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 WWW.KERNPUBLICHEALTH.COM

AGENDA

EMERGENCY MEDICAL CARE ADVISORY BOARD (EMCAB)

REGULAR MEETING

THURSDAY – November 10th, 2022

4:00 P.M.

Location: Kern County Public Health,
1800 Mt. Vernon Ave, Bakersfield CA, 93306
San Joaquin Room

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 August 11th, 2022– 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 Quarterly Report – receive and file**
b) **(CA) Legislation Report – receive and file**
c) **(CA) Quarterly APOT Report – receive and file**
d) **(CA) Quarterly Response Time Compliance – receive and file**
e) **(CA) 2023 EMCAB Meeting Dates - approve**
f) **EMD Study Implementation – approve**
g) **Ambulance Service Performance Standards Update - approve**

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, February 9th, 2023, 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, January 26th, 2023, 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

Name and Address	***Representing***
Mike Maggard, Supervisor Third District 1115 Truxtun Avenue Bakersfield, CA 93301 (661) 868-3670 Alternate Phillip Peters, Supervisor First District 1115 Truxtun Avenue Bakersfield, CA 93301 (661) 868-3652	Board of Supervisors
Donny Youngblood, Sheriff Kern County Sheriff's Department 1350 Norris Road Bakersfield, CA 93308 (661) 391-7500 Alternate Vacant	Police Chief's Association
Zachary Wells, Deputy Chief Kern County Fire Department 5642 Victor Street Bakersfield, CA 93308 (661) Alternate Kevin Albertson, Deputy Chief Bakersfield Fire Department 2101 H St. Bakersfield, CA 93301 (661)	Fire Chief's Association
James Miller 14113 Wellington Court Bakersfield, CA 93314 (817) 832-2263 Alternate Vacant	Urban Consumer
Leslie Wilmer 1110 Bell Ave., Taft, CA 93268 (661) 304-1106 Alternate Vacant	Rural Consumer

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

Scott Hurlbert
City of Wasco
746 8th Street
Wasco, CA 93280
(661) 758-7214

Kern Mayors and City Managers Group

Alternate

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

Tyler Whitezell, Chief Operating Officer
Kern Medical
1700 Mt. Vernon
Bakersfield, CA 93306
(661)

Kern County Hospital Administrators

Alternate

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

Kern County Ambulance Association

Alternate

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

EMS Medical Director

Support Staff

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

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

Julia Carlson — County Administrative Office
1115 Truxtun Avenue, 5th Floor
Bakersfield, CA 93301
(661) 868-3198

V. Approval of Minutes

KERN COUNTY
Public Health Services
DEPARTMENT

BRYNN CARRIGAN
DIRECTOR

KRISTOPHER LYON, MD
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AGENDA

EMERGENCY MEDICAL CARE ADVISORY BOARD (EMCAB)

REGULAR MEETING

THURSDAY – August 11th, 2022

4:00 P.M.

Location: Kern County Public Health,
1800 Mt. Vernon Ave, Bakersfield CA, 93306
San Joaquin Room

I. Call to Order

II. Flag Salute

III. Roll Call

Attending	Roll Call
Leslie Wilmer	x
Chris Miller	x
John Surface	x
Tyler Whitzell - Tentative	x
Chief Wells	x
Dr. Lyon	x
Orchal Krier	x
sheriff	x

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

	Consent Agenda
Leslie Wilmer	x
Chris Miller	x
John Surface	s
Tyler Whitzell - Tentative	x
Chief Wells	x
Dr. Lyon	x
Orchal Krier	x
sheriff	m

concerning the item before action is taken.

V. (CA) Approval of Minutes: EMCAB Meeting May 12th, 2022– approve

VI. Subcommittee Reports:

APOT Task Force – Jeff Fariss

Mr. Whitzell inquired as to traffic to the APOT Dashboard posted on the EMS site. Mr. Fariss responded in the affirmative that tracking of traffic is possible on the site.

Mr. Miller asked if the state APOT report contained and mention of mental health involvement that would relieve EMS in the field. Mr. Fariss responded that the current state document did not. Dr. Lyon added that Tele911 does in fact accomplish this to a certain degree. The Tele911 physician can link the patient to mental health assistance if deemed necessary.

No comment from public noted.

APOT Task Force
s
x
m
x
x
x
x
x

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 Quarterly Report – receive and file**
b) **(CA) Legislation Report – receive and file**
c) **(CA) Quarterly APOT Report – receive and file**
d) **(CA) Quarterly Response Time Compliance – receive and file**
e) **(CA) Annual EOA Reports for 2021 – receive and file**

XI. Manager's Report: - Receive and File

No questions or comments from the Board
No questions or comments from the Public.

Managers Report
x
m
x
x
s
x
x
x

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.])

Mr. Krier shared his experience with COVID-19 and expressed his appreciation to Kern County Fire, Hall Ambulance Service as well as Mercy Southwest.

Chief Wells requested a copy for the link to the APOT dashboard.

XIV. Announcements:

A. Next regularly scheduled meeting: Thursday, November 10th, 2022, 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, November 3rd, 2022, 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.

VII. Subcommittee Report

X. New Business

a. Maddy Funds Quarterly Report

EMS DIVISION
KERN COUNTY PUBLIC HEALTH SERVICES DEPARTMENT
MADDY EMS FUND
FISCAL YEAR 2022-23 ACTIVITY

										EMCAAB-Current	EMCAAB-Rollover	EMCAAB-Rollover	EMCAAB-Rollover	EMCAAB-Rollover	EMCAAB-Transfers	
MADDY Deposits + Interest AS (10 &12)	RICHIE'S Deposits + Interest AS (11)	Admin 10% of Each Fund AS (14 & 15)	Richie's Fund (15%) Distribution AS (17)	Total Physician Claims Submitted In Quarter PC (8)	Physicians 58% both funds Balance AS (24)	Physician Payments in Quarter PC (16)	Percent Paid to Physcians H16/F16	Hospitals 25% of Both Fund Balance AS (28)	Hospital Payments in Quarter HP (17 & 19)	Other EMS 17% MADDY Balance FY 2122 (Jul 2021-Jun 2022) AS (33)	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% MADDY Rollover Balance FY 2021 (Jul 2020-Jun 2021)	Other EMS 17% MADDY Rollover Balance FY 2021 (Jul 2021-Jun 2022)	EMCAAB Transfers-JV33023 10/1/21 To pay for EMS warehouse lease	Other EMS 17% RICHIE"S Balance AS (34)
											135,711.45	177,421.30	171,266.68	150,941.55	(285,868.80)	
66,382.13	58,605.66	12,498.79	8,790.85		60,144.93			25,924.54		10,156.46						7,472.22
74,926.60	67,944.65	14,287.13	10,191.70		68,853.87			29,598.11		11,463.77						8,662.94
74,102.75	70,105.49	14,420.83	10,515.82		69,177.52			29,817.90		11,337.72						8,938.45
215,411.48	**196,655.80**	**41,206.75**	**29,498.37**	**199,615.95**	**198,176.32**	**99,810.22**	50%	**85,340.55**	**139,912.53**	**32,957.95**	-	-				**25,073.61**
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215,411.48	**196,655.80**	**41,206.75**	**29,498.37**	199,615.95	**198,176.32**	99,810.22	50%	**85,340.55**	**139,912.53**	**32,957.95**	**135,711.45**	**177,421.30**	**171,266.68**	**150,941.55**	**(285,868.80)**	**25,073.61**
										Total	**382,430.13**					

X. New Business

b. Legislative Reports

KERN COUNTY
Public Health Services
DEPARTMENT

BRYNN CARRIGAN
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KRISTOPHER LYON, MD
HEALTH OFFICER

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EMS Program Staff Report for EMCAB

Legislative Report

Background

Emergency Medical Services is constantly changing and evolving. Each year laws and regulations are created that have an effect on our local system. The last several years have seen an increase in such legislation. The following pages represent bills currently in the legislative process.

AB 2117 (Gipson D) Mobile stroke units.

Last Amended: 8/25/2022

Status: 9/29/2022-Approved by the Governor. Chaptered by Secretary of State - Chapter 772, Statutes of 2022.

Location: 9/29/2022-A. CHAPTERED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary:

The Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act (act) establishes the Emergency Medical Services Authority, which is responsible for the coordination of various state activities concerning emergency medical services (EMS), including development of planning and implementation guidelines for EMS systems. The act authorizes a county to develop an EMS program by designating a local EMS agency. This bill would define, under the act, “mobile stroke unit” to mean a multijurisdictional mobile facility that serves as an emergency response critical care ambulance under the direction and approval of a local EMS agency, and as a diagnostic, evaluation, and treatment unit, providing radiographic imaging, laboratory testing, and medical treatment under the supervision of a physician in person or by telehealth, for patients with symptoms of a stroke, to the extent consistent with any federal definition of a mobile stroke unit, as specified.

AB 2130 (Cunningham R) Emergency medical services: training.

Last Amended: 6/20/2022

Status: 9/6/2022-Approved by the Governor. Chaptered by Secretary of State - Chapter 256, Statutes of 2022.

Location: 9/6/2022-A. CHAPTERED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary:

Under current law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, the Emergency Medical Services Authority is responsible for establishing minimum standards and promulgating

regulations for the training and scope of practice for an Emergency Medical Technician I and II (EMT-I and EMT-II) and Emergency Medical Technician-Paramedic (EMT-P). This bill, commencing July 1, 2024, would require an EMT-I, EMT-II, and EMT-P, upon initial licensure, to complete at least 20 minutes of training on issues relating to human trafficking.

AB 2260 (Rodriguez D) **Emergency response: trauma kits.**

Last Amended: 6/21/2022

Status: 9/27/2022-Approved by the Governor. Chaptered by Secretary of State - Chapter 586, Statutes of 2022.

Location: 9/28/2022-A. CHAPTERED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary:

Under current law, everyone is generally responsible, not only for the result of their willful acts, but also for an injury occasioned to another by their want of ordinary care or skill in the management of their property or person. 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, a tourniquet. The bill would allow medical materials and equipment and any additional items that are approved by the medical director of the local emergency medical services agency to be included as supplements in addition to the specified items that are required to be included in a trauma kit if they adequately treat a traumatic injury and can be stored in a readily available kit.

SB 443 (Hertzberg D) **Emergency medical services (EMS): prehospital EMS.**

Last Amended: 6/16/2022

Status: 7/5/2022-Failed Deadline pursuant to Rule 61(b)(14). (Last location was A. HEALTH on 6/16/2022)

Location: 7/5/2022-A. DEAD

Desk	Policy	Fiscal	Floor	Desk	Dead	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary:

Would require a city or fire district that contracted for or provided, as of June 1, 1980, prehospital emergency medical services, to be deemed to retain its authority regarding, and administration of, the prehospital emergency medical services when a city or fire district enters into an agreement with a county for the joint exercise of powers regarding prehospital emergency medical services for that city or fire district, or ceases to contract for, provide, or administer prehospital emergency medical services as a result of a judicial finding, as specified. The bill would clarify the Legislature's intent that a city's or fire district's entry into a written agreement, as described, does not make the city or fire district ineligible to contract with a county, as described above, or result in the transfer, termination, relinquishment, or extinguishment of that city's or fire district's authorities regarding, or administration of, prehospital emergency medical services, and to abrogate contrary judicial holdings.

Total Measures: 4

Total Tracking Forms: 4

AB 225 (Gray D) **Department of Consumer Affairs: boards: veterans: military spouses: licenses.**

Last Amended: 6/28/2021

Status: 7/5/2022-Failed Deadline pursuant to Rule 61(b)(14). (Last location was S. 2 YEAR on 7/14/2021)

Location: 7/5/2022-S. DEAD

Desk	Policy	Fiscal	Floor	Desk	Dead	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

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. This bill would expand the eligibility for a temporary license to an applicant who meets the specified criteria and who supplies evidence satisfactory to the board that the applicant is a veteran of the Armed Forces of the United States within 60 months of separation from active duty under other than dishonorable conditions, a veteran of the Armed Forces of the United States within 120 months of separation from active duty under other than dishonorable conditions and a resident of California prior to entering into military service, or an active duty member of the Armed Forces of the United States with official orders for separation within 90 days underother than dishonorable conditions.

AB 240 (Rodriguez D) **Local health department workforce assessment.**

Last Amended: 8/11/2022

Status: 9/27/2022-Vetoed by the Governor

Location: 9/27/2022-A. VETOED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary:
Would require the State Department of Public Health 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 authorize the department to contract with an appropriate and qualified entity to conduct the evaluation. 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, 2025. 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. The bill would further require the advisory group to provide technical assistance and subject matter expertise to the selected entity. The bill would make its provisions contingent on sufficient funding and repeal its provisions on January 1, 2027.

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

Status: 8/12/2022-Failed Deadline pursuant to Rule 61(b)(15). (Last location was APPR. SUSPENSE FILE on 7/15/2021)

Location: 8/12/2022-S. DEAD

Desk	Policy	Fiscal	Floor	Desk	Policy	Dead	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

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 662 (Rodriguez D) **State Fire Marshal and Emergency Medical Services Authority: peer-to-peer suicide prevention.**

Last Amended: 8/11/2022

Status: 9/27/2022-Approved by the Governor. Chaptered by Secretary of State -

Chapter 575, Statutes of 2022.

Location: 9/28/2022-A. CHAPTERED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary:

Current law directs the State Fire Marshal to establish additional training standards that include criteria for curriculum content recommended by the Emergency Response Training Advisory Committee involving first responders to terrorism incidents, as provided. Current law requires the State Fire Marshal to contract with the California Firefighter Joint Apprenticeship Program for the development of that curriculum content criteria. Current law authorizes every paid and volunteer firefighter assigned to field duties in a state or local fire department or fire protection or firefighting agency to receive the training. Current law makes these requirements contingent upon the receipt of federal funds, as provided. This bill would require the State Fire Marshal to establish additional training standards that include the criteria for curriculum content recommended by the Statewide Training and Education Advisory Committee involving peer-to-peer suicide prevention programming. The bill would require the State Fire Marshal to coordinate with the California Firefighter Joint Apprenticeship Program to develop and deliver the curriculum content criteria. The bill would authorize all paid personnel assigned to field duties in a state or local fire department or fire protection or firefighting agency to receive the peer-to-peer suicide prevention training, as provided. This bill would require the State Fire Marshal to make the curriculum content criteria available to the authority.

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

Last Amended: 6/28/2021

Status: 8/31/2022-Failed Deadline pursuant to Rule 61(b)(18). (Last location was APPR. SUSPENSE FILE on 7/15/2021)

Location: 8/31/2022-S. DEAD

Desk	Policy	Fiscal	Floor	Desk	Policy	Dead	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

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 1394 (Irwin D) **General acute care hospitals: suicide screening.**

Last Amended: 6/21/2022

Status: 7/19/2022-Approved by the Governor. Chaptered by Secretary of State - Chapter 101, Statutes of 2022.

Location: 7/19/2022-A. CHAPTERED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary:

Would require, on or before January 1, 2025, a general acute care hospital to establish and adopt written policies and procedures to screen patients who are 12 years of age and older for purposes of detecting a risk for suicidal ideation and behavior. The bill would require the procedures to include, among other things, a designation of the licensed staff who are responsible for the implementation of the policies and procedures. The bill would further require a general acute care hospital to routinely screen patients who are 12 years of age and older for a risk of suicidal ideation and behavior in compliance with the policies and procedures.

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

Last Amended: 5/24/2021

Status: 8/12/2022-Failed Deadline pursuant to Rule 61(b)(15). (Last location was APPR. SUSPENSE FILE on 7/15/2021)

Location: 8/12/2022-S. DEAD

Desk	Policy	Fiscal	Floor	Desk	Policy	Dead	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary:

Current law requires a county, upon the next update to its emergency plan, to integrate access and functional needs into its emergency plan, as specified. Current law provides a county with specified powers and duties for the purpose of enrolling residents from the access and functional needs population in a local

public emergency warning system, as specified. Current law provides that "access and functional needs population" for purposes of these provisions consists of individuals who have developmental or intellectual disabilities, physical disabilities, chronic conditions, injuries, limited English proficiency or who are non-English speaking, older adults, children, people living in institutionalized settings, or those who are low income, homeless, or transportation disadvantaged, including, but not limited to, those who are dependent on public transit or those who are pregnant. This bill, additionally, would include critically ill newborn infants in the "access and functional needs population" for those purposes. .

AB 1568 **(Committee on Emergency Management) California Emergency Services Act: Office of Emergency Services: donations system.**

Last Amended: 2/8/2022

Status: 3/9/2022-Approved by the Governor. Chaptered by Secretary of State - Chapter 8, Statutes of 2022.

Location: 3/9/2022-A. CHAPTERED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary:

The California Emergency Services Act establishes the Office of Emergency Services, under the supervision of the Director of Emergency Services, and vests the office with responsibility for the state's emergency and disaster response services for natural, technological, or human-made disasters and emergencies, as provided. Current law finds and declares the necessity for collaboration between the public and private sectors, and authorizes the office to establish a statewide registry of private businesses and nonprofit organizations that are interested in donating services, goods, labor, equipment, resources, or facilities to assist in disaster preparedness. This bill would instead require the office to establish a statewide donations system, as specified, for private businesses and nonprofit organizations that are interested in donating as provided above.

AB 1604 (Holden D) **Civil service: the Upward Mobility Act of 2022.**

Last Amended: 8/11/2022

Status: 9/13/2022-Approved by the Governor. Chaptered by Secretary of State - Chapter 313, Statutes of 2022.

Location: 9/13/2022-A. CHAPTERED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary:

The Constitution requires the executive officer of the State Personnel Board (board) to administer the civil service statutes under the rules of the board. Under current law, the board is authorized to conduct audits and investigations of the personnel practices of the Department of Human Resources and appointing authorities to ensure compliance with civil service policies, procedures, and statutes. Current law exempts regulations of the board from the Administrative Procedure Act, except as specified. Current law establishes the Department of Human Resources and provides that, subject to the requirements of the California Constitution, it succeeds to and is vested with the duties, purposes, responsibilities, and jurisdiction exercised by the board as its designee with respect to the board's administrative and ministerial functions. This bill, among other things, would require the board to post notices of proposed changes to regulations for public comment. The bill would require the Department of Human Resources and the board to enter into a memorandum of understanding to determine areas of compliance for nonmerit-related audits and to train board staff on the areas of compliance.

AB 1618 (Aguiar-Curry D) **Alzheimer's disease.**

Last Amended: 6/13/2022

Status: 8/12/2022-Failed Deadline pursuant to Rule 61(b)(15). (Last location was APPR. SUSPENSE FILE on 6/27/2022)

Location: 8/12/2022-S. DEAD

Desk	Policy	Fiscal	Floor	Desk	Policy	Dead	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary:

Would require the State Department of Public Health to establish the Office of the Healthy Brain Initiative to conduct all department activities relating to Alzheimer's disease and to implement the action agenda items in the Healthy Brain Initiative, as defined. The bill would also, upon appropriation by the Legislature, require the office to establish a program in at least 10 local health jurisdictions, as specified, and award participating local health jurisdictions one-time grant funding, to develop local initiatives that are consistent with the Healthy Brain Initiative. The bill would require the office to conduct an evaluation of the program and produce a report describing best practices and making recommendations regarding which

solutions and innovations are most feasible to replicate. The bill would require the office to provide a copy of the report to the Legislature by December 31, 2025, and to provide an updated copy of the report to the Legislature every 3 years thereafter.

AB 1687 (Seyarto R) **California Emergency Services Act: Governor's powers: suspension of statutes and regulations.**

Status: 9/27/2022-Vetoed by the Governor

Location: 9/27/2022-A. VETOED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary:

Would provide that the Governor may only suspend a statute or regulation during a state of emergency or state of war emergency, as specified, in connection with the specific conditions of emergency proclaimed by the Governor or state of war emergency, as applicable. With respect to the temporary suspension of statutes, ordinances, regulations, or rules imposing nonsafety related restrictions on emergency essentials, as described above, the bill would provide that the Governor may only temporarily suspend those statutes, ordinances, regulations, or rules in connection with the specific conditions of emergency proclaimed by the Governor. With respect to laws, ordinances, or regulations temporarily suspended or modified to provide temporary housing, as described above, the bill would provide that the Governor may only temporarily suspend those laws, ordinances, or regulations in connection with the specific conditions of emergency proclaimed by the Governor and declared by the President to be an emergency or major disaster. The bill would also make conforming and other nonsubstantive changes.

AB 1721 (Rodriguez D) **Seismic retrofitting: soft story multifamily housing.**

Last Amended: 5/19/2022

Status: 7/5/2022-Failed Deadline pursuant to Rule 61(b)(14). (Last location was S. G.O. on 6/8/2022)

Location: 7/5/2022-S. DEAD

Desk	Policy	Fiscal	Floor	Desk	Dead	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary:

Would establish the Seismic Retrofitting Program for Soft Story Multifamily Housing for the purposes of providing financial assistance to owners of soft story

multifamily housing for seismic retrofitting to protect individuals living in multifamily housing that have been determined to be at risk of collapse in earthquakes, as specified. The bill would also establish the Seismic Retrofitting Program for Soft Story Multifamily Housing Fund, and its subsidiary account, the Seismic Retrofitting Account, within the State Treasury. Moneys in the fund would be available, upon appropriation by the Legislature, to the California Earthquake Authority for the purposes of distributing funds pursuant to the program. The bill would require the Controller, upon appropriation, to transfer $400,000,000 annually to the fund. The bill would require OES and CEA to enter into or use a joint powers agreement to develop and administer the program, as specified. The bill would require OES and CEA to submit a specified report to the Legislature by July 1, 2042, regarding the implementation of the program. The bill would make these provisions inoperative on July 1, 2042, and would repeal them as of January 1, 2043.

AB 1733 (Quirk D) **State bodies: open meetings.**

Status: 8/31/2022-Failed Deadline pursuant to Rule 61(b)(18). (Last location was G.O. on 2/18/2022)

Location: 8/31/2022-A. DEAD

Desk	Dead	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary:

The Bagley-Keene Open Meeting Act, requires, with specified exceptions, that all meetings of a state body be open and public and all persons be permitted to attend any meeting of a state body. Current law requires a state body to provide notice of its meeting to any person who requests that notice in writing and to provide notice of the meeting of its internet website at least 10 days in advance of the meeting, as prescribed. Current law exempts from the 10-day notice requirement, special meetings and emergency meetings in accordance with specified provisions. Current law authorizes a state body to adjourn any regular, adjourned regular, special, or adjourned special meeting to a time and place specified in the order of adjournment, and authorizes a state body to similarly continue or recontinue any hearing being held, or noticed, or ordered to be held by a state body at any meeting. This bill would specify that a "meeting" under the act, includes a meeting held entirely by teleconference.

AB 1751 (Daly D) **Workers' compensation: COVID-19: critical workers.**

Last Amended: 8/25/2022

Status: 9/29/2022-Approved by the Governor. Chaptered by Secretary of State - Chapter 758, Statutes of 2022.

Location: 9/29/2022-A. CHAPTERED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary:

Current law establishes a workers' compensation system, administered by the Administrative Director of the Division of Workers' Compensation, to compensate an employee, as defined, for injuries sustained in the course of employment. Current law defines "injury" for an employee to include illness or death resulting from the 2019 novel coronavirus disease (COVID-19) under specified circumstances, until January 1, 2023. Current law creates a disputable presumption, as specified, that the injury arose out of and in the course of the employment and is compensable, for specified dates of injury. Current law requires an employee to exhaust their paid sick leave benefits and meet specified certification requirements before receiving any temporary disability benefits or, for police officers, firefighters, and other specified employees, a leave of absence. Current law also make a claim relating to a COVID-19 illness presumptively compensable, as described above, after 30 days or 45 days, rather than 90 days. Current law, until January 1, 2023, allows for a presumption of injury for all employees whose fellow employees at their place of employment experience specified levels of positive testing, and whose employer has 5 or more employees. This bill would extend the above-described provisions relating to COVID-19 until January 1, 2024. The bill would also expand the above-described provisions applicable to firefighters and police officers to include active firefighting members of a fire department at the State Department of State Hospitals, the State Department of Developmental Services, the Military Department, and the Department of Veterans Affairs and to officers of a state hospital under the jurisdiction of the State Department of State Hospitals and the State Department of Developmental Services.

AB 1756 (Smith R) **Department of Consumer Affairs.**

Status: 5/6/2022-Failed Deadline pursuant to Rule 61(b)(6). (Last location was A. PRINT on 2/2/2022)

Location: 5/6/2022-A. DEAD

Dead	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary:

Current law provides for the licensure and regulation of various professions and vocations by boards, as defined, within the Department of Consumer Affairs. Current law requires the department to receive specified complaints from consumers and to transmit any valid complaint to the local, state, or federal agency whose authority provides the most effective means to secure relief. Current law requires the Attorney General to submit a report to the department, the Governor, and the appropriate policy committees of the Legislature, on or before January 1, 2018, and on or before January 1 of each subsequent year, that includes specified information regarding the actions taken by the Attorney General pertaining to accusation matters relating to consumer complaints against a person whose profession or vocation is licensed by an agency within the department.This bill would make a nonsubstantive change to that provision.

AB 1770 (Rodriguez D) **Ambulance patient offload time.**

Last Amended: 3/24/2022

Status: 4/29/2022-Failed Deadline pursuant to Rule 61(b)(5). (Last location was HEALTH on 4/4/2022)

Location: 4/29/2022-A. DEAD

Desk	Dead	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary:

Current law requires the Emergency Medical Services Authority to develop, using input from stakeholders and after approval by the Commission on Emergency Medical Services, and adopt a statewide standard methodology for the calculation and reporting by a local emergency medical services (EMS) agency of ambulance patient offload time (APOT). Current law defines APOT as the interval between the arrival of an ambulance patient at an emergency department and the time that the patient is transferred to an emergency department gurney, bed, chair, or other acceptable location and the emergency department assumes responsibility for care of the patient. Current law requires the authority to report twice per year to the commission the APOT by local EMS agency jurisdiction and by each facility in that jurisdiction. This bill would instead require the authority to report the APOT data to the commission every 6 months.

AB 1779 (Mathis R) **State Athletic Commission Act: regulation of contests: licensed physicians.**

Status: 4/29/2022-Failed Deadline pursuant to Rule 61(b)(5). (Last location was B.&P. on 4/19/2022)

Location: 4/29/2022-A. DEAD

Desk	Dead	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary:

The State Athletic Commission Act, a violation of which is punishable as a misdemeanor, requires a promoter, as defined, to have, at its own expense, in attendance at every contest a licensed physician who is approved by the State Athletic Commission and whom the act requires to perform the physical examination of the contestants and observe the physical condition of the contestants during the contest or match. This bill would require a promoter to comply with additional safety requirements, including by requiring the promoter to ensure that there is an ambulance or medical personnel with appropriate resuscitation equipment continuously present on site. The bill would require the licensed physician to certify before the contest whether the boxer is physically fit to safely compete and to provide a copy of that certification to the commission.

AB 1888 (Flora R) **School safety: City of Fresno and the Fresno Unified School District: active shooter and mass emergency coordinated response program.**

Last Amended: 3/23/2022

Status: 8/31/2022-Failed Deadline pursuant to Rule 61(b)(18). (Last location was ED. on 3/28/2022)

Location: 8/31/2022-A. DEAD

Desk	Dead	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary:

Would require the City of Fresno and the Fresno Unified School District, in collaboration with the California College and University Police Chiefs Association, to establish a pilot real-time active shooter and mass emergency coordinated response program for specified educational entities within the City of Fresno to provide a real-time cross-agency communication solution environment that, among other things, allows for the deploying of a secure, multimedia data communications system that enables a user base to communicate with one another, as specified, and allows for identifying system users' identity, location,

and operational status during an incident. The bill would require the City of Fresno and the Fresno Unified School District, in collaboration with the California College and University Police Chiefs Association, to administer funds to enable local educational agencies, community colleges, and the California State University and their cognizant public safety, fire, and emergency response agencies to acquire, install, and maintain the solutions upon application made to the City of Fresno and the Fresno Unified School District. The bill would require the City of Fresno and the Fresno Unified School District, in collaboration with the California College and University Police Chiefs Association to make an effort to ensure the systems are deployed as soon as practicable, but not later than August 1, 2023.

AB 1914 (Davies R) **Resource family approval: training.**

Last Amended: 6/6/2022

Status: 9/29/2022-Approved by the Governor. Chaptered by Secretary of State - Chapter 765, Statutes of 2022.

Location: 9/29/2022-A. CHAPTERED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary:

Current law provides for the implementation of the resource family approval process and defines a resource family as an individual or family who has successfully met both the home environment assessment standards and permanency assessment criteria, as specified, necessary for providing care for a child placed by a public or private child placement agency by court order, or voluntarily placed by a parent or legal guardian. Under current law, counties, as part of the resource family approval process, are responsible for ensuring that resource family applicants complete a minimum of 12 hours of preapproval caregiver training and that resource families complete a minimum of 8 hours of annual caregiver training. Current written directives also require counties to ensure that resource family parents submit copies of certificates verifying completion of cardiopulmonary resuscitation (CPR) and first aid training no later than 90 days following resource family approval, and to verify that resource family parents maintain current certificates of CPR and first aid training. Under this bill, counties would be responsible for ensuring that resource families complete CPR and first aid training, or demonstrate equivalent certification, no later than 90 days following resource family approval. The bill would exempt from the CPR training requirement a resource family parent who has a life support-related certificate of

completion, as specified.

AB 1942 (Muratsuchi D) **Community colleges: funding: instructional service agreements with public safety agencies.**

Last Amended: 8/25/2022

Status: 9/30/2022-Approved by the Governor. Chaptered by Secretary of State - Chapter 930, Statutes of 2022.

Location: 9/30/2022-A. CHAPTERED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary:

Current law establishes community college districts throughout the state, and authorizes these districts to provide instruction at the community college campuses they operate and maintain. Current law provides for a formula for the calculation of general purpose apportionments of state funds to community colleges. Existing law provides a separate formula for the allocation of apportionments of state funds to community colleges, which uses the numbers of full-time equivalent students as its basis, for use for apportionments for noncredit instruction and instruction in career development and college preparation. This bill would, commencing with the 2022–23 academic year, authorize each community college district with an instructional service agreement with a public safety agency to annually submit a copy of its most up-to-date instructional service agreement and, beginning January 1, 2024, to annually submit specified data to the California Community Colleges Chancellor's Office.

AB 1944 (Lee D) **Local government: open and public meetings.**

Last Amended: 5/25/2022

Status: 7/5/2022-Failed Deadline pursuant to Rule 61(b)(14). (Last location was S. GOV. & F. on 6/8/2022)

Location: 7/5/2022-S. DEAD

Desk	Policy	Fiscal	Floor	Desk	Dead	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary:

The Ralph M. Brown Act requires, with specified exceptions, that all meetings of a legislative body of a local agency, as those terms are defined, be open and public and that all persons be permitted to attend and participate. The act contains specified provisions regarding the timelines for posting an agenda and providing

for the ability of the public to observe and provide comment. The act allows for meetings to occur via teleconferencing subject to certain requirements, particularly that the legislative body notice each teleconference location of each member that will be participating in the public meeting, that each teleconference location be accessible to the public, that members of the public be allowed to address the legislative body at each teleconference location, that the legislative body post an agenda at each teleconference location, and that at least a quorum of the legislative body participate from locations within the boundaries of the local agency's jurisdiction. The act provides an exemption to the jurisdictional requirement for health authorities, as defined. This bill would require the agenda to identify any member of the legislative body that will participate in the meeting remotely.

AB 1993 (Wicks D) **Employment: COVID-19 vaccination requirements.**

Status: 4/29/2022-Failed Deadline pursuant to Rule 61(b)(5). (Last location was L. & E. on 2/10/2022)

Location: 4/29/2022-A. DEAD

Desk	Dead	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary:

Would require an employer to require each person who is an employee or independent contractor, and who is eligible to receive the COVID-19 vaccine, to show proof to the employer, or an authorized agent thereof, that the person has been vaccinated against COVID-19. This bill would establish an exception from this vaccination requirement for a person who is ineligible to receive a COVID-19 vaccine due to a medical condition or disability or because of a sincerely held religious belief, as specified, and would require compliance with various other state and federal laws. The bill would require proof-of-vaccination status to be obtained in a manner that complies with federal and state privacy laws and not be retained by the employer, unless the person authorizes the employer to retain proof.

AB 2042 (Villapudua D) **Child daycare facilities: anaphylactic policy.**

Last Amended: 8/11/2022

Status: 9/29/2022-Vetoed by Governor.

Location: 9/29/2022-A. VETOED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary:
Would require the State Department of Social Services, in consultation with the State Department of Education, on or before July 1, 2024, to establish an anaphylactic policy that sets forth guidelines and procedures recommended for child daycare personnel to prevent a child from suffering from anaphylaxis and to be used during a medical emergency resulting from anaphylaxis. The bill would require the policy to be developed in consultation with specified individuals, including pediatric physicians and other health care providers with expertise in treating children with anaphylaxis. The bill would require the policy to include specified components, including a procedure and treatment plan for child daycare personnel responding to a child suffering from anaphylaxis and a training course for child daycare personnel for preventing, recognizing the symptoms of, and responding to anaphylaxis. The bill would require an anaphylactic policy for family childcare providers to be developed in consultation and coordination with the Joint Labor Management Committee established by the state and Child Care Providers United - California (CCPU) pursuant to a specified agreement between the state and CCPU. The bill would require training on the anaphylactic policy to be provided by the department's Community Care Licensing Division in consultation with CCPU pursuant to that agreement, and any extension or renewal of that agreement, for all family childcare providers who wish to participate.

AB 2092 (Weber, Akilah D) **Acute hospital care at home.**

Last Amended: 3/17/2022

Status: 4/29/2022-Failed Deadline pursuant to Rule 61(b)(5). (Last location was HEALTH on 3/17/2022)

Location: 4/29/2022-A. DEAD

Desk	Dead	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary:
The federal Centers for Medicare and Medicaid Services (CMS) provides for a waiver program authorizing a hospital to establish an Acute Hospital Care at Home (AHCaH) program, as specified, if the hospital meets certain conditions, including receiving approval from CMS after submitting a waiver request. This bill would authorize a general acute care hospital to provide AHCaH services if the hospital (1) meets the requirements established by CMS for AHCaH services, as

specified, (2) has received approval from CMS to operate an AHCaH program, and (3) has notified the department of the establishment of an AHCaH program, including certain information about the program. The bill would define AHCaH services as services provided by a general acute care hospital to qualified patients in their homes by using methods that include telehealth, remote monitoring, and regular in-person visits by nurses and other medical staff.

AB 2093 (Mathis R) **First responders: loan forgiveness program.**

Last Amended: 4/21/2022

Status: 5/20/2022-Failed Deadline pursuant to Rule 61(b)(8). (Last location was A. APPR. SUSPENSE FILE on 5/11/2022)

Location: 5/20/2022-A. DEAD

Desk	Policy	Dead	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary:

Would require the commission to, upon appropriation by the Legislature, establish an educational loan repayment program for first responders serving in disadvantaged communities, as specified. The bill would require applicants for the program to be active first responders within the state who have served for a minimum of 5 years within a disadvantaged community. The bill would require an applicant to provide proof of full-time employment and for the applicant's supervisor, manager, or business owner to attest, under penalty of perjury, that the applicant is in good standing with the respective agency for which they serve. By expanding the crime of perjury, this bill would create a state-mandated local program. The bill would create the Disadvantaged Communities Account for First Responders Fund, and authorize the commission to accept donations for the purposes of the program and deposit them in the fund.

AB 2105 (Smith R) **Contractors: initial license fee reduction: veterans.**

Last Amended: 5/31/2022

Status: 8/22/2022-Approved by the Governor. Chaptered by Secretary of State - Chapter 156, Statutes of 2022.

Location: 8/22/2022-A. CHAPTERED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary:

Current law requires a board within the Department of Consumer Affairs to

expedite, and authorizes a board to assist in, the initial licensure process for an applicant who supplies satisfactory evidence to the board that the applicant has served as an active duty member of the Armed Forces of the United States and was honorably discharged. This bill would require the board to grant a 50% fee reduction for an initial license or registration fee to an applicant who provides specified documentation to the board that the applicant is a veteran who has served as an active duty member of the United States Armed Forces, including the National Guard or Reserve components, and was not dishonorably discharged. This bill contains other existing laws.

AB 2144 (Ramos D) **Mental health: information sharing.**

Last Amended: 6/20/2022

Status: 9/29/2022-Vetoed by Governor.

Location: 9/29/2022-A. VETOED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary:

The Children's Civil Commitment and Mental Health Treatment Act of 1988, authorizes a minor, if they are a danger to self or others, or they are gravely disabled, as a result of a mental health disorder, and authorization for voluntary treatment is not available, upon probable cause, to be taken into custody and placed in a facility designated by the county and approved by the State Department of Health Care Services as a facility for 72-hour treatment and evaluation of minors. 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, current 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, in a secure format, a copy of reports submitted pursuant to those provisions on a quarterly basis.

AB 2175 (Rubio, Blanca D) **California Wandering Prevention Task Force.**

Status: 5/20/2022-Failed Deadline pursuant to Rule 61(b)(8). (Last location was

A. APPR. SUSPENSE FILE on 5/18/2022)

Location: 5/20/2022-A. DEAD

Desk	Policy	Dead	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary:

Would establish the California Wandering Prevention Task Force, under the jurisdiction of the Department of Justice, to address, on a statewide basis, the issue of wandering by individuals with cognitive impairment. The task force would consist of 20 members, to be appointed by the Attorney General or their designee. The task force membership would include, among others, the Director of the California Department of Aging or their designee, and representatives of law enforcement, counties, service providers, hospital systems, and regional centers. The bill would require the task force to meet 4 to 6 times per year, and to report to the Legislature its recommendations for wandering prevention by June 30, 2024, as specified.

AB 2212 (Gallagher R) **California Emergency Services Act: state of emergency: Governor's powers.**

Status: 4/29/2022-Failed Deadline pursuant to Rule 61(b)(5). (Last location was EMERGENCY MANAGEMENT on 3/3/2022)

Location: 4/29/2022-A. DEAD

Desk	Dead	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary:

The California Emergency Services Act (CESA) among other things, authorizes the Governor to proclaim a state of emergency in an area affected or likely to be affected thereby if specified conditions exist and either specified local officials request the Governor to so declare, or the Governor determines that local authority is inadequate to cope with, the emergency. During a state of emergency, current law confers on the Governor, to the extent the Governor deems necessary, complete authority over all agencies of the state government and the right to exercise within the area designated all police power vested in the state by the Constitution and laws of the state to effectuate the purposes of the CESA. This bill would, instead, authorize the Governor to exercise within the area designated all executive power vested in the state by the Constitution and laws of the state to effectuate the purposes of the CESA.

AB 2267 (Mathis R) **Emergency vehicle registration.**

Status: 4/29/2022-Failed Deadline pursuant to Rule 61(b)(5). (Last location was TRANS. on 3/3/2022)

Location: 4/29/2022-A. DEAD

Desk	Dead	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary:

Current law exempts from vehicle registration those privately owned vehicles designed or capable of being used for firefighting purposes when operated upon a highway only in responding to, and returning from, emergency fire calls. This bill would expand that registration exemption to include non-fire emergency calls and private ambulances.

AB 2270 (Seyarto R) **Authorized emergency vehicles.**

Status: 9/23/2022-Approved by the Governor. Chaptered by Secretary of State - Chapter 497, Statutes of 2022.

Location: 9/23/2022-A. CHAPTERED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary:

Current law provides for the exemption of authorized emergency vehicles, as defined, from the payment of a toll or charge on a vehicular crossing, toll highway, or high-occupancy toll (HOT) lane and any related fines, when the authorized emergency vehicle is being driven under specified conditions, including that the vehicle displays public agency identification and is being driven while responding to, or returning from, an urgent or emergency call. Under current law, an authorized emergency vehicle returning from being driven under those specified conditions is not exempt from a requirement to pay a toll or other charge imposed while traveling on a HOT lane. Current law does not prohibit the owner or operator of a toll facility and a local emergency service provider from entering into an agreement for the use of the toll facility. This bill would require the owner or operator of a toll facility, upon the request of the local emergency service provider, to enter into an agreement for the use of a toll facility.

AB 2288 (Choi R) **Advance health care directives: mental health treatment.**

Last Amended: 3/17/2022

Status: 6/20/2022-Approved by the Governor. Chaptered by Secretary of State -

Chapter 21, Statutes of 2022.

Location: 6/16/2022-A. CHAPTERED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary:

The Health Care Decisions Law, authorizes an adult having capacity to give an individual health care instruction. Current law authorizes the individual instruction to be limited to take effect only if a specified condition arises. Current law authorizes a written advance health care directive to include the individual's nomination of a conservator of the person or estate or both, or a guardian of the person or estate or both, for consideration if protective proceedings for the individual's person or estate are thereafter commenced. Current law also authorizes an adult having capacity to execute a power of attorney for health care to authorize an agent to make health care decisions for the principal, and authorizes the power of attorney to include individual health care instructions. Current law authorizes the principal in a power of attorney for health care to grant authority to make decisions relating to the personal care of the principal, including, but not limited to, determining where the principal will live, providing meals, or hiring household employees. Current law defines "health care decision" and "health care" for these purposes to mean any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a patient's physical or mental condition. This bill would clarify that health care decisions under those provisions include mental health conditions.

AB 2385 (Kiley R) **California Emergency Services Act: contracts: automatic renewal.**

Status: 4/29/2022-Failed Deadline pursuant to Rule 61(b)(5). (Last location was EMERGENCY MANAGEMENT on 3/3/2022)

Location: 4/29/2022-A. DEAD

Desk	Dead	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary:

The California Emergency Services Act provides for the mitigation of the effects of emergencies in the state by, among other things, authorizing the Governor to proclaim a state of emergency when specified conditions of disaster or extreme peril to the safety of persons and property exist and by creating the Office of Emergency Services within the office of the Governor. The act makes a violation of its provisions punishable as a misdemeanor. This bill would prohibit a contract

entered into pursuant to the act from containing an automatic renewal clause except if, by the terms of that contract, the clause is operative only upon the Legislature's approval, by concurrent resolution or statute, of the renewal of the contract.

AB 2410 (Chen R) **Local educational agencies: home-to-school transportation.**

Last Amended: 3/21/2022

Status: 4/29/2022-Failed Deadline pursuant to Rule 61(b)(5). (Last location was ED. on 3/3/2022)

Location: 4/29/2022-A. DEAD

Desk	Dead	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary:

Would prohibit a school district, county office of education, or charter school from contracting with a provider of home-to-school transportation, as defined, or making payments to a contractor for home-to-school transportation services, unless the contractor, and any subcontractors, are properly insured and licensed to provide home-to-school transportation services and the contractor certifies that each driver who will perform home-to-school transportation meets certain requirements, as provided. The bill would also impose requirements for those vehicles used by contractors for home-to-school transportation, as provided. The bill would apply these provisions only to contracts entered into or renewed after January 1, 2023. The bill would grant the State Department of Education sole regulatory authority to enforce those provisions and would require the department to conduct an investigation every 2 years of both home-to-school transportation contractors and local educational agencies, as provided.

AB 2539 (Choi R) **Public health: COVID-19 vaccination: proof of status.**

Status: 4/29/2022-Failed Deadline pursuant to Rule 61(b)(5). (Last location was PRINT on 2/17/2022)

Location: 4/29/2022-A. DEAD

Dead	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary:

Would require a public or private entity that requires a member of the public to provide documentation regarding the individual's vaccination status for any COVID-19 vaccine as a condition of receipt of any service or entrance to any place

to accept a written medical record or government-issued digital medical record in satisfaction of the condition, as specified.

AB 2542 (Rubio, Blanca D) **Tolls: exemption for privately owned emergency ambulances.**

Status: 4/29/2022-Failed Deadline pursuant to Rule 61(b)(5). (Last location was TRANS. on 3/10/2022)

Location: 4/29/2022-A. DEAD

Desk	Dead	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary:

Current law prohibits a person from operating a privately owned emergency ambulance unless licensed by the Department of the California Highway Patrol. This bill would generally modify the exemption to apply to the use of a toll facility, as defined, and would expand the exemption, dispute resolution procedures, and agreement provisions to include a privately owned emergency ambulance licensed by the Department of the California Highway Patrol. The bill would also make technical changes to these provisions.

AB 2569 (Nguyen R) **Department of Homelessness Prevention, Outreach, and Support.**

Status: 5/20/2022-Failed Deadline pursuant to Rule 61(b)(8). (Last location was A. APPR. SUSPENSE FILE on 5/11/2022)

Location: 5/20/2022-A. DEAD

Desk	Policy	Dead	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary:

Would require the California Health and Human Services Agency to convene a working group that includes representatives from all departments and agencies that currently receive funding relating to services for homeless individuals. The bill would require the working group to determine the best approach to creating a Department of Homelessness Prevention, Outreach, and Support and to submit its findings and recommendations to the Legislature no later than January 1, 2024. The bill would repeal these provisions on January 1, 2024.

AB 2602 (Salas D) **Child health and safety: "Have a Heart, Be a Star, Help Our Kids" license plate program.**

Last Amended: 4/18/2022

Status: 4/29/2022-Failed Deadline pursuant to Rule 61(b)(5). (Last location was HUM. S. on 4/18/2022)

Location: 4/29/2022-A. DEAD

Desk	Dead	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary:

Current law requires that 50% of the funds derived from the “Have a Heart, Be a Star, Help Our Kids” license plates be available, upon appropriation, to the State Department of Social Services for administering various provisions related to childcare licensing, as specified. Current law requires that, upon appropriation by the Legislature, the balance be available, as described, for programs that address other categories of potential childhood injury, as specified. Current law requires counties to create local childcare and development planning councils to identify and address childcare needs, among others. Current law also creates the California Children and Families Commission to promote, support, and improve early childhood development. Current law provides for funding to county commissions that develop, adopt, promote, and implement local early childhood development programs consistent with specified goals and objectives. This bill would continuously appropriate 50% of the fees collected on or after January 1, 2023, to local childcare and development planning councils, as described, for specified purposes, including recruitment and training of new childcare providers. The bill would require a portion of the funds to be allocated to the agency having oversight of new and continuing childcare provider health and safety education and training program curriculum for specified purposes.

