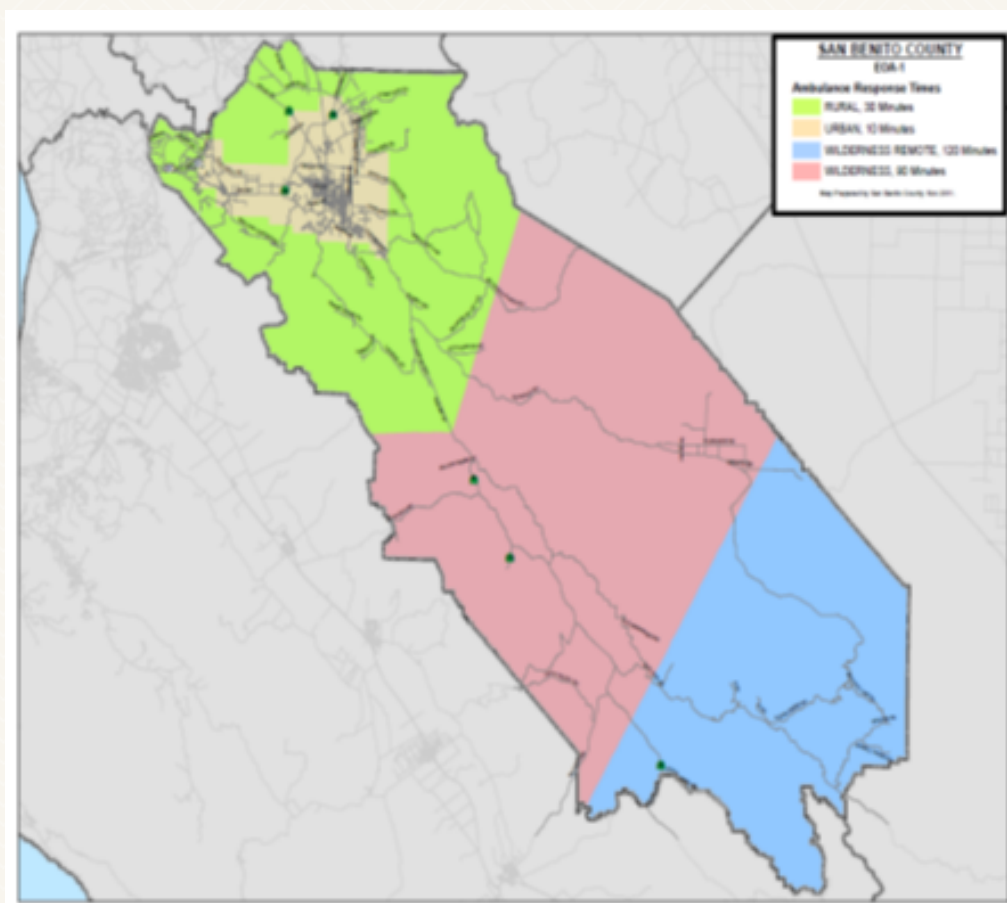
Hazel Hawkins is also the only hospital in San Benito County, providing a Level IV Trauma Emergency Department along with 25 beds for in-patient care.

Hazel Hawkins Hospital filed for Chapter 9 bankruptcy in late 2022. They have been working diligently on their financial crisis while providing the highest level of care to residents and visitors of San Benito County. EMS continues to be in close communication with the hospital and has drafted contingency transport plans should we be required to use neighboring county receiving hospitals for our patients.

RESPONSE TIME COMPLIANCE

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

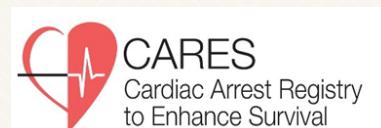
American Medical Response is required by contract to be in compliance with response time standards in ninety percent (90%) or more of all 911 emergency events in which a ground transport ambulance arrives on scene, measured monthly, to meet the specified response times. American Medical Response had an average response time compliance above 90% in 2023.



STEMI/STROKE

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

CARES



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

QUALITY IMPROVEMENT

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

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

The EMS Plan was updated in 2020 and will be reviewed again in 2025.

PRE-HOSPITAL ADVISORY COMMITTEE (PAC)

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

EMERGENCY MEDICAL CARE COMMITTEE (EMCC)

The purpose of the EMCC is to assure the availability of an effective and efficient emergency medical service (EMS) system that provides consistent, high quality emergency medical services to all people in the County of San Benito. The EMCC provides the Board of Supervisors, under which it serves, advice and recommendations on EMS system planning and oversight. The duties of the EMCC are outlined in the California Health & Safety Code, Sections 1797.274 and 1797.276.

EDUCATION & TRAINING

In partnership with Hazel Hawkins Hospital, our Base (and only) hospital, we host a *Quarterly Educational Forum in January, April, July, and October. Guest speakers provide training and education to first responders and continuing education units are earned. We encourage first responders to “come for breakfast, stay for CEs”!*



FINANCIAL MANAGEMENT

Community Service Area (CSA) 36

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

The EMS Agency administers the CSA-36. These funds help to support the provisions of EMS within San Benito County; Advanced Life Support (paramedic services), including the subsidy paid to American Medical Response, personnel, communications, and the administration of the Emergency Medical Services Agency.

EMS Revenue

EMT, Paramedic and Ambulance Fees were increased in 2022 year to reflect the approval of County Ordinance #972 – Master Fee Schedule.

Hollister Hills SVRA pays an annual fee to help offset the calls generated by the park to the EMS System.

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

The Maddy Fund

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

Additionally, the Health and Safety code §1797.98a(e) authorizes counties that have established the supplemental assessment, to establish a Richie’s Fund, as part of the Maddy EMS Fund. The Richie’s Fund provides funding for pediatric trauma. The Maddy Fund (original and supplemental assessment) is funded through revenues generated from local penalty assessments on fines and forfeitures for various criminal offenses and motor vehicle violations, including a portion of traffic school fees. The assessment is currently \$2.00 per \$10 of fines, penalties, and forfeitures.

GOALS

Improve Cardiac Arrest Survival Rates

- provide “hands-only” CPR instruction at community events
- continue “high-performance” CPR in the field
- continue participating in the CARES program
- AED awareness and training

Buprenorphine Program

- continue to provide education & training to first responders
- continue to work with the tri-county committee

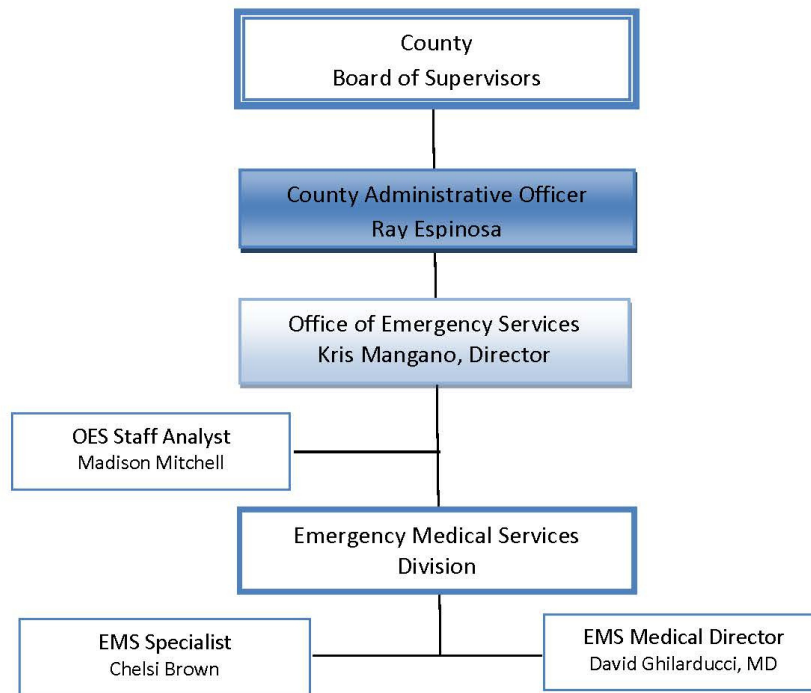
Active Attacker Training/Disaster Response

- training and exercising with partner agencies
- drafting and testing policies for Active Attacker
- update Multi-Casualty Plan and test

Public Information, Education, & Outreach

- Narcan
- Stop the Bleed
- AED
- “hands-only”

ORGANIZATIONAL CHART



TABLES 1-10

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

B. STAFFING/TRAINING

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

C. COMMUNICATIONS

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

D. RESPONSE/TRANSPORTATION

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

E. FACILITIES/CRITICAL CARE

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

F. DATA COLLECTION/SYSTEM EVALUATION

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

G. PUBLIC INFORMATION AND EDUCATION

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

H. DISASTER MEDICAL RESPONSE

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

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENTReporting Year: 2023

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

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

County: San Benito

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

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

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

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

Implementation of exclusive operating areas (ambulance franchising)	
Designation of trauma centers/trauma care system planning	X
Designation/approval of pediatric facilities	
Designation of other critical care centers	
Development of transfer agreements	
Enforcement of local ambulance ordinance	X
Enforcement of ambulance service contracts	X
Operation of ambulance service	X
Continuing education	X
Personnel training	X
Operation of oversight of EMS dispatch center	
Non-medical disaster planning	
Administration of critical incident stress debriefing team (CISD)	

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

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

5. EXPENSES

Salaries and benefits (All but contract personnel)	<u>\$190,856.66</u>
Contract Services (e.g. medical director)	<u>17,258.24</u>
Operations (e.g. copying, postage, facilities)	<u>0.00</u>
Travel	<u>2,839.75</u>
Fixed assets	<u>0.00</u>
Indirect expenses (overhead)	<u>2,347.34</u>
Ambulance subsidy	<u>290,610.50</u>
EMS Fund payments to physicians/hospital	<u>41,645.44</u>
Dispatch center operations (non-staff)	<u>94,435.65</u>
Training program operations	<u>0.00</u>
Other: <u>Base Station</u>	<u>7,000.00</u>
Other: _____	<u>0.00</u>
Other: _____	<u>0.00</u>
TOTAL EXPENSES	\$ <u>646,993.58</u>

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	\$ <u>0.00</u>
Preventive Health and Health Services (PHHS) Block Grant	<u>0.00</u>
Office of Traffic Safety (OTS)	<u>0.00</u>
State general fund	<u>0.00</u>
County general fund	<u>0.00</u>
Other local tax funds(e.g., EMS district)-CSA36	<u>518,258.00</u>
County contracts (e.g. multi-county agencies)	<u>0.00</u>
Certification fees	<u>5,240.00</u>
Training program approval fees	<u>0.00</u>
Training program tuition/Average daily attendance funds (ADA)	<u>0.00</u>
Job Training Partnership ACT (JTPA) funds/other payments	<u>0.00</u>

TABLE 2:	Base hospital application fees SYSTEM ORGANIZATION AND MANAGEMENT (cont.)	<u>0.00</u>
	Trauma center application fees	<u>0.00</u>
	Trauma center designation fees	<u>0.00</u>
	Pediatric facility approval fees	<u>0.00</u>
	Pediatric facility designation fees	<u>0.00</u>
	Other critical care center application fees	<u>0.00</u>
	Type: _____	
	Other critical care center designation fees	<u>0.00</u>
	Type: _____	
	Ambulance service/vehicle fees	<u>4,105.00</u>
	Contributions	<u>0.00</u>
	EMS Fund (SB 12/612)	<u>81,270.82</u>
	Other grants: _____	<u>0.00</u>
	Other fees _____	<u>0.00</u>
	Other (specify): <u>Hollister Hills Services</u>	<u>16,625.00</u>
	TOTAL REVENUE	<u>\$625,498.82</u>

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

Currently waiting on past due contract with state Parks and Rec .

