



**AMBULANCE RULES AND REGULATIONS
GROUND AMBULANCE PROVIDER POLICIES, PROCEDURES, AND DOCUMENTATION**

I. AUTHORITY

California Code of Regulations, Title 22, Division 9, Chapter 12. California Code of Regulations, Title 13, Division 2, Chapter 5. California Health and Safety Code, Division 2.5, Sections 1797.200, 1797.204, 1797.227, & 1798. County of Orange Ambulance Ordinance. Policy sets minimum acceptable standards, any exemptions for public providers allowed by law.

II. APPLICATION:

This policy establishes a means to ensure ambulance providers establish practices, written policies, procedures and documentation consistent with state and local regulations.

III. PROCEDURE:

Every ambulance service provider shall have written policies, procedures and documentation consistent with the state and local regulations which address the following subjects:

A. PERSONNEL

1. Evaluation process to establish driver proficiency, showing all drivers have completed, at a minimum an OCEMS approved ambulance driver training program.
2. Evaluation/orientation process for all employees including, but not limited to ensuring compliance with the requirements of the Ordinance and/or Rules and Regulations.
3. Evaluation/orientation process for dispatch employees including, but not limited to ensuring compliance with the requirements of the Ordinance and/or Rules and Regulations.
4. Evaluation/orientation process for supervisors including, but not limited to, ensuring compliance with the requirements of the Ordinance and/or Rules and Regulations.
5. A Continuing Education plan for employees. Continuing education courses that meet the required instruction in teaching methodology include, but are not limited to: California State Fire Marshal (CSFM) "Fire Instructor 1A and 1B" or National Association of EMS Educators (NAEMSE) Level 1, or equivalent.
6. Demonstrate staffing plan minimums of no less than:
 - a. For a BLS Ambulance – Two (2) Orange County Accredited EMTs, while transporting BLS patient(s).
 - Orange County EMS EMT Accreditation shall be required for all EMT's working for an OCEMS licensed ambulance provider initiating a patient transport in Orange County.
 - All OCEMS EMT Accreditations shall meet all requirements set forth in OCEMS Policy #415.00.
 - b. For an ALS Ambulance – See applicable OCEMS policies.
 - c. For a CCT Ambulance – Two (2) Orange County Accredited EMTs and one RN and/or RT.
 - d. One dedicated dispatcher at the dispatch center 24 hours/day (i.e. this dispatcher cannot also perform transports).



**AMBULANCE RULES AND REGULATIONS
GROUND AMBULANCE PROVIDER POLICIES, PROCEDURES, AND DOCUMENTATION**

7. Every ambulance service provider shall maintain a personnel file (electronic or paper) for each employee.
 - a. Each medical provider personnel file shall include:
 - i. A copy of all required valid California medical certificates and or licenses.
 - ii. A copy of a current and valid Orange County Accreditation, or approved equivalent.
 - iii. A copy of any required orientation and training documentation.
 - iv. A copy of any disciplinary records.
 - b. Each dispatcher file shall include:
 - i. A copy of any certification which may be required for employment.
 - ii. A record of adequate training in radio operation and protocols and emergency response area(s) served, prior to the dispatcher dispatching calls.

Note: For purposes of this Section, "adequate" training of a dispatcher shall be that which meets state standards, if any, or county requirements.

B. DOCUMENTATION

1. This policy establishes a standard for the completion of an OCEMS approved Prehospital Care Record (PCR) for every patient (emergency or non-emergency).
 - a. Medical care providers shall complete an OCEMS approved Prehospital Care Report for every patient as defined by OCEMS Policy 300.30.
 - b. Providers shall utilize a Prehospital Care Reporting System (PCRS) that is certified compliant with the current version of the National EMS Information System (NEMSIS).
 - c. Emergency (9-1-1) patient transports:
 - i. Documentation shall be completed per OCEMS Policy #300.10 OC-MEDS Documentation Standards, and
 - ii. The electronically generated PCR shall be posted so that it is immediately available to the receiving facility when transferring the patient.
 - d. Non-emergency patient transports:
 - i. By December 31st, 2016, the OC-MEDS compliant data set from the approved PCRS shall be posted and /or transmitted to OCEMS in real time or near real-time following the incident. Documentation shall be completed per OCEMS Policy #300.10 OC-MEDS Documentation Standards, and
 - ii. The electronically generated PCR shall be posted and / or transmitted to OC-MEDS so that it is immediately available to the receiving facility when transferring the patient. Receiving facilities without OC-MEDS access shall be provided with a verbal report and