AB 2626 (Calderon D) **Medical Board of California: licensee discipline: abortion.**

Last Amended: 8/24/2022

Status: 9/27/2022-Approved by the Governor. Chaptered by Secretary of State - Chapter 565, Statutes of 2022.

Location: 9/27/2022-A. CHAPTERED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary:

Would prohibit the Medical Board of California and the Osteopathic Medical Board of California from suspending or revoking the certificate of a physician and surgeon solely for performing an abortion if they performed the abortion in accordance with the provisions of the Medical Practice Act and the Reproductive

Privacy Act. The bill would also prohibit those boards from denying an application for licensure as a physician and surgeon, or suspending, revoking, or otherwise imposing discipline upon a physician and surgeon because the person was disciplined in another state in which they are licensed or certified solely for performing an abortion in that state, or the person was convicted in that state for an offense related solely to the performance of an abortion in that state.

AB 2681 (Bloom D) **The California Concert and Festival Crowd Safety Act.**

Last Amended: 6/15/2022

Status: 9/19/2022-Approved by the Governor. Chaptered by Secretary of State - Chapter 441, Statutes of 2022.

Location: 9/19/2022-A. CHAPTERED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary:

Would establish minimum crowd safety standards for large outdoor events, would require a local authority, as defined, to adopt those standards, and would require a promoter to develop an event operations plan before receiving a permit to host a large outdoor event. The bill would authorize a local authority to charge a promoter a reasonable fee for the cost of the review and approval of the plan. The bill would authorize a local authority to issue a permit for a large outdoor event, as defined, upon a promoter's satisfactory completion of the plan and would specify that the bill does not prevent a local authority from adopting additional requirements for large outdoor events. By imposing these requirements on local government, this bill would impose a state-mandated local program.

AB 2709 (Boerner Horvath D) **Emergency ground medical transportation.**

Status: 4/29/2022-Failed Deadline pursuant to Rule 61(b)(5). (Last location was HEALTH on 3/10/2022)

Location: 4/29/2022-A. DEAD

Desk	Dead	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary:

Would require a health care service plan contract or a health insurance policy issued, amended, or renewed on or after January 1, 2023, to require an enrollee or insured who receives covered services from a noncontracting ground ambulance provider to pay no more than the same cost-sharing amount that the enrollee or

insured would pay for the same covered services received from a contracting ground ambulance provider, and would prohibit the noncontracting ground ambulance provider from billing or sending to collections a higher amount. The bill would require the plan or insurer to reimburse a noncontracting ground ambulance provider the greater of the average contracted rate or 125% of the Medicare reimbursement rate for those services, as specified. 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 2729 (Rodriguez D) **Emergency medical services: workplace violence prevention.**

Last Amended: 3/10/2022

Status: 5/20/2022-Failed Deadline pursuant to Rule 61(b)(8). (Last location was A. APPR. SUSPENSE FILE on 5/4/2022)

Location: 5/20/2022-A. DEAD

Desk	Policy	Dead	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary:

The California Occupational Safety and Health Act of 1973 imposes safety responsibilities on employers and employees, including maintaining an effective injury prevention program. Current law also requires the Occupational Safety and Health Standards Board to adopt standards developed by the Division of Occupational Safety and Health that require specified types of hospitals to adopt a workplace violence prevention plan as part of the hospital's injury and illness prevention plan to protect health care workers and other facility personnel from aggressive and violent behavior. Current law also requires the division to annually post a report on its internet website containing specified information regarding violent incidents at hospitals. This bill would require the division, upon appropriation of funds, to develop educational materials about the regulation of workplace violence in health care in the context of emergency medical services and medical transport, to educate workers on their protections under the law, and to promote employer compliance. The bill would require the educational materials to be posted on the division's internet website.

AB 2902 (Kiley R) **State of emergency: termination after 30 days: extension by the Legislature.**

Status: 4/29/2022-Failed Deadline pursuant to Rule 61(b)(5). (Last location was EMERGENCY MANAGEMENT on 3/17/2022)

Location: 4/29/2022-A. DEAD

Desk	Dead	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary:
Would require a state of emergency to terminate 30 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 30 days, as specified.

SB 57 (Wiener D) **Controlled substances: overdose prevention program.**

Last Amended: 1/18/2022

Status: 8/22/2022-Vetoed by the Governor. In Senate. Consideration of Governor's item veto pending.

Location: 8/22/2022-S. VETOED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Calendar:
10/6/2022 #1 SENATE GOVERNOR'S VETOES

Summary:
Would, until January 1, 2028, authorize the City and County of San Francisco, the County of Los Angeles, the City 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 pre-obtained 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. The bill would require the City and County of San Francisco, the County of Los Angeles, the City of Los Angeles, and the City of Oakland, prior to authorizing an overdose prevention program in its jurisdiction, to provide local law enforcement officials, local public health officials, and the public with an opportunity to comment in a public meeting. The bill would require an entity operating a program to provide an annual report to the city or the city and county, as specified. The bill would require all local jurisdictions that choose to participate in the overdose prevention program to confer and choose a single independent entity, as specified, to conduct a peer-reviewed study, funded by the participating jurisdictions, of the statewide efficacy of the overdose prevention

programs and the community impacts of the programs, to be submitted to the Legislature and the Governor's office on or before January 15, 2027.

SB 213 (Cortese D) **Workers' compensation: hospital employees.**

Last Amended: 5/5/2022

Status: 7/5/2022-Failed Deadline pursuant to Rule 61(b)(14). (Last location was A. INS. on 5/5/2022)

Location: 7/5/2022-A. DEAD

Desk	Policy	Fiscal	Floor	Desk	Dead	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary:

Current law establishes a workers' compensation system, administered by the Administrative Director of the Division of Workers' Compensation, to compensate an employee for injuries sustained in the course of employment. Current law creates a rebuttable presumption that specified injuries sustained in the course of employment of a specified member of law enforcement or a specified first responder arose out of and in the course of employment. 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 include the novel coronavirus 2019 (COVID-19), among other conditions, in the definitions of infectious and respiratory diseases.

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

Last Amended: 5/20/2021

Status: 7/5/2022-Failed Deadline pursuant to Rule 61(b)(14). (Last location was A. 2 YEAR on 7/14/2021)

Location: 7/5/2022-A. DEAD

Desk	Policy	Fiscal	Floor	Desk	Dead	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

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 558 (Caballero D) **Farmworker Climate Resilience Adaptation Program.**

Last Amended: 6/6/2022

Status: 8/12/2022-Failed Deadline pursuant to Rule 61(b)(15). (Last location was APPR. SUSPENSE FILE on 8/10/2022)

Location: 8/12/2022-A. DEAD

1st House				2nd House				Conf.	Enrolled	Vetoed	Chaptered
Desk	Policy	Fiscal	Floor	Desk	Policy	Dead	Floor	Conc.			

Summary:

Would, until January 1, 2026, create the Farmworker Climate Resilience Adaptation Program, to be administered by the Strategic Growth Council, to award grants totaling $20,000,000 to eligible entities for the development and implementation of projects addressing the needs of farmworkers, their families, and communities for sustainable and equitable adaptation to the impacts of climate change. The bill would require the program to be guided by the Farmworker Climate Resilience Adaptation Task Force established by this bill, to be composed as specified, and would require the task force to meet not less than 6 times before June 30, 2023, as specified. The bill would require the task force to make recommendations about projects funded under this program and, on or before June 30, 2023, to report its findings and recommendations to the Strategic Growth Council, the state agencies involved in the task force, the Legislature, and the Governor. The bill would make the implementation of this program contingent upon an appropriation in the annual Budget Act or another statute for this purpose.

SB 979 (Dodd D) **Health emergencies.**

Last Amended: 8/18/2022

Status: 9/18/2022-Approved by the Governor. Chaptered by Secretary of State. Chapter 421, Statutes of 2022.

Location: 9/19/2022-S. CHAPTERED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary:

When the Governor declares a state of emergency, current law requires a health care service plan and a health insurer to provide an enrollee or insured who has been displaced or has the immediate potential to be displaced by that emergency access to medically necessary health care services. Current law requires health care service plans and health insurers operating in a county included in a declaration of emergency to notify the Department of Managed Health Care and the Department of Insurance whether the plan has experienced or expects to experience a disruption to its operation, among other things. Current law provides for health care service plans and health insurers to take specified actions, including relaxing time limits for prior authorization, precertification, or referrals. This bill would revise those provisions to specifically apply to a declaration by the Governor of a state of emergency, or a health emergency declared by the State Public Health Officer, that displaces, or has the immediate potential to displace, enrollees, insureds, or health care providers, that otherwise affects the health of enrollees or insureds, or that otherwise affects or that may affect health care providers. The bill would authorize the Director of the Department of Managed Care and the Insurance Commissioner to issue guidance to health care service plans and health insurers regarding compliance with the bill's requirements during the first 3 years following the declaration of emergency, or until the emergency is terminated, as specified.

SB 1022 (Archuleta D) **Emergency medical services: certifying examination.**

Status: 5/6/2022-Failed Deadline pursuant to Rule 61(b)(6). (Last location was S. HEALTH on 2/23/2022)

Location: 5/6/2022-S. DEAD

Desk	Dead	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary:

The Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act (act), establishes the Emergency Medical Services Authority to coordinate and integrate all state activities concerning emergency medical services, including, among other duties, establishing training standards for specified emergency services personnel. Current law defines the terms "certifying examination" and "examination for certification" for the purposes of these

provisions to mean an examination designated by the authority for a specific level of prehospital emergency medical care personnel that must be satisfactorily passed prior to certification or recertification at the specific level and authorizes a "certifying examination" or "examination for certification" to include any examination or examinations designated by the authority. This bill would instead authorize a "certifying examination" or "examination for certification" to include any examination designated by the authority.

SB 1237 (Newman D) **Licenses: military service.**

Last Amended: 3/30/2022

Status: 9/17/2022-Approved by the Governor. Chaptered by Secretary of State. Chapter 386, Statutes of 2022.

Location: 9/17/2022-S. CHAPTERED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary:

Current law provides for the regulation of various professions and vocations by boards within the Department of Consumer Affairs and for the licensure or registration of individuals in that regard. Current law authorizes any licensee or registrant whose license expired while the licensee or registrant was on active duty as a member of the California National Guard or the United States Armed Forces to reinstate the licensee's or registrant's license without examination or penalty if certain requirements are met. Current law requires the boards described above, with certain exceptions, to waive the renewal fees, continuing education requirements, and other renewal requirements as determined by the board, if any are applicable, of any licensee or registrant who is called to active duty as a member of the United States Armed Forces or the California National Guard if certain requirements are met. Current law, except as specified, prohibits a licensee or registrant from engaging in any activities requiring a license while a waiver is in effect. This bill would define the phrase "called to active duty" to include active duty in the United States Armed Forces and on duty in the California National Guard, as specified.

SB 1368 (Dahle R) **State of emergency: termination after 45 days: extension by the Legislature.**

Status: 4/29/2022-Failed Deadline pursuant to Rule 61(b)(5). (Last location was G.O. on 3/9/2022)

Location: 4/29/2022-S. DEAD

Desk	Dead	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

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.

Total Measures: 51

Total Tracking Forms: 51

X. New Business

c. Quarterly APOT

KERN COUNTY
Public Health Services
DEPARTMENT

BRYNN CARRIGAN
DIRECTOR

KRISTOPHER LYON, MD
HEALTH OFFICER

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EMS Division Staff Report for EMCAB

Ambulance Patient Offload Times (APOT)

Background

APOT is defined as the time interval between the arrival of an ambulance patient at an emergency department (ED) and the time the patient is transferred to the ED gurney, bed, chair or other acceptable location and the emergency department assumes the responsibility for care of the patient.

The standard methodology that was created includes two separate indicators.

APOT 1: reports the 90th% of offload times for the total number of ambulance patients received by the hospital during a specified time frame.

And

APOT 2 reports the percentage of ambulance patients received by the hospital and offloaded at specific time intervals; twenty minutes (2.1), twenty one to sixty

minutes (2.2), sixty one to one hundred and twenty minutes (2.3) one hundred and twenty one to one hundred and eighty minutes (2.4) and greater than one hundred and eighty minutes (2.5).

Beginning July 1, 2019, Health and Safety Code Section 1797.225 required that local ems agencies transmit APOT data to the EMS Authority on a quarterly basis. Once the data is received EMSA is mandated to submit it to the state legislature for review.

Ambulance Patient Offload Times are extremely important and can have a direct effect on the 911 system.

Therefore IT IS RECOMMENDED, the Board receive and file this APOT report.

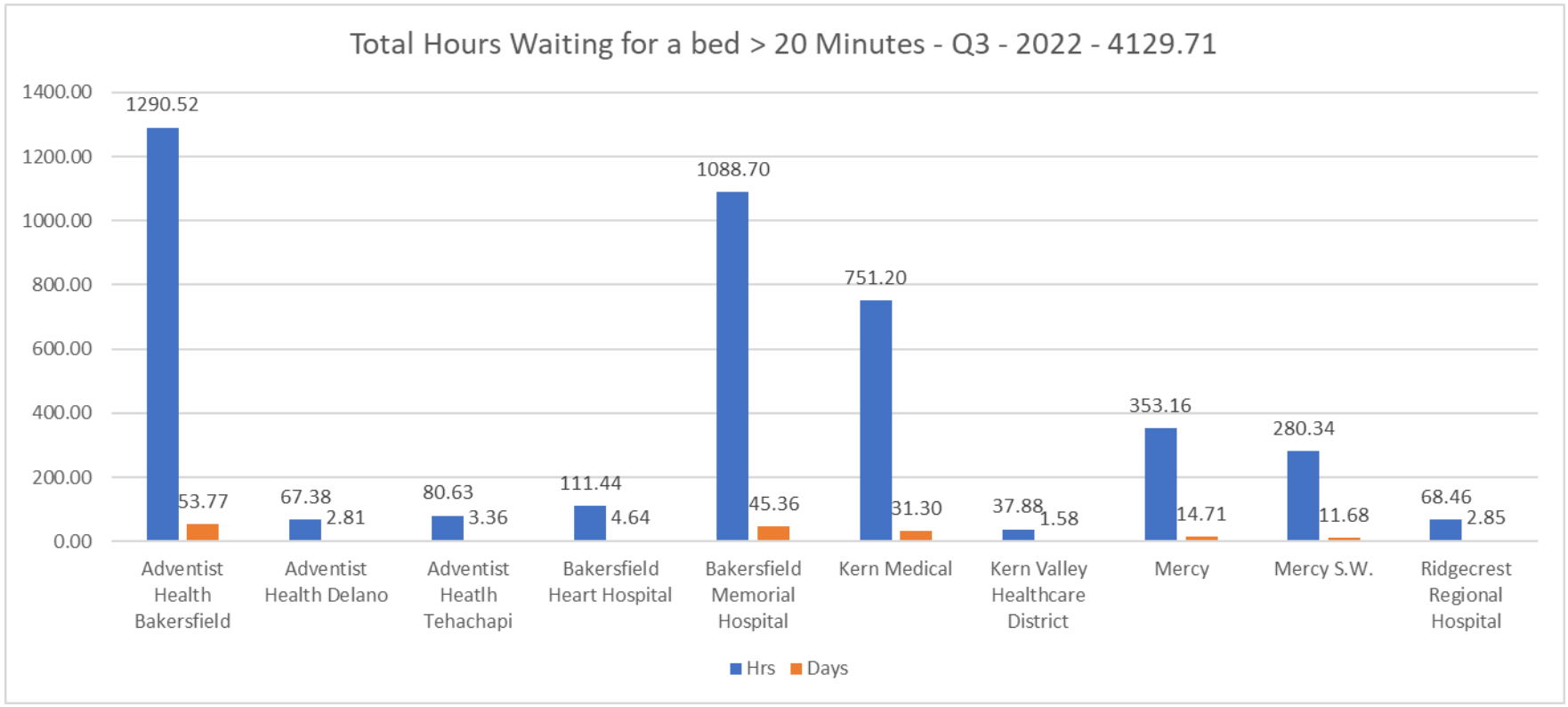
Hospital	JULY		AUGUST		SEPTEMBER	
	Transports	90th Percentile APOT Time	Transports	90th Percentile APOT Time	Transports	90th Percentile APOT Time
Adventist Health Bakersfield	1345	64	1,300	62	1,277	64
Bakersfield Memorial Hospital	1252	64	1,210	66	1,218	56
Kern Medical	1044	51	967	56	964	64
Mercy Downtown	408	75	416	57	413	53
Mercy Southwest	476	54	440	52	388	53
Delano Regional Medical Center	222	35	195	41	207	46
Bakersfield Heart Hospital	151	59	157	54	100	47
Ridgecrest Regional	214	24	215	25	187	20
Adventist Health Tehachapi	253	36	250	39	218	45
Kern Valley Hospital	160	59	136	24	122	23
Henry Mayo Hospital	35	45	25	37	26	47
Antelope Valley Hospital	151	49	164	75	156	86
Palmdale Regional Medical Center	5	138	5	46	10	42

EMS System Total (Aggregate)	52.1	47.6	47.1

Hospital	JULY									
	2.1		2.2		2.3		2.4		2.5	
	transp	%	transp	%	transp	%	transp	%	transp	%
Adventist Health Bakersfield	186	14%	955	74%	138	11%	5	0%	4	0%
Bakersfield Memorial Hospital	347	29%	716	59%	123	10%	17	1%	2	0%
Kern Medical	282	28%	661	67%	49	5%	1	0%	0	0%
Mercy Downtown	97	25%	226	59%	53	14%	9	2%	1	0%
Mercy Southwest	148	33%	273	60%	30	7%	2	0%	0	0%
Delano Regional Medical Center	112	52%	104	48%	0	0%	0	0%	0	0%
Bakersfield Heart Hospital	35	24%	96	67%	9	6%	0	0%	4	3%
Ridgecrest Regional	181	86%	25	12%	3	1%	1	0%	0	0%
Adventist Health Tehachapi	150	61%	90	37%	4	2%	0	0%	0	0%
Kern Valley Hospital	115	73%	35	22%	7	4%	0	0%	0	0%
Henry Mayo Hospital	12	39%	18	58%	1	3%	0	0%	0	0%
Antelope Valley Hospital	54	39%	72	51%	8	6%	5	4%	1	1%
Palmdale Regional Medical Center	2	50%	1	25%	0	0%	0	0%	1	25%

Hospital	AUGUST									
	2.1		2.2		2.3		2.4		2.5	
	transp	%	transp	%	transp	%	transp	%	transp	%
Adventist Health Bakersfield	176	14%	985	76%	113	9%	23	2%	3	0%
Bakersfield Memorial Hospital	292	24%	769	64%	129	11%	18	1%	2	0%
Kern Medical	266	28%	629	65%	68	7%	4	0%	0	0%
Mercy Downtown	106	25%	274	66%	32	8%	4	1%	0	0%
Mercy Southwest	131	30%	286	65%	23	5%	0	0%	0	0%
Delano Regional Medical Center	103	53%	86	44%	6	3%	0	0%	0	0%
Bakersfield Heart Hospital	41	26%	102	65%	13	8%	0	0%	1	1%
Ridgecrest Regional	176	82%	33	15%	5	2%	0	0%	1	0%
Adventist Health Tehachapi	152	61%	91	36%	7	3%	0	0%	0	0%
Kern Valley Hospital	106	78%	26	19%	4	3%	0	0%	0	0%
Henry Mayo Hospital	11	44%	13	52%	1	4%	0	0%	0	0%
Antelope Valley Hospital	51	31%	93	57%	12	7%	4	2%	4	2%
Palmdale Regional Medical Center	3	60%	2	40%	0	0%	0	0%	0	0%

Hospital	SEPTEMBER									
	2.1		2.2		2.3		2.4		2.5	
	transp	%	transp	%	transp	%	transp	%	transp	%
Adventist Health Bakersfield	181	14%	946	74%	141	11%	6	0%	3	0%
Bakersfield Memorial Hospital	352	29%	762	63%	88	7%	13	1%	3	0%
Kern Medical	239	25%	610	63%	108	11%	7	1%	0	0%
Mercy Downtown	113	27%	276	67%	23	6%	1	0%	0	0%
Mercy Southwest	131	34%	233	60%	21	5%	3	1%	0	0%
Delano Regional Medical Center	106	51%	98	47%	3	1%	0	0%	0	0%
Bakersfield Heart Hospital	29	29%	62	62%	9	9%	0	0%	0	0%
Ridgecrest Regional	168	90%	19	10%	0	0%	0	0%	0	0%
Adventist Health Tehachapi	106	49%	100	46%	11	5%	1	0%	0	0%
Kern Valley Hospital	104	85%	16	13%	0	0%	1	1%	1	1%
Henry Mayo Hospital	11	42%	14	54%	1	4%	0	0%	0	0%
Antelope Valley Hospital	55	35%	74	47%	18	12%	6	4%	3	2%
Palmdale Regional Medical Center	4	40%	6	60%	0	0%	0	0%	0	0%


Total Hours Waiting for a bed > 20 Minutes - Q3 - 2022 - 4129.71
1400.00
1200.00
1000.00
800.00
600.00
400.00
200.00
0.00
1290.52
53.77
67.38
2.81
80.63
3.36
111.44
4.64
1088.70
45.36
751.20
31.30
37.88
1.58
353.16
14.71
280.34
11.68
68.46
2.85
Adventist Health Bakersfield
Adventist Health Delano
Adventist Heatlh Tehachapi
Bakersfield Heart Hospital
Bakersfield Memorial Hospital
Kern Medical
Kern Valley Healthcare District
Mercy
Mercy S.W.
Ridgecrest Regional Hospital
Hrs
Days

X. New Business

d. Quarterly Response Time Compliance

KERN COUNTY
Public Health Services
DEPARTMENT

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EMS Division Staff Report for EMCAB

Quarterly Ambulance Service Performance Standards Compliance Report

In accordance with the Ambulance Service Performance Standards, ambulance service providers are required to meet minimum ambulance response time standards. Specifically, ambulance service providers are required to respond to 90% of calls or more in each response time zone within each exclusive operating area each month. There are 25 categories of response time compliance that must be met each month. Required maximum response times per zone are as follows:

Priority Code	**Metro Zone**	**Urban Zone**	**Suburban Zone**	**Rural Zone**	**Wilderness Zone**
1	8 min	15 min	25 min	50 min	75 min
2	10 min	15 min	25 min	50 min	75 min
3	20 min	25 min	30 min	50 min	75 min
4	15 min	25 min	30 min	50 min	75 min
5	60 min	60 min	60 min	60 min	75 min

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.

The COVID-19 pandemic has significantly impacted the pre-hospital and hospital emergency medical system in Kern County; a problem that is not unique to Kern County and has been noted nationwide. Specifically, we have seen unprecedented 911 call volumes, longer ambulance patient offload times at local hospitals, staffing shortages due to burnout and COVID isolation and quarantine, and ambulance decontamination processes that remove ambulances out of the system that have transported patients who are suspected or known positive for COVID-19. In response, we suspended all response compliance penalties for all of the ambulance providers under contract with the County for the duration of the State of Emergency declared both by the State of California and the Kern County Board of Supervisors.

As we embarked on the pandemic, we had no way of knowing the duration that it would impact the emergency medical services system. On August 27, 2021, we implemented an Emergency Medical Services system surge plan to ensure resources remained available for those who truly needed them. (when system under duress, limit responses to low acuity 911 calls, assess and refer, contract with Pro Safety, etc.) We have spent much of the pandemic in the yellow tier.

Additionally, we have implemented many short-term solutions in an attempt to address the system. In December 2021, through the Medical Health Operational Area Coordinator (MHOAC) system, the Department requested ambulance strike team assistance throughout the region and the state. We were able to secure two ambulance strike teams totaling 11 ambulances from multiple counties within the state. These ambulances responded within a matter of hours and assisted by providing much

needed ambulance resources to our system. The effect of these teams can be seen in the non-compliance response numbers for December, as we saw great improvement. As resources within the region and state became unavailable due to the Omicron surge, we were able to acquire an additional five ambulance strike teams from Montana, as well as 10 additional paramedics that have been partnered with existing Hall Ambulance Service staff to increase the number of available advanced life support ambulances in our system.

Due to the high volume of patients being seen in emergency departments and the high volume of ambulance traffic going to local hospitals, especially during times of COVID-19 surge, our ambulance patient offload times (APOT) at hospitals became a significant hinderance for getting our ambulances back into the field to respond to calls. We were able to locate and secure staffing assistance for three of our largest hospitals called APOT Offload Strike Teams. Each team consists of six paramedics and six nurses with the sole purpose of accepting patients from ambulances and providing care to them until the hospitals have available hospital beds to admit the patients. These teams provide a continuity of care to the patients, but also allow our first responders to immediately depart the hospital and respond to the next 911 call. Kern County is the only county in the state to secure these state-sponsored resources.

On December 2nd, Public Health issued Policy Memorandum #2021-03 providing for EMS system alterations due to ambulance availability issues in the rural exclusive operating areas (EOAs). This memorandum directs that at no time shall one EOA be reduced to level zero for the purpose of mutual aid to another EOA. Additionally, when ambulances transport from rural EOA's to metropolitan Bakersfield, they will be taken out of the system plan in order to return to their EOA of origin, when specific criteria is met.

One of the effects of COVID-19 is the need for interfacility patient transfers. In an effort to open beds locally, hospitals must constantly work to transfer eligible patients to other facilities. The increased need for interfacility transfers has added to the massive increase in call volume in Kern County. At the direction of the Department, Hall Ambulance Service entered into a sub-contract with American Ambulance of Visalia, for the provision of interfacility transfers. Beginning January 10th, American Ambulances have been operating in Kern in order to handle the increased interfacility transfer volume. This has helped to free up local ambulances to respond to emergent calls.

Knowing now that the pandemic is not a short-term problem and will likely be around for the foreseeable future, we have also been working towards long-term solutions to the emergency medical services system. On January 25, 2022, the Kern County Board of Supervisors approved a contract for the implementation of the Tele911 system. Tele911 is an internet-based company that essentially adds the ability for a 911 caller to be seen by a physician via tablet or smart phone via a telehealth visit to determine the appropriate path for care. In low-acuity scenarios, this telehealth visit could result in treatment on scene and prevent an unnecessary transport to our already impacted hospitals.

Kern County Public Health and Hall Ambulance Service meet on a weekly basis to review compliance and brainstorm solutions. Hall Ambulance Service has also submitted a written action plan to address the current compliance issues as well as a plan to improve services moving forward post-pandemic. Additionally, Hall Ambulance Service submits regular reports to keep us updated on any staffing issues, as well as their ability to provide coverage in their exclusive operating areas (EOAs).

Attached are the reports that detail the areas of response time non-compliance for the second quarter of calendar year 2022, as well as Hall Ambulance Services' plan of action to address areas of non-compliance.

Therefore, IT IS RECOMMENDED that the Board receive and file the quarterly ambulance response time non-compliance report for the second quarter of calendar year 2022.

HALL AMBULANCE

Kern County - Hall Ambulance Response Compliance and Penalty

Period: Jul 01 2022 to Jul 31 2022 **Report Status: FINAL**

		Compliance Reporting 2022/07/01 - 2022/07/31													BLS on ALS		Compliance Period Reporting for Repetitive Non-Compliance	
Zone	Priority	On Time	Late	Total Incidents	Do Not Count	Adjusted Total Incidents	Adjusted Late	Exemptions Requested	Exemptions Approved	Time Corrections Approved	Compliance Calculated Incidents	Compliance Calculated Late	Response Time Compliance	Response Time Penalty	BLS on ALS	Total Fine Assessment	Consecutive Periods Out of Compliance Including Current Period	Out of Compliance Count for 12 Periods Including Current Period
EOA 1 Metro	1	38	9	47	1	46	9	2	2	0	44	7	84.09%	$5,000	0	$5,000	4	
	2	58	9	67	0	67	9	2	2	0	65	7	89.23%	$1,000	3	$1,000	1	
	3	39	0	39	0	39	0	0	0	0	39	0	100.00%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 1 Rural	1	5	0	5	1	4	0	0	0	0	4	0	100.00%	$0	0	$0	0	
	2	5	0	5	0	5	0	0	0	0	5	0	100.00%	$0	0	$0	0	
	3	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 1 Suburban	1	6	1	7	1	6	1	0	0	0	6	1	83.33%	$1,000	0	$1,000	1	
	2	7	1	8	0	8	1	0	0	0	8	1	87.50%	$1,000	0	$1,000	1	
	3	6	0	6	0	6	0	0	0	0	6	0	100.00%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 1 Urban	1	3	1	4	0	4	1	0	0	0	4	1	75.00%	$1,000	0	$1,000	1	
	2	8	5	13	0	13	5	1	1	0	12	4	66.67%	$1,000	0	$1,000	2	
	3	12	2	14	0	14	2	0	0	0	14	2	85.71%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	2	2	0	2	2	0	0	0	2	2	0.00%		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 1 Wilderness	1	1	0	1	0	1	0	0	0	0	1	0	100.00%	$0	0	$0	0	
	2	0	0	0	0	0	0	0	0	0	0	0	--	$0	0	$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 2 Metro	1	36	8	44	2	42	7	2	2	0	40	5	87.50%	$1,000	0	$1,000	3	
	2	59	15	74	0	74	15	3	3	0	71	12	83.10%	$1,000	1	$1,000	2	
	3	35	4	39	4	35	4	0	0	0	35	4	88.57%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	1	1	0	1	1	0	0	0	1	1	0.00%		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 2 Rural	1	3	0	3	0	3	0	0	0	0	3	0	100.00%	$0	0	$0	0	
	2	2	0	2	0	2	0	0	0	0	2	0	100.00%	$0	0	$0	0	
	3	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 2 Suburban	1	8	2	10	0	10	2	0	0	0	10	2	80.00%	$1,000	0	$1,000	3	
	2	20	1	21	0	21	1	0	0	0	21	2	90.48%	$0	1	$0	0	
	3	8	1	9	1	8	1	0	0	0	8	1	87.50%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	1	1	0	1	1	0	0	0	1	1	0.00%		0	$0		
	7	0	3	3	0	3	3	0	0	0	3	3	0.00%		0	$0		
	8	1	9	0	9	1	0	0	0	9	1	88.89%			0	$0		
EOA 2 Urban	1	10	2	12	1	11	2	0	0	0	11	2	81.82%	$1,000	1	$1,000	1	
	2	20	4	24	1	23	4	1	1	0	22	4	81.82%	$1,000	0	$1,000	3	
	3	7	2	9	0	9	2	0	0	0	9	2	77.78%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		

	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 3 Metro	1	48	15	63	1	62	14	5	5	0	57	9	84.21%	$5,000	2	$5,000	4	
	2	99	14	113	1	112	13	4	4	0	108	10	90.74%	$0	9	$0	0	
	3	57	4	61	2	59	4	1	1	0	58	3	94.83%		5	$0		
	4	3	0	3	0	3	0	0	0	0	3	0	100.00%		0	$0		
	5	2	1	3	0	3	1	1	1	0	2	0	100.00%		0	$0		
	6	8	6	14	0	14	6	0	0	0	14	6	57.14%		0	$0		
	7	13	12	25	0	25	12	0	0	0	25	12	52.00%		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 3 Rural	1	1	0	1	0	1	0	0	0	0	1	0	100.00%	$0	0	$0	0	
	2	0	0	0	0	0	0	0	0	0	0	0	--	$0	0	$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 3 Suburban	1	2	0	2	0	2	0	0	0	0	2	0	100.00%	$0	0	$0	0	
	2	2	1	3	0	3	1	1	1	0	2	0	100.00%	$0	0	$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 3 Urban	1	40	2	42	1	41	2	2	2	0	39	0	100.00%	$0	4	$0	0	
	2	77	11	88	0	88	11	4	4	0	84	7	91.67%	$0	4	$0	0	
	3	34	1	35	1	34	1	0	0	0	34	1	97.06%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	1	2	3	0	3	2	0	0	0	3	2	33.33%		0	$0		
	7	1	1	2	0	2	1	0	0	0	2	1	50.00%		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 3 Wilderness	1	0	0	0	0	0	0	0	0	0	0	0	--	$0	0	$0	0	
	2	0	0	0	0	0	0	0	0	0	0	0	--	$0	0	$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 4 Metro	1	1508	634	2142	186	1956	574	178	178	0	1778	398	77.62%	$5,000	138	$5,000	4	
	2	2129	869	2998	250	2748	804	285	285	0	2463	524	78.73%	$5,000	179	$5,000	4	
	3	1568	412	1980	294	1686	371	120	120	0	1566	251	83.97%		17	$0		
	4	13	5	18	0	18	5	2	2	0	16	3	81.25%		0	$0		
	5	4	1	5	1	4	1	1	1	0	3	0	100.00%		0	$0		
	6	97	130	227	8	219	125	0	0	0	219	125	42.92%		0	$0		
	7	183	188	371	23	348	173	0	0	0	348	173	50.29%		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 4 Rural	1	3	2	5	1	4	2	0	0	0	4	2	50.00%	$1,000	0	$1,000	2	
	2	2	0	2	0	2	0	0	0	0	2	0	100.00%	$0	0	$0	0	
	3	0	1	1	0	1	1	0	0	0	1	1	0.00%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 4 Suburban	1	11	0	11	0	11	0	0	0	0	11	0	100.00%	$0	0	$0	0	
	2	21	0	21	2	19	0	0	0	0	19	0	100.00%	$0	1	$0	0	
	3	5	1	6	0	6	1	0	0	0	6	1	83.33%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 4 Urban	1	36	8	44	2	42	7	1	1	0	41	7	82.93%	$1,000	10	$1,000	2	
	2	33	22	55	6	49	18	8	8	0	41	11	73.17%	$5,000	4	$5,000	4	
	3	20	6	26	1	25	6	3	3	0	22	4	81.82%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	1	0	0	0	0	0	0	0	0	0	0	0	--	$0	0	$0	0	

EOA 4 Wilderness	2	0	0	0	0	0	0	0	0	0	0	0	--	$0	0	$0	0
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
EOA 8 Metro	1	88	54	142	2	140	54	8	8	0	132	48	63.64%	$5,000	5	$5,000	4
	2	154	50	204	7	197	49	10	10	0	187	39	79.14%	$5,000	5	$5,000	4
	3	82	22	104	13	91	20	4	4	0	87	16	81.61%		0	$0	
	4	3	0	3	0	3	0	0	0	0	3	0	100.00%		0	$0	
	5	5	0	5	0	5	0	0	0	0	5	0	100.00%		0	$0	
	6	9	13	22	3	19	10	0	0	0	19	10	47.37%		0	$0	
	7	58	25	83	1	82	24	0	0	0	82	24	70.73%		0	$0	
	8	0	2	2	0	2	2	0	0	0	2	2	0.00%		0	$0	
EOA 8 Rural	1	7	0	7	0	7	0	0	0	0	7	0	100.00%	$0	0	$0	0
	2	11	0	11	0	11	0	0	0	0	11	0	100.00%	$0	0	$0	0
	3	8	0	8	0	8	0	0	0	0	8	0	100.00%		0	$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	8	2	0	2	0	2	0	0	0	0	2	0	100.00%		0	$0	
EOA 8 Suburban	1	64	3	67	2	65	3	2	2	0	63	1	98.41%	$0	2	$0	0
	2	54	10	64	0	64	10	3	3	0	61	7	88.52%	$1,000	1	$1,000	1
	3	42	2	44	0	44	2	0	0	0	44	2	95.45%		0	$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
EOA 8 Urban	1	29	7	36	2	34	7	0	0	0	34	7	79.41%	$1,000	2	$1,000	1
	2	47	13	60	2	58	13	4	4	0	54	9	83.33%	$5,000	1	$5,000	4
	3	19	2	21	2	19	2	2	2	0	17	0	100.00%		1	$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
EOA 8 Wilderness	1	2	0	2	0	2	0	0	0	0	2	0	100.00%	$0	1	$0	0
	2	1	0	1	0	1	0	0	0	0	1	0	100.00%	$0	0	$0	0
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
EOA 9 Metro	1	58	16	74	2	72	14	3	3	0	69	11	84.06%	$1,000	1	$1,000	3
	2	90	8	98	1	97	8	6	6	0	91	2	97.80%	$0	1	$0	0
	3	52	3	55	7	48	1	1	1	0	47	0	100.00%		0	$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	6	1	1	2	0	2	1	0	0	0	2	1	50.00%		0	$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
EOA 9 Rural	1	0	0	0	0	0	0	0	0	0	0	0	--	$0	0	$0	0
	2	2	0	2	0	2	0	0	0	0	2	0	100.00%	$0	0	$0	0
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
EOA 9 Suburban	1	5	0	5	0	5	0	0	0	0	5	0	100.00%	$0	0	$0	0
	2	3	0	3	0	3	0	0	0	0	3	0	100.00%	$0	0	$0	0
	3	3	0	3	0	3	0	0	0	0	3	0	100.00%		0	$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
EOA 9 Urban	1	14	0	14	1	13	0	0	0	0	13	0	100.00%	$0	1	$0	0
	2	9	0	9	0	9	0	0	0	0	9	0	100.00%	$0	0	$0	0
	3	3	0	3	0	3	0	0	0	0	3	0	100.00%		0	$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	

EOA 9 Urban	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 9 Wilderness	1	0	0	0	0	0	0	0	0	0	0	0	--	$0	0	$0	0	
	2	0	0	0	0	0	0	0	0	0	0	0	--	$0	0	$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 11 Metro	1	124	21	145	2	143	20	5	5	0	138	15	89.13%	$1,000	4	$1,000	1	
	2	177	24	201	0	201	24	10	10	0	191	14	92.67%	$0	1	$0	0	
	3	113	3	116	0	116	3	0	0	0	116	3	97.41%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 11 Rural	1	9	0	9	0	9	0	0	0	0	9	0	100.00%	$0	0	$0	0	
	2	14	0	14	0	14	0	0	0	0	14	0	100.00%	$0	1	$0	0	
	3	4	0	4	1	3	0	0	0	0	3	0	100.00%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	1	1	0	1	1	0	0	0	1	1	0.00%		0	$0		
EOA 11 Suburban	1	11	3	14	0	14	3	1	1	0	13	2	84.62%	$1,000	0	$1,000	1	
	2	39	2	41	1	40	2	2	2	0	38	0	100.00%	$0	1	$0	0	
	3	16	1	17	0	17	1	1	1	0	16	0	100.00%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	3	1	4	0	4	1	0	0	0	4	1	75.00%		0	$0		
EOA 11 Urban	1	10	0	10	0	10	0	0	0	0	10	0	100.00%	$0	0	$0	0	
	2	11	1	12	0	12	1	0	0	0	12	1	91.67%	$0	0	$0	0	
	3	9	0	9	0	9	0	0	0	0	9	0	100.00%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 11 Wilderness	1	1	0	1	0	1	0	0	0	0	1	0	100.00%	$0	0	$0	0	
	2	0	0	0	0	0	0	0	0	0	0	0	--	$0	0	$0	0	
	3	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 1	1										230		1.74%		4	$0	0	4
	2										345		1.74%		6	$0	0	4
	3										205		0.00%		0	$0	0	0
EOA 2	1										64		1.56%		1	$0	0	2
	2										116		1.72%		2	$0	0	2
	3										53		0.00%		0	$0	0	0
EOA 3	1										99		6.06%		6	$0	0	
	2										194		6.70%		13	$0	0	
	3										92		5.43%		5	$0		
EOA 4	1										1834		8.07%		148	$0	2	13
	2										2525		7.29%		184	$0	2	13
	3										1595		1.07%		17	$0	0	0
EOA 8	1										238		4.20%		10	$0	0	8
	2										314		2.23%		7	$0	0	4
	3										156		0.64%		1	$0	0	0
EOA 9	1										87		2.30%		2	$0	0	2
	2										105		0.95%		1	$0	0	3
	3										53		0.00%		0	$0	0	0
EOA 11	1										0		--		0	$0	0	0
	2										0		--		0	$0	0	0
	3										0		--		0	$0	0	0
	1	0	0	0	0	0	0	0	0	0	0	0	--	$0	0	$0	0	
	2	0	0	0	0	0	0	0	0	0	0	0	--	$0	0	$0	0	

OUT OF SERVICE AREA	3	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	6	1	0	1	1	0	0	0	0	0	0	0	--		0	$0	
	7	1	0	1	1	0	0	0	0	0	0	0	--		0	$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
MUTUAL AID GIVEN	1	0	0	0	0	0	0	0	0	0	0	0	--	$0	0	$0	0
	2	2	0	2	2	0	0	0	0	0	0	0	--	$0	0	$0	0
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
																$57,000	

HALL AMBULANCE

Kern County - Hall Ambulance Response Compliance and Penalty

Period: Aug 01 2022 to Aug 31 2022 **Report Status: FINAL**

		Compliance Reporting 2022/08/01 - 2022/08/31													BLS on ALS		Compliance Period Reporting for Repetitive Non-Compliance	
Zone	Priority	On Time	Late	Total Incidents	Do Not Count	Adjusted Total Incidents	Adjusted Late	Exemptions Requested	Exemptions Approved	Time Corrections Approved	Compliance Calculated Incidents	Compliance Calculated Late	Response Time Compliance	Response Time Penalty	BLS on ALS	Total Fine Assessment	Consecutive Periods Out of Compliance Including Current Period	Out of Compliance Count for 12 Periods Including Current Period
EOA 1 Metro	1	46	16	62	0	62	16	4	4	0	58	12	79.31%	$5,000	1	$5,000	4	
	2	47	13	60	0	60	13	1	1	0	59	12	79.66%	$1,000	0	$1,000	2	
	3	31	7	38	4	34	7	0	0	0	34	7	79.41%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	2	1	3	0	3	1	0	0	0	3	1	66.67%		0	$0		
EOA 1 Rural	1	4	0	4	1	3	0	0	0	0	3	0	100.00%	$0	0	$0	0	
	2	6	0	6	0	6	0	0	0	0	6	0	100.00%	$0	0	$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 1 Suburban	1	7	0	7	0	7	0	0	0	0	7	0	100.00%	$0	0	$0	0	
	2	10	4	14	0	14	4	1	1	0	13	3	76.92%	$1,000	1	$1,000	2	
	3	6	2	8	0	8	2	2	2	0	6	0	100.00%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 1 Urban	1	4	1	5	0	5	1	0	0	0	5	1	80.00%	$1,000	1	$1,000	2	
	2	12	3	15	0	15	3	0	0	0	15	3	80.00%	$1,000	1	$1,000	3	
	3	4	1	5	0	5	1	0	0	0	5	1	80.00%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	1	1	0	1	1	0	0	0	1	1	0.00%		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 1 Wilderness	1	0	0	0	0	0	0	0	0	0	0	0	--	$0	0	$0	0	
	2	0	0	0	0	0	0	0	0	0	0	0	--	$0	0	$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 2 Metro	1	35	12	47	2	45	12	3	3	0	42	9	78.57%	$5,000	0	$5,000	4	
	2	54	9	63	0	63	9	3	3	0	60	6	90.00%	$0	0	$0	0	
	3	29	6	35	1	34	6	1	1	0	33	5	84.85%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	1	1	2	0	2	1	0	0	0	2	1	50.00%		0	$0		
	7	0	2	2	0	2	2	0	0	0	2	2	0.00%		0	$0		
	8	2	0	2	0	2	0	0	0	0	2	0	100.00%		0	$0		
EOA 2 Rural	1	4	0	4	0	4	0	0	0	0	4	0	100.00%	$0	0	$0	0	
	2	2	0	2	0	2	0	0	0	0	2	0	100.00%	$0	0	$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 2 Suburban	1	8	1	9	1	8	1	0	0	0	8	1	87.50%	$5,000	0	$5,000	4	
	2	17	4	21	1	20	4	2	2	0	18	2	88.89%	$1,000	0	$1,000	1	
	3	6	0	6	0	6	0	0	0	0	6	0	100.00%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	1	2	3	0	3	2	0	0	0	3	2	33.33%		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	11	3	14	0	14	3	0	0	2	14	1	92.86%		0	$0		
EOA 2 Urban	1	3	6	9	0	9	6	2	2	0	7	4	42.86%	$1,000	0	$1,000	2	
	2	10	7	17	1	16	7	1	1	0	15	6	60.00%	$5,000	0	$5,000	4	
	3	4	1	5	0	5	1	0	0	0	5	1	80.00%		1	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		

	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 3 Metro	1	47	12	59	2	57	12	2	2	0	55	10	81.82%	$5,000	5	$5,000	4	
	2	79	10	89	2	87	10	2	2	0	85	8	90.59%	$0	7	$0	0	
	3	61	4	65	3	62	4	2	2	0	60	2	96.67%		0	$0		
	4	4	1	5	0	5	1	0	0	0	5	1	80.00%		0	$0		
	5	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	$0		
	6	10	7	17	0	17	7	0	0	0	17	7	58.82%		0	$0		
	7	23	21	44	0	44	21	0	0	0	44	21	52.27%		0	$0		
	8	5	2	7	0	7	2	0	0	0	7	2	71.43%		0	$0		
EOA 3 Rural	1	0	0	0	0	0	0	0	0	0	0	0	--	$0	0	$0	0	
	2	1	0	1	0	1	0	0	0	0	1	0	100.00%	$0	0	$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 3 Suburban	1	1	1	2	0	2	1	0	0	0	2	1	50.00%	$1,000	0	$1,000	1	
	2	1	0	1	0	1	0	0	0	0	1	0	100.00%	$0	0	$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 3 Urban	1	27	2	29	0	29	2	0	0	0	29	2	93.10%	$0	2	$0	0	
	2	58	17	75	1	74	16	6	6	0	68	10	85.29%	$1,000	3	$1,000	1	
	3	27	1	28	1	27	1	0	0	0	27	1	96.30%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	2	2	0	2	2	0	0	0	2	2	0.00%		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	2	0	2	0	2	0	0	0	0	2	0	100.00%		0	$0		
EOA 3 Wilderness	1	0	0	0	0	0	0	0	0	0	0	0	--	$0	0	$0	0	
	2	0	0	0	0	0	0	0	0	0	0	0	--	$0	0	$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 4 Metro	1	1337	645	1982	17	1965	642	179	179	0	1786	466	73.91%	$5,000	224	$5,000	4	
	2	1980	932	2912	28	2884	930	318	318	0	2566	619	75.88%	$5,000	276	$5,000	4	
	3	1552	470	2022	168	1854	465	155	155	0	1699	311	81.70%		48	$0		
	4	35	12	47	0	47	12	1	1	0	46	11	76.09%		0	$0		
	5	4	0	4	0	4	0	0	0	0	4	0	100.00%		0	$0		
	6	91	123	214	2	212	121	0	0	0	212	122	42.45%		0	$0		
	7	174	199	373	2	371	197	0	0	0	371	197	46.90%		0	$0		
	8	22	6	28	0	28	6	0	0	0	28	6	78.57%		0	$0		
EOA 4 Rural	1	2	1	3	0	3	1	0	0	0	3	1	66.67%	$1,000	0	$1,000	3	
	2	2	1	3	0	3	1	1	1	0	2	0	100.00%	$0	0	$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 4 Suburban	1	8	1	9	0	9	1	0	0	0	9	1	88.89%	$1,000	0	$1,000	1	
	2	17	2	19	0	19	2	0	0	0	19	2	89.47%	$1,000	0	$1,000	1	
	3	4	1	5	0	5	1	1	1	0	4	0	100.00%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 4 Urban	1	21	3	24	0	24	3	2	2	0	22	1	95.45%	$0	4	$0	0	
	2	42	19	61	1	60	19	8	8	0	52	12	76.92%	$5,000	8	$5,000	4	
	3	14	8	22	1	21	8	3	3	0	18	5	72.22%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	1	1	2	0	2	1	0	0	0	2	1	50.00%		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	1	1	2	0	2	1	0	0	0	2	1	50.00%		0	$0		
	1	0	0	0	0	0	0	0	0	0	0	0	--	$0	0	$0	0	

