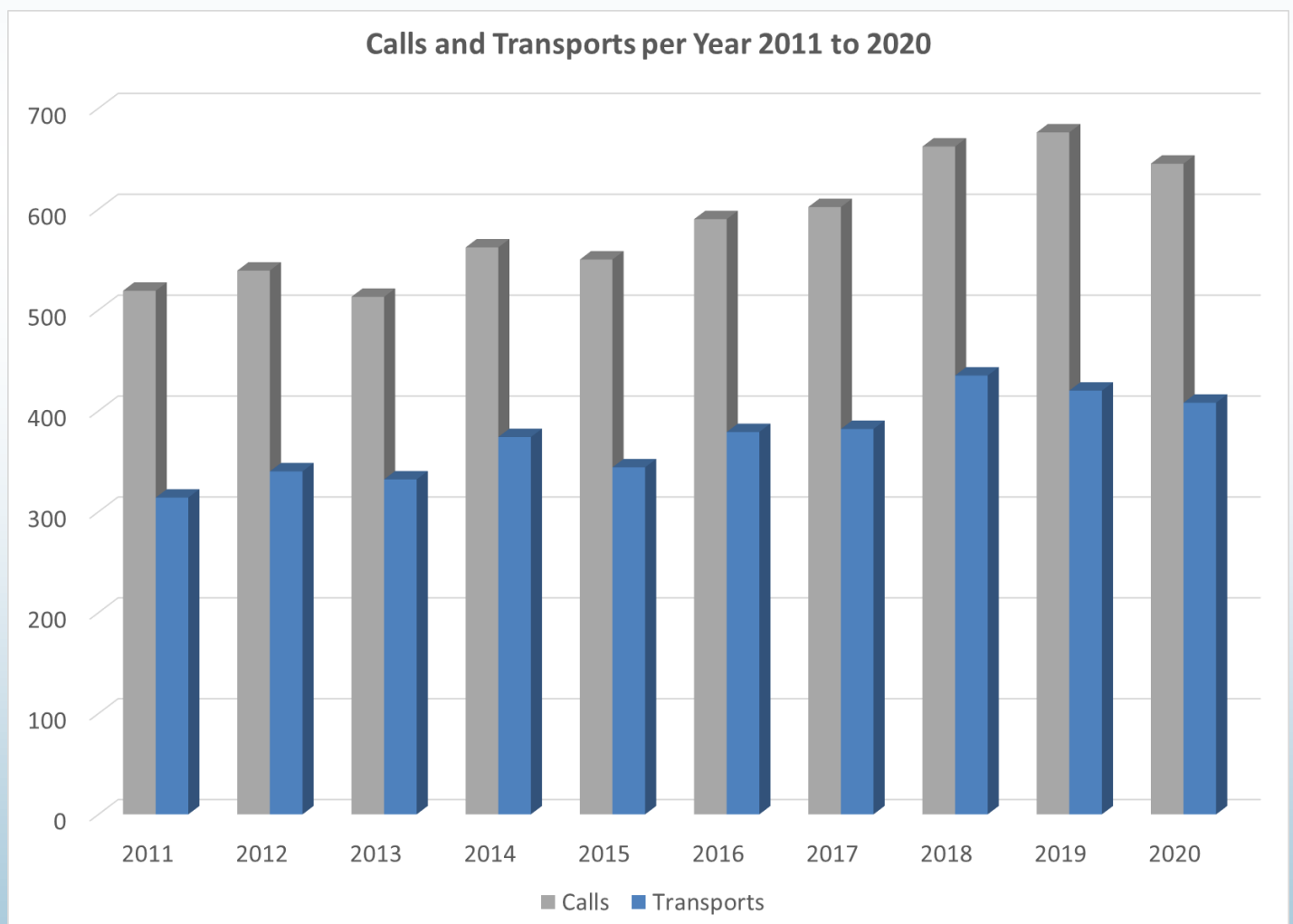




2020

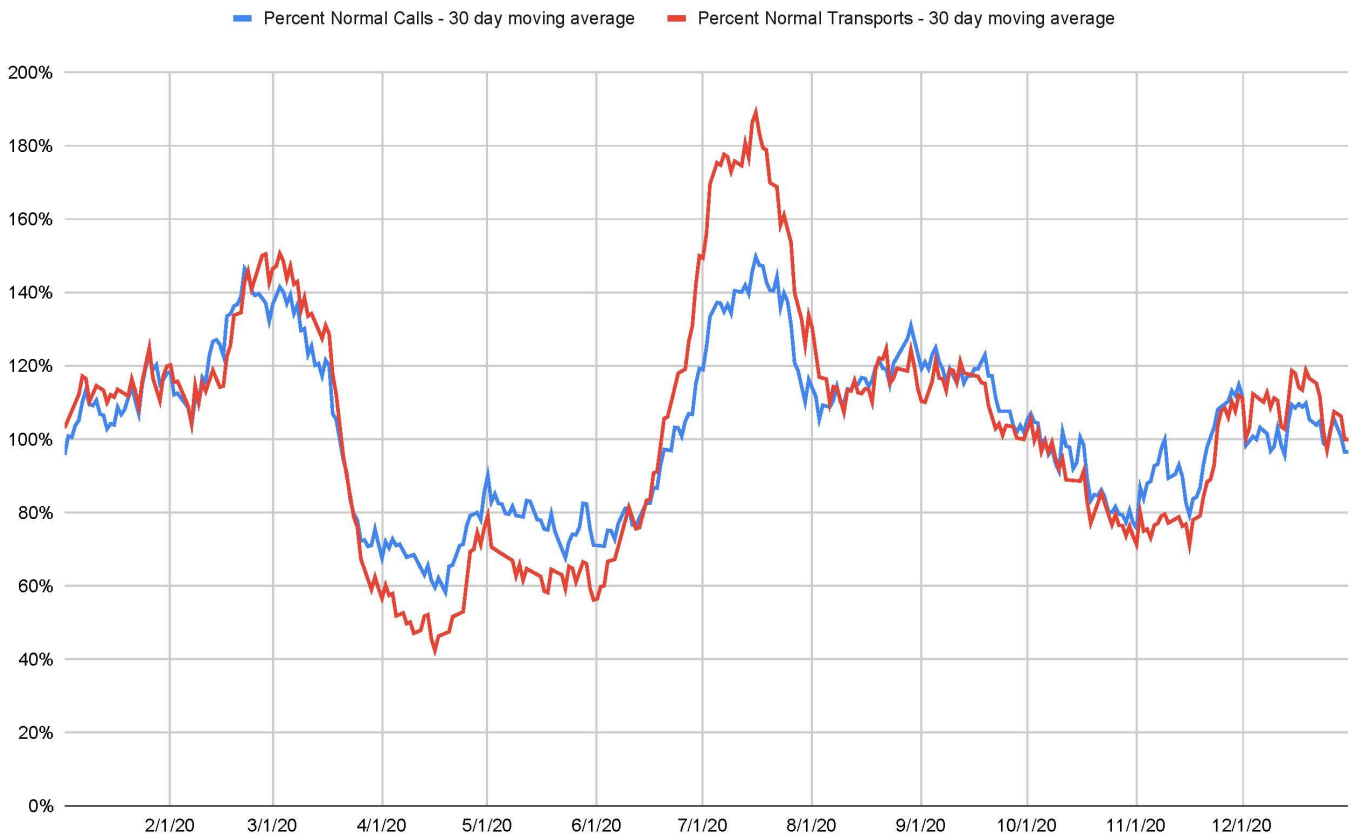
# Statistical Summary

2020 ended with 645 calls and 408 transports. We experienced a major slowdown during the COVID lockdown in March through May. Call volume rebounded over the summer, leaving us just slightly below expectations for the year.

