

# Solano County Health & Social Services Department



Mental Health Services  
Public Health Services  
Substance Abuse Services  
Older & Disabled Adult Services

Eligibility Services  
Employment Services  
Children's Services  
Administrative Services

**Patrick O. Duterte, Director**

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October 4, 2004

Honorable Peter B. Foor, Presiding Judge of the Superior Court  
C/O Superior Court Executive Officer/Clerk of the Court  
600 Union Avenue  
Fairfield, CA 94533

Dear Judge Foor:

Attached are the responses to Solano County Grand Jury 2003/2004 Final Report from the Health and Social Services Department concerning Emergency Medical Services. If you have additional questions, please contact me at (707) 784-8400.

Sincerely,

A handwritten signature in cursive script that reads "Patrick O. Duterte".

Patrick O. Duterte, Director  
Health and Social Services Department

POD/pk

Attachment 1: Responses to 2003/2004 Grand Jury Final Report  
C: Michael Johnson, County Administrator, Solano County  
Solano County Board of Supervisors

## **Emergency Medical Services Agency Administrator Response To The 2003-2004 Grand Jury Report**

**Finding #4:** *(a) The cities of Benicia, Dixon and Rio Vista do not have a hospital. (b) There are no decontamination facilities in Solano County (or at Solano County hospitals). (c) There is no Trauma Center in Solano County.*

**EMS Agency Response:** (a) While there are no hospitals in Dixon, Rio Vista and Benicia, the Agency does not believe that the lack of a hospital in each community is, in itself, the most critical issue in terms of emergency response to a major incident. These communities are served by hospitals within a reasonable distance. Benicia utilizes hospitals in Vallejo and Concord. Dixon uses Sutter Davis and VacaValley hospitals, and Rio Vista has access to facilities in Fairfield and San Joaquin County. Admittedly, Rio Vista is the most isolated in terms of hospital resources.

More importantly, the lack of bed capacity – specifically “surge” capacity to deal with the large increase in demand for hospital beds that would accompany a major incident – is an area of concern. This is not just a Solano County problem but is a problem throughout the state. In part this may be an issue of the number of physical beds available in a community, but it is commonly also an issue of hospitals inability to cost-effectively meet the legally mandated per bed staffing ratios, which has the effect of reducing the number of beds that are actually available for use. The EMS Agency has for the past several years coordinated the monitoring of available hospital beds throughout the county as part of the Agency’s response to the seasonal demands of influenza. This data is now available to all hospitals via ReddiNet. However, in the event of a major incident, even this would likely be insufficient to manage a sudden increase in the number of people requiring medical attention.

The County’s Health & Social Services Department, through its Public Health Division, and the Solano County EMS Agency have already begun a process to analyze this situation and identify what solutions might be possible (which could, conceivably involve proposed state legislation). The findings and recommendations will be provided to the County Administrator and the Solano EMS Cooperative (SEMSC) Board of Directors.

(b) At present, portable decontamination units are available at each hospital in Solano County and the hospitals regularly drill on the deployment and use of these devices. Two additional units were recently delivered to area hospitals and more units are being procured through various grant-funded mechanisms. There will soon be sufficient capacity to rapidly decontaminate large numbers of victims in the county.

(c) There is no trauma center in Solano County. The nearest trauma centers are in Contra Costa, Napa, and Sacramento Counties. The EMS Agency has just completed an extensive trauma planning process with local area hospitals and determined that due to Solano County being a low trauma volume system, it is not likely that a trauma center could be sustained, either financially, or with a sufficient number of cases to keep a

trauma team proficient. The EMS Agency has prepared a draft Trauma Plan that it will present to local hospitals for review. This plan will provide a framework for the consistent management of trauma cases in Solano County and formalize relationships with out of county trauma centers that presently serve Solano County. The EMS Agency Administrator will present this plan, once agreed to by local hospitals, to the County Administrator and the Solano EMS Cooperative Board of Directors.

**Finding #9:** *Roles for HSS in the EOC during and emergency should be defined.*

**EMS Agency Response:** The EMS Agency and other HHS elements have staff with assigned and known roles in the EOC. Additionally, the EMS Agency is responsible for assessing Manpower and Training needs for all medical responders as part of its EMS plan. The Agency is cooperating with other EMS Agencies in the development of core competencies for medical response personnel to equip them for “all hazards” response.

**Finding # 10:** *The disaster exercise held on November 13, 2003, revealed an overall lack of communication and leadership. Objectives of the drill were only partially achieved or not achieved at all.*

**EMS Agency Response:** Finding #10 grouped together EMS response, the EMS Agency, fire service, law enforcement and Office of Emergency Services with regards to performance in the drill held November 13, 2003. While deficiencies were exposed, EMS enjoyed some measure of success. Of the 19 major objectives set forth for evaluation, 6 were satisfactorily completed, and 7 were partially completed. The exercise had great value in identifying areas for future training that the Agency is now developing.