EOA 4 Wilderness	2	0	0	0	0	0	0	0	0	0	0	0	--	$0	0	$0	0
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
EOA 8 Metro	1	73	57	130	2	128	55	8	8	0	120	47	60.83%	$5,000	4	$5,000	4
	2	125	80	205	2	203	79	6	6	0	197	74	62.44%	$5,000	5	$5,000	4
	3	96	21	117	6	111	20	6	6	0	105	14	86.67%		1	$0	
	4	6	0	6	0	6	0	0	0	0	6	0	100.00%		0	$0	
	5	3	0	3	0	3	0	0	0	0	3	0	100.00%		0	$0	
	6	15	15	30	0	30	15	0	0	0	30	15	50.00%		0	$0	
	7	72	41	113	0	113	41	0	0	0	113	41	63.72%		0	$0	
	8	4	6	10	0	10	6	0	0	0	10	6	40.00%		0	$0	
EOA 8 Rural	1	11	0	11	1	10	0	0	0	0	10	0	100.00%	$0	0	$0	0
	2	7	0	7	0	7	0	0	0	0	7	0	100.00%	$0	0	$0	0
	3	3	0	3	0	3	0	0	0	0	3	0	100.00%		0	$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
EOA 8 Suburban	1	48	9	57	8	49	7	2	2	0	47	5	89.36%	$1,000	5	$1,000	1
	2	71	11	82	3	79	10	2	2	0	77	8	89.61%	$1,000	1	$1,000	2
	3	24	8	32	2	30	7	2	2	0	28	5	82.14%		1	$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
EOA 8 Urban	1	32	11	43	1	42	10	1	1	0	41	9	78.05%	$1,000	4	$1,000	2
	2	36	9	45	0	45	9	3	3	0	42	6	85.71%	$5,000	1	$5,000	4
	3	13	3	16	1	15	3	1	1	0	14	2	85.71%		0	$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
EOA 8 Wilderness	1	0	0	0	0	0	0	0	0	0	0	0	--	$0	0	$0	0
	2	3	0	3	0	3	0	0	0	0	3	0	100.00%	$0	0	$0	0
	3	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
EOA 9 Metro	1	47	11	58	1	57	11	4	4	0	53	7	86.79%	$5,000	0	$5,000	4
	2	75	9	84	0	84	9	4	4	0	80	5	93.75%	$0	0	$0	0
	3	33	3	36	4	32	3	0	0	0	32	3	90.63%		0	$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	8	2	1	3	0	3	1	0	0	0	3	1	66.67%		0	$0	
EOA 9 Rural	1	1	0	1	0	1	0	0	0	0	1	0	100.00%	$0	0	$0	0
	2	0	0	0	0	0	0	0	0	0	0	0	--	$0	0	$0	0
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
EOA 9 Suburban	1	5	1	6	0	6	1	1	1	0	5	1	80.00%	$1,000	0	$1,000	1
	2	11	4	15	0	15	4	0	0	0	15	4	73.33%	$1,000	0	$1,000	1
	3	4	1	5	0	5	1	0	0	0	5	1	80.00%		0	$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
EOA 9 Urban	1	7	0	7	0	7	0	0	0	0	7	0	100.00%	$0	0	$0	0
	2	14	1	15	0	15	1	0	0	0	15	1	93.33%	$0	0	$0	0
	3	10	2	12	0	12	2	2	2	0	10	0	100.00%		0	$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	

EOA 9 Urban	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 9 Wilderness	1	0	0	0	0	0	0	0	0	0	0	0	--	$0	0	$0	0	
	2	0	0	0	0	0	0	0	0	0	0	0	--	$0	0	$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 11 Metro	1	133	28	161	0	161	28	7	7	1	154	20	87.01%	$1,000	3	$1,000	2	
	2	149	21	170	3	167	20	9	9	0	158	11	93.04%	$0	6	$0	0	
	3	108	7	115	5	110	6	2	2	0	108	4	96.30%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	2	1	3	0	3	1	0	0	0	3	1	66.67%		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	7	7	0	7	7	0	0	0	7	7	0.00%		0	$0		
EOA 11 Rural	1	2	0	2	0	2	0	0	0	0	2	0	100.00%	$0	0	$0	0	
	2	11	0	11	0	11	0	0	0	0	11	0	100.00%	$0	0	$0	0	
	3	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 11 Suburban	1	16	1	17	0	17	1	0	0	0	17	1	94.12%	$0	0	$0	0	
	2	34	1	35	2	33	1	0	0	0	33	1	96.97%	$0	0	$0	0	
	3	16	2	18	3	15	2	1	1	0	14	1	92.86%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	$0		
EOA 11 Urban	1	10	3	13	0	13	3	0	0	0	13	3	76.92%	$1,000	0	$1,000	1	
	2	12	1	13	0	13	1	0	0	0	13	1	92.31%	$0	0	$0	0	
	3	11	0	11	0	11	0	0	0	0	11	0	100.00%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 11 Wilderness	1	0	0	0	0	0	0	0	0	0	0	0	--	$0	0	$0	0	
	2	1	0	1	0	1	0	0	0	0	1	0	100.00%	$0	0	$0	0	
	3	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 1	1										259		1.93%		5	$0	0	4
	2										309		2.59%		8	$0	0	4
	3										180		0.00%		0	$0	0	0
EOA 2	1										61		0.00%		0	$0	0	2
	2										95		0.00%		0	$0	0	2
	3										44		2.27%		1	$0	0	0
EOA 3	1										86		8.14%		7	$0	0	
	2										155		6.45%		10	$0	0	
	3										87		0.00%		0	$0		
EOA 4	1										1820		12.53%		228	$0	2	13
	2										2639		10.76%		284	$0	2	13
	3										1721		2.79%		48	$0	0	0
EOA 8	1										218		5.96%		13	$0	2	9
	2										326		2.15%		7	$0	0	4
	3										151		1.32%		2	$0	0	0
EOA 9	1										66		0.00%		0	$0	0	2
	2										110		0.00%		0	$0	0	3
	3										47		0.00%		0	$0	0	0
EOA 11	1										0		--		0	$0	0	0
	2										0		--		0	$0	0	0
	3										0		--		0	$0	0	0
	1	0	0	0	0	0	0	0	0	0	0	0	--	$0	0	$0	0	
	2	0	0	0	0	0	0	0	0	0	0	0	--	$0	0	$0	0	

OUT OF SERVICE AREA	3	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
MUTUAL AID GIVEN	1	0	0	0	0	0	0	0	0	0	0	0	--	$0	0	$0	0	
	2	0	0	0	0	0	0	0	0	0	0	0	--	$0	0	$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
																$78,000		

Kern County - Hall Ambulance Response Compliance and Penalty

Period: Sep 01 2022 to Sep 30 2022 **Report Status: FINAL**

		Compliance Reporting 2022/09/01 - 2022/09/30													BLS on ALS		Compliance Period Reporting for Repetitive Non-Compliance	
Zone	Priority	On Time	Late	Total Incidents	Do Not Count	Adjusted Total Incidents	Adjusted Late	Exemptions Requested	Exemptions Approved	Time Corrections Approved	Compliance Calculated Incidents	Compliance Calculated Late	Response Time Compliance	Response Time Penalty	BLS on ALS	Total Fine Assessment	Consecutive Periods Out of Compliance Including Current Period	Out of Compliance Count for 12 Periods Including Current Period
EOA 1 Metro	1	47	16	63	0	63	16	3	3	0	60	13	78.33%	$5,000	0	$5,000	4	
	2	75	16	91	4	87	16	5	5	0	82	11	86.59%	$1,000	1	$1,000	3	
	3	48	5	53	7	46	5	0	0	0	46	5	89.13%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	4	1	5	0	5	1	0	0	0	5	1	80.00%		0	$0		
EOA 1 Rural	1	5	0	5	0	5	0	0	0	0	5	0	100.00%	$0	0	$0	0	
	2	0	0	0	0	0	0	0	0	0	0	0	--	$0	0	$0	0	
	3	1	0	1	1	0	0	0	0	0	0	0	--		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 1 Suburban	1	8	2	10	1	9	2	1	1	0	8	1	87.50%	$1,000	0	$1,000	1	
	2	13	2	15	0	15	2	0	0	0	15	2	86.67%	$1,000	0	$1,000	3	
	3	9	0	9	2	7	0	0	0	0	7	0	100.00%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 1 Urban	1	4	2	6	0	6	2	0	0	0	6	2	66.67%	$1,000	0	$1,000	3	
	2	4	3	7	0	7	3	1	1	0	6	2	66.67%	$5,000	0	$5,000	4	
	3	4	1	5	0	5	1	0	0	0	5	1	80.00%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 1 Wilderness	1	2	0	2	0	2	0	0	0	0	2	0	100.00%	$0	0	$0	0	
	2	0	0	0	0	0	0	0	0	0	0	0	--	$0	0	$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 2 Metro	1	30	8	38	0	38	8	3	3	0	35	5	85.71%	$5,000	2	$5,000	4	
	2	54	16	70	0	70	16	3	3	0	67	13	80.60%	$1,000	1	$1,000	1	
	3	33	8	41	4	37	8	3	3	0	34	5	85.29%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	3	2	5	0	5	2	0	0	0	5	2	60.00%		0	$0		
EOA 2 Rural	1	4	0	4	0	4	0	0	0	0	4	0	100.00%	$0	0	$0	0	
	2	2	0	2	0	2	0	0	0	0	2	0	100.00%	$0	0	$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 2 Suburban	1	8	5	13	0	13	5	0	0	0	13	5	61.54%	$5,000	0	$5,000	4	
	2	8	2	10	0	10	2	1	1	0	9	1	88.89%	$1,000	1	$1,000	2	
	3	6	2	8	1	7	2	0	0	0	7	2	71.43%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	10	0	10	0	10	0	0	0	0	10	0	100.00%		0	$0		
EOA 2 Urban	1	8	2	10	0	10	2	0	0	0	10	2	80.00%	$1,000	0	$1,000	3	
	2	11	9	20	0	20	9	2	2	0	18	7	61.11%	$5,000	1	$5,000	4	
	3	6	0	6	0	6	0	0	0	0	6	0	100.00%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		

	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 3 Metro	1	42	16	58	0	58	16	5	5	0	53	11	79.25%	$5,000	6	$5,000	4	
	2	94	20	114	1	113	20	8	8	0	105	12	88.57%	$1,000	7	$1,000	1	
	3	48	5	53	5	48	5	2	2	0	46	3	93.48%		2	$0		
	4	3	2	5	0	5	2	1	1	0	4	1	75.00%		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	5	17	22	0	22	17	0	0	0	22	17	22.73%		0	$0		
	7	17	18	35	0	35	18	0	0	1	35	17	51.43%		0	$0		
	8	13	1	14	0	14	1	0	0	0	14	1	92.86%		0	$0		
EOA 3 Rural	1	0	0	0	0	0	0	0	0	0	0	0	--	$0	0	$0	0	
	2	0	0	0	0	0	0	0	0	0	0	0	--	$0	0	$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 3 Suburban	1	2	0	2	0	2	0	0	0	0	2	0	100.00%	$0	0	$0	0	
	2	2	0	2	0	2	0	0	0	0	2	0	100.00%	$0	0	$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 3 Urban	1	20	6	26	0	26	6	3	3	0	23	3	86.96%	$1,000	0	$1,000	1	
	2	60	14	74	2	72	14	7	7	0	65	7	89.23%	$1,000	3	$1,000	2	
	3	38	3	41	0	41	3	3	3	0	38	0	100.00%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	1	3	4	0	4	3	0	0	0	4	3	25.00%		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	1	1	2	0	2	1	0	0	0	2	1	50.00%		0	$0		
EOA 3 Wilderness	1	0	0	0	0	0	0	0	0	0	0	0	--	$0	0	$0	0	
	2	0	0	0	0	0	0	0	0	0	0	0	--	$0	0	$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 4 Metro	1	1194	730	1924	15	1909	725	205	205	0	1704	523	69.31%	$5,000	266	$5,000	4	
	2	1848	1023	2871	23	2848	1018	286	286	0	2562	736	71.27%	$5,000	289	$5,000	4	
	3	1257	508	1765	160	1605	501	145	145	0	1460	356	75.62%		45	$0		
	4	18	15	33	0	33	15	5	5	0	28	10	64.29%		0	$0		
	5	4	0	4	0	4	0	0	0	0	4	0	100.00%		0	$0		
	6	44	104	148	0	148	104	0	0	0	148	104	29.73%		0	$0		
	7	149	156	305	0	305	156	0	0	0	305	156	48.85%		0	$0		
	8	64	13	77	0	77	13	0	0	0	77	13	83.12%		0	$0		
EOA 4 Rural	1	3	0	3	0	3	0	0	0	0	3	0	100.00%	$0	0	$0	0	
	2	0	1	1	0	1	1	0	0	0	1	1	0.00%	$1,000	0	$1,000	1	
	3	0	1	1	0	1	1	0	0	0	1	1	0.00%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 4 Suburban	1	2	1	3	0	3	1	1	1	0	2	0	100.00%	$0	0	$0	0	
	2	12	0	12	0	12	0	0	0	0	12	0	100.00%	$0	0	$0	0	
	3	4	1	5	0	5	1	0	0	0	5	1	80.00%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 4 Urban	1	22	4	26	0	26	4	0	0	1	26	3	88.46%	$1,000	3	$1,000	1	
	2	42	15	57	0	57	15	4	4	0	53	14	73.58%	$5,000	3	$5,000	4	
	3	18	7	25	0	25	7	1	1	0	24	7	70.83%		1	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	8	3	11	0	11	3	0	0	0	11	3	72.73%		0	$0		
	1	0	0	0	0	0	0	0	0	0	0	0	--	$0	0	$0	0	

EOA 4 Wilderness	2	0	0	0	0	0	0	0	0	0	0	0	--	$0	0	$0	0
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
EOA 8 Metro	1	66	66	132	1	131	66	9	9	0	122	58	52.46%	$5,000	4	$5,000	4
	2	107	85	192	1	191	85	11	11	0	180	74	58.89%	$5,000	9	$5,000	4
	3	93	26	119	10	109	26	2	2	0	107	24	77.57%		0	$0	
	4	6	0	6	2	4	0	0	0	0	4	0	100.00%		0	$0	
	5	2	0	2	0	2	0	0	0	0	2	0	100.00%		0	$0	
	6	9	12	21	0	21	12	0	0	0	21	12	42.86%		0	$0	
	7	45	46	91	0	91	46	0	0	0	91	46	49.45%		0	$0	
	8	2	6	8	0	8	6	0	0	0	8	6	25.00%		0	$0	
EOA 8 Rural	1	3	1	4	0	4	1	0	0	0	4	1	75.00%	$1,000	1	$1,000	1
	2	6	0	6	0	6	0	0	0	0	6	0	100.00%	$0	0	$0	0
	3	4	0	4	0	4	0	0	0	0	4	0	100.00%		0	$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
EOA 8 Suburban	1	31	7	38	2	36	6	2	2	0	34	4	88.24%	$1,000	2	$1,000	2
	2	65	12	77	4	73	9	4	4	0	69	5	92.75%	$0	3	$0	0
	3	34	4	38	5	33	2	1	1	0	32	1	96.88%		0	$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	6	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	8	2	0	2	0	2	0	0	0	0	2	0	100.00%		0	$0	
EOA 8 Urban	1	33	12	45	1	44	11	2	2	0	42	9	78.57%	$1,000	5	$1,000	3
	2	45	12	57	9	48	12	1	1	0	47	11	76.60%	$5,000	0	$5,000	4
	3	9	6	15	2	13	6	0	0	0	13	6	53.85%		0	$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
EOA 8 Wilderness	1	2	0	2	0	2	0	0	0	0	2	0	100.00%	$0	0	$0	0
	2	0	1	1	0	1	1	1	1	0	0	0	--	$0	0	$0	0
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
EOA 9 Metro	1	52	10	62	0	62	10	1	1	0	61	9	85.25%	$5,000	1	$5,000	4
	2	64	21	85	1	84	20	6	6	0	78	14	82.05%	$1,000	4	$1,000	1
	3	37	4	41	2	39	4	3	3	0	36	1	97.22%		1	$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	8	1	1	2	0	2	1	0	0	0	2	1	50.00%		0	$0	
EOA 9 Rural	1	0	0	0	0	0	0	0	0	0	0	0	--	$0	0	$0	0
	2	0	0	0	0	0	0	0	0	0	0	0	--	$0	0	$0	0
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
EOA 9 Suburban	1	4	0	4	0	4	0	0	0	0	4	0	100.00%	$0	0	$0	0
	2	5	0	5	0	5	0	0	0	0	5	0	100.00%	$0	0	$0	0
	3	3	0	3	0	3	0	0	0	0	3	0	100.00%		0	$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	8	2	0	2	0	2	0	0	0	0	2	0	100.00%		0	$0	
EOA 9 Urban	1	8	0	8	0	8	0	0	0	0	8	0	100.00%	$0	0	$0	0
	2	14	3	17	0	17	3	1	1	0	16	2	87.50%	$1,000	0	$1,000	1
	3	7	0	7	1	6	0	0	0	0	6	0	100.00%		0	$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	

EOA 9 Urban	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 9 Wilderness	1	0	0	0	0	0	0	0	0	0	0	0	--	$0	0	$0	0	
	2	0	0	0	0	0	0	0	0	0	0	0	--	$0	0	$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 11 Metro	1	136	27	163	2	161	25	3	3	0	158	22	86.08%	$1,000	0	$1,000	3	
	2	119	23	142	0	142	23	5	5	0	137	18	86.86%	$1,000	0	$1,000	1	
	3	83	6	89	1	88	6	2	2	0	86	4	95.35%		2	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	2	5	7	0	7	5	0	0	0	7	5	28.57%		0	$0		
EOA 11 Rural	1	7	0	7	0	7	0	0	0	0	7	0	100.00%	$0	0	$0	0	
	2	9	0	9	1	8	0	0	0	0	8	0	100.00%	$0	0	$0	0	
	3	3	0	3	0	3	0	0	0	0	3	0	100.00%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 11 Suburban	1	10	0	10	0	10	0	0	0	0	10	0	100.00%	$0	0	$0	0	
	2	27	0	27	0	27	0	0	0	0	27	0	100.00%	$0	0	$0	0	
	3	10	1	11	0	11	1	0	0	0	11	1	90.91%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	9	1	10	0	10	1	0	0	0	10	1	90.00%		0	$0		
EOA 11 Urban	1	13	1	14	0	14	1	0	0	0	14	1	92.86%	$0	0	$0	0	
	2	15	0	15	0	15	0	0	0	0	15	0	100.00%	$0	0	$0	0	
	3	9	0	9	0	9	0	0	0	0	9	0	100.00%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 11 Wilderness	1	0	0	0	0	0	0	0	0	0	0	0	--	$0	0	$0	0	
	2	0	0	0	0	0	0	0	0	0	0	0	--	$0	0	$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 1	1										270		0.00%		0	$0	0	4
	2										290		0.34%		1	$0	0	4
	3										167		1.20%		2	$0	0	0
EOA 2	1										62		3.23%		2	$0	1	3
	2										96		3.13%		3	$0	1	3
	3										47		0.00%		0	$0	0	0
EOA 3	1										78		7.69%		6	$0	0	
	2										172		5.81%		10	$0	0	
	3										84		2.38%		2	$0		
EOA 4	1										1735		15.50%		269	$0	2	13
	2										2628		11.11%		292	$0	2	13
	3										1490		3.09%		46	$0	0	1
EOA 8	1										204		5.88%		12	$0	2	9
	2										302		3.97%		12	$0	0	5
	3										156		0.00%		0	$0	0	0
EOA 9	1										73		1.37%		1	$0	0	2
	2										99		4.04%		4	$0	1	4
	3										45		2.22%		1	$0	0	0
EOA 11	1										0		--		0	$0	0	0
	2										0		--		0	$0	0	0
	3										0		--		0	$0	0	0
	1	0	0	0	0	0	0	0	0	0	0	0	--	$0	0	$0	0	
	2	0	0	0	0	0	0	0	0	0	0	0	--	$0	0	$0	0	

OUT OF SERVICE AREA	3	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	6	1	0	1	1	0	0	0	0	0	0	0	--		0	$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
MUTUAL AID GIVEN	1	0	0	0	0	0	0	0	0	0	0	0	--	$0	0	$0	0
	2	0	0	0	0	0	0	0	0	0	0	0	--	$0	0	$0	0
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0	
																$84,000	

Kern County - Liberty Ambulance Response Compliance and Penalty

Period: Jul 01 2022 to Jul 31 2022

Report Status: In Progress with 107 calls in Working Status

		Compliance Reporting 2022/07/01 - 2022/07/31													BLS on ALS		Compliance Period Reporting for Repetitive Non-Compliance	
Zone	Priority	On Time	Late	Total Incidents	Do Not Count	Adjusted Total Incidents	Adjusted Late	Exemptions Requested	Exemptions Approved	Time Corrections Approved	Compliance Calculated Incidents	Compliance Calculated Late	Response Time Compliance	Response Time Penalty	BLS on ALS	Total Fine Assessment	Consecutive Periods Out of Compliance Including Current Period	Out of Compliance Count for 12 Periods Including Current Period
EOA 6 Metro	1	48	6	54	0	54	6	0	0	0	54	6	88.89%	$5,000	0	$5,000	4	
	2	91	12	103	0	103	12	0	0	0	103	12	88.35%	$1,000	0	$1,000	1	
	3	42	0	42	0	42	0	0	0	0	42	0	100.00%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 6 Rural	1	12	0	12	0	12	0	0	0	0	12	0	100.00%	$0	0	$0	0	
	2	12	0	12	0	12	0	0	0	0	12	0	100.00%	$0	0	$0	0	
	3	6	0	6	0	6	0	0	0	0	6	0	100.00%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 6 Suburban	1	29	0	29	0	29	0	0	0	0	29	0	100.00%	$0	0	$0	0	
	2	19	0	19	0	19	0	0	0	0	19	0	100.00%	$0	0	$0	0	
	3	14	0	14	0	14	0	0	0	0	14	0	100.00%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 6 Urban	1	31	2	33	0	33	2	0	0	0	33	2	93.94%	$0	0	$0	0	
	2	31	6	37	0	37	6	0	0	0	37	6	83.78%	$1,000	0	$1,000	2	
	3	16	0	16	0	16	0	0	0	0	16	0	100.00%		0	$0		
	4	4	0	4	0	4	0	0	0	0	4	0	100.00%		0	$0		
	5	5	1	6	0	6	1	0	0	0	6	1	83.33%		0	$0		
	6	24	13	37	0	37	13	0	0	0	37	13	64.86%		0	$0		
	7	5	4	9	0	9	4	0	0	0	9	4	55.56%		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 6 Wilderness	1	7	0	7	0	7	0	0	0	0	7	0	100.00%	$0	0	$0	0	
	2	5	0	5	0	5	0	0	0	0	5	0	100.00%	$0	0	$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 7 Metro	1	49	8	57	0	57	8	0	0	0	57	8	85.96%	$5,000	0	$5,000	4	
	2	93	9	102	0	102	9	0	0	0	102	9	91.18%	$0	1	$0	0	
	3	40	1	41	0	41	1	0	0	0	41	1	97.56%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	38	11	49	0	49	11	0	0	0	49	11	77.55%		0	$0		
	7	16	4	20	0	20	4	0	0	0	20	4	80.00%		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 7 Rural	1	7	0	7	0	7	0	0	0	0	7	0	100.00%	$0	0	$0	0	
	2	8	0	8	0	8	0	0	0	0	8	0	100.00%	$0	0	$0	0	
	3	2	0	2	0	2	0	0	0	0	2	0	100.00%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 7 Suburban	1	2	0	2	0	2	0	0	0	0	2	0	100.00%	$0	0	$0	0	
	2	2	0	2	0	2	0	0	0	0	2	0	100.00%	$0	0	$0	0	
	3	4	1	5	0	5	1	0	0	0	5	1	80.00%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 7 Urban	1	6	0	6	0	6	0	0	0	0	6	0	100.00%	$0	1	$0	0	
	2	10	1	11	0	11	1	0	0	0	11	1	90.91%	$0	1	$0	0	
	3	6	0	6	0	6	0	0	0	0	6	0	100.00%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		

Kern County - Liberty Ambulance Response Compliance and Penalty

Period: Jul 01 2022 to Jul 31 2022

Report Status: In Progress with 107 calls in Working Status

	7	0	1	1	0	1	1	0	0	0	1	1	0.00%		0	$0			
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0			
EOA 7 Wilderness	1	0	0	0	0	0	0	0	0	0	0	0	--	$0	0	$0	0		
	2	0	0	0	0	0	0	0	0	0	0	0	--	$0	0	$0	0		
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	$0			
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0			
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0			
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0			
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0			
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0			
EOA 6	1										135		0.00%		0	$0	0	0	
	2										176		0.00%		0	$0	0	0	
	3										78		0.00%		0	$0	0	0	
EOA 7	1										72		1.39%		1	$0	0	6	
	2										123		1.63%		2	$0	0	2	
	3										54		0.00%		0	$0	0	0	
																$12,000			

Kern County - Liberty Ambulance Response Compliance and Penalty

Period: Aug 01 2022 to Aug 31 2022

Report Status: In Progress with 106 calls in Working Status

		Compliance Reporting 2022/08/01 - 2022/08/31													BLS on ALS		Compliance Period Reporting for Repetitive Non-Compliance	
Zone	Priority	On Time	Late	Total Incidents	Do Not Count	Adjusted Total Incidents	Adjusted Late	Exemptions Requested	Exemptions Approved	Time Corrections Approved	Compliance Calculated Incidents	Compliance Calculated Late	Response Time Compliance	Response Time Penalty	BLS on ALS	Total Fine Assessment	Consecutive Periods Out of Compliance Including Current Period	Out of Compliance Count for 12 Periods Including Current Period
EOA 6 Metro	1	34	6	40	0	40	6	0	0	0	40	6	85.00%	$5,000	1	$5,000	4	
	2	51	6	57	0	57	6	0	0	0	57	6	89.47%	$1,000	0	$1,000	2	
	3	32	0	32	0	32	0	0	0	0	32	0	100.00%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	1	1	0	1	1	0	0	0	1	1	0.00%		0	$0		
EOA 6 Rural	1	10	0	10	0	10	0	0	0	0	10	0	100.00%	$0	0	$0	0	
	2	8	0	8	0	8	0	0	0	0	8	0	100.00%	$0	0	$0	0	
	3	4	0	4	0	4	0	0	0	0	4	0	100.00%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 6 Suburban	1	18	0	18	0	18	0	0	0	0	18	0	100.00%	$0	0	$0	0	
	2	16	1	17	0	17	1	0	0	0	17	1	94.12%	$0	0	$0	0	
	3	10	0	10	0	10	0	0	0	0	10	0	100.00%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 6 Urban	1	29	2	31	0	31	2	0	0	0	31	2	93.55%	$0	0	$0	0	
	2	32	3	35	0	35	3	0	0	0	35	3	91.43%	$0	0	$0	0	
	3	22	0	22	0	22	0	0	0	0	22	0	100.00%		0	$0		
	4	2	2	4	0	4	2	0	0	0	4	2	50.00%		0	$0		
	5	5	1	6	0	6	1	0	0	0	6	1	83.33%		0	$0		
	6	31	16	47	0	47	16	0	0	0	47	16	65.96%		0	$0		
	7	1	1	2	0	2	1	0	0	0	2	1	50.00%		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 6 Wilderness	1	1	0	1	0	1	0	0	0	0	1	0	100.00%	$0	0	$0	0	
	2	4	2	6	0	6	2	0	0	0	6	2	66.67%	$1,000	0	$1,000	1	
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 7 Metro	1	62	9	71	0	71	9	0	0	0	71	9	87.32%	$5,000	0	$5,000	4	
	2	97	8	105	0	105	8	0	0	0	105	8	92.38%	$0	0	$0	0	
	3	45	0	45	0	45	0	0	0	0	45	0	100.00%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	$0		
	6	36	18	54	0	54	18	0	0	0	54	18	66.67%		0	$0		
	7	16	3	19	0	19	3	0	0	0	19	3	84.21%		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 7 Rural	1	4	0	4	0	4	0	0	0	0	4	0	100.00%	$0	0	$0	0	
	2	5	0	5	0	5	0	0	0	0	5	0	100.00%	$0	0	$0	0	
	3	3	0	3	0	3	0	0	0	0	3	0	100.00%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 7 Suburban	1	3	0	3	0	3	0	0	0	0	3	0	100.00%	$0	0	$0	0	
	2	7	1	8	0	8	1	0	0	0	8	1	87.50%	$1,000	0	$1,000	1	
	3	7	0	7	0	7	0	0	0	0	7	0	100.00%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 7 Urban	1	8	0	8	0	8	0	0	0	0	8	0	100.00%	$0	0	$0	0	
	2	11	0	11	0	11	0	0	0	0	11	0	100.00%	$0	0	$0	0	
	3	2	0	2	0	2	0	0	0	0	2	0	100.00%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		

	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0			
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0			
EOA 7 Wilderness	1	0	0	0	0	0	0	0	0	0	0	0	--	$0	0	$0	0		
	2	1	0	1	0	1	0	0	0	0	1	0	100.00%	$0	0	$0	0		
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	$0			
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0			
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0			
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0			
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0			
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0			
EOA 6	1										100		1.00%		1	$0	0	0	
	2										123		0.00%		0	$0	0	0	
	3										68		0.00%		0	$0	0	0	
EOA 7	1										86		0.00%		0	$0	0	6	
	2										130		0.00%		0	$0	0	1	
	3										57		0.00%		0	$0	0	0	
																$13,000			

Kern County - Liberty Ambulance Response Compliance and Penalty

Period: Sep 01 2022 to Sep 30 2022

Report Status: In Progress with 98 calls in Working Status

		Compliance Reporting 2022/09/01 - 2022/09/30													BLS on ALS		Compliance Period Reporting for Repetitive Non-Compliance	
Zone	Priority	On Time	Late	Total Incidents	Do Not Count	Adjusted Total Incidents	Adjusted Late	Exemptions Requested	Exemptions Approved	Time Corrections Approved	Compliance Calculated Incidents	Compliance Calculated Late	Response Time Compliance	Response Time Penalty	BLS on ALS	Total Fine Assessment	Consecutive Periods Out of Compliance Including Current Period	Out of Compliance Count for 12 Periods Including Current Period
EOA 6 Metro	1	25	8	33	0	33	8	0	0	0	33	8	75.76%	$5,000	0	$5,000	4	
	2	48	7	55	0	55	7	0	0	0	55	7	87.27%	$1,000	0	$1,000	3	
	3	23	0	23	0	23	0	0	0	0	23	0	100.00%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	1	1	2	0	2	1	0	0	0	2	1	50.00%		0	$0		
EOA 6 Rural	1	11	0	11	0	11	0	0	0	0	11	0	100.00%	$0	0	$0	0	
	2	14	0	14	0	14	0	0	0	0	14	0	100.00%	$0	0	$0	0	
	3	4	1	5	0	5	1	0	0	0	5	1	80.00%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 6 Suburban	1	10	2	12	0	12	2	0	0	0	12	2	83.33%	$1,000	0	$1,000	1	
	2	21	1	22	0	22	1	0	0	0	22	1	95.45%	$0	0	$0	0	
	3	7	0	7	0	7	0	0	0	0	7	0	100.00%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 6 Urban	1	17	2	19	0	19	2	0	0	0	19	2	89.47%	$1,000	0	$1,000	1	
	2	28	0	28	0	28	0	0	0	0	28	0	100.00%	$0	0	$0	0	
	3	16	0	16	0	16	0	0	0	0	16	0	100.00%		0	$0		
	4	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	$0		
	5	2	1	3	0	3	1	0	0	0	3	1	66.67%		0	$0		
	6	31	13	44	0	44	13	0	0	0	44	13	70.45%		0	$0		
	7	8	3	11	0	11	3	0	0	0	11	3	72.73%		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 6 Wilderness	1	1	0	1	0	1	0	0	0	0	1	0	100.00%	$0	0	$0	0	
	2	4	0	4	0	4	0	0	0	0	4	0	100.00%	$0	0	$0	0	
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 7 Metro	1	61	12	73	0	73	12	0	0	0	73	12	83.56%	$5,000	2	$5,000	4	
	2	76	3	79	0	79	3	0	0	0	79	3	96.20%	$0	0	$0	0	
	3	35	3	38	0	38	3	0	0	0	38	3	92.11%		0	$0		
	4	0	1	1	0	1	1	0	0	0	1	1	0.00%		0	$0		
	5	2	0	2	0	2	0	0	0	0	2	0	100.00%		0	$0		
	6	29	17	46	0	46	17	0	0	0	46	17	63.04%		0	$0		
	7	20	1	21	0	21	1	0	0	0	21	1	95.24%		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 7 Rural	1	1	0	1	0	1	0	0	0	0	1	0	100.00%	$0	0	$0	0	
	2	7	0	7	0	7	0	0	0	0	7	0	100.00%	$0	0	$0	0	
	3	2	0	2	0	2	0	0	0	0	2	0	100.00%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 7 Suburban	1	5	0	5	0	5	0	0	0	0	5	0	100.00%	$0	0	$0	0	
	2	7	0	7	0	7	0	0	0	0	7	0	100.00%	$0	0	$0	0	
	3	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
EOA 7 Urban	1	9	1	10	0	10	1	0	0	0	10	1	90.00%	$0	0	$0	0	
	2	5	2	7	0	7	2	0	0	0	7	2	71.43%	$1,000	0	$1,000	1	
	3	7	0	7	0	7	0	0	0	0	7	0	100.00%		0	$0		
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0		

Kern County - Liberty Ambulance Response Compliance and Penalty

Period: Sep 01 2022 to Sep 30 2022 **Report Status: In Progress with 98 calls in Working Status**

	7	0	1	1	0	1	1	0	0	0	1	1	0.00%		0	$0			
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0			
EOA 7 Wilderness	1	0	0	0	0	0	0	0	0	0	0	0	--	$0	0	$0	0		
	2	0	0	0	0	0	0	0	0	0	0	0	--	$0	0	$0	0		
	3	0	0	0	0	0	0	0	0	0	0	0	--		0	$0			
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	$0			
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	$0			
	6	0	0	0	0	0	0	0	0	0	0	0	--		0	$0			
	7	0	0	0	0	0	0	0	0	0	0	0	--		0	$0			
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	$0			
EOA 6	1										76		0.00%		0	$0	0	0	
	2										123		0.00%		0	$0	0	0	
	3										51		0.00%		0	$0	0	0	
EOA 7	1										89		2.25%		2	$0	0	6	
	2										100		0.00%		0	$0	0	1	
	3										48		0.00%		0	$0	0	0	
																$14,000			

X. New Business

e. 2023 EMCAB Meeting Dates

EMS Division Staff Report for EMCAB

EMCAB Meeting Dates 2023

The proposed EMCAB meeting dates for 2023 are as follows:

Thursday – February 9th, 2023, from 4pm
Thursday – May 11th, 2023, from 4pm
Thursday – August 10th, 2023, from 4pm
Thursday – November 9th, 2023, from 4pm

The agenda deadline for each of the four meetings in 2023 is the Thursday, fourteen (14) days before the meeting date at 5:00 PM.

Therefore, IT IS RECOMMENDED, the Board approves the 2023 EMCAB meeting dates.

X. New Business

f. EMD Study Implementation

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 WWW.KERNPUBLICHEALTH.COM

EMS Program Staff Report for EMCAB

Emergency Medical Dispatch (EMD) Study

Since the beginning of emergency medical response, it has been assumed that responding to requests for assistance was best done with lights and sirens. Afterall it is loud and colorful and lets everyone know that we are on our way. In EMS, this is just how we do things, and it was not questioned. Now that we have databases full of information, we have the capability to review large numbers of calls to determine the most appropriate response.

Studies show that first responders are most at risk for accident and serious injury when traveling with lights and sirens engaged. Agencies across the country and around the world are conducting studies and reviews of their response configurations to determine the response that will best serve the public while providing for the safety of their first responders.

Kern County EMS has conducted such a study reviewing 454 Emergency Medical Dispatch (EMD) codes. Each EMD code was processed looking at multiple variables in order to determine the most appropriate response based on 24 months of patient condition and response outcome data. The summary of that study is included in your packet along with the power point presentation used in the stake holder meeting.

Of the 225,093 ambulance calls processed, 196,170 met the criteria to be included in the study. Of the 196,170 ambulance calls in the study, our crews responded to 160,265 with lights and sirens. (71.20%) The remaining balance of calls, 35,905, were responded to without lights and sirens. Of the total number of ambulance calls for the 24 months, only 4,179 patients were transported to the hospital with lights and sirens. (2.61%) This information alone begs the question, why are we responding to so many calls with lights and sirens?

After processing each of the EMD codes the following are the recommended response configurations:

196 current responses should be downgraded.

- 77 downgraded to no lights, no sirens, paramedic, fire department, response code C3AF.
- 116 downgraded to no lights, no sirens, EMT, Ambulance only, response code C3B

34 current responses should be upgraded.

- 9 to lights and sirens, paramedic, fire department, Priority 1, or 2.
- 25 to no lights, no sirens, paramedic, fire department, response code C3AF

224 no recommended changes.

EMS provided our first response stakeholders with this information on Thursday, September 22nd, and requested they review of our findings and provide any comments by Monday, October 24th.

Additional meetings were requested by both Bakersfield Fire and Kern County Fire departments to discuss the study and recommended changes to the dispatch system. As a result of these meetings, and as requested by both fire

departments, EMS has agreed to extend the comment period for an additional 30 days. This extended comment period began Monday, October 31, 2022, and will conclude on Tuesday, November 29, 2022, at the close of business.

By making these changes to our EMS response configurations we are not only providing for the safety of our first responders and the public, but we are also providing for the relief of unnecessary responses by our fire first responders. This will assist with their budgets by reducing fuel and staffing costs while assuring they are available to respond to those calls that truly require their assistance.

Therefore, EMS is recommending the EMD response changes, as suggested by the study, be approved at a special meeting the 1st week in December following the completion of the extended 30 day comment period, November 29th, and that an implementation date be set for January 1, 2023, at 0001hrs.

Kern County EMD Review

Jeff Fariss

2022

Lights and Sirens
Risk vs. Benefit

- Recent studies have raised the question as to the risk vs. benefit inherent in the use of lights and sirens. Such studies include;

  - Lights and Siren Use by Emergency Medical Services (EMS): Above All Do No Harm, by Douglas F. Kupas, MD, EMT-P, FAEMS, FACEP, 2017
  - Joint Statement on Lights & Siren Vehicle Operations on Emergency Medical Services (EMS) Responses, by The National Association of EMS Physicians and the National Association of State EMS Directors, 2022
  - Paramedic Chiefs of Canada – Lights and Sirens; Is it worth the Risk? March 2022

Nation Wide

- Nationally there are EMS agencies conducting reviews of their response configurations in an effort to determine the safest, most appropriate responses to emergency calls.

- https://www.usfa.fema.gov/blog/ig-041422.html
- https://www.ncbi.nlm.nih.gov/books/NBK482203/ -:~:text=Compiling%20the%20results%20of%20the,of%20the%20transported%20medical%20case.
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7190247/
- https://open.bu.edu/handle/2144/21225
- https://www.ems.gov/pdf/Lights_and_Sirens_Use_by_EMS_May_2017.pdf
- https://naemsp.org/NAEMSP/media/NAEMSP-Documents/Annual Meeting/MDC references-multi-year/MDC-OTHER-REF-46-UseWarnLightsSirens.pdf
- https://firstwatch.net/paramedic-chiefs-of-canada-lights-and-sirens-is-it-worth-the-risk/

Tulare County

- In 2015, CCEMSA created an algorithm and conducted a study that included 2 years worth of historical data. As a result of that study, they made sweeping changes to their response configurations with no issues reported.

- Tulare County is not alone. Over that last decade, agencies across the country and around the world have conducted studies and reviewed their responses and have made major changes.

KERN COUNTY
EMD STUDY

The Study

- Kern County EMS has conducted a comprehensive study of 454 Emergency Medical Dispatch codes over a period of 24 months between January 1, 2020 and December 31st, 2021.
- This study was conducted to determine the most appropriate and safest mode of response to emergency calls based on local historical patient data.

The DATA

- The data used in this study was pulled from the Kern County EMS Image Trend ePCR system.
- The data included 225,093 responses with 196,170 records that met the following data inclusion criteria:
  - The call was a prehospital response (Priority 1, Priority 2, or Priority 3)
  - An ambulance arrived on scene and established patient contact
  - The ePCR data was completed or contained enough information to be included in the study

The Study

- Each individual EMD code was processed looking at multiple variables.
- Each variable was assigned a score.
- The scores were then measured against a formulary to determine a final response configuration.

2020/2021 Ambulance Data Reviewed

• Total calls Processed	225,093
• Total patients reported	196,170
• Lights and Sirens Responses	160,265 (71.20%)
• Non-Lights and Sirens Responses	35,905
• Total Lights and Siren Transports	4,179 (2.61%)

The Process

01A01

- Let's look at the EMD code 01A01
- 01A01 is currently a priority 3, BLS, Ambulance only call

Dispatch Determinant

01A01

Abdominal Pain / Problems

24-Month Review
January 1, 2020 to December 31, 2021
Pre-Hospital Calls Only

Abdominal pain								
01A01						Response Time Requirement		
Current Response Priority:		3	BLS			Metro:	20.59	90%
ver 13.1 MPDS			BLS Amb			Rural:	50.59	90%

Call Volume	#	%		Per day	Per week	Per Month	Per Year	
Total Patients:	3,071			4.21	30	128	1,536	

Total Transported:	2,440	79.5%		Total Abdominal Pain / Problems Calls			7,546
AMA:	238	7.7%		Determinant 01A01 is		40.70%	of total category
Deceased on Scene:	1	0.0%					
Canceled at scene (no patient)	341	11.1%					
Patient Treated and Released	51	1.7%					
Total Non Transports	631	20.5%					

Patient Status	#	%					#	%
Non-STAT	2429	79.1%						
STAT	2	0.1%					Priority 1/2 (Code 3) transport:	11	0.5%
Cardiac Arrest	1	0.0%						
		0.0%						

Patient Care	#	%	GCS	#	%	RAPS SCORE	#	%
Cardiac			3	1	0.0%	0	1195	44.1%
Cardiac Pacing	0	0.0%	4	0	0.0%	1	26	1.0%
EKG Monitoring	27	0.9%	5	0	0.0%	2	857	31.7%
12-Lead EKG	136	4.4%	6	0	0.0%	3	211	7.8%
Cardioversion (synchronized)	0	0.0%	7	1	0.0%	4	265	9.8%
Defibrillation	0	0.0%	8	0	0.0%	5	87	3.2%
Oxygen			9	1	0.0%	6	41	1.5%
# of Patients placed on Oxygen	96	3.1%	10	1	0.0%	7	17	0.6%
Blood Glucose Testing	0	0.0%	11	6	0.2%	8	5	0.2%
ALS Skills			12	1	0.0%	9	1	0.0%
Aerosolized Nebulizer	0	0.0%	13	5	0.2%	10	1	0.0%
Advanced Airway	1	0.0%	14	50	1.8%	11	0	0.0%
CPAP	0	0.0%	15	2662	97.6%	12	1	0.0%
IV/IO/SL	319	10.4%	AVG	23.32		13	0	0.0%
Medications			StDev	0.27		14	0	0.0%
# of Patients given medication	395	12.9%				15	0	0.0%
Med - Fentanyl	118	3.8%				16	0	0.0%
Med - Zofran	179	5.8%				AVG	19.90	
Med - Narcan	0	0.0%				StDev	0.13	
Med - Benadryl	0	0.0%						
Med - Epinephrinen	1	0.0%		**Priority Formula**			Current	Change
Med - Aspirin	4	0.1%		15	0.49%	3	3	0
Med - D10	1	0.0%		RAP (0-4)	94.35%	3		
Med - Ketamine	7	0.2%		GCS (14-15)	99.41%	3		
Med - Glucose	6	0.2%			Recommended	3	BLS	AMB Only
Med - Atropine	0	0.0%						
Med - Adenosine	0	0.0%						
Med - Albuterol	0	0.0%						
Med - Nitroglycerin	0	0.0%						
Med - Diazepam	0	0.0%						

The Variables

Priority Score

- The Priority Score was determined by adding the following data elements and dividing the total by the number of calls run with that determinant creating a percentage.
  - Total number of Cardiac Arrests
  - Total number of “Stat” designations documented
  - Total number of patients deceased on scene
  - Number of lights and siren (Code 3) transports

Priority Score

- In 01A01 the total number of the four data elements was 15;
  - 15 = 0.49% of total calls run with that determinant, 3071.
  - 0.49% is less than 8% - therefore Priority is determined to be 3.

