

AGENDA
EMERGENCY MEDICAL CARE ADVISORY BOARD (EMCAB)
REGULAR MEETING
THURSDAY – May 13th, 2021
4:00 P.M.

Location: [Click here to join the meeting](#)

https://teams.microsoft.com/l/meetup-join/19%3ameeting_M2U3ODQzYjQtNzJkNy00ZDcyLTljZTgtY2FjNWVmZjk0Nzdh%40thread.v2/0?context=%7b%22Tid%22%3a%22e0f2e4b5-0515-4028-99f2-2e7a43fe5379%22%2c%22Oid%22%3a%2269ff2d1f-5a50-42d5-bafd-40fe97d00922%22%7d

[+1 831-296-3421](tel:+18312963421), [111207065#](tel:+111207065) United States, Salinas
Phone Conference ID: 111 207 065#

- I. **Call to Order**
- II. **Flag Salute**
- III. **Roll Call**
- IV. **Consent Agenda (CA):** Consideration of the consent agenda.

All items listed with a “CA” are considered by Division staff to be routine and non-controversial. Consent items may be considered first and approved in one motion if no member of the Board or audience wishes to comment or discuss an item. If comment or discussion is desired, the item will be removed from consent and heard in its listed sequence with an opportunity for any member of the public to address the Board concerning the item before action is taken.

- V. **(CA) Approval of Minutes: EMCAB Meeting February 11th, 2021– approve**

- VI. **Subcommittee Reports:**
APOT Task Force – Jeff Fariss

- VII. **Public Comments:**
This portion of the meeting is reserved for persons desiring to address the Board on any matter not on this Agenda and over which the Board has jurisdiction. Members of the public will also have the opportunity to comment as agenda items are discussed.

- VIII. **Public Requests:**
None

- IX. **Unfinished Business:**
None

X. New Business:

- a) (CA) Maddy Fund Annual Report – receive and file
- b) (CA) Legislation Report – receive and file
- c) (CA) Annual Core Measure and APOT Report – receive and file
- d) (CA) EMCAB Agenda Summary for 2020 – receive and file
- e) (CA) Annual OA Reports for 2020 – receive and file
- f) (CA) Annual EMS System Report for 2020 – receive and file
- g) (CA) Accreditation Policy Update – approve
- h) (CA) EMCAB Member Update – received and file
- i) Release of Maddy Fund Request/Maddy Fund Quarterly Report

XI. Manager’s Report: - Receive and File

XII. Miscellaneous Documents for Information:

None

XIII. Board Member Announcements or Reports:

On their own initiative, Board members may make a brief announcement or a brief report on their own activities. They may ask a question for clarification, make a referral to staff, or take action to have staff place a matter of business on a future agenda. (Government Code Section 54954.2 [a.]

XIV. Announcements:

- A. Next regularly scheduled meeting: Thursday, August 12th, 2021, 4:00 p.m., at the Kern County Public Health Services Department, Bakersfield, California.
- B. The deadline for submitting public requests on the next EMCAB meeting agenda is Thursday, July 29th, 2021, 5:00 p.m., to the Kern County EMS Program Manager.

XV. Adjournment

Disabled individuals who need special assistance to attend or participate in a meeting of the Kern County Emergency Medical Care Advisory Board (EMCAB) may request assistance at the Kern County Public Health Services Department located at 1800 Mount Vernon Avenue, Bakersfield, 93306 or by calling (661) 321-3000. Every effort will be made to reasonably accommodate individuals with disabilities by making meeting materials available in alternative formats. Requests for assistance should be made at least three (3) working days in advance whenever possible.

**EMERGENCY MEDICAL CARE ADVISORY BOARD
Membership Roster**

<i>Name and Address</i>	<i>Representing</i>
Mike Maggard, Supervisor Third District 1115 Truxtun Avenue Bakersfield, CA 93301 (661) 868-3670	Board of Supervisors
<u>Alternate</u> Phillip Peters, Supervisor First District 1115 Truxtun Avenue Bakersfield, CA 93301 (661) 868-3652	
Donny Youngblood, Sheriff Kern County Sheriff's Department 1350 Norris Road Bakersfield, CA 93308 (661) 391-7500	Police Chief's Association
<u>Alternate</u> Vacant	
Member	Fire Chief's Association
<u>Alternate</u>	
James Miller 14113 Wellington Court Bakersfield, CA 93314 (817) 832-2263	Urban Consumer
<u>Alternate</u>	
Leslie Wilmer 1110 Bell Ave., Taft, CA 93268 (661) 304-1106	Rural Consumer
<u>Alternate</u> Vacant	
Orchel Krier Mayor Pro Tem, City of Taft 209 E. Kern Street Taft, CA 93268 661-763-1222	City Selection Committee

Alternate

Cathy Prout
Councilmember, City of Shafter
435 Maple Street
Shafter, CA 93263
(661) 746-6409

Vacant

Kern Mayors and City Managers Group

Alternate

Greg Garrett
City of Tehachapi
115 S. Robinson Street
Tehachapi, CA 93561

Earl Canson, M.D.
1400 Easton Drive Ste. 139B
Bakersfield, CA 93309

Kern County Medical Society

Alternate

Nadeem Goraya, M.D.
1400 Easton Drive Ste. 139B
Bakersfield, CA 93309

Bruce Peters, Chief Executive Officer
Mercy and Mercy Southwest Hospitals
2215 Truxtun Avenue
P.O. Box 119
Bakersfield, CA 93302
(661) 632-5000

Kern County Hospital Administrators

Alternate

John Surface
Hall Ambulance Inc.
1001 21st Street
Bakersfield, CA 93301
(661) 322-8741

Kern County Ambulance Association

Alternate

Aaron Moses
Delano Ambulance Service
P.O. Box 280
Delano, CA 93216
(661) 725-3499

Kristopher Lyon, M.D.
1800 Mount Vernon Avenue, 2nd floor
Bakersfield, CA 93306
(661) 321-3000

EMS Medical Director

Support Staff

Jeff Fariss, EMS Program Manager
1800 Mount Vernon Avenue, 2nd floor
Bakersfield, CA 93306
(661) 321-3000

EMS Division

Gurujodha Khalsa, Chief Deputy
1115 Truxtun Avenue, 4th Floor
Bakersfield, CA 93301
(661) 868-3800

County Counsel

Joseph Arriola
1115 Truxtun Avenue, 5th Floor
Bakersfield, CA 93301
(661) 868-3132

County Administrative Office

V. Approval of Minutes

AGENDA
EMERGENCY MEDICAL CARE ADVISORY BOARD (EMCAB)
REGULAR MEETING
THURSDAY – February 11th, 2021
4:00 P.M.

Location: [Click here to join the meeting](#)

https://teams.microsoft.com/l/meetup-join/19%3ameeting_NzY5NDVkMTMtNDEwYy00YzQxLTkxMzAtMDVhNmFjNGZhMTBj%40thread.v2/0?context=%7b%22Tid%22%3a%22e0f2e4b5-0515-4028-99f2-2e7a43fe5379%22%2c%22Oid%22%3a%2269ff2d1f-5a50-42d5-bafd-40fe97d00922%22%7d

[+1 831-296-3421,995556733#](tel:+18312963421995556733) United States, Salinas
Phone Conference ID: 995 556 733#

- I. **Call to Order – Chairman Maggard**
- II. **Flag Salute**
- III. **Roll Call – Jeff Fariss – Attendees = John Surface, Bruce Peters, Supervisor Maggard, Dr. Canson, Sheriff Youngblood, Cathy Prout, Dr. Lyon, Leslie Wilmer – Quorum**
- IV. **Consent Agenda (CA):** Consideration of the consent agenda.

All items listed with a “CA” are considered by Division staff to be routine and non-controversial. Consent items may be considered first and approved in one motion if no member of the Board or audience wishes to comment or discuss an item. If comment or discussion is desired, the item will be removed from consent and heard in its listed sequence with an opportunity for any member of the public to address the Board concerning the item before action is taken.

No Discussion - Motion – Dr. Lyon – Second - Sheriff Youngblood – Roll Call vote, All Ayes

- V. (CA) **Approval of Minutes:** EMCAB Meeting November 12th, 2020– approve
- VI. **Subcommittee Reports:**
APOT Task Force – Jeff Fariss – **Due to COVID – Task force membership with representatives from all hospitals and ambulance providers, meeting to be scheduled. No discussion - Motion to received and File – Bruce Peters, second Dr. Lyon – Roll Call vote – All Ayes.**
- VII. **Public Comments:**
This portion of the meeting is reserved for persons desiring to address the Board on any matter not on this Agenda and over which the Board has jurisdiction. Members of the public will also have the opportunity to comment as agenda items are discussed.
None comments

VIII. Public Requests:
None

IX. Unfinished Business:
None

X. New Business:

- a) (CA) Maddy Fund Quarterly Report – receive and file
- b) (CA) Legislation Report – receive and file
- c) (CA) Quarterly APOT – receive and file
- d) (CA) Board Member Changes – receive and file

XI. Manager’s Report: - Receive and File – Discussion regarding Assess and Refer policy and the altering of ambulance response to low acuity calls during COVID 19 - Motion to receive and file – Sheriff Youngblood second Leslie Wilmer – Roll Call Vote – All Ayes

XII. Miscellaneous Documents for Information:
None

XIII. Board Member Announcements or Reports:

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- John Surface announced Hall Ambulance 50th anniversary
- Chairman Maggard introduced Brynn Carrigan as Director of Public Health
- Brynn spoke about her appointment to Director
- Chairman Maggard spoke about the teamwork between all entities as well as the management of COVID-19
- Chairman Maggard spoke about vaccinations

XIV. Announcements:

- A. Next regularly scheduled meeting: Thursday, May 13th, 2020, 4:00 p.m., at the Kern County Public Health Services Department, Bakersfield, California.
- B. The deadline for submitting public requests on the next EMCAB meeting agenda is Thursday, April 29th, 2020, 5:00 p.m., to the Kern County EMS Program Manager.

XV. Adjournment – Motion Dr. Lyon

Disabled individuals who need special assistance to attend or participate in a meeting of the Kern County Emergency Medical Care Advisory Board (EMCAB) may request assistance at the Kern County Public Health Services Department located at 1800 Mount Vernon Avenue, Bakersfield, 93306 or by calling

(661) 321-3000. Every effort will be made to reasonably accommodate individuals with disabilities by making meeting materials available in alternative formats. Requests for assistance should be made at least three (3) working days in advance whenever possible.

X. New Business

a. Maddy Funds Annual Report



Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2019/20 (July 1, 2019 – June 30, 2020)

I Administering Agency	County / Department	County Contact (Name and Title)
	Kern County Public Health Services Department	Brynn Carrigan, Director
	Address (Number and Street)	Phone Number
	1800 Mt. Vernon Ave	(661) 321-3000
	City or Post Office, State, and ZIP Code	Email Address
	Bakersfield, CA 93306	Brynn@kerncounty.com

II Establishment of Fund	1a	Has the agency established the Maddy EMS Fund (Original Assessment)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	b	Date fund established.	07/19/1998	
	c	Fund balance on July 1, 2019.	\$ 2,434,845.34	
	d	If the Maddy EMS Fund beginning balance on July 1, 2019, differs from the previous reported ending balance on June 30, 2019, state reason(s):		
	2a	Has the agency established the Maddy EMS Fund (Supplemental Assessment)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #3)</i>	
	b	Date fund established.	02/01/2015	
	c	Fund balance on July 1, 2019.	\$ 346,529.03	
	d	If the Maddy EMS Fund beginning balance on July 1, 2019, differs from the previous reported ending balance on June 30, 2019, state reason(s):		

III Collections of Penalty Assessments	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections
	a		Government Code § 76000	\$ 1,086,373.61
	b		Government Code § 76000.5 <i>(Only applicable if Supplemental Assessment established. See #2a.)</i>	\$ 1,055,888.74
	c		Vehicle Code § 42007	
	d		Total	\$ 2,142,262.35

4 Responsibility for collection of fines, penalties, and forfeitures:

Entity	Contact (Name and Title)
Superior Court of CA, County of Kern. Metro	Gina Fisher
Phone Number	Email Address
(661) 868-4668	Gina.Fisher@kern.courts.ca.gov



Kern County Public Health Services Department

IV Deposits into Maddy EMS Fund	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits
	a		Government Code § 76000 <i>(Based on GC § 76104)</i>	\$ 1,086,373.61
	b		Vehicle Code § 42007	
	c		Total	\$ 1,086,373.61
	d	If no deposits into Maddy EMS Fund, state reason(s):		
	6	Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave section blank and go to #7)</i>	Statute	Deposits
	a		Government Code § 76000.5	\$ 1,055,888.74
	b		Vehicle Code § 42007	
	c		Total	\$ 1,055,888.74
	d	If no deposits into Maddy EMS Fund, state reason(s):		
	7	Responsibility for deposit of penalty assessments:		
		Entity	Contact (Name and Title)	
		Superior Court of CA, County of Kern. Metro	Gina Fisher	
		Phone Number	Email Address	
		(661) 868-4668	Gina.Fisher@kern.courts.ca.gov	
V Maddy EMS Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)		
				Interest and Other Deposits
	a	Interest earned during the fiscal year.		\$ 34,961.41
	b	Other deposits during the fiscal year.		
	c	If other deposits were made, provide the type of deposits and the reason(s) for the deposits. Do not include refunds from Physicians/Surgeons or Hospitals on line 8c; report these amounts on line 16c and/or 20e.		
	9	Total amount of funds distributed to the specified categories during the fiscal year.	Reserve (Optional)	Category Distributions
	a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 115,961.65
	b	Physicians/Surgeons (58%)		\$ 489,058.10



Kern County Public Health Services Department

V Maddy EMS Fund Category Distributions (cont.)	c	Hospitals (25%)		\$ 260,913.68
	d	Other Discretionary EMS (17%)		\$ 177,421.30
	e	Total	\$ 0.00	\$ 1,043,354.73

10 Maddy EMS Fund (Supplemental Assessment) (If fund not established, leave blank and go to #12)

	Interest and Other Deposits
a	Interest earned during fiscal year. \$ 33,982.40
b	Other deposits during fiscal year.
c	If other deposits were made, provide the type of deposits and the reason(s) for the deposits. Do not include refunds from Physicians/Surgeons or Hospitals on line 10b; report these amounts on line 17c and/or 21e.

11	Total amount of funds distributed to the specified categories during the fiscal year.	Reserve (Optional)	Category Distributions
a	Administration (Admin cost equal to the lesser of actual cost or 10%)		\$ 105,588.89
b	Richie's Fund (15%)		\$ 158,383.32
c	Physicians/Surgeons (58%)		\$ 372,077.02
d	Hospitals (25%)		\$ 197,979.16
e	Other Discretionary EMS (17%)		\$ 134,625.80
f	Total	\$ 0.00	\$ 968,654.19

12 Responsibility for category distributions:

Entity	Contact (Name and Title)
Kern County Public Health Services Department	Brynn Carrigan, Director
Phone Number	Email Address
(661) 321-3000	Brynn@kerncounty.com

VI Expenditures & Reimbursements

13	Total Administration expenditures from Maddy EMS Fund (Original Assessment).	Amount
		\$ 115,961.65
14	Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)	Amount
		\$ 105,588.89
15	Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)	Amount
		\$ 158,358.32



Kern County Public Health Services Department

VI Expenditures & Reimbursements (cont.)	16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	Allowable Claims		Paid Claims		
		#	\$ Amount	#	%	\$ Amount
		7,010	\$ 489,164	7,010	100%	\$ 212,865.30

b If allowable claims were not paid during fiscal year, July 1, 2018-June 30, 2019, state reason(s)

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed

17a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
	7,010	\$ 371,173.74	7,010	100%	\$ 161,520.44

b If allowable claims were not paid during fiscal year, July 1, 2019-June 30, 2020, state reason(s)

c Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed

18 Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)

- A description of the Physicians/Surgeons claims payment methodologies.
- A statement of the policies, procedures, and regulatory action taken to implement and administer the fund(s).
- Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.
- A description of the process used to solicit input from Physicians/Surgeons and Hospitals to review payment distribution methodology.
- An identification of the fee schedule used by the county.

19 Responsibility for claims payments to Physicians/Surgeons:

Entity Kern County Public Health Services Department	Contact (Name and Title) Brynn Carrigan, Director
Phone Number (661) 321-3000	Email Address Brynn@kerncounty.com



Kern County Public Health Services Department

VI Expenditures & Reimbursements (cont.)	20a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #20d)</i>
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	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
b Total Hospitals expenditures.				0%	

c If allowable claims were not paid during fiscal year, July 1, 2019-June 30, 2020, state reason(s):

d Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)</i>	Amount
	\$ 244,864.84

e Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed

	21a Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #22)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, go to #21d)</i>
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	Allowable Claims		Paid Claims		
	#	\$ Amount	#	%	\$ Amount
b Total Hospitals expenditures.				0%	

c If allowable claims were not paid during fiscal year, July 1, 2019-June 30, 2020 state reason(s):

d Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)</i>	Amount
	\$ 293,009.12

e Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.	Amount Reimbursed
	\$ 4,629.15

22 Required documentation for submission. *(The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently)*

A description of the hospitals payment methodologies.

23 Responsibility for claims payments to Hospitals:	
Entity Kern County Public Health Services Department	Contact (Name and Title) Brynn Carrigan, Director
Phone Number (661) 321-3000	Email Address Brynn@kerncounty.com



Kern County Public Health Services Department

VI Expenditures & Reimbursements (cont.)	24a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).	Amount
			\$ 177,421.30

b Description of other EMS services provided:

25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank)	Amount
		\$ 134,625.80

b Description of other EMS services provided:



Kern County Public Health Services Department


VII Fund Summary

Maddy EMS Fund
 (Original Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2019	\$ 2,434,845.34 <i>(1c)</i>		\$ 2,434,845.34
Deposits for July 1, 2019-June 30, 2020	\$ 1,086,373.61 <i>(5c)</i>		\$ 3,521,218.95
Interest for July 1, 2019-June 30, 2020	\$ 34,961.41 <i>(8a)</i>		\$ 3,556,180.36
Other Deposits for July 1, 2019-June 30, 2020	\$ 0.00 <i>(8b)</i>		\$ 3,556,180.36

Distributions/Expenditures	Category Distributions	Reserve <i>(Optional)</i>	Available Funds for Disbursement <i>(Category Distributions - Reserve)</i>	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 115,961.65 <i>(9a)</i>		\$ 115,961.65	\$ 115,961.65 <i>(13)</i>
Physicians/Surgeons (58%)	\$ 489,058.10 <i>(9b)</i>	\$ 0.00 <i>(9b)</i>	\$ 489,058.10	\$ 212,865.30 <i>(16a)</i>
Hospitals (25%)	\$ 260,913.68 <i>(9c)</i>	\$ 0.00 <i>(9c)</i>	\$ 260,913.68	\$ 0.00 <i>(20b Pd)</i> \$ 244,864.84 <i>(20d)</i>
Other Discretionary EMS (17%)	\$ 177,421.30 <i>(9d)</i>	\$ 0.00 <i>(9d)</i>	\$ 177,421.30	\$ 177,421.30 <i>(24a)</i>
Total	\$ 1,043,354.73 <i>(9e)</i>	\$ 0.00 <i>(9e)</i>	\$ 1,043,354.73	\$ 751,113.09
Preliminary Fund Balance <i>(Fund Total - Total Expenditures)</i>				\$ 2,805,067.27

Reimbursements			
Physicians/Surgeons	\$ 0.00 <i>(16c)</i>		\$ 2,805,067.27
Hospitals	\$ 0.00 <i>(20e)</i>		\$ 2,805,067.27
Ending Balance for Total Available Funds as of June 30, 2020			\$ 2,805,067.27


 Signature of Maddy EMS Fund Administrator
 Brynne Carrigan
 Printed Name
 4/5/2021
 Date

brynne@kerncounty.com
 Email Address
 Director
 Title



Kern County Public Health Services Department


VII Fund Summary
 (cont.)

Maddy EMS Fund
 (Supplemental Assessment)

	Available Funds for Distribution		Fund Total
Balance on July 1, 2019	\$ 346,529.03 <i>(2c)</i>		\$ 346,529.03
Deposits for July 1, 2019-June 30, 2020	\$ 1,055,888.74 <i>(6c)</i>		\$ 1,402,417.77
Interest for July 1, 2019-June 30, 2020	\$ 33,982.40 <i>(10a)</i>		\$ 1,436,400.17
Other Deposits for July 1, 2019 - June 30, 2020	\$ 0.00 <i>(10b)</i>		\$ 1,436,400.17

Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	\$ 105,588.89 <i>(11a)</i>		\$ 105,588.89	\$ 105,588.89 <i>(14)</i>
Richie's Fund (15%)	\$ 158,383.32 <i>(11b)</i>		\$ 158,383.32	\$ 158,358.32 <i>(15)</i>
Physicians/Surgeons (58%)	\$ 372,077.02 <i>(11c)</i>	\$ 0.00 <i>(11c)</i>	\$ 372,077.02	\$ 161,520.44 <i>(17a)</i>
Hospitals (25%)	\$ 197,979.16 <i>(11d)</i>	\$ 0.00 <i>(11d)</i>	\$ 197,979.16	\$ 0.00 <i>(21b Pd)</i>
				\$ 293,009.12 <i>(21d)</i>
Other Discretionary EMS (17%)	\$ 134,625.80 <i>(11e)</i>	\$ 0.00 <i>(11e)</i>	\$ 134,625.80	\$ 134,625.80 <i>(25a)</i>
Total	\$ 968,654.19 <i>(11f)</i>	\$ 0.00 <i>(11f)</i>	\$ 968,654.19	\$ 853,102.57
Preliminary Fund Balance (Fund Total - Total Expenditures)				\$ 583,297.60

Reimbursements		
Physicians/Surgeons	\$ 0.00 <i>(17c)</i>	\$ 583,297.60
Hospitals	\$ 4,629.15 <i>(21e)</i>	\$ 587,926.75
Ending Balance for Total Available Funds as of June 30, 2020		\$ 587,926.75


 Signature of Maddy EMS Fund Administrator
 Brynn Carrigan
 Printed Name
 4/5/2021
 Date

brynn@kerncounty.com
 Email Address
 Director
 Title

X. New Business

b. Legislative Reports

Analyze

[AB 7](#)

([Rodriguez D](#)) Emergency ambulance employees: multithreat body protective gear.