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

7. Fee structure

 We do not charge any fees

 x Our fee structure is:

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

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Manager	1	56.36	30	Co.pay scale increased in Oct 2023
Asst. Admin./Admin.Asst./Admin. Mgr.	EMS Specialist	1	39.12	30	Co. pay scale increased in Oct 2023
ALS Coord./Field Coord./Trng Coordinator					
Program Coordinator/Field Liaison (Non-clinical)					
Trauma Coordinator					
Medical Director	Medical Director	1	110.00	N/A	contractor
Other MD/Medical Consult/Training Medical Director					
Disaster Medical Planner					
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary					
Other Clerical					
Data Entry Clerk					

Other					
-------	--	--	--	--	--

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

TABLE 3: STAFFING/TRAININGReporting Year: 2023**NOTE:** Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	107			
Number newly certified this year	10			
Number recertified this year	44			
Total number of accredited personnel on July 1 of the reporting year	103		0	
Number of certification reviews resulting in:				
a) formal investigations	0			
b) probation	0		0	
c) suspensions	0		0	
d) revocations	0			
e) denials	0			
f) denials of renewal	0			
g) no action taken	0		0	

1. Early defibrillation:

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

107

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

0

2. Do you have an EMR training program

☐ yes ☒ no

TABLE 4: COMMUNICATIONS

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

County: San Benito

Reporting Year: 2023

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

TABLE 5: RESPONSE/TRANSPORTATION

Reporting Year: 2023

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 5

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

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

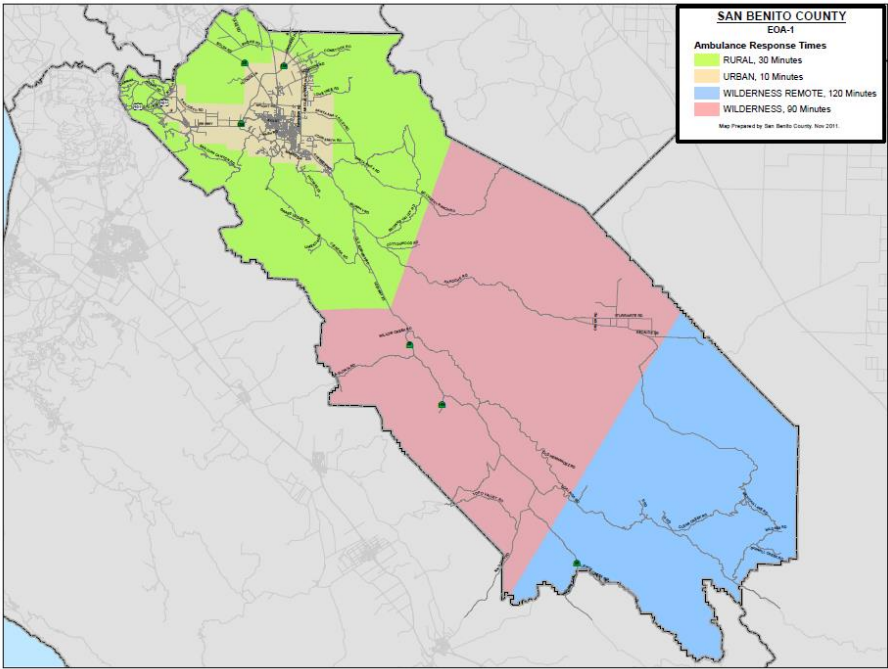


TABLE 6: FACILITIES/CRITICAL CARE

Reporting Year: 2023

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	
2. Number of major trauma victims transported directly to a trauma center by ambulance	209
3. Number of major trauma patients transferred to a trauma center	123
4. Number of patients meeting triage criteria who weren't treated at a trauma center	

Emergency Departments

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

Receiving Hospitals

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

TABLE 7: DISASTER MEDICAL

Reporting Year: 2023

County: San Benito

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

SYSTEM RESOURCES

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

OPERATIONS

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

TABLE 7: DISASTER MEDICAL (cont.)

4.

List all counties with which you have a written medical mutual aid agreement:
Monterey
5.

Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response?

☒ Yes ☐ No
6.

Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response?

☒ Yes ☐ No
7.

Are you part of a multi-county EMS system for disaster response?

☐ Yes ☒ No
8.

Are you a separate department or agency?

☒ Yes ☐ No
9.

If not, to whom do you report? _____
8.

If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department?

☒ Yes ☐ No

Comments:

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

Table 8: Resource DirectoryReporting Year: 2023**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.**County:** San Benito **Provider:** American Medical Response **Response Zone:** EOA**Address:** 1870 Hillcrest Road
Hollister, CA 95023 **Number of Ambulance Vehicles in Fleet:** 6**Phone Number:** (831) 636-9391 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

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

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

Transporting Agencies

<u>3871</u>	Total number of responses	<u>2381</u>	Total number of transports
<u>3680</u>	Number of emergency responses	<u>2381</u>	Number of emergency transports
<u>191</u>	Number of non-emergency responses	<u>191</u>	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

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

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

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

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

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

Transporting Agencies

<u>208</u>	Total number of responses	<u>85</u>	Total number of transports
<u>208</u>	Number of emergency responses	<u>85</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

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

Address: 4933 Bailey Loop
McClellan, CA 95652

Number of Ambulance Vehicles in Fleet: 3

Phone Number: (916) 921-4000

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3 in our area 24/7

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

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: San Benito

Provider: Hollister Fire Dept.*

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

Address: 110 Sally Street
Hollister, CA 95023

Number of Ambulance Vehicles in Fleet: 0

Phone Number: (831) 636-4324

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

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

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

Transporting Agencies

<u>2625</u>	Total number of responses	<u>0</u>	Total number of transports
<u>2625</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Air Ambulance Services

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

*Non-transporting agency

AMBULANCE ZONE SUMMARY

Date: 2023

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:

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

Area or Subarea (Zone) Name or Title:

n/a

Name of Current Provider(s):

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

American Medical Response (uninterrupted)

Area or Subarea (Zone) Geographic Description:

The area includes the entire County of San Benito

THE LEGAL DESCRIPTION OF COUNTY OF SAN BENITO, CALIFORNIA

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

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

Include intent of local EMS agency and board action.

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

Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Emergency Ambulance Service at 911 Emergency Response/ALS Ambulance

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

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

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

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

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



TRAUMA SYSTEM STATUS REPORT 2023

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

Kris Mangano cosb.us

Trauma System Status Report

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

Medical Health Operational Area Coordinator (MHOAC)

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

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

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

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

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

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

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

ATTACHMENT A:

Trauma System Summary Report

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

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

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

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

Changes in Trauma System

There have been no changes to the Trauma System; however, Hazel Hawkins Hospital was formally recognized as an approved Level IV Trauma Center in January 2022. In November 2021, EMS conducted a review and Hazel Hawkins Hospital met or exceeded California Trauma Regulations outlined in the California Code of Regulations and also fulfilled current national American College of Surgeon standards. This designation represents a collaborative effort, decades in the making, to enhance the care of serious injured adults in San Benito County.

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

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

Number and Designation Level of Trauma Centers

Hazel Hawkins Hospital is the only designated Trauma Center (Level IV) in San Benito County.

Trauma System Goals and Objectives

- Develop a trauma review committee with Hazel Hawkins Hospital
- Continue to contribute and participate in regional trauma data collection programs
- Participate in Trauma Advisory Committees with Monterey and Santa Clara Counties and assure attendance when San Benito County patients are on the agenda for review/discussion

Changes to Implementation Schedule

There are currently no changes.

System Performance Improvement

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

Progression Addressing EMS Authority Trauma System Plan Comments

There is no update currently.

Other Issues

There are no issues currently.

Revised
February 2020



Quality Improvement Plan

San Benito County Emergency Medical Services Agency

TABLE OF CONTENTS

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

MISSION STATEMENT

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

VISION

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

STRUCTURE AND ORGANIZATIONAL DESCRIPTIONS

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

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

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

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

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

San Benito County EMS Agency consists of Basic Life Support (BLS) First Responders; the contracted 911 provider with Advanced Life Support (ALS) and BLS personnel; Air Ambulances; and a dispatch center with trained dispatchers. San Benito County partners with pre-hospital receiving centers and designated specialty centers (STEMI, Stroke, and Trauma). Online medical direction is provided by the Base Hospital or the appropriate receiving specialty center.

