

EMS Plan Annual Update 2017



San Benito County Office of Emergency Services
Emergency Medical Services Division
EMS Plan Annual Report 2017

Summary

The EMS Plan Update for the County of San Benito is intended to meet the requirements of the California Health & Safety Code, Division 2.5, § 1797.254. There are no significant changes from our 2016 EMS Plan Update that was approved by the Authority in February 2018. All data is for calendar year 2017 except budget data, which is for Fiscal Year 2017-2018. It is my pleasure to present this update on behalf of the County of San Benito.

Sincerely,

Kris Mangano

Kris Mangano
EMS Coordinator



Contents

Summary	1
Contents	2
Goals & Objectives.....	3
Organizational Chart	4
Table 1	5
Table 2	14
Table 3	19
Table 4	20
Table 5	21
Table 6	22
Table 7	23
Table 8	25
Table 9	31
Table 10	32
Table 11	33
Progress/Objectives	34
Ambulance Zone Summary Form.....	35

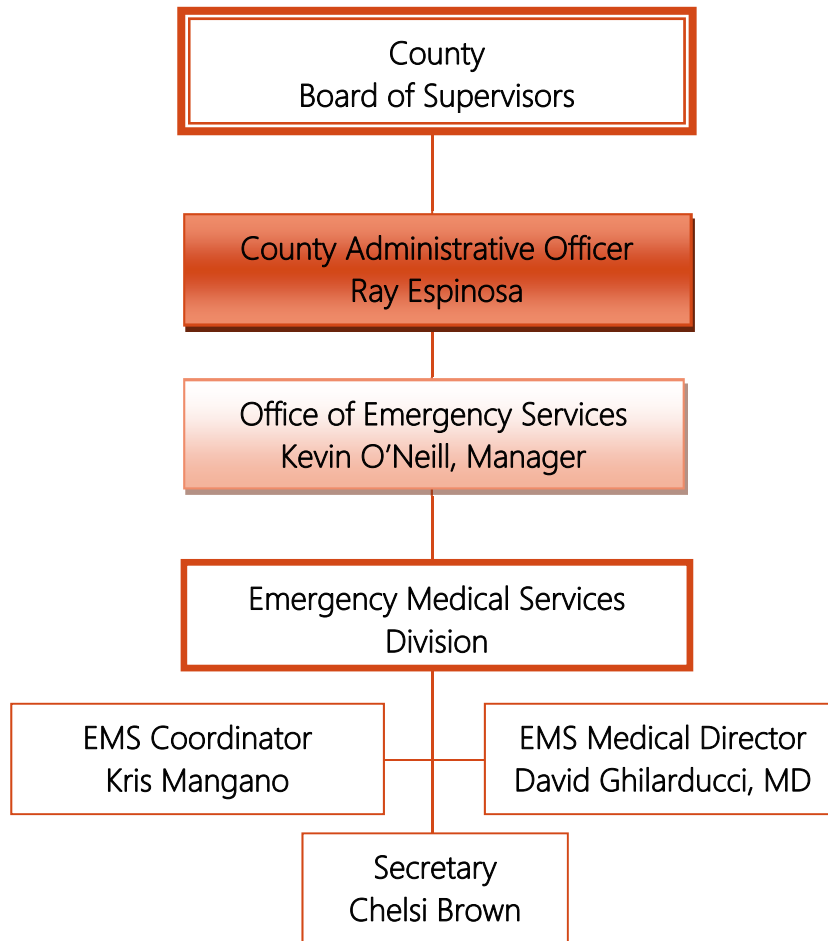


Goals & Objectives

- Improve Cardiac Arrest Survival Rates
 - We recently purchased and distributed over 30 Automatic External Defibrillators (AEDs) to county and city buildings, public buildings and several community parks.
 - Encouraging bystander CPR through county-wide “Hands-Only CPR” events.
 - Participation in the CARES program to monitor cardiac data
- Local Trauma Care Center
 - Participation and coordination of Hazel Hawkins’ Hospital verification as a Level IV Trauma Center.
 - Collect, verify and evaluate trauma data from the Level IV Trauma Center.
- Disaster Response
 - Participate in the Hospital Preparedness Program (HPP) by planning and implementing disaster drills, including tabletop and functional exercises.
 - Continued implementation and training of EMS policies related to multi-casualty incidents, including pre-hospital, hospital, dispatch and EMS Agency responses.
- Public Information & Education
 - Continue to sponsor “Hands-Only CPR” events
 - Release of media information and participation in media events related to emergency medical services.
 - Participation with county-wide organizations
 - Executive Committee for San Benito County Opioid Task Force.
 - Board Member for Emmaus House, a domestic violence shelter for women and children.