Current Text: Amended: 4/13/2021 [html](#) [pdf](#)

Introduced: 12/7/2020

Last Amend: 4/13/2021

Status: 4/26/2021-From committee: Do pass and re-refer to Com. on APPR. (Ayes 6. Noes 0.) (April 22). Re-referred to Com. on APPR.

Location: 4/22/2021-A. APPR.

Summary: Would, upon request by an emergency ambulance employee, require an emergency ambulance provider to provide that employee with multithreat body protective gear, defined as material or equipment that is worn by an employee and is bullet, strike, slash, and stab resistant, and, for these purposes only, to be considered as part of the above-described safety devices and safeguards. The bill would require the provider to make the protective gear readily available for the requesting employee to use when responding to an emergency call, and to provide training to that employee on the proper fitting and use of the protective gear, as specified.

[AB 389](#)

([Grayson D](#)) Ambulance services.

Current Text: Introduced: 2/2/2021 [html](#) [pdf](#)

Introduced: 2/2/2021

Status: 4/15/2021-Read second time. Ordered to third reading.

Location: 4/15/2021-A. THIRD READING

Calendar: 5/3/2021 #48 ASSEMBLY THIRD READING FILE - ASSEMBLY BILLS

Summary: Would authorize a county to contract for emergency ambulance services with a fire protection district that is governed by the county's board of supervisors and provides those services, in whole or in part, through a written subcontract with a private ambulance service. The bill would authorize a fire protection district to enter into a written subcontract with a private ambulance service for these purposes.

[AB 450](#)

([Gonzalez, Lorena D](#)) Paramedic Board of California.

Current Text: Amended: 3/22/2021 [html](#) [pdf](#)

Introduced: 2/8/2021

Last Amend: 3/22/2021

Status: 4/21/2021-Read second time. Ordered to Consent Calendar. Re-referred to Com. on APPR. pursuant to Joint Rule 10.5.

Location: 4/21/2021-A. APPR.

Calendar: 5/5/2021 9 a.m. - State Capitol, Assembly

Summary: Current law establishes the Emergency Medical Services Authority to establish training standards for emergency medical technicians at various levels and to issue EMT-P licenses, among other things. Current law authorizes the authority to take disciplinary action against an EMT-P licenseholder, including to suspend or revoke a license and to assess administrative fines. Current law creates the Emergency Medical Services Personnel Fund, which, upon appropriation of the Legislature, is used by the authority for its testing and licensure program, and into which specified fees are deposited. This bill would create the Paramedic Board of California to take disciplinary actions previously granted to the authority against an EMT-P licenseholder and to hear appeals regarding the authority's denial of licensure, among other things.

AB 662 (Rodriguez D) Mental health: dispatch and response protocols: working group.

Current Text: Amended: 4/28/2021 [_html_](#) [_pdf_](#)

Introduced: 2/12/2021

Last Amend: 4/28/2021

Status: 4/29/2021-Re-referred to Com. on APPR.

Location: 4/27/2021-A. APPR.

Summary: Would require the California Health and Human Services Agency to convene a working group, as specified, no later than July 1, 2022, to examine the existing dispatch and response protocols when providing emergency medical services to an individual who may require evaluation and treatment for a mental health disorder. The bill would require the working group to develop recommendations for improvements to those dispatch and response protocols and recommend amendments to existing law, including, but not limited to, the provisions governing involuntarily taking an individual into temporary custody for a mental health evaluation and treatment. The bill would require the working group to submit periodic reports to the Legislature every 6 months to update the Legislature on its progress, and to submit a final report of its recommendations to the Legislature on or before January 1, 2024.

AB 805 (Maienschein D) Personal protective equipment: distribution reports.

Current Text: Introduced: 2/16/2021 [_html_](#) [_pdf_](#)

Introduced: 2/16/2021

Status: 4/21/2021-In committee: Set, first hearing. Referred to suspense file.

Location: 4/21/2021-A. APPR. SUSPENSE FILE

Summary: Current law authorizes the county health officer and the local Emergency Medical Services (EMS) agency administrator in each operational area to act jointly as the medical health operational area coordinator (MHOAC) or to jointly appoint another person to fulfill those responsibilities. This bill would require, during a health-related state of emergency in California proclaimed by the President of the United States or by the Governor, the MHOAC to report specified information relating to the distribution of personal protective equipment, as

defined, to the Office of Emergency Services on a weekly basis. The bill would require, at all other times, the MHOAC to report that information on a monthly basis. The bill would require the medical and health disaster plan to include this reporting, as specified.

[AB 1131](#) (Wood D) Health information network.

Current Text: Amended: 3/29/2021 [html](#) [pdf](#)

Introduced: 2/18/2021

Last Amend: 3/29/2021

Status: 4/28/2021-In committee: Set, first hearing. Referred to suspense file.

Location: 4/28/2021-A. APPR. SUSPENSE FILE

Summary: Would establish the statewide health information network (statewide HIN) governing board, an independent public entity not affiliated with an agency or department with specified membership, to provide the data infrastructure needed to meet California's health care access, equity, affordability, public health, and quality goals, as specified. The bill would require the governing board to issue a request for proposals to select an operating entity with specified minimum capabilities to support the electronic exchange of health information between, and aggregate and integrate data from multiple sources within, the State of California, among other responsibilities. The bill would require the statewide HIN to take specified actions with respect to reporting on, and auditing the security and finances of, the health information network.

[AB 1229](#) (Rodriguez D) Advisory task force: ambulance services.

Current Text: Amended: 4/19/2021 [html](#) [pdf](#)

Introduced: 2/19/2021

Last Amend: 4/19/2021

Status: 4/28/2021-From committee: Do pass and re-refer to Com. on APPR. (Ayes 15. Noes 0.) (April 27). Re-referred to Com. on APPR.

Location: 4/27/2021-A. APPR.

Summary: Would require the Director of the Emergency Medical Services Authority to appoint and convene an advisory task force, and would further require the director to recommend a project plan for the advisory task force that includes an evaluation relating to ambulance patient offload delays due to the COVID-19 pandemic, as specified, and an evaluation of adopting technologies to allow EMS systems to better manage resources and improve response times. The bill would require the director to transmit the evaluations conducted by the advisory task force to the authority, in a manner that allows for their timely inclusion in an existing reporting requirement from the authority to the Commission on Emergency Medical Services, and to specified legislative committees.

[AB 1231](#) (Levine D) Health information exchange: demonstration projects.

Current Text: Introduced: 2/19/2021 [html](#) [pdf](#)

Introduced: 2/19/2021

Status: 2/22/2021-Read first time.

Location: 2/19/2021-A. PRINT

Summary: Current law authorizes the California Health and Human Services Agency, through the Office of Health Information Integrity, to establish and administer demonstration projects to evaluate potential solutions to facilitate health information exchange that promote quality of care, respect the privacy and security of personal health information, and enhance the trust of the stakeholders. Current law specifies potential demonstration project subject areas and criteria for project selection. Current law requires demonstration project participants to submit reports to the office on the outcome of the demonstration projects, as prescribed. This bill would make technical, nonsubstantive changes to those provisions.

AB 1234 (Arambula D) Physician Orders for Life Sustaining Treatment forms: registry.

Current Text: Amended: 4/8/2021 [_html_](#) [_pdf](#)

Introduced: 2/19/2021

Last Amend: 4/8/2021

Status: 4/12/2021-Re-referred to Com. on HEALTH.

Location: 3/4/2021-A. HEALTH

Summary: Current law defines a request regarding resuscitative measures as a written document, signed by an individual with capacity, or a legally recognized health care decisionmaker, and the individual's physician, directing a health care provider regarding resuscitative measures. Current law defines a Physician Orders for Life Sustaining Treatment form, which is commonly referred to as a POLST form, and provides that a request regarding resuscitative measures includes a POLST form. Current law requires that a POLST form and the medical intervention and procedures offered by the form be explained by a health care provider. Current law distinguishes a request regarding resuscitative measures from an advance health care directive. This bill would establish similar provisions relating to the validity and enforceability of POLST forms and would allow an electronic signature to be used for the purposes of an advance health care directive and POLST form.

AB 1488 (Cervantes D) Emergency services: local government: access and functional needs: medical equipment.

Current Text: Amended: 4/14/2021 [_html_](#) [_pdf](#)

Introduced: 2/19/2021

Last Amend: 4/14/2021

Status: 4/21/2021-Read second time. Ordered to Consent Calendar. Re-referred to Com. on APPR. pursuant to Joint Rule 10.5.

Location: 4/21/2021-A. APPR.

Calendar: 5/5/2021 9 a.m. - State Capitol, Assembly Chamber ASSEMBLY APPROPRIATIONS, GONZALEZ, LORENA, Chair

Summary: Existing law requires a county, upon the next update to its emergency plan, to integrate access and functional needs into its emergency plan by addressing, at a minimum, how the access and functional needs population is

served by, among other things, emergency evacuation, including the identification of certain transportation resources and resources for individuals who are dependent on public transportation. This bill would require the emergency plan to include a plan for the movement, storage, acquisition, and deployment of durable medical equipment, as defined, to address how the access and functional needs population is served by emergency evacuation.

SB 371 **(Caballero D) Health information technology.**

Current Text: Amended: 3/15/2021 [_html](#) [_pdf](#)

Introduced: 2/10/2021

Last Amend: 3/15/2021

Status: 4/20/2021-April 19 hearing: Placed on APPR suspense file.

Location: 4/20/2021-S. APPR. SUSPENSE FILE

Summary: Would require any federal funds the California Health and Human Services Agency receives for health information technology and exchange to be deposited in the California Health Information Technology and Exchange Fund. The bill would authorize CHHSA to use the fund to provide grants to health care providers to implement or expand health information technology and to contract for direct data exchange technical assistance for safety net providers. The bill would require a health information organization to be connected to the California Trusted Exchange Network and to a qualified national network. The bill would also require a health care provider, health system, health care service plan, or health insurer that engages in health information exchange to comply with specified federal standards.

SB 687 **(Hueso D) Emergency response: trauma kits.**

Current Text: Amended: 4/8/2021 [_html](#) [_pdf](#)

Introduced: 2/19/2021

Last Amend: 4/8/2021

Status: 4/21/2021-Set for hearing May 3.

Location: 4/7/2021-S. APPR.

Calendar: 5/3/2021 10 a.m. - John L. Burton Hearing Room (4203) SENATE APPROPRIATIONS, PORTANTINO, Chair

Summary: Current law exempts from civil liability any person who, in good faith and not for compensation, renders emergency medical or nonmedical care or assistance at the scene of an emergency other than an act or omission constituting gross negligence or willful or wanton misconduct. Current law exempts public or private organizations that sponsor, authorize, support, finance, or supervise the training of people, or certifies those people in emergency medical services, from liability for civil damages alleged to result from those training programs. This bill would define "trauma kit" to mean a first aid response kit that contains specified items, including, among other things, at least 2 tourniquets. The bill would require a person or entity that supplies a trauma kit to provide the person or entity that acquires the trauma kit with all information governing the use, installation,

Track

[AB 6](#)

(Levine D) Health facilities: pandemics and emergencies: best practices.

Current Text: Introduced: 12/7/2020 [_html](#) [_pdf](#)

Introduced: 12/7/2020

Status: 4/21/2021-In committee: Set, first hearing. Referred to suspense file.

Location: 4/21/2021-A. APPR. SUSPENSE FILE

Summary: Would require, by July 1, 2022, the State Department of Public Health and the State Department of Social Services to collaborate to create health and safety guidelines and a description of best practices for use by skilled nursing facilities, intermediate care facilities, and congregate living health facilities that are providing post-acute care during a pandemic, public health crisis, or other emergency.

[AB 69](#)

(Kiley R) State of emergency: termination after 60 days: extension by the Legislature.

Current Text: Introduced: 12/7/2020 [_html](#) [_pdf](#)

Introduced: 12/7/2020

Status: 1/11/2021-Referred to Com. on E.M.

Location: 1/11/2021-A. EMERGENCY MANAGEMENT

Summary: Would require a state of emergency to terminate 60 days after the Governor's proclamation of the state of emergency unless the Legislature extends it by a concurrent resolution, as specified. The bill would prohibit a concurrent resolution from extending a state of emergency by more than 60 days, as specified.

[AB 107](#)

(Salas D) Licensure: veterans and military spouses.

Current Text: Amended: 4/20/2021 [_html](#) [_pdf](#)

Introduced: 12/16/2020

Last Amend: 4/20/2021

Status: 4/29/2021-Coauthors revised. From committee: Do pass and re-refer to Com. on APPR. (Ayes 11. Noes 0.) (April 28). Re-referred to Com. on APPR.

Location: 4/28/2021-A. APPR.

Summary: Current law requires a board within the Department of Consumer Affairs to issue, after appropriate investigation, certain types of temporary licenses to an applicant if the applicant meets specified requirements, including that the applicant supplies evidence satisfactory to the board that the applicant is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders and the applicant submits an application

to the board that includes a signed affidavit attesting to the fact that the applicant meets all of the requirements for a temporary license and that the information submitted in the application is accurate, to the best of the applicant's knowledge. This bill would expand the requirement to issue temporary licenses to practice a profession or vocation to include licenses issued by any board within the department, except as provided. The bill would require a board to issue a temporary license within 30 days of receiving the required documentation if the results of a criminal background check do not show grounds for denial.

AB 108 (**Cunningham R**) **Governor's emergency orders and regulations: approval by the Legislature.**

Current Text: Introduced: 12/16/2020 [_html](#) [_pdf](#)

Introduced: 12/16/2020

Status: 1/11/2021-Read first time. Referred to Com. on E.M.

Location: 1/11/2021-A. EMERGENCY MANAGEMENT

Summary: Current law requires all of the powers granted to the Governor by the CESA with respect to a state of emergency or a state of war emergency to terminate when the state of emergency or state of war emergency has been terminated by proclamation of the Governor or by concurrent resolution of the Legislature declaring it at an end. Current law also requires all of the powers granted to the Governor by the CESA with respect to a state of war emergency to terminate when the Governor has not within 30 days after the beginning of the state of war emergency issued a call for a special session of the Legislature, as specified. Current law requires the orders and regulations to be of no further force or effect upon termination of the state of war emergency or state of emergency. This bill would permit an order or regulation, or an amendment or rescission thereof, issued pursuant to specified CESA provisions 60 or more days after the proclamation, to take effect only if approved by a concurrent resolution of the Legislature.

AB 118 (**Kamlager D**) **Emergency services: community response: grant program.**

Current Text: Introduced: 12/18/2020 [_html](#) [_pdf](#)

Introduced: 12/18/2020

Status: 4/21/2021-In committee: Set, first hearing. Referred to suspense file.

Location: 4/21/2021-A. APPR. SUSPENSE FILE

Summary: Would, until January 1, 2026, enact the Community Response Initiative to Strengthen Emergency Systems Act or the C.R.I.S.E.S. Act for the purpose of creating, implementing, and evaluating the 3-year C.R.I.S.E.S. Grant Pilot Program, which the act would establish. The bill would require the office to establish rules and regulations for the program with the goal of making grants to community organizations, over 3 years, for the purpose of expanding the participation of community organizations in emergency response for specified vulnerable populations. The bill would require that grantees receive a minimum award of \$250,000 per year. The bill would require a community organization receiving funds pursuant to the program to use the grant to stimulate and support involvement in

emergency response activities that do not require a law enforcement officer, as specified. The bill would require the Director of Emergency Services (director) to assemble staff and resources to carry out certain duties in support of the program.

AB 225

(Gray D) Department of Consumer Affairs: boards: veterans: military spouses: licenses.

Current Text: Amended: 4/20/2021 [html](#) [pdf](#)

Introduced: 1/11/2021

Last Amend: 4/20/2021

Status: 4/29/2021-From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 11. Noes 0.) (April 28). Re-referred to Com. on APPR.

Location: 4/28/2021-A. APPR.

Summary: Current law requires specified boards within the Department of Consumer Affairs to issue, after appropriate investigation, certain types of temporary licenses to an applicant if the applicant meets specified requirements, including that the applicant supplies evidence satisfactory to the board that the applicant is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders and the applicant holds a current, active, and unrestricted license that confers upon the applicant the authority to practice, in another state, district, or territory of the United States, the profession or vocation for which the applicant seeks a temporary license from the board. Current law requires these temporary licenses to expire 12 months after issuance. Under existing law, some of the funds within the jurisdiction of a board consist of revenue from fees that are continuously appropriated. This bill would require the temporary licenses described above to expire 30 months after issuance.

AB 240

(Rodriguez D) Local health department workforce assessment.

Current Text: Introduced: 1/13/2021 [html](#) [pdf](#)

Introduced: 1/13/2021

Status: 4/14/2021-In committee: Set, first hearing. Referred to suspense file.

Location: 4/14/2021-A. APPR. SUSPENSE FILE

Summary: Would require the State Department of Public Health to contract with an appropriate and qualified entity to conduct an evaluation of the adequacy of the local health department infrastructure and to make recommendations for future staffing, workforce needs, and resources, in order to accurately and adequately fund local public health. The bill would exempt the department from specific provisions relating to public contracting with regard to this requirement. The bill would require the department to report the findings and recommendations of the evaluation to the appropriate policy and fiscal committees of the Legislature on or before July 1, 2024. The bill would also require the department to convene an advisory group, composed of representatives from public, private, and tribal entities, as specified, to provide input on the selection of the entity that would conduct the evaluation.

AB 261 (**Seyarto R**) **Authorized emergency vehicles.**

Current Text: Introduced: 1/15/2021 [html](#) [pdf](#)

Introduced: 1/15/2021

Status: 1/28/2021-Referred to Com. on TRANS.

Location: 1/28/2021-A. TRANS.

Summary: Would permit an authorized emergency vehicle to operate on an HOV lane if specified conditions are met, including, among others, that the vehicle is being driven while responding to, or returning from, an urgent or emergency call and the driver of the vehicle determines that the use of the HOV lane will likely improve the arrival time of the authorized emergency vehicle and its delivery of essential public safety services.

AB 359 (**Cooper D**) **Physicians and surgeons: licensure: examination.**

Current Text: Amended: 3/22/2021 [html](#) [pdf](#)

Introduced: 2/1/2021

Last Amend: 3/22/2021

Status: 4/26/2021-In Senate. Read first time. To Com. on RLS. for assignment.

Location: 4/26/2021-S. RLS.

Summary: Under the Medical Practice Act, an applicant for a physician's and surgeon's certificate is required to include specified information in the application and to obtain a passing score on an entire examination or on each part of an examination. Current law requires an applicant to obtain a passing score on all parts of Step 3 of the United States Medical Licensing Examination within not more than 4 attempts in order to be eligible for a certificate. Current law provides an exception to the 4-attempt requirement for an applicant who holds an unlimited and unrestricted license as a physician and surgeon in another state, and has held that license continuously for a minimum of 4 years prior to the date of application, meets certain postgraduate training requirements and is certified by a specialty board, and is not subject to specified licensure denials or disciplinary action. This bill would eliminate the exception described above and would instead establish an exception for an applicant who holds an unrestricted license as a physician and surgeon in another state, if the Medical Board of California makes prescribed determinations with regard to the applicant.

AB 370 (**Arambula D**) **Ambulatory surgical centers.**

Current Text: Amended: 4/15/2021 [html](#) [pdf](#)

Introduced: 2/1/2021

Last Amend: 4/15/2021

Status: 4/28/2021-In committee: Set, first hearing. Referred to suspense file.

Location: 4/28/2021-A. APPR. SUSPENSE FILE

Summary: Would enact the California Outpatient Cardiology Patient Safety, Cost Reduction, and Quality Improvement Act. The bill would authorize the State Department of Public Health, within the PCI Program, to certify an ambulatory

surgical center to provide elective cardiac catheterization laboratory services that meet certain requirements to perform scheduled, elective percutaneous transluminal coronary angioplasty and stent placement for eligible patients. The bill would authorize the department to, among other things, charge a certified ambulatory surgical center a fee for the reasonable regulatory costs to the state incident to granting this certification and to retain experts or establish one or more committees to analyze reports and advise the department, as specified.

[AB 373](#) (Seyarto R) State Emergency Plan: update.

