



AGENDA

EMERGENCY MEDICAL CARE ADVISORY BOARD (EMCAB)

REGULAR MEETING

THURSDAY – February 9th, 2023

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 November 10th, 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:**
 - a) EMD Study Implementation**
 - b) Ambulance Service Performance Standard Update**

- 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 Ambulance Response Time Compliance – receive and file

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, May 11th, 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, April 27th, 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

<i>Name and Address</i>	<i>Representing</i>
Jeff Flores, Supervisor Third District 1115 Truxtun Avenue Bakersfield, CA 93301 (661) 868-3672	Board of Supervisors
<u>Alternate</u> Phillip Peters, Supervisor First District 1115 Truxtun Avenue Bakersfield, CA 93301 (661) 868-3652	
Donny Youngblood, Sheriff Kern County Sheriff's Department 1350 Norris Road Bakersfield, CA 93308 (661) 391-7500	Police Chief's Association
<u>Alternate</u> Vacant	
Zachary Wells, Deputy Chief Kern County Fire Department 5642 Victor Street Bakersfield, CA 93308 (661)	Fire Chief's Association
<u>Alternate</u> Kevin Albertson, Deputy Chief Bakersfield Fire Department 2101 H St. Bakersfield, CA 93301 (661)	
James Miller 14113 Wellington Court Bakersfield, CA 93314 (817) 832-2263	Urban Consumer
<u>Alternate</u> Vacant	
Leslie Wilmer 1110 Bell Ave., Taft, CA 93268 (661) 304-1106	Rural Consumer
<u>Alternate</u> Vacant	

Orchel Krier
Mayor Pro Tem, City of Taft
209 E. Kern Street
Taft, CA 93268
661-763-1222

City Selection Committee

Alternate

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

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, 2nd floor
Bakersfield, CA 93306
(661) 321-3000

EMS Medical Director

Support Staff

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

EMS Division

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

County Counsel

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

County Administrative Office

V. Approval of Minutes



[Minutes](#)

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 – Chairman Maggard**
- II. **Flag Salute – Chairman Maggard**
- III. **Roll Call – Jeff Fariss**

Attending	Roll Call
Tyler Whitzell	x
Orchel Krier	x
Chris Miller	x
Chief Wells	x
Dr. Lyon	x
John Surface	x
Scott Hurlbert	x
Chairman Maggard	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 concerning the item before action is taken.

[Chief Wells – Motion to approve.](#)

[John Surface – Second](#)

[Motion passes with all Ayes, no opposed](#)

- V. **(CA) Approval of Minutes: EMCAB Meeting August 11th, 2022– approve**

VI. Subcommittee Reports:

APOT Task Force – Jeff Fariss

Chief wells requested an explanation of the state quarterly APOT report included in the packet.

Undetermined - Motion to approve

Second – Dr. Lyon

Motion passes all ayes, no opposed

VII. Public Comments:

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

None

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

Chairman Maggard asked if EMD changes are linked to response times

Chairman Maggard confirmed that these types of changes are happening across the country.

Chairman Maggard questioned County Council regarding the linking of the two request for approval

Chief Wells questioned if the division studied the amount of lights and sirens accidents occurred during 2020 and 2021.

Chief Wells requests that EMS present a report on accidents during 2020 and 2021 in order to weigh the risks of accidents in our county. Chief Wells questioned the validity of the risk locally and compared the Lights and Siren accident risk to the differences between wildfire risk between Alabama and Kern County. Chief Wells then stated that Fire Data should be considered as well as ambulance date in consideration of these EMD changes.

Mr. Krier questioned the system of dispatch.

Mr. Krier asked how the use of a “help up button” would be impacted by the EMD changes. Mr. Krier talked about the service he has received from both county fire and Hall Ambulance Service.

Chairman Maggard asked if any calls related to cardiac issues would be downgraded.

Mr. Surface volunteered to provide patient outcome data at the next meeting.

Dr. Lyon stated that monitoring the response mode vs the transport mode evaluates the critical nature of the patient and speaks for itself. Dr. Lyon discussed the minimal difference between lights and sirens and non-lights and sirens response times.

Chief Wells stated that the range of 45 seconds to 4 minutes cause him concern. Also, the sheer number of changes is concerning.

Chief Wells requested a collaborative discussion after his department submits their comments on November 29th.

Chief Wells requested to delay the vote on the EMD codes to the February 9, 2023, which would give him time to review the data and would allow time for him to give his support.

Mr. Krier voiced concerns regarding living in a rural community with a greater distance to hospitals.

Chairman Maggard requested a list of the proposed changes with fires concerns.

Chairman Maggard questioned the revocation process of a changed EMD code needed to be reverted back to its original response.

Chief Wells discussed the importance of having a process for monitoring the changes and discovering issues as they arise.

No Public comment

Mr. Surface stated the Chiefs request is fare.

Mr. Miller agreed to take time to confirm.

Mr. Hurlbert questioned the process of making corrections.

Dr. Lyon indicated that EMS has the authority to make these changes but we wanted to bring these changes to the board to be transparent

Chairman Maggard requested an email on the progress of the process.

Chief Wells makes motion to extend through February 9th.

Undetermined second

Motion passed with all ayes, no opposed.

XI. Manager's Report: - Receive and File

Motion to receive and file managers' report – Undetermined.

Second Undetermined

Motion passes with all ayes, no opposed

XII. Miscellaneous Documents for Information: None

XIII. Board Member Announcements or Reports: None

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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.

IX. Unfinished Business

a. 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. After all 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, pending changes resulting from comments received by November 29th, and that an implementation date be set for January 1, 2023, at 0001hrs.

Jeff Fariss

From: Jeff Fariss
Sent: Friday, November 18, 2022 7:53 AM
To: John Surface; Myron Smith Jr. Paramedic; Erin Cocciolone; Jesse Pierce - Pro Safety (j.pierce@prosafetyandrescue.com); Kevin Albertson; Zachary Wells; Jeremy Kosick Paramedic
Cc: Brynn Carrigan; George Baker; Kris Lyon
Subject: Motor Vehicle Accidents

Tracking:	Recipient	Read
	John Surface	
	Myron Smith Jr. Paramedic	
	Erin Cocciolone	
	Jesse Pierce - Pro Safety (j.pierce@prosafetyandrescue.com)	
	Kevin Albertson	
	Zachary Wells	Read: 12/5/2022 1:13 PM
	Jeremy Kosick Paramedic	
	Brynn Carrigan	
	George Baker	Read: 11/18/2022 7:58 AM
	Kris Lyon	Read: 11/18/2022 7:56 AM

Good morning,

During the November 10th, EMCAB meeting, it was requested that motor vehicle accidents involving your agency be reported out at the February meeting.

As a result, I am requesting all information regarding motor vehicle accidents involving your agency from January 1st, 2010 through the present. Please include all pertinent information, i.e. date, time, location, responding lights and siren/no lights and siren, transporting lights and siren/no lights and siren, emd code, injuries to staff and/or others.

Please provide this information to me no later than Monday, January 9th, by close of business.

Please let me know if you have any questions or concerns.

Jeff Fariss

EMS Program Manager

Kern County Public Health

1800 Mount Vernon Ave.

Bakersfield, CA 93306

E-Mail: farissj@kerncounty.com

Accident Reports

	Date Range	Total Accidents	Code 3	Injuries
KCFD	From January 8th, 2018 through November 15, 2022	25	21	Yes
KCFD	2020 through 2021	11	9	yes
Hall	From July 15th, 2011 through January 7th 2023	28	28	Yes
Hall	2020 through 2021	5	5	Yes
Liberty	From May 5th, 2013 through October 24th, 2021	11	1	Yes
Liberty	2020 through 2021	3	0	Yes
Cal City Fire	Reported losing all data regarding accidents due to software migration. However, the chief recalled one accident that occurred in 2015 where the engine was struck by a DUI driver while returning to the station from a call. No injuries were reported	1	0	no

Jeff Fariss

From: Brynn Carrigan
Sent: Thursday, December 22, 2022 3:30 PM
To: Jeff Fariss
Subject: FW: EMD Study Response
Attachments: image001.png; EMD Study Response.pdf

From: Aaron Duncan <aduncan@kerncountyfire.org>
Sent: Thursday, December 22, 2022 3:28 PM
To: Brynn Carrigan <Brynn@kerncounty.com>
Subject: Fwd: EMD Study Response

Director Carrigan,

Please see email below regarding Fire position on EMD changes.

This is a lot of information and data to review.

We look forward to discussing further on January 9th with you and your team.

Thank you,

Aaron Duncan
Fire Chief KCFD

Sent from my iPhone

Begin forwarded message:

From: Zachary Wells <zwells@kerncountyfire.org>
Date: December 22, 2022 at 3:00:09 PM PST
To: Aaron Duncan <aduncan@kerncountyfire.org>, Dionisio Mitchell <dmitchell@kerncountyfire.org>
Subject: EMD Study Response

After a thorough review, we have determined our support for the recommended EMD Study changes. Of the 230 recommended changes, we support 59, do not support 148, and 23 found both support and not support based on different variables. Please see attached report for a detailed review of our response.

We did find support when there were more than 30 patients, and Patient Care/GCS/RAPS Score supported it. We do not support changes that include EMD Determinant Codes with 30 or fewer patients. During our initial review we considered holding the line at 100 patients or less but lowered the number to 30 to broaden our analysis. We used the "rule of thumb that a value of greater than 30 is usually adequate" (Rice, Mathematical Statistics and Data Analysis, 2007, p.218). Another concern "Is that using a sample smaller than the ideal increase the chance of assuming as true a false premise"

(Faber, & Fonseca, 2014, pp. 27-29). We do not support changes to Override EMD Determinant Codes. We do not support changes to downgrade Delta or Echo EMD Determinant Codes. We do not support changes in the EMD 10 Card (Chest Pain).

We would be happy to sit down and discuss our position at a mutually convenient time.

Zachary Wells

Deputy Chief – Command 3
Kern County Fire Department
ALERTCalifornia Advisor/Liaison
Mobile: 661-330-0498
zwells@kerncountyfire.org

1. Rice, J. A. (2007). *Mathematical Statistics and data analysis*. Thomson Brooks/Cole.
2. Faber, J., & Fonseca, L. M. (2014). How sample size influences research outcomes. In Dental Press Journal of Orthodontics (Vol. 19, Issue 4, pp. 27–29). FapUNIFESP (SciELO). <https://doi.org/10.1590/2176-9451.19.4.027-029.ebo>



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PPC	Problem	Total Patients	Current			Recommended By CountyEMS			Support by County Fire					EMD
			Current Priority	Current Level	Current Resource	Recommend Level	Recommend Resources	Recommend Priority	Support	Reason	Priority	Resource		
01	Abdominal Pain / Problems												1	
01C00	Override	1	2	ALS	Fire/ALS	BLS	AMB Only	C3B	No	ECC should retain option to Override	2	Fire/ALS	01C00	
01C01	SUSPECTED aortic aneurysm (tearing/ripping pain) ≥ 50	73	2	ALS	Fire/ALS	BLS	AMB Only	C3B	Yes		C3B	BLS Amb	01C01	
01C02	Diagnosed aortic aneurysm	139	2	ALS	Fire/ALS	BLS	AMB Only	C3B	Yes		C3B	BLS Amb	01C02	
01C03	Fainting or near fainting ≥ 50	832	2	ALS	Fire/ALS	BLS	AMB Only	C3B	Yes		C3B	BLS Amb	01C03	
01C04	Females with fainting or near fainting 12–50	630	2	ALS	Fire/ALS	BLS	AMB Only	C3B	Yes		C3B	BLS Amb	01C04	
01C05	Males with pain above navel ≥ 35	1134	2	ALS	Fire/ALS	ALS	Fire/ALS	C3AF	No	RAPS Score Indicates Priority 2	2	Fire/ALS	01C05	
01C06	Females with pain above navel ≥ 45	959	2	ALS	Fire/ALS	BLS	AMB Only	C3B	Yes		C3B	BLS Amb	01C06	
01D01	Not alert	419	1	ALS	Fire/ALS	BLS	AMB Only	C3B	No	Do not support Delta Downgrade	1	Fire/ALS	01D01	
01D02	Ashen or gray color reported ≥ 50	4	1	ALS	Fire/ALS	BLS	AMB Only	C3B	No	Not enough patients	1	Fire/ALS	01D02	
02	Allergies/Envenomations												2	
02B00	Override	1	2	BLS	AMB	BLS	AMB Only	C3B	No	ECC should retain option to Override	2	BLS Amb	02B00	
02B01	Unknown Status	97	2	BLS	AMB	ALS	Fire/ALS	C3AF	Both	RAPS Score Indicates Priority 2/ Support Adding Fire and upgrade ALS	2	Fire/ALS	02B01	
02C01	difficulty breathing or swallowing	500	2	ALS	Fire/ALS	BLS	AMB Only	C3B	Yes		C3B	BLS Amb	02C01	
02C02	History of sever reaction	153	2	ALS	Fire/ALS	BLS	AMB Only	C3B	Yes		C3B	BLS Amb	02C02	
02D02	Difficulty speaking between breaths	457	1	ALS	Fire/ALS	ALS	Fire/ALS	C3AF	No	RAPS Score Indicates Priority 2	2	Fire/ALS	02D02	
02D04	Snake Bite	36	1	ALS	Fire/ALS	ALS	Fire/ALS	C3AF	No	Priority Score Indicates Priority 1	1	Fire/ALS	02D04	
2.00E+00	Override	8	1	ALS	Fire/ALS	BLS	AMB Only	C3B	No	ECC should retain option to Override	1	Fire/ALS	02	
2.00E+01	Ineffective Breathing	5	1	ALS	Fire/ALS	ALS	Fire/ALS	C3AF	No	Not enough patients	1	Fire/ALS	20	
03	Animal Bites/Attacks												3	
03A03	Superficial Injuries	46	3	BLS	AMB	ALS	Fire/ALS	C3AF	Yes		C3AF	Fire/ALS	03A03	
03A04	Superficial Injuries(Old 3A3)	6	3	BLS	AMB	ALS	Fire/ALS	C3AF	No	Not enough patients	3	BLS Amb	03A04	
03B00	Override	2	2	BLS	Fire/BLS	BLS	AMB Only	C3B	No	ECC should retain option to Override	2	Fire/BLS	03B00	
03B01	Possibly Dangerous body area	90	2	BLS	Fire/BLS	ALS	Fire/ALS	C3AF	Both	Do not support Priority Downgrade RAPS = 1 / Support Resource	1	Fire/ALS	03B01	
03B02	Serious hemorrhage	110	2	BLS	Fire/BLS	BLS	AMB Only	C3B	Yes		C3B	BLS Amb	03B02	
03B03	Unknown status	190	2	BLS	Fire/BLS	BLS	AMB Only	C3B	Yes		C3B	BLS Amb	03B03	
03D03	Not Alert	20	1	ALS	Fire/ALS	BLS	AMB Only	C3B	No	Not enough patients	1	Fire/ALS	03D03	
03D04	Chest or Neck Injury with SOB	4	1	ALS	Fire/ALS	BLS	AMB Only	C3B	No	Not enough patients	1	Fire/ALS	03D04	
03D05	Dangerous body area	4	1	ALS	Fire/ALS	BLS	AMB Only	C3B	No	Not enough patients	1	Fire/ALS	03D05	
03D06	Large Animal	1	1	ALS	Fire/ALS	BLS	AMB Only	C3B	No	Not enough patients	1	Fire/ALS	03D06	
03D07	Exotic Animal	1	1	ALS	Fire/ALS	BLS	AMB Only	C3B	No	Not enough patients	1	Fire/ALS	03D07	
03D08	Mauling or multiple animals	10	1	ALS	Fire/ALS	ALS	Fire/ALS	C3AF	No	Not enough patients	1	Fire/ALS	03D08	
03D09	Attack in progress	13	1	ALS	Fire/ALS	ALS	Fire/ALS	C3AF	No	Not enough patients	1	Fire/ALS	03D09	
04	Assault/Sexual Assault/Stun Gun												4	
04B01	Possible Dangerous body area	2957	2	BLS	Fire/BLS	BLS	AMB Only	C3B	Yes		C3B	BLS Amb	04B01	
04B02	Serious Hemorrhage	69	2	BLS	Fire/BLS	BLS	AMB Only	C3B	Yes		C3B	BLS Amb	04B02	
04D01	Arrest	15	1	ALS	Fire/ALS	ALS	Fire/ALS	C3AF	No	Not enough patients	1	Fire/ALS	04D01	
04D02	Unconscious	83	1	ALS	Fire/ALS	ALS	Fire/ALS	C3AF	No	GCS Score Indicates Priority 1	1	Fire/ALS	04D02	
04D03	Not Alert	236	1	ALS	Fire/ALS	ALS	Fire/ALS	C3AF	No	GCS Score Indicates Priority 2	2	Fire/ALS	04D03	
04D04	Chest or Neck injury with sob	172	1	ALS	Fire/ALS	BLS	AMB Only	C3B	No	Do not support Delta Downgrade	1	Fire/ALS	04D04	
04D05	Multiple Victims	310	1	ALS	Fire/ALS	ALS	Fire/ALS	C3AF	No	RAPS Score Indicates Priority 1	1	Fire/ALS	04D05	
05	Back Pain/non-Traumatic or Non recent trauma												5	
05C00	Assault	1	2	BLS	Fire/BLS	BLS	AMB Only	C3B	No	Not enough patients	2	Fire/BLS	05C00	
05C01	Susp Aortic Aneurysm >50	25	2	ALS	Fire/ALS	BLS	AMB Only	C3B	No	Not enough patients	2	Fire/ALS	05C01	
05C02	Diagnosed Aortic Aneurysm	48	2	ALS	Fire/ALS	BLS	AMB Only	C3B	Yes		C3B	BLS Amb	05C02	
05C03	Fainting or Near Fainting	179	2	ALS	Fire/ALS	BLS	AMB Only	C3B	Yes		C3B	BLS Amb	05C03	
05C04	Difficulty Breathing	480	2	ALS	Fire/ALS	BLS	AMB Only	C3B	Yes		C3B	BLS Amb	05C04	
05D01	Not Alert	48	1	ALS	Fire/ALS	ALS	Fire/ALS	C3AF	No	GCS Score Indicates Priority 1	1	Fire/ALS	05D01	
05D02	Ashen or gray color >50	2	1	ALS	Fire/ALS	BLS	AMB Only	C3B	No	Not enough patients	1	Fire/ALS	05D02	
06	Breathing Problems												6	
06C01	Abnormal breathing	6,937	2	ALS	Fire/ALS	ALS	Fire/ALS	C3AF	No	RAPS Score Indicates Priority 2	2	Fire/ALS	06C01	
06D00	Override	2	1	ALS	Fire/ALS	BLS	AMB Only	C3B	No	ECC should retain option to Override	1	Fire/ALS	06D00	
06D02	DIFFICULTY SPEAKING BETWEEN BREATHS	12311	1	ALS	Fire/ALS	ALS	Fire/ALS	C3AF	No	RAPS Score Indicates Priority 1	1	Fire/ALS	06D02	
06D04	Clammy or cold sweats	2328	1	ALS	Fire/ALS	ALS	Fire/ALS	C3AF	No	RAPS Score Indicates Priority 2	2	Fire/ALS	06D04	
"06E00"	Override	65	1	ALS	Fire/ALS	ALS	Fire/ALS	C3AF	No	ECC should retain option to Override	1	Fire/ALS	"06E00"	
07	Burns/Explosions												7	
07A01	Burns < 18% body area	85	2	BLS	Amb Only	ALS	Fire/ALS	C3AF	Both	RAPS Score Indicates Priority 2 / Support Adding Fire and upgrade ALS	2	Fire/ALS	07A01	
07A03	Minor Burns	19	3	BLS	AMB Only	ALS	Fire/ALS	C3AF	No	Not enough patients	3	BLS Amb	07A03	
07A04	Sunburn	1	3	BLS	Fire/BLS	BLS	AMB Only	C3B	No	Not enough patients	3	Fire/BLS	07A04	
07A05	NON-RECENT (≥ 6hrs) burns/injuries (without priority symptoms)	12	3	BLS	Fire/BLS	ALS	Fire/ALS	C3AF	No	Not enough patients	3	Fire/BLS	07A05	
07B01	Blast injuries (without priority symptoms)	24	2	ALS	Fire/ALS	ALS	Fire/ALS	C3AF	No	Not enough patients	2	Fire/ALS	07B01	
07C01	Fire with persons reported inside	64	3	BLS	Fire/BLS	ALS	Fire/ALS	C3AF	Yes		C3AF	Fire/ALS	07C01	
07C02	Difficulty breathing	14	2	ALS	Fire/ALS	ALS	Fire/ALS	C3A	No	Not enough patients	2	Fire/ALS	07C02	
07C04	SIGNIFICANT FACIAL burns	25	2	ALS	Fire/ALS	ALS	Fire/ALS	C3AF	No	Not enough patients	2	Fire/ALS	07C04	
07D01	Multiple victims	5	1	ALS	Fire/ALS	BLS	AMB Only	C3B	No	Not enough patients	1	Fire/ALS	07D01	
07D04	Not alert	8	1	ALS	Fire/ALS	ALS	Fire/ALS	C3AF	No	Not enough patients	1	Fire/ALS	07D04	
07D05	DIFFICULTY SPEAKING BETWEEN BREATHS	14	1	ALS	Fire/ALS	ALS	Fire/ALS	C3AF	No	Not enough patients	1	Fire/ALS	07D05	
7.00E+01	Person on fire	10	1	ALS	Fire/ALS	ALS	Fire/ALS	C3AF	No	Not enough patients	1	Fire/ALS	70	
08	Carbon Monoxide												8	
08B01	Alert without difficulty breathing	43	3	BLS	Fire/BLS	ALS	Fire/ALS	C3AF	Yes		C3AF	Fire/ALS	08B01	
08C01	Alert with difficulty breathing	48	2	ALS	Fire/ALS	ALS	Fire/ALS	C3AF	No	Not enough patients (28)	2	Fire/ALS	08C01	
08D02	Unconscious	5	1	ALS	Fire/ALS	BLS	AMB Only	C3B	No	Not enough patients	1	Fire/ALS	08D02	
08D04	DIFFICULTY SPEAKING BETWEEN BREATHS	26	1	ALS	Fire/ALS	ALS	Fire/ALS	C3AF	No	Not enough patients	1	Fire/ALS	08D04	
08D05	Multiple victims	41	1	ALS	Fire/ALS	ALS	Fire/ALS	C3AF	No	Not enough patients (18)	1	Fire/ALS	08D05	
08D06	Unknown status/Other codes not applicable	30	2	ALS	Fire/ALS	ALS	Fire/ALS	C3AF	No	Not enough patients	2	Fire/ALS	08D06	
09	Cardiac or Respiratory Arrest / Death												9	
09D00	Override	1	1	ALS	Fire/ALS	BLS	AMB Only	C3B	No	ECC should retain option to Override	1	Fire/ALS	09D00	
10	Chest Pain / Chest Discomfort (Non-Traumatic)												10	
10C00	Override	1	2	ALS	Fire/ALS	BLS	AMB Only	C3B	No	ECC should retain option to Override	2	Fire/ALS	10C00	
10C01	Abnormal breathing	3267	2	ALS	Fire/ALS	BLS	AMB Only	C3B	No		2	Fire/ALS	10C01	
10C02	Cocaine	43	2	ALS	Fire/ALS	BLS	AMB Only	C3B	No		2	Fire/ALS	10C02	
10C03	Breathing normally ≥ 35	2888	2	ALS	Fire/ALS	BLS	AMB Only	C3B	No		2	Fire/ALS	10C03	
10D01	Not alert	718	1	ALS	Fire/ALS	ALS	Fire/ALS	C3AF	No	RAPS Score Indicates Priority 2	2	Fire/ALS	10D01	
10D02	DIFFICULTY SPEAKING BETWEEN BREATHS	4261	1	ALS	Fire/ALS	BLS	AMB Only	C3B	No		1	Fire/ALS	10D02	
10D03	CHANGING COLOR	61	1	ALS	Fire/ALS	BLS	AMB Only	C3B	No		1	Fire/ALS	10D03	
10D04	Clammy or cold sweats	3579	1	ALS	Fire/ALS	BLS	AMB Only	C3B	No		1	Fire/ALS	10D04	
10D05	Heart attack or angina history	2261	1	ALS	Fire/ALS	BLS	AMB Only	C3B	No		1	Fire/ALS	10D05	
11	Choking												11	
11A01	Not choking now(can talk and cry	307	3	BLS	Amb	ALS	Fire/ALS	C3AF	Yes		C3AF	Fire/ALS	11A01	
12	Seizure												12	
12A01	Ipileptic or previous seizure diagnosis	855	2	BLS	Amb	ALS	Fire/ALS	1	Yes		1	Fire/ALS	12A01	
12A02	Not Seizing now and effective breathing	513	2	BLS	AMB	ALS	Fire/ALS	1	Yes		1	Fire/ALS	12A02	
12A03	Not Seizing now effective Breathing <6	329	2	BLS	AMB	ALS	Fire/ALS	2	Yes		2	Fire/ALS	12A03	
12A04	Focal/Absence Seizure - Alert	97	1	ALS	Fire ALS	BLS	AMB Only	C3B	Yes		C3B	BLS Amb	12A04	
12A05	Focal/Absence Seizures(Alert)	143	2	BLS	Fire BLS	ALS	Fire/ALS	C3AF	Both	GCS Score Indicates Priority 2 / Support ALS from BLS	2	Fire/ALS	12A05	
12B00	Override	1	2	BLS	Fire BLS	BLS	AMB Only	C3B	No	ECC should retain option to Override	2	Fire/BLS	12B00	
12B01	Effective breathing not verified	322	2	BLS	Fire BLS	ALS	Fire/ALS	1	Yes		1	Fire/ALS	12B01	
13	Diabetic Problems												13	
13C02	Abnormal Behavior	671	2	ALS	Fire ALS	BLS	AMB Only	C3B	No		2	Fire/ALS	13C02	
13C03	Abnormal Breathing	352	2	BLS	Fire BLS	BLS	AMB Only	C3B	No		2	Fire/BLS	13C03	
13D00	Override	1	1	ALS	Fire ALS	BLS	AMB Only	C3B	No	ECC should retain option to Override	1	Fire/ALS	13D00	
14	Drowning/Near/Diving/Scuba												14	
14B01	Alert breathing normally(Injuries or in water)	2	2	ALS	Fire/ALS	BLS	AMB Only	C3B	No	Not enough patients	2	Fire/ALS	14B01	
14B03	Unknown Status	5	2	ALS	Fire ALS	BLS	AMB Only	C3B	No	Not enough patients	2	Fire/ALS	14B03	
14C01	Alert with Abnormal Breathing	5	2	ALS	Fire ALS	ALS	Fire/ALS	C3AF	No	Not enough patients	2	Fire/ALS	14C01	
14D02	Under Water Specialized Rescue	13	1	ALS	Fire ALS	BLS	AMB Only	C3B	No	Not enough patients	1	Fire/ALS	14D02	
14D04	Just Resuscitated/Defibrillated	1	1	ALS	Fire ALS	BLS	AMB Only	C3B	No	Not enough patients	1	Fire/ALS	14D04	
1.40E+01	Override	3	1	ALS	Fire ALS	BLS	AMB Only	C3B	No	ECC should retain option to Override	1	Fire/ALS	14	
15	Electrocution/Lightning												15	
15C01	Alert and breathing normally	17	2	ALS	Fire ALS	BLS	AMB Only	C3B	No	Not enough patients	2	Fire/ALS	15C01	
15D07	Not Alert	2	1	ALS	Fire ALS	BLS	AMB Only	C3B	No	Not enough patients	1	Fire/ALS	15D07	
15D08	Abnormal Breathing	8	1	ALS	Fire ALS	BLS	AMB Only	C3B	No	Not enough patients	1	Fire/ALS	15D08	
15D09	Unknown Status	1	1	ALS	Fire ALS	BLS	AMB Only	C3B	No	Not enough patients	1	Fire/ALS	15D09	
1.50E+01	Override	2	1	ALS	Fire ALS	BLS	AMB Only	C3B	No	ECC should retain option to Override	1	Fire/ALS	15	
16	Eye Problems/Injuries												16	
16A03	Medical Eye Problems	46	1	ALS	Fire/ALS	ALS	Fire/ALS	C3AF	No	RAPS Score Indicates Priority 1	1	Fire/ALS	16A03	
16B01	Severe eye injuries	30	2	BLS	AMB	ALS	Fire/ALS							

19C02	Abnormal Breathing	523	2	ALS	Fire ALS	ALS	Fire/ALS	C3AF	No	RAPS Score Indicates Priority 2	2	Fire/ALS	19C02
19C03	Chest Pain/Discomfort>35	256	2	ALS	Fire ALS	ALS	Fire/ALS	C3AF	No	RAPS Score Indicates Priority 1	1	Fire/ALS	19C03
19C04	Cardiac history	299	2	ALS	Fire ALS	ALS	Fire/ALS	C3AF	No	RAPS Score Indicates Priority 2	2	Fire/ALS	19C04
19C05	Cocaine	3	2	ALS	Fire ALS	BLS	AMB Only	C3B	No	Not enough patients	2	Fire/ALS	19C05
19C06	HR <50bpm or >130bpm w Priority Symptoms	69	2	ALS	Fire ALS	ALS	Fire/ALS	C3AF	No	RAPS Score Indicates Priority 1	1	Fire/ALS	19C06
19C07	Unknown status	208	2	ALS	AMB Only	ALS	Fire/ALS	C3AF	Both	RAPS Score Indicates Priority 1/ Support Adding Fire	1	Fire/ALS	19C07
19D02	Diff Speaking between breaths	454	1	ALS	Fire ALS	ALS	Fire/ALS	C3AF	No	RAPS Score Indicates Priority 1	1	Fire/ALS	19D02
19D03	Changing Color	9	1	ALS	Fire ALS	ALS	Fire/ALS	C3AF	No	Not enough patients	1	Fire/ALS	19D03
19D04	Clammy or cold sweats	642	1	ALS	Fire ALS	ALS	Fire/ALS	C3AF	No	RAPS Score Indicates Priority 1	1	Fire/ALS	19D04
20	Heat/Cold Exposure												20
20A01	Alert	178	3	BLS	Amb Only	ALS	Fire/ALS	C3AF	Yes		C3AF	Fire/ALS	20A01
20B01	Change in skin color	93	2	ALS	Amb Only	ALS	Fire/ALS	C3AF	Both	RAPS Score Indicates Priority 2/ Support Adding Fire	2	Fire/ALS	20B01
20B02	Unknown Status	183	2	ALS	Amb Only	ALS	Fire/ALS	C3AF	Both	RAPS Score Indicates Priority 1/ Support Adding Fire	1	Fire/ALS	20B02
20C01	Heart attach of angina history	56	2	ALS	Fire ALS	BLS	AMB Only	C3B	Yes		C3B	BLS Amb	20C01
20D00	Override	1	1	ALS	Fire ALS	ALS	Fire/ALS	C3AF	No	ECC should retain option to Override	1	Fire/ALS	20D00
20D02	Multiple victims w Priority Symptoms	5	1	ALS	Fire ALS	BLS	AMB Only	C3B	No	Not enough patients	1	Fire/ALS	20D02
21	Hemorrhage/Lacerations												21
21B00	Override	2	2	ALS	Fire ALS	ALS	Fire/ALS	C3AF	No	ECC should retain option to Override	2	Fire/ALS	21B00
21B01	Possible Dangerous Hemorrhage	1260	2	ALS	Fire ALS	BLS	AMB Only	C3B	Yes		C3B	BLS Amb	21B01
21B02	Serious Hemorrhage	974	2	ALS	Fire ALS	BLS	AMB Only	C3B	Yes		C3B	BLS Amb	21B02
21B03	Bleeding Disorder	16	2	ALS	Fire ALS	ALS	Fire/ALS	C3AF	No	Not enough patients	2	Fire/ALS	21B03
21B04	Blood Thinners	192	2	ALS	Fire ALS	BLS	AMB Only	C3B	Yes		C3B	BLS Amb	21B04
21C01	Hemorrhage through Tubes	55	2	ALS	Fire ALS	ALS	Fire/ALS	C3AF	No	GCS Indicates Priority 1	1	Fire/ALS	21C01
21C02	Hemorrhage of dialysis fistula	77	2	ALS	Fire ALS	BLS	AMB Only	C3B	Yes		C3B	BLS Amb	21C02
21C03	Hemorrhage from varicose veins	26	2	ALS	Fire ALS	BLS	AMB Only	C3B	No	Not enough patients	2	Fire/ALS	21C03
21D04	Dangerous Hemorrhage	1164	1	ALS	Fire ALS	BLS	AMB Only	C3B	No	Do not support Delta Downgrade	1	Fire/ALS	21D04
21D05	Abnormal Breathing	1341	1	ALS	Fire ALS	BLS	AMB Only	C3B	No	Do not support Delta Downgrade	1	Fire/ALS	21D05
22	Inaccessible Incident/Other Entrapments												22
22B00	Override	1	2	BLS	Fire Amb	BLS	AMB Only	C3B	No	ECC should retain option to Override	2	Fire/BLS	22B00
22B02	Peripheral Entrapment only	31	2	ALS	Fire ALS	BLS	AMB Only	C3B	No	Not enough patients (13)	2	Fire/ALS	22B02
22B03	Unknown Status	5	2	ALS	Fire ALS	BLS	AMB Only	C3B	No	Not enough patients	2	Fire/ALS	22B03
22D03	Structure Collapse	2	1	ALS	Fire ALS	ALS	Fire/ALS	C3AF	No	Not enough patients	1	Fire/ALS	22D03
23	Overdose/Poisoning(Ingestion)												23
23O01	Poisoning w Priority Symptoms	99	3	BLS	AMB Only	ALS	Fire/ALS	C3AF	Yes		C3AF	Fire/ALS	23O01
23B00	Overide	1	2	ALS	Fire ALS	ALS	Fire/ALS	C3AF	No	ECC should retain option to Override	2	Fire/ALS	23B00
23B01	Overdose w Priority Symptoms	350	2	BLS	AMB Only	BLS	AMB Only	C3B	Yes		C3B	BLS Amb	23B01
23C00	Override	1	2	ALS	Fire ALS	BLS	AMB Only	C3B	No	ECC should retain option to Override	2	Fire/ALS	23C00
23C02	Abnormal Breathing	568	1	ALS	Fire ALS	ALS	Fire/ALS	C3AF	No	RAPS Score Indicates Priority 2	2	Fire/ALS	23C02
23C03	Antidepressants(Tryciclic)	60	2	ALS	Fire ALS	ALS	Fire/ALS	C3AF	No	GCS Indicates Priority 2	2	Fire/ALS	23C03
23C04	Cocaine, Meth (or derivatives)	124	2	ALS	Fire ALS	ALS	Fire/ALS	C3AF	No	RAPS Score Indicates Priority 2	2	Fire/ALS	23C04
23C05	Narcotics	249	2	ALS	Fire ALS	BLS	AMB Only	C3B	Yes		C3B	BLS Amb	23C05
2.30E+01	Override	9	1	ALS	Fire ALS	ALS	Fire/ALS	C3AF	No	ECC should retain option to Override	1	Fire/ALS	23
24	Pregnancy/Childbirth/Miscarriage												24
24A01	1st Trimester hemorrhage/miscarriage	50	2	BLS	AMB Only	BLS	AMB Only	C3B	Yes		C3B	BLS Amb	24A01
24B01	Labor (delivery not imminent > 6 months/24 weeks	139	1	BLS	Amb Only	BLS	AMB Only	C3B	Yes		C3B	BLS Amb	24B01
24B02	Unknown Status	155	2	BLS	Amb Only	BLS	AMB Only	C3B	Yes		C3B	BLS Amb	24B02
24C01	2nd Trimester hemorrhage/Miscarrriage	109	2	ALS	Fire ALS	BLS	AMB Only	C3B	Yes		C3B	BLS Amb	24C01
24C02	1st Trimester Serious hemorrhage	151	2	ALS	Fire ALS	BLS	AMB Only	C3B	Yes		C3B	BLS Amb	24C02
24C03	Abdominal pain/cramping<6months/24 weeks w no fetus or tissue	236	2	ALS	Fire ALS	BLS	AMB Only	C3B	Yes		C3B	BLS Amb	24C03
24D00	Override	1	2	ALS	Fire ALS	BLS	AMB Only	C3B	No	ECC should retain option to Override	2	Fire/ALS	24D00
24D01	Breech or Cord	30	2	ALS	Fire ALS	BLS	AMB Only	C3B	No	Not enough patients	2	Fire/ALS	24D01
24D03	Imminent delivery>6 months/24 weeks	515	2	ALS	Fire ALS	ALS	Fire/ALS	C3AF	No	RAPS Score Indicates Priority 2	2	Fire/ALS	24D03
24D04	3rd Trimester hemorrhage	137	2	ALS	Fire ALS	BLS	AMB Only	C3B	No	Do not support Delta Downgrade	2	Fire/ALS	24D04
24D05	High Risk complications	98	2	ALS	Fire ALS	BLS	AMB Only	C3B	No	Do not support Delta Downgrade	2	Fire/ALS	24D05
25	Psychiatric/Abnormal Behavior/Suicide Attempt												25
25A01	Non-Suicidal and alert	830	3	BLS	AMB Only	ALS	Fire/ALS	C3AF	Yes		C3AF	Fire/ALS	25A01
25B01	Serious hemorrhage	61	2	BLS	Fire AMB	BLS	AMB Only	C3B	Yes		C3B	BLS Amb	25B01
25B02	Non-Serious or minor hemorrhage	86	3	BLS	Amb Only	ALS	Fire/ALS	C3AF	Yes		C3AF	Fire/ALS	25B02
25B03	Threatening Suicide	560	3	BLS	Amb Only	ALS	Fire/ALS	C3AF	Yes		C3AF	Fire/ALS	25B03
25B04	Jumper(Threatening)	123	3	BLS	Amb Only	ALS	Fire/ALS	1	Yes		1	Fire/ALS	25B04
25D04	Dangerous hemorrhage	7	1	ALS	Fire ALS	BLS	AMB Only	C3B	No	Not enough patients	1	Fire/ALS	25D04
25D05	Near hanging, strnagulation, suffocation(alert w diff breathing)	5	1	ALS	Fire ALS	BLS	AMB Only	C3B	No	Not enough patients	1	Fire/ALS	25D05
25D06	Jumped Now	5	1	ALS	Fire ALS	ALS	Fire/ALS	C3AF	No	Not enough patients	1	Fire/ALS	25D06
26	Sick Person												26
26O05	Can't urinate(w abd pain)	13	3	BLS	Amb Only	ALS	Fire/ALS	C3AF	No	Not enough patients	3	BLS Amb	26O05
26O15	Hemorrhoids/Piles	2	3	BLS	Amb Only	ALS	Fire/ALS	C3AF	No	Not enough patients	3	BLS Amb	26O15
26O18	Corona Symptoms	8	3	BLS	Amb Only	ALS	Fire/ALS	C3AF	No	Not enough patients	3	BLS Amb	26O18
26O20	Object stuck(nose,ear,vagina,rectum,penis	75	3	BLS	Amb Only	ALS	Fire/ALS	C3AF	Yes		C3AF	Fire/ALS	26O20
26O21	Object swallowed(w choking or diff breathing, can talk	14	3	BLS	Amb Only	ALS	Fire/ALS	1	No	Not enough patients	3	BLS Amb	26O21
27	Stab/Gunshot/Penetrating Trauma												27
27B01	Non-Recent>6hrs) single central wound	14	2	BLS	Amb Only	ALS	Fire/ALS	C3AF	No	Not enough patients	2	BLS Amb	27B01
27B02	Known single peripheral wound	63	2	BLS	Amb Only	ALS	Fire/ALS	C3AF	Both	RAPS Score Indicates Priority 1	1	Fire/ALS	27B02
27B03	Serious hemorrhage	10	2	BLS	Fire BLS	ALS	Fire/ALS	2	No	Not enough patients	2	Fire/BLS	27B03
27B04	Unknown status/Other codes not applicable	30	2	ALS	Fire ALS	ALS	Fire/ALS	C3A	No	Not enough patients	2	Fire/ALS	27B04
27D00	Override	1	1	ALS	Fire ALS	BLS	AMB Only	C3B	No	ECC should retain option to Override	1	Fire/ALS	27D00
27D05	Multiple Wounds	17	1	ALS	Fire ALS	BLS	AMB Only	C3B	No	Not enough patients	1	Fire/ALS	27D05
28	Stroke (CVA)/TIA												28
28A01	Breathing normally	11	3	BLS	AMB Only	ALS	Fire/ALS	C3AF	No	Not enough patients	3	BLS Amb	28A01
28C00	Override	1	2	ALS	AMB Only	BLS	AMB Only	C3B	No	ECC should retain option to Override	2	ALS Amb	28C00
28C06	Sudden loss of balance or coordination	145	2	ALS	Fire ALS	ALS	Fire/ALS	C3AF	No	RAPS Score Indicates Priority 2	2	Fire/ALS	28C06
28C07	Sudden vision problems	200	2	ALS	AMB Only	ALS	Fire/ALS	C3AF	Both	RAPS Score Indicates Priority 1/ Support Addinng Fire	1	Fire/ALS	28C07
28C08	Sudden onset of severe headache	67	2	ALS	AMB Only	ALS	Fire/ALS	C3AF	Both	RAPS Score Indicates Priority 1/ Support Adding Fire	1	Fire/ALS	28C08
28C11	Breathing normally >35	136	2	ALS	AMB Only	ALS	Fire/ALS	C3AF	Both	RAPS Score Indicates Priority 2/ Support Adding Fire	2	Fire/ALS	28C11
29	Traffic/Transportation on incidents												29
29A00	Override	5	3	BLS	Fire BLS	ALS	Fire/ALS	C3AF	No	Not enough patients	3	Fire/BLS	29A00
29A01	Override	1	2	ALS	AMB Only	BLS	AMB Only	C3B	No	ECC should retain option to Override	2	ALS Amb	29A01
29A02	No injuries Reported	15	3	BLS	Fire BLS	ALS	Fire/ALS	C3AF	No	Not enough patients	3	Fire/BLS	29A02
29B01	Injuries	1560	2	ALS	Fire ALS	ALS	Fire/ALS	C3AF	No	RAPS Score Indicates Priority 1	1	Fire/ALS	29B01
29B02	Serious hemorrhage	130	2	BLS	Fire BLS	ALS	Fire/ALS	C3AF	Both	RAPS Score Indicates Priority 1/ Support Increase from BLS to ALS	1	Fire/ALS	29B02
29B03	Other Hazards	252	2	BLS	Fire BLS	ALS	Fire/ALS	C3AF	Both	RAPS Score Indicates Priority 1 / Support Increase from BLS to ALS	1	Fire/ALS	29B03
29B05	Unknown Status	8272	2	BLS	Fire BLS	ALS	Fire/ALS	C3AF	Both	RAPS Score Indicates Priority 1 / Support Increase from BLS to ALS	1	Fire/ALS	29B05
29D00	Override	1	1	ALS	Fire ALS	BLS	AMB Only	C3B	No	ECC should retain option to Override	1	Fire/ALS	29D00
29D04	Hazmat	16	1	ALS	Fire ALS	ALS	Fire/ALS	C3AF	No	Not enough patients	1	Fire/ALS	29D04
30	Traumatic Injuries												30
30B01	Possible Dangerous body area	2322	2	BLS	Fire BLS	BLS	AMB Only	C3B	No	Procedures Preformed	2	Fire/BLS	30B01
30B02	Serious hemorrhage	199	2	BLS	Fire BLS	BLS	AMB Only	C3B	No	Procedures Preformed	2	Fire/BLS	30B02
30B03	Unknown body area	9	2	BLS	Fire BLS	ALS	Fire/ALS	C3AF	No	Not enough patients	2	Fire/BLS	30B03
30D04	Chest or Neck Injury with SOB	165	1	ALS	Fire ALS	BLS	AMB Only	C3B	No	Do not support Delta Downgrade	1	Fire/ALS	30D04
30D05	High Velocity Impact	5	1	ALS	Fire ALS	BLS	AMB Only	C3B	No	Not enough patients	1	Fire/ALS	30D05
31	Unconscious												31
31A01	Fainting episode and alert >35 w/o cardiac hx	1,267	3	ALS	Amb Only	BLS	AMB Only	C3B	Yes		C3B	BLS Amb	31A01
31A02	Fainting episodes and alert <35 with cardiac hx	98	3	ALS	AMB Only	BLS	AMB Only	C3B	Yes		C3B	BLS Amb	31A02
31A03	Fainting episode and alert <35 w/o cardiac hx	510	3	ALS	Amb Only	BLS	AMB Only	C3B	Yes		C3B	BLS Amb	31A03
31C00	Override	23	2	ALS	Fire ALS	BLS	AMB Only	C3B	No	ECC should retain option to Override	2	Fire/ALS	31C00
31C01	Alert w abnormal breathing	2197	2	ALS	Fire ALS	BLS	AMB Only	C3B	No	Procedures Preformed / Meds Administered	2	Fire/ALS	31C01
31C02	Fainting episode and alert >35 w cardiac hx	1033	2	ALS	Fire ALS	BLS	AMB Only	C3B	No	Procedures Preformed / Meds Administered	2	Fire/ALS	31C02
31C03	Femalies 12-50 w abdominal pain	243	2	ALS	Fire ALS	BLS	AMB Only	C3B	No	Procedures Preformed / Meds Administered	2	Fire/ALS	31C03
32	Unkown Problem (Person down)												32
32B01	Standing, sitting, moving or talking	701	2	BLS	Amb Only	ALS	Fire/ALS	C3AF	Both	RAPS Score Indicates Priority 1 / Support Increase from BLS to ALS & Add Fire	1	Fire/ALS	32B01
32B02	Medical Alarm (Alert) notificaitons(no pt info	2,440	2	BLS	Fire BLS	ALS	Fire/ALS	C3AF	Both	RAPS Score Indicates Priority 1 / Support Increase from BLS to ALS	1	Fire/ALS	32B02
32B03	Unknown status	11821	2	BLS	Fire BLS	ALS	Fire/ALS	2	Yes		2	Fire/ALS	32B03
32B04	Caller's language not understood	842	2	BLS	Fire BLS	ALS	Fire/ALS	2	Yes		2	Fire/ALS	32B04
33	Transfer/Interfacility/Palliative Care												33
33A01	Acuity I (no priority symptoms)	6,264	3	BLS	Amb Only	ALS	Fire/ALS	C3AF	Both	Support Upgrade from BLS to ALS, do not support adding Fire	3	ALS Amb	33A01
33A02	Acuity II(No priority symptoms)	428	3	BLS	Amb Only	ALS	Fire/ALS	C3AF	Both	Support Upgrade from BLS to ALS, do not support adding Fire	3	ALS Amb	33A02
33C00	Override	1	2	ALS	Amb Only	BLS	AMB Only	C3B	No	ECC should retain option to Override	2	ALS Amb	33C00
33C03	Significant hemorrhage	478	2	ALS	Amb Only	ALS	Fire/ALS	C3AF	No		3	ALS Amb	33C03

Jeff Fariss

From: Brynn Carrigan
Sent: Friday, January 6, 2023 3:31 PM
To: Aaron Duncan
Subject: RE: EMD Study Response

Hi Aaron,

Thank you for supplying your response to the EMD Code Study. In summary, we found that Kern County Fire had the following areas of concern:

1. EMD Codes with less than 30 patients during the review period
2. EMD Override Codes
3. Downgrades to Delta and Echo EMD Codes and EMD 10 Card
4. EMD Codes with a different value in one of the three scores used as formula inputs; GCS, Priority, or RAPS

We have thoroughly reviewed your response and have taken it into careful consideration. Below you will find our respective responses to the areas of concern Kern County Fire has raised.

1. While we don't wholly agree that 30 is the appropriate threshold to determine what is or is not statistically significant, we are willing to set the minimum call volume threshold for EMD Codes considered in this study to 30 patients. By applying this limit, the number of EMD Codes included in the study reduces to 248.
2. All except for one Override Code had less than 30 patients and are therefore no longer subject to change. Because Override Codes are an optional code to use and not a Code generated by the system, we agree to remove the one remaining Override Code, 06E00, from consideration of the study. However, moving forward, 100% of the calls dispatched in an Override Code will be included in our daily QI.
3. There was only one Echo EMD Code included in the study which happened to be the one Override Code that had more than 30 calls associated with it. This Code was removed from consideration in the study in our response to number 2 above. As for the Delta and the EMD 10 Card Codes, arbitrary isolation of EMD Codes from the review disregards the actual data and creates liability for the County. There will be a robust and thorough QI process for each of the changed EMD Codes, including a review of 100% of the calls for the first 30 days.
4. GCS, Priority, and RAPS scores are an individual input to the final determination of the formula for appropriate response configuration. Using only one input to override the determination of the total formula undermines the integrity of the study and creates liability for the County. There will be a robust and thorough QI process for each of the changed EMD Codes, including a review of 100% of the calls for the first 30 days.

We look forward to discussing further at our Monday, January 9 meeting.

Thanks,

Brynn Carrigan
Director of Public Health Services

PPC	Problem	Current Priority	Current Level	Current Resource	Priority Recommend	RAP Recommend	GCS Recommend	Recommended Response	Recommend Level	Recommended Resources	DIFF		New Priority	
01C05	Males with pain above navel ≥ 35	2	ALS	Fire/ALS	3	2	3	3	ALS	Fire/ALS	1	C3	C3A	01C05
02B01	Unknown Status	2	BLS	AMB	3	2	3	3	ALS	Fire/ALS	1	C3	C3A	02B01
02D02	Difficulty speaking between breaths	1	ALS	Fire/ALS	3	2	3	3	ALS	Fire/ALS	2	C3	C3A	02D02
02D04	Snake Bite	1	ALS	Fire/ALS	3	3	3	3	ALS	Fire/ALS	2	C3	C3A	02D04
03B01	Possibly Dangerous body area	2	BLS	Fire/BLS	3	1	3	3	ALS	Fire/ALS	1	C3	C3A	03B01
04D02	Unconscious	1	ALS	Fire/ALS	3	3	1	3	ALS	Fire/ALS	2	C3	C3A	04D02
04D03	Not Alert	1	ALS	Fire/ALS	3	3	2	3	ALS	Fire/ALS	2	C3	C3A	04D03
04D05	Multiple Victims	1	ALS	Fire/ALS	3	1	3	3	ALS	Fire/ALS	2	C3	C3A	04D05
05D01	Not Alert	1	ALS	Fire/ALS	3	3	1	3	ALS	Fire/ALS	2	C3	C3A	05D01
06C01	Abnormal breathing	2	ALS	Fire/ALS	3	2	3	3	ALS	Fire/ALS	1	C3	C3A	06C01
06D02	DIFFICULTY SPEAKING BETWEEN BREATHS	1	ALS	Fire/ALS	3	1	3	3	ALS	Fire/ALS	2	C3	C3A	06D02
06D04	Clammy or cold sweats	1	ALS	Fire/ALS	3	2	3	3	ALS	Fire/ALS	2	C3	C3A	06D04
07A01	Burns < 18% body area	2	BLS	Amb Only	3	1	3	3	ALS	Fire/ALS	1	C3	C3A	07A01
08C01	Alert with difficulty breathing	2	ALS	Fire/ALS	3	1	3	3	ALS	Fire/ALS	1	C3	C3A	08C01
08D05	Multiple victims	1	ALS	Fire/ALS	3	1	3	3	ALS	Fire/ALS	2	C3	C3A	08D05
08D06	Unknown status/Other codes not applicable	2	ALS	Fire/ALS	3	1	3	3	ALS	Fire/ALS	1	C3	C3A	08D06
10D01	Not alert	1	ALS	Fire/ALS	3	2	3	3	ALS	Fire/ALS	2	C3	C3A	10D01
12A05	Focal/Absence Seizures(Alert)	2	BLS	Fire BLS	3	3	2	3	ALS	Fire/ALS	1	C3	C3A	12A05
16A03	Medical Eye Problems	1	ALS	Fire/ALS	3	1	3	3	ALS	Fire/ALS	2	C3	C3A	16A03
16B01	Severe eye injuries	2	BLS	AMB	3	1	3	3	ALS	Fire/ALS	1	C3	C3A	16B01
18C01	Not Alert	2	ALS	Fire ALS	3	3	2	3	ALS	Fire/ALS	1	C3	C3A	18C01
18C03	Speech Problems	2	ALS	AMB Only	3	3	2	3	ALS	Fire/ALS	1	C3	C3A	18C03
19C01	Firing A.I.C.D.	2	ALS	FIRE ALS	2	3	3	3	ALS	Fire/ALS	1	C3	C3A	19C01
19C02	Abnormal Breathing	2	ALS	Fire ALS	3	2	3	3	ALS	Fire/ALS	1	C3	C3A	19C02
19C03	Chest Pain/Discomfort>35	2	ALS	Fire ALS	3	1	3	3	ALS	Fire/ALS	1	C3	C3A	19C03
19C04	Cardiac history	2	ALS	Fire ALS	3	2	3	3	ALS	Fire/ALS	1	C3	C3A	19C04
19C06	HR <50bpm or >130bpm w Priority Symptoms	2	ALS	Fire ALS	3	1	3	3	ALS	Fire/ALS	1	C3	C3A	19C06
19C07	Unknown status	2	ALS	AMB Only	3	1	3	3	ALS	Fire/ALS	1	C3	C3A	19C07
19D02	Diff Speaking between breaths	1	ALS	Fire ALS	3	1	3	3	ALS	Fire/ALS	2	C3	C3A	19D02
19D04	Clammy or cold sweats	1	ALS	Fire ALS	3	1	3	3	ALS	Fire/ALS	2	C3	C3A	19D04
20B01	Change in skin color	2	ALS	Amb Only	3	2	3	3	ALS	Fire/ALS	1	C3	C3A	20B01
20B02	Unknown Status	2	ALS	Amb Only	3	1	3	3	ALS	Fire/ALS	1	C3	C3A	20B02
21C01	Hemorrhage through Tubes	2	ALS	Fire ALS	3	3	1	3	ALS	Fire/ALS	1	C3	C3A	21C01
23C02	Abnormal Breathing	1	ALS	Fire ALS	3	2	3	3	ALS	Fire/ALS	2	C3	C3A	23C02
23C03	Antidepressants(Tryclic)	2	ALS	Fire ALS	3	3	2	3	ALS	Fire/ALS	1	C3	C3A	23C03
23C04	Cocaine, Meth (or derivatives)	2	ALS	Fire ALS	3	2	3	3	ALS	Fire/ALS	1	C3	C3A	23C04
24D03	Imminent delivery>6 months/24 weeks	2	ALS	Fire ALS	3	2	3	3	ALS	Fire/ALS	1	C3	C3A	24D03
27B02	Known single pheripheral wound	2	BLS	Amb Only	3	1	3	3	ALS	Fire/ALS	1	C3	C3A	27B02
27B04	Unknown status/Other codes not applicable	2	ALS	Fire ALS	2	3	3	3	ALS	Fire/ALS	1	C3	C3A	27B04
28C06	Sudden loss of balance or coordination	2	ALS	Fire ALS	3	2	3	3	ALS	Fire/ALS	1	C3	C3A	28C06
28C07	Sudden vision problems	2	ALS	AMB Only	3	1	3	3	ALS	Fire/ALS	1	C3	C3A	28C07
28C08	Sudden onset of severe headache	2	ALS	AMB Only	3	1	3	3	ALS	Fire/ALS	1	C3	C3A	28C08
28C11	Breathing normally >35	2	ALS	AMB Only	3	2	3	3	ALS	Fire/ALS	1	C3	C3A	28C11
29B01	Injuries	2	ALS	Fire ALS	3	1	3	3	ALS	Fire/ALS	1	C3	C3A	29B01
29B02	Serious hemorrhage	2	BLS	Fire BLS	3	1	3	3	ALS	Fire/ALS	1	C3	C3A	29B02
29B03	Other Hazards	2	BLS	Fire BLS	3	1	3	3	ALS	Fire/ALS	1	C3	C3A	29B03
29B05	Unknown Status	2	BLS	Fire BLS	3	1	3	3	ALS	Fire/ALS	1	C3	C3A	29B05
32B01	Standing, sitting, moving or talking	2	BLS	Amb Only	3	1	3	3	ALS	Fire/ALS	1	C3	C3A	32B01
32B02	Medical Alarm (Alert) notifications(no pt info	2	BLS	Fire BLS	3	1	3	3	ALS	Fire/ALS	1	C3	C3A	32B02
33C03	Significant hemorrhage	2	ALS	Amb Only	3	3	2	3	ALS	ALS AMB ONLY	1	C3	C3A	33C03
33C04	Shock	2	ALS	Amb Only	3	1	3	3	ALS	ALS AMB ONLY	1	C3	C3A	33C04

PPC	Problem	Current Priority	Current Level	Current Resource	Priority Recommendation	RAP Recommendation	GCS Recommendation	Recommended Response	Recommended Level	Recommended Resources	DIFF		New Priority	
01C01	SUSPECTED aortic aneurysm (tearing/ripping pain) ≥ 50	2	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	01C01
01C02	Diagnosed aortic aneurysm	2	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	01C02
01C03	Fainting or near fainting ≥ 50	2	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	01C03
01C04	Females with fainting or near fainting 12–50	2	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	01C04
01C06	Females with pain above navel ≥ 45	2	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	01C06
01D01	Not alert	1	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	2	C3	C3B	01D01
02C01	difficulty breathing or swallowing	2	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	02C01
02C02	History of sever reaction	2	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	02C02
03B02	Serious hemorrhage	2	BLS	Fire/BLS	3	3	3	3	BLS	AMB Only	1	C3	C3B	03B02
03B03	Unknow status	2	BLS	Fire/BLS	3	3	3	3	BLS	AMB Only	1	C3	C3B	03B03
04B01	Possible Dangerous body area	2	BLS	Fire/BLS	3	3	3	3	BLS	AMB Only	1	C3	C3B	04B01
04B02	Serious Hemorrhage	2	BLS	Fire/BLS	3	3	3	3	BLS	AMB Only	1	C3	C3B	04B02
04B03	Unknown Status	3	BLS	Amb	3	3	3	3	BLS	AMB Only	0	3	C3B	04B03
04D04	Chest or Neck injury with sob	1	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	2	C3	C3B	04D04
05A01	Non-Traumatic back pain	3	BLS	Amb	3	3	3	3	BLS	AMB Only	0	3	C3B	05A01
05A02	Non recent	3	BLS	Amb	3	3	3	3	BLS	AMB Only	0	3	C3B	05A02
05C02	Diagnosed Aortic Aneurysm	2	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	05C02
05C03	Fainting or Near Fainting	2	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	05C03
05C04	Difficulty Breathing	2	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	05C04
10C01	Abnormal breathing	2	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	10C01
10C02	Cocaine	2	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	10C02
10C03	Breathing normally ≥ 35	2	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	10C03
10D02	DIFFICULTY SPEAKING BETWEEN BREATHS	1	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	2	C3	C3B	10D02
10D03	CHANGING COLOR	1	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	2	C3	C3B	10D03
10D04	Clammy or cold sweats	1	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	2	C3	C3B	10D04
10D05	Heart attack or angina history	1	ALS	Fire/ALS	3	3	3	3	BLS	AMB Only	2	C3	C3B	10D05
12A04	Focal/Absence Seizure - Alert	1	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	2	C3	C3B	12A04
13C02	Abnormal Behavior	2	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	13C02
13C03	Abnormal Breathing	2	BLS	Fire BLS	3	3	3	3	BLS	AMB Only	1	C3	C3B	13C03
17B01	Possibly Dangerous body area	2	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	17B01
17B02	Serious hemorrhage	2	BLS	Fire BLS	3	3	3	3	BLS	AMB Only	1	C3	C3B	17B02
17D05	Chest or Neck injury with SOB	1	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	2	C3	C3B	17D05
18B01	Unknown Status	2	BLS	AMB	3	3	3	3	BLS	AMB Only	1	C3	C3B	18B01
18C02	Abnormal breathing	2	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	18C02
18C04	Sudden Onset Severe Pain	2	ALS	AMB Only	3	3	3	3	BLS	AMB Only	1	C3	C3B	18C04
18C05	Numbness	2	ALS	AMB Only	3	3	3	3	BLS	AMB Only	1	C3	C3B	18C05
18C07	Change in Behavior <3hrs	2	ALS	AMB Only	3	3	3	3	BLS	AMB Only	1	C3	C3B	18C07
20C01	Heart attach of angina history	2	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	20C01
21B01	Possible Dangerous Hemorrhage	2	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	21B01
21B02	Serious Hemorrhage	2	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	21B02
21B04	Blood Thinners	2	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	21B04
21C02	Hemorrhage of dialysis fistula	2	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	21C02
21D04	Dangerous Hemorrhage	1	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	2	C3	C3B	21D04
21D05	Abnormal Breathing	1	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	2	C3	C3B	21D05
22B02	Peripheral Entrapment only	2	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	22B02
23B01	Overdose w Priority Symptoms	2	BLS	AMB Only	3	3	3	3	BLS	AMB Only	1	C3	C3B	23B01
23C05	Narcotics	2	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	23C05
24A01	1st Trimester hemorrhage/miscarriage	2	BLS	AMB Only	3	3	3	3	BLS	AMB Only	1	C3	C3B	24A01
24B01	Labor (delivery not imminent > 6 months/24 weeks	1	BLS	Amb Only	3	3	3	3	BLS	AMB Only	2	C3	C3B	24B01
24B02	Unknown Status	2	BLS	Amb Only	3	3	3	3	BLS	AMB Only	1	C3	C3B	24B02
24C01	2nd Trimester hemorrhage/Miscarriage	2	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	24C01
24C02	1st Trimester Serious hemorrhage	2	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	24C02
24C03	Abdominal pain/cramping<6months/24 weeks w no f	2	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	24C03
24D01	Breech or Cord	2	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	24D01
24D04	3rd Trimester hemorrhage	2	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	24D04
24D05	High Risk complications	2	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	24D05
25B01	Serious hemorrhage	2	BLS	Fire AMB	3	3	3	3	BLS	AMB Only	1	C3	C3B	25B01
30B01	Possible Dangerous body area	2	BLS	Fire BLS	3	3	3	3	BLS	AMB Only	1	C3	C3B	30B01
30B02	Serious hemorrhage	2	BLS	Fire BLS	3	3	3	3	BLS	AMB Only	1	C3	C3B	30B02
30D04	Chest or Neck Injury with SOB	1	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	2	C3	C3B	30D04

31A01	Fainting episode and alert >35 w/o cardiac hx	3	ALS	Amb Only	3	3	3	3	BLS	AMB Only	0	3	C3B	31A01	Priority Do Downgrade from 3 ALS Amb Only to C3B Amb Only
31A02	Fainting episodes and alert <35 with cardiac hx	3	ALS	AMB Only	3	3	3	3	BLS	AMB Only	0	3	C3B	31A02	Priority Do Downgrade from 3 ALS Amb Only to C3B Amb Only
31A03	Fainting episode and alert <35 w/o cardiac hx	3	ALS	Amb Only	3	3	3	3	BLS	AMB Only	0	3	C3B	31A03	Priority Do Downgrade from 3 ALS Amb Only to C3B Amb Only
31C01	Alert w abnormal breathing	2	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	31C01	Priority Do Downgrade from 2 ALS/Fire to C3B Amb Only
31C02	Fainting episode and alert >35 w cardiac hx	2	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	31C02	Priority Do Downgrade from 2 ALS/Fire to C3B Amb Only
31C03	Females 12-50 w abdominal pain	2	ALS	Fire ALS	3	3	3	3	BLS	AMB Only	1	C3	C3B	31C03	Priority Do Downgrade from 2 ALS/Fire to C3B Amb Only
33C05	Possible acute heart problems(MI)	2	ALS	Amb Only	3	3	3	3	BLS	AMB Only	1	C3	C3B	33C05	Priority Do Downgrade from 2 ALS Amb Only to C3B Amb Only
33C06	Severe pain	2	ALS	Amb Only	3	3	3	3	BLS	AMB Only	1	C3	C3B	33C06	Priority Do Downgrade from 2 ALS Amb Only to C3B Amb Only

PPC	Problem	Current Priority	Current Level	Current Resource	Priority Recommend	RAP Recommend	GCS Recommend	Recommended Response	Recommend Level	Recommended Resources	DIFF		New Priority	
03A03	Superficial Injuries	3	BLS	AMB	3	1	3	3	ALS	Fire/ALS	0	3	C3A	03A03 Upgrade to ALS
07C01	Fire with persons reported inside	3	BLS	Fire/BLS	3	1	2	FALSE	ALS	Fire/ALS	-3	3	C3A	07C01 Upgrade to ALS
08B01	Alert without difficulty breathing	3	BLS	Fire/BLS	3	1	3	3	ALS	Fire/ALS	0	3	C3A	08B01 Upgrade to ALS
11A01	Not choking now(can talk and cry	3	BLS	Amb	3	1	3	3	ALS	Fire/ALS	0	3	C3A	11A01 Upgrade to ALS
12A03	Not Seizing now effective Breathing <6	2	BLS	AMB	3	1	2	FALSE	ALS	Fire/ALS	-2	2	2A	12A03 Upgrade to ALS
17A04	Public assist	3	BLS	FIRE Only	3	2	3	3	ALS	Fire/ALS	0	3	C3A	17A04 Upgrade to ALS
17B04	Environmental problems(rain, heat, cold)	3	BLS	Fire BLS	3	2	2	2	ALS	Fire/ALS	-1	3	C3A	17B04 Upgrade to ALS
19A01	HR > 50bpm and <130bpm w Priority Symptoms	3	BLS	Amb Only	3	2	3	3	ALS	Fire/ALS	0	3	C3A	19A01 Upgrade to ALS
19A02	Chest Pain/Discomfort<35w Priority symptoms	3	BLS	Amb Only	3	1	3	3	ALS	Fire/ALS	0	3	C3A	19A02 Upgrade to ALS
20A01	Alert	3	BLS	Amb Only	3	2	3	3	ALS	Fire/ALS	0	3	C3A	20A01 Upgrade to ALS
23O01	Poisoning w Priority Symptoms	3	BLS	AMB Only	3	1	3	3	ALS	Fire/ALS	0	3	C3A	23O01 Upgrade to ALS
25A01	Non-Suicidal and alert	3	BLS	AMB Only	3	1	3	3	ALS	Fire/ALS	0	3	C3A	25A01 Upgrade to ALS
25B02	Non-Serious or minor hemorrhage	3	BLS	Amb Only	3	1	3	3	ALS	Fire/ALS	0	3	C3A	25B02 Upgrade to ALS
25B03	Threatening Suicide	3	BLS	Amb Only	3	1	3	3	ALS	Fire/ALS	0	3	C3A	25B03 Upgrade to ALS
26O20	Object stuck(nose,ear,vagina,rectum,penis	3	BLS	Amb Only	3	1	3	3	ALS	Fire/ALS	0	3	C3A	26O20 Upgrade to ALS
32B03	Unknown status	2	BLS	Fire BLS	3	1	2	FALSE	ALS	Fire/ALS	-2	2	2A	32B03 Upgrade to ALS
32B04	Caller's language not understood	2	BLS	Fire BLS	3	1	2	FALSE	ALS	Fire/ALS	-2	2	2A	32B04 Upgrade to ALS
33A01	Acuity I(no priority symptoms)	3	BLS	Amb Only	3	3	2	3	ALS	ALS AMB Only	0	3	C3A	33A01 Upgrade to ALS
33A02	Acuity II(No priority symptoms)	3	BLS	Amb Only	3	3	1	3	ALS	ALS AMB Only	0	3	C3A	33A02 Upgrade to ALS

PPC	Problem	Current Priority	Current Level	Current Resource	Priority Recommend	RAP Recommend	GCS Recommend	Recommended Response	Recommend Level	Recommended Resources	DIFF		New Priority		
12A01	Ipileptic or previous seizure diagnosis	2	BLS	Amb	3	1	1	1	ALS	Fire/ALS	-1	1	1A	12A01	Upgrade to Upgrade from 2 BLS Amb Only to 1 ALS/Fire
12A02	Not Seizing now and effective breathing	2	BLS	AMB	3	1	1	1	ALS	Fire/ALS	-1	1	1A	12A02	Upgrade to Upgrade from 2 BLS Amb Only to 1 ALS/Fire
12B01	Effective breathing not verified	2	BLS	Fire BLS	3	1	1	1	ALS	Fire/ALS	-1	1	1A	12B01	Upgrade to Upgrade from 2 BLS/Fire to 1 ALS/Fire
25B04	Jumper(Threatening)	3	BLS	Amb Only	3	1	1	1	ALS	Fire/ALS	-2	1	1A	25B04	Upgrade to Upgrade from 3 BLS Amb Only to 1 ALS/Fire

IX. Unfinished Business

b. Ambulance Service Performance Standard Update



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 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 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~~, 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 ~~DivisionProgram~~. 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 DivisionProgram 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 DivisionProgram, 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 DivisionProgram, the California Vehicle Code, and the California Code of Regulations. The DivisionProgram may conduct unannounced ambulance inspections as well as observational ride-a-longs at any time. The DivisionProgram may remove an ambulance from service for non-compliance to DivisionProgram 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 DivisionProgram. The DivisionProgram 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 DivisionProgram. The DivisionProgram 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 DivisionProgram. 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 DivisionProgram.
- 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 DivisionProgram 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 DivisionProgram, upon request.

H. The ambulance provider shall provide access, upon reasonable request by the DivisionProgram, 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 DivisionProgram 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 DivisionProgram 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 DivisionProgram staff for coordination of ambulance transport.

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

- A. Kern County EMS Program approved ambulance providers~~ss~~ may utilize ALS ~~Non-transporting EMS vehicles (fFly cCars)~~ 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~~One ALS ~~fFly cCar~~ 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.
- ~~I-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/ fFly cCars~~ 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.~~

G.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 resource 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 areis 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/fFly cCar, 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 DivisionProgram 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 falls 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 DivisionProgram will evaluate response time performance, population density, and call volume, annually. If the DivisionProgram determines that any area is underserved, or that changes in population or call volume warrant modification of the response zones, the DivisionProgram 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
<u>C3AF</u>	<u>15 min</u>	<u>25 min</u>	<u>30 min</u>	<u>50 min</u>	<u>75 min</u>
<u>C3B</u>	<u>15 min</u>	<u>25 min</u>	<u>30 min</u>	<u>50 min</u>	<u>75 min</u>
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 <u>DivisionProgram</u> authorized EMD protocol.	<ul style="list-style-type: none"> As specified by the <u>Program</u> 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 <u>DivisionProgram</u> authorized EMD protocol.	<ul style="list-style-type: none"> As specified by the <u>Program</u> 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	<u>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.</u> <u>Time-sensitive Interfacility Emergencies – medically necessary requests from an acute care hospital for a hot response for an emergency interfacility transfer</u>	<ul style="list-style-type: none"> As specified by the <u>Program</u> Committed ALS/Fire All acute care hospital emergency transfer requests for hot response		Closest ALS Metro – 15 Urban – 25 Suburban – 30 Rural – 50 Wilderness – 75	Cold, Committed Code-2	Priority C3AF
C3B	<u>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.</u>	<ul style="list-style-type: none"> As specified by the <u>Program</u> Committed BLS Amb-Only 		Closest BLS Metro – 15 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 <u>DivisionProgram</u> authorized EMD protocol. These include public safety standby requests.	<ul style="list-style-type: none"> All Alpha and Bravo calls where cold response is authorized All Omega calls As specified by the <u>Program</u> 		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 <u>not</u> 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
<u>10</u>	<u>Any response to “Stage”</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>Cold, Code 2 unless scene is declared safe and a request is made to upgrade</u>	

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 DivisionProgram 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 DivisionProgram, 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 DivisionProgram 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 DivisionProgram. 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 DivisionProgram... The exemption request must be made in writing and included with the monthly report. No Exemption requests will be accepted, by the DivisionProgram, after the monthly data has been submitted. The DivisionProgram 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 DivisionProgram. 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 DivisionProgram 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) Quality Measure Compliance

(a) The ambulance provider shall comply with all current, state-mandated, CORE measures and no more than 3 additional measures from the Kern County EQUIP to be updated annually and issued concurrently with the CORE measure release.

3. Non-compliance occurs when an ambulance provider fails to meet each individual quality 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 quality measure 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. Quality Measure Non-Compliance

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

4. Quality Measure Breach

If an ambulance provider fails to meet the 90% compliance standard for each individual quality 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 quality Measure data shall be collected via FirstWatch and evaluated by EMS staff monthly.

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 DivisionProgram specific documentation. Additional reports shall be submitted, as may be required by the DivisionProgram, 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 DivisionProgram. The monthly reports will be submitted electronically.
2. Required monthly reports are listed below. All monthly reports shall be submitted to the DivisionProgram 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.

Ambulance Service Performance Standards (1005.00)

Effective Date: 12/05/2006

Revision Date: 1/15/2019 1/24/2023

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Kristopher Lyon, M.D.
(Signature on File)

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 DivisionProgram.
- 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 antwo 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 ~~choose~~choose to omit this field if the data submitted for the Key Map field allows the EOA number to be determined automatically by the DivisionProgram.
- 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 DivisionProgram 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 DivisionProgram 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 DivisionProgram 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 DivisionProgram 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 DivisionProgram 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 DivisionProgram on a monthly basis.
- D. The DivisionProgram 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 DivisionProgram 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 DivisionProgram, 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 DivisionProgram may need or request for use in preparing the Annual Report of Benchmark Achievement.
- B. At least once each year, the DivisionProgram 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 DivisionProgram 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 DivisionProgram. The questionnaire may be mailed and included within the ambulance provider's billing process,

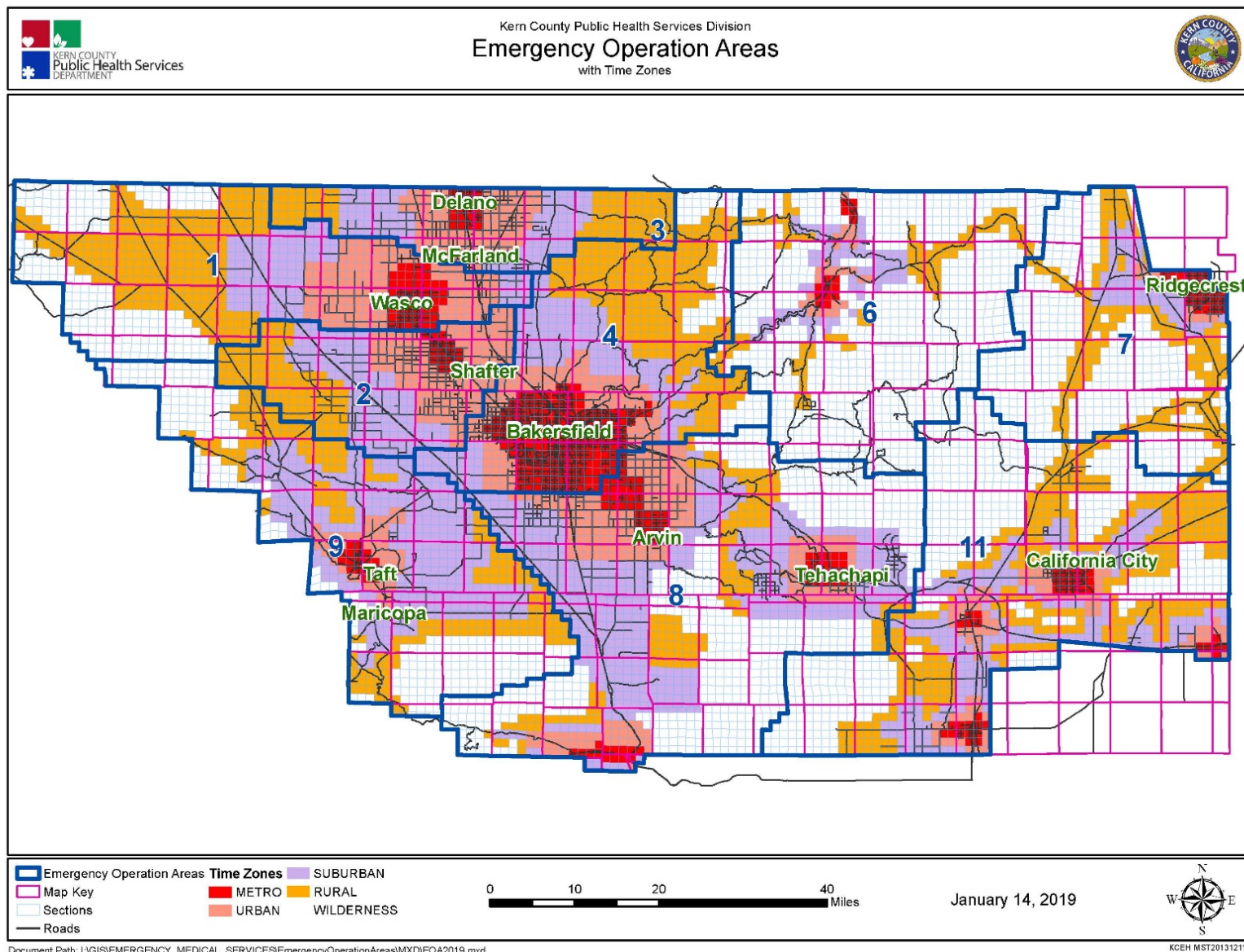
at the ambulance provider's discretion. Questionnaires will be returned directly to the DivisionProgram for processing.

C. After receipt of each provider's annual report of contract compliance and achievement, the DivisionProgram 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 DivisionProgram 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 DivisionProgram 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 DivisionProgram projects, committees, task forces, etc.
 - h. Ratings will be issued based on compliance or non-compliance.
- D. The DivisionProgram 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 C3AF and C3B response codes, Addition of non-transport emergency response vehicles (fly car), Addition of quality measure compliance, removed BLS limitation and compliance, removed Priority 4's,

January 24, 2023 – Addition of code 2 response to all calls to stage.

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	RICHIE'S Deposits	Admin 10% of	Richie's Fund (15%)	Total Physician Claims Submitted	Physicians 58% both funds	Physician Payments	Percent Paid to	Hospitals 25% of Both	Hospital Payments	Other EMS 17% MADDY Balance FY 2122 (Jul 2021- Jun 2022)	Other EMS 17% MADDY	Other EMS 17% MADDY	Other EMS 17% MADDY	Other EMS 17% MADDY	EMCAAB Transfers-JV33023 10/1/21 To pay for EMS warehouse lease	Other EMS 17% RICHIE'S
	+ Interest	+ Interest	Each Fund	Distribution	In Quarter	Balance	in Quarter	Physicians	Fund Balance	in Quarter		Rollover Balance FY 1819 (Nov 2018-Jun 2019)	Rollover Balance FY 1920 (Jul 2019-Jun 2020)	Rollover Balance FY 2021 (Jul 2020-Jun 2021)	Rollover Balance FY 2021 (Jul 2021-Jun 2022)		Balance
	AS (10 & 12)	AS (11)	AS (14 & 15)	AS (17)	PC (8)	AS (24)	PC (16)	H16/F16	AS (28)	HP (17 & 19)	AS (33)						AS (34)
JULY 2022	66,382.13	58,605.66	12,498.79	8,790.85		60,144.93			25,924.54		10,156.46	135,711.45	177,421.30	171,266.68	150,941.55	(285,868.80)	7,472.22
AUGUST 2022	74,926.60	67,944.65	14,287.13	10,191.70		68,853.87			29,598.11		11,463.77						8,662.94
SEPTEMBER 2022	74,102.75	70,105.49	14,420.83	10,515.82		69,177.52			29,817.90		11,337.72						8,938.45
Total for Quarter 1	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
OCTOBER 2022	65,945.52	64,133.77	13,007.93	9,620.07		62,533.15			26,862.82		10,089.66						8,177.05
NOVEMBER 2022	87,128.58	71,599.21	15,872.78	10,739.88		76,626.78			33,028.78		13,330.67						9,128.90
DECEMBER 2022	62,634.14	61,916.54	12,455.06	9,287.48		59,628.72			25,702.04		9,583.02	-					7,894.36
Total for Quarter 2	215,708.24	197,649.52	41,335.77	29,647.43	241,292.63	198,788.65	120,657.17	50%	85,593.64	140,441.38	33,003.35	-	-				25,200.31
JANUARY 2023	-	-	-	-	-	-			-		-	-					-
FEBRUARY 2023	-	-	-	-	-	-			-		-	-					-
MARCH 2023	-	-	-	-	-	-			-		-	-					-
Total for Quarter 3	-	-	-	-	-	-	-	#DIV/0!	-	#DIV/0!	-	-	-				-
APRIL 2023	-	-	-	-	-	-			-		-	-					-
MAY 2023	-	-	-	-	-	-			-		-	-					-
JUNE 2023	-	-	-	-	-	-			-		-	-					-
Total for Quarter 4	-	-	-	-	-	-	-	#DIV/0!	-	#DIV/0!	-	-	-				-
YEAR-END SUP.		-	-	-	-	-	-										
YEAR TO DATE	431,119.72	394,305.32	82,542.52	59,145.80	440,908.58	396,964.97	220,467.39	50%	170,934.19	139,912.53	65,961.30	135,711.45	177,421.30	171,266.68	150,941.55	(285,868.80)	50,273.92
Total											415,433.48						

X. New Business

b. Legislative Reports



KERN COUNTY
Public Health Services
DEPARTMENT

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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 40](#) (Rodriguez D) Emergency medical services.**Status:** 12/6/2022-From printer. May be heard in committee January 5.**Location:** 12/5/2022-A. PRINT

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

Summary:

The Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act creates the Emergency Medical Services Authority, which is responsible for the coordination of various state activities concerning emergency medical services. Among other duties, current law requires the authority to develop planning and implementation guidelines for EMS systems, provide technical assistance to existing agencies, counties, and cities for the purpose of developing the components of EMS systems, and receive plans for the implementation of EMS and trauma care systems from local EMS agencies. Current law makes a violation of the act or regulations adopted pursuant to the act punishable as a misdemeanor. This bill would require the authority to develop an electronic signature for use between the emergency department medical personnel at a receiving facility and the transporting emergency medical personnel that captures the points in time when the hospital receives notification of ambulance arrival and when transfer of care is executed for documentation of ambulance patient offload time, as defined. The bill would require the authority to develop a statewide standard of 20 minutes, 90% of the time, for ambulance patient offload time.

[AB 55](#) (Rodriguez D) Emergency medical services.**Status:** 12/6/2022-From printer. May be heard in committee January 5.**Location:** 12/5/2022-A. PRINT

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

Summary:

Current law requires, with exceptions, that the reimbursement to emergency medical transport providers for emergency medical transports, as defined, be increased by application of an add-on to the associated Medi-Cal fee-for-service

payment schedule. Current law requires that the add-on increase be calculated on or before June 15, 2018, and remain the same for later state fiscal years, to the extent the department determines federal financial participation is available and is not otherwise jeopardized. Under current law, the resulting fee-for-service payment schedule amounts are equal to the sum of the Medi-Cal fee-for-service payment schedule amount for the 2015–16 state fiscal year and the add-on increase. This bill would set the Medi-Cal fee-for-service reimbursement rate for emergency medical transports at \$350 per transport. Under the bill, the resulting fee-for-service payment schedule amounts would instead be equal to the sum of the Medi-Cal fee-for-service payment schedule amount, based on the \$350 rate, and the add-on increase.

[AB 70](#) ([Rodriguez](#) D) Emergency response: trauma kits.

Status: 1/4/2023-Read first time.

Location: 12/12/2022-A. PRINT

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

Summary:

Current law requires the person or entity responsible for managing the building, facility, and tenants of certain occupied structures, including those that are owned or operated by a local government entity, and that are constructed on or after January 1, 2023, to comply with certain requirements, including acquiring and placing at least 6 trauma kits on the premises, as specified. This bill would apply the trauma kit requirement to certain structures that are constructed prior to January 1, 2023, and subject to subsequent modifications, renovations, or tenant improvements, as specified.

[SB 67](#) ([Seyarto](#) R) Controlled substances: overdose reporting.

Status: 1/6/2023-From printer. May be acted upon on or after February 5.

Location: 1/5/2023-S. RLS.

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

Summary:

Would require an emergency medical services provider who treats and releases or transports an individual to a medical facility who is experiencing a suspected or an actual overdose to report the incident to the Emergency Medical Services Authority. The bill requires the authority to report the data gathered pursuant to

the bill to the Overdose Detection Mapping Application Program managed by the Washington/Baltimore High Intensity Drug Trafficking Area program.

Total Measures: 4

Total Tracking Forms: 4

[AB 19](#) (Patterson, Joe R) Pupil health: opioid antagonists.**Status:** 12/6/2022-From printer. May be heard in committee January 5.**Location:** 12/5/2022-A. PRINT

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

Summary:

Current law authorizes school districts, county offices of education, and charter schools to provide emergency naloxone hydrochloride or another opioid antagonist to school nurses or voluntary trained personnel, and authorizes those nurses and voluntary trained personnel to use naloxone hydrochloride or another opioid antagonist to provide emergency medical aid to persons suffering, or reasonably believed to be suffering, from an opioid overdose, as provided. This bill would require each individual public school operated by a school district, county office of education, or charter school to maintain at least two doses of naloxone hydrochloride or another opioid antagonist for purposes of those authorizations.

[AB 24](#) (Haney D) Emergency response: opioid antagonist kits.**Status:** 12/6/2022-From printer. May be heard in committee January 5.**Location:** 12/5/2022-A. PRINT

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

Summary:

would require a person or entity that owns, manages, or is responsible for a bar, gas station, public library, or single-room occupancy hotel in a county that is experiencing an opioid overdose crisis, as defined, to acquire and post an opioid antagonist kit, which includes an instructional poster and opioid antagonist nasal spray, in areas that are readily accessible only by employees, including, but not limited to, a break room, and to restock the opioid antagonist kit after each use. The bill would apply the provisions governing civil liability as specified to a person or entity that acquires and posts the opioid antagonist kit. Upon appropriation by the Legislature, the bill would require the department to provide opioid antagonist kits free of charge, to create the opioid antagonist poster with easy-to-understand instructions and graphics on the administration of the attached opioid antagonist

nasal spray, and to make the determination on how best to allocate and distribute its limited supply of opioid antagonist among its various programs in the event of an opioid antagonist supply shortage. The bill would make a violation of these provisions a misdemeanor punishable by a fine of not more than \$1,000, by imprisonment in jail for 6 months, or both.

[AB 33](#) (Bains D) Fentanyl task force.

Status: 12/6/2022-From printer. May be heard in committee January 5.

Location: 12/5/2022-A. PRINT

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

Summary:

Would state the intent of the Legislature to enact legislation relating to a fentanyl task force, in order to identify and address the fentanyl crisis as part of the opioid epidemic in this state. The bill would further state the intent of the Legislature that any future appropriation made for the purpose of implementing the fentanyl task force not exceed an unspecified dollar amount.

[SB 10](#) (Cortese D) Pupil health: opioid overdose prevention and treatment.

Status: 12/6/2022-From printer. May be acted upon on or after January 5.

Location: 12/5/2022-S. RLS.

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

Summary:

Current law, subject to an appropriation, requires the State Department of Education, on or before January 1, 2023, to recommend best practices and identify training programs for use by local educational agencies, as defined, to address youth behavioral health, including staff and pupil training. Current law requires the department to ensure that each identified training program, among other requirements, provides instruction on recognizing the signs and symptoms of youth behavioral health disorders, including common psychiatric conditions and substance use disorders, such as opioid and alcohol abuse. This bill would, on or before July 1, 2024, add as a new requirement for the training programs the provision of instruction only to school staff on the use of emergency opioid antagonists for purposes of treating an opioid overdose, with the recommended training following specified standards and criteria.

Total Measures: 4

Total Tracking Forms: 4

X. New Business

c. Quarterly APOT



KERN COUNTY
Public Health Services
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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.

Ambulance Patient Offload Delay - 2019 Reporting Matrix (Version 05-30-17)
APOT - 1

LEMSA: Kern County EMS

APOT Standard: (Enter the APOT Standard implemented by the LEMSAs)

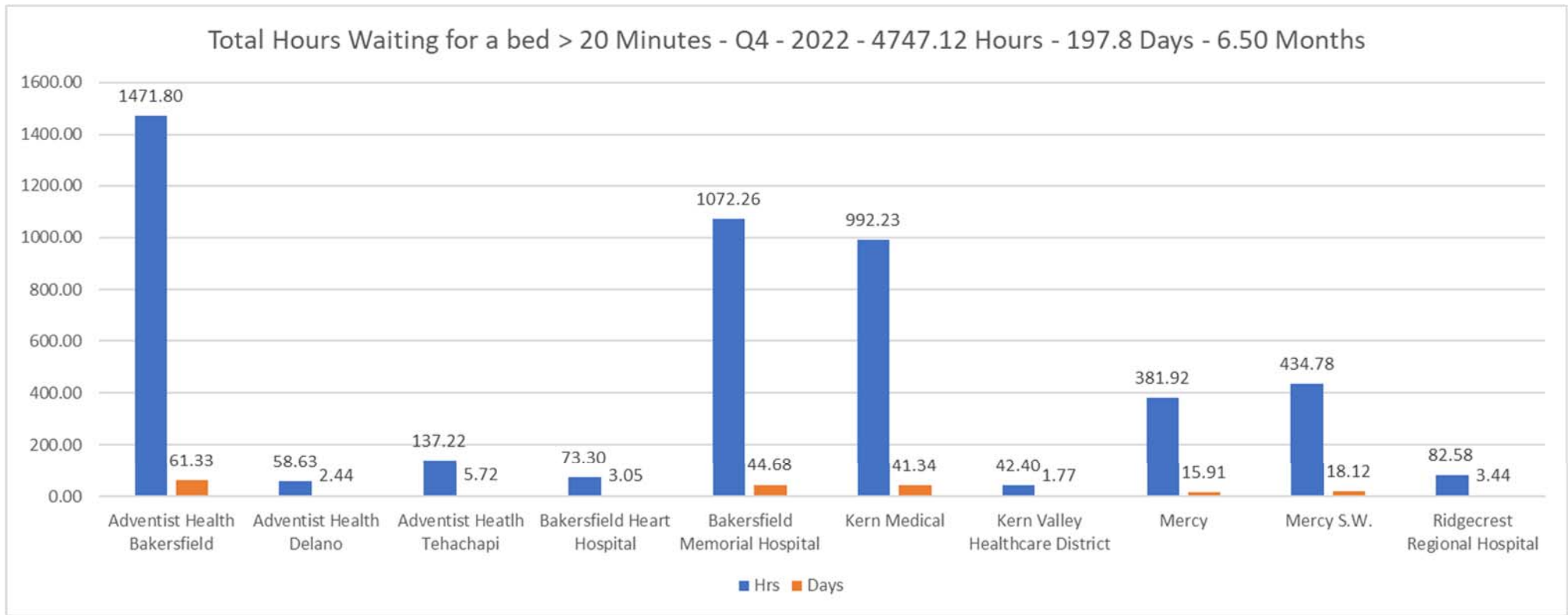
Directions: List all LEMSAs authorized 9-1-1 emergency ambulance receiving Hospitals (add rows as needed). Enter the total 9-1-1 emergency ambulance transports (transport denominator) to the hospital and the 90th percentile patient offload time for that hospital in minutes and seconds (00:00), or you may round to the nearest minute. Enter EMS system aggregate totals at the bottom of each month.

Hospital	OCTOBER		NOVEMBER		DECEMBER	
	Transports	90th Percentile APOT Time	Transports	90th Percentile APOT Time	Transports	90th Percentile APOT Time
Adventist Health Bakersfield	1297	69	1,353	70	1,332	65
Bakersfield Memorial Hospital	1212	54	1,341	59	1,438	63
Kern Medical	925	68	931	69	954	75
Mercy Downtown	385	53	484	63	429	72
Mercy Southwest	431	54	512	73	504	65
Delano Regional Medical Center	177	37	204	36	126	40
Bakersfield Heart Hospital	112	38	144	55	145	46
Ridgecrest Regional	244	29	268	46	256	38
Adventist Health Tehachapi	215	40	243	51	262	66
Kern Valley Hospital	136	40	155	35	157	36
Henry Mayo Hospital	34	56	35	60	44	34
Antelope Valley Hospital	163	119	173	103	116	125
Palmdale Regional Medical Center	9	53	10	77	11	21
EMS System Total (Aggregate)		48.2		55.7		56.6

Hospital	OCTOBER									
	2.1		2.2		2.3		2.4		2.5	
	transp	%	transp	%	transp	%	transp	%	transp	%
Adventist Health Bakersfield	141	11%	964	74%	158	12%	30	2%	4	0%
Bakersfield Memorial Hospital	325	27%	796	66%	83	7%	8	1%	0	0%
Kern Medical	182	20%	609	66%	122	13%	10	1%	2	0%
Mercy Downtown	111	29%	247	64%	26	7%	1	0%	0	0%
Mercy Southwest	120	28%	281	65%	29	7%	1	0%	0	0%
Delano Regional Medical Center	81	46%	94	53%	1	1%	1	1%	0	0%
Bakersfield Heart Hospital	39	35%	70	63%	3	3%	0	0%	0	0%
Ridgecrest Regional	186	76%	53	22%	5	2%	0	0%	0	0%
Adventist Health Tehachapi	113	53%	97	45%	4	2%	1	0%	0	0%
Kern Valley Hospital	98	72%	29	21%	8	6%	1	1%	0	0%
Henry Mayo Hospital	14	41%	18	53%	0	0%	1	3%	1	3%
Antelope Valley Hospital	31	19%	86	53%	29	18%	10	6%	7	4%
Palmdale Regional Medical Center	5	56%	3	33%	1	11%	0	0%	0	0%

Hospital	NOVEMBER									
	2.1		2.2		2.3		2.4		2.5	
	transp	%	transp	%	transp	%	transp	%	transp	%
Adventist Health Bakersfield	167	12%	976	72%	178	13%	22	2%	10	1%
Bakersfield Memorial Hospital	392	29%	829	62%	104	8%	7	1%	9	1%
Kern Medical	196	21%	606	65%	122	13%	7	1%	0	0%
Mercy Downtown	111	23%	316	65%	50	10%	5	1%	2	0%
Mercy Southwest	100	20%	321	63%	86	17%	5	1%	0	0%
Delano Regional Medical Center	106	52%	94	46%	4	2%	0	0%	0	0%
Bakersfield Heart Hospital	31	22%	101	70%	11	8%	1	1%	0	0%
Ridgecrest Regional	193	72%	57	21%	15	6%	2	1%	1	0%
Adventist Health Tehachapi	111	46%	120	49%	9	4%	2	1%	1	0%
Kern Valley Hospital	111	72%	42	27%	1	1%	1	1%	0	0%
Henry Mayo Hospital	13	37%	19	54%	3	9%	0	0%	0	0%
Antelope Valley Hospital	53	31%	83	48%	21	12%	8	5%	8	5%
Palmdale Regional Medical Center	3	30%	5	50%	1	10%	1	10%	0	0%

Hospital	DECEMBER									
	2.1		2.2		2.3		2.4		2.5	
	transp	%	transp	%	transp	%	transp	%	transp	%
Adventist Health Bakersfield	233	17%	943	71%	129	10%	24	2%	3	0%
Bakersfield Memorial Hospital	406	28%	868	60%	139	10%	20	1%	5	0%
Kern Medical	202	21%	596	62%	144	15%	9	1%	3	0%
Mercy Downtown	87	20%	276	64%	57	13%	8	2%	1	0%
Mercy Southwest	118	23%	321	64%	62	12%	3	1%	0	0%
Delano Regional Medical Center	62	49%	60	48%	4	3%	0	0%	0	0%
Bakersfield Heart Hospital	49	34%	90	62%	6	4%	0	0%	0	0%
Ridgecrest Regional	188	73%	58	23%	7	3%	1	0%	2	1%
Adventist Health Tehachapi	114	44%	116	44%	25	10%	5	2%	2	1%
Kern Valley Hospital	110	70%	41	26%	4	3%	2	1%	0	0%
Henry Mayo Hospital	25	57%	19	43%	0	0%	0	0%	0	0%
Antelope Valley Hospital	37	32%	56	48%	10	9%	6	5%	7	6%
Palmdale Regional Medical Center	9	82%	2	18%	0	0%	0	0%	0	0%



Increase of 18.02% from Q3 2022

X. New Business

d. QUARTERLY RESPONSE COMPLIANCE



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.



Kern County - Hall Ambulance Response Compliance and Penalty

Period: Oct 01 2022 to Oct 31 2022

Report Status: FINAL

Compliance Reporting 2022/10/01 - 2022/10/31															BLS on ALS		Compliance Period Reporting for respective 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	42	13	55	0	55	13	2	2	0	53	11	79.25%	\$5,000	0	\$5,000	4	
	2	47	23	70	0	70	23	6	6	0	64	17	73.44%	\$5,000	0	\$5,000	4	
	3	27	7	34	5	29	7	3	3	0	26	4	84.62%		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 1 Rural	1	4	0	4	0	4	0	0	0	0	4	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 1 Suburban	1	7	1	8	2	6	1	1	1	0	5	0	100.00%	\$0	0	\$0	0	
	2	15	3	18	0	18	3	1	1	0	17	2	88.24%	\$5,000	0	\$5,000	4	
	3	6	2	8	0	8	2	1	1	0	7	1	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	2	2	4	0	4	2	0	0	0	4	2	50.00%		0	\$0		
EOA 1 Urban	1	2	2	4	0	4	2	1	1	0	3	1	66.67%	\$5,000	0	\$5,000	4	
	2	7	2	9	0	9	2	1	1	0	8	1	87.50%	\$5,000	1	\$5,000	4	
	3	6	1	7	0	7	1	0	0	0	7	1	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	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	26	11	37	0	37	11	3	3	0	34	9	73.53%	\$5,000	0	\$5,000	4	
	2	49	17	66	1	65	16	4	4	0	61	13	78.69%	\$1,000	1	\$1,000	2	
	3	42	9	51	5	46	9	2	2	0	44	7	84.09%		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 2 Rural	1	2	0	2	0	2	0	0	0	0	2	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	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	6	0	6	0	6	0	0	0	0	6	0	100.00%	\$0	0	\$0	0	
	2	11	2	13	0	13	2	1	1	0	12	1	91.67%	\$0	1	\$0	0	
	3	4	4	8	1	7	4	1	1	0	6	3	50.00%		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	9	2	11	0	11	2	0	0	1	11	1	90.91%		0	\$0		
EOA 2 Urban	1	10	5	15	0	15	5	2	2	0	13	3	76.92%	\$5,000	0	\$5,000	4	
	2	12	7	19	0	19	7	2	2	0	17	5	70.59%	\$5,000	0	\$5,000	4	
	3	6	2	8	0	8	2	1	1	0	7	1	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		



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EOA 3 Metro	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	33	14	47	3	44	12	2	2	0	42	10	76.19%	\$5,000	2	\$5,000	4
	2	83	12	95	0	95	12	4	4	0	91	8	91.21%	\$0	3	\$0	0
	3	57	1	58	0	58	1	0	0	0	58	1	98.28%		3	\$0	
	4	2	0	2	0	2	0	0	0	0	2	0	100.00%		0	\$0	
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	6	8	6	14	0	14	6	0	0	0	14	6	57.14%		0	\$0	
EOA 3 Rural	7	23	20	43	0	43	20	0	0	0	43	20	53.49%		0	\$0	
	8	6	0	6	0	6	0	0	0	0	6	0	100.00%		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
	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	
EOA 3 Suburban	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	3	0	3	0	3	0	0	0	0	3	0	100.00%	\$0	0	\$0	0
	2	1	0	1	0	1	0	0	0	0	1	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	
EOA 3 Urban	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	32	6	38	0	38	6	2	2	0	36	4	88.89%	\$1,000	0	\$1,000	2
	2	46	11	57	0	57	11	3	3	0	54	8	85.19%	\$1,000	3	\$1,000	3
	3	35	3	38	2	36	3	1	1	0	35	2	94.29%		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	6	6	0	6	6	0	0	0	6	6	0.00%		0	\$0	
EOA 3 Wilderness	7	0	2	2	0	2	2	0	0	0	2	2	0.00%		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
	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	
EOA 4 Metro	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	1296	725	2021	37	1984	714	177	177	1	1807	543	69.95%	\$5,000	325	\$5,000	4
	2	1973	941	2914	31	2883	934	251	251	0	2632	688	73.86%	\$5,000	295	\$5,000	4
	3	1348	368	1716	116	1600	364	95	95	0	1505	269	82.13%		43	\$0	
	4	22	7	29	0	29	7	3	3	0	26	4	84.62%		0	\$0	
	5	2	0	2	0	2	0	0	0	0	2	0	100.00%		0	\$0	
	6	67	117	184	0	184	117	0	0	0	184	117	36.41%		0	\$0	
EOA 4 Rural	7	160	115	275	0	275	115	1	1	0	274	115	58.03%		0	\$0	
	8	59	6	65	0	65	6	0	0	0	65	6	90.77%		0	\$0	
	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	2	2	0	2	2	1	1	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	
EOA 4 Suburban	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	6	1	7	0	7	1	0	0	0	7	1	85.71%	\$1,000	0	\$1,000	1
	2	19	3	22	0	22	3	1	1	0	21	2	90.48%	\$1,000	2	\$1,000	1
	3	14	2	16	0	16	2	0	0	0	16	2	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	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 4 Urban	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	
	1	36	5	41	0	41	5	1	1	0	40	4	90.00%	\$0	7	\$0	0
	2	40	7	47	1	46	6	0	0	0	46	7	84.78%	\$5,000	7	\$5,000	4
	3	12	6	18	1	17	6	3	3	0	14	3	78.57%		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	
EOA 4 Urban	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
	8	6	1	7	0	7	1	0	0	0	7	1	85.71%		0	\$0	
	1	0	0	0	0	0	0	0	0	0	0	0	--	\$0	0	\$0	0



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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	
	9	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 8 Metro	1	94	62	156	1	155	61	11	11	0	144	50	65.28%	\$5,000	5	\$5,000	4
	2	134	68	202	3	199	67	7	7	0	192	61	68.23%	\$5,000	7	\$5,000	4
	3	83	17	100	6	94	17	4	4	0	90	13	85.56%		0	\$0	
	4	4	1	5	0	5	1	0	0	0	5	1	80.00%		0	\$0	
	5	2	0	2	0	2	0	0	0	0	2	0	100.00%		0	\$0	
	6	3	6	9	0	9	6	0	0	0	9	6	33.33%		0	\$0	
	7	63	37	100	0	100	37	0	0	0	100	37	63.00%		0	\$0	
	8	2	4	6	0	6	4	0	0	2	6	2	66.67%		0	\$0	
EOA 8 Rural	1	3	0	3	0	3	0	0	0	0	3	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 8 Suburban	1	42	7	49	0	49	7	0	0	0	49	7	85.71%	\$1,000	0	\$1,000	3
	2	51	7	58	1	57	7	1	1	0	56	6	89.29%	\$1,000	0	\$1,000	1
	3	24	8	32	0	32	8	1	1	0	31	7	77.42%		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	29	10	39	2	37	10	2	2	0	35	8	77.14%	\$5,000	4	\$5,000	4
	2	19	23	42	2	40	21	8	8	0	32	13	59.38%	\$5,000	2	\$5,000	4
	3	20	1	21	2	19	1	0	0	0	19	1	94.74%		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	3	0	3	0	3	0	0	0	0	3	0	100.00%	\$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 9 Metro	1	44	14	58	0	58	14	6	6	0	52	8	84.62%	\$5,000	2	\$5,000	4
	2	82	13	95	1	94	13	5	5	0	89	8	91.01%	\$0	2	\$0	0
	3	30	8	38	0	38	8	2	2	0	36	6	83.33%		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	2	0	2	0	2	0	0	0	0	2	0	100.00%		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	2	1	3	0	3	1	0	0	0	3	1	66.67%	\$1,000	0	\$1,000	1
	2	8	1	9	0	9	1	0	0	0	9	1	88.89%	\$1,000	1	\$1,000	1
	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	2	2	0	2	2	0	0	0	2	2	0.00%		0	\$0	
EOA 9 Urban	1	5	0	5	0	5	0	0	0	0	5	0	100.00%	\$0	0	\$0	0
	2	9	2	11	1	10	2	0	0	0	10	2	80.00%	\$1,000	0	\$1,000	2
	3	5	2	7	0	7	2	2	2	0	5	0	100.00%		0	\$0	
	4	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	



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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	130	29	159	1	158	29	11	11	0	147	18	87.76%	\$5,000	3	\$5,000	4		
	2	151	27	178	0	178	27	6	6	0	172	21	87.79%	\$1,000	3	\$1,000	2		
	3	99	7	106	4	102	7	1	1	0	101	6	94.06%		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	0	1	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	3	4	7	0	7	4	0	0	0	7	4	42.86%		0	\$0			
EOA 11 Rural	1	9	0	9	0	9	0	0	0	0	9	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	5	0	5	0	5	0	0	0	0	5	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	13	1	14	0	14	1	0	0	0	14	1	92.86%	\$0	0	\$0	0		
	2	27	0	27	0	27	0	0	0	0	27	0	100.00%	\$0	1	\$0	0		
	3	19	1	20	0	20	1	0	0	0	20	1	95.00%		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	5	5	10	0	10	5	0	0	0	10	5	50.00%		0	\$0			
EOA 11 Urban	1	9	2	11	3	8	2	1	1	0	7	1	85.71%		\$1,000	1		\$1,000	1
	2	16	3	19	0	19	3	1	1	0	18	2	88.89%		\$1,000	0		\$1,000	1
	3	5	0	5	0	5	0	0	0	0	5	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	1	0	1	0	1	0	0	0	0	1	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 1	1											243		1.65%		4	\$0	0	4
	2											317		1.58%		5	\$0	0	4
	3											173		0.00%		0	\$0	0	0
EOA 2	1											55		0.00%		0	\$0	0	2
	2											93		2.15%		2	\$0	0	3
	3											87		0.00%		0	\$0	0	0
EOA 3	1											81		2.47%		2	\$0	0	
	2											146		4.11%		6	\$0	0	
	3											95		3.16%		3	\$0		
EOA 4	1											1854		17.91%		332	\$0	2	13
	2											2700		11.26%		304	\$0	2	13
	3											1636		2.86%		44	\$0	0	1
EOA 8	1											234		3.85%		9	\$0	2	9
	2											254		3.17%		9	\$0	2	5
	3											143		1.40%		2	\$0	0	0
EOA 9	1											60		3.33%		2	\$0	0	2
	2											110		2.73%		3	\$0	0	3
	3											44		2.27%		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		



Kern County - Hall Ambulance Response Compliance and Penalty

Period: Oct 01 2022 to Oct 31 2022

Report Status: FINAL

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	
	1	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	
MUTUAL AID GIVEN	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	
												2214	61			\$103,000	



Kern County - Hall Ambulance Response Compliance and Penalty

Period: Nov 01 2022 to Nov 30 2022

Report Status: FINAL

Compliance Reporting 2022/11/01 - 2022/11/30															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	32	9	41	0	41	9	3	3	0	38	6	84.21%	\$5,000	2	\$5,000	4	
	2	58	9	67	1	66	9	3	3	0	63	6	90.48%	\$0	4	\$0	0	
	3	43	4	47	4	43	4	1	1	0	42	4	90.48%		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	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0		
EOA 1 Rural	1	3	0	3	0	3	0	0	0	0	3	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 1 Suburban	1	8	0	8	1	7	0	0	0	0	7	0	100.00%	\$0	0	\$0	0	
	2	9	0	9	0	9	0	0	0	0	9	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 1 Urban	1	3	2	5	0	5	2	0	0	0	5	2	60.00%	\$5,000	1	\$5,000	4	
	2	10	2	12	0	12	2	0	0	0	12	2	83.33%	\$5,000	0	\$5,000	4	
	3	2	1	3	0	3	1	0	0	0	3	1	66.67%		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	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	26	12	38	2	36	11	3	3	0	33	8	75.76%	\$5,000	3	\$5,000	4	
	2	39	14	53	0	53	14	4	4	0	49	10	79.59%	\$1,000	3	\$1,000	3	
	3	42	5	47	1	46	5	1	1	0	45	4	91.11%		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 2 Rural	1	5	0	5	0	5	0	0	0	0	5	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	0	8	0	8	0	0	0	0	8	0	100.00%	\$0	0	\$0	0	
	2	20	1	21	1	20	1	0	0	0	20	1	95.00%	\$0	1	\$0	0	
	3	7	1	8	0	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	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	3	12	0	12	3	0	0	3	12	0	100.00%		0	\$0		
EOA 2 Urban	1	11	4	15	0	15	4	1	1	0	14	4	71.43%	\$5,000	2	\$5,000	4	
	2	14	6	20	1	19	5	2	2	0	17	3	82.35%	\$5,000	0	\$5,000	4	
	3	7	2	9	1	8	2	1	1	0	7	1	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		



Kern County - Hall Ambulance Response Compliance and Penalty

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EOA 3 Metro	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		
	1	62	12	74	0	74	12	1	1	0	73	11	84.93%	\$5,000	2	\$5,000		4
	2	87	9	96	2	94	8	4	4	0	90	4	95.56%	\$0	6	\$0		0
	3	57	3	60	2	58	3	0	0	0	58	3	94.83%		0	\$0		
	4	6	0	6	0	6	0	0	0	0	6	0	100.00%		0	\$0		
	5	2	0	2	0	2	0	0	0	0	2	0	100.00%		0	\$0		
	6	6	6	12	0	12	6	0	0	0	12	6	50.00%		0	\$0		
EOA 3 Rural	7	24	7	31	0	31	7	0	0	0	31	7	77.42%		0	\$0		
	8	3	1	4	0	4	1	0	0	0	4	1	75.00%		0	\$0		
	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		
EOA 3 Suburban	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	3	0	3	1	2	0	0	0	0	2	0	100.00%	\$0	0	\$0	0	
	2	1	0	1	0	1	0	0	0	0	1	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		
EOA 3 Urban	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	36	2	38	1	37	2	2	2	0	35	0	100.00%	\$0	1	\$0	0	
	2	49	1	50	0	50	1	1	1	0	49	0	100.00%	\$0	4	\$0	0	
	3	28	1	29	0	29	1	0	0	0	29	1	96.55%		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		
EOA 3 Wilderness	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		
	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		
EOA 4 Metro	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	1479	657	2136	41	2095	649	261	261	0	1834	390	78.74%	\$5,000	322	\$5,000	4	
	2	2146	759	2905	25	2880	757	313	313	0	2567	450	82.47%	\$5,000	332	\$5,000	4	
	3	1318	311	1629	76	1553	310	132	132	0	1421	179	87.40%		34	\$0		
	4	17	12	29	0	29	12	7	7	0	22	5	77.27%		0	\$0		
	5	6	1	7	0	7	1	0	0	0	7	1	85.71%		0	\$0		
	6	84	92	176	0	176	92	0	0	0	176	92	47.73%		0	\$0		
EOA 4 Rural	7	182	99	281	1	280	98	0	0	0	280	98	65.00%		0	\$0		
	8	17	3	20	0	20	3	0	0	0	20	3	85.00%		0	\$0		
	1	1	0	1	0	1	0	0	0	0	1	0	100.00%	\$0	0	\$0	0	
	2	1	0	1	0	1	0	0	0	0	1	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		
EOA 4 Suburban	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	5	1	6	0	6	1	1	1	0	5	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		
EOA 4 Urban	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	32	3	35	0	35	3	1	1	0	34	2	94.12%	\$0	8	\$0	0	
	2	41	17	58	0	58	17	11	11	0	47	8	82.98%	\$5,000	8	\$5,000	4	
	3	20	3	23	1	22	3	2	2	0	20	1	95.00%		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		
EOA 4 Suburban	7	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	8	3	0	3	0	3	0	0	0	0	3	0	100.00%		0	\$0		
EOA 4 Urban	7	0	0	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		



Kern County - Hall Ambulance Response Compliance and Penalty

Period: Nov 01 2022 to Nov 30 2022

Report Status: FINAL

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	
	9	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 8 Metro	1	83	53	136	1	135	53	8	8	1	127	44	65.35%	\$5,000	6	\$5,000	4
	2	138	41	179	2	177	40	10	10	0	167	31	81.44%	\$5,000	9	\$5,000	4
	3	95	16	111	7	104	16	4	4	0	100	12	88.00%		1	\$0	
	4	8	3	11	0	11	3	0	0	0	11	3	72.73%		0	\$0	
	5	3	0	3	0	3	0	0	0	0	3	0	100.00%		0	\$0	
	6	14	8	22	0	22	8	0	0	0	22	8	63.64%		0	\$0	
	7	54	36	90	1	89	35	0	0	0	89	35	60.67%		0	\$0	
	8	2	2	4	0	4	2	0	0	0	4	2	50.00%		0	\$0	
EOA 8 Rural	1	1	0	1	0	1	0	0	0	0	1	0	100.00%	\$0	0	\$0	0
	2	6	0	6	0	6	0	0	0	0	6	0	100.00%	\$0	1	\$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	45	9	54	1	53	9	3	3	0	50	6	88.00%	\$5,000	2	\$5,000	4
	2	60	17	77	0	77	17	4	4	0	73	13	82.15%	\$1,000	0	\$1,000	2
	3	27	4	31	1	30	4	2	2	0	28	2	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	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 8 Urban	1	33	5	38	0	38	5	3	3	0	35	2	94.29%	\$0	1	\$0	0
	2	28	11	39	0	39	11	2	2	1	37	9	75.68%	\$5,000	1	\$5,000	4
	3	16	3	19	1	18	2	1	1	0	17	1	94.12%		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	1	0	1	0	1	0	0	0	0	1	0	100.00%	\$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 9 Metro	1	42	7	49	1	48	7	4	4	0	44	3	93.18%	\$0	0	\$0	0
	2	64	14	78	1	77	13	9	9	0	68	4	94.12%	\$0	0	\$0	0
	3	39	5	44	2	42	5	1	1	0	41	4	90.24%		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 Rural	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 9 Suburban	1	2	2	4	0	4	2	0	0	0	4	2	50.00%	\$1,000	0	\$1,000	2
	2	5	0	5	0	5	0	0	0	0	5	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 9 Urban	1	11	1	12	0	12	1	0	0	0	12	1	91.67%	\$0	0	\$0	0
	2	9	0	9	0	9	0	0	0	0	9	0	100.00%	\$0	0	\$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	



Kern County - Hall Ambulance Response Compliance and Penalty

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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	126	41	167	0	167	41	13	13	1	154	28	81.82%	\$5,000	5	\$5,000	4		
	2	174	35	209	0	209	35	14	14	0	195	21	89.23%	\$1,000	6	\$1,000	3		
	3	108	6	114	4	110	6	3	3	0	107	3	97.20%		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 Rural	1	8	0	8	0	8	0	0	0	0	8	0	100.00%	\$0	0	\$0	0		
	2	9	0	9	0	9	0	0	0	0	9	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	3	2	5	0	5	2	0	0	0	5	2	60.00%	0	\$0				
EOA 11 Suburban	1	23	0	23	4	19	0	0	0	0	19	0	100.00%	\$0	0	\$0	0		
	2	21	2	23	1	22	2	0	0	0	22	2	90.91%	\$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	9	3	12	0	12	3	0	0	0	12	3	75.00%	0	\$0				
EOA 11 Urban	1	16	3	19	1	18	2	0	0	0	18	2	88.89%	\$1,000	1	\$1,000	2		
	2	14	0	14	0	14	0	0	0	0	14	0	100.00%	\$0	0	\$0	0		
	3	13	0	13	0	13	0	0	0	0	13	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	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 1	1											254		3.54%		9	\$0	0	5
	2											332		3.01%		10	\$0	0	5
	3											189		0.53%		1	\$0	0	0
EOA 2	1											60		8.33%		5	\$0	1	3
	2											88		4.55%		4	\$0	0	4
	3											60		0.00%		0	\$0	0	0
EOA 3	1											110		2.73%		3	\$0	0	
	2											141		7.09%		10	\$0	0	
	3											91		0.00%		0	\$0		
EOA 4	1											1874		17.61%		330	\$0	2	13
	2											2626		12.95%		340	\$0	2	13
	3											1445		2.35%		34	\$0	0	1
EOA 8	1											214		4.21%		9	\$0	2	9
	2											284		3.87%		11	\$0	2	6
	3											148		1.35%		2	\$0	0	0
EOA 9	1											62		0.00%		0	\$0	0	1
	2											84		0.00%		0	\$0	0	2
	3											46		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	2	0	2	2	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		



Kern County - Hall Ambulance Response Compliance and Penalty

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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	2	0	2	2	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	
\$80,000																	



Kern County - Hall Ambulance Response Compliance and Penalty

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Compliance Reporting 2022/12/01 - 2022/12/31															BLS on ALS		Compliance Period Reporting for respective 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	34	7	41	0	41	7	0	0	0	41	7	82.93%	\$5,000	1	\$5,000	4	
	2	60	12	72	0	72	12	3	3	0	69	9	86.96%	\$1,000	0	\$1,000	1	
	3	28	2	30	0	30	2	0	0	0	30	2	93.33%		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 1 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	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	4	0	4	0	4	0	0	0	0	4	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	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 1 Urban	1	1	0	1	0	1	0	0	0	0	1	0	100.00%	\$0	0	\$0	0	
	2	10	1	11	0	11	1	0	0	0	11	1	90.91%	\$0	0	\$0	0	
	3	8	1	9	0	9	1	1	1	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	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	29	10	39	0	39	10	4	4	0	35	6	82.86%	\$5,000	0	\$5,000	4	
	2	42	17	59	0	59	17	4	4	1	55	12	78.18%	\$5,000	0	\$5,000	4	
	3	45	2	47	1	46	2	2	2	0	44	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	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	1	0	1	0	1	0	0	0	0	1	0	100.00%	\$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 2 Suburban	1	10	3	13	0	13	3	0	0	0	13	3	76.92%	\$1,000	0	\$1,000	1	
	2	9	5	14	0	14	5	3	3	0	11	2	81.82%	\$1,000	0	\$1,000	1	
	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	4	0	4	0	4	0	0	0	0	4	0	100.00%		0	\$0		
EOA 2 Urban	1	15	7	22	1	21	7	2	2	0	19	5	73.68%	\$5,000	0	\$5,000	4	
	2	15	7	22	1	21	6	0	0	0	21	6	71.43%	\$5,000	1	\$5,000	4	
	3	8	2	10	0	10	2	1	1	0	9	1	88.89%		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		



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EOA 3 Metro	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	38	15	53	0	53	15	0	0	0	53	15	71.70%	\$5,000	1	\$5,000	4
	2	80	6	86	0	86	6	3	3	0	83	3	96.39%	\$0	7	\$0	0
	3	57	0	57	1	56	0	0	0	0	56	0	100.00%		1	\$0	
	4	5	0	5	0	5	0	0	0	0	5	0	100.00%		0	\$0	
	5	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0	
	6	12	5	17	0	17	5	0	0	0	17	5	70.59%		0	\$0	
EOA 3 Rural	7	34	11	45	0	45	11	0	0	0	45	11	75.56%		0	\$0	
	8	1	0	1	0	1	0	0	0	0	1	0	100.00%		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
	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	
EOA 3 Suburban	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	2	0	2	0	2	0	0	0	0	2	0	100.00%	\$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	
EOA 3 Urban	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	31	1	32	1	31	0	1	1	0	30	-1	103.33%	\$0	3	\$0	0
	2	42	8	50	0	50	8	2	2	1	48	5	89.58%	\$1,000	3	\$1,000	1
	3	35	0	35	0	35	0	0	0	0	35	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	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0	
EOA 3 Wilderness	7	1	0	1	0	1	0	0	0	0	1	1	0.00%		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
	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	
EOA 4 Metro	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	1508	621	2129	30	2099	611	209	209	1	1890	406	78.52%	\$5,000	272	\$5,000	4
	2	2212	670	2882	28	2854	669	265	265	0	2589	406	84.32%	\$5,000	312	\$5,000	4
	3	1477	269	1746	62	1684	268	106	106	1	1578	161	89.80%		27	\$0	
	4	18	2	20	0	20	2	0	0	0	20	2	90.00%		0	\$0	
	5	4	0	4	0	4	0	0	0	0	4	0	100.00%		0	\$0	
	6	109	75	184	0	184	75	0	0	0	184	75	59.24%		0	\$0	
EOA 4 Rural	7	154	86	240	0	240	86	0	0	0	240	86	64.17%		0	\$0	
	8	12	1	13	0	13	1	0	0	0	13	1	92.31%		0	\$0	
	1	2	1	3	0	3	1	0	0	0	3	1	66.67%	\$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	
EOA 4 Suburban	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	9	0	9	0	9	0	0	0	0	9	0	100.00%	\$0	0	\$0	0
	2	15	0	15	0	15	0	0	0	0	15	0	100.00%	\$0	1	\$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	
EOA 4 Urban	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	46	3	49	2	47	3	0	0	0	47	3	93.62%	\$0	8	\$0	0
	2	46	14	60	0	60	14	5	5	0	55	9	83.64%	\$5,000	14	\$5,000	4
	3	21	7	28	0	28	7	5	5	0	23	2	91.30%		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	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



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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	
	9	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 8 Metro	1	95	49	144	0	144	49	11	11	2	133	36	72.93%	\$5,000	2	\$5,000	4
	2	144	59	203	0	203	59	21	21	2	182	36	80.22%	\$5,000	5	\$5,000	4
	3	91	16	107	3	104	16	6	6	1	98	9	90.82%		0	\$0	
	4	5	2	7	0	7	2	1	1	0	6	1	83.33%		0	\$0	
	5	7	1	8	0	8	1	0	0	0	8	1	87.50%		0	\$0	
	6	16	16	32	0	32	16	0	0	0	32	16	50.00%		0	\$0	
	7	76	35	111	0	111	35	0	0	0	111	35	68.47%		0	\$0	
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0	
EOA 8 Rural	1	7	0	7	0	7	0	0	0	0	7	0	100.00%	\$0	0	\$0	0
	2	5	1	6	0	6	1	0	0	0	6	1	83.33%	\$1,000	0	\$1,000	1
	3	1	1	2	0	2	1	0	0	0	2	1	50.00%		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	60	10	70	1	69	9	1	1	0	68	8	88.24%	\$5,000	2	\$5,000	4
	2	65	10	75	2	73	10	4	4	0	69	6	91.30%	\$0	2	\$0	0
	3	38	2	40	2	38	2	1	1	0	37	1	97.30%		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	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	27	2	29	0	29	2	2	2	0	27	0	100.00%	\$0	3	\$0	0
	2	32	20	52	0	52	20	2	2	0	50	18	64.00%	\$5,000	4	\$5,000	4
	3	14	2	16	0	16	2	1	1	0	15	1	93.33%		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 8 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	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	51	8	59	0	59	8	4	4	0	55	4	92.73%	\$0	0	\$0	0
	2	75	11	86	1	85	11	6	6	0	79	5	93.67%	\$0	0	\$0	0
	3	30	6	36	0	36	6	3	3	0	33	3	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	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0	
EOA 9 Rural	1	2	0	2	1	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	10	0	10	1	9	0	0	0	0	9	0	100.00%	\$0	0	\$0	0
	2	9	2	11	0	11	2	1	1	0	10	2	80.00%	\$1,000	0	\$1,000	1
	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 9 Urban	1	10	2	12	0	12	2	1	1	0	11	1	90.91%	\$0	0	\$0	0
	2	12	0	12	0	12	0	0	0	0	12	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	



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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	117	12	129	0	129	12	2	2	0	127	10	92.13%	\$0	3	\$0	0
	2	181	12	193	2	191	11	5	5	0	186	6	96.77%	\$0	2	\$0	0
	3	94	4	98	1	97	4	1	1	0	96	3	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	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	6	0	6	0	6	0	0	0	0	6	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	13	2	15	0	15	2	0	0	1	15	1	93.33%	\$0	1	\$0	0
	2	32	1	33	0	33	1	1	1	0	32	0	100.00%	\$0	0	\$0	0
	3	14	1	15	0	15	1	0	0	1	15	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	2	4	0	4	2	0	0	0	4	2	50.00%		0	\$0	
EOA 11 Urban	1	9	1	10	0	10	1	0	0	0	10	1	90.00%	\$0	0	\$0	0
	2	13	1	14	3	11	1	0	0	0	11	1	90.91%	\$0	0	\$0	0
	3	5	1	6	0	6	1	1	1	0	5	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	2	0	2	0	2	0	0	0	0	2	0	100.00%	\$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										212		2.36%		5	\$0	0
	2										322		0.62%		2	\$0	5
	3										159		0.00%		0	\$0	0
EOA 2	1										68		0.00%		0	\$0	2
	2										86		1.14%		1	\$0	3
	3										58		0.00%		0	\$0	0
EOA 3	1										85		4.71%		4	\$0	0
	2										132		7.58%		10	\$0	0
	3										91		2.20%		2	\$0	
EOA 4	1										1949		14.37%		250	\$0	2
	2										2660		12.23%		327	\$0	2
	3										1605		1.68%		27	\$0	1
EOA 8	1										235		2.98%		7	\$0	8
	2										307		3.58%		11	\$0	2
	3										153		0.00%		0	\$0	0
EOA 9	1										76		0.00%		0	\$0	1
	2										101		0.00%		0	\$0	1
	3										39		0.00%		0	\$0	0
EOA 11	1										0		--		0	\$0	0
	2										0		--		0	\$0	0
	3										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



Kern County - Hall Ambulance Response Compliance and Penalty

Period: Dec 01 2022 to Dec 31 2022

Report Status: FINAL

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		
	1	0	2	2	2	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
MUTUAL AID GIVEN	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		
	\$72,000																	



Kern County - Liberty Ambulance Response Compliance and Penalty

Period: Oct 01 2022 to Oct 31 2022

Report Status: In Progress with 96 calls in Working Status

Compliance Reporting 2022/10/01 - 2022/10/31															BLS on ALS		Compliance Period Reporting for respective 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	36	2	38	0	38	2	0	0	0	38	2	94.74%	\$0	0	\$0	0	
	2	51	9	60	0	60	9	0	0	0	60	9	85.00%	\$5,000	0	\$5,000	4	
	3	16	1	17	0	17	1	0	0	0	17	1	94.12%		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 6 Rural	1	6	0	6	0	6	0	0	0	0	6	0	100.00%	\$0	0	\$0	0	
	2	10	0	10	0	10	0	0	0	0	10	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 6 Suburban	1	11	0	11	0	11	0	0	0	0	11	0	100.00%	\$0	0	\$0	0	
	2	15	0	15	0	15	0	0	0	0	15	0	100.00%	\$0	0	\$0	0	
	3	5	0	5	0	5	0	0	0	0	5	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	24	2	26	0	26	2	0	0	0	26	2	92.31%	\$0	0	\$0	0	
	2	42	3	45	0	45	3	0	0	0	45	3	93.33%	\$0	0	\$0	0	
	3	8	0	8	0	8	0	0	0	0	8	0	100.00%		0	\$0		
	4	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	6	19	20	39	0	39	20	0	0	0	39	20	48.72%		0	\$0		
	7	3	2	5	0	5	2	0	0	0	5	2	60.00%		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 6 Wilderness	1	6	0	6	0	6	0	0	0	0	6	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	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 Metro	1	58	6	64	0	64	6	0	0	0	64	6	90.63%	\$0	0	\$0	0	
	2	111	5	116	0	116	5	0	0	0	116	5	95.69%	\$0	0	\$0	0	
	3	56	1	57	0	57	1	0	0	0	57	1	98.25%		0	\$0		
	4	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	6	49	11	60	0	60	11	0	0	0	60	11	81.67%		0	\$0		
	7	15	4	19	0	19	4	0	0	0	19	4	78.95%		0	\$0		
	8	0	3	3	0	3	3	0	0	0	3	3	0.00%		0	\$0		
EOA 7 Rural	1	4	0	4	0	4	0	0	0	0	4	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	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	2	0	2	0	2	0	0	0	0	2	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	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 Urban	1	5	0	5	0	5	0	0	0	0	5	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	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		



Kern County - Liberty Ambulance Response Compliance and Penalty

Period: Oct 01 2022 to Oct 31 2022

Report Status: In Progress with 96 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	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 6	1										87		0.00%		0	\$0	0	0
	2										135		0.00%		0	\$0	0	0
	3										34		0.00%		0	\$0	0	0
EOA 7	1										76		0.00%		0	\$0	0	6
	2										128		0.00%		0	\$0	0	0
	3										64		0.00%		0	\$0	0	0
																\$5,000		



Kern County - Liberty Ambulance Response Compliance and Penalty

Period: Nov 01 2022 to Nov 30 2022

Report Status: In Progress with 126 calls in Working Status

Compliance Reporting 2022/11/01 - 2022/11/30															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	37	7	44	0	44	7	0	0	0	44	7	84.09%	\$1,000	0	\$1,000	1	
	2	48	10	58	0	58	10	0	0	0	58	10	82.76%	\$5,000	0	\$5,000	4	
	3	22	4	26	0	26	4	0	0	0	26	4	84.62%		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 6 Rural	1	8	0	8	0	8	0	0	0	0	8	0	100.00%	\$0	0	\$0	0	
	2	10	0	10	0	10	0	0	0	0	10	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 6 Suburban	1	20	0	20	0	20	0	0	0	0	20	0	100.00%	\$0	0	\$0	0	
	2	25	1	26	0	26	1	0	0	0	26	1	96.15%	\$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	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 6 Urban	1	22	2	24	0	24	2	0	0	0	24	2	91.67%	\$0	0	\$0	0	
	2	24	5	29	0	29	5	0	0	0	29	5	82.76%	\$1,000	0	\$1,000	1	
	3	8	1	9	0	9	1	0	0	0	9	1	88.89%		0	\$0		
	4	3	1	4	0	4	1	0	0	0	4	1	75.00%		0	\$0		
	5	2	0	2	0	2	0	0	0	0	2	0	100.00%		0	\$0		
	6	32	12	44	0	44	12	0	0	0	44	12	72.73%		0	\$0		
	7	7	4	11	0	11	4	0	0	0	11	4	63.64%		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	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 7 Metro	1	82	13	95	0	95	13	0	0	0	95	13	86.32%	\$1,000	0	\$1,000	1	
	2	92	10	102	0	102	10	0	0	0	102	10	90.20%	\$0	0	\$0	0	
	3	50	1	51	0	51	1	0	0	0	51	1	98.04%		0	\$0		
	4	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	6	44	28	72	0	72	28	0	0	0	72	28	61.11%		0	\$0		
	7	18	6	24	0	24	6	0	0	0	24	6	75.00%		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 7 Rural	1	6	0	6	0	6	0	0	0	0	6	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	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 7 Suburban	1	7	1	8	0	8	1	0	0	0	8	1	87.50%	\$1,000	0	\$1,000	1	
	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 7 Urban	1	9	0	9	0	9	0	0	0	0	9	0	100.00%	\$0	0	\$0	0	
	2	9	3	12	0	12	3	0	0	0	12	3	75.00%	\$1,000	0	\$1,000	1	
	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		



Kern County - Liberty Ambulance Response Compliance and Penalty

Period: Nov 01 2022 to Nov 30 2022

Report Status: In Progress with 126 calls in Working Status

EOA 7 Wilderness	7	1	0	1	0	1	0	0	0	0	1	0	100.00%		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	
	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										97		0.00%		0	\$0	0	0
	2										124		0.00%		0	\$0	0	0
	3										45		0.00%		0	\$0	0	0
EOA 7	1										118		0.00%		0	\$0	0	5
	2										124		0.00%		0	\$0	0	0
	3										57		0.00%		0	\$0	0	0
																\$10,000		



Kern County - Liberty Ambulance Response Compliance and Penalty

Period: Dec 01 2022 to Dec 31 2022

Report Status: In Progress with 128 calls in Working Status

Zone	Priority	Compliance Reporting 2022/12/01 - 2022/12/31													BLS on ALS		Compliance Period Reporting for respective non-Compliance	
		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	37	12	49	0	49	12	0	0	0	49	12	75.51%	\$1,000	0	\$1,000	2	
	2	51	9	60	0	60	9	0	0	0	60	9	85.00%	\$5,000	0	\$5,000	4	
	3	24	1	25	0	25	1	0	0	0	25	1	96.00%		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	10	0	10	0	10	0	0	0	0	10	0	100.00%	\$0	2	\$0	0	
	2	12	0	12	0	12	0	0	0	0	12	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 6 Suburban	1	20	0	20	0	20	0	0	0	0	20	0	100.00%	\$0	0	\$0	0	
	2	26	2	28	0	28	2	0	0	0	28	2	92.86%	\$0	1	\$0	0	
	3	11	1	12	0	12	1	0	0	0	12	1	91.67%		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	25	3	28	0	28	3	0	0	0	28	3	89.29%	\$1,000	1	\$1,000	1	
	2	30	2	32	0	32	2	0	0	0	32	2	93.75%	\$0	0	\$0	0	
	3	9	0	9	0	9	0	0	0	0	9	0	100.00%		0	\$0		
	4	7	0	7	0	7	0	0	0	0	7	0	100.00%		0	\$0		
	5	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0		
	6	32	16	48	0	48	16	0	0	0	48	16	66.67%		0	\$0		
	7	8	5	13	0	13	5	0	0	0	13	5	61.54%		0	\$0		
	8	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
EOA 6 Wilderness	1	4	0	4	0	4	0	0	0	0	4	0	100.00%	\$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 7 Metro	1	75	13	88	0	88	13	0	0	0	88	13	85.23%	\$1,000	1	\$1,000	2	
	2	93	6	99	0	99	6	0	0	0	99	6	93.94%	\$0	0	\$0	0	
	3	49	3	52	0	52	3	0	0	0	52	3	94.23%		1	\$0		
	4	1	0	1	0	1	0	0	0	0	1	0	100.00%		0	\$0		
	5	0	0	0	0	0	0	0	0	0	0	0	--		0	\$0		
	6	53	22	75	0	75	22	0	0	0	75	22	70.67%		0	\$0		
	7	24	3	27	0	27	3	0	0	0	27	3	88.89%		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	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 7 Suburban	1	6	1	7	0	7	1	0	0	0	7	1	85.71%	\$1,000	0	\$1,000	2	
	2	1	0	1	0	1	0	0	0	0	1	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 7 Urban	1	9	0	9	0	9	0	0	0	0	9	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	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: Dec 01 2022 to Dec 31 2022

Report Status: In Progress with 128 calls in Working Status

EOA 7 Wilderness	7		2	0	2	0	2	0	0	0	0	2	0	100.00%		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
	2		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										111		2.70%	3	\$0			0	0	
	2										133		0.75%	1	\$0			0	0	
	3										49		0.00%	0	\$0			0	0	
EOA 7	1										111		1.80%	2	\$0			0	4	
	2										110		0.00%	0	\$0			0	0	
	3										64		1.56%	1	\$0			0	0	
																		\$9,000		