



EMERGENCY AMBULANCE TRANSPORT PROVIDER CRITERIA: COUNTY ADMINISTERED NON-EXCLUSIVE AREAS

I. AUTHORITY:

California Health and Safety Code, Division 2,5, Sections 1797.105, 1797.202, 1797.222, 1797.224, 1797.252, 1798.0(a)(b); Orange County Emergency Medical Services Policies and Procedures

II. APPLICATION:

This policy describes Orange County Emergency Medical Services (OCEMS) criteria for approval of a 9-1-1 Emergency Ambulance Transportation Service Provider (Provider) for county administered, non-exclusive 9-1-1 Emergency Ambulance Operating Areas (OAs) within the boundaries of Orange County.

III. DEFINITIONS:

“County” - Area included within the physical boundaries of the County of Orange; also refers to Orange County government.

“County administered” – Geographic areas for which 9-1-1 emergency ambulance transport service is the responsibility of the County of Orange.

“CQI” - Continuous Quality Improvement

“EMS” – Emergency Medical Services

“EMS Plan” – State EMS Authority approved description of operational and administrative elements of the Orange County EMS system and program.

“Exclusive” – Referring to anti-trust protections afforded a contract that is provided state sanctioned anti-trust protection.

“Exclusive Operating Area” - Ambulance area (zone) defined in the EMS Plan for which state sanctioned anti-trust protection for the 9-1-1 emergency ambulance transport service contract is in place.

“OCEMS” - Orange County Emergency Medical Services Agency

“Operating Area” - Ambulance area (zone) defined in the EMS Plan that does not have state sanctioned anti-trust protection for 9-1-1 emergency ambulance transport service.

“Non-Exclusive” – Referring to lack of exclusive operating privileges as would be afforded by state sanctioned anti-trust protection per Health and Safety Code 1797.224.

IV. CRITERIA:

A. LICENSE REQUIRED:

A valid OCEMS Ambulance Service Provider license is required to operate as a 9-1-1 Emergency Ambulance Transportation Service Provider in the County (Reference OCEMS Policies # 720.40, 720.50, 720.50, 720.60, 720.70).

B. TARGET POPULATION AND FOCUS:

1. 9-1-1 Emergency Ambulance Transportation Services (services) shall be provided to all persons requiring 9-1-1 dispatched emergency ambulance transport within County administered



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Operational Areas (OAs) and Exclusive Operating Areas (EOAs), including areas requiring mutual aid response.

2. Provider shall demonstrate five (5) years of current experience and licensure in providing ambulance transportation and care of patients within Orange County.
3. The Provider must demonstrate the ability to deliver reliable clinical and response time performance with an ambulance deployment plan that includes mapping and projected response times based on response demand, traffic patterns, and geographic barriers.

C. FUNCTIONAL RESPONSIBILITY:

1. The Provider shall provide all necessary management, personnel, training, facilities, equipment, fuel, supplies, and materials to ensure availability of 9-1-1 BLS Ambulance Transportation Services twenty-four (24) hours per day, seven days a week (24/7) without interruption.
2. Provide the services in each assigned OA as a 9-1-1 Emergency Ambulance Transportation Service Provider, as authorized by the OCEMS Medical Director.

D. MEDICAL ADMINISTRATION:

1. Medical Oversight:

- a. The OCEMS Medical Director shall discontinue approval for a 9-1-1 Emergency Ambulance Transport Services provider if that provider presents a threat to community health and safety.
- b. The OCEMS Medical Director provides medical authority and management of the OCEMS system through ongoing planning, design, development, evaluation and direction of system-wide Emergency Medical Services. Any pilot programs must be approved by the OCEMS Medical Director.

2. Continuous Quality Improvement (CQI) Plan:

Provider shall develop and implement a CQI Plan that includes:

- a. CQI indicators, which shall be measured by all system participants, and may be developed in collaboration with the base hospitals, 9-1-1 ALS providers and OCEMS. Indicators shall be based on current State EMS Authority Core Measures as well as EMS system data analysis, research, and call demand.
- b. Provider CQI plan shall be approved by OCEMS initially and on an annual basis thereafter.
- c. Provider shall participate in and comply with the OCEMS CQI committees and audit processes.
- d. Valid and complete data input into the OCEMS OC-MEDS data repository system.