Priority Formula		
If less than	8.00%	It is a priority 3
If greater than	19.99%	It is a priority 1
Otherwise, it is a Priority 2		

15	0.49%	3

RAPS Score

- The Rapid Acute Physiology Score (RAPS) was developed and tested for use as a severity scale in critical care transports. RAPS is an abbreviated version of the Acute Physiology and Chronic Health Evaluation (APACHE-II) using only parameters routinely available on all transported patients (i.e., pulse, blood pressure, respiratory rate, and GCS). RAPS has a range from 0 (normal) to 16.

- RAPS indicates the percent chance of survival of the patient

RAP Score

- To determine the RAPS score, each of the following elements are calculated:
- Mean Arterial Pressure (MAP) = ((Systolic BP – Diastolic BP)X.333)+Diastolic BP
- Example: 120/80=((120-80)x.333)+80=93.32

Over 159	4 points
130-159	3 points
110-129	2 points
70-109	0 points
50-69	2 points
below 50	4 points

RAP Score

- Heart Rate, Respiratory Rate and GCS

Heart Rate	
Over 179	4 points
140-179	3 points
110-139	2 points
70-109	0 points
55-69	2 points
40-54	3 points
below 50	4 points

RESP Rate	
Over 49	4 points
35-49	3 points
25-34	1 point
12-24	0 points
10-11	1 point
6-9	2 points
below 6	4 points

GCS	
14-15	0 points
11-13	1 point
8-10	2 points
5-7	3 points
3-4	4 points

RAP Score

The RAPS scoring chart shows the percentage of survival for each score.

Each variable is calculated and the corresponding score is added to the RAP score.

We use the top 5 RAPS scores for our calculation.

RAPS	Percent Survival
0	96%
1	94%
2	92%
3	89%
4	83%
5	77%
6	69%
7	58%
8	50%
9	38%
10	29%
11	22%
12	15%
13	10%
14	7%
15	5%
16	3%

RAP Score

- Each variable score is totaled for that determinant and divided by the total for the percent of that score
- In order to obtain the RAPS score for 01A01 we subtract 1 from the percentage and compare the result to RAP Formula. In this case 1-94.35% = 5.65%

RAP (0-4)	94.35%	3

Rap Formula		
If less than	8.00%	It is a priority 3
If greater than	10.00%	It is a priority 1
Otherwise, it is a Priority 2		

RAPS SCORE	#	%
0	1195	44.1%
1	26	1.0%
2	857	31.7%
3	211	7.8%
4	265	9.8%
5	87	3.2%
6	41	1.5%
7	17	0.6%
8	5	0.2%
9	1	0.0%
10	1	0.0%
11	0	0.0%
12	1	0.0%
13	0	0.0%
14	0	0.0%
15	0	0.0%
16	0	0.0%

The final Variable - GCS

- The GCS Score is determined by adding the percentage of GCS scores documented at 14 and 15 for the determinant.
- For 01A01 the GCS percentage is 99.41%, the total of 14 and 15.

GCS	#	%
3	3	0.0%
4	0	0.0%
5	0	0.0%
6	1	0.0%
7	2	0.0%
8	4	0.1%
9	2	0.0%
10	8	0.1%
11	8	0.1%
12	7	0.1%
13	17	0.3%
14	169	2.5%
15	6,528	96.7%

GCS

- In order to obtain the GCS score for 01A01 we subtract 1 from the percentage and compare the result to GCS Formula. In this case 1- 99.41% = 0.59%

GCS Formula		
If less than	5.00%	It is a priority 3
If greater than	10.00%	It is a priority 1
Otherwise, it is a Priority 2		

GCS (14-15)	99.41%	3

GCS	#	%
3	3	0.0%
4	0	0.0%
5	0	0.0%
6	1	0.0%
7	2	0.0%
8	4	0.1%
9	2	0.0%
10	8	0.1%
11	8	0.1%
12	7	0.1%
13	17	0.3%
14	169	2.5%
15	6,528	96.7%

01A01

- So, because all three variables report out to 3, the recommendation for this determinant is 3/BLS/Ambulance only.

Priority Formula			Current	Change
15	0.49%	3	3	0
RAP (0-4)	94.35%	3		
GCS (14-15)	99.41%	3		
	Recommended	3	BLS	AMB Only

Dispatch Determinant		

04D03

Assault/Sexual Assault/Stun Gun

Not Alert

GCS >5%

Priority Formula			Current	Change
11	4.66%	3	1	-2
RAP (0-4)	93.63%	3		
GCS (14-15)	93.25%	2		
	Recommended	3	ALS	Fire/ALS

Because this represents a downgrade in priority but remains ALS, EMS created a new response code;
“Committed Priority 3/ALS/Fire (C3AF)

Priority 2 – Fire/ALS

06C02 **Breathing Problems**
Tracheostomy (no obvious distress)

No Change to Response

Priority Formula			Current	Change
4	5.33%	3	2	2
RAP (0-4)	78.57%	1		
GCS (14-15)	92.96%	2		
	Recommended	FALSE	ALS	Fire/ALS

26O21

Sick Person

Object swallowed(<u>w</u> choking or diff breathing, can talk

26O21

Current Response Priority:	**3**

Increased Response

Priority Formula			Current	Change
0	0.00%	3	3	2
RAP (0-4)	60.00%	1		
GCS (14-15)	80.00%	1		
Recommend		1	ALS	Fire/ALS

New Response Codes

- Committed Priority 3 ALS Fire = C3AF
- Committed Priority 3 BLS Ambulance Only = C3B

- All other response codes remain the same

STUDY RESULTS

- All EMD Determinants were processed using this method.
- The results were as follows:
  - Of the 454 determinants reviewed,
    - 196 recommended Downgrades
      - 77 to C3AF
      - 116 to C3B
      - 3 to 3 BLS Amb Only
    - 34 recommended Upgrades
      - 5 to Priority 1 ALS/Fire
      - 4 to Priority 2 ALS/Fire
      - 25 to Committed 3 ALS/Fire
    - 224 recommended No Changes

Moving Forward

- QI will be conducted on all downgraded calls for the first 30 days and 30 days each quarter for the first year.

- Each first response agency will receive a copy of the summary report for review and provide comments for 30 days.

- This process will be included on the November EMCAB agenda with a start date of January 1st, 2023