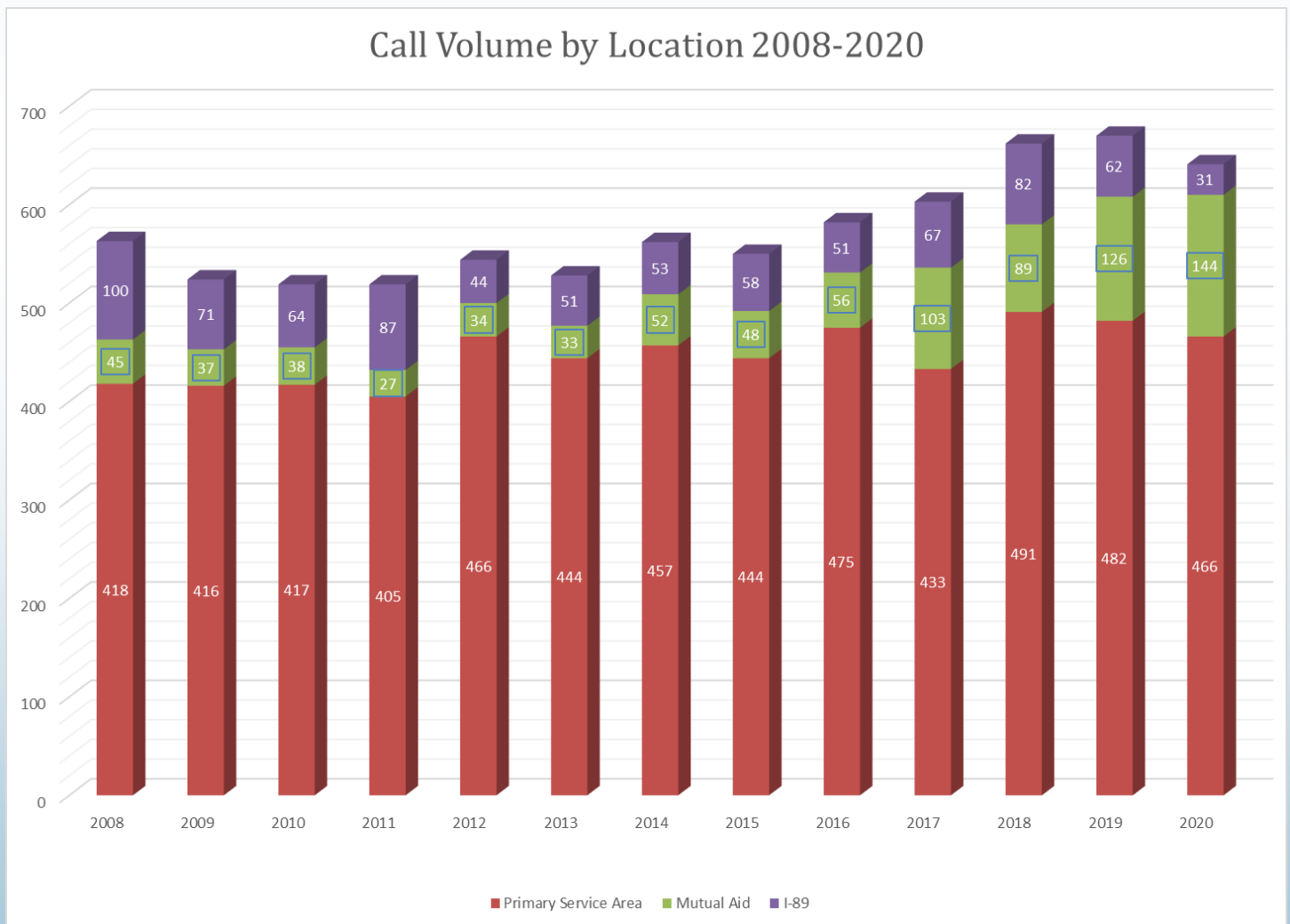


The graph below shows the deviation from our average call volume and transport volume. In a typical year it is not uncommon to see an occasional spike of 40% above or below normal. In 2020 our largest increase was 89% and the largest decrease was 58% in 2020.

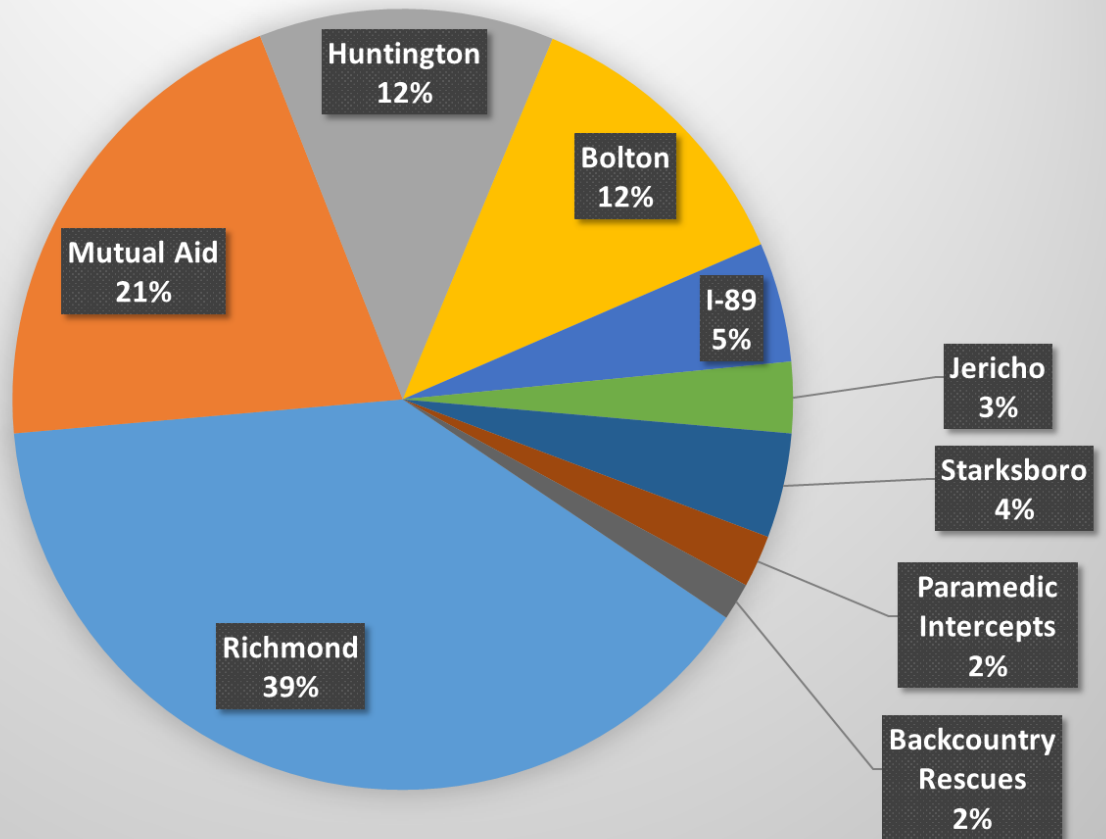
**Percent of Normal Calls and Normal Transports vs. 5-year average - 2020**



The main driver of our decrease in calls in 2020 was the lack of responses to I-89. There were significantly fewer vehicles on the road and far fewer crashes.

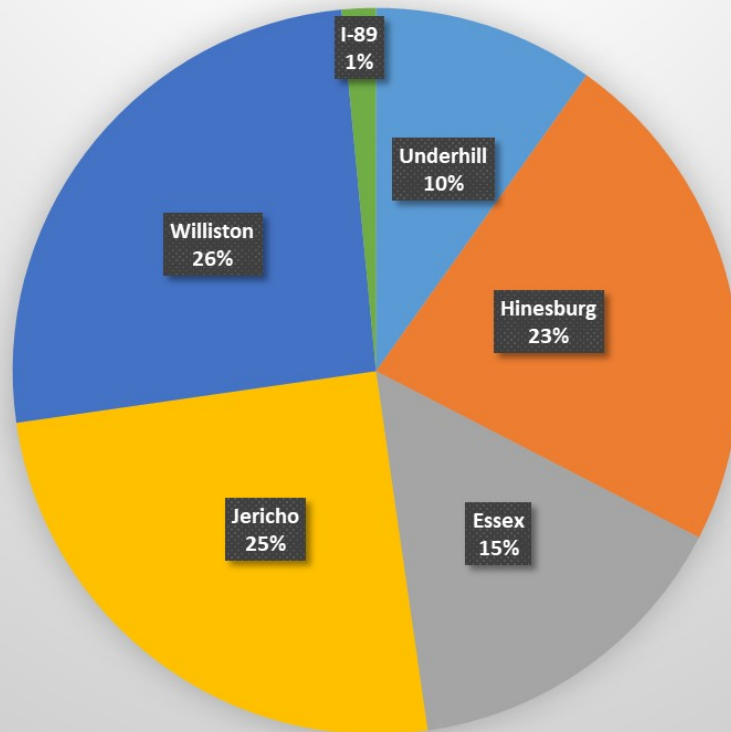


## Location of Calls - 2020

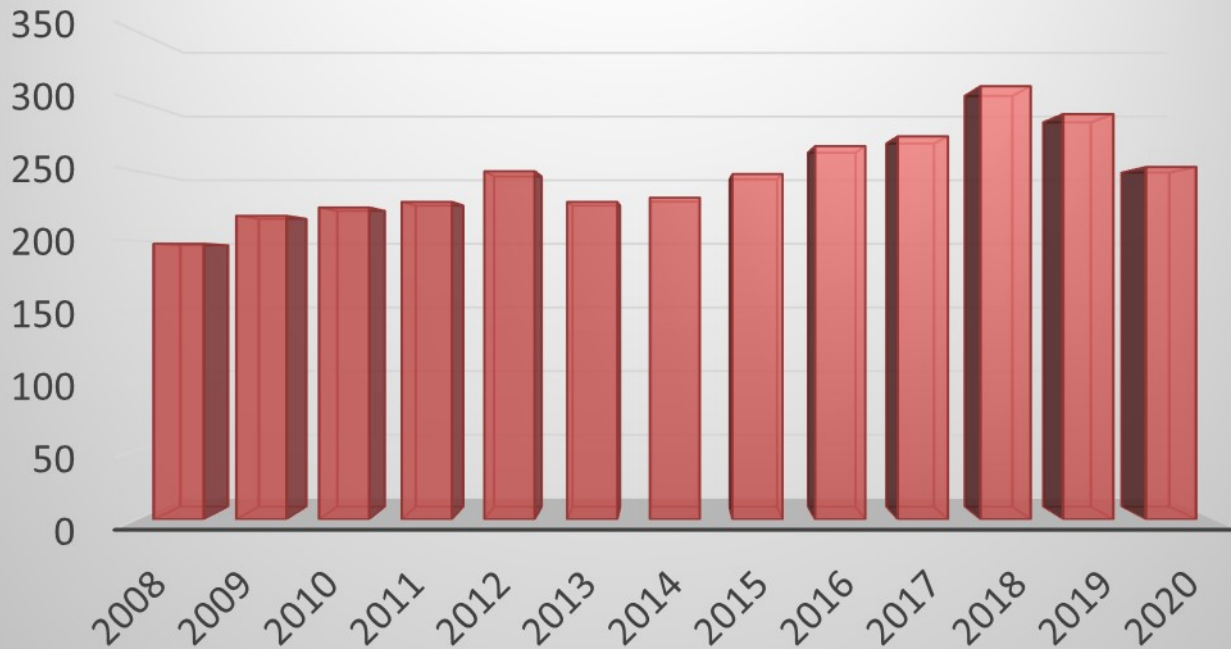


When a town's primary ambulance is out on a call and another call comes in we rely on a system of mutual aid for assistance. We provided 134 mutual aid responses to our neighbors and we received assistance from neighboring agencies 19 times.