3. Minimum Staffing Levels:

- a. Provider shall staff Ambulances equipped to render 9-1-1 Emergency Ambulance Transportation Services and level of care with a minimum with two (2) California licensed and OCEMS accredited Emergency Medical personnel.



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- b. Training Requirements: At a minimum, Provider shall ensure ambulance service personnel receive the following training and/or certifications, which shall be in conjunction with requirements defined in State, County, and OCEMS Policies and Procedures:

1) Organization and EMS System Orientation and On-Going Preparedness:

Provide proper orientation to all field personnel before assigning them to respond to emergency medical requests. Such orientation shall include, at a minimum, ambulance service provider policies and procedures; EMS system overview; EMS policies and procedures; radio communications with and between the ambulance service provider, base hospital, receiving hospitals, and County communication centers; map reading skills including key landmarks, routes to hospitals and other major receiving facilities within the County and in surrounding areas; and ambulance and equipment utilization and maintenance. In addition, all field personnel must receive continual orientation to customer service expectations, performance improvement and the billing and reimbursement process.

2) Preparation for Multi-Casualty Incident:

Provide training to all ambulance personnel and supervisory staff in their respective roles and responsibilities under OCEMS policy, and prepare them to function in the medical portion of the Incident Command System. The specific roles of these individuals and other public safety personnel shall be defined by relevant plans and command structure.

3) Driver Training:

Develop and maintain an on-going driver training program for ambulance personnel. The program, the number of instruction hours, and the system for integration into ambulance operations (e.g., accident review boards, impact of accidents on employee performance reviews and compensation, etc.) shall be reviewed and approved by OCEMS, initially and on an annual basis thereafter. Training and skill proficiency is required at initial employment with annual training refresher and skill confirmation.

4) Infection Control:

Provider shall provide policies and operational infection prevention that focuses on hygiene practices and proactive personal protective equipment donning (e.g., eye protection, gloves, etc.). Develop and strictly enforce policies for infection control, cross contamination and soiled materials disposal to decrease the chance of communicable disease exposure.

E. OPERATIONS

1. Service Operations:

a. Dispatch Operations:

- 1.) Providers shall maintain a dispatch system approved by OCEMS and with appropriate interface with first responding EMS providers such that dispatch of 9-1-1 Emergency Ambulance Service is simultaneous with first responding units.



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- 2.) Providers shall ensure 24 hours, 7 days a week operation of the EMS dispatch system utilizing nationally recognized dispatch training program qualified personnel and supervision.

F. FLEET REQUIREMENTS:

1. Emergency Ambulance Vehicles:

- a. Provider shall provide Modular (type III) dual rear wheeled ambulances for the provision of the required services.
- b. Provider shall develop and maintain policies regarding fleet size and standardization, as well as a fleet maintenance program that addresses how ambulance maintenance is tracked, improved, and how vehicle failures are minimized.
- c. Ongoing Maintenance:
 - 1) Provider shall maintain all vehicles and equipment in excellent condition and comply with or exceed the maintenance standard outlined in the Accreditation of Ambulance Services Standards published by the Commission on Accreditation of Ambulance Services. Failure to service and maintain all ambulances and equipment pursuant to the manufacturer's suggested maintenance program shall be deemed grounds for removal of provider from service to the OA and consideration of suspension of provider Orange County Ambulance License. OCEMS reserves the right to evaluate the condition of all vehicles and equipment and refer such deficient findings to the Provider for correction and improvement.
 - 2) Provider shall provide OCEMS with the name and location of the vehicle maintenance facility (contracted or owned), and the name of person knowledgeable of the maintenance records; and the name and location of the electronic repair or service facility (radio, cellular, vehicle locator system, and other communication systems), and the name of the person knowledgeable of the maintenance records.
- d. Inspection
 - 1) OCEMS will conduct scheduled and unscheduled inspections of ambulances, maintenance facilities, and maintenance records. Provider shall make available to OCEMS during inspections the manufacturer suggested maintenance programs and/or ambulance purchase/lease/acquisition documentation for the Provider's equipment and facilities.
 - 2) Provider shall develop and maintain an automated or manual maintenance program and record keeping system. Maintenance records shall be available to OCEMS for analysis and inspection, and shall be maintained for two (2) years.
- e. Supervisor Vehicles:
 - 1) At a minimum, Provider shall provide one (1) staffed field supervisor vehicle that shall be in service in each OA at all times the provider is providing service to the OA. The vehicle type and markings shall be approved by OCEMS, and shall meet all applicable policy mandates related to inventory standards for a first response resource. Vehicles shall be capable of towing 24-foot trailers with an estimated GVW of 10,000. The vehicle shall also have sway bars for transportation safety.