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

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

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

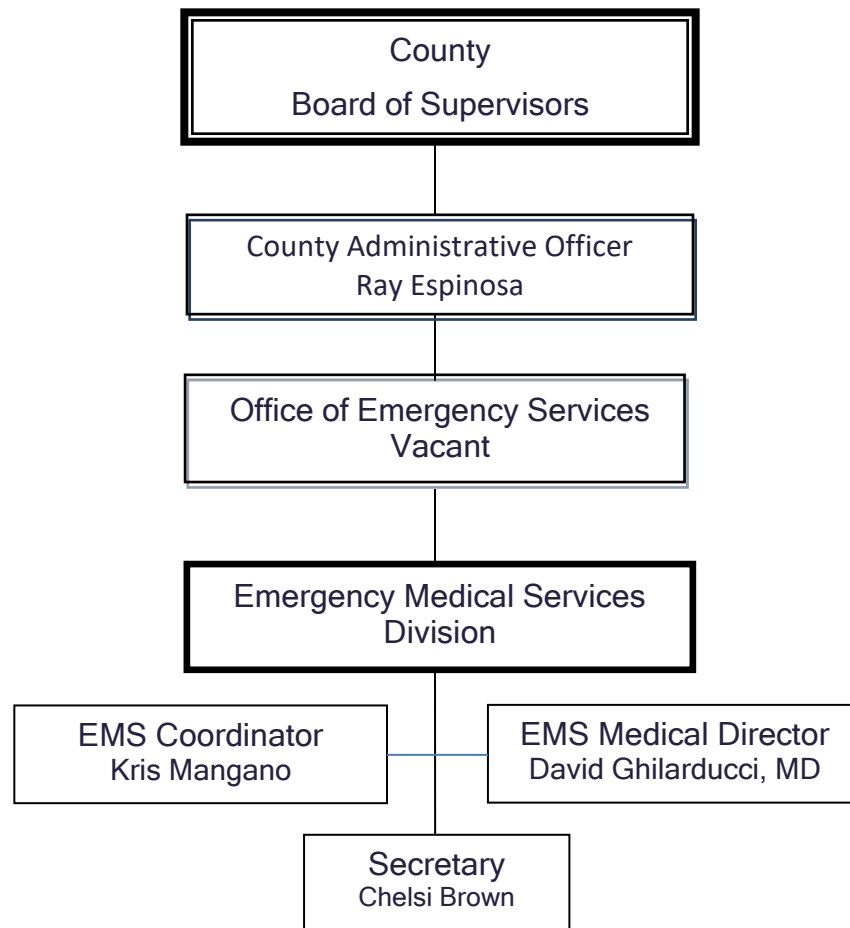
The QI Committee provides leadership for the clinical oversight and quality management of pre-hospital patient care in the county. The QI Committee membership consists of:

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

The purpose of the QI Committee is to provide a system-wide approach for evaluating the Emergency Medical System of San Benito County in order to foster continuous improvement in performance and quality patient care. To assist the EMS Agency, EMS

Providers, Receiving Hospitals, and Base Hospitals in defining standards, evaluating methodologies and utilizing the evaluation results for continued system improvement. Every local EMS agency implements services consistent with the standards established in statutes, regulations, and local policies that apply to that jurisdiction's emergency medical services system, all overseen and defined by the State EMS Authority.

ORGANIZATIONAL CHART



AUTHORITY

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

OBJECTIVES

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

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

ANNUAL UPDATE

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

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

INTERAGENCY QI RESPONSIBILITIES

EMS Agency Responsibilities

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

Base Hospital Responsibilities

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

Provider Agency Contributions

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

EMS Quality Improvement Committee

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

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

Pre-Hospital Advisory Committee

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

Emergency Medical Care Committee (EMCC)

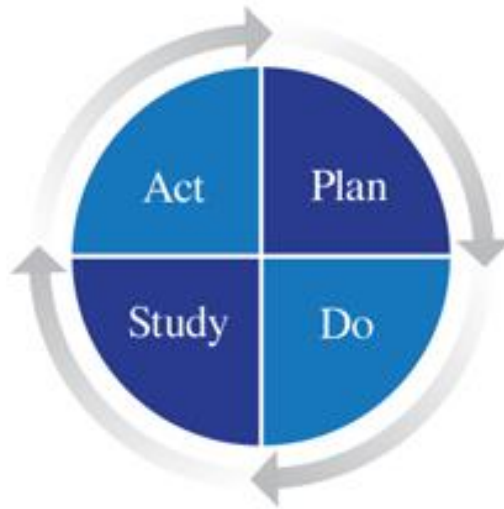
The purpose of the EMCC is to assure the availability of an effective and efficient emergency medical service (EMS) system that provides consistent, high quality emergency medical services to all people in the County of San Benito. The EMCC provides the Board of Supervisors under which it serves advice and recommendations on EMS system planning and oversight. The duties of the EMCC are outlined in the California Health & Safety Code, Sections 1797.274 and 1797.276. Membership consists of one commissioner and one alternate commissioner from each of the groups below:

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

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

DATA COLLECTION & REPORTING

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



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

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

1. Cardiac Arrest
 - a) Bystander CPR (PUB-1)
 - b) AED prior to arrival (CAR-1)
 - c) First Arrival time to rescuer CPR
 - d) Initial rhythm recorded
 - e) Defibrillation (number and dose)
 - f) Intubation (see #6)
 - g) ROSC (y/n) (CAR-2)
 - h) EtCO₂ readings (initial and continuous)
 - i) survival to ED discharge (CAR-3)
 - j) survival to hospital discharge (CAR-4)

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

EVALUATION OF EMS SYSTEM INDICATORS

Personnel

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

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

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

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

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

Documentation

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

Clinical Care and Patient Outcome

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

Facilities

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

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

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

CARES

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



TRAINING & EDUCATION

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

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

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

Exercises and Drills

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

Public Education

Public Education and Outreach is an important component of the San Benito County EMS Agency. We work closely with all of pre-hospital provider agencies to promote "Hands-Only" CPR. We provide education at many events throughout the county; Farmers Markets, local schools, career days, community safety events and churches. We also participate in PulsePoint to assist in public awareness of Cardiac Arrest events. San Benito County EMS also placed over 30 AEDs in county and city buildings within the last year, with training provided by our pre-hospital care providers.

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

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

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

RISK MITIGATION

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



ADDITIONS TO THE ANNUAL PLAN

ADDITIONS

Medical Health Operational Area Coordinator Plan

The Medical Health Operational Area Coordinator (MHOAC) Plan is an Annex to the EMS Annual Plan.

The MHOAC, in cooperation with the County Office of Emergency Services, local Public Health Department, the local Office of Environmental Health, the local Department of Mental Health, the local EMS agency, the local Fire Department, the Regional Disaster and Medical Health Coordinator (RDMHC), and the regional office of the Office of Emergency Services, shall be responsible for ensuring the development of a medical and health disaster plan for the operational area following SEMS and NIMS. This plan shall include preparedness, response, recovery, and mitigation functions consistent with the State Emergency Plan and have procedures that include the 17 MHOAC functions. In the event of a local, state, or federal declaration of emergency, the MHOAC shall assist the agency operational area coordinator in the coordination of medical and health disaster resources within the operational area and be the point of contact in that operational area, for coordination with the RDMHC, the agency, the regional office of the agency, the State Department of Public Health, and the Authority.

The designated MHOAC in San Benito County is a share responsibility held by EMS Specialist, Chelsi Brown, and Emergency Services Manager Kris Mangano.

Both have been trained in Salesforce (resource requests) and regularly participate in regional and state-wide meetings/trainings. Coordination with the RDMHC is ongoing.

The Annex is following.

Records Retention

All recordings for the Base Hospital are the responsibility of our dispatch center, SCR911. Policy #285 is following. The retention policy for the County is also included.

ADDITIONS

Staff and Training

The training program database, emstraining.emsa.ca.gov/Training/Security/Signin.aspx, has been verified and is correct.

TABLES 9-11

Attached.

MEDICAL HEALTH OPERATIONAL AREA COORDINATOR PLAN

San Benito County

January 23, 2023



MEDICAL HEALTH OPERATIONAL AREA COORDINATOR PLAN

1.0 Introduction	3
1.1 Purpose.....	3
1.2 Key Terms and Definitions	3
The MHOAC Position	4
MHOAC Program Functions.....	4
Local Health Officer (LHO)	5
Local Emergency Medical Services Agency (LEMSA)	5
Operational Area (OA)	5
RDMHC/S Program	5
1.3 MHOAC PROGRAM BACKGROUND	5
2.0 Concept of Operations.....	7
2.1 MHOAC Primary Tasks.....	8
Notification	8
Activation and Response	9
2.2 Situation Status and Reporting	9
Essential Elements of Information (EEI)	10
2.3 Resource Requesting.....	11
Resource Request Process.....	12
Resource Tracking and Management.....	13
3.0 Medical Health Mutual Aid System	13
Flow of Resource Requests and Assistance During Emergencies	14
Financial Reimbursement.....	15
4.0 Polling and Reporting.....	15
Bed Polling Examples:.....	15
Situational Awareness	16
HAvBED Polling	16
Medical Transportation Resource Polling	16
APPENDIX 1. Acronyms	17
APPENDIX 2. Relevant Trainings	18

MEDICAL HEALTH OPERATIONAL AREA COORDINATOR PLAN

APPENDIX 3. MHOAC Alert Checklist.....	19
APPENDIX 4. Forms	20
APPENDIX 5. ICS Forms	22
APPENDIX 6. Contact Matrices	23
APPENDIX 7. Communication Guide	25
ANNEX A. California Emergency Operations Manual (EOM).....	27
ANNEX B. San Benito County Mass Transportation and Evacuation Plan	28

COUNTY OF SAN BENITO MHOAC PLAN

1.0 INTRODUCTION

The Medical Health Operational Area Coordination (MHOAC) plan for San Benito County is a tool to assist the MHOAC program in their response to a wide variety of medical health related emergencies and disasters. The plan includes useful operational checklists, policies, and other matrices to be utilized for an efficient and effective response. The plan is consistent with the California Public Health and Medical Emergency Operations Manual (EOM) to assist in furthering MHOAC program development.

The plan should be shared, discussed, exercised, and updated on a regular schedule within the San Benito County operational area (OA).

The intended audience for this plan includes:

- San Benito County Health Officer
- San Benito County Office of Emergency Services and Emergency Medical Services
- San Benito County Health & Human Services Agency – Public Health Services Division
- San Benito County Health & Human Services Agency – Environmental Health Division
- San Benito County Behavioral Health Department
- Monterey-San Benito County Healthcare Preparedness Coalition
- Hollister Fire Department
- San Benito County Sheriff's Office
- Hollister Police Department
- Health Care Facilities (HCFs)
- Emergency Medical Services (EMS) Providers

1.1 PURPOSE

This MHOAC Plan has been developed to assist staff assigned to the MHOAC program with the organization, activation, mobilization, coordination, and direction of the MHOAC Program during unusual events and emergencies. The plan should be shared with the audience outlined above so the role of the MHOAC is understood throughout the operational area.

1.2 KEY TERMS AND DEFINITIONS

The MHOAC Program is authorized by the California Health and Safety Code Section 1797.153 with designated person(s) filling the MHOAC Position. The MHOAC operates in coordination

with and follows procedures consistent with the California Public Health and Medical Emergency Operations Manual (EOM) and the California Medical Mutual Aid Plan.

THE MHOAC POSITION

The MHOAC position represents the 24/7/365 single point of contact for the MHOAC program and is responsible for monitoring, ensuring, and procuring medical and health resources during a local emergency or disaster. The MHOAC is authorized to work with the Regional Disaster Medical Health (RDMHC) Program to submit and respond to medical and health requests for resources outside of the Operational Area (OA).

IN SAN BENITO COUNTY, THE EMERGENCY SERVICES MANAGER UNDER THE OFFICE OF EMERGENCY SERVICES AND EMERGENCY MEDICAL SERVICES ACTS AS THE MHOAC.