Current Text: Amended: 3/3/2021 [html](#) [pdf](#)

Introduced: 2/1/2021

Last Amend: 3/3/2021

Status: 3/4/2021-Re-referred to Com. on E.M.

Location: 2/25/2021-A. EMERGENCY MANAGEMENT

Summary: Current law, the California Emergency Services Act, establishes the Office of Emergency Services (Cal OES) within the office of the Governor, and requires Cal OES to update the State Emergency Plan on or before January 1, 2019, and requires Cal OES to update it every 5 years thereafter. This bill, instead, would require Cal OES to update the State Emergency Plan every three years commencing January 1, 2024.

[AB 410](#) (Fong R) Licensed registered nurses and licensed vocational nurses: Nurse Licensure Compact.

Current Text: Amended: 3/25/2021 [html](#) [pdf](#)

Introduced: 2/3/2021

Last Amend: 3/25/2021

Status: 3/26/2021-Re-referred to Com. on B. & P.

Location: 2/12/2021-A. B.&P.

Summary: Would enact the Nurse Licensure Compact, under which the Board of Registered Nursing and the Board of Vocational Nursing and Psychiatric Technicians would be authorized to issue a multistate license that would authorize the holder to practice as a registered nurse or a licensed vocational nurse, as applicable, in all party states under a multistate licensure privilege, as specified. The bill would designate the Board of Registered Nursing as the licensing board for registered nurses for purposes of the compact and would designate the Board of Vocational Nursing and Psychiatric Technicians as the licensing board for vocational nurses for purposes of the compact.

[AB 489](#) (Smith R) Medicine.

Current Text: Introduced: 2/8/2021 [html](#) [pdf](#)

Introduced: 2/8/2021

Status: 2/9/2021-From printer. May be heard in committee March 11.

Location: 2/8/2021-A. PRINT

Summary: Current law, the Medical Practice Act, provides for the regulation of the

practice of medicine and defines the term “licensee” for these purposes. This bill would make nonsubstantive changes to that definition.

AB 536 (Rodriguez D) Office of Emergency Services: mutual aid gap analysis.

Current Text: Introduced: 2/10/2021 [html](#) [pdf](#)

Introduced: 2/10/2021

Status: 4/21/2021-Read second time. Ordered to Consent Calendar. Re-referred to Com. on APPR. pursuant to Joint Rule 10.5.

Location: 4/21/2021-A. APPR.

Calendar: 5/5/2021 9 a.m. - State Capitol, Assembly Chamber ASSEMBLY APPROPRIATIONS, GONZALEZ, LORENA, Chair

Summary: Would require the Office of Emergency Services to prepare a gap analysis of the state’s mutual aid systems on a biennial basis, beginning on January 1, 2022. The bill would require the gap analysis to be prepared as specified and would require the gap analysis to be provided to specified committees of the Legislature no later than February 1, 2022, and by February 1 thereafter on a biennial basis.

AB 580 (Rodriguez D) Emergency services: vulnerable populations.

Current Text: Amended: 4/12/2021 [html](#) [pdf](#)

Introduced: 2/11/2021

Last Amend: 4/12/2021

Status: 4/21/2021-Read second time. Ordered to Consent Calendar. Re-referred to Com. on APPR. pursuant to Joint Rule 10.5.

Location: 4/21/2021-A. APPR.

Calendar: 5/5/2021 9 a.m. - State Capitol, Assembly Chamber ASSEMBLY APPROPRIATIONS, GONZALEZ, LORENA, Chair

Summary: Current law requires OES to establish a standardized emergency management system for use by all emergency response agencies. Current law requires the director to appoint representatives of the disabled community to serve on pertinent committees related to that system, and to ensure that the needs of the disabled community are met within that system by ensuring certain committee recommendations include the needs of people with disabilities. This bill instead would require the director to appoint representatives of the access and functional needs population, provided a majority of appointees are from specified groups, to serve on those committees and to ensure the needs of that population are met within that system.

AB 681 (Ramos D) Mental health: information sharing.

Current Text: Introduced: 2/12/2021 [html](#) [pdf](#)

Introduced: 2/12/2021

Status: 2/25/2021-Referred to Com. on HEALTH.

Location: 2/25/2021-A. HEALTH

Summary: Current law prohibits a person detained pursuant to the Lanterman-Petris-Short Act because the person is a danger to self or others, from owning, possessing, controlling, receiving, or purchasing, or attempting to own, possess, control, receive, or purchase, any firearm. In order for the Department of Justice to determine the eligibility of the person to own, possess, control, receive, or purchase a firearm, existing law requires each designated facility, within 24 hours of admitting an individual subject to that prohibition, to submit a report to the Department of Justice that contains specified information, including the identity of the person. This bill would require the Department of Justice to provide to the State Department of Health Care Services a copy of reports submitted pursuant to those provisions.

AB 793 **(Nazarian D) Critical care facilities.**

Current Text: Introduced: 2/16/2021 [_html](#) [_pdf](#)

Introduced: 2/16/2021

Status: 2/17/2021-From printer. May be heard in committee March 19.

Location: 2/16/2021-A. PRINT

Summary: Current law requires the Emergency Medical Services Authority to develop and implement guidelines that address designated components for emergency medical services systems. Current law allows the authority to establish guidelines for hospital facilities according to critical care capabilities in cooperation with affected medical organizations. This bill would make a technical, nonsubstantive change to this provision.

AB 862 **(Chen R) Medi-Cal: emergency medical transportation services.**

Current Text: Introduced: 2/17/2021 [_html](#) [_pdf](#)

Introduced: 2/17/2021

Status: 2/25/2021-Referred to Com. on HEALTH.

Location: 2/25/2021-A. HEALTH

Summary: The Medi-Cal Emergency Medical Transportation Reimbursement Act, imposes a quality assurance fee for each emergency medical transport provided by an emergency medical transport provider subject to the fee in accordance with a prescribed methodology. Current law exempts an eligible provider from the quality assurance fee and add-on increase for the duration of any Medi-Cal managed care rating during which the program is implemented. Existing law requires each applicable Medi-Cal managed care health plan to satisfy a specified obligation for emergency medical transports and to provide payment to noncontract emergency medical transport providers, and provides that this provision does not apply to an eligible provider who provides noncontract emergency medical transports to an enrollee of a Medi-Cal managed care plan during any Medi-Cal managed care rating period that the program is implemented. The bill would provide that during the entirety of any Medi-Cal managed care rating period for which the program is implemented an eligible provider shall not be an emergency medical transport provider, as defined, who is subject to a quality assurance fee or eligible for the add-on increase, and would

provide that the program's provisions do not affect the application of the specified add-on to any payment to a nonpublic emergency medical transport provider.

AB 1026 (Smith R) Business licenses: veterans.

Current Text: Introduced: 2/18/2021 [_html_](#) [_pdf_](#)

Introduced: 2/18/2021

Status: 4/20/2021-From committee: Do pass and re-refer to Com. on APPR. (Ayes 19. Noes 0.) (April 20). Re-referred to Com. on APPR.

Location: 4/20/2021-A. APPR.

Calendar: 5/5/2021 9 a.m. - State Capitol, Assembly Chamber ASSEMBLY APPROPRIATIONS, GONZALEZ, LORENA, Chair

Summary: Would require the Department of Consumer Affairs and any board within the department to grant a 50% fee reduction for an initial license to an applicant who provides satisfactory evidence, as defined, the applicant has served as an active duty member of the United States Armed Forces or the California National Guard and was honorably discharged. This bill would authorize a board to adopt regulations necessary to administer these provisions.

AB 1044 (Rodriguez D) Office of Emergency Services: COVID-19 Pandemic after-action report.

Current Text: Amended: 3/30/2021 [_html_](#) [_pdf_](#)

Introduced: 2/18/2021

Last Amend: 3/30/2021

Status: 4/5/2021-Re-referred to Com. on E.M.

Location: 3/4/2021-A. EMERGENCY MANAGEMENT

Summary: Would require the Office of Emergency Services, on or before September 30, 2021, to review, and make recommendations to the Legislature and the California congressional delegation on, how to enhance the effectiveness of the Strategic National Stockpile, the federal Defense Production Act of 1950, the California stockpile of personal protection equipment, and the procurement of personal protective equipment as part of its COVID-19 Pandemic after- action report. This bill would declare that it is to take effect immediately as an urgency statute.

AB 1071 (Rodriguez D) Office of Emergency Services: tabletop exercises.

Current Text: Amended: 3/25/2021 [_html_](#) [_pdf_](#)

Introduced: 2/18/2021

Last Amend: 3/25/2021

Status: 4/28/2021-In committee: Set, first hearing. Referred to suspense file.

Location: 4/28/2021-A. APPR. SUSPENSE FILE

Summary: Current law establishes the Office of Emergency Services (OES) within the office of the Governor and sets forth its powers and duties relating to responsibility over the state's emergency and disaster response services for natural,

technological, or manmade disasters and emergencies, including responsibility for activities necessary to prevent, respond to, recover from, and mitigate the effects of emergencies and disasters to people and property. This bill would require OES to biennially convene key personnel and agencies that have emergency management roles and responsibilities to participate in tabletop exercises in which the participant's emergency preparedness plans are discussed and evaluated under various simulated catastrophic disaster situations, as specified.

[AB 1104](#) (Grayson D) Air ambulance services.

Current Text: Amended: 4/12/2021 [html](#) [pdf](#)

Introduced: 2/18/2021

Last Amend: 4/12/2021

Status: 4/28/2021-In committee: Set, first hearing. Referred to suspense file.

Location: 4/28/2021-A. APPR. SUSPENSE FILE

Summary: Current law imposes a penalty of \$4 until July 1, 2021, upon every conviction for a violation of the Vehicle Code or a local ordinance adopted pursuant to the Vehicle Code, other than a parking offense. The act requires the county or court that imposed the fine to transfer the revenues collected to the Treasurer for deposit into the Emergency Medical Air Transportation and Children's Coverage Fund. Current law requires the assessed penalty to continue to be collected, administered, and distributed until exhausted or until December 31, 2022, whichever occurs first. These provisions remain in effect until January 1, 2024, and are repealed effective January 1, 2025. This bill would extend the assessment of penalties pursuant to the above-described provisions until December 31, 2022, and would extend the collection and transfer of penalties until December 31, 2023.

[AB 1107](#) (Boerner Horvath D) Emergency ground medical transportation.

Current Text: Introduced: 2/18/2021 [html](#) [pdf](#)

Introduced: 2/18/2021

Status: 3/4/2021-Referred to Com. on HEALTH.

Location: 3/4/2021-A. HEALTH

Summary: Would require a health care service plan contract or a health insurance policy issued, amended, or renewed on or after January 1, 2022, that offers coverage for emergency ground medical transportation services to include those services as in-network services and would require the plan or insurer to pay those services at the contracted rate pursuant to the plan contract or policy. Because a willful violation of the bill's requirements relative to a health care service plan would be a crime, the bill would impose a state-mandated local program.

[AB 1204](#) (Wicks D) Hospital equity reporting.

Current Text: Amended: 4/15/2021 [html](#) [pdf](#)

Introduced: 2/19/2021

Last Amend: 4/15/2021

Status: 4/26/2021-In committee: Hearing postponed by committee.

Location: 4/13/2021-A. APPR.

Calendar: 5/5/2021 9 a.m. - State Capitol, Assembly Chamber ASSEMBLY APPROPRIATIONS, GONZALEZ, LORENA, Chair

Summary: Current law establishes the Office of Statewide Health Planning and Development (OSHDP) to oversee various aspects of the health care market, including oversight of hospital facilities and community benefit plans. Current law requires a private, not-for-profit hospital to adopt and update a community benefits plan that describes the activities the hospital has undertaken to address identified community needs within its mission and financial capacity, including health care services rendered to vulnerable populations. Current law defines "vulnerable populations" for these purposes to mean a population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medi-Cal, Medicare, California Children's Services Program, or county indigent programs. This bill would add racial and ethnic groups experiencing disparate health outcomes and socially disadvantaged groups to the definition of "vulnerable populations" for community benefits reporting purposes.

AB 1217 (Rodriguez D) Personal protective equipment: stockpile.

Current Text: Amended: 4/8/2021 [html](#) [pdf](#)

Introduced: 2/19/2021

Last Amend: 4/8/2021

Status: 4/21/2021-Read second time. Ordered to Consent Calendar. Re-referred to Com. on APPR. pursuant to Joint Rule 10.5.

Location: 4/21/2021-A. APPR.

Summary: Would authorize the State Department of Public Health to rotate PPE in the stockpile by selling the PPE to a nonprofit agency, local government, or provider, and by contracting to purchase PPE on behalf of a local government or provider. The bill would require a nonprofit agency, local government, or provider that obtains PPE pursuant to these provisions to reimburse the department for the costs of the PPE. The bill would also make a technical change to the date in these provisions.

AB 1254 (Gipson D) Health care coverage: mobile stroke units.

Current Text: Introduced: 2/19/2021 [html](#) [pdf](#)

Introduced: 2/19/2021

Status: 3/4/2021-Referred to Com. on HEALTH.

Location: 3/4/2021-A. HEALTH

Summary: Would require a health care service plan or a health insurance policy that is issued, amended, or renewed on or after January 1, 2022, that provides coverage for emergency health care services to include coverage for services performed by a mobile stroke unit, as defined by the bill.

AB 1441 (Cervantes D) Emergency services: emergency plans: critically ill newborn

infants.

Current Text: Amended: 3/25/2021 [html](#) [pdf](#)

Introduced: 2/19/2021

Last Amend: 3/25/2021

Status: 4/21/2021-Read second time. Ordered to Consent Calendar. Re-referred to Com. on APPR. pursuant to Joint Rule 10.5.

Location: 4/21/2021-A. APPR.

Calendar: 5/5/2021 9 a.m. - State Capitol, Assembly Chamber ASSEMBLY APPROPRIATIONS, GONZALEZ, LORENA, Chair

Summary: Would require a county, in conjunction with the Office of Emergency Services and hospitals in the county, to prepare for a neonatal intensive care unit in the county an emergency disaster evacuation plan for critically ill newborn infants in the neonatal intensive care unit. By increasing the duties of local officials, this bill would impose a state-mandated local program.

[AB 1513](#) (Wood D) Health facilities.

Current Text: Introduced: 2/19/2021 [html](#) [pdf](#)

Introduced: 2/19/2021

Status: 2/22/2021-Read first time.

Location: 2/19/2021-A. PRINT

Summary: Current law requires the State Department of Public Health to license and regulate each health facility, defined to mean a facility, place, or building that is organized, maintained, and operated for the diagnosis, care, prevention, and treatment of human illness, and includes, among others, a general acute care hospital, an acute psychiatric hospital, and a skilled nursing facility. This bill would make technical, nonsubstantive changes to the definition of "health facility" for these purposes.

[AB 1518](#) (Kiley R) Health care service plan licensing.

Current Text: Introduced: 2/19/2021 [html](#) [pdf](#)

Introduced: 2/19/2021

Status: 2/22/2021-Read first time.

Location: 2/19/2021-A. PRINT

Summary: Current law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Current law exempts a health care service plan from required licensure if it provides only emergency ambulance services or advanced life support services, or both, and is operated by a state or local governmental entity. This bill would make a technical, nonsubstantive change to that provision.

[AB 1571](#) (Committee on Jobs, Economic Development, and the Economy) Administrative Procedure Act: small businesses.

Current Text: Amended: 4/6/2021 [html](#) [pdf](#)

Introduced: 3/4/2021

Last Amend: 4/6/2021

Status: 4/29/2021-From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 7. Noes 0.) (April 28). Re-referred to Com. on APPR.

Location: 4/28/2021-A. APPR.

Summary: Would require, in complying with specified requirements related to adverse economic impacts on California business enterprises and as related to the proposed adoption, amendment, or repeal of a regulation that applies to a small business, as defined, located within an area in which the Governor has declared a state of emergency, the regulation to include (1) a postponement in the application of the regulation on small businesses until the state of emergency is terminated; (2) findings that postponement is not appropriate, that the administrative regulation is necessary to address the state of emergency, as confirmed by the Office of Emergency Services, and that the regulation provides sufficient time to provide reasonable notice to affected small businesses as to the content of the regulation and the time to meet the new requirements; or (3) findings that postponement is not appropriate, that the administrative regulation is necessary to address a serious and immediate health and safety issue, as confirmed by the State Department of Public Health or the Labor and Workforce Development Agency, and that the regulation provides sufficient time to provide reasonable notice to affected small businesses as to the content of the regulation and the time to meet the new requirements.

SB 52

(Dodd D) State of emergency: local emergency: planned power outage.

Current Text: Amended: 4/12/2021 [html](#) [pdf](#)

Introduced: 12/7/2020

Last Amend: 4/12/2021

Status: 4/29/2021-Read third time. Passed. (Ayes 36. Noes 0.) Ordered to the Assembly. In Assembly. Read first time. Held at Desk.

Location: 4/29/2021-A. DESK

Summary: Would define a 'deenergization event' as a planned power outage, as specified, and would make a deenergization event one of those conditions constituting a local emergency, with prescribed limitations.

SB 57

(Wiener D) Controlled substances: overdose prevention program.

Current Text: Amended: 3/25/2021 [html](#) [pdf](#)

Introduced: 12/7/2020

Last Amend: 3/25/2021

Status: 4/22/2021-Read third time. Passed. (Ayes 21. Noes 11.) Ordered to the Assembly. In Assembly. Read first time. Held at Desk.

Location: 4/22/2021-A. DESK

Summary: Would, until January 1, 2027, authorize the City and County of San Francisco, the County of Los Angeles, and the City of Oakland to approve entities

to operate overdose prevention programs for persons that satisfy specified requirements, including, among other things, providing a hygienic space supervised by trained staff where people who use drugs can consume preobtained drugs, providing sterile consumption supplies, providing access or referrals to substance use disorder treatment, and that program staff be authorized and trained to provide emergency administration of an opioid antagonist, as defined by existing law.

[SB 206](#)

(McGuire D) Firefighters Procedural Bill of Rights Act.

Current Text: Amended: 3/25/2021 [html](#) [pdf](#)

Introduced: 1/11/2021

Last Amend: 3/25/2021

Status: 4/20/2021-April 19 hearing: Placed on APPR suspense file.

Location: 4/20/2021-S. APPR. SUSPENSE FILE

Summary: The Firefighters Procedural Bill of Rights Act grants certain employment rights to firefighters, as defined. Under the act, when a firefighter is investigated and interrogated by the firefighter's commanding officer, or another member of the employing agency, on matters that could lead to punitive action, the interrogation must be conducted pursuant to certain requirements. Current law defines "punitive action" for these purposes as any action that may lead to dismissal, demotion, suspension, reduction in salary, written reprimand, or transfer for purposes of punishment. Current law excepts from the act any employee who has not successfully completed the probationary period established by the employee's employer as a condition of employment. This bill would include in the definition of "firefighter" a temporary, seasonal firefighter employed by the Department of Forestry and Fire Protection.

[SB 209](#)

(Dahle R) State of emergency: termination after 45 days: extension by the Legislature.

Current Text: Amended: 3/4/2021 [html](#) [pdf](#)

Introduced: 1/12/2021

Last Amend: 3/4/2021

Status: 3/4/2021-From committee with author's amendments. Read second time and amended. Re-referred to Com. on G.O.

Location: 2/10/2021-S. G.O.

Summary: Would require a state of emergency to terminate 45 days after the Governor's proclamation of the state of emergency unless the Legislature extends it by a concurrent resolution.

[SB 213](#)

(Cortese D) Workers' compensation: hospital employees.

Current Text: Amended: 3/4/2021 [html](#) [pdf](#)

Introduced: 1/12/2021

Last Amend: 3/4/2021

Status: 4/20/2021-April 19 hearing: Placed on APPR suspense file.

Location: 4/20/2021-S. APPR. SUSPENSE FILE

Summary: Current law, until January 1, 2023, creates a rebuttable presumption of injury for various employees, including an employee who works at a health facility, as defined, to include an illness or death resulting from COVID-19, if specified circumstances apply. This bill would define "injury," for a hospital employee who provides direct patient care in an acute care hospital, to include infectious diseases, cancer, musculoskeletal injuries, post-traumatic stress disorder, and respiratory diseases. The bill would create rebuttable presumptions that these injuries that develop or manifest in a hospital employee who provides direct patient care in an acute care hospital arose out of and in the course of the employment. The bill would extend these presumptions for specified time periods after the hospital employee's termination of employment. Beginning January 1, 2023, the bill would include COVID-19 in the definitions of infectious and respiratory diseases.

SB 284

(Stern D) Workers' compensation: firefighters and peace officers: post-traumatic stress.

Current Text: Amended: 3/16/2021 [_html](#) [_pdf](#)

Introduced: 2/1/2021

Last Amend: 3/16/2021

Status: 3/22/2021-March 22 hearing: Placed on APPR suspense file.

Location: 3/22/2021-S. APPR. SUSPENSE FILE

Summary: Current law, under the workers' compensation system, provides, only until January 1, 2025, that, for certain state and local firefighting personnel and peace officers, the term "injury" includes post-traumatic stress that develops or manifests during a period in which the injured person is in the service of the department or unit, but applies only to injuries occurring on or after January 1, 2020. Existing law requires the compensation awarded pursuant to this provision to include full hospital, surgical, medical treatment, disability indemnity, and death benefits. This bill would make that provision applicable to active firefighting members of the State Department of State Hospitals, the State Department of Developmental Services, the Military Department, and the Department of Veterans Affairs, and to additional peace officers, including security officers of the Department of Justice when performing assigned duties as security officers and the officers of a state hospital under the jurisdiction of the State Department of State Hospitals or the State Department of Developmental Services, among other officers.