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f. Automatic Vehicle Locator:

- 1) Provider shall provide, install, and maintain an automatic vehicle locator system in the ambulance dispatch center and in emergency vehicles providing 9-1-1 emergency ambulance service in the OA. Such system shall be integrated with the CAD System. Existing computer interfaces for such integration may be utilized if all equipment is compatible.

g. Coverage and Dedicated Ambulances, Use of Stations/Posts:

- 1) The specifications in this Policy are for performance rather than defined ambulance deployment locations. OCEMS neither accepts nor rejects Provider's level of effort estimates; rather OCEMS accepts the commitment to employ whatever level of effort is necessary to achieve the Response Time and other performance results required to meet the requirements of OCEMS Policy # 352.00. At any time and with stated cause, OCEMS shall require increased ambulance deployment as determined by OCEMS to meet the needs of the OA.

G. EMERGENCY RESPONSE COMMUNICATION SYSTEMS:

1. Compliance with Laws:

- a. Prior to the service implementation date, Provider shall install, provide, operate, and maintain an ambulance dispatch center, telephone service, including ring-down line, 800 MHz mobile radio system, mobile data computer/radio system, personal computer, and a secondary dispatch response system, hereinafter referred to as Emergency Response Communications System (ERCS).
- b. The Provider's ERCS must comply with all federal, state, and local laws, rules, statutes, and regulations, including licensing requirements, concerning the broadcast of public safety and emergency communications over approved Federal Communications Commission (FCC) frequencies at all times during the term of the contract.
- c. All 800MHz mobile and ERCS radios must meet Orange County Sheriff's Communications Center 800 MHz Standard Operating Procedures, and OCEMS specifications and requirements.

2. Communications Requirements: Provider shall comply with the following requirements concerning the installation, use, operation, and maintenance of their Emergency Response Communications System:

- a. Prior to the service implementation date, have any and all FCC licenses and authorizations required for the engineering, assembling, installation, use, operation, and maintenance of the ERCS, which is necessary to provide the required services.
- b. Provide documentation describing in detail the operational design for the ERCS and methods proposed for dispatching ambulances.
- c. ERCS must be operated and maintained 24/7.
- d. Dispatch centers must be equipped with a secondary, emergency back-up electrical system to assure uninterrupted 24/7 service.



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- e. Provide and maintain a dedicated point-to-point telephone ring-down line between 9-1-1 ALS Provider Emergency Communications Center and the ambulance dispatch center.
- f. Provider's ERCS must be fully compatible with the 800 MHz backbone County-wide Coordinated Communications System (800 MHz C.C.C.S.)
- g. Provider ERCS must have a fully functional UHF Med-9 Radio capable of receiving and transmitting on the Orange County EMS Med-9 radio network.

3. CAD Interface:

Provider shall establish and maintain a Computer Aided Dispatch (CAD) interface, or other equivalent electronic data system, that is compatible with the 9-1-1 ALS Provider Emergency Command Center (ECC), which may include, but is not limited to, hardware; software; and telecommunications lines that meet 9-1-1 ALS Provider specifications.

4. System Upgrades:

Provider shall upgrade the ERCS with comparable and compatible technology to upgrades made to 9-1-1 ALS Provider or County ERCS.

5. Vehicle Communications 800 MHz Mobile Radio:

Provider's 9-1-1 emergency ambulance vehicles must include, but are not limited to:

- a. 800 MHz Mobile Radio:
Install and maintain an OCEMS approved 800MHz mobile radio in the front passenger area (with a remote head in the rear patient area) of each ambulance that will be used to provide the required services.
- b. Obtain all necessary licenses, permits, and/or approvals from OCC (and any other applicable licensing or permitting agency) to operate and maintain 800 MHz mobile radios in conjunction with the 800 MHz C.C.C.S.
- c. Comply with all federal, state, and local laws, rules, statutes, and regulations governing the operation of 800 MHz mobile radios, including compliance with 800 MHz C.C.C.S. Standard Operating Procedures.
- d. Ensure 800 MHz mobile radios are pre-assigned to a vehicle with a pre-identified radio identifier, and are configured to send status and message data compatible with 9-1-1 ALS Provider SmartNet Information Management Systems (SIMS) or similar systems, and includes a 9-1-1 ALS Provider approved and issued Motorola DEKbox with eight (8) status/message keys to transmit unit status (e.g., in route, on scene, and available status functions). Collaborate with 9-1-1 ALS Provider in configuration of the SIMS system to enable the feature on all radios enabled on the 800 MHz C.C.C.S.
- e. 800MHz mobile radios must meet 9-1-1 ALS Provider, OCC, FCC, 800 MHz C.C.C.S., and OCEMS specifications and requirements.



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6. Mobile Data Computer System:

Providers shall install and maintain an OCEMS and 9-1-1 ALS Provider approved and issued mobile data radio and necessary equipment and software to support the mobile data radio at the dispatch center, for purposes of sending and receiving electronic emergency dispatch information, instructions, and call status.

7. UHF Med 9 Radio:

Providers shall install and maintain a dedicated UHF Med 9 Radio capable of continuous operation on Med 9, for purposes of communicating current field information to appropriate County staff during multi-casualties, disaster response, hazardous materials incidents and other unusual occurrences.

8. Web Based Communications Application:

Providers shall install a web-based communication application at the dispatch center for hospital status, required assessments and messages, and MCI coordination (e.g. ReddiNet or other systems that can replicate ReddiNet).

9. OC Medical Emergency Data System (OC-MEDS):

Providers shall utilize the OC-MEDS electronic patient care record (ePCR) software for documenting patient care, and ensure inter-operability with 9-1-1 ALS providers, emergency receiving hospitals, and other applicable providers. OCEMS shall determine if provider is OC-MEDS compliant prior to service implementation date.

a. Service Administrator Requirements:

- 1.) Providers shall designate at least one OC-MEDS Service Administrator. OCEMS also recommends designating two (2) additional individuals to serve as alternates.
- 2.) The OC-MEDS Service Administrator shall manage the day to day operational needs as it pertains to OC-MEDS, and shall be the primary point of contact for OCEMS for any OC-MEDS related issues.

b. Technical Requirements:

- 1.) Providers shall establish and maintain CAD integration with OC-MEDS, which shall include a one-way data push from the CAD system to OC-MEDS with real time updates upon each status change.
- 2.) Provider shall supply and maintain computer hardware required to support ePCR documentation within OC-MEDS.
- 3.) Provider shall establish and maintain continuous mobile internet connectivity in each response vehicle. Mobile internet connectivity (aka Mobile Hot Spot) shall be available for use by EMS first responders, 9-1-1 ALS providers, and other public safety entities.

c. ePCR Compliance and Training:

- 1.) Provider shall accurately complete an ePCR on every patient to include all



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information required by OCEMS and established in Title 22, Division 9, Chapter 4, Article 8, and Section 100700.

- 2.) Provider shall ensure the ePCR is posted to OC-MEDS upon completion of each call and is distributed pursuant to established OCEMS Policies and Procedures.
- 3.) Provider shall provide an electronic or hard copy ePCR to the emergency receiving center for each patient.
- 4.) Provider shall provide initial and continuing OC-MEDS ePCR education and training for employees who will be documenting in OC-MEDS.

H. FACILITIES, SUPPLIES AND EQUIPMENT:

Provider shall: provide all facilities, equipment, material, and supplies, as well as any other resources OCEMS deems necessary to provide the required services; maintain a neat, clean, and professional appearance of equipment and facilities; ensure all equipment and supplies are readily available and accessible from the interior portions of the patient transportation compartment; and, use the same or compatible patient care equipment as standardized 9-1-1 ALS provider agency equipment.

1. Standard Inventory :

- a. Equipment and supplies shall be available in quantities sufficient to meet patient care needs without interruption of the required services to designated EOA.
- b. In addition to OCEMS standard ground ambulance equipment (OCEMS Policy 720.30), an automated external defibrillator shall be carried and stocked at all times on each ambulance providing 9-1-1 emergency ambulance services in the OA.

2. Facilities:

Provider shall provide at least one (1) facility with a physical location (identified in the proposal) of appropriate size in each designated OA for crew comfort, vehicle re-supply and cleaning, personnel management, and communications. Facilities are subject to inspection by OCEMS at any time without notice.