PPC	Problem	Response Priority	Level of care	Resources	Total Patients	Total Transported		Refusal of Medical Care and Transport (AMA)		STAT Patients		Non-STAT Patients		Cardiac Arrest		Deceased on Scene		Priority 1/2 (Code 3) transport		GCS Average	GCS StDev	RAP Score Average	RAP Score StDev	Priority Formula		Current Priority	Current Level	Current Resource	Priority Recommend	RAP Recommend	GCS Recommend	Recommended Response	Recommend Level	Recommended Resources	DIFF		New Priority		
01	Abdominal Pain / Problems	-																																				1	
01A01	Abdominal pain	3	BLS	BLS Amb	3,071	2,440	79.5%	238	7.7%	2	0.07%	2,429	79.1%	1	0.03%	1	0.03%	11	0.4%	23.32	0.27	19.90	0.13	15	0.49%	3	BLS	BLS Amb	3	3	3	3	BLS	AMB Only	0	3	3	01A01	No Change
01A02	Testicle or groin pain (male)	3	BLS	BLS Amb	175	143	81.7%	11	6.3%	0	0.00%	143	81.7%	0	0.00%	0	0.00%	0	0.0%	1.35	0.27	1.15	0.12	0	0.00%	3	BLS	BLS Amb	3	3	3	3	BLS	AMB Only	0	3	3	01A02	No Change
01C00	Override	2	ALS	Fire/ALS	1	1	100.0%	0	0.0%	0	0.00%	1	100.0%	0	0.00%	0	0.00%	0	0.0%	0.01	0.28	0.01	0.24	0	0.00%	2	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	01C00	Downgrade from 2 ALS/Fire to C3B Amb Only
01C01	SUSPECTED aortic aneurysm (tearing/ripping pain) ≥ 50	2	ALS	Fire/ALS	73	61	83.6%	4	5.5%	1	1.37%	59	80.8%	0	0.00%	0	0.00%	2	2.7%	0.56	0.27	0.49	0.13	3	4.11%	2	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	01C01	Downgrade from 2 ALS/Fire to C3B Amb Only
01C02	Diagnosed aortic aneurysm	2	ALS	Fire/ALS	139	123	88.5%	6	4.3%	1	0.72%	123	88.5%	0	0.00%	0	0.00%	0	0.0%	1.12	0.27	0.96	0.12	1	0.72%	2	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	01C02	Downgrade from 2 ALS/Fire to C3B Amb Only
01C03	Fainting or near fainting ≥ 50	2	ALS	Fire/ALS	832	731	87.9%	33	4.0%	2	0.24%	728	87.5%	0	0.00%	0	0.00%	3	0.4%	6.61	0.27	5.68	0.12	5	0.60%	2	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	01C03	Downgrade from 2 ALS/Fire to C3B Amb Only
01C04	Females with fainting or near fainting 12–50	2	ALS	Fire/ALS	630	508	80.6%	51	8.1%	2	0.32%	507	80.5%	0	0.00%	0	0.00%	1	0.2%	4.91	0.28	4.21	0.13	3	0.48%	2	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	01C04	Downgrade from 2 ALS/Fire to C3B Amb Only
01C05	Males with pain above navel ≥ 35	2	ALS	Fire/ALS	1,134	973	85.8%	63	5.6%	2	0.18%	969	85.4%	0	0.00%	0	0.00%	4	0.4%	9.03	0.27	7.74	0.11	6	0.53%	2	ALS	Fire/ALS	3	2	3	3	ALS	Fire/ALS	1	C3	C3AF	01C05	Downgrade from 2 ALS/Fire to C3A/Fire
01C06	Females with pain above navel ≥ 45	2	ALS	Fire/ALS	959	837	87.3%	45	4.7%	2	0.21%	832	86.8%	0	0.00%	0	0.00%	5	0.5%	7.65	0.27	6.57	0.12	7	0.73%	2	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	01C06	Downgrade from 2 ALS/Fire to C3B Amb Only
01D00	Override	1	ALS	Fire/ALS	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0	#DIV/0!	1	ALS	Fire/ALS	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1	1	01D00	No Change
01D01	Not alert	1	ALS	Fire/ALS	419	327	78.0%	29	6.9%	1	0.24%	326	77.8%	1	0.24%	1	0.24%	1	0.2%	3.09	0.22	2.64	0.12	4	0.95%	1	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	2	C3	C3B	01D01	Downgrade from 1 ALS/Fire to C3B Amb Only
01D02	Ashen or gray color reported ≥ 50	1	ALS	Fire/ALS	4	4	100.0%	0	0.0%	0	0.00%	4	100.0%	0	0.00%	0	0.00%	0	0.0%	0.03	0.21	0.03	0.00	0	0.00%	1	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	2	C3	C3B	01D02	Downgrade from 1 ALS/Fire to C3B Amb Only
02	Allergies/Envenomations	-																																				2	
02A01	Injection administered or advised	3	BLS	Amb	337	181	53.7%	76	22.6%	0	0.00%	180	53.4%	0	0.00%	0	0.00%	1	0.3%	2.27	0.27	1.93	0.14	1	0.30%	3	BLS	Amb	3	3	3	3	BLS	AMB Only	0	3	3	02A01	No Change
02A02	Spider Bite	3	BLS	Amb	176	113	64.2%	19	10.8%	1	0.57%	112	63.6%	0	0.00%	0	0.00%	1	0.6%	1.15	0.27	0.99	0.14	2	1.14%	3	BLS	Amb	3	3	3	3	BLS	AMB Only	0	3	3	02A02	No Change
02B00	Override	2	BLS	AMB	1	0	0.0%	1	100.0%	0	0.00%	0	0.0%	0	0.00%	0	0.00%	0	0.0%	0.01	0.28	0.01	0.24	0	0.00%	2	BLS	AMB	3	3	3	3	BLS	AMB Only	1	C3	C3B	02B00	Downgrade from 2 BLS Amb Only to C3B Amb Only
02B01	Unknown Status	2	BLS	AMB	97	49	50.5%	20	20.6%	0	0.00%	47	48.5%	0	0.00%	0	0.00%	2	2.1%	0.62	0.26	0.52	0.13	2	2.06%	2	BLS	AMB	3	2	3	3	ALS	Fire/ALS	1	C3	C3AF	02B01	Downgrade from 2 BLS Amb Only to C3A/Fire
02C00	Override	2	ALS	Fire/ALS	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0	#DIV/0!	2	ALS	Fire/ALS	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	2	2	02C00	No Change
02C01	difficulty breathing or swallowing	2	ALS	Fire/ALS	500	314	62.8%	105	21.0%	0	0.00%	307	61.4%	0	0.00%	0	0.00%	7	1.4%	3.71	0.27	3.16	0.14	7	1.40%	2	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	02C01	Downgrade from 2 ALS/Fire to C3B Amb Only
02C02	History of sever reaction	2	ALS	Fire/ALS	153	95	62.1%	29	19.0%	3	1.96%	91	59.5%	0	0.00%	0	0.00%	4	2.6%	1.11	0.27	0.96	0.13	7	4.58%	2	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	02C02	Downgrade from 2 ALS/Fire to C3B Amb Only
02D00	Override	1	ALS	Fire/ALS	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0	#DIV/0!	1	ALS	Fire/ALS	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1	1	02D00	No Change
02D01	Not Alert	1	ALS	Fire/ALS	130	92	70.8%	21	16.2%	6	4.62%	87	66.9%	0	0.00%	0	0.00%	5	3.8%	1.00	0.21	0.84	0.10	11	8.46%	1	ALS	Fire/ALS	1	1	1	1	ALS	Fire/ALS	0	1	1	02D01	No Change
02D02	Difficulty speaking between breaths	1	ALS	Fire/ALS	457	327	71.6%	79	17.3%	5	1.09%	311	68.1%	0	0.00%	0	0.00%	16	3.5%	3.54	0.26	3.04	0.12	21	4.60%	1	ALS	Fire/ALS	3	2	3	3	ALS	Fire/ALS	2	C3	C3AF	02D02	Downgrade from 1 ALS/Fire to C3A/Fire
02D03	Swarming attack	1	ALS	Fire/ALS	9	1	11.1%	5	55.6%	1	11.11%	1	11.1%	1	11.11%	0	0.00%	0	0.0%	0.05	0.23	0.04	0.14	2	22.22%	1	ALS	Fire/ALS	1	1	1	1	ALS	Fire/ALS	0	1	1	02D03	No Change
02D04	Snake Bite	1	ALS	Fire/ALS	36	18	50.0%	1	2.8%	4	11.11%	16	44.4%	0	0.00%	0	0.00%	2	5.6%	0.21	0.28	0.18	0.24	6	16.67%	1	ALS	Fire/ALS	3	3	3	3	ALS	Fire/ALS	2	C3	C3AF	02D04	Downgrade from 1 ALS/Fire to C3A/Fire
2.00E+00	Override	1	ALS	Fire/ALS	8	4	50.0%	2	25.0%	0	0.00%	4	50.0%	0	0.00%	0	0.00%	0	0.0%	0.05	0.28	0.04		0	0.00%	1	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	2	C3	C3B	02	Downgrade from 1 ALS/Fire to C3B Amb Only
2.00E+01	Ineffective Breathing	1	ALS	Fire/ALS	5	2	40.0%	3	60.0%	0	0.00%	2	40.0%	0	0.00%	0	0.00%	0	0.0%	0.04	0.28	0.04	0.15	0	0.00%	1	ALS	Fire/ALS	3	1	3	3	ALS	Fire/ALS	2	C3	C3AF	20	Downgrade from 1 ALS/Fire to C3A/Fire
03	Animal Bites/Attacks	-																																				3	
03A01	Not Dangerous body area	3	BLS	Amb	51	21	41.2%	15	29.4%	0	0.00%	21	41.2%	0	0.00%	0	0.00%	0	0.0%	0.31	0.28	0.26	0.13	0	0.00%	3	BLS	AMB	3	3	3	3	BLS	AMB Only	0	3	3	03A01	No Change
03A02	Non-recent >6hrs, injuries without priotity symptoms	3	BLS	Amb	41	13	31.7%	13	31.7%	0	0.00%	13	31.7%	0	0.00%	0	0.00%	0	0.0%	0.21	0.28	0.16	0.20	0	0.00%	3	BLS	AMB	3	3	3	3	BLS	AMB Only	0	3	3	03A02	No Change
03A03	Superficial Injuries	3	BLS	AMB	46	15	32.6%	14	30.4%	0	0.00%	15	32.6%	0	0.00%	0	0.00%	0	0.0%	0.26	0.28	0.20	0.15	0	0.00%	3	BLS	AMB	3	1	3	3	ALS	Fire/ALS	0	3	C3AF	03A03	Upgrade from 3 BLS AMB Only to C3A/Fire
03A04	Superficial Injuries(old 3A3)	3	BLS	AMB	6	2	33.3%	2	33.3%	0	0.00%	2	33.3%	0	0.00%	0	0.00%	0	0.0%	0.03	0.28	0.03	0.14	0	0.00%	3	BLS	AMB	3	1	3	3	ALS	Fire/ALS	0	3	C3AF	03A04	Upgrade from 3 BLS AMB Only to C3A/Fire
03B00	Override	2	BLS	Fire/BLS	2	0	0.0%	1	50.0%	0	0.00%	0	0.0%	0	0.00%	0	0.00%	0	0.0%	0.01	0.28	0.01	0.24	0	0.00%	2	BLS	Fire/BLS	3	3	3	3	BLS	AMB Only	1	C3	C3B	03B00	Downgrade from 2 BLS/Fire to C3B Amb Only
03B01	Possibly Dangerous body area	2	BLS	Fire/BLS	90	55	61.1%	17	18.9%	1	1.11%	55	61.1%	0	0.00%	0	0.00%	0	0.0%	0.62	0.27	0.53	0.11	1	1.11%	2	BLS	Fire/BLS	3	1	3	3	ALS	Fire/ALS	1	C3	C3AF	03B01	Downgrade from 2 BLS/Fire to C3A/Fire
03B02	Serious hemorrhage	2	BLS	Fire/BLS	110	76	69.1%	15	13.6%	0	0.00%	76	69.1%	0	0.00%	0	0.00%	0	0.0%	0.79	0.27	0.67	0.15	0	0.00%	2	BLS	Fire/BLS	3	3	3	3	BLS	AMB Only	1	C3	C3B	03B02	Downgrade from 2 BLS/Fire to C3B Amb Only
03B03	Unknow status	2	BLS	Fire/BLS	190	66	34.7%	34	17.9%	0	0.00%	65	34.2%	0	0.00%	0	0.00%	1	0.5%	0.91	0.27	0.75	0.14	1	0.53%	2	BLS	Fire/BLS	3	3	3	3	BLS	AMB Only	1	C3	C3B	03B03	Downgrade from 2 BLS/Fire to C3B Amb Only
03D00	Override	1	ALS	Fire/ALS	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0	#DIV/0!	1	ALS	Fire/ALS	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1	1	03D00	No Change
03D01	Arrest	1	ALS	Fire/ALS	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0	#DIV/0!	1	ALS	Fire/ALS	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1	1	03D01	No Change
03D02	Unconscious	1	ALS	Fire/ALS	2	1	50.0%	0	0.0%	0	0.00%	1	50.0%	1	50.00%	1	50.00%	0	0.0%	0.02	0.19	0.01	0.17	2	100.00%	1	ALS	Fire/ALS	1	1	1	1	ALS	Fire/ALS	0	1	1	03D02	No Change
03D03	Not Alert	1	ALS	Fire/ALS	20	8	40.0%	4	20.0%	0	0.00%	8	40.0%	0	0.00%	0	0.00%	0	0.0%	0.10	0.28	0.09	0.18	0	0.00%	1	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	2	C3	C3B	03D03	Downgrade from 1 ALS/Fire to C3B Amb Only
03D04	Chest or Neck Injury with SOB	1	ALS	Fire/ALS	4	3	75.0%	0	0.0%	0	0.00%	3	75.0%	0	0.00%	0	0.00%	0	0.0%	0.03	0.28	0.02		0	0.00%	1	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	2	C3	C3B	03D04	Downgrade from 1 ALS/Fire to C3B Amb Only
03D05	Dangerous body area	1	ALS	Fire/ALS	4	1	25.0%	1	25.0%	0	0.00%	1	25.0%	0	0.00%	0	0.00%	0	0.0%	0.02	0.28	0.01	0.24	0	0.00%	1	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	2	C3	C3B	03D05	Downgrade from 1 ALS/Fire to C3B Amb Only
03D06	Large Animal	1	ALS	Fire/ALS	1	1	100.0%	0	0.0%	0	0.00%	1	100.0%	0	0.00%	0	0.00%	0	0.0%	0.01	0.28	0.01	0.24	0	0.00%	1	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	2	C3	C3B	03D06	Downgrade from 1 ALS/Fire to C3B Amb Only
03D07	Exotic Animal	1	ALS	Fire/ALS	1	1	100.0%	0	0.0%	0	0.00%	1	100.0%	0	0.00%	0	0.00%	0	0.0%	0.01	0.28	0.01	0.24	0	0.00%	1	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	2	C3	C3B	03D07	Downgrade from 1 ALS/Fire to C3B Amb Only
03D08	Mauling or multiple animals	1	ALS	Fire/ALS	10	6	60.0%	0	0.0%	0	0.00%	6	60.0%	0	0.00%	0	0.00%	0	0.0%	0.05	0.23	0.04	0.12	0	0.00%	1	ALS	Fire/ALS	3	1	3	3	ALS	Fire/ALS	2	C3	C3AF	03D08	Downgrade from 1 ALS/Fire to C3A/Fire
03D09	Attack in progress	1	ALS	Fire/ALS	13	6	46.2%	0	0.0%	0	0.00%	4	30.8%	0	0.00%	0	0.00%	2	15.4%	0.06	0.28	0.05	0.18	2	15.38%	1	ALS	Fire/ALS	2	3	3	3	ALS	Fire/ALS	2	C3	C3AF	03D09	Downgrade from 1 ALS/Fire to C3A/Fire
04	Assault/Sexual Assault/Stun Gun	-																																				4	
04A01	Not dangerous body area with deformity	3	BLS	Amb	6	3	50.0%	0	0.0%	0	0.00%	3	50.0%	0	0.00%	0	0.00%	0	0.0%	0.03	0.28	0.02	0.18	0	0.00%	3	BLS	Amb	3	3	3	3	BLS	AMB Only	0	3	3	04A01	No Change
04A02	Not dagerous body area	3	BLS	Amb	229	80	34.9%	35	15.3%	1	0.44%	79	34.5%	0	0.00%	0	0.00%	1	0.4%	1.01	0.27	0.85	0.13	2	0.87%	3	BLS	Amb	3	3	3	3	BLS	AMB Only	0	3	3	04A02	No Change
04A03	Assault	3	BLS	AMB	119	76	63.9%	11	9.2%	0	0.00%	76	63.9%	0	0.00%	0	0.00%	1	0.8%	0.78	0.28	0.65	0.15	0	0.00%	3	BLS	AMB	3	3	3	3	BLS	AMB Only	0	3	3	04A03	No Change
04B00	Override	2	BLS	Fire/AMB	1	0	0.0%	0	0.0%	0	0.00%	0	0.0%	0	0.00%	0	0.00%	0	0.0%	0.00	#DIV/0!	0.00	#DIV/0!	0	0.00%	2	BLS	Fire/AMB	3	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	2	2	04B00	No Change
04B01	Possible Dangerous body area	2	BLS	Fire/BLS	2,957	944	31.9%	526	17.8%	14	0.47%	931	31.5%	1	0.03%	0	0.00%	13	0.4%	12.77	0.26	10.76	0.12	28	0.95%	2	BLS	Fire/BLS	3	3	3	3	BLS	AMB Only	1	C3	C3B	04B01	Downgrade from 2 BLS/Fire to C3B Amb Only
04B02	Serious Hemorrhage	2	BLS	Fire/BLS	69	23	33.3%	15	21.7%	0	0.00%	22	31.9%	0	0.00%	0	0.00%	1	1.4%	0.32	0.28	0.25	0.14	1	1.45%	2	BLS	Fire/BLS	3	3	3	3	BLS	AMB Only	1	C3	C3B	04B02	Downgrade from 2 BLS/Fire to C3B Amb Only
04B03	Unknown Status	3	BLS	Amb	3,330	625	18.8%	499	15.0%	6	0.18%	615	18.5%	1	0.03%	3	0.09%	11	0.3%	10.01	0.26	8.29	0.12	21	0.63%	3	BLS	Amb	3	3	3	3	BLS	AMB Only	0	3	C3B	04B03	No Change
04D00	Override	1	ALS	Fire/ALS	2	0	0.0%	0	0.0%	0	0.00%	0	0.0%	0	0.00%	0	0.00%	0	0.0%	0.00	#DIV/0!	0.00	#DIV/0!	0	0.00%	1	ALS	Fire/ALS	3	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1	1	04D00	No Change
04D01	Arrest	1	ALS	Fire/ALS	15	4	26.7%	2	13.3%	0	0.00%	4	26.7%	0	0.00%	0	0.00%	0	0.0%	0.05	0.28	0.04	0.12	0	0.00%	1	ALS	Fire/ALS	3	1	3	3	ALS	Fire/ALS	2	C3	C3AF	04D01	Downgrade from 1 ALS/Fire to C3A/Fire
04D02	Unconscious	1	ALS	Fire/ALS	83	44	53.0%	9	10.8%	0	0.00%	41	49.4%	0	0.00%	0	0.00%	3	3.6%	0.44	0.18	0.38	0.12	3	3.61%	1	ALS	Fire/ALS	3	3	1	3	ALS	Fire/ALS	2	C3	C3AF	04D02	Downgrade from 1 ALS/Fire to C3A/Fire
04D03	Not Alert	1	ALS	Fire/ALS	236	135	57.2%	22	9.3%	6	2.54%	131	55.5%	1	0.42%	0	0.00%	4	1.7%	1.39	0.23	1.15	0.13	11	4.66%	1	ALS	Fire/ALS	3	3	2	3	ALS	Fire/ALS	2	C3	C3AF	04D03	Downgrade from 1 ALS/Fire to C3A/Fire
04D04	Chest or Neck injury with sob	1	ALS	Fire/ALS	172	67	39.0%	30	17.4%	1	0.58%	66	38.4%	0	0.00%	0	0.00%	1	0.6%	0.87	0.27	0.74	0.10	2	1.16%	1	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	2	C3	C3B	04D04	Downgrade from 1 ALS/Fire to C3B Amb Only
04D05	Multiple Victims	1	ALS	Fire/ALS	310	59	19.0%	58	18.7%	0	0.00%	59	19.0%	0	0.00%	0	0.00%	0	0.0%	1.04	0.26	0.86		0	0.00%	1	ALS	Fire/ALS	3	1	3	3	ALS	Fire/ALS	2	C3	C3AF	04D05	Downgrade from 1 ALS/Fire to C3A/Fire
05	Back Pain/non-Traumatic or Non recent trauma	-																																				5	
05A01	Non-Traumatic back pain	3	BLS	Amb	1,341	1,096	81.7%	90	6.7%	1	0.07%	1,095	81.7%	0	0.00%	0	0.00%	1	0.1%	10.47	0.27	8.95	0.15	2	0.15%	3	BLS	Amb	3	3	3	3	BLS	AMB Only	0	3	C3B	05A01	No Change
05A02	Non recent	3	BLS	Amb	203	175	86.2%	6	3.0%	0	0.00%	175	86.2%	0	0.00%	0	0.00%	0	0.0%	1.60	0.27	1.38	0.15	0	0.00%	3	BLS	Amb	3	3	3	3	BLS	AMB Only	0	3	C3B	05A02	No Change
05C00	Assault	2	BLS	Fire/BLS	1	1	100.0%	0	0.0%	0	0.00%	1	100.0%	0	0.00%	0	0.00%	0	0.0%	0.01	0.28	0.01	0.24	0	0.00%	2	BLS	Fire/BLS	3	3	3	3	BLS	AMB Only	1	C3	C3B	05C00	Downgrade from 2 BLS/Fire to C3B Amb Only
05C01	Susp Aortic Aneurysm >50	2	ALS	Fire/ALS	25	23	92.0%	0	0.0%	0	0.00%	23	92.0%	0	0.00%	0	0.00%	0	0.0%	0.21	0.28	0.18	0.14	0	0.00%	2	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	05C01	Downgrade from 2 ALS/Fire to C3B Amb Only
05C02	Diagnosed Aortic Aneurysm	2	ALS	Fire/ALS	48	42	87.5%	1	2.1%	1	2.08%	41	85.4%	0	0.00%	0	0.00%	1	2.1%	0.38	0.27	0.32	0.16	2	4.17%	2	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	05C02	Downgrade from 2 ALS/Fire to C3B Amb Only
05C03	Fainting or Near Fainting	2	ALS	Fire/ALS	179	157	87.7%	11	6.1%	0	0.00%	156	87.2%	0	0.00%	0	0.00%	1	0.6%	1.45	0.27	1.25	0.14	1	0.56%	2	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	05C03	Downgrade from 2 ALS/Fire to C3B Amb Only
05C04	Difficulty Breathing	2	ALS	Fire/ALS	480	408	85.0%	18	3.8%	1	0.21%	405	84.4%	0	0.00%	0	0.00%	3	0.6%	3.77	0.27	3.24	0.14	4	0.83%	2	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	05C04	Downgrade from 2 ALS/Fire to C3B Amb Only
05D00	Override	1	ALS	Fire/ALS	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0	#DIV/0!	1	ALS	Fire/ALS	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1	1	05D00	No Change
05D01	Not Alert	1	ALS	Fire/ALS	48	42	87.5%	3	6.3%	0	0.00%	41	85.4%	0	0.00%	0	0.00%	1	2.1%	0.39	0.20	0.34	0.11	1	2.08%	1	ALS	Fire/ALS	3	3	1	3	ALS	Fire/ALS	2	C3	C3AF	05D01	Downgrade from 1 ALS/Fire to C3A/Fire
05D02	Ashen or gray color >50	1	ALS	Fire/ALS	2	1	50.0%	1	50.0%	0	0.00%	1	50.0%	0	0.00%	0	0.00%	0	0.0%	0.02	0.28	0.01	0.17	0	0.00%	1	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	2	C3	C3B	05D02	Downgrade from 1 ALS/Fire to C3B Amb Only
06	Breathing Problems	-																																				6	
06C01	Abnormal breathing	2	ALS	Fire/ALS	6,937	4,690	67.6%	962	13.9%	92	1.33%	4,581	66.0%	34	0.49%	18	0.26%	109	1.6%	50.07	0.26	36.66	0.12	253	3.65%	2	ALS	Fire/ALS	3	2	3	3	ALS	Fire/ALS	1	C3	C3AF	06C01	Downgrade from 2 ALS/Fire to C3A/Fire
06C02	Tracheostomy (no obvious distress)	2	ALS	Fire/ALS	75	59	78.7%	10	13.3%	1	1.33%	57	76.0%	1	1.33%	0	0.00%	2	2.7%	0.61	0.25	0.41	0.11	4	5.33%	2	ALS	Fire/ALS	3	1	2	FALSE	ALS	Fire/ALS	-2	2	2	06C02	No Change
06D00	Override	1	ALS	Fire/ALS	2	2	100.0%	0	0.0%	0	0.00%	2	100.0%	0	0.00%	0	0.00%	0	0.0%	0.02	0.28	0.01	0.24	0	0.00%	1	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	2	C3	C3B	06D00	Downgrade from 1 ALS/Fire to C3B Amb Only
06D01	Not alert	1	ALS	Fire/ALS	2,196	1,678	76.4%	277	12.6%	150	6.83%	1563	71.2%	45	2.05%	22	1.00%	115	5.2%	17.13	0.19	11.83	0.08	332	15.12%	1	ALS	Fire/ALS	2	1	1	1	ALS	Fire/ALS	0	1	1	06D01	No Change
06D02	DIFFICULTY SPEAKING BETWEEN BREATHS	1	ALS	Fire/ALS	12,311	9,587	77.9%	1,507	12.2%	364	2.96%	9244	75.1%	103	0.84%	31	0.25%	343	2.8%	97.14	0.26	68.24	0.10	841	6.83%	1	ALS	Fire/ALS	3	1	3	3	ALS	Fire/ALS	2	C3	C3AF	06D02	Downgrade from 1 ALS/Fire to C3A/Fire
06D03	CHANGING COLOR	1	ALS	Fire/ALS	104	81	77.9%	12	11.5%	7	6.73%	77	74.0%	3	2.88%	0	0.00%	4	3.8%	0.79	0.24	0.54	0.08	14	13.46%	1	ALS	Fire/ALS	2	1	2	2	ALS	Fire/ALS	1	1	1	06D03	No Change
06D04	Clammy or cold sweats	1	ALS	Fire/ALS	2,328	1,661	71.3%	284	12.2%	31	1.33%	1628	69.9%	7	0.30%	4	0.17%	33	1.4%	17.46	0.27	12.88	0.12	75	3.22%	1	ALS	Fire/ALS	3	2	3	3	ALS	Fire/ALS	2	C3	C3AF	06D04	Downgrade from 1 ALS/Fire to C3A/Fire
06D05	Tracheostomy (obvious distress)	1	ALS	Fire/ALS	50	32	64.0%	11	22.0%	0	0.00%	31	62.0%	0	0.00%	0	0.00%	1	2.0%	0.38	0.20	0.27	0.09	1	2.00%	1	ALS	Fire/ALS	3	1	1	1	ALS	Fire/ALS	0	1	1	06D05	No Change
"06E00"	Override	1	ALS	Fire/ALS	65	35		14		0		34		0		0		1		0.43	0.27	0.35	0.11	1	1.54%	1	ALS	Fire/ALS	3	1	3	3	ALS	Fire/ALS	2	C3	C3AF	"06E00"	Downgrade from 1 ALS/Fire to C3A/Fire
"06E01"	INEFFECTIVE BREATHING	1	ALS	Fire/ALS	139	106		11		21		92		12		4		14		1.08	0.20	0.76	0.07	51	36.69%	1	ALS	Fire/ALS	1	1	1	1	ALS	Fire/ALS	0	1	1	"06E01"	No Change
07	Burns/Explosions	-																																				7	
07A01	Burns < 18% body area	2	BLS	Amb Only	85	49	57.6%	12	14.1%	0	0.00%	49	57.6%	0	0.00%	0	0.00%	0	0.0%	0.55	0.27	0.44	0.10	0	0.00%	2	BLS	Amb Only	3	1	3	3	ALS	Fire/ALS	1	C3	C3AF	07A01	Downgrade from 2 BLS Amb Only to C3A/Fire
07A02	Fire alarm (unknown situation)	3	BLS	Fire Only	3	1	33.3%	0	0.0%	0	0.00%	1	33.3%	0	0.00%	0	0.00%	0	0.0%	0.01	0.28	0.01	0.24	0	0.00%	3	BLS	Fire Only	3	3	3	3	BLS	Fire Only	0	3	3	07A02	No Change
07A03	Minor Burns	3	BLS	AMB Only	19	7	36.8%	6	31.6%	1	5.26%	7	36.8%	0	0.00%	0	0.00%	0	0.0%	0.11	0.24	0.10	0.11	1	5.26%	3	BLS	AMB Only	3	1	3	3	ALS	Fire/ALS	0	3	C3AF	07A03	Upgrade from 3 BLS AMB Only to C3A/Fire
07A04	Sunburn	3	BLS	Fire/BLS	1	0	0.0%	1	100.0%	0	0.00%	0	0.0%	0	0.00%	0	0.00%	0	0.0%	0.01	0.28	0.01	0.24	0	0.00%	3	BLS	Fire/BLS	3	3	3	3	BLS	AMB Only	0	3	C3B	07A04	Downgrade from 3 BLS/Fire to C3B Amb Only
07A05	NON-RECENT (≥ 6hrs) burns/injuries (without priority symptoms	3	BLS	Fire/BLS	12	8	66.7%	1	8.3%	0	0.00%	8	66.7%	0	0.00%	0	0.00%	0	0.0%	0.08	0.25	0.07	0.12	0	0.00%	3	BLS	Fire/BLS	3	1	3	3	ALS	Fire/ALS	0	3	C3AF	07A05	Upgrade from 3 BLS/Fire to C3A/Fire
07B00	Override	2	ALS	Fire/ALS	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0	#DIV/0!	2	ALS	Fire/ALS	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	2	2	07B00	No Change
07B01	Blast injuries (without priority symptoms)	2	ALS	Fire/ALS	24	3	12.5%	4	16.7%	0	0.00%	3	12.5%	0	0.00%	0	0.00%	0	0.0%	0.06	0.24	0.05	0.13	0	0.00%	2	ALS	Fire/ALS	3	1	3	3	ALS	Fire/ALS	1	C3	C3AF	07B01	Downgrade from 2 ALS/Fire to C3A/Fire
07B02	Unknown status/Other codes not applicable	2	ALS	Fire/ALS	95	31	32.6%	11	11.6%	3	3.16%	26	27.4%	1	1.05%	0	0.00%	5	5.3%	0.38	0.26	0.32	0.08	9	9.47%	2	ALS	Fire/ALS	2	1	3	FALSE	ALS	Fire/ALS	-2	2	2	07B02	No Change
07C00	Override	2	BLS	Fire/BLS	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0	#DIV/0!	2	BLS	Fire/BLS	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	2	2	07C00	No Change
07C01	Fire with persons reported inside	3	BLS	Fire/BLS	64	11	17.2%	6	9.4%	0	0.00%	9	14.1%	0	0.00%	0	0.00%	2	3.1%	0.15	0.26	0.13	0.12	2	3.13%	3	BLS	Fire/BLS	3	1	2	FALSE	ALS	Fire/ALS	-3	3	C3AF	07C01	Upgrade from 3 BLS/Fire to C3A/Fire
07C02	Difficulty breathing	2	ALS	Fire/ALS	14	8	57.1%	1	7.1%	0	0.00%	8	57.1%	0	0.00%	0	0.00%	0	0.0%	0.07	0.28	0.06	0.09	0	0.00%	2	ALS	Fire/ALS	3	1	3	3	ALS	Fire/ALS	1	C3	C3A	07C02	Downgrade from 2 ALS/Fire to C3A/Fire
07C03	Burns ≥ 18% body area	2	ALS	Fire/ALS	87	45	51.7%	8	9.2%	4	4.60%	42	48.3%	0	0.00%	0	0.00%	3	3.4%	0.47	0.27	0.38	0.13	7	8.05%	2	ALS	Fire/ALS	2	1	3	FALSE	ALS	Fire/ALS	-2	2	2	07C03	No Change
07C04	SIGNIFICANT FACIAL burns	2	ALS	Fire/ALS	25	13	52.0%	5	20.0%	0	0.00%	12	48.0%	0	0.00%	0	0.00%	1	4.0%	0.15	0.28	0.13		1	4.00%	2	ALS	Fire/ALS	3	1	3	3	ALS	Fire/ALS	1	C3	C3AF	07C04	Downgrade from 2 ALS/Fire to C3A/Fire
07D00	Override	1	ALS	Fire/ALS	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0	#DIV/0!	1	ALS	Fire/ALS	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1	1	07D00	No Change
07D01	Multiple victims	1	ALS	Fire/ALS	5	5	100.0%	0	0.0%	0	0.00%	5	100.0%	0	0.00%	0	0.00%	0	0.0%	0.04	0.28	0.04	0.14	0	0.00%	1	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	2	C3	C3B	07D01	Downgrade from 1 ALS/Fire to C3B Amb Only
07D02	Arrest	1	ALS	Fire/ALS	1	0	0.0%	0	0.0%	0	0.00%	0	0.0%	0	0.00%	0	0.00%	0	0.0%	0.00	#DIV/0!	0.00	#DIV/0!	0	0.00%	1	ALS	Fire/ALS	3	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1	1	07D02	No Change
07D03	Unconscious	1	ALS	Fire/ALS	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0	#DIV/0!	1	ALS	Fire/ALS	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1	1	07D03	No Change
07D04	Not alert	1	ALS	Fire/ALS	8	7	87.5%	0	0.0%	0	0.00%	6	75.0%	0	0.00%	0	0.00%	1	12.5%	0.06	0.21	0.05	0.14	1	12.50%	1	ALS	Fire/ALS	2	3	3	3	ALS	Fire/ALS	2	C3	C3AF	07D04	Downgrade from 1 ALS/Fire to C3A/Fire
07D05	DIFFICULTY SPEAKING BETWEEN BREATHS	1	ALS	Fire/ALS	14	12	85.7%	0	0.0%	0	0.00%	12	85.7%	0	0.00%	0	0.00%	0	0.0%	0.10	0.28	0.09	0.08	0	0.00%	1	ALS	Fire/ALS	3	1	3	3	ALS	Fire/ALS	2	C3	C3AF	07D05	Downgrade from 1 ALS/Fire to C3A/Fire
7.00E+00	Override	1	ALS	Fire/ALS	5	3	60.0%	0	0.0%	1	20.00%	3	60.0%	0	0.00%	0	0.00%	0	0.0%	0.03	0.20	0.02	0.18	1	20.00%	1	ALS	Fire/ALS	1	3	1	1	ALS	Fire/ALS	0	1	1	07	No Change
7.00E+01	Person on fire	1	ALS	Fire/ALS	10	3	30.0%	0	0.0%	0	0.00%	3	30.0%	0	0.00%	0	0.00%	0	0.0%	0.03	0.28	0.02	0.13	0	0.00%	1	ALS	Fire/ALS	3	1	3	3	ALS	Fire/ALS	2	C3	C3AF	70	Downgrade from 1 ALS/Fire to C3A/Fire
08	Carbon Monoxide	-																																				8	
08O01	Carbon monoxide detector alarm (scene contact without priorit	3	BLS	Fire Only	11	0	0.0%	1	9.1%	0	0.00%	0	0.0%	0	0.00%	0	0.00%	0	0.0%	0.01	0.28	0.01	0.24	0	0.00%	3	BLS	Fire Only	3	3	3	3	BLS	AMB Only	0	3	3	08O01	No Change
08O02	Carbon monoxide detector alarm (alarm only, no scene contac	3	BLS	Fire Only	1	0	0.0%	0	0.0%	0	0.00%	0	0.0%	0	0.00%	0	0.00%	0	0.0%	0.00	#DIV/0!	0.00	#DIV/0!	0	0.00%	3	BLS	Fire Only	3	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	3	3	08O02	No Change
08B00	Override	3	BLS	AMB Only	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0	#DIV/0!	3	BLS	AMB Only	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	3	3	08B00	No Change
08B01	Alert without difficulty breathing	3	BLS	Fire/BLS	43	15	34.9%	5	11.6%	0	0.00%	15	34.9%	0	0.00%	0	0.00%	0	0.0%	0.17	0.26	0.15	0.09	0	0.00%	3	BLS	Fire/BLS	3	1	3	3	ALS	Fire/ALS	0	3	C3AF	08B01	Upgrade from 3 BLS/Fire to C3A/Fire
08C00	Override	2	ALS	Fire/ALS	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0	#DIV/0!	2	ALS	Fire/ALS	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	2	2	08C00	No Change
08C01	Alert with difficulty breathing	2	ALS	Fire/ALS	48	14	29.2%	12	25.0%	0	0.00%	14	29.2%	0	0.00%	0	0.00%	0	0.0%	0.23	0.26	0.20	0.13	0	0.00%	2	ALS	Fire/ALS	3	1	3	3	ALS	Fire/ALS	1	C3	C3AF	08C01	Downgrade from 2 ALS/Fire to C3A/Fire
08D00	Override	1	ALS	Fire/ALS	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0	#DIV/0!	1	ALS	Fire/ALS	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1	1	08D00	No Change
08D01	Arrest	1	ALS	Fire/ALS	1	0	0.0%	0	0.0%	0	0.00%	0	0.0%	0	0.00%	0	0.00%	0	0.0%	0.00	#DIV/0!	0.00	#DIV/0!	0	0.00%	1	ALS	Fire/ALS	3	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1	1	08D01	No Change
08D02	Unconscious	1	ALS	Fire/ALS	5	2	40.0%	1	20.0%	0	0.00%	2	40.0%	0	0.00%	0	0.00%	0	0.0%	0.03	0.20	0.01	0.17	0	0.00%	1	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	2	C3	C3B	08D02	Downgrade from 1 ALS/Fire to C3B Amb Only
08D03	Not alert	1	ALS	Fire/ALS	11	4	36.4%	2	18.2%	0	0.00%	4	36.4%	0	0.00%	0	0.00%	0	0.0%	0.05	0.23	0.04	0.14	0	0.00%	1	ALS	Fire/ALS	3	1	1	1	ALS	Fire/ALS	0	1	1	08D03	No Change
08D04	DIFFICULTY SPEAKING BETWEEN BREATHS	1	ALS	Fire/ALS	26	12	46.2%	8	30.8%	0	0.00%	12	46.2%	0	0.00%	0	0.00%	0	0.0%	0.17	0.28	0.14	0.09	0	0.00%	1	ALS	Fire/ALS	3	1	3	3	ALS	Fire/ALS	2	C3	C3AF	08D04	Downgrade from 1 ALS/Fire to C3B Amb Only
08D05	Multiple victims	1	ALS	Fire/ALS	41	10	24.4%	8	19.5%	0	0.00%	10	24.4%	0	0.00%	0	0.00%	0	0.0%	0.15	0.28	0.13	0.11	0	0.00%	1	ALS	Fire/ALS	3	1	3	3	ALS	Fire/ALS	2	C3	C3AF	08D05	Downgrade from 1 ALS/Fire to C3B Amb Only
08D06	Unknown status/Other codes not applicable	2	ALS	Fire/ALS	30	6	20.0%	5	16.7%	0	0.00%	6	20.0%	0	0.00%	0	0.00%	0	0.0%	0.09	0.28	0.08		0	0.00%	2	ALS	Fire/ALS	3	1	3	3	ALS	Fire/ALS	1	C3	C3AF	08D06	Downgrade from 2 ALS/Fire to C3A/Fire
09	Cardiac or Respiratory Arrest / Death	-																																				9	
09O01	EXPECTED DEATH unquestionable (x through z)	3	ALS	Fire/ALS	31	0	0.0%	0	0.0%	0	0.00%	0	0.0%	5	16.13%	7	22.58%	0	0.0%	0.05	0.28	0.04	0.17	0	0.00%	3	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	0	3	3	09O01	No Change
09B00	Override	3	BLS	Fire/BLS	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0	#DIV/0!	3	BLS	Fire/BLS	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	3	3	09B00	No Change
09B01	OBVIOUS DEATH unquestionable (a through h)	3	BLS	Fire/BLS	429	10	2.3%	1	0.2%	9	2.10%	6	1.4%	55	12.82%	125	29.14%	4	0.9%	0.96	0.25	0.74	0.21	14	3.26%	3	BLS	Fire/BLS	3	3	3	3	BLS	AMB Only	0	3	3	09B01	No Change
09D00	Override	1	ALS	Fire/ALS	1	0	0.0%	0	0.0%	0	0.00%	0	0.0%	0	0.00%	1	100.00%	0	0.0%	0.01	0.28	0.01	0.24	0	0.00%	1	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	2	C3	C3B	09D00	Downgrade from 1 ALS/Fire to C3B Amb Only
09D01	INEFFECTIVE BREATHING	1	ALS	Fire/ALS	102	34	33.3%	11	10.8%	5	4.90%	32	31.4%	18	17.65%	15	14.71%	2	2.0%	0.51	0.15	0.42	0.07	36	35.29%	1	ALS	Fire/ALS	1	1	1	1	ALS	Fire/ALS	0	1	1	09D01	No Change
09D02	OBVIOUS or EXPECTED DEATH questionable (a through h; x throu	1	ALS	Fire/ALS	21	2	9.5%	0	0.0%	2	9.52%	0	0.0%	9	42.86%	8	38.10%	2	9.5%	0.09	0.25	0.07	0.22	4	19.05%	1	ALS	Fire/ALS	2	3	2	2	ALS	Fire/ALS	1	1	1	09D02	No Change
9.00E+00	Override	1	ALS	Fire/ALS	9	3	33.3%	1	11.1%	2	22.22%	2	22.2%	1	11.11%	1	11.11%	1	11.1%	0.04	0.22	0.03	0.19	4	44.44%	1	ALS	Fire/ALS	1	1	1	1	ALS	Fire/ALS	0	1	1	09	No Change
9.00E+01	Not breathing at all	1	ALS	Fire/ALS	3,157	935	29.6%	164	5.2%	591	18.72%	707	22.4%	1,355	42.92%	1,168	37.00%	230	7.3%	19.06	0.19	15.83	0.08	1,165	36.90%	1	ALS	Fire/ALS	1	1	1	1	ALS	Fire/ALS	0	1	1	90	No Change
9.00E+02	UNCERTAIN BREATHING	1	ALS	Fire/ALS	606	237	39.1%	40	6.6%	89	14.69%	198	32.7%	167	27.56%	137	22.61%	39	6.4%	3.58	0.15	3.01	0.06	276	45.54%	1	ALS	Fire/ALS	1	1	1	1	ALS	Fire/ALS	0	1	1	900	No Change
9.00E+03	Hanging	1	ALS	Fire/ALS	75	21	28.0%	4	5.3%	15	20.00%	14	18.7%	30	40.00%	25	33.33%	7	9.3%	0.40	0.19	0.33	0.07	28	37.33%	1	ALS	Fire/ALS	1	1	1	1	ALS	Fire/ALS	0	1	1	9000	No Change
9.00E+04	Strangulation	1	ALS	Fire/ALS	8	1	12.5%	1	12.5%	0	0.00%	0	0.0%	0	0.00%	0	0.00%	1	12.5%	0.03	0.20	0.01	0.17	2	25.00%	1	ALS	Fire/ALS	1	1	1	1	ALS	Fire/ALS	0	1	1	90000	No Change
9.00E+05	Suffocation	1	ALS	Fire/ALS	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	0.00	0	#DIV/0!	1	ALS	Fire/ALS	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1	1	900000	No Change
10	Chest Pain / Chest Discomfort (Non-Traumatic)	-																																				10	
10A01	Breathing normally < 35	3	BLS	Fire/BLS	745	382	51.3%	191	25.6%	0	0.00%	380	51.0%	0	0.00%	0	0.00%	2	0.3%	5.10	0.27	4.38	0.14	2	0.27%	3	BLS	Fire/BLS	3	3	3	3	BLS	AMB Only	0	3	3	10A01	No Change
10C00	Override	2	ALS	Fire/ALS	1	0	0.0%	1	100.0%	0	0.00%	0	0.0%	0	0.00%	0	0.00%	0	0.0%	0.01	0.28	0.01	0.24	0	0.00%	2	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	10C00	Downgrade from 2 ALS/Fire to C3B Amb Only
10C01	Abnormal breathing	2	ALS	Fire/ALS	3,267	2,272	69.5%	483	14.8%	25	0.77%	2233	68.4%	8	0.24%	3	0.09%	40	1.2%	24.18	0.27	20.68	0.13	76	2.33%	2	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	10C01	Downgrade from 2 ALS/Fire to C3B Amb Only
10C02	Cocaine	2	ALS	Fire/ALS	43	32	74.4%	7	16.3%	0	0.00%	32	74.4%	0	0.00%	0	0.00%	0	0.0%	0.33	0.28	0.29	0.13	0	0.00%	2	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	10C02	Downgrade from 2 ALS/Fire to C3B Amb Only
10C03	Breathing normally ≥ 35	2	ALS	Fire/ALS	2,888	2,164	74.9%	437	15.1%	22	0.76%	2137	74.0%	5	0.17%	0	0.00%	28	1.0%	22.72	0.27	19.46	0.13	55	1.90%	2	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	10C03	Downgrade from 2 ALS/Fire to C3B Amb Only
10D00	Override	1	ALS	Fire/ALS	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0	#DIV/0!	1	ALS	Fire/ALS	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1	1	10D00	No Change
10D01	Not alert	1	ALS	Fire/ALS	718	557	77.6%	94	13.1%	16	2.23%	543	75.6%	3	0.42%	2	0.28%	14	1.9%	5.67	0.23	4.84	0.11	35	4.87%	1	ALS	Fire/ALS	3	2	3	3	ALS	Fire/ALS	2	C3	C3AF	10D01	Downgrade from 1 ALS/Fire to C3A/Fire
10D02	DIFFICULTY SPEAKING BETWEEN BREATHS	1	ALS	Fire/ALS	4,261	3,392	79.6%	556	13.0%	83	1.95%	3287	77.1%	15	0.35%	1	0.02%	105	2.5%	34.32	0.27	29.38	0.12	204	4.79%	1	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	2	C3	C3B	10D02	Downgrade from 1 ALS/Fire to C3B Amb Only
10D03	CHANGING COLOR	1	ALS	Fire/ALS	61	48	78.7%	10	16.4%	0	0.00%	47	77.0%	0	0.00%	0	0.00%	1	1.6%	0.50	0.26	0.43	0.12	1	1.64%	1	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	2	C3	C3B	10D03	Downgrade from 1 ALS/Fire to C3B Amb Only
10D04	Clammy or cold sweats	1	ALS	Fire/ALS	3,579	2,760	77.1%	499	13.9%	54	1.51%	2695	75.3%	12	0.34%	3	0.08%	65	1.8%	28.55	0.27	24.46	0.12	134	3.74%	1	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	2	C3	C3B	10D04	Downgrade from 1 ALS/Fire to C3B Amb Only
10D05	Heart attack or angina history	1	ALS	Fire/ALS	2,261	1,841	81.4%	268	11.9%	16	0.71%	1792	79.3%	1	0.04%	0	0.00%	49	2.2%	18.26	0.27	15.63	0.12	66	2.92%	1	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	2	C3	C3B	10D05	Downgrade from 1 ALS/Fire to C3B Amb Only
11																																						11	
11A01	Not choking now(can talk and cry	3	BLS	Amb	307	51	16.6%	106	34.5%	0	0.00%	51	16.6%	0	0.00%	0	0.00%	0	0.0%	1.36	0.27	1.13	0.09	0	0.00%	3	BLS	Amb	3	1	3	3	ALS	Fire/ALS	0	3	C3AF	11A01	Upgrade from 3 BLS Amb Only to C3A/Fire
11D00	Override	1	ALS	Fire ALS	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0	#DIV/0!	1	ALS	Fire ALS	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	ALS	#DIV/0!	#DIV/0!	1	1	11D00	No Change
11D01	Abnormal breathing	1	ALS	Fire ALS	518	179	34.6%	159	30.7%	5	0.97%	172	33.2%	5	0.97%	4	0.77%	7	1.4%	2.99	0.25	2.51	0.08	21	4.05%	1	ALS	Fire ALS	3	1	2	FALSE	ALS	Fire/ALS	-1	1	1	11D01	No Change
11D02	Not Alert	1	ALS	Fire ALS	82	35	42.7%	21	25.6%	8	9.76%	32	39.0%	9	10.98%	6	7.32%	3	3.7%	0.53	0.17	0.46	0.06	26	31.71%	1	ALS	Fire ALS	1	1	1	1	ALS	Fire/ALS	0	1	1	11D02	No Change
11/E/01	Override	1	ALS	Fire ALS	1	0	0.0%	0	0.0%	0	0.00%	0	0.0%	0	0.00%	0	0.00%	0	0.0%	0.00	#DIV/0!	0.00	#DIV/0!	0	0.00%	1	ALS	Fire ALS	3	#DIV/0!	#DIV/0!	#DIV/0!	ALS	#DIV/0!	#DIV/0!	1	1	11/E/01	No Change
11/E/02	Override	1	ALS	Fire ALS	107	51	47.7%	17	15.9%	12	11.21%	43	40.2%	12	11.21%	5	4.67%	8	7.5%	0.63	0.18	0.53	0.07	37	34.58%	1	ALS	Fire ALS	1	1	1	1	ALS	Fire/ALS	0	1	1	11/E/02	No Change
12																																						12	
12A01	Ipileptic or previous seizure diagnosis	2	BLS	Amb	855	582	68.1%	194	22.7%	12	1.40%	574	67.1%	2	0.23%	1	0.12%	8	0.9%	6.69	0.21	5.71	0.12	23	2.69%	2	BLS	Amb	3	1	1	1	ALS	Fire/ALS	-1	1	1	12A01	Upgrade from 2 BLS Amb Only to 1 ALS/Fire
12A02	Not Seizing now and effective breathing	2	BLS	AMB	513	312	60.8%	126	24.6%	7	1.36%	305	59.5%	0	0.00%	0	0.00%	7	1.4%	3.76	0.21	3.20	0.11	14	2.73%	2	BLS	AMB	3	1	1	1	ALS	Fire/ALS	-1	1	1	12A02	Upgrade from 2 BLS Amb Only to 1 ALS/Fire
12A03	Not Seizing now effective Breathing <6	2	BLS	AMB	329	231	70.2%	74	22.5%	0	0.00%	229	69.6%	0	0.00%	0	0.00%	2	0.6%	2.64	0.24	2.26	0.06	2	0.61%	2	BLS	AMB	3	1	2	FALSE	ALS	Fire/ALS	-2	2	2	12A03	Upgrade from 2 BLS Amb Only to 2 ALS/Fire
12A04	Focal/Absence Seizure - Alert	1	ALS	Fire ALS	97	67	69.1%	19	19.6%	0	0.00%	67	69.1%	0	0.00%	0	0.00%	0	0.0%	0.74	0.25	0.63	0.13	0	0.00%	1	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	2	C3	C3B	12A04	Downgrade from 1 ALS/Fire to C3B Amb Only
12A05	Focal/Absence Seizures(Alert)	2	BLS	Fire BLS	143	106	74.1%	18	12.6%	0	0.00%	106	74.1%	0	0.00%	0	0.00%	0	0.0%	1.09	0.24	0.93	0.12	0	0.00%	2	BLS	Fire BLS	3	3	2	3	ALS	Fire/ALS	1	C3	C3AF	12A05	Downgrade from 2 BLS/Fire to C3A/Fire
12B00	Override	2	BLS	Fire BLS	1	1	100.0%	0	0.0%	0	0.00%	1	100.0%	0	0.00%	0	0.00%	0	0.0%	0.01	0.28	0.01	0.24	0	0.00%	2	BLS	Fire BLS	3	3	3	3	BLS	AMB Only	1	C3	C3B	12B00	Downgrade from 1 ALS/Fire to C3B Amb Only
12B01	Effective breathing not verified	2	BLS	Fire BLS	322	213	66.1%	50	15.5%	1	0.31%	211	65.5%	0	0.00%	0	0.00%	2	0.6%	2.28	0.21	1.93	0.11	3	0.93%	2	BLS	Fire BLS	3	1	1	1	ALS	Fire/ALS	-1	1	1	12B01	Upgrade from 2 BLS/Fire to 1 ALS/Fire
12C00	Override	2	ALS	Fire ALS	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0	#DIV/0!	2	ALS	Fire ALS	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	2	2	12C00	No Change
12C01	Focal/Absense Seizures(Not alert)	2	ALS	Fire ALS	99	79	79.8%	14	14.1%	1	1.01%	79	79.8%	0	0.00%	0	0.00%	0	0.0%	0.79	0.16	0.68	0.09	1	1.01%	2	ALS	Fire ALS	3	1	1	1	ALS	Fire/ALS	-1	2	2	12C01	No Change
12C02	Pregnancy/PostPar Eclampsia	2	ALS	Fire ALS	77	61	79.2%	7	9.1%	2	2.60%	59	76.6%	0	0.00%	0	0.00%	2	2.6%	0.58	0.22	0.50	0.12	4	5.19%	2	ALS	Fire ALS	3	1	1	1	ALS	Fire/ALS	-1	2	2	12C02	No Change
12C03	Diabetic	2	ALS	Fire ALS	531	405	76.3%	75	14.1%	20	3.77%	382	71.9%	5	0.94%	3	0.56%	23	4.3%	4.14	0.20	3.54	0.11	51	9.60%	2	ALS	Fire ALS	2	1	1	1	ALS	Fire/ALS	-1	2	2	12C03	No Change
12C04	Not seizing with effective breathing verified >6	2	ALS	Fire ALS	1,361	967	71.1%	241	17.7%	25	1.84%	947	69.6%	6	0.44%	1	0.07%	20	1.5%	10.42	0.21	8.94	0.12	52	3.82%	2	ALS	Fire ALS	3	2	1	FALSE	ALS	Fire/ALS	-2	2	2	12C04	No Change
12C05	Hx of stroke or brain tumor	2	ALS	Fire ALS	160	127	79.4%	23	14.4%	3	1.88%	126	78.8%	1	0.63%	1	0.63%	1	0.6%	1.31	0.20	1.11		6	3.75%	2	ALS	Fire ALS	3	2	1	FALSE	ALS	Fire/ALS	-2	2	2	12C05	No Change
12C06	Overdose/Poisoning(Ingestion)	2	ALS	Fire ALS	17	11	64.7%	2	11.8%	0	0.00%	11	64.7%	0	0.00%	0	0.00%	0	0.0%	0.10	0.19	0.09	0.13	0	0.00%	2	ALS	Fire ALS	3	2	1	FALSE	ALS	Fire/ALS	-2	2	2	12C06	No Change
12C07	Atypical Seizure	2	ALS	Fire ALS	93	68	73.1%	8	8.6%	0	0.00%	67	72.0%	0	0.00%	0	0.00%	1	1.1%	0.66	0.22	0.57	0.11	1	1.08%	2	ALS	Fire ALS	3	1	2	FALSE	ALS	Fire/ALS	-2	2	2	12C07	No Change
12D00	Override	1	ALS	Fire ALS	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0	#DIV/0!	1	ALS	Fire ALS	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1	1	12D00	No Change
12D01	Not Breathing after Key Question	1	ALS	Fire ALS	48	32	66.7%	9	18.8%	12	25.00%	29	60.4%	13	27.08%	5	10.42%	3	6.3%	0.39	0.16	0.34	0.07	33	68.75%	1	ALS	Fire ALS	1	1	1	1	ALS	Fire/ALS	0	1	1	12D01	No Change
12D02	Continuous or Multiple Seizures	1	ALS	Fire ALS	2,669	2,097	78.6%	346	13.0%	105	3.93%	2025	75.9%	19	0.71%	8	0.30%	72	2.7%	21.08	0.17	18.01	0.09	204	7.64%	1	ALS	Fire ALS	3	1	1	1	ALS	Fire/ALS	0	1	1	12D02	No Change
12D03	Agonal/Ineffective Breathing	1	ALS	Fire ALS	28	22	78.6%	1	3.6%	1	3.57%	18	64.3%	0	0.00%	0	0.00%	4	14.3%	0.20	0.20	0.17	0.13	5	17.86%	1	ALS	Fire ALS	2	1	1	1	ALS	Fire/ALS	0	1	1	12D03	No Change
12D04	Effective Breathing Not Verified>35	1	ALS	Fire ALS	865	553	63.9%	111	12.8%	25	2.89%	536	62.0%	9	1.04%	5	0.58%	17	2.0%	5.76	0.19	4.87	0.11	56	6.47%	1	ALS	Fire ALS	3	1	1	1	ALS	Fire/ALS	0	1	1	12D04	No Change
13	Diabetic Problems	-																																				13	
13A01	Alert and behaving normally	3	BLS	Amb	868	523	60.3%	183	21.1%	0	0.00%	521	60.0%	1	0.12%	1	0.12%	2	0.2%	6.25	0.27	5.32	0.14	4	0.46%	3	BLS	Amb	3	3	3	3	BLS	AMB Only	0	3	3	13A01	No Change
13C00	Override	2	ALS	Fire ALS	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0	#DIV/0!	2	ALS	Fire ALS	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	2	2	13C00	No Change
13C01	Not Alert	2	ALS	Fire/ALS	922	573	62.1%	259	28.1%	22	2.39%	551	59.8%	1	0.11%	0	0.00%	22	2.4%	7.17	0.20	6.10	0.11	45	4.88%	2	ALS	Fire/ALS	3	1	1	1	ALS	Fire/ALS	-1	2	2	13C01	No Change
13C02	Abnormal Behavior	2	ALS	Fire ALS	671	480	71.5%	118	17.6%	5	0.75%	472	70.3%	0	0.00%	0	0.00%	8	1.2%	5.16	0.24	4.40	0.12	13	1.94%	2	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	13C02	Downgrade from 2 ALS/Fire to C3B Amb Only
13C03	Abnormal Breathing	2	BLS	Fire BLS	352	257	73.0%	50	14.2%	2	0.57%	255	72.4%	0	0.00%	0	0.00%	2	0.6%	2.67	0.27	2.27	0.12	4	1.14%	2	BLS	Fire BLS	3	3	3	3	BLS	AMB Only	1	C3	C3B	13C03	Downgrade from 2 ALS/Fire to C3B Amb Only
13D00	Override	1	ALS	Fire ALS	1	1	100.0%	0	0.0%	0	0.00%	1	100.0%	0	0.00%	0	0.00%	0	0.0%	0.01	0.28	0.01	0.24	0	0.00%	1	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	2	C3	C3B	13D00	Downgrade from 1 ALS/Fire to C3B Amb Only
13D01	Unconscious	1	ALS	Fire ALS	497	277	55.7%	135	27.2%	21	4.23%	264	53.1%	6	1.21%	3	0.60%	13	2.6%	3.58	0.19	3.05	0.10	43	8.65%	1	ALS	Fire ALS	2	1	1	1	ALS	Fire/ALS	0	1	1	13D01	No Change
14	Drowning/Near/Diving/Scuba	-																																				14	
14A01	Alert Breathing normally (No injuries and out of water)	3	BLS	Amb	12	3	25.0%	4	33.3%	0	0.00%	3	25.0%	0	0.00%	0	0.00%	0	0.0%	0.06	0.28	0.04	0.12	0	0.00%	3	BLS	Amb	3	3	3	3	BLS	AMB Only	0	3	3	14A01	No Change
14B00	Override	2	ALS	Fire ALS	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0	#DIV/0!	2	ALS	Fire ALS	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	2	2	14B00	No Change
14B01	Alert breathing normally(Injuries or in water)	2	ALS	Fire/ALS	2	1	50.0%	0	0.0%	0	0.00%	1	50.0%	0	0.00%	0	0.00%	0	0.0%	0.01	0.28	0.01	0.24	0	0.00%	2	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	14B01	Downgrade from 2 ALS/Fire to C3B Amb Only
14B02	Obvious Death(submersion >6hrs)	2	ALS	Fire ALS	1	0	0.0%	0	0.0%	0	0.00%	0	0.0%	0	0.00%	1	100.00%	0	0.0%	0.00	#DIV/0!	0.00	#DIV/0!	1	100.00%	2	ALS	Fire ALS	1	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	2	2	14B02	No Change
14B03	Unknown Status	2	ALS	Fire ALS	5	0	0.0%	1	20.0%	0	0.00%	0	0.0%	0	0.00%	0	0.00%	0	0.0%	0.01	0.28	0.01	0.24	0	0.00%	2	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	14B03	Downgrade from 2 ALS/Fire to C3B Amb Only
14C00	Override	2	ALS	Fire ALS	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0	#DIV/0!	2	ALS	Fire ALS	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	2	2	14C00	No Change
14C01	Alert with Abnormal Breathing	2	ALS	Fire ALS	5	2	40.0%	2	40.0%	0	0.00%	2	40.0%	0	0.00%	0	0.00%	0	0.0%	0.03	0.20	0.02	0.13	0	0.00%	2	ALS	Fire ALS	3	1	3	3	ALS	Fire/ALS	1	C3	C3AF	14C01	Downgrade from 2 ALS/Fire to C3A/Fire
14C02	SCUBA accident	2	ALS	Fire ALS	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0	#DIV/0!	2	ALS	Fire ALS	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	ALS	#DIV/0!	#DIV/0!	2	2	14C02	No Change
14D00	Override	1	ALS	Fire ALS	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0	#DIV/0!	1	ALS	Fire ALS	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	ALS	#DIV/0!	#DIV/0!	1	1	14D00	No Change
14D01	Unconscious	1	ALS	Fire ALS	12	9	75.0%	0	0.0%	1	8.33%	9	75.0%	1	8.33%	0	0.00%	0	0.0%	0.08	0.21	0.07	0.11	2	16.67%	1	ALS	Fire ALS	2	1	1	1	ALS	Fire/ALS	0	1	1	14D01	No Change
14D02	Under Water Specialized Rescue	1	ALS	Fire ALS	13	2	15.4%	1	7.7%	0	0.00%	2	15.4%	0	0.00%	0	0.00%	0	0.0%	0.03	0.28	0.02	0.24	0	0.00%	1	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	2	C3	C3B	14D02	Downgrade from 1 ALS/Fire to C3B Amb Only
14D03	Stranded(specialized rescue)	1	ALS	Fire ALS	2	0	0.0%	0	0.0%	0	0.00%	0	0.0%	0	0.00%	0	0.00%	0	0.0%	0.00	#DIV/0!	0.00	0.24	0	0.00%	1	ALS	Fire ALS	3	#DIV/0!	#DIV/0!	#DIV/0!	ALS	#DIV/0!	#DIV/0!	1	1	14D03	No Change
14D04	Just Resuscitated/Defibrillated	1	ALS	Fire ALS	1	1	100.0%	0	0.0%	0	0.00%	1	100.0%	0	0.00%	0	0.00%	0	0.0%	0.01	0.28	0.01		0	0.00%	1	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	2	C3	C3B	14D04	Downgrade from 1 ALS/Fire to C3B Amb Only
14D05	Not Alert	1	ALS	Fire ALS	44	17	38.6%	6	13.6%	4	9.09%	15	34.1%	5	11.36%	1	2.27%	2	4.5%	0.21	0.18	0.17	0.07	12	27.27%	1	ALS	Fire ALS	1	1	1	1	ALS	Fire/ALS	0	1	1	14D05	No Change
14D06	Suspected neck injury	1	ALS	Fire ALS	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0	#DIV/0!	1	ALS	Fire ALS	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	ALS	#DIV/0!	#DIV/0!	1	1	14D06	No Change
1.40E+01	Override	1	ALS	Fire ALS	3	0	0.0%	1	33.3%	0	0.00%	0	0.0%	0	0.00%	0	0.00%	0	0.0%	0.01	0.28	0.01	0.24	0	0.00%	1	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	2	C3	C3B	14	Downgrade from 1 ALS/Fire to C3B Amb Only
1.40E+02	Arrest (Out of water)	1	ALS	Fire ALS	16	12	75.0%	0	0.0%	6	37.50%	6	37.5%	8	50.00%	3	18.75%	6	37.5%	0.12	0.15	0.09	0.09	23	143.75%	1	ALS	Fire ALS	1	1	1	1	ALS	Fire/ALS	0	1	1	140	No Change
1.40E+03	Underwater domestic rescue	1	ALS	Fire ALS	13	10	76.9%	1	7.7%	4	30.77%	6	46.2%	3	23.08%	1	7.69%	4	30.8%	0.10	0.17	0.08	0.08	12	92.31%	1	ALS	Fire ALS	1	1	1	1	ALS	Fire/ALS	0	1	1	1400	No Change
15	Electrocution/Lightning	-																																				15	
15C01	Alert and breathing normally	2	ALS	Fire ALS	17	10	58.8%	5	29.4%	0	0.00%	10	58.8%	0	0.00%	0	0.00%	0	0.0%	0.13	0.28	0.11	0.15	0	0.00%	2	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	15C01	Downgrade from 2 ALS/Fire to C3B Amb Only
15D00	Override	1	ALS	Fire ALS	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0	#DIV/0!	1	ALS	Fire ALS	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1	1	15D00	No Change
15D01	Multiple Victims	1	ALS	Fire/ALS	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0	#DIV/0!	1	ALS	Fire/ALS	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	ALS	#DIV/0!	#DIV/0!	1	1	15D01	No Change
15D02	Unconscious	1	ALS	Fire ALS	1	0	0.0%	0	0.0%	1	100.00%	0	0.0%	1	100.00%	1	100.00%	0	0.0%	0.01	0.28	0.01	0.24	3	300.00%	1	ALS	Fire ALS	1	1	1	1	ALS	Fire/ALS	0	1	1	15D02	No Change
15D03	Not disconnected from power	1	ALS	Fire ALS	4	2	50.0%	1	25.0%	1	25.00%	1	25.0%	1	25.00%	0	0.00%	1	25.0%	0.03	0.20	0.02	0.13	3	75.00%	1	ALS	Fire ALS	1	1	1	1	ALS	Fire/ALS	0	1	1	15D03	No Change
15D04	Power not off or hazard present	1	ALS	Fire ALS	11	4	36.4%	4	36.4%	1	9.09%	3	27.3%	0	0.00%	0	0.00%	1	9.1%	0.08	0.25	0.06	0.10	2	18.18%	1	ALS	Fire ALS	2	1	1	1	ALS	Fire/ALS	0	1	1	15D04	No Change
15D05	Extreme Fall (>30ft/10m)	1	ALS	Fire ALS	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0	#DIV/0!	1	ALS	Fire ALS	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	ALS	#DIV/0!	#DIV/0!	1	1	15D05	No Change
15D06	Long Fall	1	ALS	Fire ALS	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0	#DIV/0!	1	ALS	Fire ALS	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	ALS	#DIV/0!	#DIV/0!	1	1	15D06	No Change
15D07	Not Alert	1	ALS	Fire ALS	2	1	50.0%	1	50.0%	0	0.00%	1	50.0%	0	0.00%	0	0.00%	0	0.0%	0.02	0.28	0.01	0.24	0	0.00%	1	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	2	C3	C3B	15D07	Downgrade from 1 ALS/Fire to C3B Amb Only
15D08	Abnormal Breathing	1	ALS	Fire ALS	8	6	75.0%	1	12.5%	0	0.00%	6	75.0%	0	0.00%	0	0.00%	0	0.0%	0.06	0.28	0.05	0.15	0	0.00%	1	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	2	C3	C3B	15D08	Downgrade from 1 ALS/Fire to C3B Amb Only
15D09	Unknown Status	1	ALS	Fire ALS	1	1	100.0%	0	0.0%	0	0.00%	1	100.0%	0	0.00%	0	0.00%	0	0.0%	0.01	0.28	0.01	0.24	0	0.00%	1	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	2	C3	C3B	15D09	Downgrade from 1 ALS/Fire to C3B Amb Only
1.50E+01	Override	1	ALS	Fire ALS	2	0	0.0%	1	50.0%	0	0.00%	0	0.0%	0	0.00%	0	0.00%	0	0.0%	0.01	0.28	0.01	0.00	0	0.00%	1	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	2	C3	C3B	15	Downgrade from 1 ALS/Fire to C3B Amb Only
16	Eye Problems/Injuries	-																																				16	
16A01	Moderate eye injuries	3	BLS	Fire BLS	86	51	59.3%	13	15.1%	0	0.00%	50	58.1%	0	0.00%	0	0.00%	1	1.2%	0.56	0.25	0.47	0.13	1	1.16%	3	BLS	Fire BLS	3	3	3	3	BLS	AMB Only	0	3	3	16A01	No Change
16A02	Minor eye injuries	3	BLS	Fire BLS	20	7	35.0%	7	35.0%	0	0.00%	7	35.0%	0	0.00%	0	0.00%	0	0.0%	0.12	0.28	0.10	0.12	0	0.00%	3	BLS	Fire BLS	3	3	3	3	BLS	AMB Only	0	3	3	16A02	No Change
16A03	Medical Eye Problems	1	ALS	Fire/ALS	46	30	65.2%	3	6.5%	0	0.00%	30	65.2%	0	0.00%	0	0.00%	0	0.0%	0.31	0.27	0.26	0.12	0	0.00%	1	ALS	Fire/ALS	3	1	3	3	ALS	Fire/ALS	2	C3	C3AF	16A03	Downgrade from 1 ALS/Fire to C3A/Fire
16B00	Override	2	BLS	AMB	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0	#DIV/0!	2	BLS	AMB	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	ALS	#DIV/0!	#DIV/0!	2	2	16B00	No Change
16B01	Severe eye injuries	2	BLS	AMB	30	17	56.7%	4	13.3%	0	0.00%	17	56.7%	0	0.00%	0	0.00%	0	0.0%	0.19	0.26	0.14	0.13	0	0.00%	2	BLS	AMB	3	1	3	3	ALS	Fire/ALS	1	C3	C3AF	16B01	Downgrade from 2 BLS Amb Only to C3A/Fire
16D00	Override	1	ALS	Fire ALS	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0	#DIV/0!	1	ALS	Fire ALS	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	ALS	#DIV/0!	#DIV/0!	1	1	16D00	No Change
16D01	Not Alert	1	ALS	Fire ALS	2	2	100.0%	0	0.0%	0	0.00%	2	100.0%	0	0.00%	0	0.00%	0	0.0%	0.02	0.28	0.01	0.24	0	0.00%	1	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	2	C3	C3B	16D01	Downgrade from 1 ALS/Fire to C3B Amb Only
17	Falls	-																																				17	
17A01	Marked(*)Not Dangerous body area with deformity	3	BLS	Fire BLS	203	153	75.4%	16	7.9%	2	0.99%	151	74.4%	1	0.49%	1	0.49%	2	1.0%	1.48	0.26	1.26	0.13	6	2.96%	3	BLS	Fire BLS	3	3	3	3	BLS	AMB Only	0	3	3	17A01	Downgrade from 3 BLS/Fire to 3 BLS Amb Only
17A02	Not Dangerous body area	3	BLS	Fire BLS	3,484	2,404	69.0%	429	12.3%	5	0.14%	2389	68.6%	0	0.00%	0	0.00%	15	0.4%	24.44	0.25	20.74	0.13	20	0.57%	3	BLS	Fire BLS	3	3	3	3	BLS	AMB Only	0	3	3	17A02	Downgrade from 3 BLS/Fire to 3 BLS Amb Only
17A03	Non-Recent(>6hrs)without priority injuries	3	BLS	AMB	1,252	1,030	82.3%	92	7.3%	4	0.32%	1025	81.9%	1	0.08%	0	0.00%	5	0.4%	9.68	0.25	8.28	0.13	10	0.80%	3	BLS	AMB	3	3	3	3	BLS	AMB Only	0	3	3	17A03	No Change
17A04	Public assist	3	BLS	FIRE Only	128	75	58.6%	13	10.2%	4	3.13%	71	55.5%	1	0.78%	0	0.00%	4	3.1%	0.76	0.23	0.63	0.12	9	7.03%	3	BLS	FIRE Only	3	2	3	3	ALS	Fire/ALS	0	3	C3AF	17A04	Upgrade from 3 BLS Fire only to C3A/Fire
17B00	Override	2	ALS	Fire ALS	20	12	60.0%	3	15.0%	1	5.00%	12	60.0%	0	0.00%	0	0.00%	0	0.0%	0.13	0.21	0.11	0.11	1	5.00%	2	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	17B00	Downgrade from 2 ALS/Fire to C3B Amb Only
17B01	Possibly Dangerous body area	2	ALS	Fire ALS	5,586	3,785	67.8%	758	13.6%	30	0.54%	3749	67.1%	2	0.04%	1	0.02%	37	0.7%	39.31	0.23	33.50	0.12	70	1.25%	2	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	17B01	Downgrade from 2 ALS/Fire to C3B Amb Only
17B02	Seriouis hemorrhage	2	BLS	Fire BLS	210	150	71.4%	30	14.3%	4	1.90%	148	70.5%	0	0.00%	0	0.00%	2	1.0%	1.54	0.24	1.31	0.13	6	2.86%	2	BLS	Fire BLS	3	3	3	3	BLS	AMB Only	1	C3	C3B	17B02	Downgrade from 2 ALS/Fire to C3B Amb Only
17B03	Unknown Status	3	BLS	Fire BLS	1,882	851	45.2%	234	12.4%	15	0.80%	818	43.5%	5	0.27%	3	0.16%	33	1.8%	9.43	0.23	7.98	0.12	56	2.98%	3	BLS	Fire BLS	3	3	3	3	BLS	AMB Only	0	3	3	17B03	Downgrade from 3 BLS/Fire to 3 BLS Amb Only
17B04	Environmental problems(rain, heat, cold)	3	BLS	Fire BLS	895	379	42.3%	95	10.6%	11	1.23%	379	42.3%	6	0.67%	3	0.34%	0	0.0%	4.15	0.22	3.54	0.12	20	2.23%	3	BLS	Fire BLS	3	2	2	2	ALS	Fire/ALS	-1	3	C3AF	17B04	Upgrade from 3 BLS/Fire to C3A/Fire
17D00	Override	1	ALS	Fire ALS	5	4	80.0%	1	20.0%	0	0.00%	4	80.0%	0	0.00%	0	0.00%	0	0.0%	0.04	0.28	0.04	0.14	0	0.00%	1	ALS	Fire ALS	3	1	3	3	ALS	Fire/ALS	2	C3	C3AF	17D00	Downgrade from 1 ALS/Fire to C3A/Fire
17D01	Extreme Fall>30ft/10m	1	ALS	Fire ALS	21	14	66.7%	2	9.5%	2	9.52%	12	57.1%	1	4.76%	1	4.76%	2	9.5%	0.15	0.20	0.13	0.09	6	28.57%	1	ALS	Fire ALS	1	1	1	1	ALS	Fire/ALS	0	1	1	17D01	No Change
17D02	Arrest	1	ALS	Fire ALS	18	8	44.4%	3	16.7%	3	16.67%	7	38.9%	4	22.22%	2	11.11%	1	5.6%	0.11	0.14	0.10	0.08	10	55.56%	1	ALS	Fire ALS	1	1	1	1	ALS	Fire/ALS	0	1	1	17D02	No Change
17D03	Unconscious	1	ALS	Fire ALS	132	96	72.7%	14	10.6%	17	12.88%	83	62.9%	6	4.55%	3	2.27%	14	10.6%	0.97	0.13	0.80		40	30.30%	1	ALS	Fire ALS	1	1	1	1	ALS	Fire/ALS	0	1	1	17D03	No Change
17D04	Not Alert	1	ALS	Fire ALS	1,398	1,044	74.7%	166	11.9%	80	5.72%	986	70.5%	15	1.07%	8	0.57%	58	4.1%	10.56	0.16	9.01	0.10	161	11.52%	1	ALS	Fire ALS	2	1	1	1	ALS	Fire/ALS	0	1	1	17D04	No Change
17D05	Chest or Neck injury with SOB	1	ALS	Fire ALS	312	247	79.2%	34	10.9%	3	0.96%	245	78.5%	2	0.64%	0	0.00%	2	0.6%	2.42	0.25	2.08	0.12	7	2.24%	1	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	2	C3	C3B	17D05	Downgrade from 1 ALS/Fire to C3B Amb Only
17D06	Long Fall	1	ALS	Fire ALS	97	79	81.4%	5	5.2%	10	10.31%	71	73.2%	0	0.00%	1	1.03%	8	8.2%	0.75	0.25	0.65	0.10	19	19.59%	1	ALS	Fire ALS	2	1	3	FALSE	ALS	Fire/ALS	-1	1	1	17D06	No Change
18	Headache																																					18	
18A01	Breathing normally	3	BLS	BLS	447	341	76.3%	50	11.2%	1	0.22%	341	76.3%	0	0.00%	0	0.00%	0	0.0%	3.43	0.27	2.95	0.14	1	0.22%	3	BLS	BLS	3	3	3	3	BLS	AMB Only	0	3	3	18A01	No Change
18B00	Override	3	BLS	Fire BLS	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0	#DIV/0!	3	BLS	Fire BLS	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	BLS	#DIV/0!	#DIV/0!	3	3	18B00	No Change
18B01	Unknown Status	2	BLS	AMB	57	30	52.6%	5	8.8%	0	0.00%	30	52.6%	0	0.00%	0	0.00%	0	0.0%	0.31	0.26	0.26	0.16	0	0.00%	2	BLS	AMB	3	3	3	3	BLS	AMB Only	1	C3	C3B	18B01	Downgrade from 2 BLS Amb Only to C3B Amb Only
18C00	Override	2	ALS	FIRE ALS	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0	#DIV/0!	2	ALS	FIRE ALS	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	ALS	#DIV/0!	#DIV/0!	2	2	18C00	No Change
18C01	Not Alert	2	ALS	Fire ALS	103	80	77.7%	8	7.8%	0	0.00%	80	77.7%	0	0.00%	0	0.00%	0	0.0%	0.79	0.22	0.68	0.12	0	0.00%	2	ALS	Fire ALS	3	3	2	3	ALS	Fire/ALS	1	C3	C3AF	18C01	Downgrade from 2 ALS/Fire to C3A/Fire
18C02	Abnormal breathing	2	ALS	Fire ALS	461	333	72.2%	48	10.4%	3	0.65%	327	70.9%	0	0.00%	0	0.00%	6	1.3%	3.39	0.26	2.89	0.13	9	1.95%	2	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	18C02	Downgrade from 2 ALS/Fire to C3B Amb Only
18C03	Speech Problems	2	ALS	AMB Only	132	105	79.5%	12	9.1%	4	3.03%	101	76.5%	0	0.00%	0	0.00%	4	3.0%	1.05	0.24	0.90	0.12	8	6.06%	2	ALS	AMB Only	3	3	2	3	ALS	Fire/ALS	1	C3	C3AF	18C03	Downgrade from 2 ALS/Fire to C3A/Fire
18C04	Sudden Onset Severe Pain	2	ALS	AMB Only	470	326	69.4%	66	14.0%	3	0.64%	321	68.3%	0	0.00%	0	0.00%	5	1.1%	3.55	0.27	3.03	0.14	8	1.70%	2	ALS	AMB Only	3	3	3	3	BLS	AMB Only	1	C3	C3B	18C04	Downgrade from 2 ALS/Fire to C3B Amb Only
18C05	Numbness	2	ALS	AMB Only	80	54	67.5%	14	17.5%	0	0.00%	54	67.5%	0	0.00%	0	0.00%	0	0.0%	0.61	0.27	0.52	0.14	0	0.00%	2	ALS	AMB Only	3	3	3	3	BLS	AMB Only	1	C3	C3B	18C05	Downgrade from 2 ALS/Fire to C3B Amb Only
18C06	Paralysis	2	ALS	AMB Only	7	6	85.7%	0	0.0%	0	0.00%	6	85.7%	0	0.00%	0	0.00%	0	0.0%	0.06	0.28	0.05	0.15	0	0.00%	2	ALS	AMB Only	3	3	3	3	BLS	AMB Only	1	C3	C3B	18C06	Downgrade from 2 ALS/Fire to C3B Amb Only
18C07	Change in Behavior <3hrs	2	ALS	AMB Only	36	28	77.8%	3	8.3%	1	2.78%	27	75.0%	0	0.00%	0	0.00%	1	2.8%	0.28	0.24	0.24	0.15	2	5.56%	2	ALS	AMB Only	3	3	3	3	BLS	AMB Only	1	C3	C3B	18C07	Downgrade from 2 ALS/Fire to C3B Amb Only
19	Heart Problems/A.I.C.D.																																					19	
19A01	HR > 50bpm and <130bpm w Priority Symptoms	3	BLS	Amb Only	118	57	48.3%	42	35.6%	0	0.00%	56	47.5%	0	0.00%	0	0.00%	1	0.8%	0.85	0.26	0.74	0.12	1	0.85%	3	BLS	Amb Only	3	2	3	3	ALS	Fire/ALS	0	3	C3AF	19A01	Upgrade from 3 BLS Amb Only to C3A/Fire
19A02	Chest Pain/Discomfort<35w Priority symptoms	3	BLS	Amb Only	36	13	36.1%	11	30.6%	0	0.00%	13	36.1%	0	0.00%	0	0.00%	0	0.0%	0.24	0.28	0.21	0.10	0	0.00%	3	BLS	Amb Only	3	1	3	3	ALS	Fire/ALS	0	3	C3AF	19A02	Upgrade from 3 BLS Amb Only to C3A/Fire
19C00	Override	2	ALS	Fire ALS	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0	#DIV/0!	2	ALS	Fire ALS	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	ALS	#DIV/0!	#DIV/0!	2	2	19C00	No Change
19C01	Firing A.I.C.D.	2	ALS	FIRE ALS	33	31	93.9%	1	3.0%	1	3.03%	28	84.8%	0	0.00%	0	0.00%	3	9.1%	0.27	0.27	0.24	0.11	4	12.12%	2	ALS	FIRE ALS	2	3	3	3	ALS	Fire/ALS	1	C3	C3AF	19C01	Downgrade from 2 ALS/Fire to C3A/Fire
19C02	Abnormal Breathing	2	ALS	Fire ALS	523	352	67.3%	114	21.8%	3	0.57%	348	66.5%	0	0.00%	1	0.19%	4	0.8%	4.04	0.27	3.45	0.11	8	1.53%	2	ALS	Fire ALS	3	2	3	3	ALS	Fire/ALS	1	C3	C3AF	19C02	Downgrade from 2 ALS/Fire to C3A/Fire