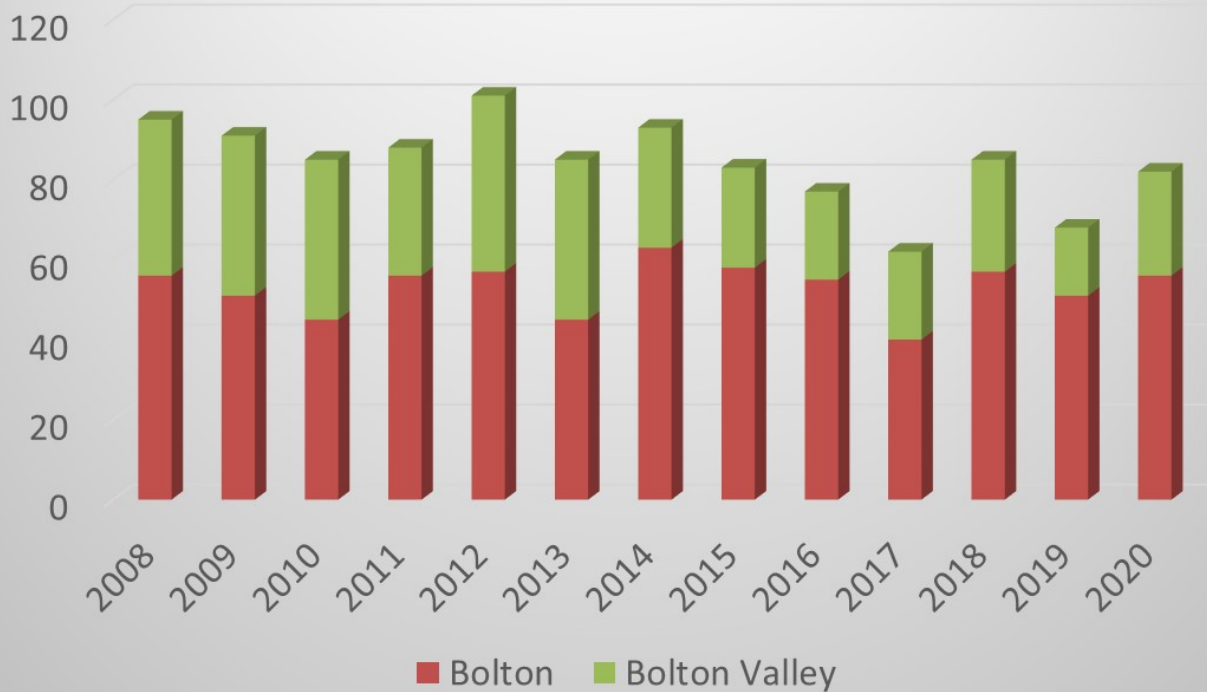
### Location of Mutual Aid Calls - 2020



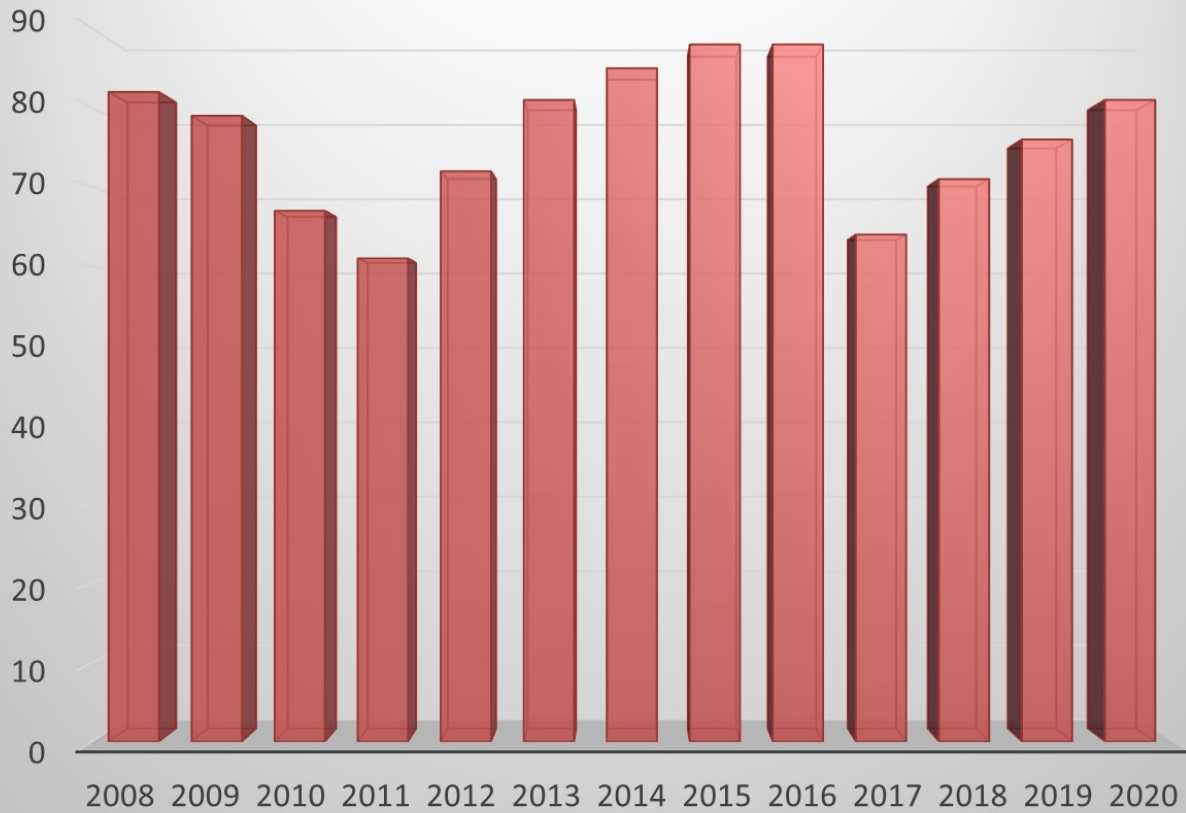
## Calls per Year - Richmond



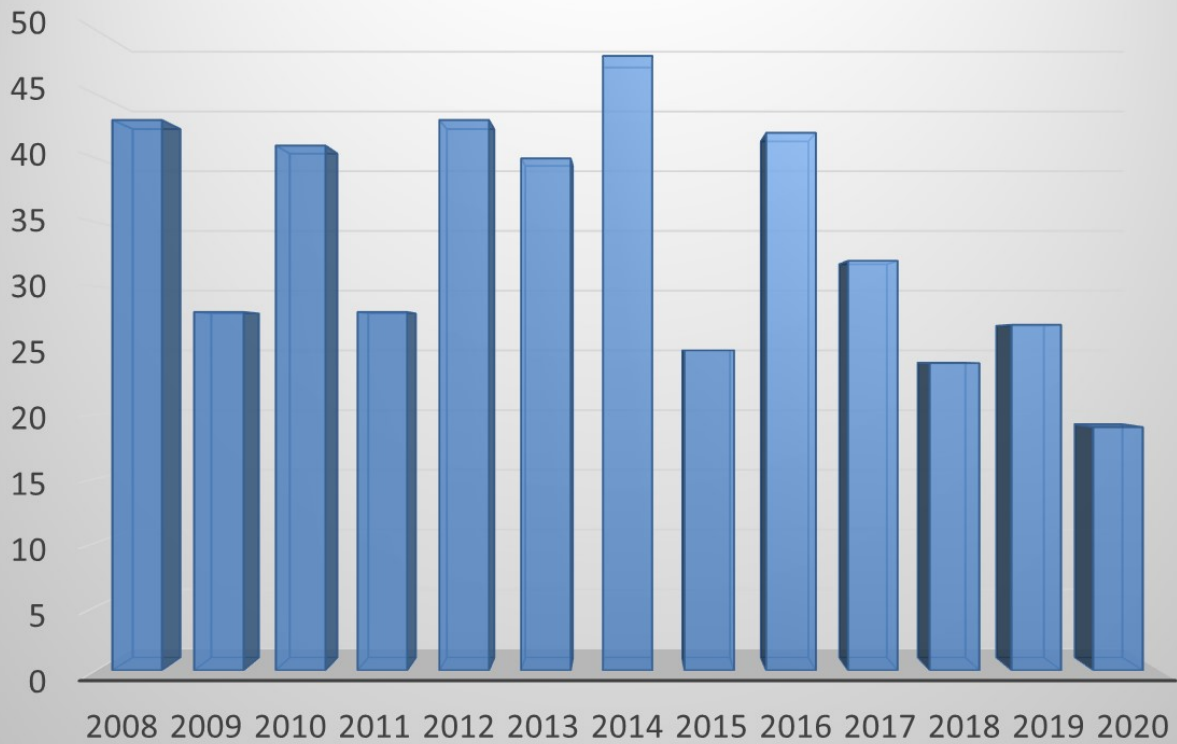
## Calls per Year - Bolton & Bolton Valley Ski Area