MHOAC PROGRAM FUNCTIONS

The MHOAC program encompasses the seventeen MHOAC functions and detailed coordination of activities to assure management of medical and health resources and reporting of situational status from the San Benito Operational Area (OA) to the Region and/or State during times of extraordinary emergency or disaster. Additionally, the MHOAC program is responsible for:

- Ensuring the development of medical and health plans to address all seventeen functions.
- Managing the Medical and Health Branch needs during an emergency or disaster.
- Identifying resources and coordinating the procurement and allocation of public and private medical, health, and other resources required to support disaster medical and health operations in affected areas.
- Communicating the medical and health status and needs within and outside of the OA to local, regional, and state governmental agencies and officials, and to hospitals, and medical entities and providers.
- Participating in periodic training and exercises to test plans, policies, procedures, and structures for the activation and implementation of the disaster medical and health response system.
- Contacting the RDMHC/S Program to obtain mutual aid support from the region or from State/Federal resources if the OA is unable to meet the needs from within the OA.
- Responding to the RDMHC/S Program to provide mutual aid services to other OAs within the Region or State, as appropriate.

LOCAL HEALTH OFFICER (LHO)

The Health Officer is authorized to take any preventive measure necessary to protect and preserve the public health from any public health hazard during a proclaimed local emergency or State of Emergency within their jurisdiction. The health officer may proclaim a local emergency if he or she has been specifically designated to do so by ordinance adopted by the governing body of the jurisdiction (California Health and Safety Code Section 101310).

LOCAL EMERGENCY MEDICAL SERVICES AGENCY (LEMSA)

The LEMSAs are the agency, department, or office with primary responsibility for administration of emergency medical services in a county in compliance with California Health and Safety Code Section 1797.94 (commencing with Section 1797.200).

OPERATIONAL AREA (OA)

The OA is an intermediate level of Office of Emergency Services organization, consisting of a county and all political subdivisions within the county area as defined in subdivision (b) of Section 8559 of the Government Code.

RDMHC/S PROGRAM

The Regional Disaster Medical Health Coordination/Specialist Program (RDMHC/S) is responsible for monitoring and acquiring medical and health resources during emergencies and is authorized to make and respond to requests for mutual aid from the MHOAC.

1.3 MHOAC PROGRAM BACKGROUND

The MHOAC Program is mandated per California Health and Safety Code (1797.153). This unfunded mandate directs that a MHOAC program is responsible for planning and facilitating the strategic deployment of necessary emergency medical and health resources by coordinating resources within and outside of the OA and coordinating information among health care entities through situation reporting as necessary.

Additionally, the MHOAC program will:

- Recommend a medical and health disaster plan for the provision of medical and health mutual aid within the OA.

MEDICAL HEALTH OPERATIONAL AREA COORDINATOR PLAN

- Include preparedness, response, recovery, and mitigation functions consistent with the State Emergency Plan.
- Coordinate with appropriate partners to address the 17 functions of the MHOAC, identified in the State Emergency Plan¹ and outlined in the table below.²
 - Partners include the LEMSA, local public health (PH), local environmental health (EH), and local behavioral and mental health (BH/MH.)

MHOAC FUNCTION	RESPONSIBLE AGENCY			
	LEMSA	PH	EH	BH/MH
1. Assessment of immediate medical needs	†	†	†	†
2. Coordination of disaster medical and health resources	†	†	†	†
3. Coordination of patient distribution and medical evaluations	†			
4. Coordination with inpatient and emergency care providers	†			
5. Coordination of out-of-hospital medical care providers	†	†		
6. Coordination and integration with fire agency personnel, resources, and emergency fire pre-hospital medical services	†			
7. Coordination of providers of non-fire based, pre-hospital emergency medical services	†			
8. Coordination of the establishment of temporary field treatment sites	†			
9. Health surveillance and epidemiological analyses of community health status		†		
10. Assurance of food safety		†	†	
11. Management of exposure to hazardous agents	†		†	
12. Provision of coordination of Behavioral/Mental Health services				†
13. Provision of medical and health public information and protective action recommendations	†	†	†	†
14. Provision or coordination of vector control services		†	†	
15. Assurance of drinking water safety		†	†	

¹ CA State Emergency Plan, established under Sections 8559 and 8560 of the Government Code

² California Public Health and Medical Emergency Operations Manual (EOM)

MEDICAL HEALTH OPERATIONAL AREA COORDINATOR PLAN

16. Assurance of the safe management of liquid, solid, and hazardous waste			†	
17. Investigation and control of communicable disease		†		

The San Benito MHOAC Program will accomplish the 17 functions as specified in State statute by including the following elements in the MHOAC Plan.

- Maintain a 24/7/365 single point of contact for the MHOAC Program.
 - Provide this contact information to the RDMHC/S Program, who will provide it to the California Department of Public Health (CDPH) and Emergency Medical Services Authority (EMSA).
- Provide contact information to the public health and medical healthcare partners in the OA.
- Collect contact information from the public health and medical healthcare partners in the OA.
- Train backup personnel for redundancy during emergencies.
- Maintain a directory of Public Health, Environmental Health, Behavioral/Mental Health, and EMS resources, including equipment, supplies, personnel, and facilities within the OA.
- Coordinate the identification, acquisition, and delivery of public health and medical mutual aid and assistance within the OA or other aid provided by other jurisdictions via the RDMHC Program.
- Utilize resource requesting and management procedures consistent with the California Public Health and Medical Emergency Operations Manual (EOM).
- Support the Medical and Health Branch of the OA EOC, if activated.
- Have a broad knowledge of the concepts and operations of all 17 functions and/or have established internal relationships with personnel who are considered subject matter experts (SMEs) and can consult during an emergency.
- Develop and maintain public health and medical disaster plans for the OA.
- Follow Standard Emergency Management System (SEMS) and the National Incident Management System (NIMS).
- Engage in job-specific training to better understand and fulfill the MHOAC role(s). Recommended training courses are outlined in Appendix 2.

2.0 CONCEPT OF OPERATIONS

In San Benito County, the Emergency Services Manager assumes primary MHOAC duties and serves as the point of contact for 24/7/365 emergency response capability. Other positions are identified as alternates, as outlined below.

1. Emergency Services Manager, Office of Emergency Services and Emergency Medical Services
2. EMS Specialist, Office of Emergency Services and Emergency Medical Services

MEDICAL HEALTH OPERATIONAL AREA COORDINATOR PLAN

3. Emergency Services Specialist, San Benito HHSA - Department of Public Health

2.1 MHOAC PRIMARY TASKS

On a day-to-day basis, the MHOAC program undertakes routine activities to maintain the public health and medical system. For example, 911 calls lead to the dispatch of first responders and EMS providers.

However, when an unusual event occurs, the MHOAC might need to activate a certain level of response.

An unusual event is defined as an incident that may impact or threaten public health, behavioral/mental health, environmental health, healthcare system, or emergency medical services. An unusual event may be self-limiting or a precursor to an emergency system activation. Unusual events can include both planned events (e.g., large public gatherings or events like protests, Public Safety Power Shutoff events (PSPS), concerts, sporting events, etc.) and unplanned events (e.g., earthquake, wildfire, loss of power, flood, etc.).

NOTIFICATION

The following conditions should trigger *notification* of the MHOAC program:

- An incident that significantly impacts or is anticipated to impact Public Health, Environmental Health, Behavioral/Mental Health, or Emergency Medical Services.
- An incident that disrupts or is anticipated to disrupt the OA Public Health and Medical System.
- Activation of the OA Emergency Operations Center (EOC) or Public Health Department Operations Center (DOC).
- Local resources are depleted or soon to be depleted.
- An incident where resources are needed or anticipated to be needed beyond the capabilities of the OA, including those resources available through existing agreements.
- An incident where mutual-aid resources have been requested from outside the county.
- An incident that produces media attention and/or is politically sensitive.
- An incident that leads to a regional or state request for information or mutual aid; and/or
- An incident in which increased information flow from the OA to the region and the state will assist in the management or mitigation of the incident's impact.

Examples include hospital evacuation, multi-casualty incident (MCI), diversion of ambulances or medical/health resources from the local hospital, a planned event with potential major impact on medical/health resources, and when the local hospital activates internal and/or external emergency plans.

ACTIVATION AND RESPONSE

Upon notification, the MHOAC will *activate* at a level of response that is scalable and reflective of the nature of the incident and its impact on the capacity of the public health and medical system.

The MHOAC will evaluate whether the OA should operate at a routine “day-to-day” level with Duty Officer status or, due to a single large event or cumulative effect of multiple smaller events, should operate at one of the following levels:

- ☐ Unusual Event/ Emergency handled within EMS or public health system *without* MHOAC
- ☐ Unusual Event/Emergency handled within OA with MHOAC
- ☐ Unusual Event/Emergency with another OA assisting MHOAC
- ☐ Unusual Event/Emergency with RDMHC, other regional OAs and MHOAC
- ☐ Unusual Event/Emergency with MHOAC, RDMHC, and State
- ☐ Catastrophic Event requiring Federal and State assistance, RDMHC and MHOAC

Incidents with a public health and medical impact will require communication and coordination with multiple county departments and stakeholder agencies within the OA. The processes and procedures for notifying the appropriate departments and agencies are essential to San Benito’s response efforts and are included in Appendix 6.

2.2 SITUATION STATUS AND REPORTING

An essential function of the MHOAC is developing and sharing a common operating picture by assessing the local, regional, and state situations and the impact those situations have on the San Benito County healthcare system. *Situation status reports* are used to disseminate the information and the situational information is shared with appropriate partners as soon as possible, and throughout the incident, to achieve and maintain the common operating picture.

A SIT REP SHOULD BE FILED WITH THE REGION II RDMHC/S WITHIN
TWO HOURS OF ANY NEW EVENT THAT RESULTS IN A SIGNIFICANT
IMPACT TO THE SAN BENITO OA MEDICAL HEALTH SYSTEM.

Additionally, the MHOAC will make periodic inquiries to healthcare partners and agencies in order to assess the San Benito OA medical/health system status and capacity for current and projected system demand. It is imperative that the MHOAC assess and monitor the status of San Benito OA resources, including medical transportation, hospital status, and bed capacities.

Pertinent information will be shared with San Benito OA service providers, EOC/DOC command staff, and the Region II RDMHS to ensure situational awareness throughout the OA. The State

MEDICAL HEALTH OPERATIONAL AREA COORDINATOR PLAN

EOM has a standard reporting format for situation status reports to the RDMHS. San Benito County has an abbreviated Flash Report (Appendix 4) which can be utilized for initial reports.

The MHOAC is responsible for preparing the Medical and Health Situation Report (Sit Rep) for the OA. The Sit Rep will be shared with relevant county departments and stakeholder agencies, including, at a minimum, the RDMHC/S, CDPH and the EMSA.

