



**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

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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.

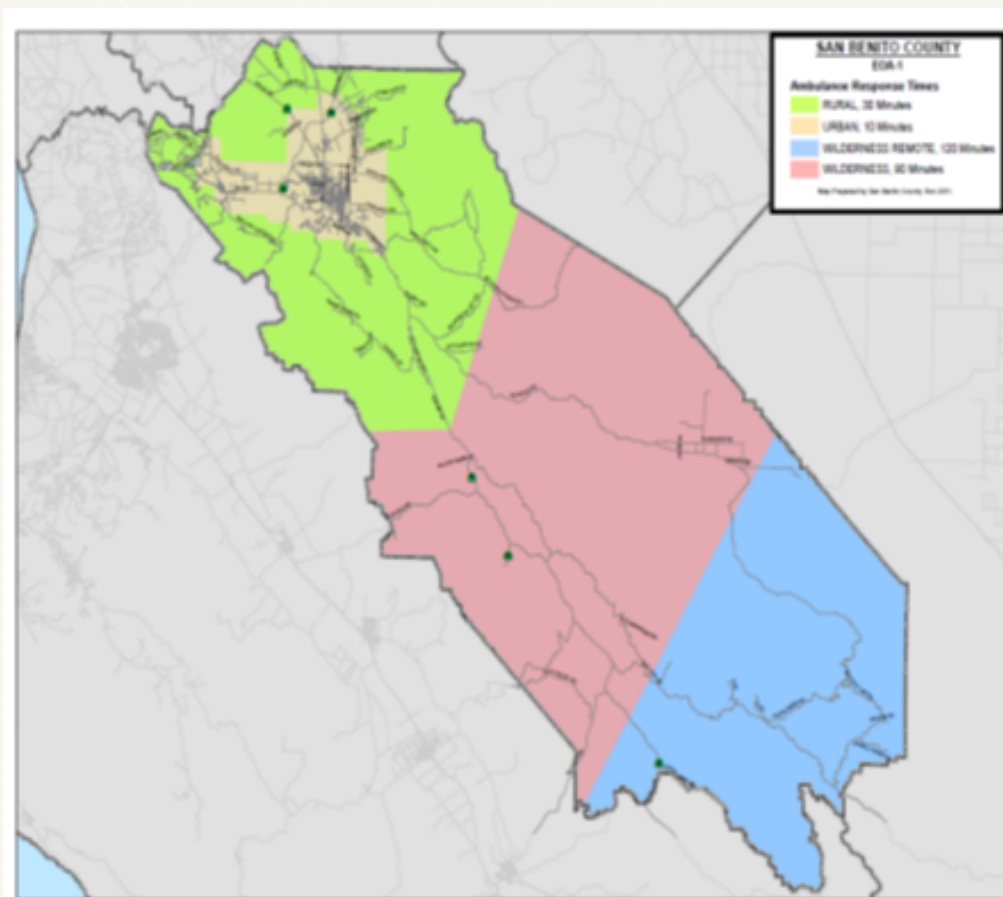
Hazel Hawkins is also the only hospital in San Benito County, providing a Level IV Trauma Emergency Department along with 25 beds for in-patient care.

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.

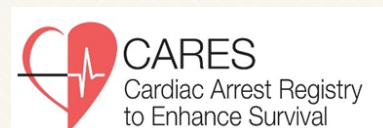
American Medical Response is required by contract to be in compliance with response time standards in ninety percent (90%) or more of all 911 emergency events in which a ground transport ambulance arrives on scene, measured monthly, to meet the specified response times. American Medical Response had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

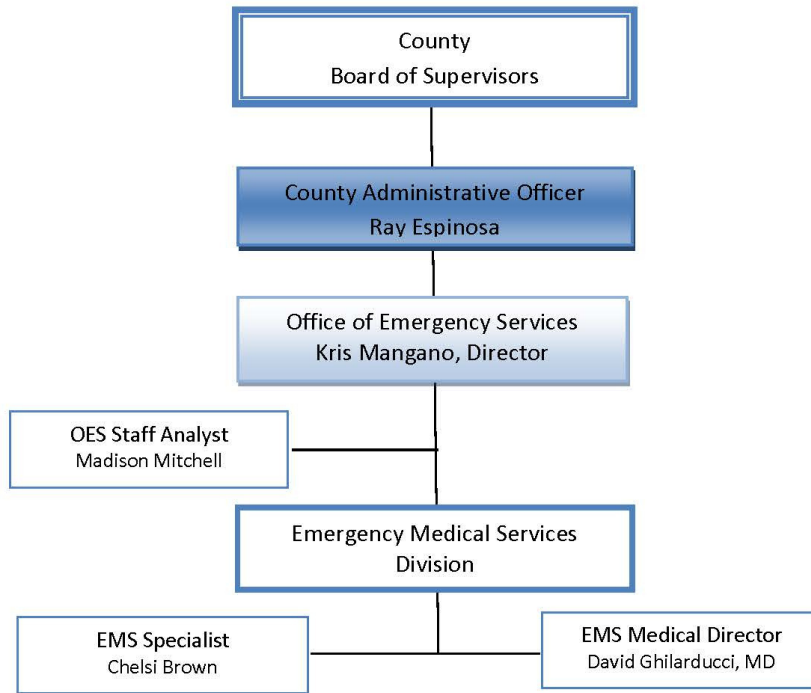
Active Attacker Training/Disaster Response

- 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					

1TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT

Reporting 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) | <u>100</u> % |