## Calls per Year - Huntington

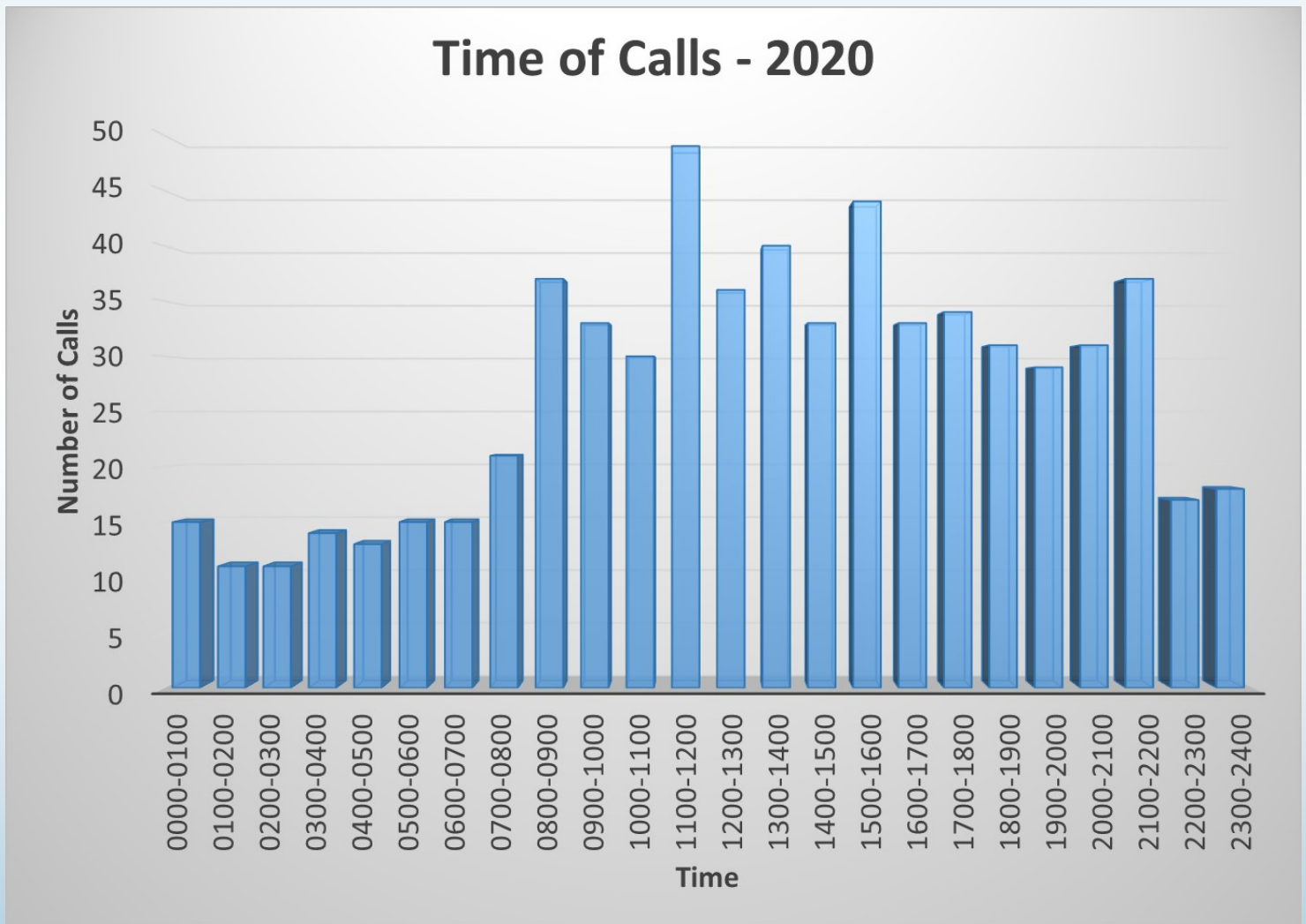


## Calls per Year - Jericho

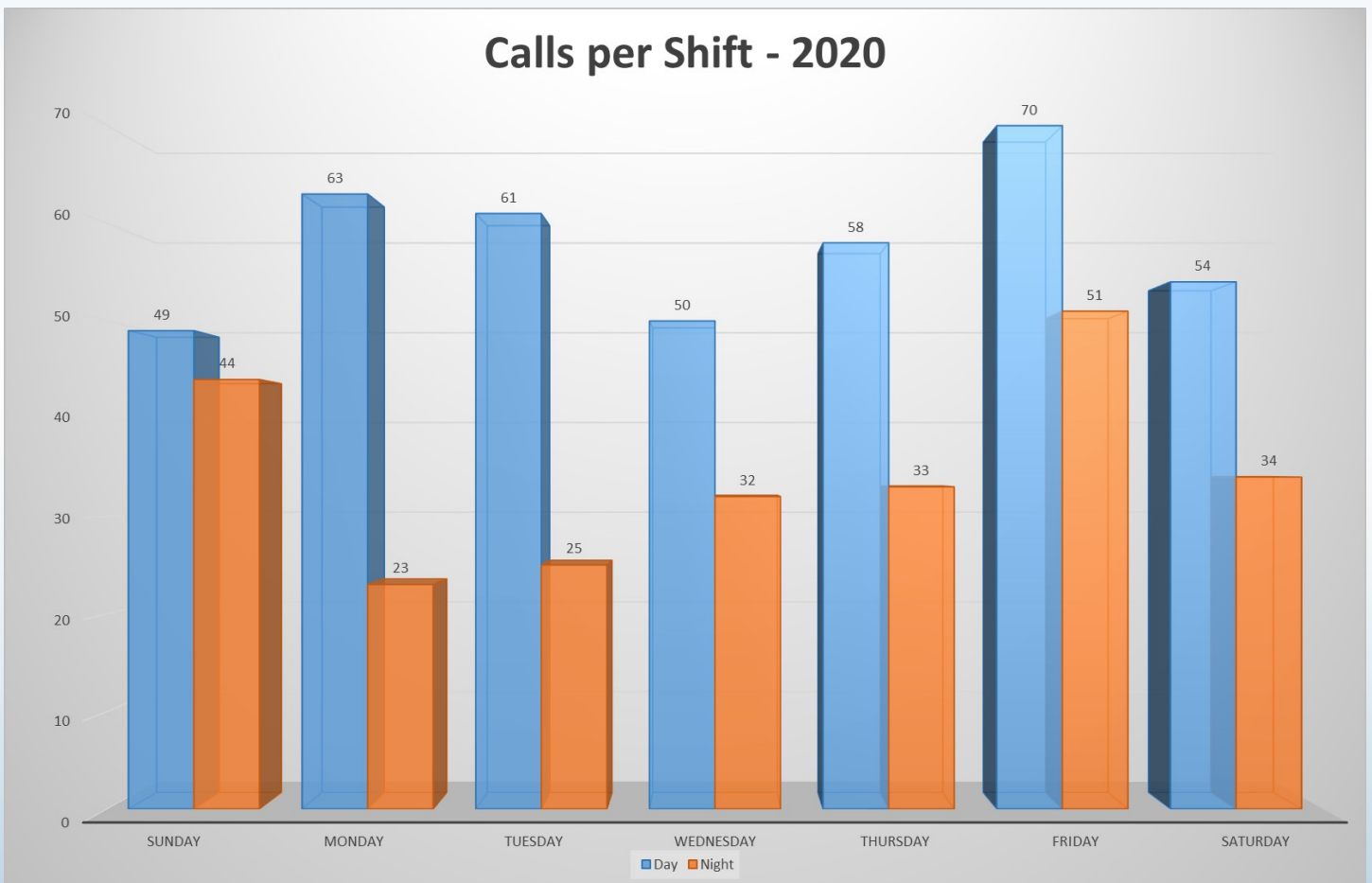




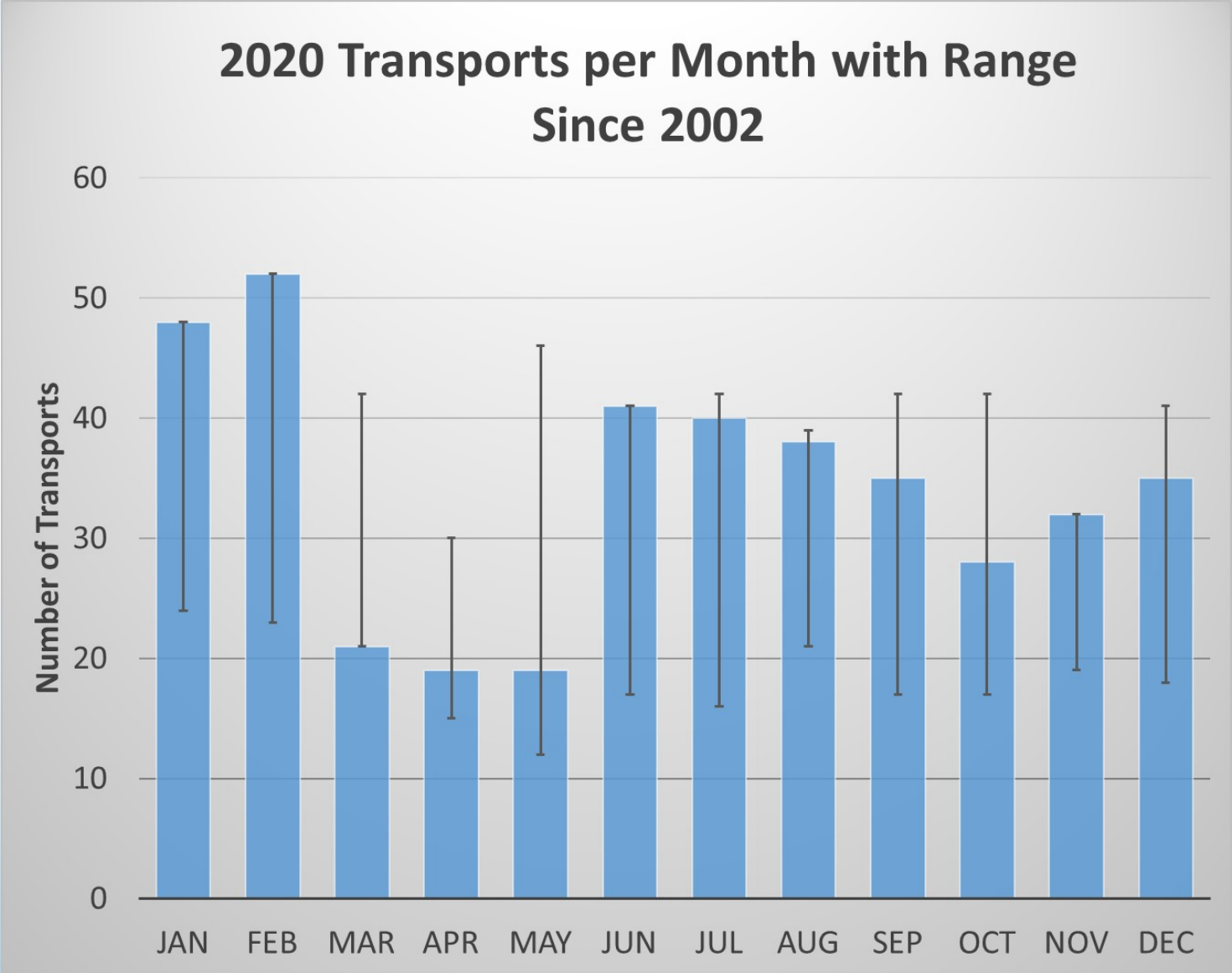
The distribution of calls was similar to past years. The busiest eight hour period was 8am to 4pm accounting for 46.7% of our total calls. The