SB 742

(Pan D) Vaccination sites: unlawful physical obstruction, intimidation, or picketing.

Current Text: Amended: 3/4/2021 [_html](#) [_pdf](#)

Introduced: 2/19/2021

Last Amend: 3/4/2021

Status: 4/21/2021-Set for hearing May 3.

Location: 4/20/2021-S. APPR.

Calendar: 5/3/2021 10 a.m. - John L. Burton Hearing Room

Summary: Would make it unlawful, except upon private property, for a person to engage in physical obstruction, intimidation, or picketing targeted at a vaccination site during the time period beginning one hour prior to the vaccination services beginning and ending one hour after the conclusion of the vaccination services. The bill would define "picketing" for these purposes as protest activities engaged in by any person within 300 feet of a vaccination site, and would further define "vaccination site" as the physical location where vaccination services are provided, including, but not limited to, a hospital, physician's office, clinic, or any retail space or pop-up location made available for large-scale vaccination services.

SB 816

(Committee on Governmental Organization) Master Mutual Aid Agreement: tribes.

Current Text: Amended: 4/6/2021 [_html_](#) [_pdf_](#)

Introduced: 3/3/2021

Last Amend: 4/6/2021

Status: 4/29/2021-Read third time. Passed. (Ayes 36. Noes 0.) Ordered to the Assembly. In Assembly. Read first time. Held at Desk.

Location: 4/29/2021-A. DESK

Summary: Current law requires, during any state of war emergency, or state of emergency when the need arises for outside aid in any county, city and county, or city, aid to be rendered in accordance with approved emergency plans. In periods other than a state of war emergency, a state of emergency, or a local emergency, current law authorizes state agencies and political subdivisions to exercise mutual aid powers in accordance with the Master Mutual Aid Agreement and local ordinances, resolutions, agreements, or plans. Existing law defines the Master Mutual Aid Agreement, an agreement between the state and its various departments and agencies, and the various political subdivisions to facilitate implementation of the act, for the purposes of the California Emergency Services Act. This bill would add federally recognized California Indian tribes to that definition describing the agreement.

Total Measures: 38

May 3, 2021

X. New Business

c. Annual Core Measure and APOT Report



Emergency Medical Services Annual Core Measures and APOT Report

Core Measures 2020:

Each local EMS authority is responsible for collecting, analyzing, and reporting a set of standardized performance measures to the State EMS Authority. According to the California Emergency Medical Services Authority¹:

“The preliminary Core Measures are derived largely from a set of quality indicators developed through a project by the National Quality Forum. These core measures will begin to benchmark the performance of EMS systems, perform recommended treatments determined to get the best results for patients with certain medical conditions, transport patients to the most appropriate hospital....The measures are based on scientific evidence about processes and treatments that are known to get the best result for a condition or illness. Core Measures help emergency medical services systems improve the quality of patient care by focusing on the actual results of care.”

The following is the list of Core Measures, the total population measured, a description of each, and the 2020 reporting value for Kern County EMS.

Measure ID	Population	Reporting Value	Measure Description
TRA-2	1804	33%	Percent of trauma patients transported to trauma center
ACS-1	1255	45%	Aspirin administration for chest pain of suspected cardiac origin
ACS-4	162	22%	Percent of times hospital receives pre-alert for STEMI patients
HYP-1	1764	41%	Treatment administered for hypoglycemia
STR-1	830	97%	Prehospital screening for suspected stroke patients
STR-2	830	89%	Glucose testing for suspected stroke patients
STR-4	614	36%	Percent of times hospital receives pre-alert for stroke patients
PED-3	248	73%	Respiratory assessment for pediatric patients in respiratory distress
RST-4	118264	96%	Requests for services that include a lights and/or sirens response
RST-5	46120	51%	Requests for services that include a lights and/or sirens transport

Ambulance Patient Offload Times (APOT) 2020:

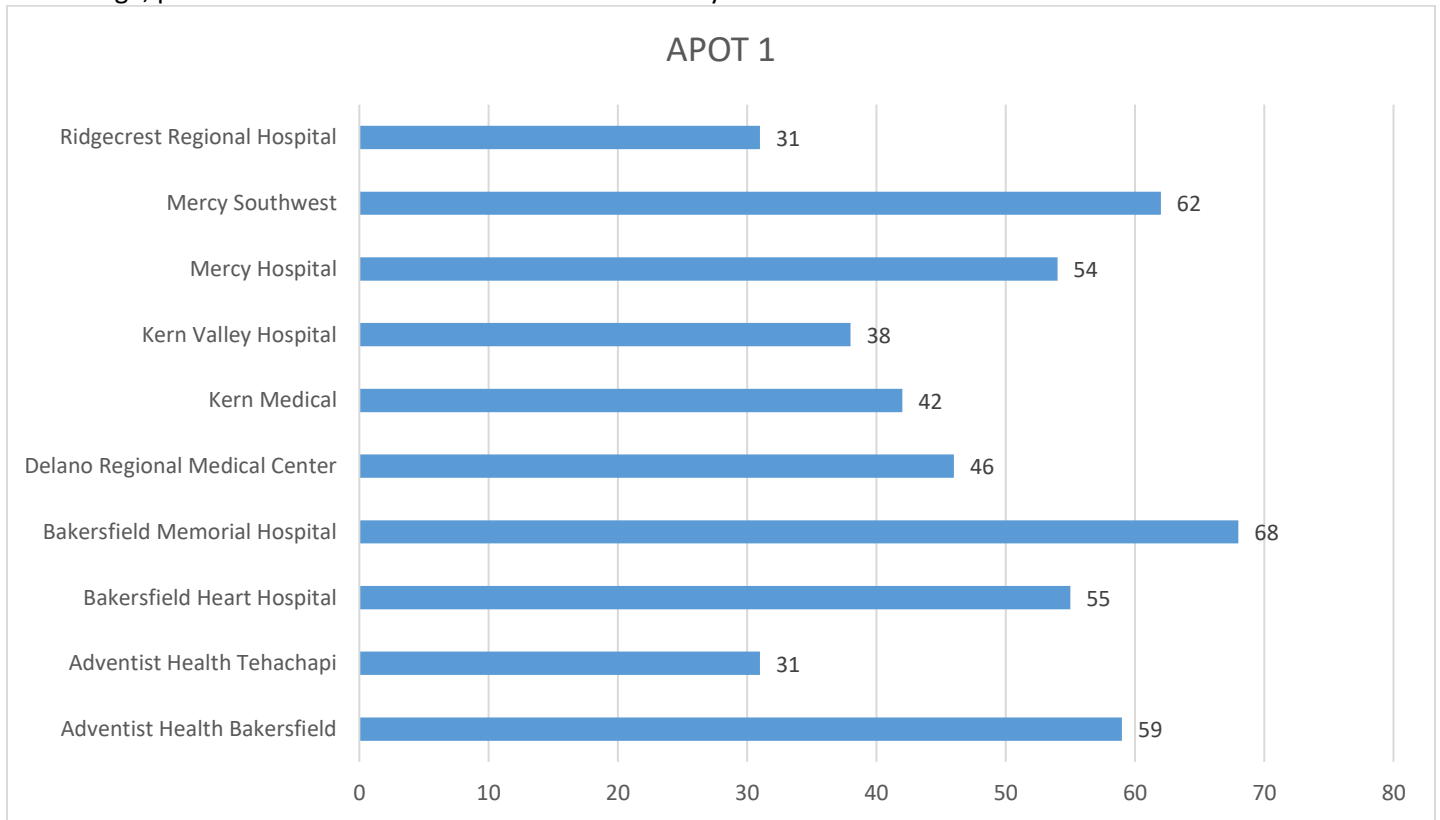
Ambulance patient offload time (APOT) is the elapsed time between the moment an ambulance arrives at a hospital and when patient care is transferred to hospital staff. The expectation is that 90 percent of the time patient care is transferred to hospital staff within 20 minutes.

In 2016, California Emergency Medical Services Authority approved legislation that required each local EMS agency to calculate and report APOT for each designated base hospital in their jurisdiction with the hopes that quality improvement could decrease these times².

The following is a summary of each Kern County designated base hospital and their APOT in 2020.



Our Goal: 90% of the time, patients should be offloaded within 20 minutes of arrival.
On average, patients were offloaded within 20 minutes only **37%** of the time.



The following is a summary of APOT-2 criteria for each hospital in 2020:

Hospital	2.1 %	2.2 %	2.3 %	2.4 %	2.5 %	Total Transports
Adventist Health Bakersfield	25	66	9	1	0	11071
Bakersfield Memorial Hospital	31	57	9	2	1	9293
Kern Medical	44	54	2	0	0	8072
Mercy Downtown	32	60	6	1	0	3211
Mercy Southwest	38	59	9	2	1	3707
Delano Regional Medical Center	50	45	4	1	0	1245
Bakersfield Heart hospital	38	53	7	1	1	1747
Ridgecrest Regional	79	18	2	1	0	1555
Adventist Health Tehachapi	71	27	2	0	0	1517
Kern Valley Hospital	56	41	3	1	0	993



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- 2.1: Defined by an offload time ≤ 20 min
- 2.2: Defined by an offload time of 21-60 min
- 2.3: Defined by an offload time of 61-120 min
- 2.4; Defined by an offload time of 121-180 min
- 2.5: Defined by an offload time of >180 min

X. New Business

d. 2020 EMCAB Agenda Summary

Emergency Medical Care Advisory Board Summary 2020

The Emergency Medical Care Advisory Board (EMCAB) was established pursuant to section 1797.270 et seq. of the California Health and Safety Code. EMCAB is advisory to the Kern County Board of Supervisors. EMCAB is made up of eleven primary members and alternates for each position representing various multi-disciplinary community organizations and consumers. EMCAB meets quarterly. Details regarding the topics below can be found on the Division's website at <https://kernpublichealth.com/ems-meeting-schedule/>

The following offers a summary of EMCAB actions for the calendar year 2020:

February 13, 2020		
Issue	Suggested Action	EMCAB Action
Maddy Fund Quarterly Report	Receive and File	Received
ePCR Policy Update	Approve	Approved
STEMI Policy Update	Approve	Approved
Kern EMS Inappropriate User Policy	Approve	Approved
2019 EMS Plan	Receive and File	Received
Ambulance Patient Offload Times	Receive and File	Received
Proposed EMCAB Meeting Dates for 2020	Approve	Approved
Special Event Policy	Approve	Approved
May 14, 2020 – Meeting Canceled due to COVID-19		
August 13, 2020		
Issue	Suggested Action	EMCAB Action
Maddy Fund Quarterly Report	Receive and File	Received
Annual EOA Reports for 2019	Receive and File	Received
Annual EMS System Report for 2019	Receive and File	Received
Quarterly Compliance Report	Receive and File	Received
ePCR Policy Update	Approve	Approved
ePCR Quality Improvement Grading System	Approve	Approved
Pediatric Receiving Center Designation Policy	Approve	Approved
Hearing Request	Approve	Approved and Date Set
November 12, 2020 – Special Meeting		
Hearing	EMCAB Recommendation	Action
Hall Ambulance Appeal of EMS decision to discontinue field use of Zoll AutoPulse	Recommendation to continue use in the field	Dr. Lyon upheld the decision to discontinue the use of the device.
November 12, 2020		
Issue	Suggested Action	EMCAB Action
Maddy Fund Quarterly Report	Receive and File	Received
Quarterly Compliance Report	Received and File	Received

Legislation Report	Receive and File	Received
Quarterly APOT	Received and File	Received
EMCAB Meeting Dates for 2021	Approve	Approved

X. New Business

e. Annual OA Reports for 2020



Annual Performance Reports

Background

On September 21, 2006, the *Ambulance Ordinance* (Chapter 8.12) was enacted. The ordinance established the exclusive operating areas (EOAs) that divide up the County for ambulance transport services. These EOAs were assigned through the execution of performance contracts with ambulance providers. The *Ambulance Service Performance Standards*, which were approved by the Board of Supervisors on December 5, 2006, and revised by this board on November 23, 2018, outline the requirements that ambulance services must meet in order to remain in compliance with performance contracts. On a monthly basis each ambulance provider is required to submit reports to the Division for the monitoring of performance. The information is compiled and reported to the Board of Supervisors annually. In 2015, your Board designated the May meeting as the annual meeting for review of the EMS System.

The Division has finalized the following Annual Performance Reports for 2020:

- EOA 1 – Hall Ambulance Service, Inc,
- EOAs 2,4,8,9 – Hall Ambulance Service, Inc.,
- EOA 3 – Delano Ambulance Service,
- EOA 6 – Liberty Ambulance Service,
- EOA 7– Liberty Ambulance Service,
- OA 11 – Hall Ambulance Service, Inc.,
And
- OA 11 – Liberty Ambulance Service.

IT IS RECOMMENDED, the Board receives and files these reports

2020 Annual Performance Report Summary for Hall Ambulance Service, Inc. – EOA 1

Operations and Geography

Hall Ambulance Service, Inc. is responsible for providing all ambulance services within exclusive operating area (EOA) number 1. Located at the northwest part of the County, EOA 1 encompasses an area from Highway 65 to the east, the San Luis Obispo County line to the west, Kimberlina Road to the south, and Kings County line to the north. Included within EOA 1 are long stretches of Interstate 5, Highway 99, and the Highway 46 corridor as well as the communities of Wasco and Lost Hills.

Hall Ambulance Service Inc.'s base of operations in 2020 was located at 1001 21st Street in Bakersfield with a station located at 2324 7th Street in Wasco. In 2020 Hall Ambulance Service also operated a second station in EOA 1 at 14865 Woodward Ave. in Lost Hills. Hall Ambulance Service, Inc. operated a fleet of 106 ambulances and 6 supervisor units, 1 helicopter, 1 supply vehicle, 1 wheel chair Van, 1 passenger van and employed 450 emergency medical technicians, paramedics, dispatchers, nurses and shop techs, business office personnel, administrative staff and support staff. The owner/CEO of Hall Ambulance Service, Inc. was Lavone Hall with John Surface in the position of COO and Myron Smith as General Manager.

Sub-contracts

Hall Ambulance Service, Inc. does not have any sub-contract agreements with other providers for EOA 1.

Response Compliance

Response time compliance is complex; there are 25 categories of response time compliance that must be met each month. In addition, there are three other categories of response compliance we measure to ensure that advanced life support (ALS) units are predominately used in the system for pre-hospital emergency calls.

Due to the increased call volume, extended ambulance offload times and ambulances out of service due to decontamination from COVID 19, EMS waived Response Compliance in 2020.

Call Volume

- Hall Ambulance EOA 1: 2458 responses; 6 *turned calls*; 38 *mutual aid* calls

Mutual aid occurs when Hall Ambulance Service provides services to another ambulance company outside of the EOA. Hall Ambulance Service provided 38 separate instances of *mutual aid* to surrounding operating areas, all of which included Delano and McFarland. In some of these cases Hall Ambulance was responded due to unavailability of Delano Ambulances but gave the call back to Delano Ambulance because a unit became available.

A *turned call* occurs when Hall Ambulance Service fails to respond to a call within its EOA and another agency must respond from outside of the area. During 2020, Hall Ambulance Service reported 6 *turned calls* in EOA 1. All of these calls were serviced by Delano Ambulance Service.

In addition to the above, Hall Ambulance Service Inc. also received multiple requests for pre-staging of Advanced Life Support ambulance service in the Greater Bakersfield, EOA 4 Metro Zone, area for potential civil unrest. Hall Ambulance Service, Inc. staffed at minimum one, if not multiple Advanced Life Support ambulance(s) for each event and added an additional Paramedic Field Supervisor staffing a Paramedic 1st responder unit. This allowed for maximum coordination between crews on the ground, administration, EMS, law enforcement, and patient care. Additionally, a Hall Ambulance Service, Inc. Manager was deployed to work closely with EMS for maximum coordination of services and safety of all involved individuals.

On August 22nd, the state reached out for ambulance strike teams to respond to the CZU Lightning Complex Fire in Santa Cruz, California. Hall Ambulance Service Inc. answered the call and dispatched 5 advanced life support ambulances, 1 Disaster Mobile Services Unit (DMSU) and 1 strike team leader to Cabrillo College in Aptos, California. In total, Hall Ambulance committed 7 vehicles, 6 paramedics, 8 EMTs and one Ambulance Strike Team Leader to the incident. These ambulance crews had a total of 13 patient contacts, which resulted in 9 patient transports and 4 cancellations. Total man hours for the deployment exceeded 1,640 hours across 6 days.

Data Reporting

The EMS Division relies on each ambulance company to submit compliance data to allow monitoring of performance. Hall Ambulance Service, Inc. has submitted compliance data on time for each month. Additionally, Hall Ambulance has been

working with EMS and has initiated a web-based tracking program named First Watch which allows for real time compliance tracking and reporting.

Complaints/Investigations

In 2020, there were no formal complaints filed with EMS against Hall Ambulance Service, Inc. for services provided within EOA 1.

Community Services

2020 proved to be a difficult year for community service due to COVID 19. Hall Ambulance Service was able to participate in 14 community service events between January 1 and March 7th of 2020. These events included:

- Blood pressure clinics
- Ambulance demonstrations for local schools
- Tours of Post 1 for various community and school groups
- Career Expo
- Safety fair
- And
- Community outreach

Dispatch

Hall Ambulance Service, Inc. operates a dispatch center located at the Bakersfield address. This dispatch center provides emergency medical dispatch capabilities for Hall Ambulance Service, Inc., Delano Ambulance Service and Liberty Ambulance Service. The County requires each dispatch center to have “EMD” capabilities. “EMD” indicates that the dispatchers are specially trained, and programs are in place to medically prioritize each call and provide instructions to callers over the phone to assist with providing emergency medical care to the patient. The quality of “EMD” service is closely monitored. Hall Ambulance Service, Inc. reported processing over 11,758 requests for emergency service in the dispatch center in 2020 and maintained accreditation with the International Academies of Emergency Dispatch (IAED) as an Accredited Center of Excellence. The IAED mandates that a percentage of the request for emergency service be evaluated for compliance to protocol and be ranked in one of five categories, “high compliance”, “Compliant”, “Partial Compliance”, “Low Compliance” and “non-compliant.” In 2020, Hall Ambulance Service, Inc. evaluated 1169 requests for emergency service and reported 93% percent of evaluated calls in the “high compliance” and “compliance” categories. This is a high level of quality and well beyond the IAED standard of 73 percent.

Summary

While we may not know the lasting impact COVID 19 had on our system for some time, it is important to recognize the ambulance providers and the job they did for the people of Kern County. Hall Ambulance Service staff worked tirelessly to provide the best possible care for the people of Kern County. The management staff worked in cooperation with EMS as we developed and updated our policies, procedures and protocols to meet the everchanging demands brought on by COVID. With increasing call volumes, extended offload times, staff being exposed and becoming ill and ambulances out of service due to decontamination, Hall Ambulance never gave up. The management, paramedics, emts, dispatchers and nurses that man the units everyday are to be commended on the outstanding job they did in the face of such adversity. It is because of their dedication that Kern County was able to make it through the largest surge without the assistance of out of county resources.

2020 Annual Performance Report Summary for Hall Ambulance Service, Inc. – EOAs 2, 4, 8, and 9

Operations and Geography

Hall Ambulance Service, Inc. is responsible for all responses within five exclusive operating areas (EOA) that are covered under one agreement. Hall Ambulance Service, Inc.'s base of operations is located at 1001 21st Street, Bakersfield. Hall Ambulance Service, Inc. operated a fleet of 106 ambulances and 6 supervisor units, 1 helicopter, 1 supply vehicle, 1 wheel chair Van, 1 passenger van and employed 450 emergency medical technicians, paramedics, dispatchers, nurses, shop techs, business office personnel, administrative staff and support staff. The owner/CEO of Hall Ambulance Service, Inc. was Lavone Hall with John Surface in the position of COO and Myron Smith as Operations Manager.

Hall Ambulance Service, Inc. uses a combination of two operational methods to deploy ambulance resources. In EOAs 2, 8, and 9 the deployment method is mostly static. That is, there is a traditional base of operation from which the ambulances respond. The other method is termed *system status management* which is used in the Bakersfield Metro Area (EOA 4). This method keeps the resources fluid and moving at all times to provide the best possible response at any given time, based on the number of available ambulances and historical system demands. Consequently, traditional stations are not used; ambulances are moved throughout the area to position the units for the next anticipated call.

EOA 2 - Located north of Bakersfield, EOA 2 encompasses an area from Highway 33 on the east to Quality Road on the west, Merced Avenue to the north and Stockdale Highway to the south. Included within EOA 2 are long stretches of Interstate 5 and Highway 99 as well as the communities Shafter and Buttonwillow. Hall Ambulance Service, Inc. maintains a station located on Lerdo Highway in Shafter where they station two ambulances with twelve employees to cover the area.

EOA 4 - Located in and around the greater Bakersfield area, EOA 4 encompasses an area from Glennville to the north, Panama Road to the south, Interstate 5 to the west and Breckenridge road to the east. *System status management* is used in this EOA.