19C03	Chest Pain/Discomfort>35	2	ALS	Fire ALS	256	184	71.9%	51	19.9%	1	0.39%	178	69.5%	0	0.00%	0	0.00%	6	2.3%	2.03	0.27	1.74	0.11	7	2.73%	2	ALS	Fire ALS	3	1	3	3	ALS	Fire/ALS	1	C3	C3AF	19C03	Downgrade from 2 ALS/Fire to C3A/Fire
19C04	Cardiac history	2	ALS	Fire ALS	299	216	72.2%	59	19.7%	2	0.67%	210	70.2%	0	0.00%	0	0.00%	6	2.0%	2.38	0.27	2.05	0.11	8	2.68%	2	ALS	Fire ALS	3	2	3	3	ALS	Fire/ALS	1	C3	C3AF	19C04	Downgrade from 2 ALS/Fire to C3A/Fire
19C05	Cocaine	2	ALS	Fire ALS	3	2	66.7%	1	33.3%	0	0.00%	2	66.7%	0	0.00%	0	0.00%	1	0.0%	0.03	0.28	0.02	0.13	0	0.00%	2	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	19C05	Downgrade from 2 ALS/Fire to C3B Amb Only
19C06	HR <50bpm or >130bpm w Priority Symptoms	2	ALS	Fire ALS	69	32	46.4%	25	36.2%	0	0.00%	31	44.9%	0	0.00%	0	0.00%	1	1.4%	0.50	0.26	0.43	0.11	1	1.45%	2	ALS	Fire ALS	3	1	3	3	ALS	Fire/ALS	1	C3	C3AF	19C06	Downgrade from 2 ALS/Fire to C3A/Fire
19C07	Unknown status	2	ALS	AMB Only	208	115	55.3%	50	24.0%	1	0.48%	113	54.3%	0	0.00%	0	0.00%	2	1.0%	1.47	0.26	1.26	0.12	3	1.44%	2	ALS	AMB Only	3	1	3	3	ALS	Fire/ALS	1	C3	C3AF	19C07	Downgrade from 2 ALS/Fire to C3A/Fire
19D00	Override	1	ALS	Fire ALS	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0	#DIV/0!	1	ALS	Fire ALS	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	ALS	#DIV/0!	#DIV/0!	1	1	19D00	No Change
19D01	Not Alert	1	ALS	Fire ALS	151	118	78.1%	19	12.6%	4	2.65%	112	74.2%	0	0.00%	0	0.00%	6	4.0%	1.19	0.20	1.01	0.11	10	6.62%	1	ALS	Fire ALS	3	1	1	1	ALS	Fire/ALS	0	1	1	19D01	No Change
19D02	Diff Speaking between breaths	1	ALS	Fire ALS	454	341	75.1%	76	16.7%	8	1.76%	326	71.8%	0	0.00%	0	0.00%	15	3.3%	3.63	0.26	3.13		23	5.07%	1	ALS	Fire ALS	3	1	3	3	ALS	Fire/ALS	2	C3	C3AF	19D02	Downgrade from 1 ALS/Fire to C3A/Fire
19D03	Changing Color	1	ALS	Fire ALS	9	9	100.0%	0	0.0%	1	11.11%	8	88.9%	0	0.00%	0	0.00%	1	11.1%	0.08	0.25	0.07	0.14	2	22.22%	1	ALS	Fire ALS	1	3	3	3	ALS	Fire/ALS	2	C3	C3AF	19D03	Downgrade from 1 ALS/Fire to C3A/Fire
19D04	Clammy or cold sweats	1	ALS	Fire ALS	642	440	68.5%	134	20.9%	5	0.78%	428	66.7%	0	0.00%	0	0.00%	12	1.9%	4.98	0.27	4.26	0.11	17	2.65%	1	ALS	Fire ALS	3	1	3	3	ALS	Fire/ALS	2	C3	C3AF	19D04	Downgrade from 1 ALS/Fire to C3A/Fire
19D05	Just resuscitated/Defibrillated	1	ALS	Fire ALS	7	5	71.4%	2	28.6%	0	0.00%	4	57.1%	0	0.00%	0	0.00%	1	14.3%	0.06	0.28	0.05	0.14	1	14.29%	1	ALS	Fire ALS	2	1	3	FALSE	ALS	Fire/ALS	-1	1	1	19D05	No Change
20	Heat/Cold Exposure	-																																				20	
20A01	Alert	3	BLS	Amb Only	178	94	52.8%	31	17.4%	0	0.00%	92	51.7%	0	0.00%	0	0.00%	2	1.1%	1.08	0.27	0.90	0.12	2	1.12%	3	BLS	Amb Only	3	2	3	3	ALS	Fire/ALS	0	3	C3AF	20A01	Upgrade from 3 BLS Amb Only to C3A/Fire
20B00	Override	2	ALS	Amb Only	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0	#DIV/0!	2	ALS	Amb Only	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	2	2	20B00	No Change
20B01	Change in skin color	2	ALS	Amb Only	93	52	55.9%	19	20.4%	1	1.08%	50	53.8%	0	0.00%	0	0.00%	2	2.2%	0.62	0.26	0.53	0.10	3	3.23%	2	ALS	Amb Only	3	2	3	3	ALS	Fire/ALS	1	C3	C3AF	20B01	Downgrade from 2 ALS Amb Only to C3A/Fire
20B02	Unknown Status	2	ALS	Amb Only	183	75	41.0%	27	14.8%	0	0.00%	75	41.0%	0	0.00%	0	0.00%	0	0.0%	0.90	0.25	0.76	0.10	0	0.00%	2	ALS	Amb Only	3	1	3	3	ALS	Fire/ALS	1	C3	C3AF	20B02	Downgrade from 2 ALS Amb Only to C3A/Fire
20C00	Override	2	ALS	Fire ALS	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0	#DIV/0!	2	ALS	Fire ALS	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	ALS	#DIV/0!	#DIV/0!	2	2	20C00	No Change
20C01	Heart attach of angina history	2	ALS	Fire ALS	56	40	71.4%	4	7.1%	0	0.00%	39	69.6%	0	0.00%	0	0.00%	1	1.8%	0.38	0.27	0.32	0.11	1	1.79%	2	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	20C01	Downgrade from 2 ALS/Fire to C3B Amb Only
20D00	Override	1	ALS	Fire ALS	1	0	0.0%	1	100.0%	0	0.00%	0	0.0%	0	0.00%	0	0.00%	0	0.0%	0.01	0.28	0.01	0.24	0	0.00%	1	ALS	Fire ALS	3	1	3	3	ALS	Fire/ALS	2	C3	C3AF	20D00	Downgrade from 1 ALS/Fire to C3A/Fire
20D01	Not Alert	1	ALS	Fire ALS	121	69	57.0%	22	18.2%	6	4.96%	66	54.5%	0	0.00%	0	0.00%	3	2.5%	0.79	0.21	0.67	0.09	9	7.44%	1	ALS	Fire ALS	3	1	1	1	ALS	Fire/ALS	0	1	1	20D01	No Change
20D02	Multiple victims w Priority Symptoms	1	ALS	Fire ALS	5	1	20.0%	1	20.0%	0	0.00%	1	20.0%	0	0.00%	0	0.00%	0	0.0%	0.02	0.28	0.01	0.17	0	0.00%	1	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	2	C3	C3B	20D02	Downgrade from 1 ALS/Fire to C3B Amb Only
21	Hemorrhage/Lacerations	-																																				21	
21A01	Not Dangerous Hemorrhage	3	BLS	Amb Only	783	543	69.3%	95	12.1%	5	0.64%	537	68.6%	0	0.00%	0	0.00%	6	0.8%	5.61	0.26	4.74	0.14	11	1.40%	3	BLS	Amb Only	3	3	3	3	BLS	AMB Only	0	3	3	21A01	No Change
21A02	Minor Hemorrhage	3	BLS	Amb Only	16	12	75.0%	2	12.5%	0	0.00%	12	75.0%	0	0.00%	0	0.00%	0	0.0%	0.12	0.28	0.10	0.14	0	0.00%	3	BLS	Amb Only	3	3	3	3	BLS	AMB Only	0	3	3	21A02	No Change
21B00	Override	2	ALS	Fire ALS	2	2	100.0%	0	0.0%	0	0.00%	2	100.0%	0	0.00%	0	0.00%	0	0.0%	0.02	0.19	0.01	0.17	0	0.00%	2	ALS	Fire ALS	3	3	1	3	ALS	Fire/ALS	1	C3	C3AF	21B00	Downgrade from 2 ALS Amb Only to C3A/Fire
21B01	Possible Dangerous Hemorrhage	2	ALS	Fire ALS	1,260	1,001	79.4%	101	8.0%	10	0.79%	984	78.1%	1	0.08%	1	0.08%	17	1.3%	9.65	0.26	8.22	0.13	29	2.30%	2	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	21B01	Downgrade from 2 ALS/Fire to C3B Amb Only
21B02	Serious Hemorrhage	2	ALS	Fire ALS	974	614	63.0%	144	14.8%	6	0.62%	605	62.1%	1	0.10%	1	0.10%	9	0.9%	6.64	0.27	5.63	0.13	17	1.75%	2	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	21B02	Downgrade from 2 ALS/Fire to C3B Amb Only
21B03	Bleeding Disorder	2	ALS	Fire ALS	16	10	62.5%	2	12.5%	0	0.00%	10	62.5%	0	0.00%	0	0.00%	0	0.0%	0.10	0.19	0.09	0.14	0	0.00%	2	ALS	Fire ALS	3	3	1	3	ALS	Fire/ALS	1	C3	C3AF	21B03	Downgrade from 2 ALS Amb Only to C3A/Fire
21B04	Blood Thinners	2	ALS	Fire ALS	192	163	84.9%	12	6.3%	3	1.56%	162	84.4%	0	0.00%	0	0.00%	1	0.5%	1.50	0.25	1.29	0.13	4	2.08%	2	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	21B04	Downgrade from 2 ALS/Fire to C3B Amb Only
21C00	Override	2	ALS	Fire ALS	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0	#DIV/0!	2	ALS	Fire ALS	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	ALS	#DIV/0!	#DIV/0!	2	2	21C00	No Change
21C01	Hemorrhage through Tubes	2	ALS	Fire ALS	55	48	87.3%	2	3.6%	0	0.00%	48	87.3%	0	0.00%	0	0.00%	0	0.0%	0.43	0.24	0.37	0.12	0	0.00%	2	ALS	Fire ALS	3	3	1	3	ALS	Fire/ALS	1	C3	C3AF	21C01	Downgrade from 2 ALS Amb Only to C3A/Fire
21C02	Hemorrhage of dialysis fistula	2	ALS	Fire ALS	77	56	72.7%	11	14.3%	2	2.60%	54	70.1%	1	1.30%	0	0.00%	2	2.6%	0.58	0.25	0.49	0.13	5	6.49%	2	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	21C02	Downgrade from 2 ALS/Fire to C3B Amb Only
21C03	Hemorrhage from varicose veins	2	ALS	Fire ALS	26	12	46.2%	8	30.8%	0	0.00%	12	46.2%	0	0.00%	0	0.00%	0	0.0%	0.17	0.28	0.15	0.15	0	0.00%	2	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	21C03	Downgrade from 2 ALS/Fire to C3B Amb Only
21D00	Override	1	ALS	Fire ALS	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	0.11	0	#DIV/0!	1	ALS	Fire ALS	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	ALS	#DIV/0!	#DIV/0!	1	1	21D00	No Change
21D01	Arrest	1	ALS	Fire ALS	17	15	88.2%	1	5.9%	1	5.88%	14	82.4%	0	0.00%	0	0.00%	1	5.9%	0.14	0.18	0.12		2	11.76%	1	ALS	Fire ALS	2	1	1	1	ALS	Fire/ALS	0	1	1	21D01	No Change
21D02	Unconscious	1	ALS	Fire ALS	33	24	72.7%	3	9.1%	8	24.24%	22	66.7%	1	3.03%	1	3.03%	2	6.1%	0.24	0.14	0.21	0.09	12	36.36%	1	ALS	Fire ALS	1	1	1	1	ALS	Fire/ALS	0	1	1	21D02	No Change
21D03	Not Alert	1	ALS	Fire ALS	682	510	74.8%	56	8.2%	24	3.52%	488	71.6%	5	0.73%	2	0.29%	22	3.2%	4.96	0.21	4.19	0.10	53	7.77%	1	ALS	Fire ALS	3	1	1	1	ALS	Fire/ALS	0	1	1	21D03	No Change
21D04	Dangerous Hemorrhage	1	ALS	Fire ALS	1,164	1,004	86.3%	70	6.0%	10	0.86%	985	84.6%	1	0.09%	0	0.00%	19	1.6%	9.26	0.26	7.93	0.12	30	2.58%	1	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	2	C3	C3B	21D04	Downgrade from 1 ALS/Fire to C3B Amb Only
21D05	Abnormal Breathing	1	ALS	Fire ALS	1,341	1,121	83.6%	97	7.2%	17	1.27%	1101	82.1%	2	0.15%	1	0.07%	20	1.5%	10.59	0.27	9.06	0.12	40	2.98%	1	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	2	C3	C3B	21D05	Downgrade from 1 ALS/Fire to C3B Amb Only
22	Inaccessible Incident/Other Entrapments	-																																				22	
22A01	No longer trapped (no injuries)	3	Fire	Fire Only	1	0	0.0%	0	0.0%	0	0.00%	0	0.0%	0	0.00%	0	0.00%	0	0.0%	0.00	#DIV/0!	0.00	#DIV/0!	0	0.00%	3	Fire	Fire Only	3	#DIV/0!	#DIV/0!	#DIV/0!	BLS	#DIV/0!	#DIV/0!	3	3	22A01	No Change
22B00	Override	2	BLS	Fire Amb	1	0	0.0%	1	100.0%	0	0.00%	0	0.0%	0	0.00%	0	0.00%	0	0.0%	0.01	0.28	0.01	0.24	0	0.00%	2	BLS	Fire Amb	3	3	3	3	BLS	AMB Only	1	C3	C3B	22B00	Downgrade from 2 BLS/Fire to C3B Amb Only
22B01	No longer Trapped (Unknow Injuries)	2	ALS	Fire ALS	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0	#DIV/0!	2	ALS	Fire ALS	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	ALS	#DIV/0!	#DIV/0!	2	2	22B01	No Change
22B02	Peripheral Entrapment only	2	ALS	Fire ALS	31	8	25.8%	5	16.1%	0	0.00%	8	25.8%	0	0.00%	0	0.00%	0	0.0%	0.11	0.28	0.10	0.12	0	0.00%	2	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	22B02	Downgrade from 2 ALS/Fire to C3B Amb Only
22B03	Unknown Status	2	ALS	Fire ALS	5	1	20.0%	1	20.0%	0	0.00%	1	20.0%	0	0.00%	0	0.00%	0	0.0%	0.02	0.28	0.01	0.17	0	0.00%	2	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	22B03	Downgrade from 2 ALS/Fire to C3B Amb Only
22D00	Override	1	ALS	Fire ALS	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0	#DIV/0!	1	ALS	Fire ALS	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	ALS	#DIV/0!	#DIV/0!	1	1	22D00	No Change
22D01	Mechanical/Machinery/Object Entrapment	1	ALS	Fire ALS	12	5	41.7%	3	25.0%	3	25.00%	3	25.0%	2	16.67%	1	8.33%	2	16.7%	0.09	0.22	0.07	0.12	8	66.67%	1	ALS	Fire ALS	1	2	1	1	ALS	Fire/ALS	0	1	1	22D01	No Change
22D02	Trench Collapse	1	ALS	Fire ALS	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0	#DIV/0!	1	ALS	Fire ALS	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	ALS	#DIV/0!	#DIV/0!	1	1	22D02	No Change
22D03	Structure Collapse	1	ALS	Fire ALS	2	2	100.0%	0	0.0%	0	0.00%	2	100.0%	0	0.00%	0	0.00%	0	0.0%	0.02	0.28	0.01	0.24	0	0.00%	1	ALS	Fire ALS	3	1	3	3	ALS	Fire/ALS	2	C3	C3AF	22D03	Downgrade from 1 ALS/Fire to C3A/Fire
22D04	Confined Space Entrapment	1	ALS	Fire ALS	8	3	37.5%	0	0.0%	1	12.50%	2	25.0%	3	37.50%	2	25.00%	1	12.5%	0.05	0.16	0.04	0.08	7	87.50%	1	ALS	Fire ALS	1	1	1	1	ALS	Fire/ALS	0	1	1	22D04	No Change
22D05	Inaccessible Terrain Situation	2	ALS	Fire ALS	1	0	0.0%	0	0.0%	0	0.00%	0	0.0%	0	0.00%	0	0.00%	0	0.0%	0.00	#DIV/0!	0.00	#DIV/0!	0	0.00%	2	ALS	Fire ALS	3	#DIV/0!	#DIV/0!	#DIV/0!	ALS	#DIV/0!	#DIV/0!	2	2	22D05	No Change
22D06	Mudslide/Avalanche	1	ALS	Fire ALS	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	0.00	0	#DIV/0!	1	ALS	Fire ALS	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	ALS	#DIV/0!	#DIV/0!	1	1	22D06	No Change
23	Overdose/Poisoning(Ingestion)	-																																				23	
23O01	Poisoning w Priority Symptoms	3	BLS	AMB Only	99	38	38.4%	30	30.3%	0	0.00%	38	38.4%	0	0.00%	0	0.00%	0	0.0%	0.57	0.24	0.47	0.11	0	0.00%	3	BLS	AMB Only	3	1	3	3	ALS	Fire/ALS	0	3	C3AF	23O01	Upgrade from 3 BLS Amb Only to C3A/Fire
23B00	Override	2	ALS	Fire ALS	1	0	0.0%	0	0.0%	0	0.00%	0	0.0%	0	0.00%	0	0.00%	0	0.0%	0.01	0.28	0.01	0.24	0	0.00%	2	ALS	Fire ALS	3	1	3	3	ALS	Fire/ALS	1	C3	C3AF	23B00	Downgrade from 2 ALS/Fire to C3A/Fire
23B01	Overdose w Priority Symptoms	2	BLS	AMB Only	350	245	70.0%	43	12.3%	1	0.29%	242	69.1%	0	0.00%	0	0.00%	3	0.9%	2.50	0.25	2.12	0.13	4	1.14%	2	BLS	AMB Only	3	3	3	3	BLS	AMB Only	1	C3	C3B	23B01	Downgrade from 2 BLS Amb Only to C3B Amb Only
23C00	Override	2	ALS	Fire ALS	1	1	100.0%	0	0.0%	0	0.00%	1	100.0%	0	0.00%	0	0.00%	0	0.0%	0.01	0.28	0.01	0.24	0	0.00%	2	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	23C00	Downgrade from 2 BLS Amb Only to C3B Amb Only
23C01	Not Alert	2	ALS	Fire ALS	853	544	63.8%	107	12.5%	12	1.41%	527	61.8%	2	0.23%	0	0.00%	17	2.0%	5.66	0.19	4.82	0.11	31	3.63%	2	ALS	Fire ALS	3	1	1	1	ALS	Fire/ALS	-1	2	2	23C01	No Change
23C02	Abnormal Breathing	1	ALS	Fire ALS	568	370	65.1%	89	15.7%	3	0.53%	366	64.4%	0	0.00%	0	0.00%	4	0.7%	3.97	0.25	3.38	0.12	7	1.23%	1	ALS	Fire ALS	3	2	3	3	ALS	Fire/ALS	2	C3	C3AF	23C02	Downgrade from 1 ALS/Fire to C3A/Fire
23C03	Antidepressants(Tryciclic)	2	ALS	Fire ALS	60	48	80.0%	5	8.3%	1	1.67%	47	78.3%	0	0.00%	0	0.00%	1	1.7%	0.45	0.25	0.38	0.11	2	3.33%	2	ALS	Fire ALS	3	3	2	3	ALS	Fire/ALS	1	C3	C3AF	23C03	Downgrade from 2 ALS/Fire to C3A/Fire
23C04	Cocaine, Meth (or derivatives)	2	ALS	Fire ALS	124	54	43.5%	14	11.3%	0	0.00%	54	43.5%	0	0.00%	0	0.00%	0	0.0%	0.59	0.26	0.51	0.14	0	0.00%	2	ALS	Fire ALS	3	2	3	3	ALS	Fire/ALS	1	C3	C3AF	23C04	Downgrade from 2 ALS/Fire to C3A/Fire
23C05	Narcotics	2	ALS	Fire ALS	249	104	41.8%	41	16.5%	2	0.80%	102	41.0%	0	0.00%	0	0.00%	2	0.8%	1.26	0.25	1.07	0.14	4	1.61%	2	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	23C05	Downgrade from 2 ALS/Fire to C3B Amb Only
23C06	Acid or Alkali	2	ALS	Fire ALS	17	8	47.1%	4	23.5%	0	0.00%	8	47.1%	0	0.00%	0	0.00%	0	0.0%	0.10	0.25	0.09	0.12	0	0.00%	2	ALS	Fire ALS	3	2	2	2	ALS	Fire/ALS	0	2	2	23C06	No Change
23C07	Unknown Status	2	ALS	Fire ALS	1,775	760	42.8%	152	8.6%	11	0.62%	745	42.0%	6	0.34%	5	0.28%	15	0.8%	8.12	0.22	6.85	0.12	37	2.08%	2	ALS	Fire ALS	3	2	2	2	ALS	Fire/ALS	0	2	2	23C07	No Change
23C08	Poison Control Req Response	2	ALS	Fire ALS	50	17	34.0%	14	28.0%	0	0.00%	17	34.0%	0	0.00%	0	0.00%	0	0.0%	0.27	0.24	0.24	#DIV/0!	0	0.00%	2	ALS	Fire ALS	3	1	2	FALSE	ALS	Fire/ALS	-2	2	2	23C08	No Change
23D00	Override	1	ALS	Fire ALS	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00		0	#DIV/0!	1	ALS	Fire ALS	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	ALS	#DIV/0!	#DIV/0!	1	1	23D00	No Change
23D01	Arrest	1	ALS	Fire ALS	420	212	50.5%	74	17.6%	23	5.48%	199	47.4%	39	9.29%	34	8.10%	13	3.1%	2.77	0.20	2.26	0.10	109	25.95%	1	ALS	Fire ALS	1	1	1	1	ALS	Fire/ALS	0	1	1	23D01	No Change
23D02	Unconscious	1	ALS	Fire ALS	936	515	55.0%	153	16.3%	43	4.59%	474	50.6%	13	1.39%	5	0.53%	41	4.4%	5.82	0.19	4.93	0.10	102	10.90%	1	ALS	Fire ALS	2	1	1	1	ALS	Fire/ALS	0	1	1	23D02	No Change
23D03	Changing Color	1	ALS	Fire ALS	66	28	42.4%	16	24.2%	3	4.55%	28	42.4%	0	0.00%	0	0.00%	0	0.0%	0.38	0.22	0.33	0.11	3	4.55%	1	ALS	Fire ALS	3	1	1	1	ALS	Fire/ALS	0	1	1	23D03	No Change
2.30E+01	Override	1	ALS	Fire ALS	9	4	44.4%	3	33.3%	0	0.00%	3	33.3%	0	0.00%	0	0.00%	1	11.1%	0.06	0.28	0.05	0.13	1	11.11%	1	ALS	Fire ALS	2	3	3	3	ALS	Fire/ALS	2	C3	C3AF	23	Downgrade from 1 ALS/Fire to C3A/Fire
2.30E+02	Narcotic/Opioid Arrest(Obvious)	1	ALS	Fire ALS	121	61	50.4%	21	17.4%	6	4.96%	61	50.4%	10	8.26%	8	6.61%	0	0.0%	0.78	0.17	0.66	0.09	24	19.83%	1	ALS	Fire ALS	2	1	1	1	ALS	Fire/ALS	0	1	1	230	No Change
24	Pregnancy/Childbirth/Miscarriage	-																																				24	
24O00	Waters broden(no contractions or presenting parts)	3	BLS	AMB Only	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0	#DIV/0!	3	BLS	AMB Only	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	BLS	#DIV/0!	#DIV/0!	3	3	24O00	No Change
24A00	Override	3	BLS	AMB Only	2	2	100.0%	0	0.0%	0	0.00%	2	100.0%	0	0.00%	0	0.00%	0	0.0%	0.02	0.28	0.01	0.24	0	0.00%	3	BLS	AMB Only	3	3	3	3	BLS	AMB Only	0	3	3	24A00	No Change
24A01	1st Trimester hemorrhage/miscarriage	2	BLS	AMB Only	50	40	80.0%	4	8.0%	0	0.00%	40	80.0%	0	0.00%	0	0.00%	0	0.0%	0.38	0.28	0.32	0.15	0	0.00%	2	BLS	AMB Only	3	3	3	3	BLS	AMB Only	1	C3	C3B	24A01	Downgrade from 2 BLS Amb Only to C3B Amb Only
24A02	Confirmed Still Birth>6 months/24 weeks and no complications	3	BLS	Amb Only	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0	#DIV/0!	3	BLS	Amb Only	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	BLS	#DIV/0!	#DIV/0!	3	3	24A02	No Change
24B00	Override	2	BLS	Amb Only	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0	#DIV/0!	2	BLS	Amb Only	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	ALS	#DIV/0!	#DIV/0!	2	2	24B00	No Change
24B01	Labor (delivery not imminent > 6 months/24 weeks	1	BLS	Amb Only	139	125	89.9%	7	5.0%	0	0.00%	120	86.3%	0	0.00%	0	0.00%	5	3.6%	1.12	0.28	0.96	0.16	5	3.60%	1	BLS	Amb Only	3	3	3	3	BLS	AMB Only	2	C3	C3B	24B01	Downgrade from 1 BLS Amb Only to C3B Amb Only
24B02	Unknown Status	2	BLS	Amb Only	155	105	67.7%	19	12.3%	3	1.94%	99	63.9%	1	0.65%	0	0.00%	6	3.9%	1.09	0.27	0.93	0.14	10	6.45%	2	BLS	Amb Only	3	3	3	3	BLS	AMB Only	1	C3	C3B	24B02	Downgrade from 2 BLS Amb Only to C3B Amb Only
24C00	Override	2	ALS	Fire ALS	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0	#DIV/0!	2	ALS	Fire ALS	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	ALS	#DIV/0!	#DIV/0!	2	2	24C00	No Change
24C01	2nd Trimester hemorrhage/Miscarrarriage	2	ALS	Fire ALS	109	102	93.6%	1	0.9%	2	1.83%	100	91.7%	0	0.00%	0	0.00%	2	1.8%	0.88	0.27	0.74	0.13	4	3.67%	2	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	24C01	Downgrade from 2 ALS/Fire to C3B Amb Only
24C02	1st Trimester Serious hemorrhage	2	ALS	Fire ALS	151	135	89.4%	7	4.6%	1	0.66%	133	88.1%	0	0.00%	0	0.00%	2	1.3%	1.22	0.27	1.05	0.16	3	1.99%	2	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	24C02	Downgrade from 2 ALS/Fire to C3B Amb Only
24C03	Abdominal pain/cramping<6months/24 weeks w no fetus or tiss	2	ALS	Fire ALS	236	195	82.6%	22	9.3%	1	0.42%	194	82.2%	0	0.00%	0	0.00%	1	0.4%	1.88	0.27	1.61	0.15	2	0.85%	2	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	24C03	Downgrade from 2 ALS/Fire to C3B Amb Only
24C04	Baby born(no complications)	2	ALS	Fire ALS	57	55	96.5%	0	0.0%	0	0.00%	50	87.7%	0	0.00%	0	0.00%	5	8.8%	0.47	0.26	0.40	0.24	5	8.77%	2	ALS	Fire ALS	2	1	3	FALSE	ALS	Fire/ALS	-2	2	2	24C04	No Change
24D00	Override	2	ALS	Fire ALS	1	1	100.0%	0	0.0%	0	0.00%	1	100.0%	0	0.00%	0	0.00%	0	0.0%	0.01	0.28	0.01		0	0.00%	2	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	24D00	Downgrade from 2 ALS/Fire to C3B Amb Only
24D01	Breech or Cord	2	ALS	Fire ALS	30	24	80.0%	1	3.3%	0	0.00%	22	73.3%	0	0.00%	0	0.00%	2	6.7%	0.22	0.28	0.19	0.12	2	6.67%	2	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	24D01	Downgrade from 2 ALS/Fire to C3B Amb Only
24D02	Head visible/out	2	ALS	Fire ALS	38	34	89.5%	0	0.0%	0	0.00%	29	76.3%	0	0.00%	0	0.00%	5	13.2%	0.29	0.26	0.24	0.11	5	13.16%	2	ALS	Fire ALS	2	1	3	FALSE	ALS	Fire/ALS	-2	2	2	24D02	No Change
24D03	Imminent delivery>6 months/24 weeks	2	ALS	Fire ALS	515	481	93.4%	14	2.7%	6	1.17%	446	86.6%	0	0.00%	0	0.00%	35	6.8%	4.23	0.27	3.62	0.13	41	7.96%	2	ALS	Fire ALS	3	2	3	3	ALS	Fire/ALS	1	C3	C3AF	24D03	Downgrade from 2 ALS/Fire to C3A/Fire
24D04	3rd Trimester hemorrhage	2	ALS	Fire ALS	137	123	89.8%	6	4.4%	0	0.00%	118	86.1%	0	0.00%	0	0.00%	5	3.6%	1.09	0.28	0.94	0.15	5	3.65%	2	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	24D04	Downgrade from 2 ALS/Fire to C3B Amb Only
24D05	High Risk complications	2	ALS	Fire ALS	98	90	91.8%	5	5.1%	0	0.00%	89	90.8%	0	0.00%	0	0.00%	1	1.0%	0.81	0.27	0.70	0.16	1	1.02%	2	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	24D05	Downgrade from 2 ALS/Fire to C3B Amb Only
24D06	Baby born(complications w baby)	2	ALS	Fire ALS	14	13	92.9%	0	0.0%	5	35.71%	10	71.4%	5	35.71%	0	0.00%	3	21.4%	0.12	0.19	0.10	0.13	13	92.86%	2	ALS	Fire ALS	1	1	1	1	ALS	Fire/ALS	-1	2	2	24D06	No Change
24D07	Baby born (complications w mother	2	ALS	Fire ALS	14	14	100.0%	0	0.0%	1	7.14%	12	85.7%	0	0.00%	0	0.00%	2	14.3%	0.12	0.26	0.10	0.12	3	21.43%	2	ALS	Fire ALS	1	1	3	1	ALS	Fire/ALS	-1	2	2	24D07	No Change
25	Psychiatric/Abnormal Behavior/Suicide Attempt	-																																				25	
25A01	Non-Suicidal and alert	3	BLS	AMB Only	830	379	45.7%	50	6.0%	0	0.00%	378	45.5%	0	0.00%	0	0.00%	1	0.1%	3.87	0.24	3.24	0.11	1	0.12%	3	BLS	AMB Only	3	1	3	3	ALS	Fire/ALS	0	3	C3AF	25A01	Upgrade from 3 BLS Amb Only to C3A/Fire
25A02	Suicidal(not threatening) and alert	3	BLS	AMB Only	224	70	31.3%	5	2.2%	0	0.00%	70	31.3%	0	0.00%	0	0.00%	0	0.0%	0.70	0.26	0.60	0.11	0	0.00%	3	BLS	AMB Only	3	3	3	3	BLS	AMB Only	0	3	3	25A02	No Change
25B00	Override	2	BLS	Fire AMB	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0	#DIV/0!	2	BLS	Fire AMB	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	ALS	#DIV/0!	#DIV/0!	2	2	25B00	No Change
25B01	Serious hemorrhage	2	BLS	Fire AMB	61	37	60.7%	2	3.3%	1	1.64%	35	57.4%	0	0.00%	0	0.00%	2	3.3%	0.38	0.26	0.32	0.11	3	4.92%	2	BLS	Fire AMB	3	3	3	3	BLS	AMB Only	1	C3	C3B	25B01	Downgrade from 2 BLS/Fire to C3B Amb Only
25B02	Non-Serious or minor hemorrhage	3	BLS	Amb Only	86	39	45.3%	12	14.0%	0	0.00%	39	45.3%	0	0.00%	0	0.00%	0	0.0%	0.47	0.26	0.39	0.10	0	0.00%	3	BLS	Amb Only	3	1	3	3	ALS	Fire/ALS	0	3	C3AF	25B02	Upgrade from 3 BLS Amb Only to C3A/Fire
25B03	Threatening Suicide	3	BLS	Amb Only	560	153	27.3%	26	4.6%	0	0.00%	152	27.1%	0	0.00%	0	0.00%	1	0.2%	1.63	0.26	1.38	0.10	1	0.18%	3	BLS	Amb Only	3	1	3	3	ALS	Fire/ALS	0	3	C3AF	25B03	Upgrade from 3 BLS Amb Only to C3A/Fire
25B04	Jumper(Threatening)	3	BLS	Amb Only	123	6	4.9%	2	1.6%	0	0.00%	6	4.9%	1	0.81%	1	0.81%	0	0.0%	0.09	0.19	0.07	0.12	2	1.63%	3	BLS	Amb Only	3	1	1	1	ALS	Fire/ALS	-2	1	1	25B04	Upgrade from 3 BLS Amb Only to 1 ALS/Fire
25B05	Near hanging strangulation or suffocation(alert w diff breathing	3	BLS	Amb Only	13	4	30.8%	0	0.0%	0	0.00%	4	30.8%	0	0.00%	0	0.00%	0	0.0%	0.03	0.28	0.03	0.17	0	0.00%	3	BLS	Amb Only	3	3	3	3	BLS	AMB Only	0	3	3	25B05	No Change
25B06	Unknown Status	3	ALS	Fire ALS	1,414	416	29.4%	101	7.1%	1	0.07%	415	29.3%	0	0.00%	2	0.14%	1	0.1%	4.74	0.23	3.92	0.10	4	0.28%	3	ALS	Fire ALS	3	1	3	3	ALS	Fire/ALS	0	3	C3A	25B06	No Change
25D00	Override	1	ALS	Fire ALS	2	2	100.0%	0	0.0%	0	0.00%	2	100.0%	0	0.00%	0	0.00%	0	0.0%	0.02	0.19	0.01	0.24	0	0.00%	1	ALS	Fire ALS	3	1	1	1	ALS	Fire/ALS	0	1	1	25D00	No Change
25D01	Not alert	1	ALS	Fire ALS	282	146	51.8%	33	11.7%	0	0.00%	144	51.1%	0	0.00%	0	0.00%	2	0.7%	1.58	0.20	1.29	0.10	2	0.71%	1	ALS	Fire ALS	3	1	1	1	ALS	Fire/ALS	0	1	1	25D01	No Change
25D02	Dangerous hemorrhage	1	ALS	Fire ALS	35	17	48.6%	3	8.6%	0	0.00%	14	40.0%	0	0.00%	0	0.00%	3	8.6%	0.18	0.25	0.15	0.10	3	8.57%	1	ALS	Fire ALS	2	1	3	FALSE	ALS	Fire/ALS	-1	1	1	25D02	No Change
25D03	Near hanging strangulation or suffocation(alert w diff breathing	1	ALS	Fire ALS	182	85	46.7%	12	6.6%	0	0.00%	85	46.7%	0	0.00%	0	0.00%	0	0.0%	0.87	0.17	0.74		0	0.00%	1	ALS	Fire ALS	3	1	1	1	ALS	Fire/ALS	0	1	1	25D03	No Change
25D04	Dangerous hemorrhage	1	ALS	Fire ALS	7	2	28.6%	1	14.3%	0	0.00%	2	28.6%	0	0.00%	0	0.00%	0	0.0%	0.03	0.28	0.02	0.18	0	0.00%	1	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	2	C3	C3B	25D04	Downgrade from 1 ALS/Fire to C3B Amb Only
25D05	Near hanging,strnagulation,suffocation(alert w diff breathing)	1	ALS	Fire ALS	5	4	80.0%	0	0.0%	0	0.00%	4	80.0%	0	0.00%	0	0.00%	0	0.0%	0.03	0.28	0.03	0.19	0	0.00%	1	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	2	C3	C3B	25D05	Downgrade from 1 ALS/Fire to C3B Amb Only
25D06	Jumped Now	1	ALS	Fire ALS	5	2	40.0%	0	0.0%	0	0.00%	2	40.0%	0	0.00%	1	20.00%	0	0.0%	0.02	0.28	0.01	0.17	1	20.00%	1	ALS	Fire ALS	1	3	3	3	ALS	Fire/ALS	2	C3	C3AF	25D06	Downgrade from 1 ALS/Fire to C3A/Fire
26	Sick Person	-																																				26	
26O02	Boils	3	BLS	AMB Only	9	6	66.7%	1	11.1%	0	0.00%	6	66.7%	0	0.00%	0	0.00%	0	0.0%	0.06	0.28	0.00	#DIV/0!	0	0.00%	3	BLS	AMB Only	3	#DIV/0!	3	#DIV/0!	BLS	#DIV/0!	#DIV/0!	3	3	26O02	No Change
26O03	Bunps (non-Traumatic)	3	BLS	AMB Only	4	2	50.0%	0	0.0%	0	0.00%	2	50.0%	0	0.00%	0	0.00%	0	0.0%	0.03	0.28	0.00	#DIV/0!	0	0.00%	3	BLS	AMB Only	3	#DIV/0!	3	#DIV/0!	BLS	#DIV/0!	#DIV/0!	3	3	26O03	No Change
26O04	Can't sleep	3	BLS	Amb Only	2	1	50.0%	1	50.0%	0	0.00%	1	50.0%	0	0.00%	0	0.00%	0	0.0%	0.02	0.28	0.00	#DIV/0!	0	0.00%	3	BLS	AMB Only	3	#DIV/0!	3	#DIV/0!	BLS	#DIV/0!	#DIV/0!	3	3	26O04	No Change
26O05	Can't urinate(w abd pain)	3	BLS	Amb Only	13	9	69.2%	2	15.4%	0	0.00%	9	69.2%	0	0.00%	0	0.00%	0	0.0%	0.13	0.26	0.01	0.24	0	0.00%	3	BLS	Amb Only	3	3	2	3	ALS	Fire/ALS	0	3	C3AF	26O05	Upgrade from 3 BLS Amb Only to C3A/Fire
26O07	Constipation	3	BLS	Amb Only	8	4	50.0%	2	25.0%	0	0.00%	4	50.0%	0	0.00%	0	0.00%	0	0.0%	0.05	0.20	0.00	#DIV/0!	0	0.00%	3	BLS	Amb Only	3	#DIV/0!	3	#DIV/0!	BLS	#DIV/0!	#DIV/0!	3	3	26O07	No Change
26O08	Cramps/Spasms/joint pain(extremeties non-traumatic)	3	BLS	Amb Only	20	11	55.0%	4	20.0%	0	0.00%	11	55.0%	0	0.00%	0	0.00%	0	0.0%	0.14	0.28	0.02	0.18	0	0.00%	3	BLS	Amb Only	3	3	3	3	BLS	AMB Only	0	3	3	26O08	No Change
26O09	Cut-off ring request	3	BLS	Amb Only	5	1	20.0%	0	0.0%	0	0.00%	1	20.0%	0	0.00%	0	0.00%	0	0.0%	0.03	0.28	0.00	#DIV/0!	0	0.00%	3	BLS	Amb Only	3	#DIV/0!	3	#DIV/0!	BLS	#DIV/0!	#DIV/0!	3	3	26O09	No Change
26O10	Deafness	3	BLS	Amb Only	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0	#DIV/0!	3	BLS	Amb Only	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	BLS	#DIV/0!	#DIV/0!	3	3	26O10	No Change
26O11	Defecation/Diarrhea	3	BLS	Amb Only	154	127	82.5%	5	3.2%	0	0.00%	126	81.8%	0	0.00%	0	0.00%	1	0.6%	1.18	0.26	0.88	0.14	1	0.65%	3	BLS	Amb Only	3	3	3	3	BLS	AMB Only	0	3	3	26O11	No Change
26O12	Earache	3	BLS	Amb Only	43	25	58.1%	6	14.0%	0	0.00%	25	58.1%	0	0.00%	0	0.00%	0	0.0%	0.27	0.28	0.20	0.13	0	0.00%	3	BLS	Amb Only	3	3	3	3	BLS	AMB Only	0	3	3	26O12	No Change
26O13	Enema	3	BLS	Amb Only	3	3	100.0%	0	0.0%	0	0.00%	3	100.0%	0	0.00%	0	0.00%	0	0.0%	0.03	0.20	0.02	0.13	0	0.00%	3	BLS	Amb Only	3	3	3	3	BLS	AMB Only	0	3	3	26O13	No Change
26O14	Gout	3	BLS	Amb Only	12	10	83.3%	1	8.3%	0	0.00%	10	83.3%	0	0.00%	0	0.00%	0	0.0%	0.09	0.28	0.08	0.17	0	0.00%	3	BLS	Amb Only	3	3	3	3	BLS	AMB Only	0	3	3	26O14	No Change
26O15	Hemorrhoids/Piles	3	BLS	Amb Only	2	2	100.0%	0	0.0%	0	0.00%	2	100.0%	0	0.00%	0	0.00%	0	0.0%	0.02	0.28	0.01		0	0.00%	3	BLS	Amb Only	3	1	3	3	ALS	Fire/ALS	0	3	C3AF	26O15	Upgrade from 3 BLS Amb Only to C3A/Fire
26O16	Hepatitis	3	BLS	Amb Only	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0	#DIV/0!	3	BLS	Amb Only	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	3	3	26O16	No Change
26O17	Hiccups	3	BLS	Amb Only	2	2	100.0%	0	0.0%	0	0.00%	2	100.0%	0	0.00%	0	0.00%	0	0.0%	0.02	0.28	0.01	0.24	0	0.00%	3	BLS	Amb Only	3	3	3	3	BLS	AMB Only	0	3	3	26O17	No Change
26O18	Corona Symptoms	3	BLS	Amb Only	8	6	75.0%	2	25.0%	0	0.00%	6	75.0%	0	0.00%	0	0.00%	0	0.0%	0.07	0.28	0.06	0.15	0	0.00%	3	BLS	Amb Only	3	1	3	3	ALS	Fire/ALS	0	3	C3AF	26O18	Upgrade from 3 BLS Amb Only to C3A/Fire
26O19	Nervous	3	BLS	Amb Only	34	16	47.1%	12	35.3%	0	0.00%	16	47.1%	0	0.00%	0	0.00%	0	0.0%	0.24	0.27	0.18	0.14	0	0.00%	3	BLS	Amb Only	3	3	3	3	BLS	AMB Only	0	3	3	26O19	No Change
26O20	Object stuck(nose,ear,vagina,rectum,penis	3	BLS	Amb Only	75	25	33.3%	14	18.7%	0	0.00%	25	33.3%	0	0.00%	0	0.00%	0	0.0%	0.36	0.27	0.23	0.10	0	0.00%	3	BLS	Amb Only	3	1	3	3	ALS	Fire/ALS	0	3	C3AF	26O20	Upgrade from 3 BLS Amb Only to C3A/Fire
26O21	Object swallowed(w choking or diff breathing, can talk	3	BLS	Amb Only	14	3	21.4%	6	42.9%	0	0.00%	3	21.4%	0	0.00%	0	0.00%	0	0.0%	0.09	0.22	0.07	0.07	0	0.00%	3	BLS	Amb Only	3	1	1	1	ALS	Fire/ALS	-2	1	1	26O21	Upgrade from 3 BLS Amb Only to 1 ALS/Fire
26O22	Painful urination	3	BLS	Amb Only	22	19	86.4%	1	4.5%	0	0.00%	18	81.8%	0	0.00%	0	0.00%	1	4.5%	0.17	0.26	0.13	0.14	1	4.55%	3	BLS	Amb Only	3	3	3	3	BLS	AMB Only	0	3	3	26O22	No Change
26O23	Penis Problems/pain	3	BLS	Amb Only	19	16	84.2%	1	5.3%	0	0.00%	16	84.2%	0	0.00%	0	0.00%	0	0.0%	0.15	0.28	0.08	0.15	0	0.00%	3	BLS	Amb Only	3	3	3	3	BLS	AMB Only	0	3	3	26O23	No Change
27	Stab/Gunshot/Penetrating Trauma	-																																				27	
27A01	Non-Recent>6hrs)Peripheral wounds	3	BLS	AMB Only	5	4	80.0%	0	0.0%	0	0.00%	4	80.0%	0	0.00%	0	0.00%	0	0.0%	0.03	0.28	0.03	0.14	0	0.00%	3	BLS	AMB Only	3	3	3	3	BLS	AMB Only	0	3	3	27A01	No Change
27B00	Override	2	BLS	AMB Only	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0	#DIV/0!	2	BLS	AMB Only	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	2	2	27B00	No Change
27B01	Non-Recent>6hrs) single central wound	2	BLS	Amb Only	14	11	78.6%	1	7.1%	0	0.00%	11	78.6%	0	0.00%	0	0.00%	0	0.0%	0.10	0.28	0.09	0.13	0	0.00%	2	BLS	Amb Only	3	1	3	3	ALS	Fire/ALS	1	C3	C3AF	27B01	Downgrade from 2 BLS Amb Only to C3A/Fire
27B02	Known single pheripheral wound	2	BLS	Amb Only	63	39	61.9%	12	19.0%	0	0.00%	37	58.7%	0	0.00%	0	0.00%	2	3.2%	0.44	0.27	0.36	0.11	2	3.17%	2	BLS	Amb Only	3	1	3	3	ALS	Fire/ALS	1	C3	C3AF	27B02	Downgrade from 2 BLS Amb Only to C3A/Fire
27B03	Serious hemorrhage	2	BLS	Fire BLS	10	10	100.0%	0	0.0%	0	0.00%	8	80.0%	0	0.00%	0	0.00%	2	20.0%	0.09	0.25	0.07	0.11	2	20.00%	2	BLS	Fire BLS	1	2	3	FALSE	ALS	Fire/ALS	-2	2	2	27B03	Upgrade from 2 BLS Amb Only to 2 ALS/Fire
27B04	Unknown status/Other codes not applicable	2	ALS	Fire ALS	30	14	46.7%	1	3.3%	2	6.67%	12	40.0%	0	0.00%	0	0.00%	2	6.7%	0.14	0.28	0.11	0.10	4	13.33%	2	ALS	Fire ALS	2	3	3	3	ALS	Fire/ALS	1	C3	C3A	27B04	Downgrade from 2 ALS/Fire to C3A/Fire
27B05	Obvious Death	2	ALS	Fire ALS	11	1	9.1%	0	0.0%	0	0.00%	1	9.1%	0	0.00%	3	27.27%	0	0.0%	0.03	0.21	0.03	0.19	3	27.27%	2	ALS	Fire ALS	1	1	1	1	ALS	Fire/ALS	-1	2	2	27B05	No Change
27D00	Override	1	ALS	Fire ALS	1	0	0.0%	0	0.0%	0	0.00%	0	0.0%	0	0.00%	0	0.00%	0	0.0%	0.01	0.28	0.01	0.24	0	0.00%	1	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	2	C3	C3B	27D00	Downgrade from 1 ALS/Fire to C3B Amb Only
27D01	Arrest	1	ALS	Fire ALS	61	20	32.8%	3	4.9%	8	13.11%	13	21.3%	9	14.75%	19	31.15%	7	11.5%	0.34	0.16	0.29	0.10	43	70.49%	1	ALS	Fire ALS	1	1	1	1	ALS	Fire/ALS	0	1	1	27D01	No Change
27D02	Unconscious	1	ALS	Fire ALS	36	25	69.4%	0	0.0%	16	44.44%	11	30.6%	6	16.67%	5	13.89%	14	38.9%	0.26	0.13	0.23	0.05	41	113.89%	1	ALS	Fire ALS	1	1	1	1	ALS	Fire/ALS	0	1	1	27D02	No Change
27D03	Gunshot	1	ALS	Fire ALS	47	34	72.3%	2	4.3%	9	19.15%	28	59.6%	7	14.89%	3	6.38%	6	12.8%	0.36	0.18	0.30	0.09	25	53.19%	1	ALS	Fire ALS	1	1	1	1	ALS	Fire/ALS	0	1	1	27D03	No Change
27D04	Central Wounds	1	ALS	Fire ALS	2,026	927	45.8%	115	5.7%	230	11.35%	698	34.5%	82	4.05%	85	4.20%	230	11.4%	9.88	0.22	8.35	0.12	627	30.95%	1	ALS	Fire ALS	1	1	1	1	ALS	Fire/ALS	0	1	1	27D04	No Change
27D05	Multiple Wounds	1	ALS	Fire ALS	17	12	70.6%	1	5.9%	0	0.00%	11	64.7%	0	0.00%	0	0.00%	1	5.9%	0.12	0.28	0.10		1	5.88%	1	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	2	C3	C3B	27D05	Downgrade from 1 ALS/Fire to C3B Amb Only
27D06	Multiple Victims	1	ALS	Fire ALS	82	33	40.2%	4	4.9%	10	12.20%	25	30.5%	5	6.10%	8	9.76%	8	9.8%	0.38	0.18	0.32	0.09	31	37.80%	1	ALS	Fire ALS	1	1	1	1	ALS	Fire/ALS	0	1	1	27D06	No Change
28	Stroke (CVA)/TIA	-																																				28	
28A01	Breathing normally	3	BLS	AMB Only	11	7	63.6%	2	18.2%	0	0.00%	7	63.6%	0	0.00%	0	0.00%	0	0.0%	0.08	0.28	0.07	0.15	0	0.00%	3	BLS	AMB Only	3	1	3	3	ALS	Fire/ALS	0	3	C3AF	28A01	Upgrade from 3 BLS Amb Only to C3A/Fire
28C00	Override	2	ALS	AMB Only	1	0	0.0%	1	100.0%	0	0.00%	0	0.0%	0	0.00%	0	0.00%	0	0.0%	0.01	0.28	0.01	0.24	0	0.00%	2	ALS	AMB Only	3	3	3	3	BLS	AMB Only	1	C3	C3B	28C00	Downgrade from 2 ALS Amb Only to C3B Amb Only
28C01	Not Alert	2	ALS	Fire ALS	1,344	1,114	82.9%	129	9.6%	106	7.89%	975	72.5%	10	0.74%	5	0.37%	139	10.3%	10.83	0.17	9.29	0.09	260	19.35%	2	ALS	Fire ALS	2	1	1	1	ALS	Fire/ALS	-1	2	2	28C01	No Change
28C02	Abnormal Breathing	2	ALS	Fire ALS	920	741	80.5%	108	11.7%	38	4.13%	678	73.7%	0	0.00%	0	0.00%	65	7.1%	7.42	0.24	6.37	0.10	103	11.20%	2	ALS	Fire ALS	2	1	2	2	ALS	Fire/ALS	0	2	2	28C02	No Change
28C03	Sudden speech problems	2	ALS	Fire ALS	742	586	79.0%	94	12.7%	45	6.06%	501	67.5%	0	0.00%	0	0.00%	85	11.5%	5.89	0.22	5.06	0.10	130	17.52%	2	ALS	Fire ALS	2	1	1	1	ALS	Fire/ALS	0	2	2	28C03	No Change
28C04	Sudden weakness or numbness(one side)	2	ALS	Fire ALS	738	594	80.5%	90	12.2%	25	3.39%	540	73.2%	0	0.00%	0	0.00%	55	7.5%	5.97	0.25	5.13	0.10	80	10.84%	2	ALS	Fire ALS	2	1	3	FALSE	ALS	Fire/ALS	-2	2	2	28C04	No Change
28C05	Sudden Paralysis or facial droop	2	ALS	Fire ALS	293	236	80.5%	32	10.9%	20	6.83%	210	71.7%	0	0.00%	0	0.00%	26	8.9%	2.33	0.23	2.00	0.09	46	15.70%	2	ALS	Fire ALS	2	1	2	2	ALS	Fire/ALS	0	2	2	28C05	No Change
28C06	Sudden loss of balance or coordination	2	ALS	Fire ALS	145	118	81.4%	19	13.1%	2	1.38%	113	77.9%	0	0.00%	0	0.00%	5	3.4%	1.18	0.25	1.01	0.10	7	4.83%	2	ALS	Fire ALS	3	2	3	3	ALS	Fire/ALS	1	C3	C3AF	28C06	Downgrade from 2 ALS/Fire to C3A/Fire
28C07	Sudden vision problems	2	ALS	AMB Only	200	147	73.5%	35	17.5%	5	2.50%	143	71.5%	0	0.00%	0	0.00%	4	2.0%	1.60	0.26	1.37	0.11	9	4.50%	2	ALS	AMB Only	3	1	3	3	ALS	Fire/ALS	1	C3	C3AF	28C07	Downgrade from 2 ALS/Fire to C3A/Fire
28C08	Sudden onset of severe headache	2	ALS	AMB Only	67	52	77.6%	12	17.9%	1	1.49%	48	71.6%	0	0.00%	0	0.00%	4	6.0%	0.56	0.25	0.48	0.10	5	7.46%	2	ALS	AMB Only	3	1	3	3	ALS	Fire/ALS	1	C3	C3AF	28C08	Downgrade from 2 ALS/Fire to C3A/Fire
28C09	Stroke history	2	ALS	AMB Only	129	103	79.8%	16	12.4%	7	5.43%	96	74.4%	0	0.00%	0	0.00%	7	5.4%	1.03	0.22	0.89	0.10	14	10.85%	2	ALS	AMB Only	2	1	3	FALSE	ALS	Fire/ALS	-2	2	2	28C09	No Change
28C10	TIA history	2	ALS	AMB Only	22	18	81.8%	3	13.6%	1	4.55%	17	77.3%	0	0.00%	0	0.00%	1	4.5%	0.18	0.25	0.15	0.10	2	9.09%	2	ALS	AMB Only	2	1	3	FALSE	ALS	Fire/ALS	-2	2	2	28C10	No Change
28C11	Breathing normally >35	2	ALS	AMB Only	136	110	80.9%	18	13.2%	2	1.47%	104	76.5%	0	0.00%	0	0.00%	6	4.4%	1.12	0.22	0.96		8	5.88%	2	ALS	AMB Only	3	2	3	3	ALS	Fire/ALS	1	C3	C3AF	28C11	Downgrade from 2 ALS Amb Only to C3A/Fire
28C12	Unknown status	2	ALS	AMB Only	116	78	67.2%	18	15.5%	2	1.72%	72	62.1%	0	0.00%	0	0.00%	6	5.2%	0.84	0.24	0.71	0.10	8	6.90%	2	ALS	AMB Only	3	2	2	2	ALS	Fire/ALS	0	2	2	28C12	No Change
29	Traffic/Transportation on incidents	-																																				29	
29A00	Override	3	BLS	Fire BLS	5	2	40.0%	1	20.0%	0	0.00%	2	40.0%	0	0.00%	0	0.00%	0	0.0%	0.03	0.28	0.02	0.18	0	0.00%	3	BLS	Fire BLS	3	1	3	3	ALS	Fire/ALS	0	3	C3AF	29A00	Upgrade from 3 BLS/Fire to C3A/Fire
29A01	Override	2	ALS	AMB Only	1	1	100.0%	0	0.0%	0	0.00%	1	100.0%	0	0.00%	0	0.00%	0	0.0%	0.01	0.28	0.01	0.24	0	0.00%	2	ALS	AMB Only	3	3	3	3	BLS	AMB Only	1	C3	C3B	29A01	Downgrade from 2 ALS Amb Only to C3B Amb Only
29A02	No injuries Reported	3	BLS	Fire BLS	15	5	33.3%	1	6.7%	0	0.00%	5	33.3%	0	0.00%	0	0.00%	0	0.0%	0.07	0.28	0.06	0.13	0	0.00%	3	BLS	Fire BLS	3	1	3	3	ALS	Fire/ALS	0	3	C3AF	29A02	Upgrade from 3 BLS/Fire to C3A/Fire
29B00	Override	2	BLS	Fire BLS	1	0	0.0%	0	0.0%	0	0.00%	0	0.0%	0	0.00%	0	0.00%	0	0.0%	0.00	#DIV/0!	0.00	#DIV/0!	0	0.00%	2	BLS	Fire BLS	3	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	2	2	29B00	No Change
29B01	Injuries	2	ALS	Fire ALS	1,560	668	42.8%	263	16.9%	4	0.26%	655	42.0%	1	0.06%	1	0.06%	13	0.8%	8.01	0.26	6.80	0.10	19	1.22%	2	ALS	Fire ALS	3	1	3	3	ALS	Fire/ALS	1	C3	C3AF	29B01	Downgrade from 2 ALS/Fire to C3A/Fire
29B02	Serious hemorrhage	2	BLS	Fire BLS	130	76	58.5%	20	15.4%	2	1.54%	71	54.6%	1	0.77%	1	0.77%	5	3.8%	0.82	0.26	0.70	0.11	9	6.92%	2	BLS	Fire BLS	3	1	3	3	ALS	Fire/ALS	1	C3	C3AF	29B02	Downgrade from 2 ALS/Fire to C3A/Fire
29B03	Other Hazards	2	BLS	Fire BLS	252	81	32.1%	27	10.7%	3	1.19%	79	31.3%	0	0.00%	1	0.40%	2	0.8%	0.93	0.26	0.77	0.12	6	2.38%	2	BLS	Fire BLS	3	1	3	3	ALS	Fire/ALS	1	C3	C3AF	29B03	Downgrade from 2 ALS/Fire to C3A/Fire
29B05	Unknown Status	2	BLS	Fire BLS	8,272	2,951	35.7%	1,349	16.3%	110	1.33%	2837	34.3%	30	0.36%	30	0.36%	115	1.4%	37.57	0.26	31.52	0.10	285	3.45%	2	BLS	Fire BLS	3	1	3	3	ALS	Fire/ALS	1	C3	C3AF	29B05	Downgrade from 2 ALS/Fire to C3A/Fire
29D00	Override	1	ALS	Fire ALS	1	1	100.0%	0	0.0%	0	0.00%	1	100.0%	0	0.00%	0	0.00%	0	0.0%	0.01	0.28	0.01	0.24	0	0.00%	1	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	2	C3	C3B	29D00	Downgrade from 2 ALS/Fire to C3A/Fire
29D01	Major Incident	1	ALS	Fire ALS	324	91	28.1%	38	11.7%	21	6.48%	77	23.8%	5	1.54%	9	2.78%	14	4.3%	1.21	0.20	1.01	0.08	49	15.12%	1	ALS	Fire ALS	2	1	1	1	ALS	Fire/ALS	0	1	1	29D01	No Change
29D02	High Mechanism	1	ALS	Fire ALS	4,767	2,145	45.0%	601	12.6%	294	6.17%	1887	39.6%	87	1.83%	95	1.99%	262	5.5%	25.07	0.22	21.24	0.09	738	15.48%	1	ALS	Fire ALS	2	1	1	1	ALS	Fire/ALS	0	1	1	29D02	No Change
29D03	High Velocity Impact	1	ALS	Fire ALS	1,802	724	40.2%	280	15.5%	81	4.50%	661	36.7%	37	2.05%	33	1.83%	64	3.6%	9.05	0.23	7.70	0.14	215	11.93%	1	ALS	Fire ALS	2	1	2	2	ALS	Fire/ALS	1	1	1	29D03	No Change
29D04	Hazmat	1	ALS	Fire ALS	16	6	37.5%	0	0.0%	0	0.00%	6	37.5%	0	0.00%	0	0.00%	0	0.0%	0.05	0.28	0.04		0	0.00%	1	ALS	Fire ALS	3	1	3	3	ALS	Fire/ALS	2	C3	C3AF	29D04	Downgrade from 1 ALS/Fire to C3A/Fire
29D05	Pinned(Trapped) Victim	1	ALS	Fire ALS	508	300	59.1%	73	14.4%	35	6.89%	273	53.7%	10	1.97%	14	2.76%	27	5.3%	3.39	0.23	2.88	0.10	86	16.93%	1	ALS	Fire ALS	2	1	1	1	ALS	Fire/ALS	0	1	1	29D05	No Change
29D06	Arrest	1	ALS	Fire ALS	71	39	54.9%	10	14.1%	12	16.90%	35	49.3%	9	12.68%	5	7.04%	5	7.0%	0.46	0.17	0.37	0.08	31	43.66%	1	ALS	Fire ALS	1	1	1	1	ALS	Fire/ALS	0	1	1	29D06	No Change
29D07	Unconscious	1	ALS	Fire ALS	129	93	72.1%	9	7.0%	28	21.71%	79	61.2%	2	1.55%	2	1.55%	14	10.9%	0.95	0.15	0.81	0.08	46	35.66%	1	ALS	Fire ALS	1	1	1	1	ALS	Fire/ALS	0	1	1	29D07	No Change
29D08	Not alert with noisy breathing	1	ALS	Fire ALS	19	14	73.7%	2	10.5%	4	21.05%	14	73.7%	0	0.00%	0	0.00%	1	5.3%	0.15	0.16	0.13	0.10	5	26.32%	1	ALS	Fire ALS	1	1	1	1	ALS	Fire/ALS	0	1	1	29D08	No Change
29D09	Not alert with normal breathing	1	ALS	Fire ALS	22	16	72.7%	3	13.6%	0	0.00%	13	59.1%	0	0.00%	0	0.00%	3	13.6%	0.16	0.25	0.13	0.13	3	13.64%	1	ALS	Fire ALS	2	1	2	2	ALS	Fire/ALS	1	1	1	29D09	No Change
30	Traumatic Injuries	-																																				30	
30A01	Override	3	BLS	Amb Only	139	108	77.7%	11	7.9%	0	0.00%	106	76.3%	0	0.00%	0	0.00%	2	1.4%	1.03	0.27	0.88	0.14	2	1.44%	3	BLS	Amb Only	3	3	3	3	BLS	AMB Only	0	3	3	30A01	No Change
30A02	Not Dangerous Body Area	3	BLS	AMB Only	1,011	642	63.5%	130	12.9%	0	0.00%	639	63.2%	0	0.00%	0	0.00%	3	0.3%	6.74	0.27	5.68	0.14	3	0.30%	3	BLS	AMB Only	3	3	3	3	BLS	AMB Only	0	3	3	30A02	No Change
30A03	Non-Recent(>6hrs)	3	BLS	Amb Only	775	587	75.7%	68	8.8%	0	0.00%	586	75.6%	0	0.00%	0	0.00%	1	0.1%	5.68	0.26	4.82	0.14	1	0.13%	3	BLS	Amb Only	3	3	3	3	BLS	AMB Only	0	3	3	30A03	No Change
30B00	Override	2	BLS	Fire BLS	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0	#DIV/0!	2	BLS	Fire BLS	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	2	2	30B00	No Change
30B01	Possible Dangerous body area	2	BLS	Fire BLS	2,322	1,213	52.2%	361	15.5%	16	0.69%	1186	51.1%	2	0.09%	2	0.09%	27	1.2%	14.15	0.26	11.85	0.12	47	2.02%	2	BLS	Fire BLS	3	3	3	3	BLS	AMB Only	1	C3	C3B	30B01	Downgrade from 2 BLS/Fire to C3B Amb Only
30B02	Serious hemorrhage	2	BLS	Fire BLS	199	135	67.8%	30	15.1%	0	0.00%	134	67.3%	0	0.00%	0	0.00%	1	0.5%	1.41	0.28	1.18	0.13	1	0.50%	2	BLS	Fire BLS	3	3	3	3	BLS	AMB Only	1	C3	C3B	30B02	Downgrade from 2 BLS/Fire to C3B Amb Only
30B03	Unknown body area	2	BLS	Fire BLS	9	6	66.7%	0	0.0%	0	0.00%	6	66.7%	0	0.00%	0	0.00%	0	0.0%	0.06	0.28	0.05	0.12	0	0.00%	2	BLS	Fire BLS	3	1	3	3	ALS	Fire/ALS	1	C3	C3AF	30B03	Downgrade from 2 BLS/Fire to C3A/Fire
30D00	Override	1	ALS	Fire ALS	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0	#DIV/0!	1	ALS	Fire ALS	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	ALS	#DIV/0!	#DIV/0!	1	1	30D00	No Change
30D01	Arrest	1	ALS	Fire ALS	15	13	86.7%	0	0.0%	3	20.00%	12	80.0%	1	6.67%	0	0.00%	1	6.7%	0.11	0.14	0.10	0.10	5	33.33%	1	ALS	Fire ALS	1	1	1	1	ALS	Fire/ALS	0	1	1	30D01	No Change
30D02	Unconscious	1	ALS	Fire ALS	34	25	73.5%	3	8.8%	4	11.76%	19	55.9%	3	8.82%	3	8.82%	6	17.6%	0.26	0.14	0.23	0.08	16	47.06%	1	ALS	Fire ALS	1	1	1	1	ALS	Fire/ALS	0	1	1	30D02	No Change
30D03	Not alert	1	ALS	Fire ALS	188	139	73.9%	12	6.4%	6	3.19%	130	69.1%	0	0.00%	0	0.00%	9	4.8%	1.30	0.21	1.10	0.13	15	7.98%	1	ALS	Fire ALS	3	2	2	2	ALS	Fire/ALS	1	1	1	30D03	No Change
30D04	Chest or Neck Injury with SOB	1	ALS	Fire ALS	165	123	74.5%	17	10.3%	2	1.21%	121	73.3%	0	0.00%	0	0.00%	2	1.2%	1.26	0.26	1.08	0.14	4	2.42%	1	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	2	C3	C3B	30D04	Downgrade from 1 ALS/Fire to C3B Amb Only
30D05	High Velocity Impact	1	ALS	Fire ALS	5	4	80.0%	0	0.0%	0	0.00%	4	80.0%	0	0.00%	0	0.00%	0	0.0%	0.03	0.28	0.03		0	0.00%	1	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	2	C3	C3B	30D05	Downgrade from 1 ALS/Fire to C3B Amb Only
31	Unconscious	-																																				31	
31A01	Fainting episode and alert >35 w/o cardiac hx	3	ALS	Amb Only	1,267	765	60.4%	292	23.0%	5	0.39%	757	59.7%	1	0.08%	1	0.08%	8	0.6%	9.26	0.26	7.92	0.13	15	1.18%	3	ALS	Amb Only	3	3	3	3	BLS	AMB Only	0	3	C3B	31A01	Downgrade from 3 ALS Amb Only to C3B Amb Only
31A02	Fainting episodes and alert <35 with cardiac hx	3	ALS	AMB Only	98	46	46.9%	25	25.5%	1	1.02%	46	46.9%	0	0.00%	0	0.00%	0	0.0%	0.62	0.27	0.54	0.13	1	1.02%	3	ALS	AMB Only	3	3	3	3	BLS	AMB Only	0	3	C3B	31A02	Downgrade from 3 ALS Amb Only to C3B Amb Only
31A03	Fainting episode and alert <35 w/o cardiac hx	3	ALS	Amb Only	510	222	43.5%	176	34.5%	0	0.00%	222	43.5%	0	0.00%	0	0.00%	0	0.0%	3.48	0.27	2.99	0.15	0	0.00%	3	ALS	Amb Only	3	3	3	3	BLS	AMB Only	0	3	C3B	31A03	Downgrade from 3 ALS Amb Only to C3B Amb Only
31C00	Override	2	ALS	Fire ALS	23	13	56.5%	5	21.7%	0	0.00%	13	56.5%	0	0.00%	0	0.00%	0	0.0%	0.15	0.28	0.13	0.13	0	0.00%	2	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	31C00	Downgrade from 2 ALS/Fire to C3B Amb Only
31C01	Alert w abnormal breathing	2	ALS	Fire ALS	2,197	1,567	71.3%	351	16.0%	21	0.96%	1534	69.8%	11	0.50%	4	0.18%	33	1.5%	16.74	0.26	14.35	0.12	69	3.14%	2	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	31C01	Downgrade from 2 ALS/Fire to C3B Amb Only
31C02	Fainting episode and alert >35 w cardiac hx	2	ALS	Fire ALS	1,033	747	72.3%	155	15.0%	13	1.26%	726	70.3%	2	0.19%	0	0.00%	21	2.0%	7.76	0.26	6.64	0.12	36	3.48%	2	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	31C02	Downgrade from 2 ALS/Fire to C3B Amb Only
31C03	Femailes 12-50 w abdominal pain	2	ALS	Fire ALS	243	170	70.0%	39	16.0%	1	0.41%	168	69.1%	0	0.00%	0	0.00%	2	0.8%	1.82	0.26	1.57	0.14	3	1.23%	2	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	31C03	Downgrade from 2 ALS/Fire to C3B Amb Only
31D00	Override	1	ALS	Fire ALS	2	1	50.0%	0	0.0%	0	0.00%	1	50.0%	1	50.00%	1	50.00%	0	0.0%	0.02	0.19	0.01	0.17	2	100.00%	1	ALS	Fire ALS	1	1	1	1	ALS	Fire/ALS	0	1	1	31D00	No Change
31D01	Unconscious/agonal/ineffective breathing	1	ALS	Fire ALS	439	284	64.7%	52	11.8%	42	9.57%	253	57.6%	23	5.24%	13	2.96%	31	7.1%	3.06	0.15	2.60	0.08	109	24.83%	1	ALS	Fire ALS	1	1	1	1	ALS	Fire/ALS	0	1	1	31D01	No Change
31D02	Unconscious effective breathing	1	ALS	Fire ALS	2,938	1,778	60.5%	349	11.9%	313	10.65%	1586	54.0%	126	4.29%	77	2.62%	192	6.5%	19.24	0.14	16.41	0.08	708	24.10%	1	ALS	Fire ALS	1	1	1	1	ALS	Fire/ALS	0	1	1	31D02	No Change
31D03	Old 31D02	1	ALS	Fire ALS	1,972	1,368	69.4%	305	15.5%	98	4.97%	1277	64.8%	33	1.67%	14	0.71%	91	4.6%	14.62	0.18	12.43	0.10	236	11.97%	1	ALS	Fire ALS	2	1	1	1	ALS	Fire/ALS	0	1	1	31D03	No Change
31D04	Changing color	1	ALS	Fire ALS	1,173	825	70.3%	190	16.2%	35	2.98%	816	69.6%	15	1.28%	7	0.60%	9	0.8%	8.83	0.20	7.56	0.12	66	5.63%	1	ALS	Fire ALS	3	1	1	1	ALS	Fire/ALS	0	1	1	31D04	No Change
31D05	Old 31D04	1	ALS	Fire ALS	35	20	57.1%	7	20.0%	1	2.86%	20	57.1%	0	0.00%	0	0.00%	0	0.0%	0.25	0.22	0.21		1	2.86%	1	ALS	Fire ALS	3	1	1	1	ALS	Fire/ALS	0	1	1	31D05	No Change
3.10E+01	Override	1	ALS	Fire ALS	21	12	57.1%	3	14.3%	1	4.76%	9	42.9%	2	9.52%	2	9.52%	3	14.3%	0.15	0.18	0.13	0.09	8	38.10%	1	ALS	Fire ALS	1	1	1	1	ALS	Fire/ALS	0	1	1	31	No Change
3.10E+02	Ineffective breathing	1	ALS	Fire ALS	215	141	65.6%	25	11.6%	41	19.07%	115	53.5%	37	17.21%	20	9.30%	26	12.1%	1.59	0.13	1.32	0.07	124	57.67%	1	ALS	Fire ALS	1	1	1	1	ALS	Fire/ALS	0	1	1	310	No Change
32	Unkown Problem (Person down)	-																																				32	
32B01	Standing, sitting, moving or talking	2	BLS	Amb Only	701	297	42.4%	51	7.3%	2	0.29%	295	42.1%	4	0.57%	4	0.57%	2	0.3%	3.08	0.23	2.59	0.10	12	1.71%	2	BLS	Amb Only	3	1	3	3	ALS	Fire/ALS	1	C3	C3AF	32B01	Downgrade from 2 BLS Amb Only to C3A/Fire
32B02	Medical Alarm (Alert) notificaitons(no pt info	2	BLS	Fire BLS	2,440	446	18.3%	150	6.1%	9	0.37%	441	18.1%	1	0.04%	1	0.04%	5	0.2%	5.15	0.25	4.32	0.10	16	0.66%	2	BLS	Fire BLS	3	1	3	3	ALS	Fire/ALS	1	C3	C3AF	32B02	Downgrade from 2 BLS/Fire to C3A/Fire
32B03	Unknown status	2	BLS	Fire BLS	11,821	3,996	33.8%	954	8.1%	99	0.84%	3913	33.1%	64	0.54%	80	0.68%	83	0.7%	44.92	0.22	37.70	0.09	326	2.76%	2	BLS	Fire BLS	3	1	2	FALSE	ALS	Fire/ALS	-2	2	2	32B03	Upgrade from 2 BLS/Fire to 2 ALS/Fire
32B04	Caller's language not understood	2	BLS	Fire BLS	842	551	65.4%	104	12.4%	25	2.97%	540	64.1%	11	1.31%	6	0.71%	11	1.3%	5.79	0.23	4.96	0.10	53	6.29%	2	BLS	Fire BLS	3	1	2	FALSE	ALS	Fire/ALS	-2	2	2	32B04	Upgrade from 2 BLS/Fire to 2 ALS/Fire
32D00	Override	1	ALS	Fire ALS	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0	#DIV/0!	1	ALS	Fire ALS	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	ALS	#DIV/0!	#DIV/0!	1	1	32D00	No Change
32D01	Life Status Questionable	1	ALS	Fire ALS	2,066	448	21.7%	89	4.3%	23	1.11%	441	21.3%	18	0.87%	14	0.68%	7	0.3%	4.80	0.17	4.07	0.09	62	3.00%	1	ALS	Fire ALS	3	1	1	1	ALS	Fire/ALS	0	1	1	32D01	No Change
33	Transfer/Interfacility/Palliative Care	-																																				33	
33A01	Acuity 1(no priority symptoms)	3	BLS	Amb Only	6,264	5,777	92.2%	136	2.2%	33	0.53%	5,734	91.5%	0	0.00%	0	0.00%	43	0.7%	50.79	0.22	43.52	0.12	76	1.21%	3	BLS	Amb Only	3	3	2	3	ALS	Fire/ALS	0	3	C3AF	33A01	Upgrade from 3 BLS Amb Only to C3A/Fire
33A02	Acuity II(No priority symptoms)	3	BLS	Amb Only	428	394	92.1%	12	2.8%	1	0.23%	391	91.4%	0	0.00%	0	0.00%	3	0.7%	3.48	0.19	2.96	0.12	4	0.93%	3	BLS	Amb Only	3	3	1	3	ALS	Fire/ALS	0	3	C3AF	33A02	Upgrade from 3 BLS Amb Only to C3A/Fire
33A03	Acuity III(no priority symptoms)	3	BLS	Amb Only	371	344	92.7%	14	3.8%	1	0.27%	340	91.6%	0	0.00%	0	0.00%	4	1.1%	3.06	0.27	2.63	0.14	5	1.35%	3	BLS	Amb Only	3	3	3	3	BLS	AMB Only	0	3	3	33A03	No Change
33C00	Override	2	ALS	Amb Only	1	1	100.0%	0	0.0%	0	0.00%	1	100.0%	0	0.00%	0	0.00%	0	0.0%	0.01	0.28	0.01	0.24	0	0.00%	2	ALS	Amb Only	3	3	3	3	BLS	AMB Only	1	C3	C3B	33C00	Downgrade from 2 ALS Amb Only to C3B Amb Only
33C01	Not alert(acute change)	2	ALS	Amb Only	2,241	2,081	92.9%	57	2.5%	135	6.02%	1980	88.4%	18	0.80%	8	0.36%	101	4.5%	18.44	0.13	15.82	0.08	262	11.69%	2	ALS	Amb Only	2	1	1	1	ALS	Fire/ALS	-1	2	2	33C01	No Change
33C02	Abnormal breathing (acute onset)	2	ALS	Amb Only	2,962	2,799	94.5%	73	2.5%	79	2.67%	2734	92.3%	4	0.14%	3	0.10%	65	2.2%	24.63	0.24	21.18	0.10	151	5.10%	2	ALS	Amb Only	3	1	2	FALSE	ALS	Fire/ALS	-2	2	2	33C02	No Change
33C03	Significant hemorrhage	2	ALS	Amb Only	478	448	93.7%	14	2.9%	4	0.84%	438	91.6%	0	0.00%	0	0.00%	10	2.1%	3.96	0.21	3.39	0.13	14	2.93%	2	ALS	Amb Only	3	3	2	3	ALS	Fire/ALS	1	C3	C3AF	33C03	Downgrade from 2 ALS Amb Only to C3A/Fire
33C04	Shock	2	ALS	Amb Only	193	180	93.3%	8	4.1%	4	2.07%	179	92.7%	0	0.00%	0	0.00%	1	0.5%	1.62	0.25	1.38	0.10	5	2.59%	2	ALS	Amb Only	3	1	3	3	ALS	Fire/ALS	1	C3	C3AF	33C04	Downgrade from 2 ALS Amb Only to C3A/Fire
33C05	Possible acute heart problems(MI)	2	ALS	Amb Only	1,102	1,034	93.8%	30	2.7%	7	0.64%	1018	92.4%	2	0.18%	0	0.00%	16	1.5%	9.15	0.27	7.85	0.12	25	2.27%	2	ALS	Amb Only	3	3	3	3	BLS	AMB Only	1	C3	C3B	33C05	Downgrade from 2 ALS Amb Only to C3B Amb Only
33C06	Severe pain	2	ALS	Amb Only	2,420	2,276	94.0%	47	1.9%	7	0.29%	2264	93.6%	0	0.00%	0	0.00%	12	0.5%	20.09	0.26	17.24	0.13	19	0.79%	2	ALS	Amb Only	3	3	3	3	BLS	AMB Only	1	C3	C3B	33C06	Downgrade from 2 ALS Amb Only to C3B Amb Only
33C07	Emergency Response Requested	2	ALS	Amb Only	460	427	92.8%	12	2.6%	13	2.83%	405	88.0%	8	1.74%	3	0.65%	22	4.8%	3.79	0.24	3.25	0.11	46	10.00%	2	ALS	Amb Only	2	1	2	2	ALS	Fire/ALS	0	2	2	33C07	No Change
33D00	Override	1	ALS	Fire ALS	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0.00	#DIV/0!	0.00	0.08	0	#DIV/0!	1	ALS	Fire ALS	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	ALS	#DIV/0!	#DIV/0!	1	1	33D00	No Change
33D01	Susptected Cardiac/Respiratory arrest	1	ALS	Fire ALS	41	21	51.2%	1	2.4%	10	24.39%	20	48.8%	16	39.02%	16	39.02%	1	2.4%	0.33	0.15	0.28		43	104.88%	1	ALS	Fire ALS	1	1	1	1	ALS	Fire/ALS	0	1	1	33D01	No Change
33D02	Just resuscitated and/or defibrillated(external)	1	ALS	Fire ALS	1	1	100.0%	0	0.0%	0	0.00%	1	100.0%	0	0.00%	0	0.00%	0	0.0%	0.01	0.28	0.01	0.24	0	0.00%	1	ALS	Fire ALS	3	3	1	3	ALS	Fire/ALS	2	C3	C3AF	33D02	Downgrade from 1 ALS/Fire to C3A/Fire