ESSENTIAL ELEMENTS OF INFORMATION (EEI)

A minimum set of data elements should be included in all Situation Reports. Please refer to the table below:

Report Type	<ul style="list-style-type: none"> • Initial • Update • Final
Report Status	<ul style="list-style-type: none"> • Advisory: No Action Required • Alert: Action Required
Report Creation Date/Time	<ul style="list-style-type: none"> • Date • Time
Incident Information	<ul style="list-style-type: none"> • Operational Area • Mutual Aid Region • Incident Name • Incident Date • Incident Time • Incident Location • Estimated Population Affected • Public Health and Medical Incident Level
Report Creator Information	<ul style="list-style-type: none"> • Name • Agency • Position • Contact information
Current Condition of the Public Health and Medical System	<ul style="list-style-type: none"> <input type="checkbox"/> Green: Usual day-to-day status. Situation resolved; no assistance required. <input type="checkbox"/> Yellow: Managing incident using local resources/existing agreements. No assistance required. <input type="checkbox"/> Orange: Requires assistance from within the local jurisdiction/OA. <input type="checkbox"/> Red: Requires assistance from outside the local jurisdiction/OA. <input type="checkbox"/> Black: Requires significant assistance from outside the local jurisdiction/OA.

MEDICAL HEALTH OPERATIONAL AREA COORDINATOR PLAN

	<input type="checkbox"/> Grey: Unknown
Prognosis	<ul style="list-style-type: none"> • No Change • Improving • Worsening
Current Situation	Describe
Current Priorities	Describe
Critical Issues/Actions Taken	Describe
Activities	Describe
Emergency Proclamations/Declarations	Describe
Health Advisories/Orders	Describe
Primary Public Health and Medical Contact within OA	<ul style="list-style-type: none"> • Name • Agency • Title • Contact information

2.3 RESOURCE REQUESTING

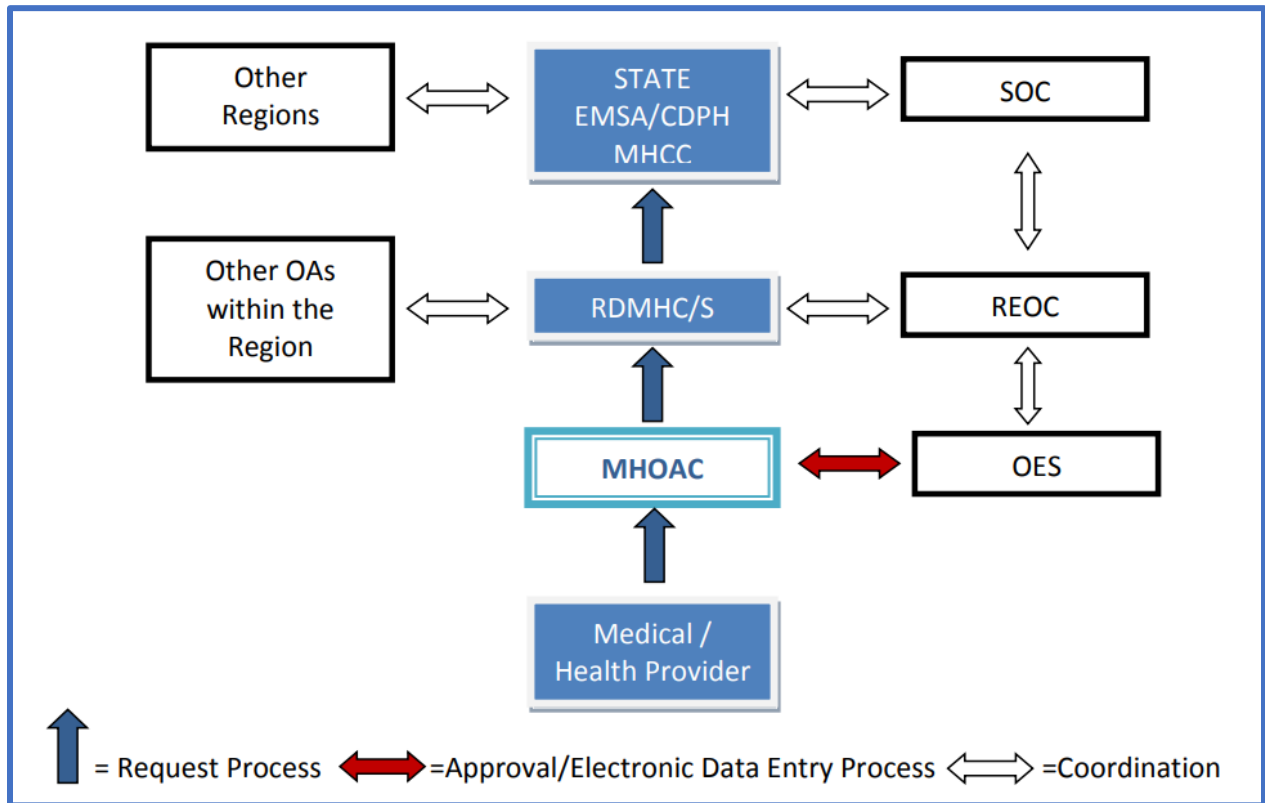
The MHOAC coordinates medical health resource ordering within the San Benito OA by first utilizing all available suppliers and local caches. [General resource requests that are not medical in nature may be referred to your local Office of Emergency Services (OES).]

If the MHOAC cannot fulfill a request using local sources, they may request public health and medical resources from outside of the OA via the Region II RDMHC/S.

If regional resources are inadequate or delayed, the RDMHC/S Program will forward the request to the State. If in-State resources are unable to fill the request in a timely manner, the State will request Federal assistance through the California Office of Emergency Services (Cal OES). Acting through Cal OES, the Governor will request Strategic National Stockpile (SNS) via the Department of Homeland Security.

Regional and State resources are requested through the Public Health Ordering System (PHOS) on the web-based Sales Force platform.

MEDICAL HEALTH OPERATIONAL AREA COORDINATOR PLAN



RESOURCE REQUEST PROCESS

1. Requesting agency or healthcare facility must contact the MHOAC program.
 - a. MHOAC may/may not activate EOC or DOC depending on nature of event.
2. Requesting agency complies with California EOM by completing minimum data elements for Resource Requests:
 - a. Submit Med-Health Situation Report or Flash Report as soon as possible.
 - b. Describe current situation.
 - c. Describe the requested mission, for example “ability to transport 20 critically injured pediatric patients.”
 - d. Describe the needed equipment, supplies, personnel, etc. and acceptable alternatives.
 - e. Provide contact information and specific delivery location.
 - f. Indicate if logistical support is required (e.g. food and shelter for personnel, fuel for equipment.)
 - g. Indicate urgency of need.
3. The MHOAC will:
 - a. Check local inventory.
 - b. Notify HCC members and/or OA healthcare partners what resources are being requested to determine if items are available within the operational area.
 - c. If the requested resources are available from within the operational area:

MEDICAL HEALTH OPERATIONAL AREA COORDINATOR PLAN

- i. The MHOAC prioritizes the deployment and communicates that information to both the requesting and filling organizations.
- ii. MHOAC includes copies of the request with financial agreements (if applicable.)
- d. If the requested resources are not available within the operational area:
 - i. The MHOAC submits a request in the California Office of Emergency Services (OES) Public Health Ordering System (PHOS), commonly referred to as “Sales Force”.
 - ii. A current OA Sit Rep must be on file with the RDMHS or accompany the request via email.
 - iii. The RDMHS either approves or denies the request in Sales Force.
 - If available, the resource is filled regionally.
 - If not available in Region II, the request continues to the State level.

RESOURCE TRACKING AND MANAGEMENT

The MHOAC tracks all resources given and received in and outside of the OA. When receiving resources, the MHOAC must track receipt of the resource(s), condition of the resource(s), and anticipated return date/times.

In addition, a local entity providing resources may send a representative along with the resource(s) to coordinate with the respective liaison at the receiving agency or organization. The RDMHC/S tracks all resources between OAs within his/her region and to other regions.

The MHOAC will track the receipt, use, and distribution/dispensing of all equipment or supplies received from the Region or State by the OA. These resources are tracked in PHOS/Sales Force by use of Distribution Plans. MHOAC staff should be trained on the use of PHOS/Sales Force. The MHOAC should develop and use spreadsheet templates (e.g., Excel) and other inventory systems for use within the OA, as needed, to track OA resources.

3.0 MEDICAL HEALTH MUTUAL AID SYSTEM

To ensure adequate resources are available to meet the needs of the San Benito County OA Medical and Health response system, the MHOAC coordinates all medical and health resource requests related to the San Benito operational area. Please refer to Annex A, the California EOM, for more detailed information regarding mutual aid requests and procedures in the State of California.

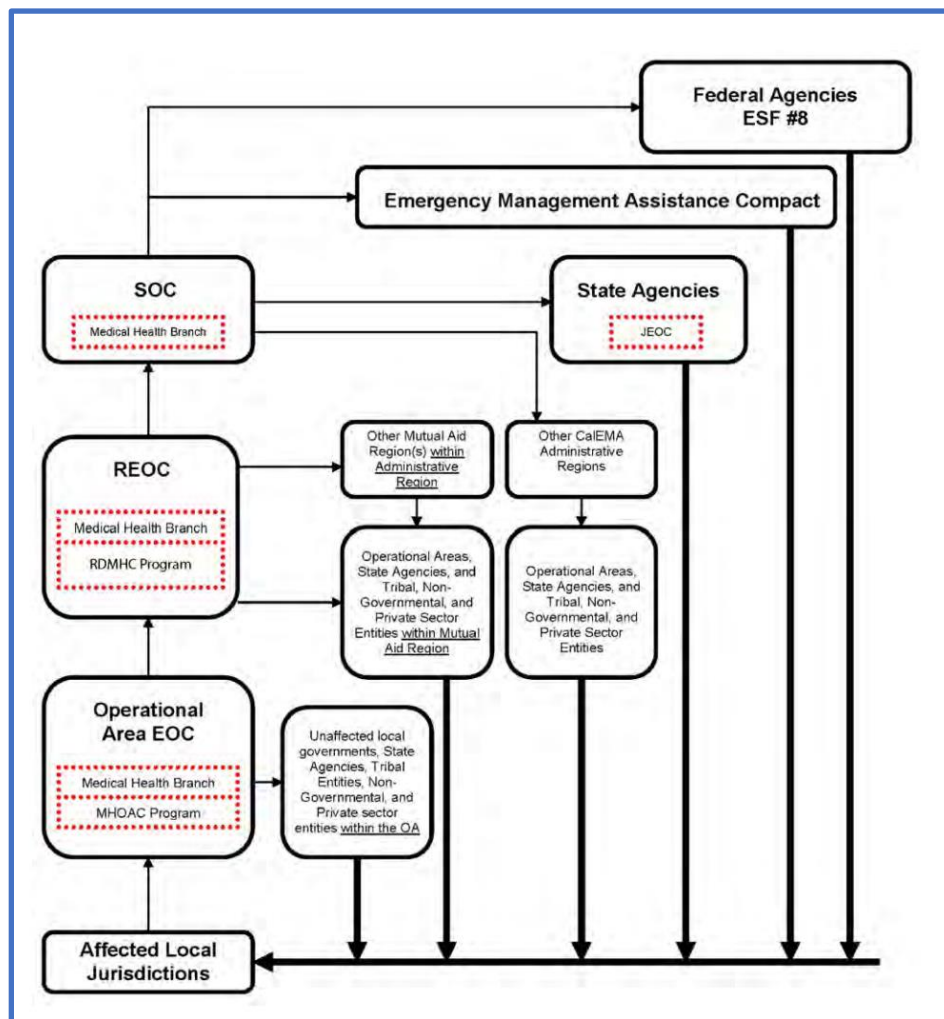
Requests for additional resources can be initiated by local medical-health providers, Incident Commanders, EOC Directors, Office of Emergency Services, or the RDMHS/C.