quietest eight hour period was from 11pm to 7am accounting for just 17.8% of our total calls.



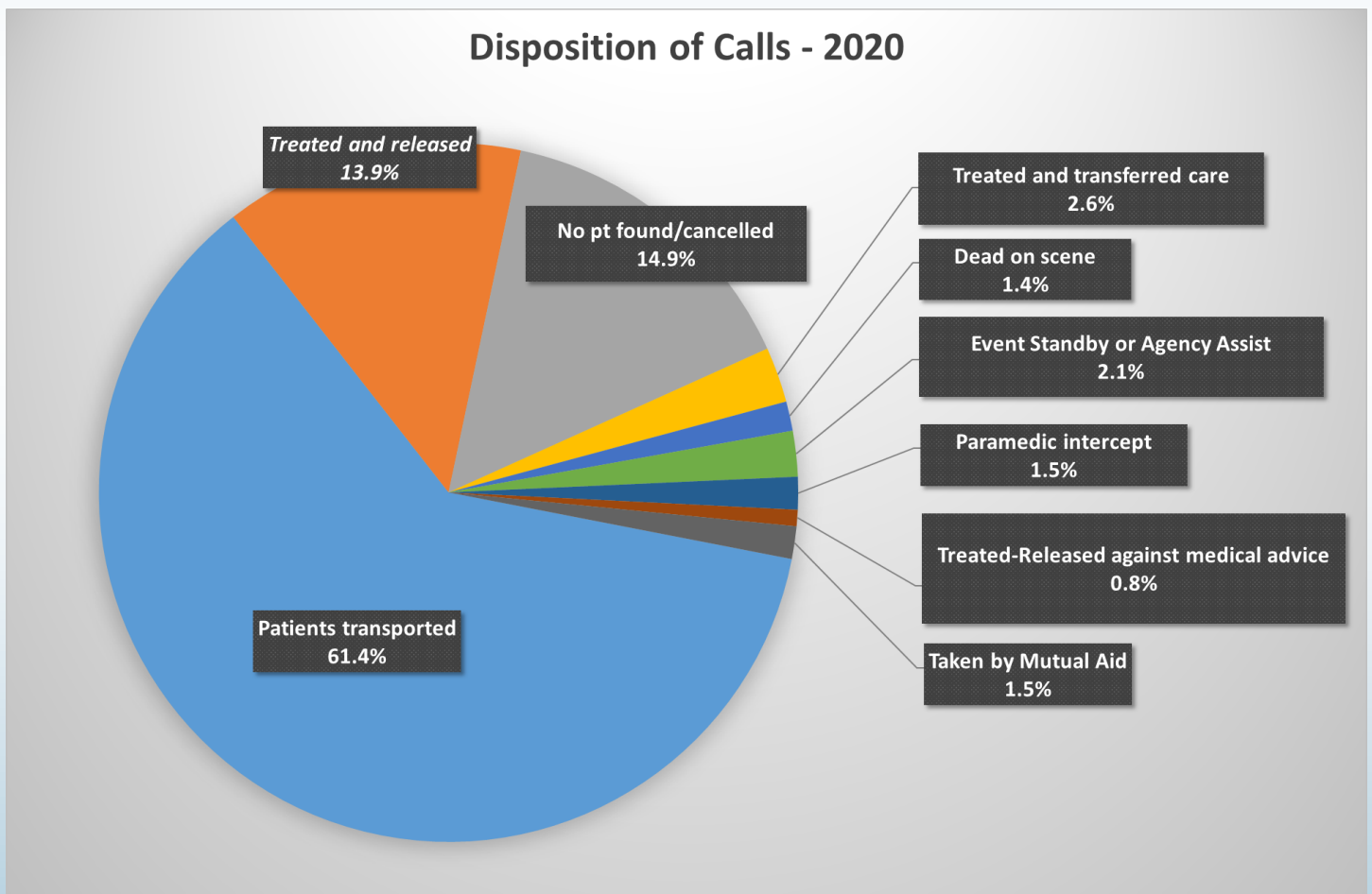
Shifts run from 6am to 6pm and 6pm to 6am each day and night. The call distribution varies from year to year and rarely shows much consistency. Day shifts account for 63% of the total call volume.



