Transportation Advisory Subcommittee

Attachment #2

Section A

Draft Revisions

50-Day Public Comment

November 19, 2015 to January 8, 2016

(OCEMS Policies 720.30, 720.50, 720.60, 720.70, 310.10, xxx.xx PERC)

COUNTY OF ORANGE
HEALTH CARE AGENCY

HEALTH DISASTER MANAGEMENT
EMERGENCY MEDICAL SERVICES

MARK REFOWITZ
DIRECTOR

RICHARD SANCHEZ
Assistant Director

Teri Schultz
ACTING DEPUTY AGENCY DIRECTOR
MEDICAL SERVICES

TAMMI McCONNELL RN, MSN
EMS ADMINISTRATOR

405 W FIFTH STREET, SUITE 301A
SANTA ANA, CALIFORNIA 92701

TELEPHONE: 714- 834-3500
FAX: 714- 834-3125

Excellence Integrity Service

November 19, 2015

To: **EMS Distribution**

From: **Samuel J. Stratton MD, MPH, Medical Director, Emergency Medical Services**
Tammi McConnell, EMS Administrator, Emergency Medical Services

Subject: **Orange County EMS Draft Policies posted for public comment**

Orange County Emergency Medical Services has released the following draft revised policy and new policy which are posted for a 50-day public comment review period (11/19/2015 to 1/8/2016 at 3:00 PM):

- #720.30 Ground Ambulance Design/Documentation/Equipment
- #720.50 Ground Ambulance Vehicle Inspection
- #720.60 Ground Ambulance Provider Policies, Procedures, and Documentation
- #720.70 Ground Ambulance Communication Equipment
- #310.10 Determination of Transport to an Appropriate Facility
- #330.70 Paramedic Assessment Unit (PAU)
- #xxx.xx (new) Pediatric Emergency Receiving Center (PERC)

Please review the policies and submit comments on our webpage:

http://healthdisasteroc.org/ems/policies/

MD:md #2493

AMBULANCE RULES AND REGULATIONS
GROUND AMBULANCE DESIGN / DOCUMENTATION / EQUIPMENT

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 1797.84, 1797.180, 1797.204, 1797.200, & 1798 Code of Federal Regulations 634. County of Orange Ambulance Ordinance. Policy sets minimum acceptable standards, any exemptions for public providers allowed by law.

II. APPLICATION:

To provide minimum ambulance design, documentation, and equipment standards for ambulance transportation providers and to ensure a system wide standardized inventory to promote safety, readiness, and the ability to meet the requirements of a disaster response in the event of a declared emergency.

III. AMBULANCE DESIGN:

A. Each ambulance shall be classified in accordance with the National Incident Management System.

B. No ambulance shall be initially licensed by OCEMS after it becomes older than 10 years. No licensed ambulance shall be renewed after it becomes older than 10 years during the current licensure period. ~~Registration month/year~~ Year 1st Sold, as noted on CA DMV documentation, shall be the determining qualification. (i.e., an OCEMS licensed ambulance ~~registered~~ sold in 2001 would need to be taken out of service no later than December 31st, 2011). Current OCEMS licensed ambulance service providers have until January 1, 2015 to comply with this requirement. No salvage titles will be authorized.

C. All ambulances shall be maintained in a clean condition, free from contaminants and in good working order at all times.

D. No ambulance shall be operated if staffed at less than the level of care marked on the unit, (i.e., “ALS,” “Mobile Intensive Care Unit,” or “MICU” – must be staffed by paramedics or registered nurses).

E. Each ambulance shall have:

1. Patient compartment door latches operable from inside and outside the vehicle.

2. Operational heating and air conditioning units in the patient compartment.

3. Vehicle installed suction equipment (house), capable of at least a negative pressure equivalent to 300mm Hg and 30 liter per minute air flow rate for 30 minutes of operation

4. Seat belts for all passengers in the drivers and patient compartment in clean and good working order.~~.~~

5. Gaskets affixed to the perimeters of all doors and windows shall be in good working condition and form the appropriate seal.

6. All surfaces in the patient compartment (seats, mattress, etc.) shall be intact, impervious to fluid and able to be disinfected in case of contamination.

7. The name of the public entity that operates an ambulance service or the name under which the ambulance licensee is doing business or providing service shall be displayed on both

sides and the rear of each emergency ambulance. The display of the name shall be in letters in sharp contrast to the background and shall be of such size, shape, and color as to be readily legible during daylight hours from a distance of 50 feet. All ambulances operated under a single license shall display the same identification.