COUNTY OF SAN BENITO ORGANIZATIONAL CHART



San Benito County Emergency Medical Care Committee (EMCC), acts in an advisory capacity to the Board of Supervisors and the EMS Director in regards to operational and medical issues. Per the bylaws, the EMCC shall advise and recommend EMS systems planning and oversight to the Board of Supervisors.



TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

B. STAFFING/TRAINING

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

C. COMMUNICATIONS

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

D. RESPONSE/TRANSPORTATION

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

E. FACILITIES/CRITICAL CARE

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

F. DATA COLLECTION/SYSTEM EVALUATION

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

G. PUBLIC INFORMATION AND EDUCATION

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

H. DISASTER MEDICAL RESPONSE

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

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT

Reporting Year: 2017

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 County

- | | |
|---|-------------|
| 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: Emergency Medical Services Agency is a Division of the Office of Emergency Services

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 | ✓ |
| Designation/approval of pediatric facilities | ✓ |
| Designation of other critical care centers | ✓ |
| Development of transfer agreements | ✓ |
| Enforcement of local ambulance ordinance | ✓ |
| Enforcement of ambulance service contracts | ✓ |
| Operation of ambulance service | ✓ |
| Continuing education | ✓ |
| Personnel training | ✓ |
| 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: <u>MHOAC</u>	✓
Other: _____	_____
Other: _____	_____

5. EXPENSES

Salaries and benefits (All but contract personnel)	\$ <u>184,090.00</u>
Contract Services (e.g. medical director)	<u>7,865.00</u>
Operations (e.g. copying, postage, facilities)	<u>65,863.00</u>
Travel	<u>7,575.00</u>
Fixed assets	_____
Indirect expenses (overhead)	<u>24,010.00</u>
Ambulance subsidy	_____
EMS Fund payments to physicians/hospital	<u>45,775.00</u>
Dispatch center operations (non-staff)	<u>88,022.00</u>
Training program operations	_____
Other: <u>Base Station Hospital</u>	<u>7,000.00</u>
Other: _____	_____
Other: _____	_____
TOTAL EXPENSES	\$ <u>430,200.00</u>

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	\$ _____
Preventive Health and Health Services (PHHS) Block Grant	_____
Office of Traffic Safety (OTS)	_____
State general fund	_____
County general fund	_____
Other local tax funds (e.g., EMS district)	<u>414,019.00</u>
County contracts (e.g. multi-county agencies)	_____
Certification fees	<u>2,048.00</u>
Training program approval fees	_____
Training program tuition/Average daily attendance funds (ADA)	_____
Job Training Partnership ACT (JTPA) funds/other payments	_____
Base hospital application fees	_____

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Trauma center application fees	_____
Trauma center designation fees	_____
Pediatric facility approval fees	_____
Pediatric facility designation fees	_____
Other critical care center application fees	_____
Type: _____	
Other critical care center designation fees	_____
Type: _____	
Ambulance service/vehicle fees	<u>8,130.00</u>
Contributions	_____
EMS Fund (SB 12/612)	<u>79,043.00</u>
Other grants: _____	_____
Other fees: <u>Hollister Hills</u>	<u>57,000.00</u>
Other (specify): _____	_____
TOTAL REVENUE	\$ <u>560,240.00</u>

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

Revenue exceeds Expenses because the hospital did not request purchases using Richie Funds. We also increased the amount charged per parcel for the EMS District Fund to set aside money for our office move and relocation.

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

7. Fee structure

We do not charge any fees

Our fee structure is:

First responder certification	\$ _____
EMS dispatcher certification	_____
EMT-I certification	<u>54.00</u>
EMT-I recertification	<u>47.00</u>
EMT-defibrillation certification	_____
EMT-defibrillation recertification	_____
AEMT certification	_____
AEMT recertification	_____
EMT-P accreditation	<u>146.00</u>
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	<u>169.00</u>
MICN/ARN recertification	<u>100.00</u>
EMT-I training program approval	_____
AEMT training program approval	_____
EMT-P training program approval	<u>828.00</u>
MICN/ARN training program approval	_____
Base hospital application	_____
Base hospital designation	_____
Trauma center application	_____
Trauma center designation	<u>4,493.00</u>
Pediatric facility approval	_____
Pediatric facility designation	_____
Other critical care center application	
Type: _____	
Other critical care center designation	
Type: <u>STEMI</u>	<u>4,493.00</u>
Ambulance service license (Cert. Of Ops. ALS/CCT)	<u>735.00</u>
Ambulance Service License (Gurney/Wheelchair/BLS/Air)	601.00
Ambulance vehicle permits (ALS/CCT/QRV)	<u>133.00</u>
Other: Ambulance vehicle permits (Gurney/Wheelchair/BLS)	<u>102.00</u>