MEDICAL HEALTH OPERATIONAL AREA COORDINATOR PLAN

The MHOAC is responsible for managing disaster medical resources, including personnel, equipment, and supplies. Resource management includes assessing disaster medical response needs, tracking available resources, and requesting or providing mutual aid the status of local available resources within the operational area is assessed before requesting outside resources or submitting a resource request to RDMHS/C.

Following an assessment of local resources, the *MHOAC may request or provide mutual aid as conditions warrant*. The MHOAC acts as the single ordering authority for OA medical and health mutual aid requirements. If necessary, the MHOAC may also request the EOC or a DOC be activated to support the public health or medical event warranting mutual aid.

FLOW OF RESOURCE REQUESTS AND ASSISTANCE DURING EMERGENCIES



FINANCIAL REIMBURSEMENT

Generally, requesting entities are responsible for paying for any requested resources. If a local, state, or federal emergency or disaster is proclaimed/declared, there may be financial relief available if certain thresholds are met. If relief funding becomes available as part of the recovery process, *documentation of all expenses is required to receive reimbursements or other forms of assistance.*

PRE-EVENT MOU'S AND/OR AGREEMENTS IN PLACE WITH PARTNER AGENCIES WILL EXPEDITE REIMBURSEMENT.

To qualify for disaster-related assistance through state and federal programs, documented eligible expenses must be:

- ☐ Required as the direct result of the declared emergency or major disaster.
- ☐ Located within the designated area, except for sheltering, evacuation activities and mobilization centers, which may be located outside the designated disaster area.
- ☐ The legal responsibility of the eligible applicant at the time of the disaster; and
- ☐ Pre/Post-event agreements with procurement entity are required for reimbursements.

4.0 POLLING AND REPORTING

Coordination of patient distribution is one of the 17 Functions of the MHOAC Program; therefore, bed polling and reporting (number and type) is the responsibility of the MHOAC program. Real time available bed polling is needed during an incident to optimize patient dispersal within the OA or upon the request of the RDMHC/S or State.

BED POLLING EXAMPLES:

Type of Incident	Type of Availability	Example of Bed Type	
Mass Casualty Incident	Triage Type	Red/Immediate Yellow/Delayed Green/Minor	
Emergencies & Disasters	Bed Type (HAvBED)	Medical Surge ICU O/R Pediatric Burn	
Skilled Nursing Facilities	Bed Type	Gender Isolation Ventilator	Bariatric Secured

SITUATIONAL AWARENESS

Healthcare facilities are required to submit a Sit Rep to the MHOAC during an incident or upon request. Sit reps should include information regarding:

- Damage (e.g., infrastructure, utilities) to healthcare facilities
- Status of Healthcare Facility Command Center activation
- Emergency Department Status (e.g., Closed, Partial, Open) (HAvBED and/or SitRep)
- Evacuation Status (e.g., None, Partial, Full)
- Available Decontamination (HAvBED or SitRep)

Other resource availability, including:

- Staffed ventilators for adults and pediatric patients (HAvBED)
- Implementation of various surge strategies
- Anticipated staff shortages

Any anticipated resource shortages, including:

- General medical supplies
- Pharmaceuticals
- Personal Protective Equipment (PPE)
- Ancillary supplies to care for ventilator patients

HAvBED POLLING

Hospital Available Beds for Emergencies and Disasters (HAvBED) was created by the federal government to standardize the terms for the various bed types found in hospitals when surveying available beds.

The information from HAvBED polls is used to gauge hospital capacity and possible strains on patient care or to plan for the receipt of evacuated patients or plan for hospital evacuation in the event of a significant disaster.

MEDICAL TRANSPORTATION RESOURCE POLLING

San Benito County has an Evacuation and Mass Transportation Plan (Annex B.) Additionally, the MHOAC Program will maintain a listing of ground and air medical resources (e.g., BLS, CCT, ParaTransit, etc.) for use in disasters and large incidents when dedicated EMS providers are overwhelmed.

The San Benito MHOAC program will utilize its web-based polling system (ReddiNet) for polling air medical and ground ambulance providers for mutual aid. The MHOAC will be prepared for any additional medical transportation requests from the field within the OA or from requesting OAs within Region II. Refer to Annex B for the San Benito County Operational Area Evacuation and Mass Transportation Plan.

MEDICAL HEALTH OPERATIONAL AREA COORDINATOR PLAN

APPENDIX 1. ACRONYMS

ACRONYM	DEFINITION
BH/MH	Behavioral Health/Mental Health
CDPH	California Department of Public Health
DMOP	Disaster Medical Operations Plan
DOC	Department Operations Center
EHS	Environmental Health Services
EMS	Emergency Medical Services
EMSA	Emergency Medical Services Authority
EOC	Emergency Operations Center
EOM	Emergency Operations Manual
EOP	Emergency Operations Plan
EPR	Emergency Preparedness and Response
HAvBED	Hospital Available Beds for Emergencies and Disasters
HCC	Healthcare Coalition
HHSA	Health and Human Services Agency
ICS	Incident Command System
LEMSA	Local Emergency Medical Services Agency
LHO	Local Health Officer
MHCC	Medical and Health Coordination Center
MHOAC	Medical and Health Operational Area Coordinator
NIMS	National Incident Management System
OA	Operational Area
OES	Office of Emergency Services
PPE	Personal Protective Equipment
PHOS	Public Health Ordering System (Sales Force)
RDMHS/C	Regional Disaster Medical Health Specialist/Coordinator
Sit Rep	Situational Reports
SME	Subject Matter Expert
SNF	Skilled Nursing Facility
SNS	Strategic National Stockpile

MEDICAL HEALTH OPERATIONAL AREA COORDINATOR PLAN

APPENDIX 2. RELEVANT TRAININGS

- | | |
|--|---|
| <ul style="list-style-type: none"> ICS 100: Introduction to Incident Command System ICS 200: ICS for Single Resources and Initial Action Incidents ICS 300: Intermediate ICS for Expanding Incidents ICS 400: Advanced ICS for Command and General Staff | <ul style="list-style-type: none"> ICS 700A: National Incident Management System (NIMS) ICS 701A: NIMS Multiagency Coordination System (MACS) ICS 702: NIMS Public Information Systems ICS 703: NIMS Resource Management ICS electives as needed |
|--|---|

Familiarity with:

- | | |
|--|--|
| <ul style="list-style-type: none"> Bio Watch Training California Health Alert Network (CAHAN) Training Emergency Vehicle Operations Course (EVOC) California Public Health and Medical Emergency Operations Manual (EOM) Training Standardized Emergency Management System (SEMS) Training Cal OES State Credentialing Program | <ul style="list-style-type: none"> CHEMPACK Training Technical Emergency Response Training for CBRNE Incidents (TERT) Training Hospital Emergency Response Training (HERT) Refresher courses (<i>as needed</i>) Environmental Health Training for Emergency Response (EHTER) Behavioral Health Training Nursing Home ICS (NHICS) Hospital ICS (HICS) |
|--|--|

Competency in the following:

- Incident Documentation, including: the California Public Health and Medical Emergency Operations Manual (EOM) State SitRep; Resource Request Medical Health (RR MH); ICS 214; and MHOAC SitRep.
- Radio communications
- ReddiNet
- CAHAN
- WebEOC
- OES Public Health Ordering System (Sales Force – PHOS)
- Disaster Healthcare Volunteers (DHV)
- Community Emergency Response Teams (CERT)

MEDICAL HEALTH OPERATIONAL AREA COORDINATOR PLAN

APPENDIX 3. MHOAC ALERT CHECKLIST

☐ **Following receipt of an alert or notification of an unusual event, identify:**

- Does the threat or incident have medical or health implications?
- Is the threat immediate?
- Is immediate response necessary?

If it is determined that this incident is immediate and will impact medical health operations:

☐ **Take appropriate, immediate action.**

- Provide appropriate advice/direction to the alerting entity
- Are resources needed immediately? Identify resources for immediate response.
- Is full activation/response needed? Alert all MHOAC staff to respond.
- Should the Health Officer be alerted/consulted? Contact Health Officer.

☐ **Alert MHOAC Program Staff using the call down list.**

- Instruct whether response is necessary
- Identify reporting location and time to report

☐ **Notify Region II RDMHC/S.** Provide the following information in a Flash Report, if known:

- Brief description of incident
- Anticipated support and/or resource needs (if any)
- Communicate the anticipated time when a formal Med-Health Situational Report (SitRep) will be submitted

☐ **Notify critical partners** – immediate notification as necessary, advisory notifications can be delayed to business hours.

- San Benito County Office of Emergency Services (OES)
- Local law enforcement officials and/or fire
- LEMSA
- Affected healthcare facilities
- Regional Epidemiologist and/or LRN Laboratory

☐ **Activate any appropriate Medical Health Response Operations Plans**

- San Benito County HHS Disaster Medical Operations Plan (DMOP)
- San Benito County Operational Area Evacuation and Mass Transportation Plan
- San Benito County Emergency Operations Plan

☐ **Identify any resource needs for the medical-health response**

- Contact local affected medical-health partners and request a SitRep and resource requests
- Complete a Medical-Health Resource Request form and submit to: RDMHS/C and CDPH/EMSA (MHCC when activated) accompanied by a SitRep for the Operational Area

☐ **Use ICS Forms for proper documentation of the incident**

MEDICAL HEALTH OPERATIONAL AREA COORDINATOR PLAN

APPENDIX 4. FORMS

- Medical Health Situation Report forms
 - Found on the California Region II Regional Disaster Medical/Health Coordination website [CA Region II RDMHS \(acgov.org\)](http://CARegionIIRDMHS.acgov.org) and below.
 - [ResourceRequestMedicalandHealthOPAREAtoREGIONSTATE.xls \(cosb.us\)](http://ResourceRequestMedicalandHealthOPAREAtoREGIONSTATE.xls)
- Resource Requests are submitted using the Cal OES PHOS Sales Force platform.
 - San Benito County has a Resource Request Form for use by local healthcare partners and facilities.