EOA 8 - Located at the south end of the County, EOA 8 encompasses an area from Sand Canyon on the east to the Interstate 5 to the west and Los Angeles County line from the south to Highway 58 to the north. Included within the area are the communities of Pine Mountain Club, Frazier Park, Lebec, Mettler, Lamont, Arvin, Stallion Springs, Golden Hills, Tehachapi and Sand Canyon. Hall Ambulance Service, Inc. maintains stations in Frazier Park, Arvin, Lamont, Golden Hills, and two stations in Tehachapi to serve EOA 8.

EOA 9 - Located at the west end of Kern County, EOA 9 encompasses an area from Interstate 5 on the east to the San Luis Obispo County line to the west and Laval Road from the south to Lerdo Hwy to the north. Included within the area are the communities of Maricopa, Taft, McKittrick, Fellows, Valley Acres and Dustin Acres. Hall Ambulance Service, Inc. maintains a station in Taft to serve EOA 9, with two ambulances and twelve employees.

Sub-contracts

During 2020, Hall Ambulance Service, Inc. had an agreement Delano Ambulance Service, allowing them to provide service within one or more of Hall Ambulance Service, Inc.'s assigned areas. The agreement with Delano Ambulance Service included performance of specific transports for inmates originating in Bakersfield and returning to North Kern and Kern Valley State Prisons.

Response Compliance

Response time compliance is complex. There are 25 categories of response time compliance that must be met for each EOA per month. In addition, there are three other categories of response compliance we measure to ensure that advanced life support (ALS) units are predominately used in the system for pre-hospital emergency calls.

Due to the increased call volume, extended ambulance offload times and ambulances out of service due to decontamination from COVID 19, EMS waived Response Compliance in 2020.

Call Volume

- EOA 2: 2,167 responses; 1 *turned calls*; 4 *mutual aid* calls
- EOA 4: 83,278 responses; 0 *turned calls* and responded to 75 *mutual aid* calls.
- EOA 8: 8,738 responses; 7 *turned calls* and responded to 14 *mutual aid* calls
- EOA 9: 2,086 responses; 0 *turned calls* and responded to 0 *mutual aid* calls

Mutual aid occurs when Hall Ambulance Service, Inc. provides services to another ambulance company outside of the EOA. Hall Ambulance Service, Inc. provided 75 separate instances of *mutual aid* to surrounding areas. The demand for services in other areas exceeded the capability of the existing ambulance service providers and Hall Ambulance Service, Inc. provided resources to meet the demand. The demand on the system increased greatly due to surges in COVID 19. As a result, EMS mandated that all in county ambulance providers provide mandatory mutual aid to the hardest hit areas. As a result of this action Hall Ambulance

reported receiving mutual aid on 142 occasions in EOA 4, 13 occasions in EOA 8 and 2 occasions in EOA 9 in 2020.

A *turned call* occurs when the contracted agency fails to respond to a call within its EOA and another agency must respond from outside of the area. During 2020, Hall Ambulance Service, Inc. reported 1 turned call in EOA 2 and 7 turned calls in EOA 8.

In addition to the above, Hall Ambulance Service Inc. also received multiple requests for pre-staging of Advanced Life Support ambulance service in the Greater Bakersfield, EOA 4 Metro Zone, area for potential civil unrest. Hall Ambulance Service, Inc. staffed at minimum one, if not multiple Advanced Life Support ambulance(s) for each event and added an additional Paramedic Field Supervisor staffing a Paramedic 1st responder unit. This allowed for maximum coordination between crews on the ground, administration, EMS, law enforcement, and patient care. Additionally, a Hall Ambulance Service, Inc. Manager was deployed to work closely with EMS for maximum coordination of services and safety of all involved individuals.

On August 22nd, the state reached out for ambulance strike teams to respond to the CZU Lightning Complex Fire in Santa Cruz, California. Hall Ambulance Service Inc. answered the call and dispatched 5 advanced life support ambulances, 1 Disaster Mobile Services Unit (DMSU) and 1 strike team leader to Cabrillo College in Aptos, California. In total, Hall Ambulance committed 7 vehicles, 6 paramedics, 8 EMTs and one Ambulance Strike Team Leader to the incident. These ambulance crews had a total of 13 patient contacts, which resulted in 9 patient transports and 4 cancellations. Total man hours for the deployment exceeded 1,640 hours across 6 days.

Data Reporting

The EMS Program relies on each ambulance company to submit compliance data to allow monitoring of performance. Hall Ambulance Service, Inc. was in compliance with all data reporting requirements for 2020 in EOA 2, 4, 8 and 9.

Complaints/Investigations

There were no formal complaints made against Hall Ambulance Service, Inc. for EOA 2, 4, 8, or 9 in 2020.

Community Services

2020 proved to be a difficult year for community service due to COVID 19. Hall Ambulance Service was able to participate in 14 community service events between January 1 and March 7th of 2020. These events included;

- Blood pressure clinics
- Ambulance demonstrations for local schools
- Tours of Post 1 for various community and school groups
- Career Expo
- Safety fair
And
- Community outreach

Dispatch

Hall Ambulance Service, Inc. operates a dispatch center located at the Bakersfield address. This dispatch center provides emergency medical dispatch capabilities for Hall Ambulance Service, Inc., Delano Ambulance Service and Liberty Ambulance Service. The County requires each dispatch center to have “EMD” capabilities. “EMD” indicates that the dispatchers are specially trained, and programs are in place to medically prioritize each call and provide instructions to callers over the phone to assist with providing emergency medical care to the patient. The quality of “EMD” service is closely monitored. Hall Ambulance Service, Inc. reported processing over 11,758 requests for emergency service in the dispatch center in 2020 and maintained accreditation with the International Academies of Emergency Dispatch (IAED) as an Accredited Center of Excellence. The IAED mandates that a percentage of the request for emergency service be evaluated for compliance to protocol and be ranked in one of five categories, “high compliance”, “Compliant”, “Partial Compliance”, “Low Compliance” and “non-compliant.” In 2020, Hall Ambulance Service, Inc. evaluated 1169 requests for emergency service and reported 93% percent of evaluated calls in the “high compliance” and “compliance” categories. This is a high level of quality and well beyond the IAED standard of 73 percent.

Summary

While we may not know the lasting impact COVID 19 had on our system for some time, it is important to recognize the ambulance providers and the job they did for the people of Kern County. Hall Ambulance Service staff worked tirelessly to provide the best possible care for everyone. The management staff worked in cooperation with EMS as we developed and changed our policies, procedures and protocols to meet the everchanging demands brought on by COVID. With increasing call volumes, extended offload times, staff being exposed and becoming ill and ambulances out of service due to decontamination, Hall Ambulance never gave up. The management, paramedics, emts, dispatchers and nurses that man the units everyday are to be commended on the outstanding job they did in the face of such adversity. It is because of their dedication that Kern County was able to make it through the largest surge without the assistance of out of county resources.

2020 Annual Performance Report Summary for Delano Ambulance Service – EOA 3

Operations and Geography

Delano Ambulance Service is responsible for all ambulance services within exclusive operating area (EOA) number 3. Located at the north end of the County, EOA 3 encompasses an area from the Tulare County line to the north, Woody to the east, Lost Hills Road to the west and Whistler Road to the south. Included within EOA 3 are 10-mile stretches of the Highway 99 and Highway 65, as well as the communities of Delano and McFarland.

Delano Ambulance Service's base of operations in 2020 is located at 403 Main Street, Delano. Delano Ambulance Service runs a fleet including 6 ambulances and employs 17 emergency medical technicians, and paramedics. The owner of Delano Ambulance is Aaron Moses.

Sub-contracts

During 2020, Delano Ambulance Service had an agreement with Hall Ambulance Service, Inc. to allow for the transport of inmates originating from Bakersfield hospitals and return them to North Kern and Kern Valley State Prisons. Additionally, Tulare County will regularly request Delano Ambulance Service to respond into Richgrove, Earlimart, or other parts of southern Tulare County for medical calls and other emergencies. However, these calls are on a mutual aid basis, and a formal contract that requires Delano Ambulance Service to cover parts of Tulare County has not been executed.

Compliance

Response time compliance is complex; there are 25 categories of response time compliance that must be met each month. In addition, there are three other categories of response compliance we measure to ensure that advanced life support (ALS) units are predominately used in the system for pre-hospital emergency calls.

Due to the increased call volume, extended ambulance offload times and ambulances out of service due to decontamination from COVID 19, EMS waived Response Compliance in 2020.

Call Volume

- EOA 3: 4330 responses; 50 *turned calls*; 51 *mutual aid* calls.

Mutual aid occurs when Delano Ambulance Service provides services for another ambulance company outside of the EOA. Delano Ambulance provided an additional 60 *mutual aid* responses to Tulare County. The demand for services in other areas exceeded the capability of the other existing ambulance providers and Delano

Ambulance Service provided resources to meet the demand. Further, Delano Ambulance Service provided mutual aid in Bakersfield, Wasco, McFarland, and Shafter.

A *turned call* occurs when Delano Ambulance Service fails to respond to a call within its EOA and another agency must respond from outside of the area. During 2020, Delano Ambulance Service reported 50 *turned calls*. Hall Ambulance Service, Inc. responded to all of the requests. Of the *turned calls* that were reported, Delano Ambulance Service was able to take a number of the calls back completing the calls.

Data Reporting

The EMS Division relies on each ambulance company to submit compliance data to allow monitoring of performance. Delano Ambulance Service was compliant for all months with data reporting requirements.

Complaints/Investigations

In 2020, there were no formal complaints filed with the Division against Delano Ambulance Service.

Community Services

Delano Ambulance Service was unable to participate in community service events in 2020 due to COVID 19.

Dispatch

Delano Ambulance Service contracts with Hall Ambulance Service, Inc. to provide EMD and dispatch services.

Summary

While we may not know the lasting impact COVID 19 had on our system for some time, it is important to recognize the ambulance providers and the job they did for the people of Kern County. Delano Ambulance Service staff worked tirelessly to provide the best possible care for the people of Kern County. The management staff worked in cooperation with EMS as we developed and updated our policies, procedures and protocols to meet the everchanging demands brought on by COVID. With increasing call volumes, extended offload times, staff being exposed and becoming ill and ambulances out of service due to decontamination, Delano Ambulance never gave up. The management, paramedics and emts, that man the units everyday are to be commended on the outstanding job they did in the face of such adversity. It is because of their dedication that Kern County was able to make it through the largest surge without the assistance of out of county resources.

2020 Annual Performance Report Summary for Liberty Ambulance Service – EOA 6

Operations and Geography

Progressive Ambulance, Inc., doing business as Liberty Ambulance Service, is responsible for all ambulance services within exclusive operating area (EOA) number 6. Located in the Sierra Nevada Mountains northeast of Bakersfield, EOA 6 encompasses the communities of Kernville, Riverkern, Wofford Heights, Alta Sierra, Lake Isabella, Bodfish, Havilah, Mountain Mesa, Onyx, Weldon, and parts of Walker Basin.

Liberty Ambulance Service headquarters is located at 1325 W. Ridgecrest Boulevard, Ridgecrest. They operate satellite ambulance stations at 11345 Kernville Road, Kernville, and at 3640 Golden Spur Drive, Lake Isabella. Liberty Ambulance Service operates a fleet of 17 ambulances, 3 supervisor units, 2 wheelchair vans, 1 administration vehicle and 1 support vehicle. Liberty Ambulance Service employs 71 emergency medical technicians, paramedics, field supervisors, administrators and support staff. Progressive Ambulance, Inc., is owned and operated by Ridgecrest Regional Hospital. The CEO of Ridgecrest Regional Hospital is Jim Suver, the Director of Emergency Services is Fred Hawkins and the Chief Operating Officer is Erin Cocclione.

Sub-contracts

None.

Response Compliance

Response time compliance is complex; there are 25 categories of response time compliance that must be met each month. In addition, there are three other categories of response compliance we measure to ensure that advanced life support (ALS) units are predominately used in the system for pre-hospital emergency calls.

Due to the increased call volume, extended ambulance offload times and ambulances out of service due to decontamination from COVID 19, EMS waived Response Compliance in 2020.

Call Volume

- EOA 6: 3696 responses; 0 *turned call*; 24 calls outside of the EOA which were a result of a Mutual Aid request.

Mutual aid occurs when Liberty Ambulance Service provides services to another ambulance company outside of the EOA. Liberty Ambulance Service provided 24 separate instances of *mutual aid* to surrounding operating areas; 19 of the *mutual aid* responses were out of Kern County. Mountain 99, the road north of Riverkern, travels along the upper Kern River and into remote parts of the Sequoia National Monument. Liberty is the closest ambulance service to cover Mountain 99. Although this area is in Tulare County and technically falls within the response area of a volunteer service in Camp Nelson, the response times from Camp Nelson exceed one hour. Liberty Ambulance Service is also the closest ambulance service for the upper Kern River area. Consequently, Liberty Ambulance Service is called frequently to provide emergency services to that region.

A *turned call* occurs when Liberty Ambulance Service fails to respond to a call within its EOA and another agency must respond from outside of the area. Liberty Ambulance Service reported no *turned calls* for 2020.

Data Reporting

The EMS Division relies on each ambulance company to submit compliance data to allow monitoring of performance. Liberty Ambulance Service has submitted compliance data on time for each month.

Complaints/Investigations

In 2020, there were no formal complaints filed with the EMS Division against Liberty Ambulance Service for EOA 6.

Community Services

2020 proved to be a difficult year for community service due to COVID 19. Liberty Ambulance Service was able to participate in 5 community service events in 2020. These events included;

- Kernville Rodeo
- Lake Isabella FFA Basketball
- Lake Isabella Kern Valley Hospital Heart Walk
- Wofford Heights Blanket donations for Senior Center

Dispatch

Liberty Ambulance Service contracted with Hall Ambulance Service for Emergency Medical Dispatch services in 2020.

Summary

While we may not know the lasting impact COVID 19 had on our system for some time, it is important to recognize the ambulance providers and the job they did for the people of Kern County. Liberty Ambulance Service staff worked tirelessly to provide the best possible care for the people of Kern County. The management staff worked in cooperation with EMS as we developed and updated our policies, procedures and protocols to meet the everchanging demands brought on by COVID. With increasing call volumes, extended offload times, staff being exposed and becoming ill and ambulances out of service due to decontamination, Liberty Ambulance never gave up. The management, paramedics, emts, dispatchers and nurses that man the units everyday are to be commended on the outstanding job they did in the face of such adversity. It is because of their dedication that Kern County was able to make it through the largest surge without the assistance of out of county resources.

2020 Annual Performance Report Summary for Liberty Ambulance Service – EOA 7

Operations and Geography

Progressive Ambulance, Inc., doing business as Liberty Ambulance Service, is responsible for all ambulance services within exclusive operating area (EOA) number 7. Located in the north east region of the County, EOA 7 encompasses an area in the high desert that includes the communities of Ridgecrest, Inyokern, and Randsburg and a 30 to 40 mile stretch of both Highway 14 and Highway 395. Additionally, there are popular off-road motorcycle recreational areas within EOA 7.

Liberty Ambulance Service headquarters is located at 1325 W. Ridgecrest Boulevard, Ridgecrest. Liberty Ambulance Service operates a fleet of 17 ambulances, 3 supervisor units, 2 wheelchair vans, 1 administration vehicle and 1 support vehicle. Liberty Ambulance Service employs 71 emergency medical technicians, paramedics, field supervisors, administrators and support staff. Progressive Ambulance, Inc., is owned and operated by Ridgecrest Regional Hospital. The CEO of Ridgecrest Regional Hospital is Jim Suver, the Director of Emergency Services is Fred Hawkins and the Chief Operating Officer is Erin Cocclione.

Sub-contracts

None.

Response Compliance

Response time compliance is complex; there are 25 categories of response time compliance that must be met each month. In addition, there are three other categories of response compliance we measure to ensure that advanced life support (ALS) units are predominately used in the system for pre-hospital emergency calls.

Due to the increased call volume, extended ambulance offload times and ambulances out of service due to decontamination from COVID 19, EMS waived Response Compliance in 2020.

Call Volume

- EOA 7: 3658 responses; 0 *turned call*; 95 calls outside of the EOA which were a result of a Mutual Aid request.

Mutual aid occurs when Liberty Ambulance Service provides services to another ambulance company outside of the EOA. Liberty Ambulance Service provided 95 separate instances of *mutual aid* to surrounding operating areas; 94 of the *mutual aid* responses were out of Kern County. The towns of Trona and Red Mountain are in San Bernardino County, but Liberty Ambulance Service is the closest ambulance resource to these communities. Liberty Ambulance Service routinely responds to Inyo County for services along Highway 395 and Death Valley National Park. It is not uncommon for Liberty Ambulance Service to also respond into the Kennedy Meadow area of Tulare County. Additionally, Liberty Ambulance Service routinely provides mutual aid to China Lake Naval Air Weapons Station. China Lake operates their own ambulance service; however, when the demand for service exceeds available resources, Liberty Ambulance Service responds onto the base.

A *turned call* occurs when Liberty Ambulance Service fails to respond to a call within its EOA and another agency must respond from outside of the area. Liberty Ambulance Service reported no *turned calls* for 2020.

Data Reporting

The EMS Division relies on each ambulance company to submit compliance data to allow monitoring of performance. Liberty Ambulance Service has submitted compliance data on time for each month.

Complaints/Investigations

In 2020, there were no formal complaints filed with the EMS Division against Liberty Ambulance Service for EOA 7.

Community Services

2020 proved to be a difficult year for community service due to COVID 19. Liberty Ambulance Service was able to participate in 5 community service events in 2020. These events included;

- Active Shooter Kit distribution
- Ridgecrest Business Expo
- Leapin Lizards school event
- Balas Montessori school event
- COVID 19 testing
- Shine the Light
- Women's shelter Bake Sale

Dispatch

Liberty Ambulance Service contracted with Hall Ambulance Service for Emergency Medical Dispatch services in 2020.

Summary

While we may not know the lasting impact COVID 19 had on our system for some time, it is important to recognize the ambulance providers and the job they did for the people of Kern County. Liberty Ambulance Service staff worked tirelessly to provide the best possible care for the people of Kern County. The management staff worked in cooperation with EMS as we developed and updated our policies, procedures and protocols to meet the everchanging demands brought on by COVID. With increasing call volumes, extended offload times, staff being exposed and becoming ill and ambulances out of service due to decontamination, Liberty Ambulance never gave up. The management, paramedics, emts, dispatchers and nurses that man the units everyday are to be commended on the outstanding job they did in the face of such adversity. It is because of their dedication that Kern County was able to make it through the largest surge without the assistance of out of county resources.

2020 Annual Performance Report Summary for Hall Ambulance Service, Inc. – OA 11

Operations and Geography

Hall Ambulance Service, Inc. is responsible for providing ambulance service within operating area (OA) number 11. Located at the southeast end of the County, OA 11 encompasses an area from the San Bernardino County line on the east to Sand Canyon on the west and the Los Angeles County line from the south to Red Rock Canyon to the north. The communities that Hall Ambulance served within OA 11 in 2020 were Rosamond, Willow Springs, Mojave, North Edwards, and Boron.

Hall Ambulance Service, Inc.'s base of operations is located at 1001 21st Street, Bakersfield; however, satellite stations were located in Mojave, Boron and Rosamond. Hall Ambulance Service, Inc. operated a fleet of 106 ambulances and 6 supervisor units, 1 helicopter, 1 supply vehicle, 1 wheel chair Van, 1 passenger van and employed 450 emergency medical technicians, paramedics, dispatchers, nurses, shop techs, business office personnel, administrative staff and support staff. The owner/CEO of Hall Ambulance Service, Inc. was Lavone Hall with John Surface in the position of COO and Myron Smith as General Manager.

Response Compliance

Response time compliance is complex. There are 25 categories of response time compliance that must be met per month. In addition, there are three other categories of response compliance measured to ensure that advanced life support (ALS) units are predominately used in the system for pre-hospital emergency calls.

Due to the increased call volume, extended ambulance offload times and ambulances out of service due to decontamination from COVID 19, EMS waived Response Compliance in 2020.

Call Volume

OA 11: 6728 responses; 162 turned call; 180 mutual aid calls

Mutual aid occurs when Hall Ambulance Service, Inc. provides services to another ambulance company outside of the EOA. Hall Ambulance Service, Inc. provided 180 separate instances of mutual aid to surrounding operating areas. The demand for services in other areas exceeded the capability of the other existing ambulance

providers and Hall Ambulance Service, Inc. provided resources to meet the demand. All of these calls occurred in San Bernardino County.

In 2020, Operating Area (OA) 11 was the only non-exclusive operating area in Kern County. Located in the desert southeast of Tehachapi, OA 11 contains the communities of Mojave, California City, North Edwards, Boron and Rosamond. Non-exclusivity allowed for more than one ambulance provider to operate in the OA. In 2020, Hall Ambulance Service was under contract with the County to provide service in Mojave, North Edwards, Boron and Rosamond while Liberty Ambulance Service was under contract to provide ambulance service to California City. Liberty and Hall worked collaboratively in 2020 to provide a posting and response plan that assured the best ambulance coverage possible in the OA. Liberty provided mutual aid back up on 162 occasions in the communities serviced by Hall and Hall provided mutual aid and back up on 180 occasions in California City.