8. A unit number or identifier, of at least two characters minimum, 3 to 4 inches in height and of a contrasting color from the background, shall be affixed to the right rear and both sides of the front of the vehicle, at a minimum.

9. Medical supplies, solutions, and medications shall be replaced prior to expiration date.

~~9.~~10. Medical equipment, supplies, solutions and medications shall be free from contaminants.

~~10.~~11. Medical equipment and supplies used to treat a patient shall be securely stored to prevent loose flying objects in the case of an ambulance collision and shall be readily accessible for immediate use.

IV. REQUIRED DOCUMENTATION FOR EACH AMBULANCE:

The following documentation is required to be present in the ambulance to operate in Orange County and shall be kept current for each ambulance and be made available at time of inspection and upon request:

A. For currently licensed vehicles, a valid County of Orange ambulance license (or facsimile) in the driver compartment.

B. For currently licensed vehicles, a valid County of Orange ambulance license decal affixed to the lower portion of the right rear window of the ambulance.

C. Evidence of passage of annual vehicle inspection performed by California Highway Patrol within the preceding twelve (12) months.

D. Evidence of passage of current odometer inspection(s) performed by the Division of Weights and Measures of the Agriculture Department of the County of Orange or other California county within the preceding twelve (12) months~~.~~

E. Evidence of passage of an initial and upon request Med 9 radio inspection(s) performed by the County of Orange Sheriff Coroner's Department of Communications.

F. Current maps or electronic mapping device covering the areas in which the ambulance provides service.

G. ~~2008~~ 2012 or more recent DOT Emergency Response Guidebook.

H. Every ambulance service provider shall maintain a file (electronic or paper) for each ambulance:

1. Shift inspection sheet. Shift inspection sheets shall be maintained in ambulance files for the current licensure year for each ambulance.
2. Proof of insurance.
3. Maintenance records
4. Evidence of CA DMV registration.
5. Records of initial Med-9 radio testing by Orange County Sheriff's Department or approved equivalent.

V. AMBULANCE MEDICAL EQUIPMENT:

Each ambulance operator shall provide within every ambulance the following minimum equipment:

A. Required medical equipment and supplies for each licensed ambulance:

1. Airway and Ventilation Equipment

a. Vehicle (house) “H", "M", or equivalent oxygen cylinders (not less than 500 psi) for operation with a wall mount oxygen outlet and variable flow regulator: one (1)

b. Portable "E" cylinders: one (1) at full pressure at all times and one (1) at not less than 1000 psi with variable flow regulator: two (2) in total **or**

Portable "D" cylinders: two (2) at full pressure at all times and one (1) at not less than 1000 psi with variable flow regulator: three (3) in total

c. Oxygen tank wrench or key device: one (1)

d. Hand operated bag-valve devices with oxygen inlet and reservoir/accumulator (manual resuscitators): one (1) Adult (≥ 1000 ml) and one (1) child (450-750 ml)

e. Bag-valve masks: one (1) of each size; Adult, Child, Infant, and Neonate

f. Oropharyngeal Airways: one (1) set of multiple standard sizes 0-5

g. Nasopharyngeal airways: one (1) set of multiple standard sizes, no less than four (4)

h. Nasal cannulas: two (2) adult size and two (2) child size

i. Oxygen mask, transparent, non-rebreathing: two (2) adult~~;~~ and two ~~-~~(2) child; ~~and~~ two (2) infant (**optional)**

j. Portable suction equipment.

k. Wide bore suction tubing, non-collapsible, plastic, semi-rigid: two (2)

l. Hard suction catheters; plastic, semi-rigid, whistle-tipped (finger controlled type is preferred): two (2)

m. Soft suction catheters: #10 French with venturi valve; #14 French with venturi valve; #18 French with venturi valve: two (2) each size

2. Bandaging and Immobilization Devices

a. Clean burn sheets: two (2)

~~b. 10” x 30” or larger universal dressings: two (2)~~

~~c.~~b. Individually wrapped sterile gauze pads 3 X 3 or larger: twenty five (25 or 1 box)

~~d.~~c. Bandage scissors: one (1)

~~e.~~d. Rolled gauze bandages: minimum six (6) total with three (3) of the six to be 3 inches in size

~~f.~~e. Petroleum treated gauze dressings (occlusive dressing), 3" x 3" or larger: two (2)