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Coordinator	1	42.02	30	
Asst. Admin./Admin.Asst./Admin. Mgr.					
ALS Coord./Field Coord./Trng Coordinator					
Program Coordinator/Field Liaison (Non-clinical)					
Trauma Coordinator					
Medical Director	Medical Director	1	110.00	N/A	contractor
Other MD/Medical Consult/Training Medical Director					
Disaster Medical Planner					
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary	Secretary	1	25.17	30	
Other Clerical					
Data Entry Clerk					
Other					

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

TABLE 3: STAFFING/TRAINING

Reporting Year: 2017

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	81			
Number newly certified this year	11			
Number recertified this year	28			
Total number of accredited personnel on July 1 of the reporting year	78			
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			

1. Early defibrillation:

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

81

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: 2017

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

TABLE 5: RESPONSE/TRANSPORTATION

Reporting Year: 2017

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	

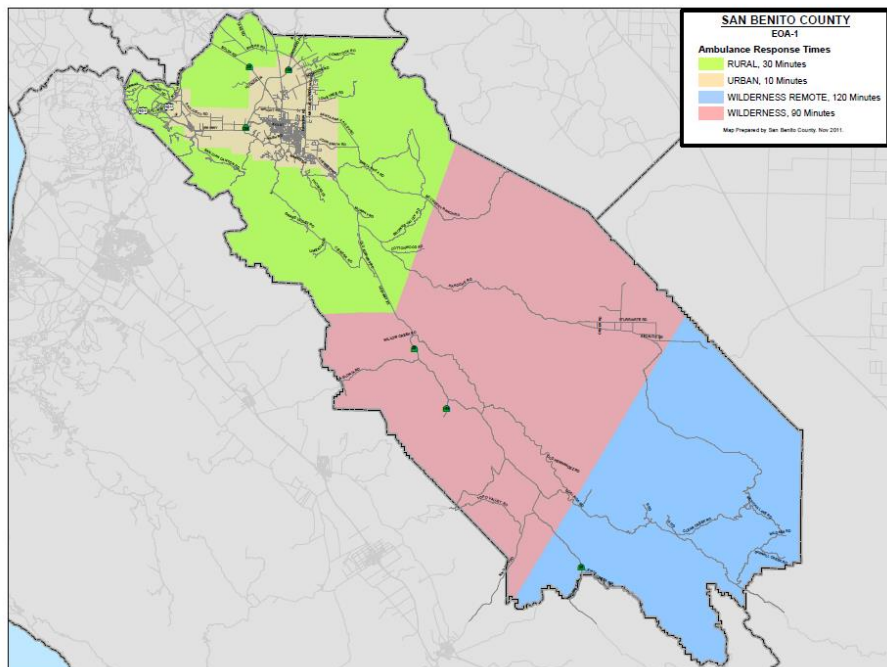


TABLE 6: FACILITIES/CRITICAL CAREReporting Year: 2017**NOTE:** Table 6 is to be reported by agency.**Trauma**

Trauma patients:

1. Number of patients meeting trauma triage criteria	<u>740</u>
2. Number of major trauma victims transported directly to a trauma center by ambulance	<u>113</u>
3. Number of major trauma patients transferred to a trauma center	<u>73</u>
4. Number of patients meeting triage criteria who weren't treated at a trauma center	<u>374</u>

Emergency Departments

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

Receiving Hospitals

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

TABLE 7: DISASTER MEDICAL

Reporting Year: 2017

County: San Benito

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

SYSTEM RESOURCES

- 1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? See below
 - b. How are they staffed? See below
 - c. Do you have a supply system for supporting them for 72 hours? Yes No

- 2. CISD
 - Do you have a CISD provider with 24 hour capability? Yes No

- 3. Medical Response Team
 - a. Do you have any team medical response capability? Yes No
 - b. For each team, are they incorporated into your local response plan? Yes No
 - c. Are they available for statewide response? Yes No
 - d. Are they part of a formal out-of-state response system? Yes No

- 4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? Yes No
 - b. At what HazMat level are they trained? _____
 - c. Do you have the ability to do decontamination in an emergency room? Yes No
 - d. Do you have the ability to do decontamination in the field? Yes No

OPERATIONS

- 1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? Yes No

- 2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 1

- 3. Have you tested your MCI Plan this year in a:
 - a. real event? Yes No
 - b. exercise? Yes No

TABLE 7: DISASTER MEDICAL (cont.)