A turned call occurs when the contracted agency fails to respond to a call within its EOA and another agency must respond from outside of the area. During 2020, Hall Ambulance Service, Inc. reported 162 turned call.

Data Reporting

The EMS Division relies on each ambulance company to submit compliance data to allow monitoring of performance. Hall Ambulance Service, Inc. was in compliance with all data reporting requirements for 2020. Additionally, Hall Ambulance uses a web-based tracking program named First Watch which allows for real time compliance tracking and reporting.

Complaints/Investigations

In 2020, there were no formal complaints filed with the EMS Division against Hall Ambulance Service, Inc. for services provided within OA 11.

Community Services

2020 proved to be a difficult year for community service due to COVID 19. Hall Ambulance Service was able to participate in 14 community service events between January 1 and March 7th of 2020. These events included:

- Blood pressure clinics
- Ambulance demonstrations for local schools
- Tours of Post 1 for various community and school groups
- Career Expo

- Safety fair
And
- Community outreach

Dispatch

Hall Ambulance Service, Inc. operates a dispatch center located at the Bakersfield address. This dispatch center provides emergency medical dispatch capabilities for Hall Ambulance Service, Inc., Delano Ambulance Service and Liberty Ambulance Service. The County requires each dispatch center to have “EMD” capabilities. “EMD” indicates that the dispatchers are specially trained, and programs are in place to medically prioritize each call and provide instructions to callers over the phone to assist with providing emergency medical care to the patient. The quality of “EMD” service is closely monitored. Hall Ambulance Service, Inc. reported processing over 11,758 requests for emergency service in the dispatch center in 2020 and maintained accreditation with the International Academies of Emergency Dispatch (IAED) as an Accredited Center of Excellence. The IAED mandates that a percentage of the request for emergency service be evaluated for compliance to protocol and be ranked in one of five categories, “high compliance”, “Compliant”, “Partial Compliance”, “Low Compliance” and “non-compliant.” In 2020, Hall Ambulance Service, Inc. evaluated 1169 requests for emergency service and reported 93% percent of evaluated calls in the “high compliance” and “compliance” categories. This is a high level of quality and well beyond the IAED standard of 73 percent.

Summary

While we may not know the lasting impact COVID 19 had on our system for some time, it is important to recognize the ambulance providers and the job they did for the people of Kern County. Hall Ambulance Service staff worked tirelessly to provide the best possible care for the people of Kern County. The management staff worked in cooperation with EMS as we developed and updated our policies, procedures and protocols to meet the everchanging demands brought on by COVID. With increasing call volumes, extended offload times, staff being exposed and becoming ill and ambulances out of service due to decontamination, Hall Ambulance never gave up. The management, paramedics, emts, dispatchers and nurses that man the units everyday are to be commended on the outstanding job they did in the face of such adversity. It is because of their dedication that Kern County was able to make it through the largest surge without the assistance of out of county resources.

2020 Annual Performance Report Summary for Liberty Ambulance Service – OA 11 – California City

Operations and Geography

Progressive Ambulance, Inc., doing business as Liberty Ambulance Service, is responsible for all ambulance services within the geographical boundaries of California City, within Operating Area (OA) 11 from July 27, 2020 through December 2020. California City is bordered by Mojave to the southwest, Hwy 14 to the West, Edwards Airforce Base, North Edwards and Boron to the south, Hwy 395 to the East and Cantil, Garlock and Randsburg to the North. California City covers 203.63 square miles making it the third largest city, by land mass, in the state of California.

Liberty Ambulance Service headquarters is located at 1325 W. Ridgecrest Boulevard, Ridgecrest. They operate satellite ambulance stations at 9326 California City Blvd. Liberty Ambulance Service operates a fleet of 17 ambulances, 3 supervisor units, 2 wheelchair vans, 1 administration vehicle and 1 support vehicle. Liberty Ambulance Service employs 71 emergency medical technicians, paramedics, field supervisors, administrators and support staff. Progressive Ambulance, Inc., is owned and operated by Ridgecrest Regional Hospital. The CEO of Ridgecrest Regional Hospital is Jim Suver, the Director of Emergency Services is Fred Hawkins and the Chief Operating Officer is Erin Cocclione.

Sub-contracts

None.

Response Compliance

Response time compliance is complex; there are 25 categories of response time compliance that must be met each month. In addition, there are three other categories of response compliance we measure to ensure that advanced life support (ALS) units are predominately used in the system for pre-hospital emergency calls.

Due to the increased call volume, extended ambulance offload times and ambulances out of service due to decontamination from COVID 19, EMS waived Response Compliance in 2020.

Call Volume

- California City - OA 11: 977 responses; 180 *turned calls*; 162 calls outside of California City which were a result of a Mutual Aid request.

Mutual aid occurs when Liberty Ambulance Service provides services to another ambulance company outside of California City. Liberty Ambulance Service provided 162 separate instances of *mutual aid* to surrounding communities in 2020.

In 2020, Operating Area (OA) 11 was the only non-exclusive operating area in Kern County. California City is located within OA 11 in the eastern Kern surrounded by the communities of Mojave, North Edwards, Boron and Rosamond. Non-exclusivity allowed for more than one ambulance provider to operate in the OA. In 2020, Liberty was under contract with the County to provide service in California City and Hall Ambulance was under contract with the County to provide service to the remainder of the OA. Liberty and Hall worked collaboratively in 2020 to provide a posting and response plan that assured the best ambulance coverage possible in the OA. Liberty provided mutual aid back up on 162 occasions in the communities serviced by Hall and Hall provided mutual aid and back up on 180 occasions in California City.

A *turned call* occurs when Liberty Ambulance Service fails to respond to a call within its OA and another agency must respond from outside of the area. Liberty Ambulance Service reported 180 *turned calls* for 2020.

Data Reporting

The EMS Division relies on each ambulance company to submit compliance data to allow monitoring of performance. Liberty Ambulance Service has submitted compliance data on time for each month.

Complaints/Investigations

In 2020, there were no formal complaints filed with the EMS Division against Liberty Ambulance Service for OA 11.

Community Services

2020 proved to be a difficult year for community service due to COVID 19. Liberty Ambulance Service did not report any community service events in the California City area.

Dispatch

Liberty Ambulance Service contracted with Hall Ambulance Service for Emergency Medical Dispatch services in 2020.

Summary

While we may not know the lasting impact COVID 19 had on our system for some time, it is important to recognize the ambulance providers and the job they did for the people of Kern County. Liberty Ambulance Service staff worked tirelessly to provide the best possible care for the people of Kern County. The management staff worked in cooperation with EMS as we developed and updated our policies, procedures and protocols to meet the everchanging demands brought on by COVID. With increasing call volumes, extended offload times, staff being exposed and becoming ill and ambulances out of service due to decontamination, Liberty Ambulance never gave up. The management, paramedics, emts, dispatchers and nurses that man the units everyday are to be commended on the outstanding job they did in the face of such adversity. It is because of their dedication that Kern County was able to make it through the largest surge without the assistance of out of county resources.

X. New Business

f. 2020 Annual EMS System Report

EMS System Annual Report 2020



Kern County Emergency Medical Services Program



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2020 HIGHLIGHTS

3. A Message From Our EMS Manager
4. Implementation of Image Trend LMS and Elite Field
5. All Providers Protocols
6. New Policies Implemented in 2020
7. COVID 19 Response
8. PPE Distribution
9. ACS Set Up
10. Strike Teams
11. New Additions to EMS
12. Moving Forward
13. Thank You to our Providers

A MESSAGE FROM OUR EMS MANAGER

2020 was a year that tested our courage, empathy, resilience, patience and our resolve.

In many ways, 2020 proved to be a test of our mission to assure the safety and health of all Kern County residents. Despite the countless obstacles involved with rapidly changing policies, procedures and protocols, our stakeholders rallied around the clear purpose of serving our community and rose to the occasion. I could not be more proud of all of the EMT's, paramedics, emergency medical dispatchers, nurses and physicians that fought through the pandemic and made a difference in our community. It was incredible for me to see how quickly all of you adapted to and overcame the rapidly changing environment brought about by COVID-19.



In 2020, the EMS agencies focus shifted solely to COVID-19. Working under Public Health, EMS staff developed and stocked the Alternative Care Site, received and distributed millions of pieces of Personal Protective Equipment, delivered vaccines to all corners of the county, assisted in the vaccination of community members, managed hundreds of resource requests, assisted in the development of the vaccination site at the fair grounds and have been continuously staffing that site to provide our community members with a paramedic presence in the event of an adverse reaction. In 2020 EMS staff worked to provide a constant presence for our stakeholders and our community and I am proud to be counted among these amazing people.

Moving forward EMS is dedicated to continuing to work tirelessly along side our stakeholders to assure Kern County residents receive the best possible care in the field as well as in our hospitals.

I truly feel privileged to be a part of the Kern County Public Health, Emergency Medical Services Program and I am amazed at the dedication this team displays for Public Health and for our community on a daily basis.

Thank you to all of you for your support and I look forward to working hard in 2021 to make sure our community continues to receive the best possible care.

Sincerely,

Jeff Fariss
EMS Program Manager

Implementation of Image Trend LMS & Elite Field

LMS

(License Management System)

- On February 1st 2020 we implemented Image Trends LMS and switched from applications received on paper to receiving applications online.
- Since our change in 2020, we've successfully issued 895 accreditations through Image Trend LMS.
- This process helped during the COVID 19 pandemic by allowing individuals to submit their applications online rather than having to come into Public Health and risk a possible exposure
- In addition to submitting applications online, LMS keeps track of personnel, agencies, and vehicles in Kern County.



Elite Field

- Elite Field gives the agencies the ability to create their own run form to fit their needs while being compliant at the national, state, and local level when collecting information in the patient care report.
- Elite Field is connected with Hospital Hub which lets hospital staff look up patient information that was completed on the PCR.
- Elite Field is NEMESIS compliant and allows for fire and EMS reporting to be combined for all incidents.



All Providers Protocols

In 2020 kern County EMS made some changes to our protocols to better treat patients.

Additions of New Medications

1. Acetaminophen: Pain reliever and fever reducer
2. Ketamine: Moderate to severe pain
3. Tranexamic Acid:
 - Trauma associated with significant hemorrhage within 3 hours of injury.
 - SBP <90 mmHg (SBP <110 mmHg for 66 and older) and or HR > 110. >120 HR with signs of hypoperfusion
 - Post Partum Hemorrhage with 500 mL blood loss within the first 24 hours
 - Epistaxis not controlled by BLS measures
4. Push Dose Epinephrine: Cardiac Arrest with asystole and PEA, Bradycardia, and Hypoperfusion.
5. Inhaled Isopropyl alcohol for nausea treatment
6. Cardiac Arrest changes; PEA or Asystole to give an Epinephrine drip. Ventricular fibrillation or Ventricular Tachycardia withhold epinephrine.
7. Pediatric King Airway added to paramedics scope of practice



What We Removed

1. Fluid administration in trauma patients
2. Amiodarone
3. Dopamine

New Policies Implemented in 2020

In 2020 we implemented multiple policies to improve EMS

EMS System Surge Plan

This allowed the providers to evaluate the system and engage in the assess and refer policy if deemed necessary

Assess and Refer Policy

To establish standards for the identification of patients whose condition does not require transport by ambulance

911 Inappropriate User

This policy outlines the identification and management of inappropriate system users.

Offload to Triage

This policy provides an alternative destination for patients that are not seriously or critically ill and are able to be triaged through the emergency department patient entrance.

Special Event Policy

This policy establishes minimum standards for emergency medical services at public gatherings and special events.

COVID 19 Response Timeline

March 2020: As COVID-19 arrived Kern County EMS began coordinating distribution of PPE (Personnel Protective Equipment) and test kits to those on the frontline. As call volumes, offload times and staffing issues increase response time compliance was waived.

April 2020: On a weekly basis EMS received semi trucks filled with PPE for distribution to local hospitals, Law Enforcement, Fire Departments, EMS agencies, clinics, urgent cares, SNFs, doctors and dentists offices to help protect those who were most involved with daily interactions. EMS applied for and received authorization for EMTs and Paramedics to conduct specimen collection through nasal swab. Applied for and received authorization for expanded optional scope of practice for EMTs and paramedics while working in a static environment.

May 2020: As COVID 19 started to have a major impact on SNFs, Strike Teams were assembled to help assist with the burden of working endless hours to care for those in the facilities. The ACS was set up in event that hospitals become overwhelmed and need to decompress.

June 2020: EMS began distributing Remdesivir to various hospitals in an attempt to reduce the recovery time for COVID positive patients that had been admitted. We also continued the distribution of PPE through out Kern County while also assisting with SNF audits to improve their continued response in reducing the COVID outbreaks in the facilities.

July 2020: EMS teamed up with CDPH and began daily SNF calls to obtain accurate numbers of staff and residence who were positive for COVID 19. We continued our audits at the SNFs while distributing supplies to local hospitals, Law Enforcement, Fire Departments, EMS agencies, clinics, urgent cares, SNFs, doctors and dentist offices. Two Ambulance strike teams were requested to assist Hall Ambulance due to increased call volumes and ambulance decontamination times. Applied for and received authorization for an alternate destination policy.

COVID 19 Response Timeline

August 2020: We distributed well over 100,000 test kits to various agencies to help track those who were positive for COVID 19. EMS began the development of the Assess and Refer Policy.

September 2020: Kern County EMS implemented the Assess and Refer Policy to provide for COVID 19 patients. Applied for and received authorization for paramedics to administer influenza and COVID vaccines.

October 2020: Kern County EMS Began working with various agencies to start the process of implementing Image Trends Elite Patient Care Reporting software throughout the county.

November 2020: In the face of another surge, Kern County EMS began the process of developing the EMS System Surge Plan. Assess and refer plan was edited to include all patients to aid in decreasing unnecessary ambulance traffic to already overloaded hospitals.

December 2020: As the second Covid surge struck Kern County, the EMS system surge plan was implemented. While the Surge Plan was in effect at the yellow tier or higher, alpha or omega calls were not dispatch. In addition, field crews could assess and refer patients to seek care with their regular healthcare provider, urgent care, or clinic. We began staging equipment at the Kern County Fairgrounds for the vaccination site that would be in place the following months. EMS applied for and received authorization for EMTs to administer IM influenza and COVID-19 vaccines.

COVID 19 Response Supplies

Face Shields/Goggles:
180,000



Gloves:
300,000



Gowns:
400,000



Hand Sanitizer:
15,000 Gallons



N95 Masks:
700,000



Surgical
Masks:
500,000



ACS Set Up

In the event that the hospitals were to reach maximum capacity due to the COVID-19 pandemic, Kern County EMS set up an ACS (alternate Care Site) to help decompress the hospitals workload. The site was located at the Kern County Fairgrounds, which housed all of the proper equipment required to assist with the care of sub-acute patients affected by COVID-19. The ACS was fitted to house 180 patients who would need to be observed due to their effects from COVID-19 before being discharged. This would help free up hospital beds for more acute patients. In the event that the ACS needed to be activated, Kern County EMS would be able to have the site fully staffed and operational within a 24 hour period.



Strike Teams

Hall Ambulance Strike Team

On August 5th 2020, Hall Ambulance sent a strike team of 5 ambulances and 1 DMSU (Disaster Medical Support Unit) to assist with CZU Lightning Complex Fire.



Liberty Ambulance Strike Team



On May 27th 2020, Liberty Ambulance sent a strike team of 5 staff members (1 Supervisor and 4 field personnel) to Valley Convalescent SNF to help assist the facility during an outbreak to provide enough staffing to help assist with the pandemic.

New Additions to EMS

Through out 2020, Kern County EMS expanded its program by adding an additional EMS Coordinator and an additional response vehicle to help assist in the workload and responsibilities.

Anabel Beltran was hired on June 2, 2020. Anabel was given the responsibility to handle Trauma policies, protocol updates and revisions, education, trainings, and EMD. Anabel has gone above and beyond assisting with the COVID-19 Response.



The EMS Command Vehicle was put into service in June 2020. It's main role is to provide an all hazards capable command center for large incidents and events through out Kern County. It is currently being outfitted with emergency response equipment.

Moving Forward

1. Handtevy: Handtevy is a customized app that rapidly calculates medication dosages and equipment sizes for pediatric and adults. Handtevy also records and timestamps the date and time the medication was delivered. This information can be transferred to the ePCR for documentation as well. Handtevy is a pediatric resuscitation system that is proven to save lives and reduce errors.



2. Target Solutions: Target Solution Courses allow first responders of all levels to complete EMS certification in an engaging format featuring scenario-based learning exercises. Target Solutions' Online EMS continuing education meets federal, state and local mandates.



3. Reddinet will be updating their website to give dispatch up to date statuses on all hospital bed counts in kern county that are logged in. This



will be replacing the ED Status website. In addition, we will have a real time feed of all ambulance offload times that will be shared with the hospitals. This will give the hospitals a better way to identify those who have been waiting for a bed the longest. This upgrade will

Thank You to Our Providers

Adventist Health Bakersfield
Adventist Health Tehachapi
Bakersfield Heart Hospital
Bakersfield Memorial Hospital
Adventist Health Delano
Kern Medical
Kern Valley Healthcare District
Mercy Hospital
Mercy Southwest Hospital
Ridgecrest Regional Hospital
Pro Safety
Trinity Safety Group

Bakersfield City Fire Department
California City Fire
China Lake Naval Weapons Station
Delano Ambulance Service
Edwards Air Force Base
Hall Ambulance Services, Inc
Kern County Fire Department
Kern County Sheriff Office
Liberty Ambulance Service
Mercy Air Service
US Borax

Kern County Emergency Medical Services Program



1800 Mount Vernon Ave

Bakersfield, CA 93306

Tel: 661-321-3000

Website: <https://www.kernpublichealth.com>

Email: publichealth@kerncounty.com

X. New Business

g. Accreditation Policy Update



KERN COUNTY
Public Health Services
DEPARTMENT

BRYNN CARRIGAN
DIRECTOR

KRISTOPHER LYON, MD
HEALTH OFFICER

1800 MT. VERNON AVENUE

BAKERSFIELD, CALIFORNIA 93306-3302

661-321-3000

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Local Accreditation Policy

Background

The EMS Division oversees many different local accreditations allowing varying levels of medical care to be provided in our EMS system under the direction of the Medical Director. This includes EMT's, Paramedic's, Emergency Medical Dispatchers, and Mobile intensive Care Nurses. All of these accreditations play a key role in providing care to the public.

The Dilemma

The current Accreditation Policy is several years old and does not align with the direction that EMS has taken. Examples included, the submission of a paper application, mandated AED training, and increased costs of local accreditations.

The EMS Division Plan of Action

The Division has revised the *Accreditation Policy* to meet the current standards required by EMS.

Therefore IT IS RECOMMENDED, the Board receive and file the *Accreditation Policy*.

Accreditation of EMS Personnel (1011.00)

I. Intent

It is the intent of the Emergency Medical Services Program (Program) to provide a method for medical oversight of all personnel operating within the organized Kern County emergency medical services (EMS) system; under the direction of the Medical Director. The Program further intends to create a method for quality assurance oversight. Medical Control shall be maintained through compliance with these policies and applicable policies listed in sections below.

II. Authority

This policy is administered under the authority of Health and Safety Code Sections 1797.107, 1797.172, 1797.173, 1798, and California Code of Regulations, Title 22, Division 9, Chapter 4, Sections 100147 and 100153, and PC11105.3.

California Code of Regulations, Division 9, Chapter 1.5, 2, 4. EMSA Publication #130.

III. General Provisions

EMS personnel shall not provide care within the Kern County EMS system without obtaining local accreditation

- A. Individuals seeking accreditation shall apply to the Program ~~either in-person or~~ through the online portal.
<https://kerncounty.imagetrendlicense.com/lms/public/>
- B. All local Kern County Accreditations require a Live Scan to be completed using the Kern County form.

The Program has ten (10) business days from the time a *complete and correct* application is submitted to issue and mail the accreditation to the applicant. It is the applicant's responsibility to renew any certification or accreditation in a timely manner to avoid any lapse. Once the accreditation is issued in the online portal the applicant may download and print the temporary accreditation until the expiration date noted on the temporary accreditation or they receive the accreditation in the mail. All accreditations will be mailed to the address on file with the Program.

IV. Public Safety First Aid Optional Skill Accreditation

- A. Individuals who possess a current first aid certification from an approved training provider may be accredited in Kern County upon successful completion of the accreditation requirements.