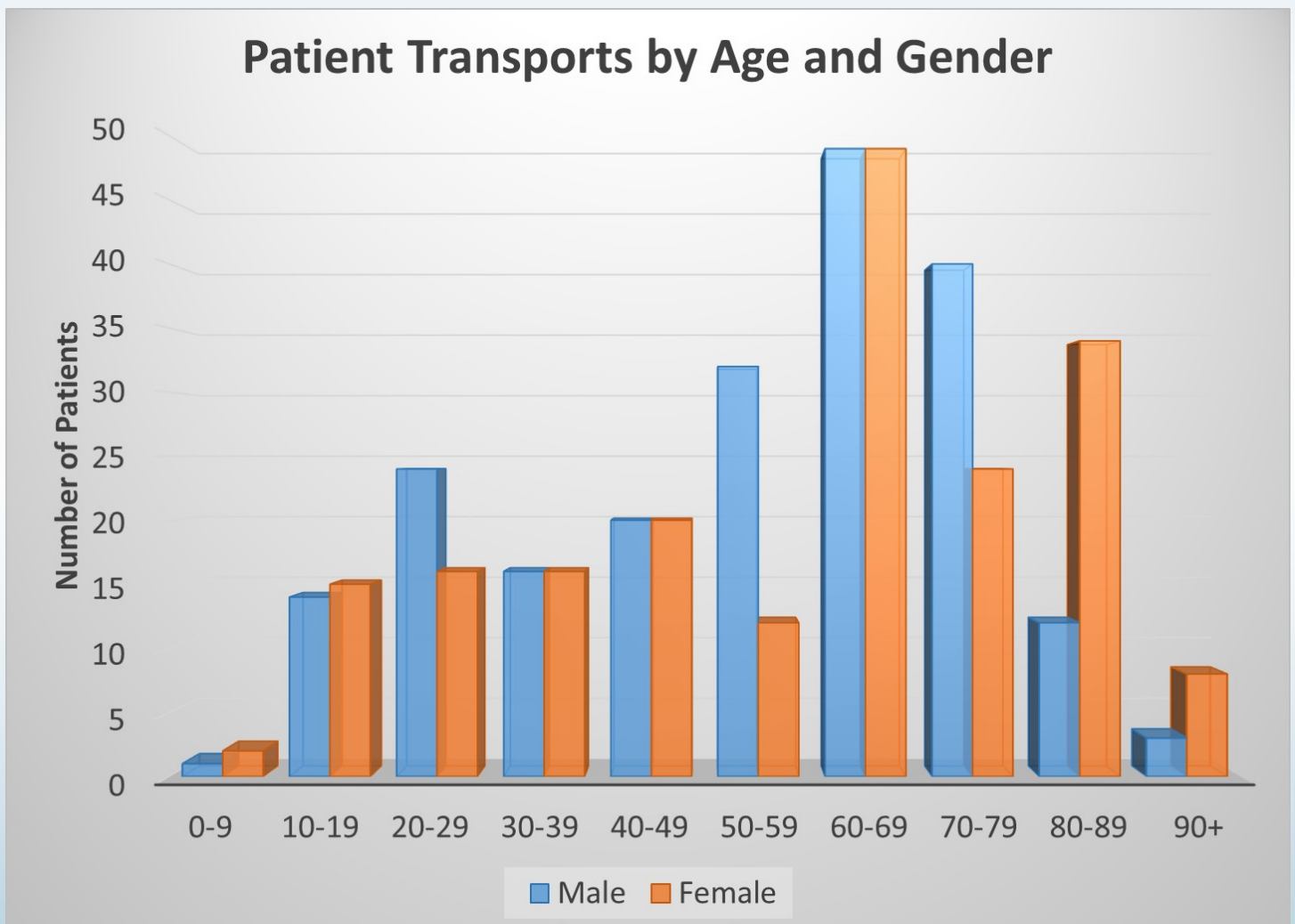
2020 was a wild year. Record highs were set in January, February, June and November. March, April, and May were very quiet with near record lows.

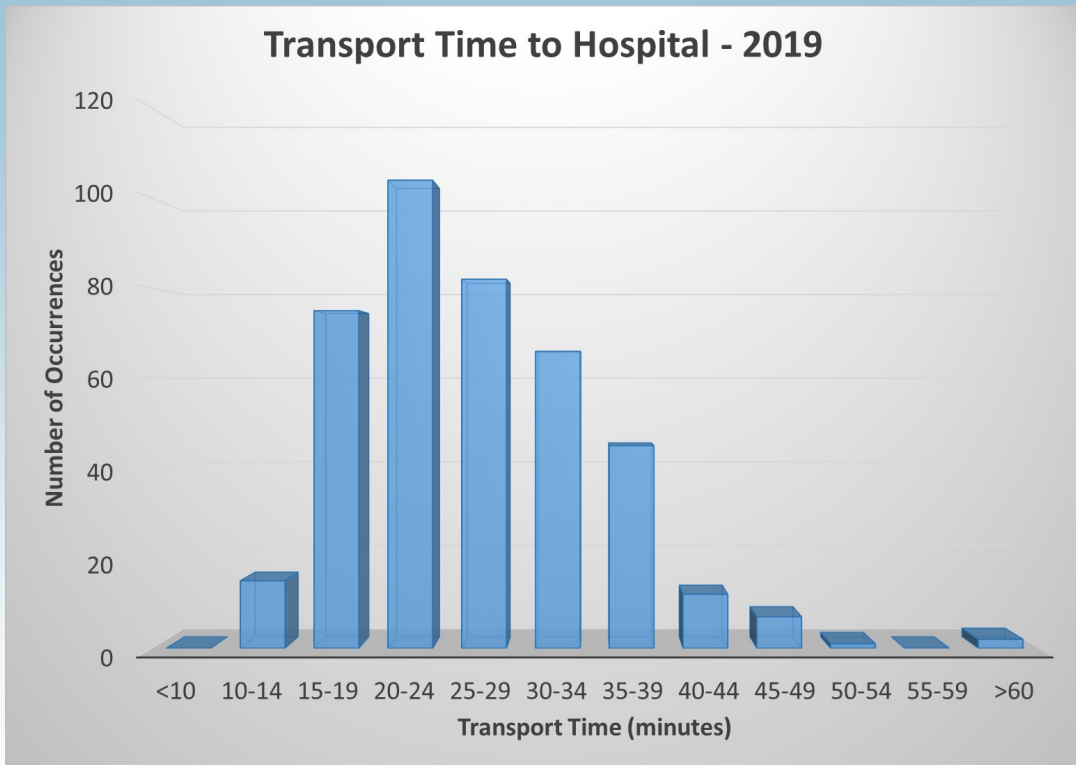


Last year only 61.4% of our calls/patient contacts resulted in a patient being transported to the hospital. Many times we can provide treatment on scene or we can consult with a physician at the hospital to determine the best mode of transportation for the patient.

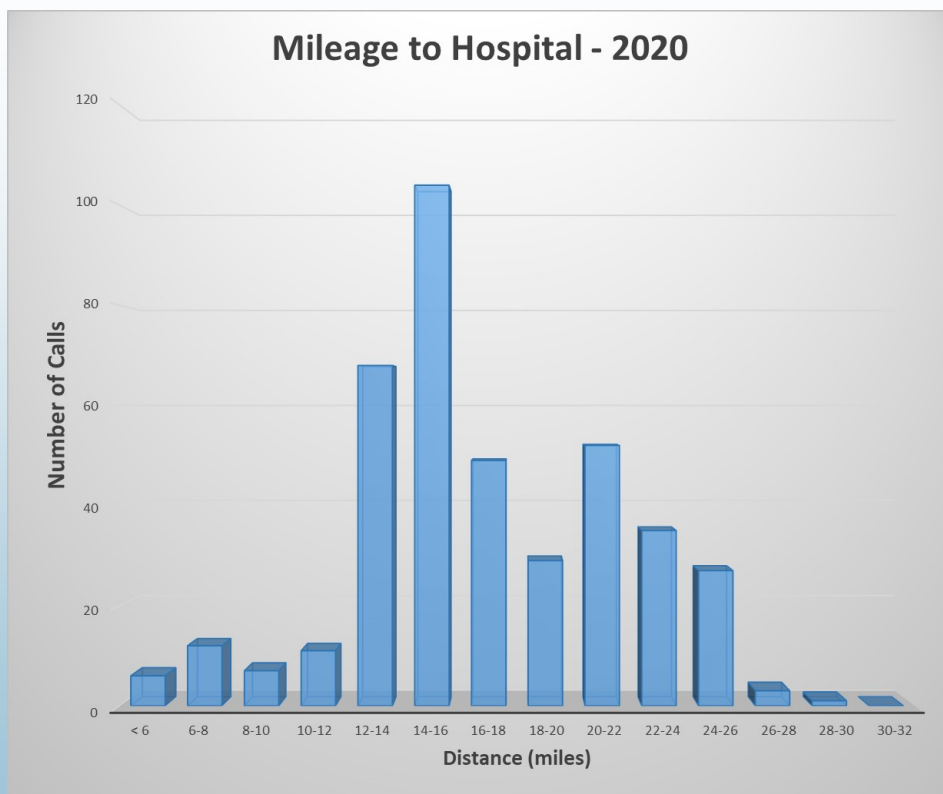


Women accounted for about 48% of our patients that were transported. The State of Vermont has an equal mix of men and women.