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

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

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

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

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

- 9. If not, to whom do you report? _____

- 8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? Yes No

Comments:

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

Table 8: Resource Directory

Reporting Year: 2017

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
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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
--	---	---	---	--

Transporting Agencies

3427 Total number of responses
3427 Number of emergency responses
0 Number of non-emergency responses

2290 Total number of transports
2245 Number of emergency transports
45 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2017

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

<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 checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2017

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

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

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

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

Table 8: Resource Directory

Reporting Year: 2017

Response/Transportation/Providers

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

County: San Benito

Provider: Hollister Fire Dept.

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

Address: 110 Sally Street
Hollister, CA 95023

Number of Ambulance Vehicles in Fleet: 0

Phone Number: (831) 636-4324

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

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

3364 Total number of responses
3364 Number of emergency responses
0 Number of non-emergency responses

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2017

Response/Transportation/Providers

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

County: San Benito **Provider:** State of California Dept. of Parks & Recreation **Response Zone:** Hollister Hills SVRA

Address: 7800 Cienega Road **Number of Ambulance Vehicles in Fleet:** 0
Hollister, CA 95023

Phone Number: (831) 637-8186 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2017

Response/Transportation/Providers

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

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

Address: 5000 Highway 146
Paicines, CA 95043

Number of Ambulance Vehicles in Fleet: 0

Phone Number: (831) 389-4486

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

<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 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 type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: EMTs & Park Rangers</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input checked="" 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

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

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

Air Ambulance Services

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

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

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>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<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>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

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

TABLE 10: APPROVED TRAINING PROGRAMS

County: San Benito

Reporting Year: 2017

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

Training Institution:	<u>N/A</u>	Telephone Number:	_____
Address:	_____		

Student Eligibility*:	_____	**Program Level	_____
	Cost of Program:		
	Basic: _____	Number of students completing training per year:	
	Refresher: _____	Initial training:	_____
		Refresher:	_____
		Continuing Education:	_____
		Expiration Date:	_____
		Number of courses:	
		Initial training:	_____
		Refresher:	_____
		Continuing Education:	_____

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

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

Training Institution:	_____	Telephone Number:	_____
Address:	_____		

Student Eligibility*:	_____	**Program Level	_____
	Cost of Program:		
	Basic: _____	Number of students completing training per year:	
	Refresher: _____	Initial training:	_____
		Refresher:	_____
		Continuing Education:	_____
		Expiration Date:	_____
		Number of courses:	
		Initial training:	_____
		Refresher:	_____
		Continuing Education:	_____

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

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

TABLE 11: DISPATCH AGENCY

County: San Benito

Reporting Year: 2017

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

Name:	<u>Santa Cruz Regional 911</u>		Primary Contact:	<u>Dennis Kidd</u>	
Address:	<u>495 Upper Park Road</u>				
	<u>Santa Cruz, CA 95065</u>				
Telephone Number:	<u>831-471-1000</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Disaster	<u> </u> EMD Training	<u> 31 </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> </u> Other
Ownership:	If Public:		If Public:		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire		<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
	<input checked="" type="checkbox"/> Law				
	<input checked="" type="checkbox"/> Other				
	Explain: <u>EMS</u>				

Name:	_____		Primary Contact:	_____	
Address:	_____				

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

Date: 2017

**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.

Addendum/Clarification

Standard 1.07/1.26

Hazel Hawkins Hospital is on track to request approval from the LEMSA by the end of this calendar year, 2019. They've had numerous internal setbacks (staffing, support from Surgeons, etc.) including management turn-over. The LEMSA recently met with the hospital Board of Directors and the Chief of ER to assist them in moving forward. Progress is being made.

STEMI/STROKE

San Benito County does not have a local STEMI/Stroke system, however, our STEMI/Stroke patients are transported out-of-county, by ground or air, to appropriate specialty centers in neighboring counties (Monterey or Santa Clara). Hazel Hawkins Hospital does not have plans to implement a local STEMI/Stroke system.

Trauma System Plan

San Benito County EMS will be updating the Trauma System Plan as soon as Hazel Hawkins Hospital becomes a Level IV Trauma Center. The plan has not changed since last submitted.