~~g.~~f. Medical adhesive tape: minimum six (6) total with three (3) of the six to be 2 inches in size

~~h.~~g. Arterial tourniquet, OCEMS approved type: one (1) (**optional**)

~~i.~~h. Cervical collars, rigid type: one (1) large, one (1) medium, one (1) small, and one (1) pediatric size collar; **or** four (4) multi-size adjustable rigid cervical collars, with pediatric size

~~j.~~i. Head immobilization devices, commercial device or firm padding: four (4)

~~k.~~j. Half ring or similar lower extremity (femur) traction device; limb-supporting slings, padded ankle hitch, padded pelvic support, traction strap: one (1) each adult and child sizes

~~l.~~k. Splints: medium and long for joint-above and joint-below fractures. Rigid-support constructed with appropriate material (cardboard, metal, pneumatic, vacuum, wood or plastic): for child and adult: two (2) per size

~~m.~~l. Long (60" or larger) impervious backboard (radiolucent) with minimum of four straps for immobilization of suspected spinal or back injuries: one (1)

~~n.~~m. Short (30" or larger) backboard or equivalent (e.g., KED) for head-to-pelvis immobilization during seated patient extrication: one (1)

~~o.~~n. Pediatric immobilization device, designed specifically for patients 40 kg and smaller: one (1) examples: pediatric immobilization board, papoose board or other OCEMS approved devices

3. Medical and Miscellaneous Devices

   a. Blood pressure manometer

   b. Blood pressure cuffs: Adult, Thigh, and Child: one (1) each size

   c. Pulse oximeter with adult and pediatric probes: one (1) (**optiona**l)

   d. FDA approved blood glucometer with lancets and test strips: one (1) (**optional**)

   e. FDA approved automatic external defibrillator (AED) with adult and child defibrillation pads * (**optional**)

   f. Sharps container (meets or exceeds OSHA standards): one (1)

   g. Biological waste disposal bag (meets or exceeds EPA standards): one (1)

   h. Stethoscope: one (1)

   i. Bedpan: one (1)

   j. Emesis basin: one (1)

   k. Urinal: one (1)

l. Pen light or flashlight: one (1)

m. Tongue depressors: (6)

n. Cold packs: four (4)

o. Obstetrical supplies including at a minimum: gloves, two umbilical clamps, sterile dressings, sterile scissors (no scalpel), sterile towels, bulb syringe, and clean plastic bags: one (1) set

p. Sterile saline isotonic solution or sterile water in secured, clearly labeled plastic containers: two (2) liters

q. Straps to secure the patient to the stretcher or ambulance cot, and means of securing the stretcher or ambulance cot in the vehicle: two (2)

r. Sheets, pillow cases, blankets and towels for each stretcher or ambulance cot, and two (2) pillows for each ambulance

s. Hard or soft type ankle and wrist restraints designed for quick release; if soft ties are used they should be at least 3" in width (before tying) and maintain at least 2" in width while in use: two (2) sets

t. FDA Approved oral glucose paste, tablets or liquid glucose beverage: two (2)

VI. AMBULANCE AND EQUIPMENT INSPECTION:
Ambulance personnel shall conduct an inspection of the ambulance he or she is assigned to at the beginning of each shift.

A. The assigned driver shall at the beginning of each shift:

1. Document, in writing, on a shift inspection sheet (electronic or paper), that all vehicle equipment and installed medical equipment is either in good working order or not in working order.

2. If the ambulance or equipment is perceived to not be in working order or unsafe:

a. Document the malfunction and/or unsafe condition, and

b. Report the malfunction and/or unsafe condition to supervisory staff.

B. The assigned ambulance personnel at the beginning of each shift shall document, in writing that all required medical supplies and portable medical equipment are in good working order and are found in at least the minimum required quantities.

C. The assigned ambulance personnel shall sign and date each shift inspection sheet and submit the shift inspection sheet to their immediate supervisor or as company policy dictates for follow-through on deficiencies noted.

D. The shift inspection sheets shall be retained by the ambulance service for the current licensure year for each ambulance.

E. The supervisor's name shall be noted on every completed inspection sheet.

F. It is the responsibility of the supervisory staff to take the appropriate action to ~~assure~~ ensure repair/replacement of the ambulance and/or equipment prior to permitting its use.