INCIDENT INFORMATION	
Incident Name:	
Request # (if applicable):	
Priority of Request:	
Mission ID (if applicable):	

TYPE OF REQUEST/ORDER	
Type	Example Resources
<input type="checkbox"/> Supplies/Equipment	N95, Surgical Masks, Gloves, Gowns, Tests
<input type="checkbox"/> Personnel	RNs, CNAs, LVNs, Med Tech, Vaccinators
<input type="checkbox"/> Other	Other resources that do not fall into above

REQUESTER INFORMATION	
First Name:	
Last Name:	
Email:	
Phone:	
Title:	
Entity Type:	

DELIVERY INFORMATION		SAME AS ABOVE
Delivery Recipient First Name:		
Delivery Recipient Last Name:		
Delivery Recipient Email:		
Delivery Recipient Phone:		
Delivery Recipient Entity Name:		
Delivery Notes:		
Delivery Address:		


ORDER SHEET	
Product Name:	
Quantity Requested:	
Item Description:	

Substitutes OK? Yes No

MEDICAL HEALTH OPERATIONAL AREA COORDINATOR PLAN

- Flash Report

- Intended to be used as a quick, information sharing tool as a prelude to a more detailed Sit Rep.
- Flash reports can be given verbally via telephone or abbreviated in text communication.
- The MHOAC program should establish communication with the Region II RDMHS as early as possible to maximize information sharing and resource availability.
- San Benito County has a Flash Report Form which includes the required elements of information.

SAN BENITO COUNTY - OPERATIONAL AREA FLASH REPORT		 OFFICE OF EMERGENCY SERVICES <small>SAN BENITO COUNTY CALIFORNIA</small> <small>COMMUNITY PREPAREDNESS</small>
INCIDENT NOTIFICATION		
Incident Name:	Incident Type:	
Notification Entity:		
Notification Type: <input type="checkbox"/> Initial <input type="checkbox"/> Update		
Notification Date:	Notification Time:	
Current Operational Status: <input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Black		
Incident Status: <input type="checkbox"/> No Change <input type="checkbox"/> Improving <input type="checkbox"/> Worsening		
REPORTING AGENCY – PRIMARY CONTACT INFORMATION		
Name:	Phone:	Email:
INCIDENT INFORMATION and ACTIVITIES SUMMARY		
<i>Use this space to report the current situation for your agency or facility. Please include all pertinent details to the unusual event or disaster that is occurring.</i>		

APPENDIX 5. ICS FORMS

Frequently used ICS forms include:

- 202 (Incident Objectives – Incident Action Plan)
- 203 (Organization Assignment List)
- 204 (Assignment List – Operations)
- 205 (Communications Plan)
- 205a (Communications List)
- 206 (Medical Plan)
- 207 (Organization Chart)
- 208 (Safety Message/Plan)
- 213 (General Message)
- 214 (Activity Log)

General ICS Forms can be found online on this website: [Emergency Management Institute | ICS Fillable Forms \(fema.gov\)](https://www.fema.gov/emergency-managment-institute/ics-fillable-forms)

MEDICAL HEALTH OPERATIONAL AREA COORDINATOR PLAN

APPENDIX 6. CONTACT MATRICES

MHOAC FUNCTION	DEPARTMENT/ DIVISION	CONTACT INFORMATION
1. Assessment of immediate medical needs	MHOAC	(831) 636-4168
2. Coordination of disaster medical and health resources	MHOAC/EMS	(831) 636-4168
3. Coordination of patient distribution and medical evaluations	LEMSA	(831) 636-4168
4. Coordination with inpatient and emergency care providers	LEMSA	(831) 636-4168
5. Coordination of out-of-hospital medical care providers	LEMSA	(831) 636-4168
6. Coordination and integration with fire agencies, personnel, resources, and emergency fire pre-hospital medical services	Fire/LEMSA	(831) 636-4168
7. Coordination of providers of non-fire based pre-hospital emergency medical services	LEMSA	(831) 636-4168
8. Coordination of the establishment of temporary field treatment sites	LEMSA	(831) 636-4168
9. Health surveillance and epidemiological analyses of community health status	Public Health Epidemiological and Surveillance Team	(831) 637-5367 (831) 471-1170 (24x7)
10. Assurance of food safety	Env Health	(831) 636-4035
11. Management of exposure to hazardous agents	Fire/EH	(831) 636-4035 (831) 636-4325 - Fire
12. Provision or coordination of Behavioral/Mental Health services	BH/MH	(831) 636-4020
13. Provision of medical and health public information protective action recommendations	PH/Health Officer/PIO	(831) 637-5367 (831) 471-1170 (24x7)
14. Provision or coordination of vector control services	Env Health	(831) 636-4035
15. Assurance of drinking water safety	Env Health	(831) 636-4035

MEDICAL HEALTH OPERATIONAL AREA COORDINATOR PLAN

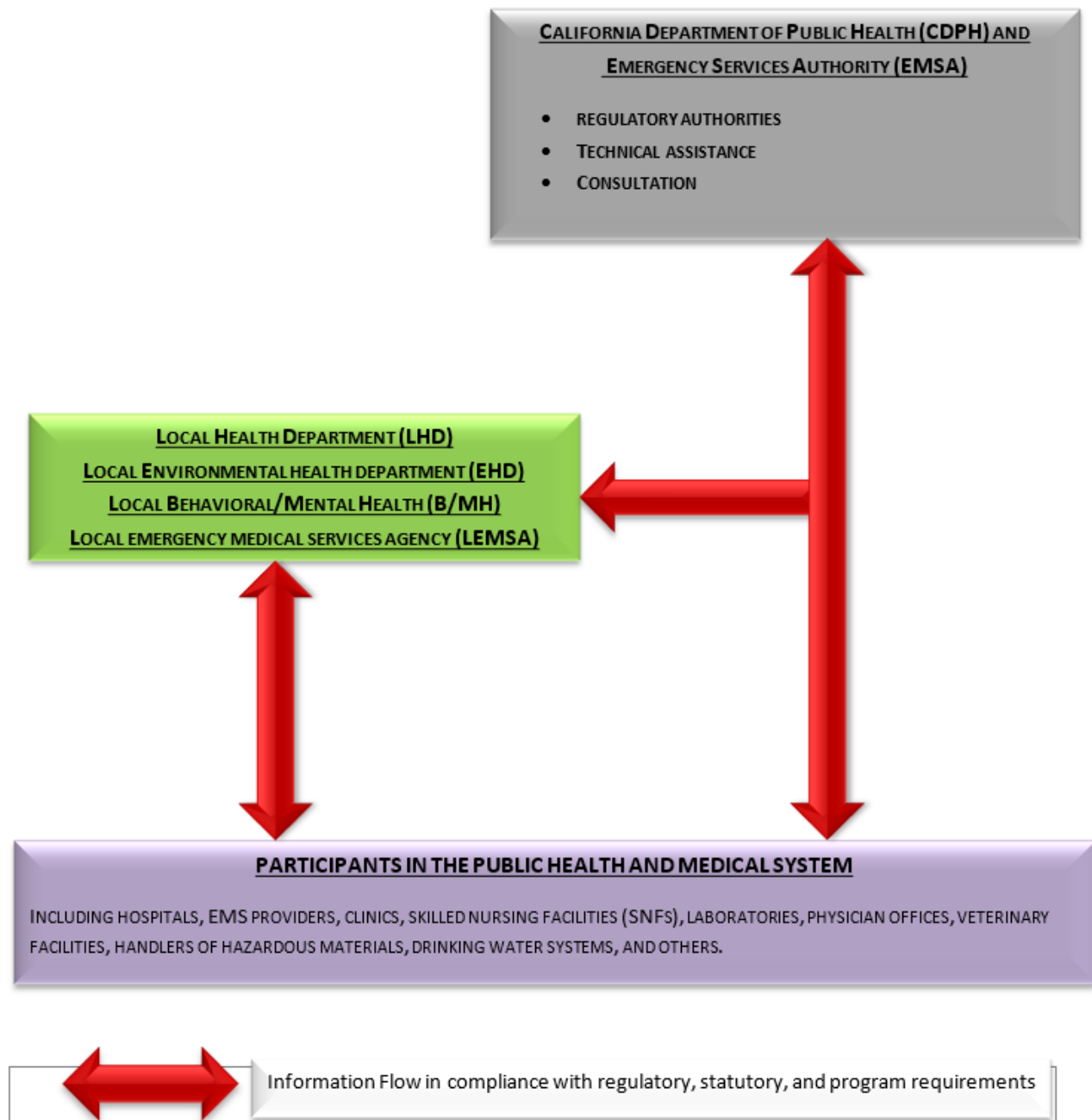
16. Assurance of the safe management of liquid, solid, and hazardous wastes	Env Health	(831) 636-4035
17. Investigation and control of communicable diseases	Public Health Communicable Disease	(831) 637-5367 (831) 471-1170 (24x7)

	AGENCIES TO NOTIFY BY INCIDENT TYPE				
	Earthquake	Flood	Fire	Infectious Disease	HazMat
Public Health	X	X	X	X	X
EMS				X	
Law					X
American Red Cross	X*	X*	X*		X*
HHS - SSD	X	X	X		
Hospitals	X	X	X	X	X
Skilled Nursing Facilities	X			X	
Dialysis				X	
Schools				X	
Behavioral Health					
Media	X	X	X	X	X