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

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

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

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

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

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

5. EXPENSES

Salaries and benefits (All but contract personnel)	<u>\$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:	<p>Base hospital application fees <u>0.00</u></p> <p>SYSTEM ORGANIZATION AND MANAGEMENT (cont.)</p> <p>Trauma center application fees <u>0.00</u></p> <p>Trauma center designation fees <u>0.00</u></p> <p>Pediatric facility approval fees <u>0.00</u></p> <p>Pediatric facility designation fees <u>0.00</u></p> <p>Other critical care center application fees <u>0.00</u></p> <p>Type: _____</p> <p>Other critical care center designation fees <u>0.00</u></p> <p>Type: _____</p> <p>Ambulance service/vehicle fees <u>4,105.00</u></p> <p>Contributions <u>0.00</u></p> <p>EMS Fund (SB 12/612) <u>81,270.82</u></p> <p>Other grants: _____ <u>0.00</u></p> <p>Other fees _____ <u>0.00</u></p> <p>Other (specify): <u>Hollister Hills Services</u> <u>16,625.00</u></p> <p>TOTAL REVENUE <u>\$625,498.82</u></p>
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**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	\$ 0.00
EMS dispatcher certification	0.00
EMT-I certification	135.00
EMT-I recertification	90.00
EMT-defibrillation certification	0.00
EMT-defibrillation recertification	0.00
AEMT certification	0.00
AEMT recertification	0.00
EMT-P accreditation	0.00
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	0.00
MICN/ARN recertification	0.00
EMT-I training program approval	1,053.00
AEMT training program approval	0.00
EMT-P training program approval	1,250.00
MICN/ARN training program approval	0.00
Base hospital application	0.00
Base hospital designation	0.00
Trauma center application	0.00
Trauma center designation	4,700.00
Pediatric facility approval	0.00
Pediatric facility designation	0.00
Other critical care center application	
Type: <u> STEMI </u>	
Other critical care center designation	
Type: _____	
Ambulance service license	650.00-BLS 750.00-ALS
Ambulance vehicle permits	150.00-ALS
Other: _____	105.00-BLS
Other: _____	0.00
Other: _____	0.00

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

TABLE 3: STAFFING/TRAINING

Reporting Year: 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 |
-

TABLE 5: RESPONSE/TRANSPORTATION

Reporting Year: 2023

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

- Number of EMT-Defibrillation providers 5

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

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

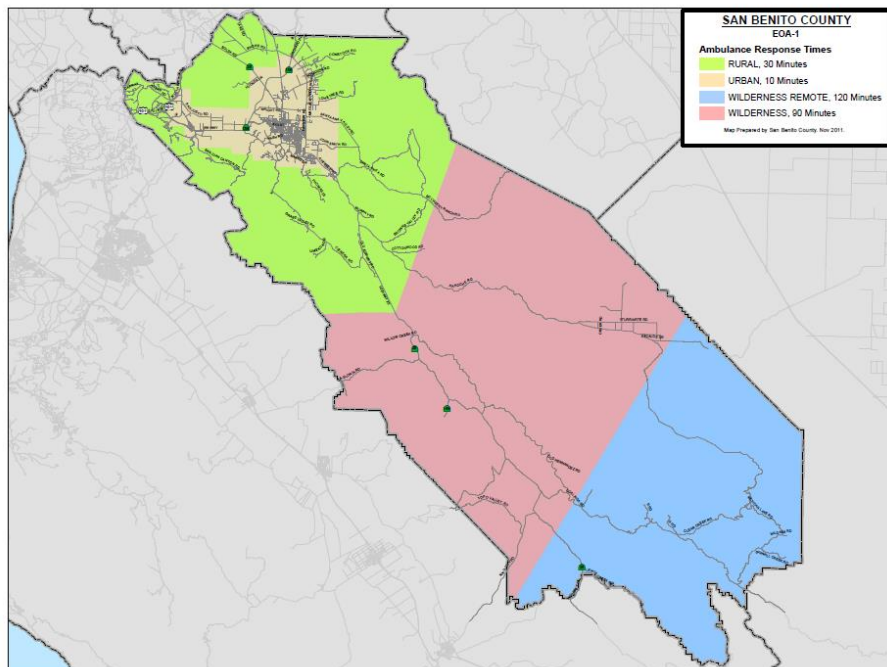


TABLE 6: FACILITIES/CRITICAL CARE

Reporting Year: 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 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:** American Medical Response **Response Zone:** EOA

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

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

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

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

Table 8: Resource Directory

Reporting Year: 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 **Number of Ambulance Vehicles in Fleet:** 0
Aromas, CA 95004

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

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

208	85
Total number of responses	Total number of transports
208	85
Number of emergency responses	Number of emergency transports
0	0
Number of non-emergency responses	Number of non-emergency transports

Air Ambulance Services

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

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 **Number of Ambulance Vehicles in Fleet:** 3
McClellan, CA 95652

Phone Number: (916) 921-4000 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3 in our area 24/7

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input 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
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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
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<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
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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. 18SI, or R. 12 and 13 E., M. D. B. & M., crosses the same; thence northerly along said range line to the northeast corner of T. 18 S., R. 12 E., ; thence northerly along said township line to the south line of T. 16 N., R. 13 E., M. D. B. & M., thence west to the southeast corner of T. 16 S., R. 12 E., M. D. B. & M.; thence northwest in a straight line to the northeast corner of T. 14 S., R. 9 E.; thence in a straight line northwesterly, running toward the northeast corner of T. 13 S., R. 7 E., to a point where said line intersects the county line between San Benito and Merced; thence along the boundary line between San Benito and Merced to the northeast corner of San Benito and southeast corner of Santa Clara; thence following the county line between Santa Clara and San Benito to the place of beginning.

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

Include intent of local EMS agency and board action.

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

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

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

Emergency Ambulance Service at 911 Emergency Response/ALS Ambulance

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

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

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

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

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