VII. REQUIRED PERSONAL PROTECTIVE EQUIPEMENT (PPE):

In order for ambulance crews to be prepared for an all hazards response, the following shall apply:

A. All personal protective equipment shall be maintained in a clean condition and in good working order at all times.

B. Ambulance personnel should not respond to an incident requiring PPE beyond their level of training.

C. Required PPE shall be kept on each ambulance in an easily accessible location and in sufficient quantity that all persons assigned on an ambulance have necessary and properly fitted protection.

D. PPE equipment for each licensed ambulance shall include but not be limited to:

1. Eye protection(ANSI Z87.1 -2003 Standards), may be glasses, face shield, work goggles or mask with side protection and splash resistance for infection control: two (2)

2. Gloves – Work, Multiple use physical protection, cut resistant, barrier protection: two (2) pairs (**optional; required for ambulance strike team participation**)

3. Hearing protection, ear plugs or other: two (2) sets.

4. High-visibility safety apparel that provides visibility during both daytime and nighttime usage and is defined to meet the performance class 2 or 3 requirements of ANSI/ISEA 107-2004: two (2) per vehicle

5. Ballistic protective vest: two (1) per crew member (**optional, risk dependent**)

6. EMS Jacket, full length long sleeve, blue or OCEMS approved with reflective stripes: two (1) per crew member (**optional; required for ambulance strike team participation**)

7. Hard Hat - Work Helmet – Blue, (ANSI Z89.1-1986 Class B; 29 CFR 1910.135 & 29 CFR 1926.100(b); CSA Z94.1-M1992 (Class G), or equivalent: one (1) per crew member (**optional; required for ambulance strike team participation**)

8. NIOSH approved (N95) or ~~and~~ (N100 or P100) filter respirators: six (6) of each N95 or ~~and~~ N100 or P100

9. Mark I Auto-Injector Kit or Duo Dote: six (6) (**optional**)

VIII. REQUIRED PPE TRAINING:

Prior to use, all personnel who may be required to utilize any of the equipment required in this policy shall receive training in accordance with OSHA requirements (Ref. 26 CFR 1910. 132[f]). At minimum, training shall consist of:

A. Identification of when and what type of PPE is necessary; how to properly don, remove, adjust and wear PPE; the limitations of the PPE; and the proper care, maintenance, useful life and disposal of the PPE (Ref. 29 CFR 1910.132 [f] [1] [5]).

B. Training in the use of respiratory equipment must cover fitting, fit-testing and proficient use in accordance with OSHA requirements (Ref 29 CFR 1910.134).

C. Demonstration of the ability to use PPE properly before being allowed to perform work requiring the use of PPE (Ref. 29 CFR 1910.132 [f] [2]).

D. Verification that each employee has received and understands the required training through a written certification that contains the course title and date of the training and shall be recorded and maintained in each employee's file.

Approved:

_____ _____

OCEMS Medical Director OCEMS Administrator

Effective Date: 04/01/2014
Reviewed Date(s): 04/01/2014
Original Date: 10/01/1987

AMBULANCE RULES AND REGULATIONS
GROUND AMBULANCE VEHICLE INSPECTION

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 1797.204, 1797.200, & 1798. County of Orange Ambulance Ordinance. Policy sets minimum acceptable standards, any exemptions for public providers allowed by law.

II. APPLICATION:

This policy establishes the standard for inspections and issuance of licenses for ground ambulance vehicles conducted by OCEMS staff members.

III. PROCEDURE:

A. No ambulance service provider shall allow an ambulance to be used to transport patients until after the vehicle has been issued a vehicle license by the Medical Director or designee.

B. A vehicle license is valid from the date of issue until December 31 of the same calendar year.

C. The vehicle license shall be renewed as part of the renewal process for ambulance service license.

D. No vehicle license may be transferred. ~~When, d~~During the term of the license, if the ambulance service operator permanently removes a licensed vehicle from service, they shall notify OCEMS and return the vehicle decal and vehicle license, upon request.

IV. FREQUENCY:

A. ~~OCEMS shall inspect each ambulance:~~Initial Vehicle Inspections:

1. ~~Upon i~~Initial application for vehicle license applies to vehicles not currently licensed to ~~operate~~operate in Orange County~~.~~
2. An ambulance vehicle license is valid from the date of issue until December 31 of the same calendar year.
~~1.~~3. The Medical Director may suspend, revoke a license, or place on probation a license holder pursuant to the ordinance for failure to comply and maintain compliance with, or for violation of any applicable provisions, standards, or requirements of state law or the County of Orange Ambulance Ordinance or any OCEMS Rule or Regulation.
~~2. Upon renewal application for vehicle license.~~

B. Renewal Vehicle Inspections:

1. Renewal vehicle inspections and renewal applications for vehicle license apply to vehicles currently licensed to operate in Orange County whose license is set to expire within 4 months.
2. Renewal applications and vehicle inspections must be completed within 4 months prior to expiration but no later than 30 days prior to expiration.