- B. Individuals must maintain compliance with *Public Safety First Aid Optional Skills Policies and Procedures*.
- C. Individuals wishing to apply for an initial Kern County Public Safety First Aid Optional Skills Accreditation shall:
1. Provide evidence of completion of an approved Public Safety First Aid training program.
 2. ~~Submit a completed and signed "All Purpose Certification/Accreditation Form."~~ Complete the online application
 3. Be employed by a public safety agency which has been approved by the Program to provide optional skills. Employment verification shall be provided by the public safety agency.
 4. Provide proof of successful training in all optional skills items mandated by the Program.
 5. Provide proof of successful training in all optional skill items mandated by the public safety agency and approved by the Program.
 6. Provide proof of CPR and AED training.
 7. Provide a Live Scan using Program approved form.
 8. Provide proof of successful completion of any training mandated by the Program, if applicable.
 9. Provide a copy of a valid government issued photo identification ~~(current state driver's license or identification, federally issued passport, or similar)~~
 10. Pay the fee established in Ordinance, if applicable.
- D. Accreditation shall be continuous unless the Public Safety First Aid provider separates from employer, First Aid certification lapses or the employer no longer participates in the PSFA.
- E. Local accreditation expiration dates shall coincide with First Aid certification expiration dates.
- F. The Public Safety First Aid Optional Skill provider shall apply for re-accreditation to the Program prior to the expiration of current accreditation
- G. Individuals wishing to apply for reaccreditation of the Kern County Public Safety First Aid Optional Skill accreditation shall:
1. Meet the standards listed above,
 2. Provide proof of successful completion of training and demonstration of skills competency for each approved optional scope of practice items mandated by the Program or the employer and approved by the Program

V. Emergency Medical Technician (EMT) California State Certification

- A. Initial Certification – 1st time California EMT:
1. ~~Application/Eligibility complete and signed~~ Complete the online application
 2. Copy of a valid government issued identification
 3. Proof of current NREMT (NREMT Card or certificate)
 4. Current CPR and AED training equivalent to American Heart Association Basic Life Support

5. **Completed Live Scan form**, results received and reviewed
 6. **Pay the fee established in Ordinance**, if applicable
- B. Renewal or lapse less than 6 months:
1. ~~Application/Eligibility complete and signed~~ **Complete the online application**
 2. Copy of **a valid** government issued identification
 3. California EMT Certification with expiration date of less than 6 months
 4. Current CPR **and AED training equivalent to American Heart Association Basic Life Support.**
 5. Continued Education (24 Hours Approved CE)
 6. Skills Competency Form
 7. **Unless currently on file with Kern County EMS, completed DOJ and FBI Live Scan Background Check request form.**
 8. **Pay the fee established in Ordinance**, if applicable
- C. Reinstatement – lapse greater than 6 months but less than 12 months:
1. ~~Application/Eligibility complete and signed~~ **Complete the online application**
 2. Copy of **a valid** government issued identification
 3. California EMT Certification with expiration date of greater than 6 months but less than 12 months.
 4. Current CPR **and AED training equivalent to American Heart Association Basic Life Support.**
 5. Continued Education (36 Hours of Approved CE)
 6. Skills Competency Form
 7. **Unless currently on file with Kern County EMS, completed DOJ and FBI Live Scan Background Check request form.**
 8. **Pay the fee established in Ordinance**, if applicable
- D. Reinstatement – lapse greater than 12 months:
1. ~~Application/Eligibility complete and signed~~ **Complete the online application**
 2. Copy of **a valid** government issued identification
 3. **California EMT Certification with expiration date of greater than 12 months**
 4. Continued Education (48 hours of Approved CE)
 5. Current CPR **and AED training equivalent to American Heart Association Basic Life Support.**
 6. Skills Competency Form
 7. Proof of current NREMT or current California paramedic license
 8. **Unless currently on file with Kern County EMS, completed DOJ and FBI Live Scan Background Check request form.**
 9. **Pay the fee established in Ordinance**, if applicable
- E. Transferring State EMT card from another county:
Changing to Kern County from another certifying entity in the State, (such as Orange County EMS, L.A. County EMS, Riverside County EMS) is billed at the initial EMT price to accommodate the higher fee charged by the State.
1. **Complete the online application**
 2. **Copy of a valid government issued identification**

3. California EMT Certification with expiration date of less than 6 months
4. Current CPR and AED training equivalent to American Heart Association Basic Life Support.
5. Continued Education (24 Hours Approved CE)
6. Skills Competency Form
7. Unless currently on file with Kern County EMS, completed DOJ and FBI Live Scan Background Check request form.
8. Pay the fee established in Ordinance, if applicable

VI. Kern County Emergency Medical Technician (EMT) Accreditation

- A. Individuals who possess a current EMT certification from the State of California may be accredited in Kern County upon successful completion of the accreditation requirements.
- B. Individuals must maintain compliance with EMT Provider Policies and Procedures (5001.00) and ~~Emergency Medical Technician Protocols and Procedures (5002.00)~~ All Provider Protocols (5000.00).
- C. Individuals wishing to apply for an initial Kern County EMT Accreditation shall:
 1. Possess a current and valid EMT certification issued by a local EMS agency on behalf of the State of California. ~~Certifications issued by certifying entities other than a local EMS agency shall obtain written verification from the certifying entity of willingness to provide certification oversight throughout remainder of certification cycle.~~
 2. ~~Submit a completed and signed "All Purpose Certification/Accreditation Form."~~ Complete the online application process.
 3. Be employed by a Program approved Emergency Medical Technician Provider. Employment verification shall be provided. (appendix D) by the provider.
 4. Proof of successful training in all Optional Scope of Practice items mandated by the Program.
 5. Proof of successful training in all Optional Scope of Practice items mandated by the employer and approved by the Program.
 6. Unless currently on file with Kern County EMS, completed DOJ and FBI Live Scan Background Check request form.
 7. Provide proof of CPR and AED training, equivalent to American Heart Association Basic Life Support training.
 8. Provide proof of successful completion of any training mandated by the Program, if applicable.
 9. Provide a copy of a valid government issued photo identification. ~~(current state driver's license or identification, federally issued passport, or similar)~~
 10. Pay the fee established in Ordinance, if applicable.

- D. Accreditation shall be continuous unless EMT separates from employer or EMT certification lapses.
- E. Local accreditation expiration dates shall coincide with EMT state certification expiration dates.
- F. The EMT shall apply for re-accreditation by the Program prior to the expiration of current accreditation
- G. Individuals wishing to apply for reaccreditation of the Kern County EMT accreditation shall:
 - 1. Meet the standards listed above,
 - 2. Provide proof of successful completion of training and demonstration of skills competency for each approved optional scope of practice items mandated by the Program or the employer and approved by the Program.

VII. Paramedic Accreditation

- A. Individuals who possess a current and valid paramedic license issued by the State of California may be accredited in Kern County upon successful completion of the accreditation requirements. Accreditation shall allow the paramedic to work within the Kern County scope of practice without a paramedic partner while employed by an approved Kern County provider.
- B. Individuals must maintain compliance with all Program policies, procedures, and protocols.
- C. Individuals wishing to apply for an initial Paramedic Accreditation shall:
 - 1. Present a valid paramedic license issued by the State of California.
 - ~~2. Submit a completed and signed "All Purpose Certification/Accreditation Form. Complete the online application process.~~
 - 3. ~~Unless currently on file with Kern County EMS, completed DOJ and FBI Live Scan Background Check request form.~~
 - 4. Be employed by a Program approved paramedic service provider. Employment verification shall be provided. (appendix D) by the provider.
 - 5. Successfully complete a supervised pre-accreditation field evaluation by a recognized Kern County Preceptor consisting of a minimum ten (10) advanced life support contacts or a training evaluation by the applicant's employer documenting 10 advanced life support contacts in simulations lab (appendix D) and completion of the Programs MICN course.
 - ~~6. Provide verification of orientation to Kern County EMS policies, procedures, and protocols.~~
 - 6. ~~Provide proof of BLS healthcare provider CPR.~~ Provide proof of CPR and AED training, equivalent to American Heart Association Basic Life Support training.
 - 7. Provide proof of successful completion of training for all program authorized Optional Scope of Practice items.

8. Successfully pass the Kern County accreditation test with a score of 80% or better.
 9. Provide a copy of a valid government issued photo identification (~~current state driver's license or identification, federally issued passport, or similar~~)
 10. Pay the fee established in Ordinance, if applicable.
- H. Accreditation shall be continuous unless paramedic separates from employer or paramedic certification lapses.
 - I. Local accreditation renewal dates shall coincide with paramedic license expiration dates.
 - J. If the individual fails to complete all requirements for accreditation outlined in this policy within thirty (30) days of application, the program will notify the individual and the employer of the denial of accreditation. Provisional extension of up to ninety (90) days may be authorized for good cause by the Program as mutually agreeable to the individual. Individuals shall not apply for accreditation more than three (3) times per calendar year.
 - K. The paramedic shall apply for renewal of accreditation by the Program no later than **10 business days** prior to the expiration of current accreditation.
 - L. Individuals wishing to apply for reaccreditation of the Kern County paramedic accreditation shall:
 1. Meet standards 1, 2, ~~3~~ 4, 6, and 9 listed above,
 2. Provide proof of successful completion of training and demonstration of skills competency for each approved optional scope of practice items mandated by the Program or the employer and approved by the Program.
 3. Provide proof of successful completion of any Program mandated training (i.e., paramedic update training)
 9. ~~Provide copy of the State of California EMT Paramedic Renewal Application, STATEMENT OF CONTINUING EDUCATION, and all additional copies requested by the State for renewal with the Authority. Provide Continued Education (48 Hours Approved CE)~~
 4. ~~Provide proof of Advanced Cardiac Life Support Training. Provide proof of Program approved High performance CPR training.~~
 5. Provide proof of Pre-Hospital Trauma Life Support Training.
 6. ~~Provide proof of Pediatric Advanced Life Support Training. Provide proof of any program required pediatric care training.~~
 7. One skills verification form for each year of the accreditation cycle, not to be closer than six (6) months apart (**appendix D**).
 8. Successfully pass the Kern County accreditation test with a score of 80% or better.
 9. If paramedic accreditation is expired, pay the fee established in Ordinance.

VIII. Paramedic Preceptor Accreditation

- A. The purpose of this policy is to outline the procedure for a Kern County accredited paramedic to be considered for paramedic preceptor.

- B. The procedure is the same for all paramedics regardless of whether the paramedic preceptor will be a preceptor of paramedic students or initial accreditations for paramedics in Kern County.
- C. The paramedic preceptor shall be responsible for the training, supervision, and evaluation of personnel in Kern County who are preparing for accreditation and paramedic interns. The paramedic preceptor is responsible for ensuring appropriate patient care is provided to every patient encounter in accordance with County Paramedic Protocols, all local policies, and procedures, as well as all appropriate local, and/or State rules and regulations.
- D. ~~In order to~~ To be eligible for accreditation as a paramedic preceptor a candidate shall:
 - 1. Present a valid paramedic license issued by the State of California to the County EMS Program.
 - 2. ~~Present a valid Kern County accreditation. Be a The Kern County~~ accredited paramedic ~~for shall have~~ at least two years' ~~experience~~ and have a minimum of 300 patient contacts ~~within Kern County~~.
 - 3. The paramedic's license and accreditation must be in good standing with the ~~County EMS p~~ Program and the State of California Emergency Medical Services Authority. A paramedic is considered in good standing if:
 - a. License status with the State of California Emergency Medical Services Authority is either "Active" or "Approved" only.
 - b. The following statuses with the State of California Emergency Medical Services Authority are not considered in good standing: "Active-PROBATION", "Active-PROVISIONAL", "Active-RESTRICTED",
 - c. No disciplinary action taken against the paramedic's accreditation by the ~~County EMS~~ Program within the last two (2) years.
 - d. No mandated remedial training within the last year.
 - 4. Attend a preceptor training class approved by the ~~County EMS~~ Program from one of the paramedic training programs below:
 - a. Bakersfield College Paramedic Training Program.
 - ~~b. FISDAP~~
 - b. Other programs may be considered ~~but however~~, must have the Programs approval
 - 5. Successfully complete a written exam on local optional scope of practice and local operational procedures with a passing score of 90 percent.
 - a. If the candidate fails the exam on the first attempt, the candidate will have the option to retake the exam after one (1) week of the initial attempt.
 - b. If the candidate fails the second attempt, the candidate shall wait a period of three (3) months to re-attempt the process for paramedic preceptor accreditation. This means paramedic license and accreditation will be reviewed to determine if the candidate is in good standing as outlined above. The candidate shall attend a second preceptor training class as outlined above, and the candidate shall

submit a second letter of recommendation from his or her employer as outlined below.

- c. The employer of the preceptor candidate will be notified by the Program upon each failed attempt at passing the exam.
6. Present a letter of recommendation from the candidate's employer, who must be an approved ALS provider.
- E. Upon successful completion of the above requirements, the paramedic shall be placed on an approved list of paramedic preceptors for the ~~County~~ Program.
- F. A candidate who fails to complete the process within two (2) attempts shall wait a period of one (1) year prior to being eligible for consideration of paramedic preceptor accreditation. The candidate shall repeat all procedures for consideration as outlined in this policy.
- G. Paramedic preceptor status shall be continuous upon each Kern County accreditation renewal, provided:
 1. The candidate continues to pass the written exam on local optional scope and local operational procedures with a passing score of 90 percent.
 2. The candidate attends all required update classes as mandated by the preceptor training class that was attended.
- H. Failure to maintain the requirements set forth in this policy and/or failure to remain in good standing with the EMS Program or the State of California Emergency Medical Services Authority will result in immediate removal from the approved preceptor list.
- I. Paramedics that have had their paramedic preceptor status revoked will not be eligible to attempt paramedic preceptor accreditation for a period of two (2) years.

IX. Emergency Medical Dispatcher Accreditation

- A. Individuals who possess a valid IAED card in the current version of the protocol, or course completion record for the basic EMD training program may be accredited in Kern County upon successful completion of the accreditation requirements.
- B. Individuals must maintain compliance with the EMD Policies and Procedures (2001.00).
- C. Individuals wishing to apply for an initial Kern County EMD Accreditation shall:
 1. Possess a current and valid EMD certification issued by International Academies of Emergency Dispatch (IAED)
 2. ~~Submit a completed and signed "All Purpose Certification/Accreditation Form."~~ Complete the online application process.
 3. ~~Unless currently on file with Kern County EMS, completed DOJ and FBI Live Scan Background Check request form.~~
 4. ~~Proof of completion record verifying 8 hours of protocol training in local EMD policies, procedures, and protocols by EMD authorized instructor dated with issue date of not more than one year. Certificate of completion issued by employer documenting eight hours of EMD protocol training in the following:~~
 - a. EMS Dispatch policies and procedures
 - b. Allocation of local EMS resources including EMS aircraft dispatch.

- c. Local responses on EMD Protocol.
 - d. Multi-casualty incidents and disaster procedures.
 - e. Practical lab (scenario work with EMS protocol).
5. Copy of the applicant's valid government issued photo identification ~~(may be current state driver's license or identification, federally issued passport, or similar photo identification).~~
 6. ~~Skills verification EMD practical training form (appendix D) documentation that demonstrates twelve hours of EMD practical training and successfully manage a minimum of ten EMD calls. EMD competency signed by EMD preceptor.~~
 7. ~~Valid CPR card~~ Current CPR equivalent to American Heart Association Basic Life Support.
 8. Pay the fee established in Ordinance, if applicable.
- D. Local accreditation expiration dates shall coincide with IAED certification expiration dates.
 - E. The EMD shall apply for reaccreditation by the Program **no later than 10 business days** prior to the expiration of current accreditation.
 - F. Individuals wishing to apply for reaccreditation of the Kern County EMD accreditation shall meet the standards 1, 2, 3, 5, 7 and 8.

X. Mobile Intensive Care Nurse Accreditation

- A. Individuals who possess a current and valid registered nursing license issued by the State of California may be certified in Kern County upon successful completion of the certification requirements. Certification shall allow the registered nurse to work as an MICN in Kern County.
- B. Individuals must maintain compliance with all Program policies, procedures, and protocols.
- C. Individuals wishing to apply for an initial MICN certification shall:
 1. Present a valid registered nurse license issued by the State of California.
 2. ~~Submit a completed and signed "All Purpose Certification/Accreditation Form."~~ Complete the online application process.
 3. Unless currently on file with Kern County EMS, completed DOJ and FBI Live Scan Background Check request form.
 4. ~~Successfully complete the Mobile Intensive Care Nurse Certification program with an 80% or better.~~
 5. ~~Successfully complete a supervised pre-certification field evaluation by a recognized Kern County MICN consisting of a minimum of four (4) ALS level communication cases under the supervision of a certified MICN, and completion of 16 hours of paramedic ambulance ride time. This must be completed within 12 months. If an applicant fails to complete this within the 12 month time frame, they will be required to restart the process.~~

6. ~~Provide proof of ACLS (Advance Cardiac Life Support)~~ Provide proof of Program approved High performance CPR training.
 7. Provide a copy of a valid government issued photo identification ~~(current state driver's license or identification, federally issued passport, or similar).~~
 8. Pay the fee established in Ordinance, if applicable
- D. Successfully complete the Mobile Intensive Care Nurse Certification program with an 80% or better. Successfully complete a supervised pre-certification field evaluation by a recognized Kern County MICN consisting of a minimum of four (4) ALS level communication cases under the supervision of a certified MICN, and completion of 16 hours of paramedic ambulance ride time (appendix D). This must be completed within 12 months. If an applicant fails to complete this within the 12-month time frame, they will be required to restart the process.
- E. ~~Local certification shall be good for two years from date of the initial MICN course. completion of certification process.~~
- F. The Mobile Intensive Care Nurse shall apply for recertification to the Program no later than 10 business days prior to the expiration of current certification dates.
- G. Individuals wishing to apply for recertification of the Kern County Mobile Intensive Care Nurse shall:
1. Meet the standards listed above,
 2. Provide proof of successful completion of the Mobile Intensive Care Nurse Recertification program with 80% or higher.

XI. PulsePoint Verified Responder

- A. A PulsePoint verified responder is a current EMT, Paramedic, Nurse, or Physician that wants to be notified, via the PulsePoint App, of cardiac arrests close to their location, in public places or a private residence in order to provide CPR. To become a PulsePoint verified responder, the following must be completed:
1. Have a current state certificate/license in good standing with the state and ~~county.~~ Program (if applicable)
 2. Submit the application form on Kern County EMS's website and download the PulsePoint app <https://kernpublichealth.com/ems-pulsepoint-app/>
 3. Complete a live scan using the Kern County EMS form. Any current EMT, Paramedic, or MICN accredited in Kern County should already have a live scan on file. If you are not sure please call Kern County EMS to verify at (661) 321-3000. https://kernpublichealth.com/wp-content/uploads/2020/01/livescan_application.others.pdf

- B. After the Program verifies your certification or license status and receives the background check from your live scan, they will approve your verified responder application. You will then get an email from PulsePoint, it is very important you open the link in the email on the device you have PulsePoint installed on.

XII. Required Notifications

- A. The Program must be notified within ten (10) business days and supplied the appropriate documentation if any of the following occurs:
 - 1. Change of address (Proof of residence)
 - 2. Name change (Government issued ID reflecting current name)
 - 3. Separation of employment from a Kern County employer (EMT and Paramedic accreditation or MICN)
- B. It is the responsibility of the Certified EMT/EMR or Accredited Paramedic, EMD or MICN to notify Kern County EMS within 72 hours of any arrest or change in their eligibility status.

Revision Log:

01/08/2020 – Changed “Division” to “Program”. Updated Items needed for EMT certification. Changed Name for International Academies of Emergency Dispatch. Added section for Verified Responder. Revisions approved by EMCAB 02/13/2020.

10/29/2020 – Changed wording on BLS CPR. Removed wording that referenced paper applications, added links to online portal. Removed ACLS and Pals, changed to a Program approved training. Added additional way to obtain Paramedic accreditation. Added a more detailed check list for Appendix C. Cleared up wording in all accreditation levels. Added timeframe to issue accreditation.

4/20/2021 – Second comment 15-day period. Added appendix d. Changed names of EMD forms to match the policy.

Appendix A- Procedure for Mandatory Passing of Local Exam for Accrediting and Re-accrediting Paramedics

All New and re-accrediting paramedics in Kern County will be required to pass an exam on local policies, procedures, and protocols. The pass rate is 80% to obtain/retain accreditation. If at any point in the process the paramedic accreditation expires, the paramedic will not be allowed to report to duty. Reinstatement of accreditation from expiration or failure to pass the exam after three (3) attempts will be subject to accreditation fee as established in Ordinance. The procedure for paramedic testing is outlined below.

- A. The paramedic will have three (3) attempts at passing the exam. There is no time restriction or waiting period between the first two exam attempts with the exception of remediation (third attempt).
- B. If the paramedic fails the first two (2) attempts, the paramedic shall be referred to his/her employer for remedial education.
 1. The Program will fill out a form citing which local policies, procedures, or protocols were missed on the exam(s).
 2. The paramedic will present the form to the employer for assignment of training.
 3. Remedial training may be conducted by a Pre-Hospital Continuing Education Provider Program or Program approved preceptor at the discretion of the employer.
 4. Training will be focused on the policies, procedures, protocols listed on the Program form.
 5. There is no minimum requirement for the number of training hours. Satisfaction of completion of remedial training will be at the discretion of the employer.
 6. The paramedic must have the form signed by the trainer to be eligible for the third attempt at the exam.
- C. The paramedic shall present a signed remedial education form to the program to attempt the exam a third time.
- D. If the paramedic fails the third attempt at the exam, his or her accreditation will be suspended or not renewed.
- E. Reinstatement of accreditation will require completion of a Program sponsored policy, procedure, protocol class. Course completion will require passing of an exam.
- F. If the paramedic fails to complete the course, the paramedic will not be eligible for accreditation for one (1) year following the date of the fourth and final exam.
- G. Reinstatement after the one (1) year time frame will require the paramedic to complete the accreditation process (including ten ALS contacts).