X. New Business

g. Ambulance Performance Standards Update

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EMS Program Staff Report for EMCAB

Ambulance Service Performance Standard Update

The Kern County Ambulance Performance Standard establish minimum standards for ambulance service performance. These Standards are applicable to all contracted ground ambulance providers in Kern County. These Standards are directly referenced in the Kern County Ordinance Code Chapter 8.12., entitled Ambulances (hereinafter referred to as Ordinance) and each Agreement for Provision of Ground Ambulance Service (hereinafter referred to as Agreement) executed by the County. Both the Ordinance and Agreement contain basic performance provisions. The Standards further define performance requirements for ambulance providers. Definitions of terms in these Standards are in accordance with Ordinance definitions.

Originally written in 2006, the Ambulance Performance Standards have been the yard stick used to measure ambulance service compliance throughout the county for the past 16 years. During that time there have been significant changes to our system that are not reflected in this document. Examples include numerous changes to the Emergency Medical Dispatch policies, increased use of Basic Life Support ambulances, increases in call volume, decreased staffing and Ambulance Patient Offload Delays.

In response to these and other changes to our system, EMS has spent many hours revising the Ambulance Performance Standards to better reflect the needs of our system and of the citizens of Kern County. Those changes include adding the newly created dispatch response codes, removing the Basic Life Support restriction, and adding the option of switching to a fly car configuration.

I believe that the changes to the Ambulance Performance Standards present a significant improvement to our EMS system by creating new dispatch response codes, allowing for increased BLS response and by providing an alternative to the standard ambulance only distribution, we are providing for the safety of our crews while providing life saving responses to the people of Kern County.

Therefore, IT IS RECOMMENDED, the Board approve the updated Ambulance Performance Standards.

Ambulance Service Performance Standards (1005.00)

I. Introduction

The Kern County Ambulance Performance Standards (hereinafter referred to as Standards) establish minimum standards for ambulance service performance. These Standards are applicable to all contracted ground ambulance providers in Kern County.

These Standards are directly referenced in the Kern County Ordinance Code Chapter 8.12., entitled Ambulances (hereinafter referred to as Ordinance) and each Agreement for Provision of Ground Ambulance Service (hereinafter referred to as Agreement) executed by the County.

Both the Ordinance and Agreement contain basic performance provisions. The Standards further define performance requirements for ambulance providers. Definitions of terms in these Standards are in accordance with Ordinance definitions.

II. Administrative

A. The ambulance provider shall maintain sufficient ambulances, operational procedures, and personnel with valid certification, licensure and accreditation within the ambulance service operating area to meet these standards and achieve compliance with all other ~~Division~~Program ~~Program~~ Program policies, procedures, protocols and regulations.

B. The ambulance provider shall respond to all calls for emergency and medically necessary non-emergency ambulance service, including the use of ~~Division~~Program ~~Program~~ Program authorized mutual aid.

C. When transportation is indicated for moving a patient from a medical facility, an ambulance shall be used under the circumstances listed below. The ambulance provider is responsible for obtaining all usual and customary documentation from the sending physician for interfacility ambulance service requests.

1. An interfacility transfer of a patient from one general acute care hospital to another general acute care hospital for in-patient admission or for administration of a diagnostic test of an in-patient.
2. Transport of a patient to a hospital emergency department.
3. Any patient requiring oxygen administration. Medical passengers that possess a self-administered oxygen device are excluded.

4. Any person with medication infusion through vascular access, gastro-intestinal port, or nasogastric tube that is not self administered.

5. Any person in orthopedic traction or skeletal immobilization device requiring either regular medical monitoring, or regular extremity perfusion/neurological assessment, or potential for device complication intervention during transport.

6. Any patient requiring airway suctioning or airway/ventilation monitoring.

7. Any person that requires medical monitoring by a qualified attendant during transport. Monitoring includes but is not limited to periodic assessment of vital signs.

8. Any person that requires basic life support (BLS) or advanced life support (ALS) medical intervention during transport.

9. An ambulance provider shall not require the use of an ambulance for transport of a medical passenger, and an ambulance provider is not required to transport a medical passenger. Use of an ambulance is not required to transfer a medical passenger that has been discharged from an acute care hospital and needs transport to a rehabilitation facility. However, any person that meets the definition of a patient or meets any of the above criteria shall be transported by ambulance.

D. The ambulance provider shall perform each medically necessary interfacility transport of a patient to the medical facility specified by the transferring physician. However, the ambulance provider may refuse a long-distance interfacility transfer to a destination outside of Kern County, under the following two circumstances:

1. The ambulance provider will not be reimbursed for the services performed(no payor available); or

2. The transferring physician fails to demonstrate that no general acute care or specialty hospital in Kern County is capable of accepting and providing appropriate care of the patient at the time the transfer is required.

The ~~Division~~Program~~Program~~Program, through the ~~on-call Coordinator~~Duty Officer, shall resolve disputes that cannot be resolved among involved parties.

E. The ambulance provider shall maintain supervisory or management personnel, available on twenty-four (24) hour basis. Said personnel shall be authorized to make operational decisions, direct ambulance provider personnel, and commit ambulance provider resources for use.

F. The ambulance provider shall maintain a quality improvement program, approved by the ~~Division~~ Program and Medical Director. The quality improvement program will include provisions for prehospital personnel continuing education, service operational procedures and standards, monitoring compliance with ~~Division~~ Program requirements, and continuous operational efficiency monitoring. The ambulance provider's quality improvement plan will function in accordance with the requirements of a ~~Division~~ Program led, Countywide quality improvement plan as specified by the ~~Division~~Program. The ambulance provider shall participate in the ~~Division's~~ Program's quality improvement program.

G. The ambulance provider shall ensure that each patient is transported in compliance with the Ambulance Destination Decision Policies and Procedures.

H. The ambulance provider will ensure that management, supervisory, dispatch, and field personnel maintain competency with multi-casualty and mass casualty incident medical operations, the incident command system, and the Kern County Med-Alert System, in accordance with ~~Division~~ Program requirements. The provider's internal plans, policies and operating procedures shall comply with the California Standardized Emergency Management System (SEMS) and National Incident Management System (NIMS).

I. The ambulance provider shall not provide or advertise for a service that the ambulance provider is not authorized to provide. The ambulance provider, if providing public advertising, shall provide such advertising consistent with applicable law in accordance with the intent of 9-1-1 system for public use in an emergency and ~~Division~~ Program policy. Advertising any telephone number in lieu of 9-1-1 for prehospital emergency calls is prohibited.

J. Any incentive program that provides additional monetary gain for field personnel (e.g. bonuses or stipends in addition to normal pay) which is directly or indirectly related to the application of medical procedures to patients is prohibited.

K. Any program or practice that promotes an inappropriate incentive or kickback for any medical procedure or mode of transport is prohibited.

L. Medical procedures and mode of transport shall be as determined by the Medical Director and ~~Division~~ Program policies and procedures.

III. Personnel

A. The ambulance provider shall ensure that personnel comply with ~~Division~~ Program policies, procedures, protocols, rules, and regulations while on duty.

B. Each ambulance, when available for service, shall be staffed by appropriately licensed and certified personnel as specified below:

~~B.~~

1. BLS Ambulance – One EMT driver and one EMT attendant.
2. ALS Ambulance – One EMT driver and one paramedic attendant, or one paramedic driver and one paramedic attendant.
3. Critical Care Transport Ambulance (CCT) – Minimum of one (1) EMT driver, (1) Paramedic attendant, and one (1) specialty attendant. The specialty attendant may be a registered nurse, physician, nurse practitioner or physician assistant.

C. Each ambulance provider shall have emergency medical dispatcher (EMD) service available at all times. This requirement may be satisfied with a contract for service from another locally EMD-accredited dispatch center, provided that said other dispatch center is responsible for accepting service request calls for the ambulance provider.

D. The ~~Division~~ Program can authorize deviation from this section during any "State of emergency" or "local emergency" as defined in the California Government Code.

E. The ambulance provider shall maintain files on all certified and/or licensed EMD, EMT, Paramedic and Registered Nurse and other clinical personnel employed on full time or part time basis. Each file shall contain all information on the following, required by law:

1. Employee name, home address, and mailing address;
2. Employee contact information including home telephone number, cellular phone number, and email as available;
3. A valid copy of the employee's driver's license and/or other positive identification; and
4. A valid copy of the employee's certification and/or license, including ambulance driver's certificate and medical examiner's certificate and copies of local accreditation if applicable.

F. Ambulance providers shall report in writing to the ~~Division~~ Program whenever any of the following actions listed below are taken. Notification and supporting documentation shall be submitted within 30 days of the action.

1. An EMT, EMD, RN, or Paramedic is terminated or suspended for disciplinary cause or reason.
2. An EMT, EMD, RN, or Paramedic resigns following notice of an impending internal investigation.

3. An EMT, EMD, RN, or Paramedic is removed from duties for disciplinary cause or reason following the completion of an internal investigation.
4. For the purpose of this section, “disciplinary cause or reason” means any action that is substantially related to the qualifications, functions, and duties of an EMT, RN, EMD, or Paramedic.

G. Ambulance provider shall report to the ~~Division~~ Program whenever changes occur in management personnel of the ambulance company. Verbal notification shall be provided within 48 hours of the action, written notification shall be provided within 1 week. If the change is the result of disciplinary action or prompted by an impending internal investigation related to public health and safety or related to medical billing, such information shall be provided to the ~~Division~~Program, to the extent allowed by law.

IV. Facilities

~~H.~~A. The ambulance provider shall have and maintain a base facility or facilities of operations and administration with appropriate land use approval.

~~I.~~B. The ambulance provider employing personnel on scheduled shifts greater than twelve (12) hours duration shall provide crews quarters with food preparation, restroom, bathing and sleeping facilities, heating and cooling.

~~J.~~C. The ambulance provider shall provide for a continuously available and staffed dispatch facility for receipt of calls, dispatch of ambulances and ambulance status maintenance. Facility shall have heating, cooling and restroom facilities, and the availability of auxiliary power (batteries, gas or diesel generator, and appropriate procedures) that will maintain adequate power to dispatch facility lights, phones and radio equipment to operate for a minimum of 72 hours. The dispatch center shall also have reasonable security measures in place to prevent unauthorized access to the dispatch center or equipment. Security may be in the form of locked entry, surveillance video, or a dispatch facility security plan.

V. Vehicles

A. All in-service ambulances shall be equipped with the safety and emergency equipment required for ambulances by the ~~Division~~Program, the California Vehicle Code, and the California Code of Regulations. The ~~Division~~Program may conduct unannounced ambulance inspections as well as observational ride-a-longs at any time. The ~~Division~~Program may remove an ambulance from service for non-compliance to ~~Division~~Program requirements.

B. The ambulance provider shall have a photocopy or the original valid registration, valid insurance identification, and valid ambulance identification card or

ambulance inspection form indicating authorization from the California Highway Patrol present on each ambulance subject to call.

C. Each ALS ambulance shall have current Mobile Intensive Care Unit (MICU) authorization from the ~~Division~~Program. The ~~Division~~Program may issue temporary MICU authorization for instances of mechanical problems that warrant moving the supplies and equipment to another ambulance.

D. Each ambulance operated by the ambulance provider shall be of adequate size to conduct patient transport, at the discretion of the ~~Division~~Program. The ~~Division~~Program may refuse to authorize use of an ambulance that is not appropriately configured, supplied, or equipped. Ambulance vehicles will at all times be operated within the design limitations specified by the manufacturer to include gross vehicle weight restrictions.

E. Ambulance providers shall have a preventive mechanical maintenance program for ambulances, so as to ensure compliance with California Highway Patrol minimum standards.

F. The ambulance provider shall not allow ALS level services to be provided from a BLS ambulance unless staffed with a minimum of one paramedic attendant, and one EMT or paramedic driver. The ambulance provider may also request temporary authorization to operate a BLS ambulance as an ALS ambulance through the ~~Division~~Program. Exceptions include paramedic back up response when it is not in the best interest of the patient to be moved from a BLS ambulance to an ALS ambulance, or multi-casualty incidents where insufficient resources make such action necessary for appropriate prehospital patient care and transport.

G. The ambulance provider may provide ALS or BLS services from an ambulance authorized as a MICU. BLS staffing on an MICU shall only be allowed if all advanced life support supplies and equipment, invasive in nature, are locked and completely inaccessible to the BLS crew, or removed from the ambulance entirely. Invasive advanced life support supplies and equipment shall include, manual defibrillator, all medications not in the EMT scope of practice including narcotics,, laryngoscope and blades, endotracheal tubes, nasogastric tubes and IV catheters . BLS staffing on an MICU shall not be allowed by the ambulance provider if the ambulance is externally identified with any wording indicating or relating to ALS service.

H. Each ambulance shall have complete telecommunication capability with the Kern County Medical Radio System, and shall have the technological ability to communicate on frequencies specified by the ~~Division~~Program.

I. The ambulance provider shall ensure that all ambulances subject to call or service are mechanically sound and safe to operate at all times.

J. Ambulance personnel certified or licensed as an EMT or Paramedic shall wear insignia or labels that clearly identifies his/her level of certification/licensure/Accreditation to the public and other first responder personnel.

VI. Dispatch-Communications

A. The ambulance provider shall maintain dispatch procedures consistent with the ~~Division~~Program EMS Dispatch Policies and Procedures.

B. Each ambulance shall be capable of establishing and maintaining radio contact with ambulance provider's dispatch.

C. Each ambulance provider will be responsible to maintain communications means to receive calls for service.

D. The ambulance provider shall have access to a dispatch facility with sufficient telecommunication equipment for communications on Kern County Medical Radio System through the repeater network.

E. The ambulance provider shall continuously staff the dispatch facility with dispatch personnel and maintain the ability to receive calls for service on a 24-hour basis.

F. The ambulance provider shall use an Emergency Medical Dispatch (EMD) service that is authorized and accredited by the ~~Division~~Program for receiving all pre-hospital calls for service. All calls shall be managed in accordance with the ~~Division~~Program EMS Dispatch Policies and Procedures.

G. The ambulance provider shall maintain a dispatch log, for all ambulance calls. At a minimum, the following information will be included in the log:

1. Date: The date of the call.
2. Call Time: The initial time that the call is answered by dispatcher and sufficient information is obtained to start response defined as a) determination of call location and b) an appropriate EMD code is determined in accordance with the County's EMS Policies and Procedures.
3. Call Location: The specific call location, including map coordinates if available.
4. Call Back Number: The telephone number used by the caller.
5. Reporting Party: The name of the caller, agency or organization.

6. Call Type or Chief Complaint: Identification of the type of call or chief complaint.
7. Unit Level Sent: The level (ALS, BLS, or SCT) and identification of the ambulance sent.
8. Response Priority Code: Response priority code used to the call location.
9. Enroute to Scene Time: The time the assigned ambulance begins response to the call location.
10. Response Upgrade or Downgrade Time: The time a responding ambulance response priority is upgraded or downgraded. The time of this event may be recorded in a notes field. However, the time shall be denoted and reported to the ~~Division~~Program for purposes of determining response-time compliance, upon request.
11. Arrived at Scene Time: The time the assigned ambulance arrives at the requested call location or the scene, wheels stopped. If call location is not specific (i.e., vicinity of Highway 178 at Southlake) the Arrived at Scene Time shall be that moment when ambulance arrives to the originally dispatched location.
12. Start of Transport Time: The time the ambulance begins patient transport.
13. Transport Destination: The destination of the ambulance.
14. Transport Mode: Response mode used in transport to destination.
15. Destination Arrival Time: The time the ambulance arrives at the destination.
16. Available for Response Time: The time the ambulance is available for service or subject to dispatch for a subsequent call.
17. Relevant Dispatch and Response Details: The ambulance provider shall have the ability to keep information on all call cancellations prior to or during response; patient not transported; delay during response; and back up ambulance response information. This information may be recorded in a notes field, and it shall reported to the ~~Division~~Program, upon request.

H. The ambulance provider shall provide access, upon reasonable request by the ~~Division~~Program, to recorded telephone calls and two way radio communication on the primary, or any other radio frequency routinely used for ambulance dispatch.

I. The ambulance provider shall maintain audio recordings of the primary telephone and radio communications related to ambulance dispatch for a minimum of six (6) calendar months. Dispatch logs shall be maintained by the

ambulance provider for a minimum of one (1) calendar year. If recording equipment breaks down due to mechanical failure or other reasons, the ~~Division~~Program will allow a reasonable time for ambulance provider to have equipment repaired.

J. The ambulance provider dispatch personnel shall inform the caller at call time if a request for service cannot be provided or will be delayed. The ambulance provider shall notify ECC at call time if the ambulance is responding from outside the boundaries of the EOA. However, when one ambulance provider is contracted to provide service to both EOA 4 and 5, it is not necessary to notify ECC that ambulance units are responding across the common EOA border. Further, for authorized single-ambulance communities, the ambulance provider shall notify ECC at call time if the ambulance is responding from outside the nearest community.