~~B.~~C. Other Inspections:
For an inspection of an ambulance vehicle which is not an initial or renewal inspection, the following shall apply:

~~C.~~1. OCEMS may inspect any ambulance at its discretion and convenience as part of the ambulance regulation process provided such inspection does not interfere with the provision of ambulance services to a patient.

V. ELEMENTS OF INSPECTION:

A. OCEMS shall inspect an ambulance for:

1. Required documentation,
2. Required medical equipment,
3. Required non-medical equipment,
4. Operational status of all equipment, and
5. Cleanliness of ambulance, equipment, and supplies.

B. Inspections with the California Highway Patrol:

Whenever possible, inspections shall be performed in conjunction with the California Highway Patrol (CHP) to avoid duplication.

~~1. OCEMS, if in the presence of the California Highway Patrol, and acting as designee of the CHP officer, may inspect all medical equipment required by Title 13 of the California Code of Regulations, rules or regulations, and the Ordinance.~~

~~2. In the absence of the California Highway Patrol, OCEMS shall not inspect for those items required by Title 13.~~

VI. RECORD OF INSPECTION:

A. All ambulance inspections shall be documented on an OCEMS ambulance inspection form.

B. Any item of non-compliance with the Ordinance and/or any rule(s) and regulation(s) shall be documented.

C. OCEMS shall review all noted items of non-compliance with the ambulance service operator or ambulance service operator's representative at time of inspection.

D. OCEMS shall provide a copy of the inspection documentation to the ambulance service operator or ambulance service operator's representative within 24 hours ~~at the time~~ of inspection.

VII. NON-COMPLIANCE:

A. Initial Inspection:

1. No ambulance shall be issued a vehicle license until all items of non-compliance identified are corrected and re-inspected by OCEMS.

B. Annual License Renewal Inspection:

1. No ambulance shall be issued a vehicle license until all items of non-compliance identified by OCEMS during the annual inspection are corrected and re-inspected by OCEMS.

C. Other Inspections:

1. No ambulance shall remain licensed until all items of non-compliance identified by OCEMS during any inspection are corrected and re-inspected by OCEMS.

DC. Areas of non-compliance shall fall into the following categories:

1. **Level 1 –** requires documentation submitted to OCEMS that the area of non-compliance has been corrected. No re-inspection required.

2. **Level 2** - requires re-inspection by an OCEMS representative within 15 days. The ambulance may be utilized until re-inspection. Failure of second inspection in this category will result in unit being unable to transport patients in Orange County until an additional inspection demonstrates that areas of non-compliance have corrected.

3. **Level 3 –** requires re-inspection by an OCEMS representative and ambulance may not be utilized to transport patients until it passes a re-inspection.

1. Type I:
   a. Requires re-inspection by an OCEMS representative and ambulance may not be utilized to transport patients until it passes a re-inspection.
   b. Requires a re-inspection fee.

2. Type II:
   a. Requires re-inspection by an OCEMS representative within 15 days. The ambulance may be utilized until re-inspection. Failure of a second inspection in this category will result in unit being unable to transport patients in Orange County until an additional inspection demonstrates that areas of non-compliance have been corrected.
   b. Requires a re-inspection fee.

3. Type III:
   a. Requires documentation submitted to OCEMS that the area of non-compliance has been corrected. No re-inspection required.

Approved:

_____	_____
OCEMS Medical Director	OCEMS Administrator

Effective Date: 11/07/2014
Reviewed Date(s): 11/07/2014
Original Date: 10/01/1987

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 1797.204, 1797.200, & 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 ~~as~~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).

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.

a. Medical care providers shall complete an OCEMS approved Prehospital Care Report for every patient as defined by OCEMS Policy 300.30.

b. 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.

c. Non-emergency patient transports:

i. By June1st, 2016, the OC-MEDS compliant data set from the approved Prehospital Care Report 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 a company contact from which the receiving personnel can request a copy of the Prehospital Care Report (PCR).

d. Each provider is the owner and custodian of the records generated by their organization.

e. Providers should consult with their risk management and legal advisors to ensure that their organization adheres to minimum standards as established by law.