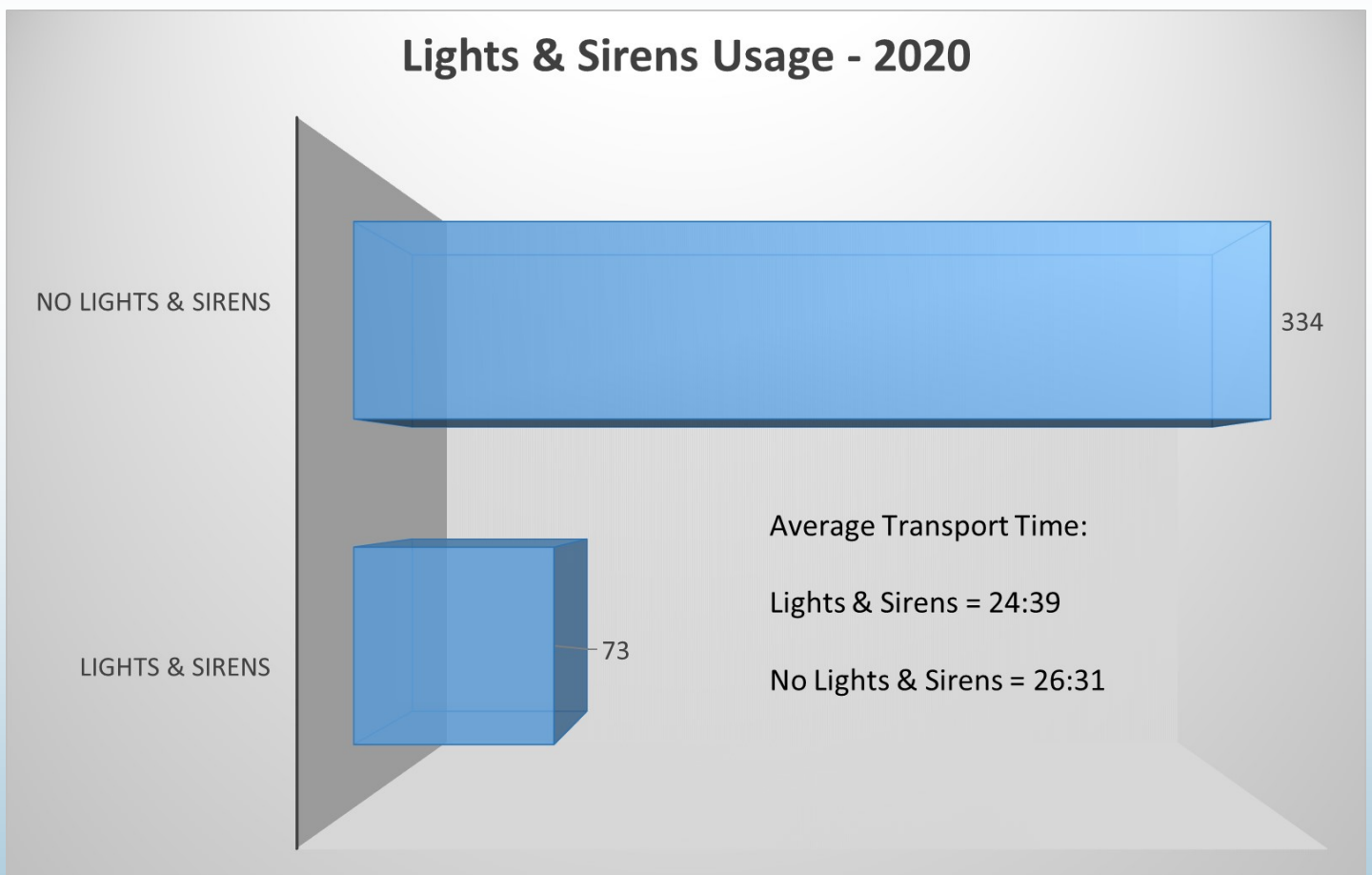




Our service area is a long way from the hospital. Our average transport time is about 25 minutes. We even spent more than an hour with a few patients last year. This gives us plenty of time to stabilize and manage challenging medical conditions.

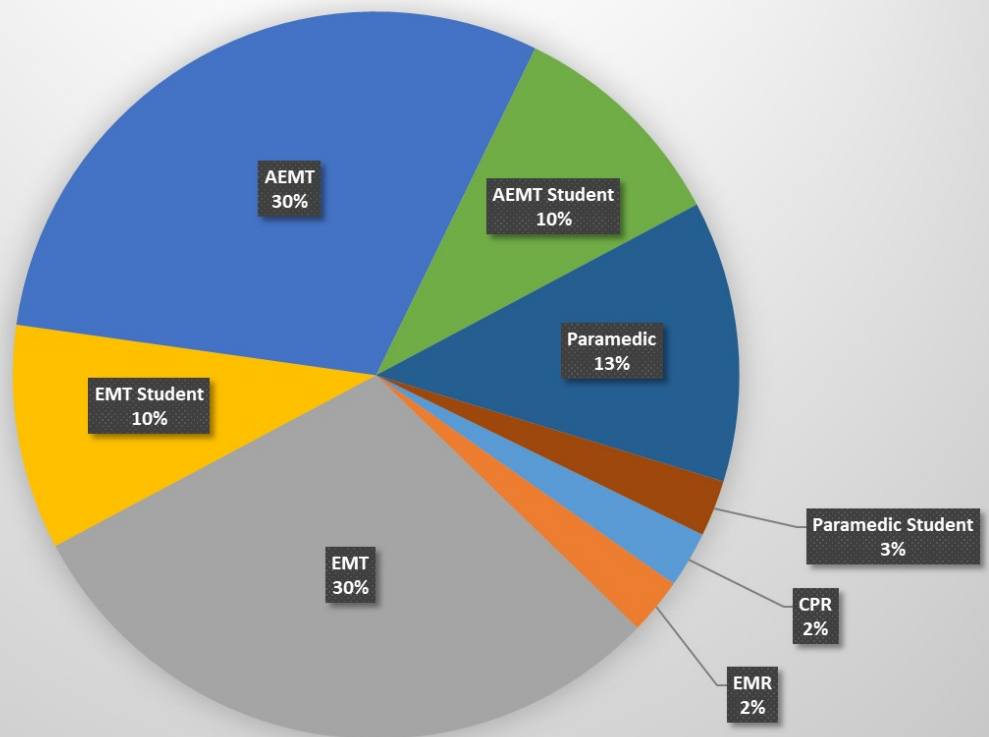


In 2020 we transported 18% of our patients using our lights and sirens. We reserve the use of lights and sirens for those that would benefit from a faster transport (heart attack, stroke, cardiac arrest, major trauma). The difference in transport time is only a little under two minutes.



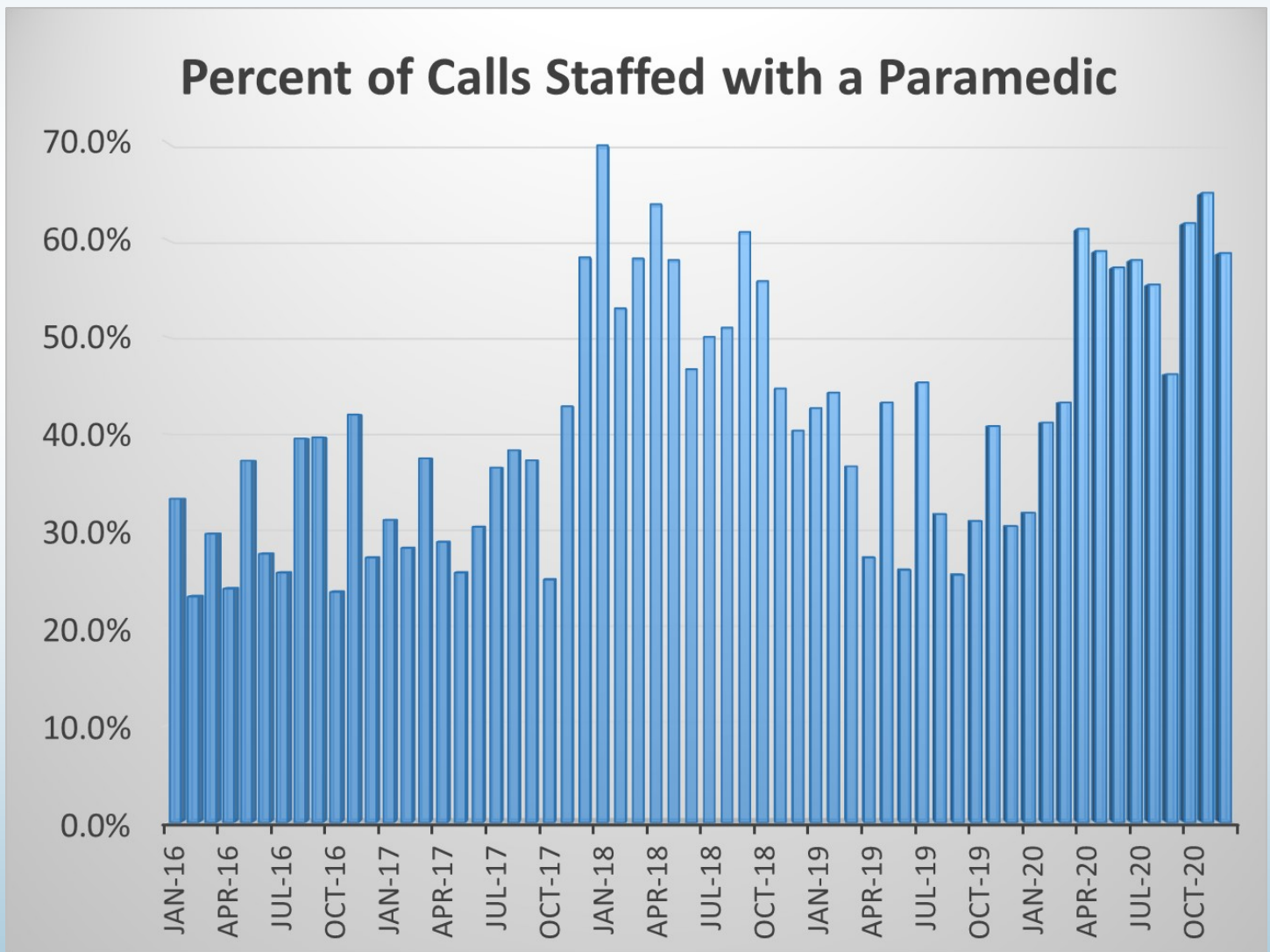
We aim to have a paramedic on duty whenever possible. There are two full-time and three part-time paramedics providing the highest level of prehospital care available to our patients. When one of our paramedics is not available we can call on paramedics from neighboring services to provide us with a paramedic intercept. We will do the same if another agency is in need of a paramedic for a critical patient.