**AMBULANCE RULES AND REGULATIONS
GROUND AMBULANCE PROVIDER POLICIES, PROCEDURES, AND DOCUMENTATION**

a company contact from which the receiving personnel can request a copy of the Prehospital Care Report (PCR).

- e. Each provider is the owner and custodian of the records generated by its organization.

C. DISPATCH

1. Dispatch Procedures/Staffing/Equipment:

- a. Ambulance service providers shall demonstrate that they have a computer-aided dispatch software system ("CAD") that has the ability to collect all of the required data elements needed to dispatch the ambulance provider's ambulances. Such CAD software should have the ability to record all of the call times (time stamping function) and the provider should be required to demonstrate the capability of generating electronic reports comprised of specific CAD data, including patient transports, cancelled calls, response time performance, etc.
- b. Ambulance service providers shall have policies in place and demonstrate their dispatch centers ability to address operational needs including but not limited to; telephones, two-way radio equipment for communications between the dispatch center and the service's ambulances, Med 9 radio capabilities and FCC licenses, ReddiNet® access or equivalent, and other necessary office equipment and supplies necessary to operate an ambulance dispatch center.
- c. Push-to-talk mobile phones are not considered two way radio equipment as described in this section.
- d. Ambulance service provider dispatch centers shall have policies in place and demonstrate the ambulance service provider's ability and capability of emergency backup systems for the dispatch center in the event of power failure, equipment failure, etc.
- e. Ambulance service providers shall have policies in place and demonstrate their capability of recording the center's telephones and radio channels and have the ability to retain such electronic recordings for a minimum of 365 days.
- f. Ambulance service providers shall have policies in place and demonstrate their ability to maintain a dispatch center workspace area that is dedicated to the function of dispatching ambulances. The center shall be staffed by qualified ambulance dispatch personnel on a 24-hour basis, seven days per week. All dispatch centers shall have adequate staffing to answer 90% of the incoming calls on their primary line for requesting ambulance service within 120 seconds.
- g. All dispatchers shall, at a minimum, be certified/licensed as California EMT's, paramedics or RNs, or have a National Association of Emergency Medical Dispatchers (NAEMD), Emergency Medical Dispatch (EMD) or Emergency Telecommunicator Course (ETC) certification, or approved equivalent. All dispatchers shall maintain CPR certification through AHA or American Red Cross.
- h. The ambulance service provider's QA/QI program shall include an ongoing review of its ambulance dispatch center's operations, which includes written policies and established indicators of operational performance of the dispatch functions of the ambulance service.



AMBULANCE RULES AND REGULATIONS
GROUND AMBULANCE PROVIDER POLICIES, PROCEDURES, AND DOCUMENTATION

- i. All licensed Orange County ambulance providers shall have an approved hospital status and disaster communications system, such as Reddinet®, available in their dispatch center 24 hours/day. At a minimum, the ambulance service will be responsible for accessing and monitoring the Hospital status functions of such a system 24 hours a day.
- j. Dispatch logs shall include, but shall not be limited to the following information for each call:
 - i. The last name of the ambulance provider personnel and the driver.
 - ii. An explanation of any delays during a call.
 - iii. A record of the notification made to the local fire department dispatch center when someone other than a public safety agency has made a request for an emergency response.