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 for and demonstrate ~~that they have policies in place for~~ their dispatch centers ability to ~~that~~ 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.

Note: *Push-to-talk mobile phones are not considered two way radio equipment as described in this section.*

c. Ambulance service provider dispatch centers shall have policies in place and demonstrate ~~that they have policies in place describing~~ the ambulance service provider's ability and capability~~ies~~ of ~~dispatch center~~ emergency backup systems for the dispatch center in the event of power failure, equipment failure, etc.

d. Ambulance service providers shall have policies in place and demonstrate ~~that they have policies in place and are~~ their ~~capable~~ 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.

e. Ambulance service providers shall have policies in place and demonstrate ~~that they have policies in place~~ their ability to maintain a dispatch center workspace area that is dedicated to the function of dispatching ambulances. The center ~~should~~ 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.

f. 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.

g. 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.

h. 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.

i. 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 a request has been received for an emergency response from other than a public safety agency**.**

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, or approved equivalent 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 ~~i~~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 ~~i~~ensures all EMS personnel undergo pre-employment drug screening and that the provider has a policy in place that promotes a drug-free workplace.

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.

~~A policy showing it is mandatory for a representative from each company to attend 50% of the OCEMS Transportation Advisory Subcommittee meetings each calendar year.~~

~~n.~~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.

~~o.~~n. Documentation that the ambulance provider has received business licenses for the cities in which it plans to operate or is operating.

~~p.~~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.

~~q.~~p. Proof that each business location is properly zoned for the incorporated city or unincorporated area in which it is located.

~~r.~~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. The company is informed that a government agency (federal, state, county or local) has initiated an investigation (does not include routine audit).

~~s.~~r. Any information requested by the EMS agency.

Approved:

_____ _____

OCEMS Medical Director OCEMS Administrator

Original Date: 10/01/1987
Reviewed Date(s): 11/07/2014; 4/1/2015

Revised Date(s): 11/07/2014; 4/1/2015
Effective Date: 4/1/2015

AMBULANCE RULES AND REGULATIONS
GROUND AMBULANCE COMMUNICATION EQUIPMENT

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 1797.204, 1797.200, & 1798. County of Orange Ambulance Ordinance. Policy sets minimum acceptable standards, any exemptions for public providers allowed by law.

II. UHF MED-9 COMMUNICATION EQUIPMENT:

A. All ambulance communication equipment shall be operational at all times.

1. Each ambulance shall have one (1) UHF MED-9 radio programmed with two MED-9 channels.
   - MED-9 RP - This is a countywide repeater channel that provides coverage to the Orange County area, and may be used anywhere inside and adjacent to the County of Orange when wide-area coverage is required, or when contact with OCC or OC EMS is necessary.
   - MED-9 TA - This is the output of the MED-9 RP channel, providing a talk around mode of communication, and may be used anywhere inside and adjacent to the County of Orange when line of sight communications is required. OCC cannot be contacted on MED-9 TA.

B. The UHF MED-9 Radio shall be in the "on" and programmed to the MED-9 channel at all times and the microphone attached while the ambulance is in operation.

C. The ambulance service provider shall be responsible for all maintenance and repair costs to the communications equipment installed in the ground ambulance.

D. This communication equipment is designated for MCI, disaster or emergency use only, not for day-to-day dispatch operations.

E. If an ambulance is assigned to a strike team, or to an incident, at the request of the strike team leader, OCEMS, IC or equivalent authority, they shall activate and monitor the Med 9 radio frequency continuously.

F. Every ambulance provider shall have continuous access to a MED 9 radio in dispatch. This shall be a separate radio from other dispatch equipment and shall be on at all times.

- This dispatch radio shall participate in the same routine radio checks as other ambulance MED-9 radios. If it does not meet the compliance standards for the scheduled radio test procedure, OCEMS may require it be re-checked by OCC, at the ambulance provider's expense.
- All FCC licenses are the responsibility of ambulance service providers.

III. UHF MED-9 COMMUNICATION EQUIPMENT INSPECTION:

A. Each ambulance shall have its MED-9 Radio inspected by the Orange County Sheriff's Department Communications & Technology Division (OCSD/Communications) upon initial licensure to operate in Orange County. The ambulance provider shall be responsible for all costs associated with the inspection.