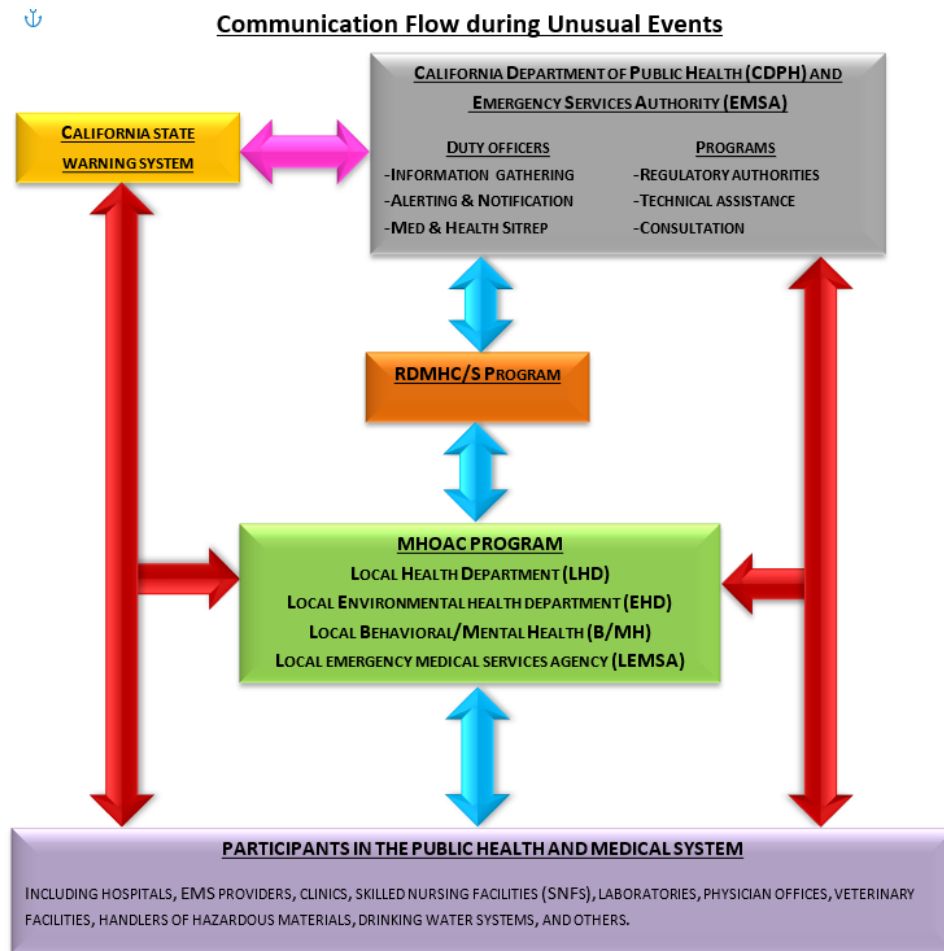
* If evacuations are ordered.

AGENCY'S METHOD OF COMMUNICATION	CAHAN	ReddiNet	Email	Landline/Mobile/ Text
CDPH/EMSA	X		X	X
RDMHC/S	X		X	X
American Red Cross			X	X
Hospitals	X	X	X	X
EMS Providers	X		X	X
Clinics			X	X
Long Term Care			X	X
Law			X	X
Fire			X	X
HHS - SSD			X	X
BH/MH	X		X	X

Communication Flow during Day-to-Day Activities (No MHOAC)



Communication Flow during Unusual Events



The most recent version of the California Emergency Operations Manual (EOM) can be found here on the California Department of Public Health website.

[California Public Health and Medical Emergency Operations Manual](#)

The San Benito County Mass Transportation and Evacuation Plan is an annex to the San Benito County Emergency Operations Plan.

[San Benito County Operational Area Emergency Operations Plan](#)



COMMUNICATIONS ADMINISTRATIVE POLICY/PROCEDURE

Policy No. 285 **Date Issued:** May 28, 2003
Section: 200 Administrative Policies **Date Revised:** June 28, 2023

SUBJECT: RECORDS RETENTION AND DESTRUCTION

APPROVED: <signed copy on file>
Amethyst Uchida, General Manager

- 1.0 The purpose of this procedure is to provide guidelines regarding the retention periods and systematic destruction of Authority records or materials.
 - 1.1 For the purpose of this procedure, records to be retained by the Authority are defined as accounting, payroll, personnel, recruitment, background, training, CLETS entry documents, recordings, Brown Act meeting material, or materials related to pending litigation.
- 2.0 Accounting and payroll records will be kept on site for a period of three (3) years. At the end of that period the records will be transferred to the County of Santa Cruz Warehouse facility and destroyed according to established County practice.
- 3.0 Recruitment and background materials related to candidates deemed ineligible for employment will be kept on site, in a secure location, for a period of two (2) years. At the end of that period the person designated by the General Manager may transfer the records to the locked shredder bin in the Communications Center for destruction. Confidential materials such as personal history statements, which were collected during the hiring process, are set to purge from the applicant tracking system after three years on January 1.
- 4.0 Recruitment and background materials related to selected candidates will be kept permanently on site in a secure location.
- 5.0 During an active recruitment, all selection materials, including promotional materials, will be stored in a secure location and disposed of in accordance with Section 3.0 or Section 4.0 of this policy.

- 6.0 The following records will be kept permanently on site.
 - 6.1 Board of Directors meeting materials
 - 6.2 User Committee meeting materials
 - 6.3 Records or materials deemed by the General Manager to be of historical value
 - 6.4 Training related materials
- 7.0 All electronic dispatch recordings are maintained in a secure location for a period of not less than 365 days. Any recording that has been extracted and saved outside of the recording software solution will be purged after 180 days.
- 8.0 Personnel files are retained and destroyed in accordance with the provisions of Policy No. 1330.
- 9.0 The following CLETS entry documents are retained for the periods listed below. CLETS entries entered on behalf of a User agency are not considered Authority records; those records belong to the agency of jurisdiction. The storage and destruction of all CLETS entry documents is administered by the designated Authority Custodian of Records.
 - 9.1 The following documents are stored and then destroyed after a minimum forty-five (45) days:
 - 9.1.1 Stolen/recovered vehicle entries
 - 9.1.2 Missing persons entries
 - 9.1.3 Restraining Order entries
 - 9.1.4 Stolen property entries
 - 9.1.5 Towed/Stored vehicle entries
 - 9.1.6 Lost/Stolen/Confiscated plate entries
- 10.0 CAD incident recall records are maintained on line for a minimum of twelve (12) months. They are archived in an electronic data base format retained for a period of not less than seven (7) years.
- 11.0 Automatic Resource Locator (ARL) records are retained based on individual agency requests. Maximum retention is one year.
- 12.0 The General Manager is responsible for records retention and destruction.

Retention Schedule: EMERGENCY SERVICES / OES / EMS

Office of Record (OFR)	Retention No.	Title and Description	Retention Period / Disposition								Comments / Reference
			Active (in office)	Inactive (Off-Site)	Total Retention	Vital?	Media Options	Ar-chives	Image: S=Scan M=Micro-fiche I=Import	Destroy Paper after Imaged & QC'd	
If the record is not listed here, refer to the Retention for County-Wide Standards											
Retentions begin when the act is completed, and imply a full file folder (e.g. last document + 2 years), since destruction is normally performed by file folder.											
HOLDS: Litigation, claims, court orders, complaints, audits, records requests and/or investigations suspend normal retention periods (retention resumes after final action - settlement).											
EMERGENCY SERVICES											
Emergency Services	EM-001	CERT - Citizen's Emergency Response Training / Neighborhood Training Course Records, Roster, etc.	5 years	5 years	10 years	Yes	Mag, Mfr, OD, Ppr		S/M/I	Yes: When Inactive	Department Preference; GC §26202
Emergency Services	EM-002	EMERGENCY PLANS / Disaster Preparedness Manuals, etc.	When Superseded		When Superseded	Yes	Mag, Mfr, OD, Ppr		S/M/I	No	GC § 26202
Emergency Services	EM-003	EMS Complaints / CQI (Continuous Quality Improvement) / Quality Assurance	3 years		3 years		Mag, Ppr				Statute of Limitations for health providers is 3 years; 13 CCR 1100.7, CCP §340.5, GC §26202.
Emergency Services	EM-004	EOC Activations & After Action Reports	5 years	5 years	10 years	Yes	Mag, Mfr, OD, Ppr		S/M/I	No	Department Preference; GC §26202
Emergency Services	EM-005	FEMA / OES REIMBURSEMENTS	5 years	5 years	10 years		Mag, Mfr, OD, Ppr		S/M/I	No	Department Preference; GC §26202
Emergency Services	EM-006	HIPAA Policies and Procedures (Health Insurance Portability and Accountability Act)	Superseded + 6 years		Superseded + 6 years		Mag, Mfr, OD, Ppr		S	Yes: After QC & OD	24 CFR 164.530(i)
Emergency Services	EM-007	PARAMEDIC CONTINUING EDUCATION ROSTERS and Certificates	4 years		4 years		Mag, Mfr, OD, Ppr		S	Yes: After QC & OD	Department preference: Paramedic Continuing Education is required for 4 years by DPH; 8 CCR §3204(d)(1) et seq., 8 CCR §3203 et seq., 29 CFR 1627.3(b)(ii), LC §6429(c); GC §§12946, 12960, 26202

Retention Schedule: EMERGENCY SERVICES / OES / EMS

Office of Record (OFR)	Retention No.	Title and Description	Retention Period / Disposition								Comments / Reference
			Active (in office)	Inactive (Off-Site)	Total Retention	Vital?	Media Options	Ar-chives	Image: S=Scan M=Micro-fiche I=Import	Destroy Paper after Imaged & QC'd	
If the record is not listed here, refer to the Retention for County-Wide Standards											
Retentions begin when the act is completed, and imply a full file folder (e.g. last document + 2 years), since destruction is normally performed by file folder.											
HOLDS: Litigation, claims, court orders, complaints, audits, records requests and/or investigations suspend normal retention periods (retention resumes after final action - settlement).											
Emergency Services	EM-008	PATIENT CARE REPORT DATABASE / Emergency Medical Database / e-PCR Database	Minimum 20 years		Minimum 20 years	Yes	Mag				Department preference when e-PCRs are stored in the database (20 years for retention of Juveniles and Pregnant Adults); GC §26202, 26202 et seq. CCP §340.5, GC §26202; H&S §§1797.98(e) 123145; 42 CFR 482.24(b); 9 CCR 9444, 22 CCR 70751(c) & 71551(c); 22 CCR 70751(c), 71551(c), 73543(a), 74731(a), 75055(a), 75343(a), 77143(a), W&I 14124.1; CMS Pub. 100-4, Chapter 1, Section 110.3
Emergency Services	EM-009	PUBLIC INFORMATION / Disaster Preparedness Public Education (when produced internally)	When No Longer Required - Minimum 2 years		When No Longer Required - Minimum 2 years		Mag, Mfr, OD, Ppr		S/M/I	Yes: When Inactive	GC § 26202

TABLE 9: FACILITIES

County: San Benito

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

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

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

Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input checked="" type="checkbox"/> Level IV
---	---	---	---

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

¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

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

TABLE 11: DISPATCH AGENCY

County: San Benito

Reporting Year: 2023

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

Name:		Primary Contact: Stephanie French, Operations Manager	
Address:		<u>Santa Cruz Regional 911 (SCR911)</u>	
		<u>495 Upper Park Road</u>	
		<u>Santa Cruz, CA 95065</u>	
Telephone Number:		<u>831-471-1000</u>	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD Training <u>30</u> EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: <u>EMS</u>		If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal