Cal Tahoe Emergency Services Operations Authority

Response Time Exception Report

NOT PART OF PATIENT MEDICAL RECORD

FORWARD TO: EL DORADO COUNTY EMS AGENCY

Exception for Response Time Criteria Form

In the event that your medic unit exceeds the response time criteria for any of the reasons listed below, please check the appropriate box and provide an explanation.

Disaster and mutual-aid situation (mutual-aid shall not be chronically used to avoid response time requirements).

Additional units responding to large multi-casualty incident situations requiring more than two ambulances.

Incorrect or inaccurate dispatch information received at a 9-1-1 PSAP, public safety agency, or other direct source.

Material change in dispatch location (Volcanoville Road vs. Volcano Road).

Emergency or non-emergency responses originating outside of the defined service areas.

Inability to locate address due to non-existent address (Number or Street Signage).

Delays caused by extraordinary adverse traffic conditions.

Delays caused by road construction and/or closure.

Unavoidable delays caused by off-paved-road locations.

Severe weather conditions including dense fog, snow, or ice.

Delays attributable to the County and not due to the JPA (including an inventory audit).

Delays attributable to geographic location (extreme remote location).

Call was dispatched as "Code 2", or reduced to "Code 2" while in route."

Staging required until scene is secured by law enforcement units.

Requests for Priority 1, 2 and/or 3 service when two (2) or more units are simultaneously engaged in Priority 1, 2, and/or 3 calls at moment of dispatch.

Requests for Priority 4, 5 and/or 6 service when two (2) or more units are simultaneously engaged in any call at moment of dispatch.

Explain reason(s) for de	lay (required):		
Incident #:	Date of Incident:	/ / 20	Medic Unit Number:
Location of Call:			
Times:	1		_ 1
Time of D	ispatch	Arrival	Response Time
	Please Check Appropriate	e Response Area	Below:
Urban: 10 minutes		Rural: 20 minu	wites Wilderness: 90 minutes
Paramedic Signature: _	Pa	aramedic Name:	
	Date:		