B. Elements of Inspection and Certification include:

1. All ambulance communication equipment inspections shall be documented by OCSD/Communications.

a. Radio equipment will be checked for: Model number, serial number and vehicle identification number.

b. FCC compliance for frequency, modulation, power, and receive sensitivity.

2. Any item of non-compliance shall be documented by OCSD/Communications and a copy provided to OCEMS.

3. The inspecting agent shall review all noted items of non-compliance with the ambulance service operator or ambulance service operator's representative at the time of inspection.

4. A copy of all documentation shall be provided by OCSD/Communications to the ambulance service operator, and to OCEMS.

C. Non-Compliance:

1. At the time of inspection the inspecting agent shall indicate, in writing, to the ambulance service operator or ambulance service operator's representative specific items of non-compliance, and the time frame for correction, and re-inspection.

2. It is the responsibility of the ambulance service operator to arrange for re-inspection within fourteen (14) days of notice of non-compliance.

3. If the items of non-compliance are not corrected and re-inspected by an inspecting agent within the fourteen (14) days of notice of non-compliance, OCEMS will be notified.

IV. UHF MED-9 COMMUNICATION EQUIPMENT TESTING REQUIREMENT:

A. Orange County EMS shall conduct regular Ground Ambulance MED-9 Communication equipment tests following a schedule that is determined by OCEMS.

B. All OCEMS licensed Ground Ambulance providers shall participate in the regular MED-9 Radio test as determined and conducted by OCEMS.

~~B.~~C. A MED-9 radio check is valid and marked as successful once OCEMS acknowledges the ground units transmission.

~~C.~~D. Each Ambulance that does not meet the compliance standards for the MED-9 radio check conducted by OCEMS ~~may~~ shall be required to have the radio re-checked by OCC at the ambulance provider's expense. Non-compliance is defined as failing to perform two (2) radio checks in one (1) calendar year from January 1st through December 31st.

V. UHF MED-9 COMMUNICATIONS EQUIPMENT TESTING PROCEDURE:

A. MED-9 Radio Test Schedule

1. A MED-9 Radio Test Schedule will be developed by Orange County EMS and distributed to each ambulance provider. Each ambulance provider will be assigned a specific day in which they will have their staff conduct a radio test on MED-9 with OCEMS from each one of their ambulances.

2. Ambulance units must be sure they have the **MED-9 RP** (repeater) channel to conduct a radio test with OC EMS.

B. Ambulance Providers

1. Each ambulance provider will be assigned a specific day on which to conduct MED-9 radio tests with OC EMS from each of their ambulances.

2. Each ambulance provider will supply Orange County EMS with a list of current ambulance unit numbers 72 hours prior to each test. Ambulance units will use their ambulance provider name and unit number to identify themselves on MED-9 when conducting the radio test with OCEMS.
   - Example:
   - Initiate test: *"OC EMS, this is ABC unit 881 on Med-9 for a radio test." OC EMS response: "ABC unit 881, this is OC EMS, you are 10-2."*
   - *Conclusion of test: "10-4, OC EMS, you are 10-2 as well. ABC unit 881 clear."*

3. The MED-9 radio tests will be initiated by the ambulance provider units anytime within the 4-hour period on the date specified on the schedule.

4. The ambulance provider will conduct a MED-9 radio test with OC EMS from each one of their Orange County licensed ambulance units on the scheduled test day.

C. Orange County EMS

1. OC EMS will maintain a MED-9 Radio Test Form for each ambulance provider. This form will include a checklist of current ambulance unit numbers for the corresponding ambulance provider.

2. As the ambulance units contact OC EMS for radio tests throughout the scheduled test day, the OC EMS operator coordinating the radio tests will indicate the results of each ambulance's radio test on the form next to the ambulance's unit ID number.

D. Unscheduled Tests

1. Any MED-9 authorized ambulance unit may conduct an unscheduled MED-9 radio test at any time but an unscheduled test will not relieve the testing ambulance from participating in the scheduled monthly test.

VI. <u>800 MHz COMMUNICATION EQUIPMENT:</u>

A. The authority to purchase and utilize 800 MHz radios that operate on the County of Orange 800 MHz Countywide Coordinated Communications System (CCCS) may only be authorized by the Orange County Fire Chief's Association (OCFCA).

B. Authorizations are limited to those companies that have a 9-1-1 transportation contract with an Orange County fire department, unless otherwise approved by the OCFCA.