I. PERSONNEL:

Provider shall provide personnel meeting the following requirements:

1. Management Team:

Changes in executive, operations, and clinical management/leadership staff shall be communicated to OCEMS, in writing, within ten (10) business days of the effective date of the change.

2. EMS Liaison:

Designate an EMS Program Liaison, who may also be the operations manager, division manager or similar position. The EMS Program Liaison shall have an overall grasp of the entire operation, be responsible for overall day-to-day operations, perform information review and gathering, and report generation and analysis.

Responsibilities shall include, but not be limited to:



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- a. Liaison between OCEMS, 9-1-1 ALS provider agencies, and other applicable EMS and/or public safety agencies within the OA.
- b. Participate in EMS System Stakeholder Committees and task force groups.

3. Field Supervision:

OCEMS requires adequate supervision of personnel and delegation of authority to address day-to-day operational needs, and desires that these personnel and operational supervisory responsibilities do not displace the provision of direct clinical supervision of the caregivers.

Minimum requirements and duties for this position are:

- a. Provide 24 hours a day, on-duty supervisory coverage within the designated OA. An on-duty field supervisor must be authorized and capable to act on behalf of the organization in all operational matters.
 - b. Assure the individual has the ability to monitor, evaluate, and improve clinical care provided by their personnel, and ensure that on-duty employees are operating in a professional and competent manner.
 - c. Individual shall not be assigned to a 9-1-1 emergency ambulance unit.
 - d. Individual shall have a minimum of one (1) year experience in providing 9-1-1 emergency ambulance transport, and shall have successfully completed NIMS IS-100.b, IS-200.b, and IS-700.a.
- ### 4. Personal Safety Equipment:
- a. Provide personal safety equipment and training in the use of such equipment for all employees in accordance with applicable federal and California laws. Policies and procedures should clearly describe the routine use of PPE on all patient encounters.
- ### 5. Internal Health and Safety Program:
- a. Implement multiple programs to enhance the safety and health of the work force, which shall include driver-training, safety, communicable disease prevention, an "employee an alcohol and drug free workplace program," and risk management training.
 - b. Any employee found working under the influence of alcohol or drugs must be immediately removed from performing services under this Policy.
- ### 6. OSHA and Other Regulatory Requirements:
- a. It is anticipated that certain regulatory requirements, for occupational safety and health, including but not limited to, infection control, blood-borne pathogens and TB may be increased. It is OCEMS' expectation that appropriate procedures shall be adopted that meets or exceeds the requirements for dealing with these matters.
 - b. Make available at no cost to employees, immunizations including rubella, hepatitis B antibody testing, and rubeola (measles) antibody testing as well as annual influenza vaccination and TB skin test.



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7. Staff Resources:

Ensure that all personnel have access to support references and resources, which may include, but are not limited to:

- a. Access to and adherence to OCEMS P&Ps herein and upon all revisions.
(www.healthdisasteroc.org/ems).
- b. Incident reporting P&Ps that include steps for reporting accidents and incidents that occur in the performance work duties. Incident reporting programs shall provide, at a minimum, a mechanism for reporting patient care, customer service, and operational related incidents.

J. DATA MANAGEMENT

Provider shall provide, maintain, and adhere to the following:

1. Data and Reporting Requirements:

- a. Dispatch Computer:
The dispatch computer utilized shall include security features preventing unauthorized access or retrospective adjustment and full audit trail documentation. In conjunction with OCEMS, establish procedures to automate the monthly reporting requirements not collected within CAD data.
- b. Records:
Complete, maintain, and provide to OCEMS, upon request, adequate records and documentation to demonstrate its performance compliance and aid OCEMS in improving, modifying, and monitoring the EMS system.
- c. Monthly Reports:
 - 1.) Document and report to OCEMS, monthly, in writing, and on a form approved or provided by OCEMS, Response Time compliance and customer complaint/resolutions. Reports other than Response Time compliance and customer complaint/resolutions may be required less frequently than monthly. At the end of each calendar year, no later than November 30 of the preceding year, OCEMS shall provide a list of required reports and their frequency and due dates. Reports shall include, at a minimum:
 - (a.) Clinical:
 - Continuing education compliance reports
 - Summary of clinical/service inquiries and resolutions
 - Summary of interrupted calls due to vehicle/equipment failures
 - (b.) Operational:
 - A list of each call, in the OA while providing 9-1-1 Emergency Ambulance service, where there was a failure to properly record all times necessary to determine the Response Time
 - A list of mutual aid responses to and from system