### Member Certification Level - End of Year 2020





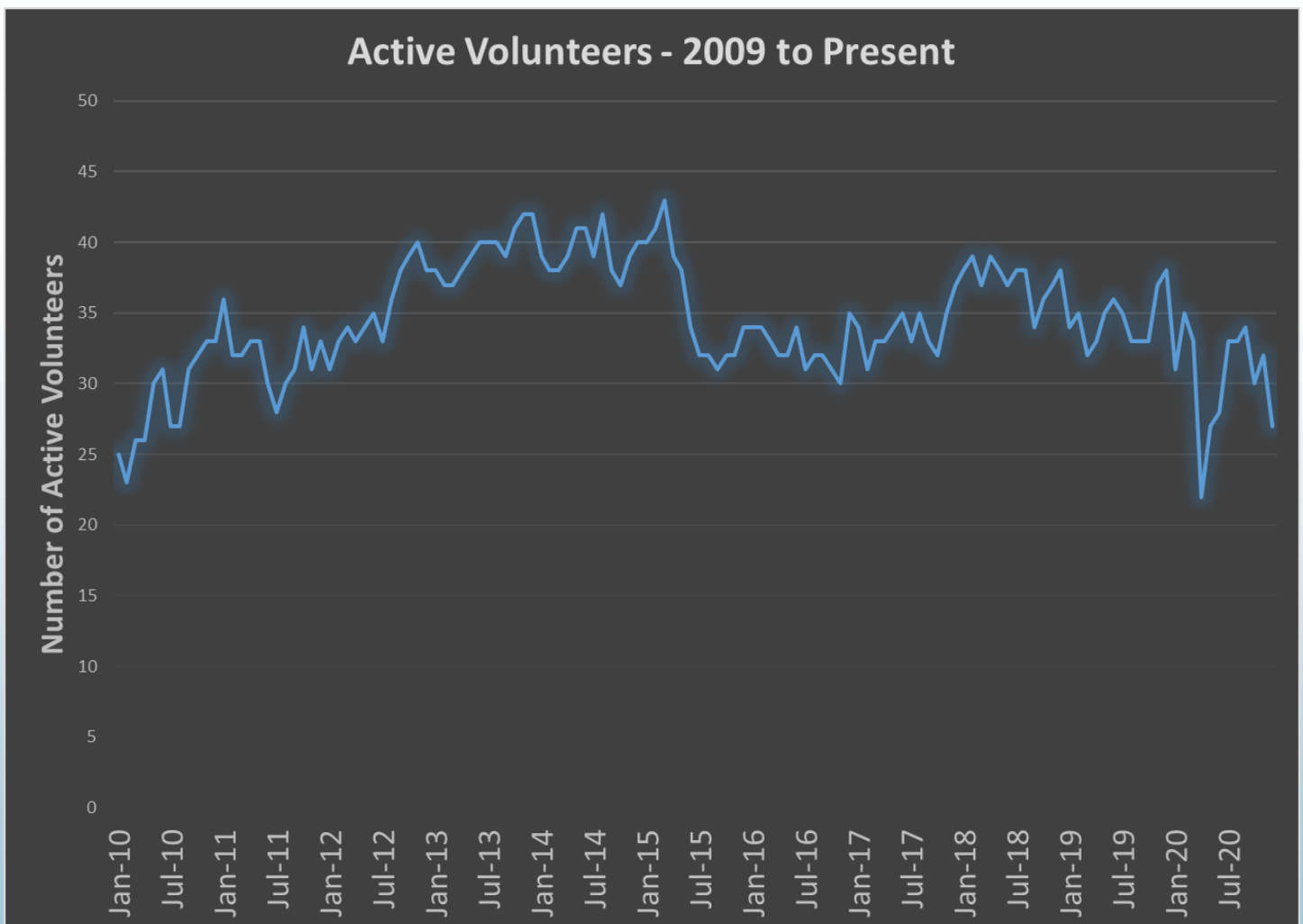
The percent of calls that are staffed with a paramedic has been consistent during 2020. We expect to stay above 50% of calls staffed with a paramedic.



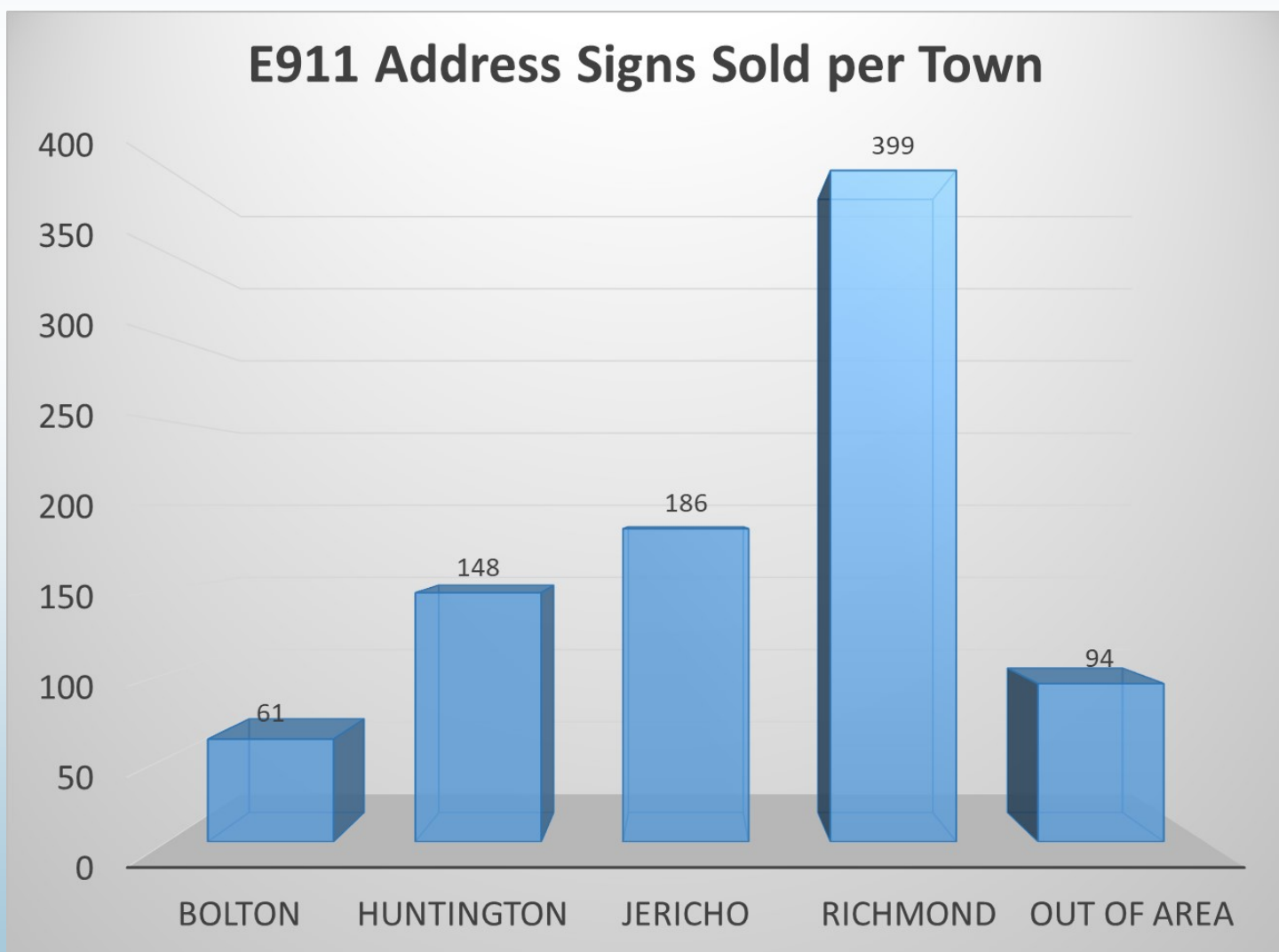
Our volunteers continue to donate a large number of hours each year. In 2020 they donated 21,410 hours. This is down from previous years due to running with much smaller crews during the COVID lockdown. Most of that time was spent at the station ready to respond to a call. Without volunteers, taxpayers would have to pay an additional \$400,000 to remain at a similar level of service. We currently receive \$153,000 in contributions from the town. The remaining \$300,000 of our budget comes from donations and billing for service.



We are currently well staffed with volunteers. Thirty Four active volunteers leaves us with three to four members on a crew and plenty of depth should someone call out at the last minute. COVID reduced the number of active members willing to volunteer. Those numbers are returning to normal as 2021 begins. We are also fortunate to have a waitlist for membership which allows us to choose the very best fit



Our E911 address sign program continues to be a huge success. We've just surpassed 890 signs made and orders keep rolling in. You can order one today at <http://www.richmondrescue.org/E911sign.html>. Signs are usually ready to be picked up in less than a day and cost just \$10.



In addition to 911 ambulance service we provide the following services:

- Free car seat fittings are available by appointment by emailing [car-seats@richmondrescue.org](mailto:car-seats@richmondrescue.org)
- Biennial bike helmet giveaway: We'll be doing our next one in spring of 2020.
- CPR and First Aid training - Email [cprcenter@richmondrescue.org](mailto:cprcenter@richmondrescue.org) for information
- HeartSafe designation in the Town of Richmond as well as Automated External Defibrillator (AED) placements in other towns we serve
- Backcountry Search & Rescue services with the Camels Hump Backcountry Rescue Team



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Richmond, VT 05477  
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