D. OPERATIONS

- a. Policies and Procedures for routine operations.
- b. Policies and Procedures for disaster operations.
- c. A list of the full names and expiration dates for any medical personnel employed by the provider, including EMTs, paramedics, respiratory therapist and nurses.
- d. A list of the full names and California physician or surgeon licenses, along with resumes for all physicians employed by the provider.
- e. A description of the locations from which ambulance services will be provided, within and outside Orange County, and hours of operations.
- f. Documentation showing automobile liability insurance for combined single limit \$1,000,000 and comprehensive professional liability insurance policies with minimum insurance levels of \$1,000,000 per occurrence, with a \$3,000,000 aggregate on both.
- g. Management qualifications: Ambulance Service providers shall be required to demonstrate that their management team has the necessary experience and qualifications to manage an ambulance service. Such experience and qualifications shall include the operations manager or equivalent to have a minimum of five years supervisory experience in EMS. Companies approved before January 1st, 2014 will have three years to meet this requirement.
- h. Evidence of Applicant's Financial status: New ambulance service provider applicants shall be required to provide financial statements, banking and business records that clearly demonstrate assets, liabilities, loans, property, personnel, costs, expenditures, income and the source(s) of funds.
- i. Personnel Uniform Standards: Ambulance service providers shall have policies in place that ensure all their on-duty EMS personnel will wear a professional EMS style uniform with the company's name and employee name depicted on the uniform and/or company ID badge.
- j. EMS Personnel Drug Screens and Drug Free Workplace Practices: Ambulance service providers shall demonstrate that they have policies in place that ensures all EMS personnel undergo pre-employment drug screening and that the provider has a policy in place that promotes a drug-free workplace.



AMBULANCE RULES AND REGULATIONS
GROUND AMBULANCE PROVIDER POLICIES, PROCEDURES, AND DOCUMENTATION

- k. Ambulance Provider QA/QI program: Ambulance providers shall be required to demonstrate a QA/QI program in place that meets California Code of Regulations – Title 22 Social Security- Division 9 Pre-Hospital Emergency Medical Services – Chapter 12 EMS System Quality Improvement – Article 2 EMS Service Provider – Section 100402 EMS Service Provider Responsibilities and EMSA EMS #166 – EMS System Quality Improvement Guidelines. Additionally, the QA/QI plan shall include but not be limited to, an educational component on appropriate medical billing and billing fraud, emergency transport of BLS patients and other required QA/QI elements per OCEMS policies.
- l. A vehicle maintenance/operational plan. This plan will include but not be limited to scheduled and emergency maintenance using a mechanic who can demonstrate completion of an accredited training program, or document formalized training on the appropriate vehicles, or a state of California Bureau of Automotive Repair licensed Automotive Repair Dealer facility, vehicle fueling, emergency towing, and end-of use vehicle replacement plan.
- m. Ambulance service providers shall be required to demonstrate satisfactory compliance with all infectious disease, blood born and airborne pathogen control plans as required by federal and state regulations.
- n. Documentation that the ambulance provider has received business licenses for the cities in which it plans to operate or is operating.
- o. Disclosure and documentation of the location and status of any previous and/or current businesses the principals were/are involved in, including any legal or regulatory actions taken against those businesses, including but not limited to corporate bankruptcy, denial of licensure, revocation, suspensions or fines, and previous and current National Provider Identifiers.
- p. Proof that each business location is properly zoned for the incorporated city or unincorporated area in which it is located.
- q. Policies showing the EMS Agency will be notified within 72 hours of any of the following situations:
 - i. Ambulance is involved in an accident where one or more participants (employees, patients, occupants of other vehicles) are transported to a hospital.
 - ii. Patient is involved in an accident while under the care of the ambulance provider where the patient sustains any injury.
 - iii. The company is informed that a government agency (federal, state, county or local) has initiated an investigation (does not include routine audit).
- r. Any information requested by the EMS agency.



**AMBULANCE RULES AND REGULATIONS
GROUND AMBULANCE PROVIDER POLICIES, PROCEDURES, AND DOCUMENTATION**

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