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- (c.) Response Time Compliance:
- A list of each emergency call dispatched for which the Provider did not meet the Response Time standard while providing 9-1-1 Emergency Ambulance service in the OA and an explanation of why the response was late
 - Canceled calls
 - Exception reports and resolution
- (d.) Response Time Statistical Data:
Within twenty (20) business days following the last day of each month, ensure that any Response Time statistical data not available within CAD are available to OCEMS in a computer readable format approved by OCEMS, and are suitable for statistical analysis for all ambulance responses originating from requests within the County.
- (e.) Personnel Reports:
Ensure all licensed, certified, accredited and authorized staff is current and up-to-date in the OC-MEDS licensure system. Provide OCEMS a personnel list by January 31 of each year, which shall include names of all owners, executive leadership, management, and supervisors employed. The personnel list shall include, at a minimum, the name, address, telephone number of each person on the list.
- (f.) Other Reports:
Provide other reports and records as may be required by OCEMS.

K. EMS SYSTEM AND COMMUNITY

1. Participation in EMS System Development:

OCEMS anticipates further development of its EMS system and regional efforts to enhance disaster and mutual aid response. Therefore, Provider shall be required to actively participate in regional disaster preparation and response, including disaster drills and exercises, mutual and automatic aid agreements, and training.

2. Handling Service Inquiries and Complaints:

Develop and maintain a log for inquiries and service complaints, provide prompt response and follow-up to such inquiries and complaints. Such responses shall be subject to limitations imposed by patient confidentiality restrictions. Submit to OCEMS each month, a list of all complaints received and their appropriate disposition/resolution. Copies of any inquiries and resolutions of a clinical nature shall be referred to the OCEMS Medical Director within twenty-four (24) hours of occurrence.

3. Patient Satisfaction Program:

Implement a coordinated Patient Satisfaction Program (PSP) that focuses on the services provided to patients in the OCEMS system, which shall be approved by OCEMS prior to implementation, and, for all subsequent modifications and updates. The PSP may be developed and implemented in cooperation with the 9-1-1 ALS providers, and shall include, but not be limited to:

- a. Qualitative and quantitative assessments related to 9-1-1 ALS provider level care.



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- b. Description of how the organization intends to share recognition with all components of the EMS system in public relations and education efforts.

4. Public Education:

Develop and implement public outreach/education programs to improve community health and education programs that emphasize preventative health care, which shall include cardiopulmonary resuscitation and AED training initiatives semi-annually. Additionally, develop an annual training plan that includes a list of programs and associated objectives to be offered in the calendar year.

L. ADMINISTRATION PROVISIONS

1. Accounting Procedures:

a. Audits and Inspections:

- 1.) Maintain separate financial records for services provided through this Policy, in accordance with generally accepted accounting principles. With reasonable notification and during normal business hours, OCEMS shall have the right to review any and all business records including financial records pertaining to the required services. All records shall be made available to OCEMS at the Provider's OC office or other mutually agreeable location. OCEMS may audit, copy, make transcripts, or otherwise reproduce such records, including but not limited to contracts, payroll, inventory, personnel and other records, daily logs and employment contracts.
- 2.) On an annual basis, provide OCEMS with audited financial statements by certified public accountants for ambulance operations in OC and/or separate business records of financial accounting of any other businesses that share overhead with the ambulance service operation.
- 3.) Provider may be required by OCEMS to provide periodic reports in a format specified by OCEMS, to demonstrate billing compliance with relevant rules and regulations and adherence with approved and specified rates.

2. County License:

OCEMS oversees ambulance services within the County. Pursuant to OCEMS policies, and ambulance company must obtain the appropriate ambulance service and vehicle permits and licenses. OCEMS Policies and ambulance service applications can be found on the Orange County EMS website at www.healthdisasteroc.org/ems

3. Annual Performance Evaluation:

OCEMS shall evaluate the performance of the OA Providers on an annual basis, which may include, but not be limited to:

- a. Response Time performance standards assessed with reference to the requirements in this Policy.
- b. Clinical performance standards assessed with reference to the requirements in this Policy.
- c. Initiation of innovative programs to improve system performance.