Appendix B- Paramedic Skills Verification Procedure

- A. The policy establishes the policies and procedures for the Paramedic Skills Verification program.
- B. These policies shall apply to all Kern County paramedics and all Kern County ALS providers.
- C. The Program reserves the right to change or update these policies and procedures as deemed necessary in accordance with Health and Safety Code, California Code of Regulations Title 22, and Kern County Ordinance.
- D. All Paramedics shall be certified in **BLS CPR, HP CPR, Program approved pediatric training PALS, ACLS,** and PHTLS.
 1. Paramedics shall present copies of their cards at time of re-accreditation.
 2. An instructor in **PALS, ACLS, and** PHTLS may verify a skill during the course if a manipulative station is part of the normal course material.
- E. The following skills require verification:
 1. **Needle** Cricothyrotomy
 2. Thoracic Decompression
 3. ~~Endotracheal Intubation (if applicable)~~ **Airway Management**
 - a. Adult **Endotracheal Intubation**
 - b. **Pediatric Supraglottic Airway**
 4. Intraosseous needle placement
- F. Skills that are successfully completed in the field may be used as verification.
- G. The following information must be provided for verification:
 1. Run Number
 2. Date of Procedure
 3. Indications
 4. Complications
 5. Attempt
- H. The Paramedic must turn in the skills verification sheets at the time of re-accreditation.
- I. Two verifications will be required to be presented at reaccreditation:
 1. One verification must be completed within twelve months of accreditation
 2. One verification must be completed greater than twelve months after accreditation
 3. Verifications must be more than six months apart
- J. Skills may be verified through a refresher course that provides hands-on manipulation. The refresher course must include the following:
 1. Review of indications and contraindications
 2. Paramedic must be able to physically identify landmarks
 3. Paramedic must be able to practice the procedure and have positive feedback indicating success
 4. A Program approved device shall be used.

Appendix C- Items needed for accreditation **or certification**:

The following is to be used a guide only. This may be updated at any time due to changes in rules, laws, and regulations. Refer to the accreditation policy for clarification and specifics.

- ~~All purpose application~~
- ~~Completed Live Scan Form~~
- ~~Driver's license or other form of government issued ID~~
- ~~Copy of your expiring county card (EMT, Paramedic, MICN, EMD, PSFA)~~
- ~~Copy of your state card (EMT, Paramedic, RN) or NAEMD, NREMT~~
- ~~Copy of your CPR~~
- ~~Copy of other required certifications (ACLS, PALS, PHTLS)~~
- ~~Copy of CE's (page 2 of the paramedic state application or required amount of original CE's for EMT's)~~
- ~~Required Fee's (We accept cash, money orders, cashier checks, Visa or MasterCard; please make money order or cashier's check payable to "Kern County EMS")~~
- ~~Proof of all county training required by the Program.~~

EMD Initial:

- Copy of the applicant's government issued photo identification
- Valid IAED card in the current version of the protocol, or course completion record for the basic EMD training program
- Completion record verifying 8 hours of protocol training in local EMD policies, procedures, and protocols by EMD authorized instructor dated with issue date of not more than one year
- EMD practical training form
- Valid BLS CPR card
- Fee
- Unless currently on file, completed DOJ and FBI Live Scan Background Check Live Scan Request Form

EMD Recert:

- Copy of the applicant's government issued photo identification
- Copy of current Kern County EMD card
- Copy of current IAED card
- Valid BLS CPR card
- Fee
- Unless currently on file, completed DOJ and FBI Live Scan Background Check Live Scan Request Form

EMT Initial:

- Copy of the applicant's government issued photo identification (may be current state driver's license or identification, federally issued passport, or similar photo identification)
- Copy of 8 ½" x 11" NATIONAL REGISTRY EMT-BASIC CERTIFICATE from the NREMT – OR- EMT-Basic National Registry Card
- Valid BLS CPR card
- Completed DOJ and FBI Live Scan Background Check Live Scan Request Form
- Fee

EMT Recert or Changing Certifying Entity: (current or up to 6 months expired)

- Copy of the applicant's government issued photo identification
- Copy of current or expired EMT Card
- Copy of applicant's current BLS CPR
- 24 Hours of CEs
- Skills Competency Verification Form
- Unless currently on file, completed DOJ and FBI Live Scan Background Check Live Scan Request Form
- Fee

EMT Recert or Changing Certifying Entity: (Expired 6 months to 12 months)

- Copy of the applicant's government issued photo identification
- Copy of expired EMT Card
- Copy of applicant's current BLS CPR
- 36 Hours of CEs
- Skills Competency Verification Form
- Unless currently on file, completed DOJ and FBI Live Scan Background Check Live Scan Request Form
- Fee

EMT Recert: (Expired greater than 12 months)

- Copy of the applicant's government issued photo identification
- Copy of expired EMT Card
- Copy of applicant's current BLS CPR
- 48 Hours of CE's Originals OR 24-hour EMT refresher course from an approved EMT training program plus 24 hours of CE (within 24 months of application date).
- MUST PASS NREMT exams within two years of the application date (unless possess current and valid EMT, AEMT or paramedic NREMT certificate OR current and valid AEMT certificate or paramedic license).

- Skills Competency Verification Form
- Unless currently on file, completed DOJ and FBI Live Scan Background Check Live Scan Request Form
- Fee

EMT Kern County Accreditation:

- Copy of the applicant's government issued photo identification
- Copy of current State EMT card
- Copy of applicant's current BLS CPR card
- Unless currently on file, completed DOJ and FBI Live Scan Background Check Live Scan Request Form
- Verification of employment form
- Proof of training for King Airways (5 hours Minimum)
- Proof of training for Epinephrine, Narcan, Blood Glucose Monitors. Unless they attended EMT class after 2017. Upload documentation of EMT course completion if they finished school after 2017.

Paramedic Kern County Accreditation:

- Copy of the applicant's government issued photo identification
- Copy of current State Paramedic card
- Copy of applicant's current BLS CPR card
- Unless currently on file, completed DOJ and FBI Live Scan Background Check Live Scan Request Form
- Verification of employment form
- Field evaluation documenting 10 ALS contacts OR 10 ALS simulations and certificate from the Programs MICN course
- Fee
- Pass the Paramedic exam with a minimum of 80%

Paramedic Kern County Reaccreditation:

- Verification of Employment Form
- Copy of the applicant's government issued photo identification
- Copy of current State of California paramedic card
- Copy of current Kern County paramedic accreditation card
- 48 hours of CE's
- Copy of current Program approved HP-CPR
- Copy of current PHTLS card
- Copy of current Program approved pediatric training
- Copy of current BLS card

- One skills verification form for each year of the accreditation cycle, not to be closer than six months apart.
- Pass the Kern County EMS protocol exam with a minimum score of 80%
- Unless currently on file, completed DOJ and FBI Live Scan Background Check Live Scan Request Form

Paramedic Preceptor:

- Copy of the applicant's government issued photo identification
- Copy of current State of California paramedic card
- Copy of current Kern County paramedic accreditation card
- Proof of a Program approved preceptor course
- Letter from employer authorizing them to become a preceptor
- Pass the Kern County EMS protocol exam with a minimum score of 90%
- Unless currently on file, completed DOJ and FBI Live Scan Background Check Live Scan Request Form

MICN Initial:

- Copy of the applicant's government issued photo identification)
- Copy of applicant's California nursing license
- Unless currently on file, completed DOJ and FBI Live Scan Background Check Live Scan Request Form
- Fee

After the above have been met, the applicant will be required to take the Program's MICN course and pass with an 80% or better. After completing the class, they will have twelve (12) months to complete the following in order to receive accreditation.

- Copy of applicant's current Program approved HP-CPR
- Documentation of field evaluation
- Documentation of 16 hours of Paramedic ambulance ride time.

MICN Recert:

- Copy of the applicant's government issued photo identification
- Copy of applicant's California nursing license
- Copy of applicant's current Program approved HP-CPR
- Copy of applicant's current MICN card
- Unless currently on file, completed DOJ and FBI Live Scan Background Check Live Scan Request Form
- Fee

APPENDIX D – FORMS

EMD Practical Training Form

Paramedic Skills Verification Form

Paramedic Initial Accreditation Form

MICN Verification of Base Radio ALS Contacts

MICN Verification of ambulance observation requirement

Verification of Employment Form



EMD Preceptor Form

The EMD trainee must successfully manage a minimum of ten (10) consecutive EMD calls through an EMS Program authorized EMD provider under direct supervision of an EMD preceptor with a valid certification. Successful management of an EMD call shall mean that the EMD intern can manage the entire call without EMD Preceptor intervention. This record must be submitted to the Kern County EMS upon completion.

EMD Intern Name: _____ EMD Preceptor Name: _____

Date: _____

Incident number	Location	Determinant	Call Details
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Intern Signature

Date

Preceptor Signature

Date

EMD-Q Signature

Date

EMD Practical Training – Intern Evaluation Record

This record shall be completed by the EMD Preceptor upon completion of EMD practical training by an EMD Intern. Successful completion of a minimum of *twelve (12)* hours of EMD practical training and a minimum total score of 21 is required to pass EMD Practical Training. The numerical ranking is defined as 5 being the highest performance, 1 the lowest performance. This record must be submitted to the Kern County EMS upon completion.

Name – EMD Intern: _____

Hours Completed: _____

Name – EMD Preceptor: _____

Score Total: _____

Proper Case Entry Protocol Use: 1 2 3 4 5

Comments:

Proper Key Questions Use: 1 2 3 4 5

Comments:

Proper Selection of Response Determinants: 1 2 3 4 5

Comments:

Proper Dispatch of Resources: 1 2 3 4 5

Comments:

Proper Use of Post-Dispatch/Pre-Arrival Instructions: 1 2 3 4 5

Comments:

Caller Interaction Technique: 1 2 3 4 5

Comments:

EMD Policies and Procedures Knowledge: 1 2 3 4 5

Comments:

EMD Preceptor Conclusion: **Pass** **Repeat Practical** **Fail Practical (2nd Attempt)**

Comments: _____

EMD Preceptor Signature: _____ **Date Completed:** _____

EMD Preceptor Overall Comments

Supervisor Overall Comments (optional)

Trainee Overall Comments

Preceptor Signature Date

Supervisor Signature Date

Manager Signature Date

Kern County
Emergency Medical Services Program
Paramedic Skills Verification

Cricothyrotomy:

Date: _____ Run #: _____ # Attempts: _____

Complications: _____

Indications: _____

If Verified by Refresher Provide the following:

Date _____ Verifying Instructor: _____ Signature: _____

Thoracic Decompression:

Date: _____ Run #: _____ # Attempts: _____

Complications: _____

Indications: _____

If Verified by Refresher Provide the following:

Date _____ Verifying Instructor: _____ Signature: _____

Supraglottic Airway - Pediatric

Date: _____ Run #: _____ # Attempts: _____

Complications: _____

Indications: _____

If Verified by Refresher Provide the following:

Date _____ Verifying Instructor: _____ Signature: _____

Endotracheal Intubation - Adult

Date: _____ Run #: _____ # Attempts: _____

Complications: _____

Indications: _____

If Verified by Refresher Provide the following:

Date _____ Verifying Instructor: _____ Signature: _____

Interosseous Needle Placement:

Date: _____ Run #: _____ # Attempts: _____

Complications: _____

Indications: _____

If Verified by Refresher Provide the following:

Date _____ Verifying Instructor: _____ Signature: _____

Paramedic Name (Print): _____

Paramedic Signature: _____

Paramedic License #: _____ Date: _____

EMS Coordinator Name: _____

EMS Coordinator Signature: _____

Date of Approval: _____

**Skills Assessment of Paramedic Competency
for Kern County Accreditation**

Intern: _____	Start Date: _____	Preceptor: _____	Agency: _____
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Directions: Each run must be rated by the preceptor in each applicable category. The preceptor will assure that the intern receives proper training in each category. Intern must complete 10 ALS contacts and receive a "3" in each category within the "Final Rating" to complete accreditation process. This can be accomplished via run completion, drills, demonstrations or discussion.

"ALS contact" must have 2 or more ALS procedures (ie IV and a med or IV and a 12 lead)

RATING: 1-Fails to Perform 2-Inconsistent 3-Competent X-N/A

ALS Contact		Patient Information	Treatment Rendered	Run Number	Assessment	Communication	Scene Control	Treatment Protocols	Destination/ED Status	Trauma Policy	Behavior/Psych	Determination of Death	CPAP	Cardiac Pacing	Aircraft Utilization	M.A.D.	D.N.R.	I.V.	ePCR	
					Age	Chief Complaint														
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
				Final Rating																

SUMMARY OF PERFORMANCE: Preceptor must provide a written summary of intern's performance.

Preceptor Signature: _____	Prcpt Cert #: _____	Intern Signature: _____	Completion Date: _____
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Mobile Intensive Care Nurse

Verification of Base Radio ALS Contacts

The Kern County EMS Division specifies that a Registered Nurse applying for the certification as an MICN shall complete a minimum of 4 Base Hospital ALS radio contacts monitored by a currently certified Kern County MICN. The applicant shall demonstrate proper use and understanding of the pre-hospital radio system.

Applicant Names (Please Print): _____

Employer: _____

Number of ALS radio contacts: _____

Number of BLS radio contacts: _____

Base Hospital Preceptor

Name (Please Print): _____

Signature: _____

Date: _____



Mobile Intensive Care Nurse

Verification of ambulance observation requirement

The Kern County EMS Division specifies that a Registered Nurse applying for the certification as an MICN shall, at minimum, completed the following activities during the required 16 hours ambulance observation period.

- I. Observe or participate in four ALS patient transports.
- II. Deliver to a Kern County Base Hospital one BLS patient assessment report, utilizing the EMS communications system.
- III. Review with the EMT-Paramedic in charge the use of Kern County Paramedic Treatment Protocols and local policy and procedures.

Applicant Names (Please Print): _____

Employer: _____

Ambulance Provider _____

Times and dates of observation period:

EMT-Paramedic
Name (Please Print): _____

Signature: _____

Date: _____



Verification of Employment Paramedic and EMT Only

Organization Name: _____

Approved Signatory for Provider:

I _____ hereby certify under penalty of perjury that (EMT/EMT P)
(approved signatory)

_____ is employed with the above-named agency on an at
least part-time basis. I further certify that the organization listed above has given me the authority to
sign this document for verification of employment with an approved emergency medical service
provider.

Signature Date

X. New Business

h. EMCAB Member Update

EMS Program Staff Report for EMCAB

EMCAB Member Update

Deputy Chief Trevor Martinusen has resigned his position as Alternate for the Fire Chiefs Association.

Currently we have the following vacancies on EMCAB:

Alternate – Police Chief’s Association

Member – Fire Chief’s Association

Alternate – Fire Chief’s Association

Alternate – Rural Consumer

Alternate – Urban Consumer

Member – Kern Mayors and City Managers Group

Alternate – Kern County Hospital Administrators

IT IS RECOMMENDED, the Board Receive and file the report.

X. New Business

- i. Release of Maddy Fund Request

MADDY FUND REQUEST REPORT – Warehouse Space

Background

Prior to March 2020, Kern County EMS had a small warehouse which stored our emergency preparedness supplies and equipment. This space proved to be insufficient to store enough supplies to support the pandemic response. We were forced to reach out to the state to request supplies much sooner than we anticipated.

Kern County EMS is requesting the release of Maddy funds for the purchase of warehouse space for the storage of all emergency preparedness supplies and equipment.

Currently, the majority of our emergency preparedness supplies are being housed at the fairgrounds. As we enter the post COVID era we will be forced to house our equipment and supplies at an alternate location.

The proposed warehouse has been occupied by the Elections Division of the Auditor - Controller – County Clerk’s office since 2011. (Kern County Agreement #130-2011. This agreement expired on March 1, 2021. EMS will be entering into a 5-year agreement for approximately 21,000 square feet of warehouse space, which will accommodate our current and future supplies necessary in the event of a disaster or emergency declaration.

The requested funds are \$285,868.40 for the first 2 years and includes \$26000 to cover maintenance. The remaining three years of the agreement will be covered by the HPP grant.

Intent of Release of Maddy Funds

As approved by county council, “The intent for releasing the discretionary Maddy funds by the county is to heighten, increase and improve, from the normal and customary base operations, the delivery of prehospital care to the people of Kern County. This would include programs, services, training, equipment and/or learning materials that would have a high likely hood to improve

the Kern County EMS System of care from its normal and customary base operations. The requested item, service or training must benefit all EMS stakeholders, especially the community at large, in such a way that it improves the quality and delivery of prehospital care.”

Recommendation

The request for the purchase of warehouse space appears to meet the intended use of the discretionary Maddy funds in that it will provide EMS the ability to house the necessary equipment and supplies required in the event of a disaster or declared emergency. This will benefit the community at large assuring that the necessary emergency equipment and supplies are readily available for distribution across the county.

Therefore, IT IS RECOMMENDED, the Board approve this request for the release of discretionary Maddy Funds.

Jeff Fariss

From: "Maddy Fund Request Form" <noreply@kernpublichealth.com>
Sent: Wednesday, May 5, 2021 3:02 PM
To: Jeff Fariss
Subject: Maddy Fund Request Form

CAUTION: This email originated from outside of the organization. Do not click links, open attachments, or provide information unless you recognize the sender and know the content is safe.

Date:

04/16/2021

Requesting Party Information:

Name:

Jeff Fariss

Phone:

(661) 868-5216

E-Mail Address:

farissj@kerncounty.com

Equipment/Service Requested:

Lease of warehouse space for continued storage of emergency preparedness supplies and equipment mandated by the state.

Cost of Equipment/Service:

\$285,868.80

Equipment/Service Contact Information:

Name:

Tim Garrison/Kern County General Services Manager

Phone:

(661) 868-3072

E-Mail Address:

garrisont@kerncounty.com

Describe how this request benefits the Kern County EMS System, at large:

Allows for Kern County EMS to maintain the stockpile of supplies mandated by the state. This benefits the county by providing EMS the ability to comply with state mandates on disaster and emergency preparedness. Existing warehouse does not provide the space required to store the 30 day supply of Personal Protective Equipment necessary in the event of a disaster of declared emergency. It is inevitable that we will be required to move all supplies and equipment out of the fairgrounds and will need a warehouse capable of housing the massive amounts we need.

**EMS DIVISION
KERN COUNTY PUBLIC HEALTH SERVICES DEPARTMENT
MADDY EMS FUND**

FISCAL YEAR 2020-21 ACTIVITY

	MADDY Deposits + Interest	RICHIE'S Deposits + Interest	Admin 10% of Each Fund	Richie's Fund (15%) Distribution	Total Physician Claims Submitted In Quarter	Physicians 58% both funds Balance	Physician Payments in Quarter	Percent Paid to Physicians	Hospitals 25% of Both Fund Balance	Hospital Payments in Quarter	Other EMS 17% MADDY Balance	Other EMS 17% MADDY Rollover Balance FY 1819 (Nov 2018-Jun 2019)	Other EMS 17% MADDY Rollover Balance FY 1920 (Jul 2019-Jun 2020)	Other EMS 17% RICHIE'S Balance
												135,711.45	177,421.30	
JULY 2020	114,448.17	95,786.35	21,023.46	14,367.95		101,897.52			43,710.78		17,510.57			12,212.76
AUGUST 2020	100,702.07	91,294.12	19,199.62	13,694.12		93,790.59			39,775.61		15,407.42			11,640.00
SEPTEMBER 2020	77,892.28	77,318.45	15,521.08	11,597.77		74,622.89			32,022.97		11,917.52			9,858.10
Total for Quarter 1	293,042.52	264,398.92	55,744.16	39,659.84	186,925.43	270,311.00	50%	115,509.36	205,198.00	44,835.51	-	-	33,710.86	
OCTOBER 2020	87,580.73	74,277.52	16,185.82	11,141.63		78,708.40			33,632.70		13,399.85			9,470.38
NOVEMBER 2020	88,183.06	85,061.70	17,324.48	12,759.26		83,121.23			35,790.26		13,492.01			10,845.37
DECEMBER 2020	72,368.29	71,871.04	14,423.93	10,780.66		69,613.49			29,758.69		11,072.35			9,163.56
Total for Quarter 2	248,132.08	231,210.26	47,934.23	34,681.55	313,502.00	231,443.12	50%	99,181.65	163,342.51	37,964.21	-	-	29,479.31	
JANUARY 2021	80,689.74	73,027.87	15,371.76	10,954.18		74,313.53			31,847.92		12,345.53			9,311.05
FEBRUARY 2021	94,804.56	83,362.72	17,816.72	12,504.41		86,016.91			36,961.54		14,505.10			10,628.75
MARCH 2021	81,899.97	81,048.89	16,294.89	12,157.33		78,293.65			33,624.16		12,530.69			10,333.73
Total for Quarter 3	257,394.27	237,439.48	49,483.37	35,615.92	268,579.00	238,624.09	50%	102,433.62	168,425.50	39,381.32	-	-	30,273.53	
APRIL 2021	-	-	-	-		-			-		-			-
MAY 2021	-	-	-	-		-			-		-			-
JUNE 2021	-	-	-	-		-			-		-			-
Total for Quarter 4	-	-	-	-	-	-	#DIV/0!	-	-	-	-	-	-	-
YEAR-END SUP.														
YEAR TO DATE	798,568.87	733,048.66	153,161.76	109,957.31	769,006.43	740,378.21	50%	317,124.63	205,198.00	122,181.04	135,711.45	177,421.30	93,463.70	
										Total	435,313.79			