K. The ambulance provider shall not refuse to respond to any emergency call, any medically necessary interfacility transfer call, any paid special event stand-by, or any public safety agency stand-by, in accordance with Ambulance Ordinance definitions. The ~~Division~~Program shall resolve disputes that cannot be resolved among involved parties.

L. The ambulance provider dispatch shall contact ECC and request back up ambulance response of the next closest ambulance resource, if the provider has exhausted all immediately available resources. During Med-Alert incidents ambulance provider dispatch shall contact ~~Division~~Program staff for coordination of ambulance transport.

VII. Non-tranporting EMS Vehicle (Fly Car) Utilization

A. Kern County EMS Program approved ambulance provider~~s~~s may utilize ALS ~~Non-transporting EMS vehicles (f~~F~~ly c~~C~~ars~~)~~ in conjunction with BLS Ambulances for the provision of Advance Life Support responses.
B. The ambulance provider must submit a plan to the Program detailing the deployment of fly cars and ambulances into the system.
C. At all times, the ambulance provider must maintain a 10% ALS ambulance to BLS ambulance ratio per EOA. (One ALS ambulance for every 10 BLS ambulances on duty)
D. Tele911 shall be available and utilized according to policy, by all crew members.
E. When utilizing the fly car system, the ambulance provider must dispatch o~~O~~ne ALS f~~F~~ly c~~C~~ar and one BLS ambulance to any ALS level call, as specified in the current Emergency Medical Dispatch Response Configuration.
F. The response time clock stops upon the arrival of either the ALS fly car or the BLS ambulance.
G. In the event the BLS ambulance arrive on scene first and determines that the patient does not need ALS care, they shall cancel the incoming ALS fly car.

H. In the event the paramedic determines that the patient requires ~~bls~~BLS transport, they will follow the ALS to BLS handoff policy, ~~and~~ clear the scene and place themselves available.

I. In the event the patient requires ALS transport, the paramedic will take all required ALS first responder equipment into the BLS ambulance and follow current transport policies and procedures. The second EMT will drive the fly car to the hospital following the ambulance. In the event that the paramedic determines a lights and siren (Code 3) transport is required, the fly car will follow ~~NO~~without lights and siren (Code 2) to the hospital.

~~L.~~J. Once at the hospital the paramedic will provide a patient handoff to a ~~facility~~hospital nurse, remove any ALS equipment from the patient and place themselves available. The EMT crew will remain with the patient until placed in a hospital bed.

~~VII.~~VIII. Ambulance / Fly Car Resource Availability and Deployment

~~A.~~K. Ambulances and~~/~~ f~~F~~ly c~~C~~ars shall be dispatched according to the current Emergency Medical Dispatch Response Configuration. ALS service shall be indicated for the following calls: All Priority ~~4,~~ 5, 6, and 7~~, and 8~~ calls for interfacility transfer where the transferring physician requests ALS service, and All Priority 8 special event stand-by calls where the event sponsor requests ALS service.

This shall not prohibit the ambulance provider from providing all ALS ambulance service for every call. A BLS ambulance may be dispatched to a designated ALS response, as specified in the current EMD Response Configuration, when all of the ambulance provider's normally available ALS ~~ambulance~~ resources have been exhausted and the BLS unit(s) is the only remaining available ambulance(s).

~~The use of a BLS ambulance on designated ALS responses, as specified in the current EMD Response Configuration, more frequently than three percent per month per Priority Code per EOA is considered excessive use. The ambulance provider is non-compliant with this standard when BLS ambulances are excessively used three consecutive months in the same Priority Code, or four months in any consecutive 12-month period for the same Priority Code.~~

~~For example, there were 168 ALS designated responses in the EOA in the month, with four of the calls being answered by a BLS ambulance. Four is 2.4 percent of 168, and the limit of 3 percent has not been exceeded. The number of times a BLS ambulance was actually used for the month in the EOA was less than three percent of the ALS call volume. Therefore, the ambulance provider did not excessively use BLS resources.~~

~~B.~~L. The ambulance provider shall dispatch an ambulance / fly car that will provide the shortest possible response time to the call location for Priority 1, 2, C3AF,

C3B and 3 calls, as specified in the current EMD Response Configuration. ~~In an instance where an ambulance provider dispatches a BLS ambulance because of proximity to the call location, and the ambulance provider dispatches an ALS ambulance simultaneously, the use of the BLS ambulance will be exempt from the calculation of excessive use if the on-scene time of ALS ambulance is reported and used for determining response time compliance for the incident. If the on-scene time of the BLS ambulance is reported and used for determining response time compliance, the call will be included in the calculation of excessive use.~~

~~C.~~M. For Priority 1, 2, C3AF, C3B and 3 calls where ALS service is indicated by the current EMD Response Configuration, and the ambulance provider cannot place an ALS resource ~~ambulance~~ on scene within the required response time, and it is immediately known that an adjacent mutual aid ~~ambulance provider~~ALS resource can, the closest ALS resour~~s~~sce~~ambulance~~ shall be dispatched. In such instances, ECC shall also be notified.

See table on Page 13 for an explanation of the varying levels of priority codes.

~~D. BLS ambulance use is authorized whenever indicated by the current EMD Response Configuration.~~

~~E.~~N. BLS ambulance use is authorized for a prescheduled transport where BLS care is appropriate for the continuum of patient care, as determined by the transferring physician and consistent with ~~Division~~Program approved policies, procedures, and protocols.

~~F.~~O. BLS ambulance use is authorized for prearranged special event stand-by, if that is the level of care being requested by the event sponsor.

~~G. There may arise unforeseen unusual circumstances that reasonably justify BLS ambulance use. When it is determined by the Division that such a circumstance occurred, individual BLS responses would be exempted from the calculation of excessive use.~~

~~H. A BLS ambulance may be dispatched simultaneously with an ALS first responder to an emergency call when ALS is specified in the current EMD Response Configuration. The use of the BLS ambulance will be exempt from the calculation of excessive use if the on-scene time of the ALS first responder is reported and used for determining response time compliance for the incident.~~

~~I. BLS ambulance use on calls where ALS service is indicated in the current EMD Response Configuration shall be subject to review by the Division.~~

~~VIII.~~IX. Ambulance / Fly Car Stand-By Services

A. Upon request of a public safety agency, the ambulance provider shall furnish stand-by coverage at significant emergency incidents involving a potential danger to the personnel of the requesting agency or the general public. In accordance with NIMS, once assigned to the standby, permission to release the unit(s) for other duties must be granted by the Incident Commander. The Incident Commander may release the ~~ambulance~~unit(s) for response to another emergency if the resources~~ambulance~~ are~~is~~ not currently in use at the stand-by scene, and the ambulance provider is able to re-deploy another ambulance / fly car in a time frame specified by the Incident Commander.

B. Upon request of the ~~Division~~Program, the ambulance provider shall furnish a mutually agreeable number of units to participate in as many as three scheduled functional training exercises each year.

C. Other community-service-oriented entities may request stand-by coverage from the ambulance provider. The ambulance provider is encouraged to provide such non-dedicated stand-by coverage to events, when possible.

D. If the ambulance provider is requested to provide such services with ~~a~~ dedicated ~~ambulance~~resources, then the ambulance provider may charge for the services at the rate established by the Board of Supervisors. Each dedicated event may have a two-hour minimum, plus an hour for set-up and an hour for cleanup. Ambulance provider is responsible for securing all billing information and obtaining payment from the event sponsors.

E. For paid stand-by events, the ambulance provider may negotiate the beginning and ending times of each stand-by and the level of coverage with the requesting party. Once the time of the stand-by is established, the ambulance provider will place the agreed upon resources (ALS ambulance, BLS ambulance/f~~F~~ly c~~C~~ar~~,~~ etc.) on scene no later than the agreed upon time. The ambulance provider will report compliance with this standard to the ~~Division~~Program monthly.

F. The ambulance provider assigned to an EOA may subcontract with other Kern County ambulance providers to provide special event standby service in the EOA, upon formal approval of the Board of Supervisors in accordance with Section 8.12.060 of the Ordinance.

G. Ambulance providers will cooperate with the ~~Division~~Program and Medical Director in establishing additional standards of coverage for special events and mass gatherings. If additional standards, delineating minimum levels of coverage for events of certain types and sizes are developed, they may be incorporated into this standard. (See Special Event Policy 1012.00)

~~IX.~~X. Response-Time Performance

A. The ~~Division~~Program does not limit the ambulance provider's flexibility in providing and improving EMS services. Performance that meets or exceeds the response time requirements is the result of the ambulance provider's expertise and methods, and therefore is solely the ambulance provider's responsibility. An error or failure in any one portion of the ambulance provider's operation does not excuse required performance requirements in other areas of its operation. For instance, the failure of a vehicle does not excuse a failure to meet response time requirements or a staffing crisis does not excuse requirements for clinical credentials.

B. The ambulance provider will use its best effort to minimize variations or fluctuations in response-time performances according to time of day, day of the week, or week of the month.

C. For the purposes of these Standards, the term interfacility patient transfer will be limited to the following:

1. Medically necessary transfer from a general acute care hospital to another general acute care hospital.
2. Medically necessary transfer from a general acute care hospital to a specialty facility, non-acute care medical facility, or extended care facility.
3. Medically necessary transfer from a general acute care hospital to lower levels of care or home.
4. Medically necessary transfer from an acute care hospital to a prison infirmary, or a prison infirmary to a prison infirmary.
5. Medically necessary transfer from a prison infirmary to an acute care hospital, if determined to be a Priority 6, 7, ~~or 8~~ Response Code. However, if patient condition requires more immediate attention, a transfer from a prison infirmary to an acute care hospital shall be deemed a pre-hospital call, and the response code shall be categorized as either Priority C3AF ~~1, 2, or 3, as appropriate.~~
6. For the purpose of accurate response time capture, the response time clock shall stop upon the ~~ambulances~~ unit arrival at the prison or military base gate/sally port.

D. Minimum Ambulance/Fly Car Response Time Standards:

1. Compliance is achieved when 90 percent or more of Priority 1 and 2 calls for each response time zone, in each Exclusive Operating Area (EOA) meets the specified response time criteria over a month. For example, to be in compliance, the ambulance provider would place an ambulance / fly car on the scene of each life-threatening emergency call

within eight minutes and fifty-nine seconds not less than 90 percent of the time for all Priority 1, Metro Zone calls for that EOA in November.

2. The ambulance provider is required to meet the response times in the table below for each zone of the EOA. No zone shall be subject to substandard response time performance. The ambulance provider will take precautions to assure that no zone within the EOA is underserved. It is the responsibility of the ambulance provider to maintain a 90% response time compliance in all priorities listed. In the event that an ambulance provider's response times fall~~s~~ below 90% in any priority, the provider will provide written documentation outlining the cause of the response time issues as well as a plan to correct the issue.

3. The ~~Division~~Program will evaluate response time performance, population density, and call volume, annually. If the ~~Division~~Program determines that any area is underserved, or that changes in population or call volume warrant modification of the response zones, the ~~Division~~Program may modify any or all of the zones. Ambulance providers shall be consulted prior to any changes in response time standards for any operating area

4. Required Maximum Response Times:

Priority Code	Metro Zone	Urban Zone	Suburban Zone	Rural Zone	Wilderness Zone
1	8 min	15 min	25 min	50 min	75 min
2	10 min.	15 min	25 min	50 min	75 min
C3AF	20 min	25 min	30 min	50 min	75 min
C3B	20 min	25 min	30 min	50 min	75 min
3	20 min	25 min	30 min	50 min	75 min
~~4~~	~~15 min~~	~~25 min~~	~~30 min~~	~~50 min~~	~~75 min~~
5	60 min	60 min	60 min	60 min	75 min
6	0:00	0:00	0:00	0:00	0:00
7	0:00	0:00	0:00	0:00	0:00
8	0:00	0:00	0:00	0:00	0:00
9	N/A	N/A	N/A	N/A	N/A

For purposes of determining compliance with the listed response times, the call is not considered late until 60 seconds has elapsed beyond the listed response time. In other words, all maximum response times listed in the table above and referenced throughout this document include an additional 59 seconds of time before the call is deemed late. 0:00 indicates “On-time” performance with scheduled on scene time.

5. Prehospital response priorities are defined according to priority-dispatch protocol approved by the Medical Director. For the purpose of response time calculations, responses shall be prioritized according to the table below.

Response Priority Code	Response Time Definition	EMD Response Level	Minimum Time Compliance Standard	Time Zone (minutes)	Response Mode	Time Compliance Combination
1	**Life-Threatening Pre-hospital Emergencies** – All prehospital life-threatening emergency requests, as determined by the dispatcher in strict accordance with ~~Division~~Program authorized EMD protocol.	• ~~As specified by the Program All Echo calls~~ • ~~All Delta calls~~	Not less than ninety percent (90%) per month by EOA.	Closest ALS Metro – 8 Urban – 15 Suburban – 25 Rural – 50 Wilderness – 75	Hot, Code-3	Priority 1
2	**Time-sensitive Pre-hospital Emergencies** – All prehospital non-life-threatening emergency requests, including emergency standby requests, as determined by the dispatcher in strict accordance with ~~Division~~Program authorized EMD protocol.	• ~~As specified by the Program All Charlie calls~~ • ~~All Bravo and Alpha calls where hot response is authorized.~~	Not less than ninety percent (90%) per month, by EOA	Closest ALS Metro – 10 Urban – 15 Suburban – 25 Rural – 50 Wilderness – 75	Hot, Code-3	Priority 2
C3AF	**Urgent Pre-hospital** – Emergency medical call where ambulance provider takes immediate steps to dispatch a response, as determined by the dispatcher in strict accordance with Program authorized EMD protocol. These include public safety standby requests. **Time-sensitive Interfacility Emergencies** – medically necessary requests from an acute care hospital for a hot response for an emergency interfacility transfer	• As specified by the Program • Committed ALS/Fire All acute care hospital emergency transfer requests for hot response		Closest ALS Metro – 20 Urban – 25 Suburban – 30 Rural – 50 Wilderness – 75	Cold, Committed Code-2	Priority C3AF
C3B	**Urgent Pre-hospital** – Emergency medical call where ambulance provider takes immediate steps to dispatch a response, as determined by the dispatcher in strict accordance with Program authorized EMD protocol. These include public safety standby requests.	• As specified by the Program • Committed BLS ~~Amb~~ Only		Closest BLS Metro – 20 Urban – 25 Suburban – 30 Rural – 50 Wilderness – 75	Cold, Committed Code-2	Priority C3B
3	**Urgent Pre-hospital** – Emergency medical call where ambulance provider takes immediate steps to dispatch a response, as determined by the dispatcher in strict accordance with ~~Division~~Program authorized EMD protocol. These include public safety standby requests.	• ~~All Alpha and Bravo calls where cold response is authorized~~ • ~~All Omega calls~~As specified by the Program		Metro – 20 Urban – 25 Suburban – 30 Rural – 50 Wilderness – 75	Cold, Code-2	Priority 3, 4
4	~~**Time-sensitive Interfacility Emergencies** – medically necessary requests from an acute care hospital for a hot response for an emergency interfacility transfer~~	• ~~All acute care hospital emergency transfer requests for hot response~~		~~Metro – 15 Urban – 25 Suburban – 30 Rural – 50 Wilderness – 75~~	~~Hot, Code-3~~	~~Priority 3, 4~~
5	**Urgent Interfacility -** medically necessary requests from an acute care hospital for an emergency interfacility transfer, based on patient acuity/condition.	• All acute care hospital urgent transfer requests for cold response		Metro – 60 Urban – 60 Suburban – 60 Rural – 60 Wilderness – 75	Cold, Code-2	Priority 5
6	**Scheduled Transfer or Long Distance Transfer** – All prescheduled patient transfer requests, including long distance transfer requests, as requested by caller.	4-hour advanced notification to ambulance provider is required		On-Time, as mutually agreed	Cold, Code-2	Priority~~,~~ 6, 7, 8
7	**Unscheduled Transfer** – All non-emergency patient transfers, as requested by the caller. These may include transfer directly off- the-floor to SNF, home, etc.	Non-emergency transfers **not** scheduled 4 hours in advance		On-Time, as mutually agreed	Cold, Code-2	Priority 6, 7, 8

8	**Special Event Stand-by** – paid special event stand-by requests	24-hour advanced notification to ambulance provider is required		On-Time, as mutually agreed	Cold, Code-2	Priority 6, 7, 8
9	**Miscellaneous** - ambulance responses that are requests for service outside Kern County.	N/A	N/A	N/A	N/A	N/A

6. In the event that the ambulance provider anticipates that the maximum response time will be exceeded for prehospital Priority 1, 2, C3AF, C3B or 3 responses, ECC shall be notified per EMS Dispatch Policies and Procedures.

7. In the event the ambulance provider anticipates that the maximum response time will be exceeded for Priority ~~4,~~ 5, 6, or 7 ~~or 8~~ responses, the caller shall be notified and shall be given a reasonable estimate of the time that the unit will arrive (ETA). In the event that the provider and the caller cannot reach a mutually agreed upon pick up time, the ~~Division~~Program duty officer ~~on-call coordinator~~ shall be contacted for approval of an alternate Kern County transport provider to complete the transport. In the event that the EOA assigned provider cannot complete the call in a mutually agreed upon time, and an alternate Kern County provider is used, the call will be reported in the monthly compliance data as a turned call.

8. Priority 5 calls are defined as an urgent interfacility transfer. A Priority 5 call is a medically necessary transport request from an acute care hospital for an emergency interfacility transfer. Medical necessity is to be determined by the ambulance provider in consultation with a hospital representative or the transferring physician. The difference between a Priority 5 call and a Priority 6 or 7 call is the urgency of the request based on patient acuity/condition. For example, conditions such as long bone fractures, chest pains, or conditions requiring frequent reassessment during transport would be appropriately placed in the Priority 5 category. Transfers solely for diagnostics such a CT, MRI or other specialty services alone are not an indicator; the patient's condition/acuity will be the determining factor.

E. Response-Time Measurement:

1. Response time for Priority 1, 2, C3AF, C3B, 3, ~~4,~~ and 5 calls will be calculated from call time to arrive at scene time or cancellation time of the first transport-capable ambulance. Authorized first responders may make cancellations in compliance with ~~Division~~Program requirements.

2. For Priority 5 requests, call time will begin upon the transferring facility/physician supplying the ambulance provider dispatch with all

normal and customary documentation needed by the ambulance provider for accepting care for the patient. Compliance will be determined by comparing call time ~~to arrived~~to arrive at scene time (at the transferring facility). An ambulance provider is compliant with a Priority 5 response in the Metro zone if the difference in the times is less than 61 minutes.

3. For Priority 6, 7, and 8 requests, the ambulance provider is compliant so long as the assigned unit's arrived at scene time is not later than the scheduled pickup time. For time compliance reporting purposes, an elapsed time of greater than 00:00:00 is a late response.

4. Arrived at scene means the time the assigned ambulance / fly car arrives at the requested call location or scene, wheels stopped, and ambulance dispatch is notified. In situations where the ambulance / fly car has responded to a location other than the scene (e.g., staging areas for hazardous scenes), arrived at scene shall be the time the ambulance / fly car arrives at the designated staging location. ~~For Priority 1 or 2~~ All responses to stage will be Priority C3AF ., ~~the response time standard to staging area shall not be relaxed unless the public safety agency has instructed the ambulance provider to stage for law enforcement or fire, to ensure the scene is safe. If staging for such a purpose, the required response time shall be the same as a Priority 3 response. The response mode shall be in accordance with EMS Dispatch Policies and Procedures.~~ In the event that an ambulance has staged for greater than 30 minutes and law enforcement has not dispatched a unit to the call, the ambulance shall clear the scene and re-respond when called by law enforcement.

5. Arrived at scene time is to be reported to the ambulance provider dispatcher by a manual action of the ambulance / fly car crew. This requirement is typically satisfied by voice radio transmission or the use of a manually activated digital status-reporting device. Arrival times automatically captured solely by automated vehicle locator (AVL) positioning reporting shall not be used.

    a. In the cases where employees fail to or are constrained from making direct contact with their dispatcher allowing for a real time capture of arrived at scene times, the ambulance provider may use other means to record the arrival time. Such other means are only valid if the ambulance provider can document the actual arrived at scene time. This may include first responders, AVL systems, ePCR entry, or vehicle tracking programs, i.e. the Road Safety Program.

b. If no alternative means of verification is available, the next radio or status transmission by the crew will be used to determine on-scene time.

6. Response Upgrades, Downgrades, Cancellations, and Reassignments:

a. When an assignment is upgraded to a higher priority prior to the arrival on scene of the first ambulance / fly car, the ambulance provider's compliance with response time standards will be calculated based on the shorter of:

1) Time elapsed from call receipt to time of upgrade plus the higher priority response-time standard, or

2) The lower priority response-time standard.

b. If an assignment is downgraded to a lower priority prior to the arrival on scene of the first ambulance / fly car, the ambulance provider's compliance with response time standards will be calculated based on:

1) Lower priority response-time standard, if the unit is downgraded before it would have been judged late/non-compliant under the higher priority performance standard, or

2) Higher response-time standard, if the unit is downgraded after the unit would have been judged late/non-compliant under the higher priority response standard.

c. If an ambulance / fly car is cancelled enroute prior to an ambulance / fly car arriving on scene, and no ambulance is required at the scene location, the response time will end at the moment of cancellation. At the moment of cancellation, if the elapsed response time exceeds the response time requirement for the assigned priority of the call, the ambulance will be determined to be late/non-compliant. At the moment of cancellation, if the elapsed response time does not exceed the response time requirement for the assigned priority, the response will be deemed to be on-time/compliant.

d. If an ambulance / fly car is reassigned en-route (e.g., to respond to a higher priority request at a different location), the ambulance provider's compliance to the original call will be calculated based on the response-time standard applicable to

the priority assigned by ambulance provider dispatch from initial call time.

e. If an ambulance / fly car is reassigned en-route (e.g., to respond to a higher priority request at a different location), the ambulance provider's compliance to the new call will be calculated based on the response time standard applicable to the priority assigned by ambulance provider dispatch at initial call time for the new incident.

f. The ambulance provider will not be held responsible for response time compliance for any assignment originating outside of the ambulance provider's EOA(s). Responses to requests for service outside of the assigned ambulance provider's EOA(s) must be reported monthly to the ~~Division~~Program, but these responses will not be counted in the total number of responses used to determine compliance. However, the ambulance provider of the assigned EOA where the incident occurred shall report the call on their required response time reports to the ~~Division~~Program as "service requested, failed to respond". If the responding ambulance provider that is providing mutual aid into the EOA arrives at the scene on time, the ambulance provider assigned to the EOA may count the call as compliant with the response time performance standard.

g. If a segment of an EOA has been sub-contracted to another ambulance provider, the original EOA provider assigned to the area shall be responsible for response time compliance and reporting.

7. For incidents requiring more than one ambulance / fly car, the first ambulance / fly car assigned to an incident shall be the only resource required to meet the response time standards. The ambulance provider shall make the best effort to place additional ambulances on-scene expeditiously.

F. Response Time Exceptions Requests:

1. The ambulance provider shall use best efforts to maintain mechanisms for reserve service capacity and to increase response service capability should temporary system overload persist. However, it is understood that from ~~time to time~~time-to-time unusual factors beyond the ambulance provider's reasonable control affect the achievement of the specified response time standards. These unusual factors include, but are not limited to local declared disasters, declared disasters in

another county or state where provider's ambulances are sent for authorized mutual aid, Med-Alert, severe weather, or ~~off-road~~off-road responses where no ~~disenable~~discernable road is available~~,~~.. Authorized categories for minimum response time standards exceptions are as follows:

a. Local declared disaster involving mass casualties, or a Med-Alert.

b. A ~~Division~~Program ~~-~~authorized Ambulance Strike Team medical mutual aid deployment inside or outside of Kern County.

c. If it can be demonstrated that providing ~~Division~~Program-authorized emergency mutual aid into another ambulance provider's EOA caused a shortage of resources that is directly attributable for a late response within the responding ambulance provider's EOA, the ~~Division~~Program is authorized to grant an exception for the late response.

~~c.~~d. Certain weather or roadway conditions that prohibit safe ~~ambulance~~ emergency vehicle operation to meet response time standard, or the specified call location is inaccessible by conventional ground ambulance, as authorized by ~~Division~~Program.

G. Response time Exemption Requests:

a. Period of unusually high demand, as described below.

To request an exemption for a period of unusually high demand, the ambulance provider must demonstrate that, at the moment the call was received, the number of emergency calls dispatched and being worked simultaneously exceeds the Overload Score. The Overload Score is derived using the following formula:

Overload Score = The Mean of (the highest number of the entire population of Priority 1, 2, 3, 4, and 5 calls dispatched for that hour over the past 10 weeks) and (the highest number of the entire population of Priority 1, 2, 3, 4, and 5 calls dispatched for that hour over the past 11 through 20 weeks); Rounded up to the nearest whole number.

b. Extended offload times at Hospitals as follows:

To request an exemption for increased APOT, the ambulance provider must demonstrate that at the moment the call was received, 20% of their on duty fleet, in a specific EOA, is delayed receiving a bed for greater than 1 hour.

2. Equipment failures, traffic congestion, ambulance failures, inability to staff units, computer errors, and other causes will not be grounds for granting an exception to compliance with the response standards.

3. If the ambulance provider believes that any response or group of responses should be excluded from the calculation of the response time standards, the ambulance provider may request a review by the ~~Division~~Program. Ambulance provider shall submit detailed documentation that supports the request, including but not limited to, a cover letter describing in detail the request, a screen shot showing system overload, overload score, and any other supporting documentation as requested by the ~~Division~~Program... The exemption request must be made in writing and included with the monthly report. No Exemption requests will be accepted, by the ~~Division~~Program, after the monthly data has been submitted. The ~~Division~~Program will review the request and issue a final determination.

H. Aggregate Monthly Response Time Measurement:

1. All ambulance responses over each month will be separated by priority code and response time zone per EOA, and then analyzed by the ~~Division~~Program. Priority 1 and 2 calls will be analyzed for compliance with the minimum 90 percent standard. Monthly response times may be reported with decimals, but no rounding factor will be used in determining compliance.

   Example: For the month of March there were 357 Priority 1, Metro Zone (8:59 minutes) responses in the EOA. Twenty-one responses were over 8:59 minutes, 336 responses were at 8:59 minutes or under. The compliance rate is 94 percent.

2. Aggregate monthly response time performance will be applied to Priority 1 and 2 calls within each response time zone in each EOA. Any priority 1 or 2 call, by zone, resulting in less than the 90 percent response time performance is non-compliant with the Standards. All other response priorities will be analyzed each month. Ambulance providers are responsible to maintain response time compliance with all priorities listed in this document.

I. The ~~Division~~Program may audit reported response time data at any time by examination of dispatch logs and/or CAD data, a sampling of response time monitoring, or other methods.

J. Non-Compliance Vs. Breach

1. Non-compliance occurs when an ambulance provider fails to meet the 90% response time standard within a response time zone, within an EOA, in any month up to 3 consecutive months.

2. Breach of Contract occurs when an ambulance provider fails to meet the 90% response time standard within a response time zone, within an EOA, in a 4th consecutive month.

K. Performance Standards

(1) Core Measure Compliance

(a) The ambulance provider shall comply with all current, state~~,~~ mandated~~,~~ CORE measures.

3. Non-compliance occurs when an ambulance provider fails to meet each individual CORE measure metric~~,~~ ~~which shall be~~as documented in the ePCR~~,~~ at 90%~~,~~ within an EOA, in any month up to 3 consecutive months.

~~2.~~4. Breach of Contract occurs when an ambulance provider fails to meet each individual CORE metric~~, which shall be~~ as documented in the ePCR~~,~~ at 90%~~,~~ within an EOA, in a 4th consecutive month.

~~K.~~L. Penalties

1. Response Non-Compliance

If an ambulance provider fails to meet the 90% compliance standard for Priority 1 or 2 calls within any response time zone, in any month, within an EOA, up to 3 consecutive months, the provider will be charged a $1000 fine each month.

2. Response Breach

If an ambulance provider fails to meet the 90% compliance standard for Priority 1 or 2 calls within any response time zone, in an EOA, in a 4th consecutive month, the provider will be charged a $5000 fine each month thereafter until compliance is met.

3. Core Measure Non-Compliance

   If an ambulance provider fails to meet the 90% compliance standard for each individual CORE measure~~,~~ in any month~~,~~ within an EOA, up to 3 consecutive months, the provider will be charged a $1000 ~~fine each month~~.

4. Core Measure Breach

   If an ambulance provider fails to meet the 90% compliance standard for each individual CORE measure~~,~~ in any month~~,~~ within an EOA, in a 4th consecutive month, the provider will be charged a $5000 fine each month ~~thereafter~~ until compliance is met.

All Core Measure data shall be collected via FirstWatch and evaluated by EMS staff monthly.

~~X.~~XI. Records and Reports

In order to maintain data collection and quality improvement control in the EMS system, it is necessary for all ambulance providers to submit to the ~~Division~~Program specific documentation. Additional reports shall be submitted, as may be required by the ~~Division~~Program, for purposes of quality improvement studies and investigation follow-up. For ambulance rate change requests, the ambulance provider shall submit reports and data described in Ambulance Rate Process.

Ambulance provider performance reports:

1. The ambulance provider shall provide monthly and annual reports in a format approved by the ~~Division~~Program. The monthly reports will be submitted electronically.
2. Required monthly reports are listed below. All monthly reports shall be submitted to the ~~Division~~Program before the 20th of the current month for the previous month.
   a. **Call Volume** - Call volume of responses by priority code, by zone, by level ~~type~~ of response ~~ambulance~~ (ALS, BLS) per EOA. For EOA 6, 8, and 11, this information shall also be provided by community.
   b. **Response Time** - Response time performance by priority code by zone by level ~~type~~ of response ~~ambulance~~ (ALS, BLS) per EOA. For EOA 6, 8, and 11, this information shall also be provided by community.

c. **Late Calls** - A list of all calls not meeting response-time performance criteria shall be included. For EOA 6, 8, and 11, this information shall also be provided by community. Late calls in which the ambulance provider is seeking an exception shall be identified, and the documentation to support the request submitted.

d. **Out of EOA Responses** - Each response to incidents outside the assigned EOA(s) and within the County shall be listed.

e. **Mutual Aid Responses** - Each response to ~~Division~~Program-authorized mutual aid within and outside Kern County.

f. **Turned Calls** - All "service requested, failed to respond" calls shall be listed.

g. **Exemption Request** - The number of responses dispatched, by hour, by day, by EOA. This data will facilitate use of the Overload Score formula, and said report is only required if the ambulance provider is seeking a response time exemption.

h. **EMD Activity and QA Report** – The number of calls processed using the EMD protocol, categorized by EMD code. Report shall include the cases reviewed for quality assurance and the findings. The information contained in this report shall be provided in accordance with the standards set forth in the EMS Dispatch Policies and Procedures.

i. **Continuing Education** - Listing of continuing education provided for the employees, sequenced by date. Information to be provided shall include the topic and hours of credit.

j. **Community Service and Public Education** - Listing of community service and public education activities provided. Participation in meetings sponsored by the EMS ~~Division~~Program would also be listed here.

k. **Customer Service Tracking Database** – report shall contain the information required by Section XI, below.

l. **Call Data** – A comprehensive listing of each call for service the ambulance provider received during the month shall be provided in a standard electronic text file, comma delimited, format. The fields listed below shall be provided in the following order:

    i. **Trip Date:** The date of the response. Data in this field must be in the following format MM/DD/YYYY.

    ii. **Time of Call (TOC):** The time call is received. Data in this field must be in the following format HH:MM:SS.

    iii. **Scheduled Pick-up Time:** The time the ambulance is scheduled to arrive at the patient pick-up location. Data in

this field must be in the following format HH:MM:SS. This data field is only applicable to Priority 6, 7, and 8 calls, and the purpose of reporting this data is to determine compliance with the “On-time, as mutually agreed” measurement.

iv. **On Scene/Cancelled:** The time of scene arrival or cancellation during response. Data in this field must be in the following format HH:MM:SS.

v. **Elapsed:** The elapsed time duration from time of call to the on-scene or cancelled time. Data in this field must be in the following format HH:MM:SS. The ambulance provider may chose to omit this field if the data submitted for all time fields allows the elapsed time to be calculated automatically by the ~~Division~~Program.

vi. **Unit ID:** Identification of the unit responded.

vii. **Unit Type:** Clinical capability of responding ambulance / fly car. ALS means the emergency vehicle ~~ambulance~~ is equipped with required ALS gear and staffed with at least one paramedic. BLS means ambulance is staffed with ~~only an~~two EMT’s ~~crew~~, and/or unit does not have the required ALS equipment. Data in this field must be in the following format: “ALS” or “BLS”.

viii. **Location:** The location of the incident which may be an address, intersection, roadway description, facility name or GPS coordinates.

ix. **Key Map:** Consisting of three separate components: the map key, map section, and quarter section. Data in this field must be in the following format XXX-XX-X. Quarter section designation shall be provided, when feasible. The three-digit Key Map number shall always be separated from the two-digit Section number with a dash.

x. **Zone:** The response time zone the call is located in. The data in this field shall be spelled out as follows: METRO, URBAN, SUBURBAN, RURAL, WILDERNESS, or OTHER. OTHER shall only be used for responses into other counties or EOAs; OTHER shall never be used for a response location inside an ambulance provider’s assigned EOA(s).

xi. **Priority:** The response priority code. This code shall be listed as ~~a single digit of~~ 1, 2, C3AF, C3B, 3, 4, 5, 6, 7, 8, or ~~through~~ 9. If call priority is upgraded or downgraded, list the final priority code, and denote in the Comments field that call was upgraded/downgraded, as applicable.

xii. **EOA:** The number of the exclusive operating area for which the scene/location is in. Data in this field shall be listed as a number of 1 through 11. There is no EOA 10. The ambulance provider may ~~chose~~choose to omit this field if the data submitted for the Key Map field allows the EOA number to be determined automatically by the ~~Division~~Program.

xiii. **EMD:** The emergency medical dispatch code of the response. Data in this field consists of three separate components: the card number (always numeric), acuity level (always a letter), and descriptor (a number, sometimes combined with a letter). Data in this field must be in the following format XX-X-X. The three data elements may be separated with a dash, or combined as one code.

xiv. **Community:** List the name of the community for which the scene/location is in. This data field is only applicable to EOA 6, 8, and 11. The data in this field shall be indicated as follows: KERNVILLE, LAKE ISABELLA, ARVIN, LAMONT, TEHACHAPI, FRAZIER PARK, CAL CITY, BORON, MOJAVE, or ROSAMOND, as applicable.

xv. **Comments:** This field is available for provider to include notes or other optional information applicable to the call. Notes might include information such as “overload exemption request”, “wait and return”, “public safety standby”, “priority upgrade from #”, priority downgrade from #”, etc. The comment field is an optional field.

The correct and complete electronic submission of the monthly Call Data report will enable the ~~Division~~Program to generate monthly reports “a” through “e” automatically. It is not necessary for an ambulance provider to submit monthly reports “a” through “e” if the ~~Division~~Program is capable of automatically generating the information from the Call Data report.

3. Required annual reports are listed below. All annual reports shall be submitted to the ~~Division~~Program by April 15 of the current year for the previous year.
    a. Copy of license issued by California Highway Patrol to operate an ambulance service
    b. Copy of authorization issued by California Highway Patrol for each emergency response vehicle
    c. Valid certificates of insurance in accordance with contract requirements

d. Listing of EMS ~~Division~~Program licensed or accredited employees (EMD, EMT, Paramedic or RN)

e. Preventive mechanical maintenance program affirmation statement.

~~XI.~~XII. Customer Service Performance

A. The ambulance provider shall provide a customer service program that addresses interactions with patients and families, oversight agencies, hospitals, emergency department physicians and nurses, other healthcare facilities, fire service agencies, law enforcement agencies, public officials, and media representatives. The ambulance provider shall make same-day initial contact with the customer. Investigation and follow-up of findings shall happen concurrently and outcomes shall be looped to the initial customer source, unless there is a legal patient-confidentiality restriction. The ambulance provider shall allow the ~~Division~~Program to audit the customer service program, upon request.

B. All verbal complaints that were not resolved within one business day, and all written complaints, shall be entered into a tracking database and reviewed weekly by the ambulance provider for completion and follow-through. The database shall track incident by source, types, and outcomes. Type of complaints shall be categorized as either clinical, billing, or customer service. The ambulance provider's quality improvement function through a monthly committee of field and managerial personnel shall analyze outcomes and trends.

C. The tracking database, listing incidents by source, types, and outcomes, shall be submitted to the ~~Division~~Program on a monthly basis.

D. The ~~Division~~Program may refer complaints of a significant or chronic nature to the EMCAB for review and recommendations.

E. The Medical Director may review all complaints of a clinical nature.

~~XII.~~XIII. Annual Achievement Benchmarks

A. By April 15th of each year, each ambulance provider will prepare and submit to the ~~Division~~Program a report of contract compliance and achievement for the preceding year (January 1 through December 31). This report will be in a format acceptable to the ~~Division~~Program, and the report will indicate the extent of compliance with all performance provisions of the ordinance, contract, and these standards. Additional achievements may also be required or submitted.

At a minimum the report must contain:

1. Call volume of responses by priority code by time zone per EOA
2. Volume of transports by response priority code by time zone per EOA
3. Volume of ALS ambulance transports by response mode by time zone per EOA
4. Volume of BLS ambulance transports by response mode by time zone per EOA.
5. Response time compliance by month, by priority, by community, and per EOA.
6. Volume of "service requested, failed to respond" calls
7. Volume of mutual aid given and received by ambulance provider.
8. Emergency Medical Dispatch performance measures (EMD Activity and associated QA Reports).
9. Customer service inquiry and complaint tracking database, listing incidents by source, types, and outcomes.
10. Listing of community service and public education events conducted by month, including multi-agency drills/exercises.
11. Listing of Continuing education activities.
12. Any other information the ~~Division~~Program may need or request for use in preparing the Annual Report of Benchmark Achievement.

B. At least once each year, the ~~Division~~Program may require each ambulance provider to mail a quality and customer service questionnaire to designated patients served during a period of up to one month. The ~~Division~~Program in consultation with the Medical Director and EMCAB will design and approve the content of the questionnaire and identify the types of designated patients to be surveyed. The ambulance provider must provide and send the questionnaire, when so requested by the ~~Division~~Program. The questionnaire may be mailed and included within the ambulance provider's billing process, at the ambulance provider's discretion. Questionnaires will be returned directly to the ~~Division~~Program for processing.

C. After receipt of each provider's annual report of contract compliance and achievement, the ~~Division~~Program will prepare an Annual Report of Benchmark Achievement for each provider and the EMS system as a whole. The report will contain the following sections:

1. Contract Compliance - The ambulance provider's extent of contract compliance, any notices of exceptions or instances of non-compliance and provider's performance in curing those deficiencies.

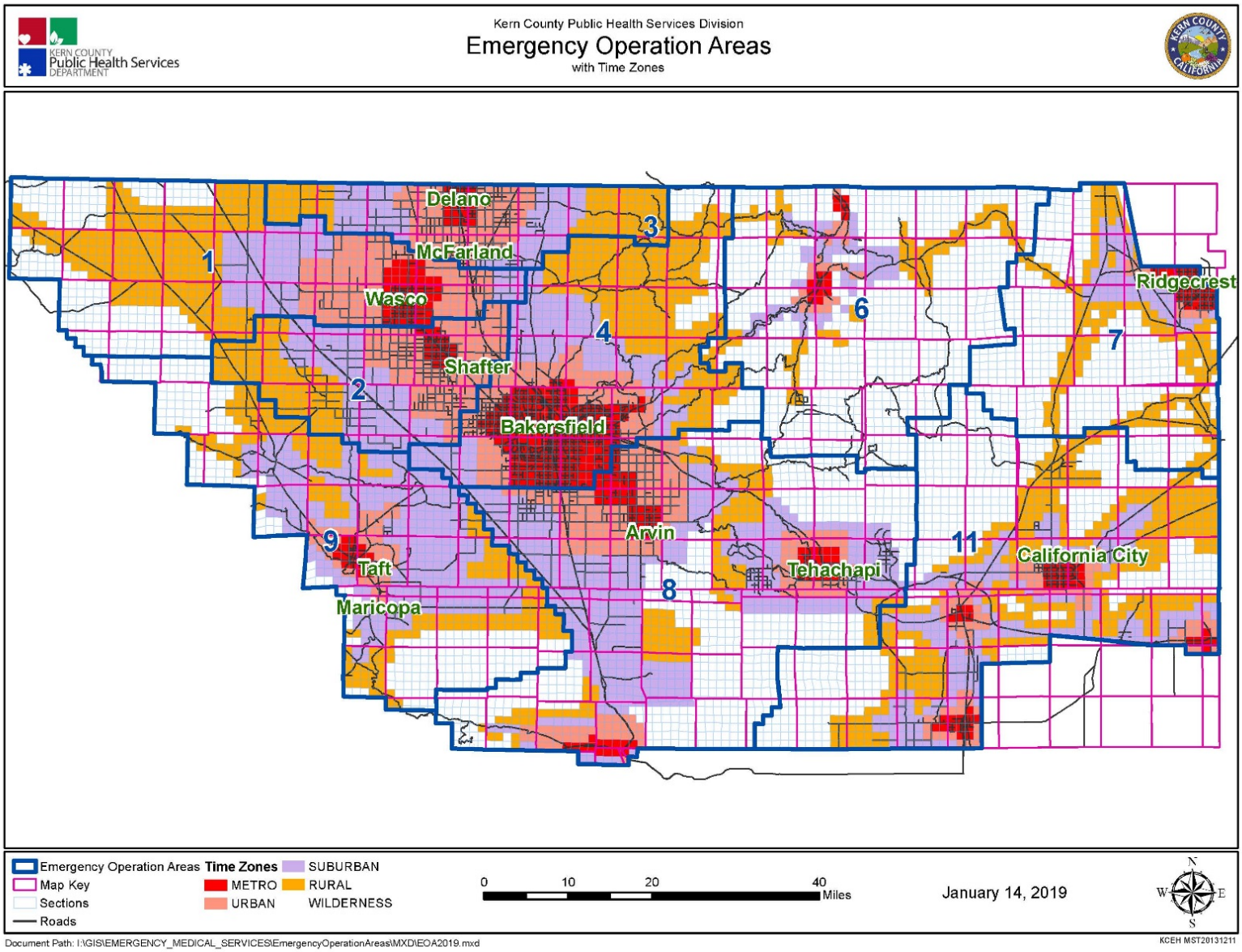
2. Ordinance Compliance - The ambulance provider's extent of compliance with ordinance requirements, any notices of exceptions or instances of non-compliance and provider's performance in curing those deficiencies.
3. Customer Service Performance – Demonstrating the ambulance provider's efforts and acumen at providing customer service. The components of this section will include:
    a. Inquiry and Complaint Tracking Database - listing incidents by source, types, and outcomes.
    b. Customer Survey – If the ~~Division~~Program required a customer service survey be conducted, the results of the survey shall be included. Service will be rated based on a statistical evaluation of customer responses. The rating system shall coincide with questions from the survey.
4. Ambulance Performance Standards Compliance - The ambulance provider's extent of compliance with performance standards, including response time compliance, any notices of exceptions or instances of non-compliance and provider's performance in curing those deficiencies. Also, consideration will be given to an ambulance provider's active participation in ~~Division~~Program projects, committees, task forces, etc., and multi-agency training exercises.
5. Clinical Performance - Prepared by the Medical Director determining each ambulance provider's extent of compliance with the clinical performance requirements in the following categories:
    a. Maintaining all required clinical equipment in good working order
    b. Adherence to clinical protocols
    c. Quality Improvement Processes
    d. Qualifications of clinical personnel (including certifications and continuing education)
    e. EMD QA compliance
    f. Participation in County clinical processes
    g. Active participation in ~~Division~~Program projects, committees, task forces, etc.
    h. Ratings will be issued based on compliance or non-compliance.

D. The ~~Division~~Program will compile the extent of compliance and will evaluate each ambulance provider's performance. The draft evaluation will be shared with each ambulance provider for review and comment prior to finalizing the report. The evaluation shall be submitted to the Board of Supervisors for consideration.

E. If the Board of Supervisors determines that the ambulance provider has fulfilled the performance standards and achievement benchmarks, a year shall be added automatically to the term of the ambulance service performance contract, and the term of the contract shall be renewed and extended. In the event that the ambulance provider fails to fulfill the performance standards and achievement benchmarks the Board of Supervisors may, in its sole discretion, notify the ambulance provider that the performance contract is non-renewed and no additional time shall be automatically applied to extend the term of the contract.

F. In the case of significant non-compliance, the Board of Supervisors may, in its sole discretion, declare the ambulance provider in breach of the contract and pursue the remedies and actions specified in the contract, and other actions allowed by law.

~~XIII.~~XIV. Time Zone Maps



Key to Abbreviations:

ALS – Advanced Life Support
BLS – Basic Life Support
ECC – Emergency Communications Center
EMCAB – Emergency Medical Care Advisory Board
EMD – Emergency Medical Dispatcher
EMT – Emergency Medical Technician

EOA – Exclusive Operating Area
~~Fly Car – A vehicle staffed by a single Paramedic with ALS equipment~~
MICN - Mobile Intensive Care Nurse
MICU – Mobile Intensive Care Unit
NIMS – National Incident Management System
RN – Registered Nurse
SEMS – Standard Emergency Management System
CCT – Critical Care Transport
9-1-1 – telephone number used to access EMS system

Versions:
December 5, 2006 – Board of Supervisors approval (Ver. 1.0)
June 19, 2007 – Board of Supervisors approval (Ver. 2.0); update to incorporate provider and public comments, add definition for Priority 5, refine reporting requirements, and revise overload score formula scheduled to consider proposed revisions
August 8th, 2018 – EMCAB Approval – October 9, 2018 – Board of Supervisors approval – Update to delete 100 call rule, incorporate fines for compliance violations in priority 1 and 2 responses.
January 14, 2019 – Corrected formatting issues – replaced county EOA Map.

October 13th, 2022 - Addition of non-transport emergency response vehicles (fly car), Addition of CORE measure compliance, removed BLS limitation and compliance, removed Priority 4's,