C. OCSD/Communications will coordinate all activity related to the implementation of the 800 MHz CCCS for any ambulance provider. Approved ambulance providers agree to abide by the protocols and procedures outlined in the 800 MHz CCCS Security Plan, Standard Operating Procedures and all applicable FCC rules and regulations.

D. The programming of approved radios shall only be done by OCSD/Communications.

E. The associated costs of purchasing, programming and installing the radio are the responsibility of the ambulance company.

F. Each ambulance provider will be responsible for providing initial user training to include an 800 MHz CCCS overview, mobile/portable operations and proper radio protocols and procedures. Each fire department may, at their option, provide additional specific operational radio procedures to the ambulance provider.

G. Ambulance providers shall use best efforts for ensuring that 800 MHz CCCS radios are available on OCEMS approved 9-1-1 transportation units and that all personnel are trained on the proper use of the radios.

H. If an ambulance company no longer provides 9-1-1 transportation services to an Orange County fire department, the ambulance provider shall notify OCSD/Communications. The radios will be disabled from the trunked radio system, and OCSD/Communications will remove the programming of the radios at ambulance company expense. The radios remain the property of the ambulance provider.

Approved:

_____ _____

OCEMS Medical Director OCEMS Administrator

Effective Date: 11/07/2014
Reviewed Date(s): 11/07/2014
Original Date: 10/01/1987

DETERMINATION OF TRANSPORT TO AN APPROPRIATE FACILITY

I. AUTHORITY:

California Health and Safety Code, Division 2.5, 1797.220; 1798 (a), (b)

II. APPLICATION:

This policy describes considerations, including patient, caretaker, and law enforcement 51-50 based requests, for determination of Orange County EMS (OCEMS) basic life support (BLS) or advanced life support (ALS) unit transport of patients to an appropriate receiving facility. ~~for patients transported by an Orange County EMS (OCEMS) basic life support (BLS) or advanced life support (ALS) unit~~.

III. DEFINITIONS:

ERC means emergency receiving center approved by OCEMS.

51-50 Hold means a patient is legally detained by law enforcement or a Health Care Agency approved mental health provider because they are a physical threat to themselves or others.

Diversion means formal notification of the EMS system through ReddiNet® by an ERC that it is not physically or medically safe for that facility to accept further patients.

Specialty Center means OCEMS approved facility that provides a specific medical service (for example: trauma center, emergency mental health center).

Transported patient means a patient transported by BLS or ALS ambulance.

ALS Escorted patient means a patient transported and accompanied by a paramedic.

IV. CRITERIA:

A. A BLS or ALS transported patient not expressing a facility preference (section IV) shall be transported from the scene of the incident to the closest (within the shortest transport time) appropriate hospital showing open on ReddiNet®

B. ALS or BLS crews will provide the receiving hospital staff with a verbal report and completed prehospital care report per OCEMS policy 300.10. The PCR shall~~ould~~ be completed and ~~available~~posted electronically or provided in paper form prior to leaving the ERC or specialty center.~~hospital.~~

C. A physician at the scene may assume full responsibility and must accompany the patient to the receiving hospital per the "Physician at Scene" policy (reference OCEMS P/P 310.15).

V. PATIENT OR CAREGIVER REQUESTS:

ERC destination preference expressed by a patient or a patient's legal guardian or other persons lawfully authorized to make health care decisions for the patient shall be honored **unless**:

A. *Such request is not medically in the best interest of the patient as determined* by OCEMS Standing Order or the Base Hospital ~~physician~~; or

B. The preferred facility is beyond a reasonable transport time (estimated 20 minutes) from the incident scene; or

C. The preferred facility has declared it is on Emergency Department ~~Saturation~~ diversion status (by ReddiNet®). *This exception to preferred transport destination does not apply when a patient is scheduled to bypass the Emergency Department for direct admission to an available ~~hospital~~ in-patient bed or diagnostic site (e.g. CT Scan, MRI, GI laboratory*).

Specialty ~~hospital~~center transport destination to~~for~~ a trauma, cardiovascular center, stroke-neurology receiving center, burn, and replant center is determined by an OCEMS Base Hospital.

VI. ~~CRITERIA:~~

D. ~~A BLS or ALS transported patient not expressing a facility preference (section IV) shall be transported from the scene of the incident to the closest (within the shortest transport time) appropriate hospital showing open on ReddiNet®~~

E. ~~ALS or BLS crews will provide the receiving hospital staff with a verbal report and completed prehospital care report per OCEMS policy 300.10. The PCR should be completed and available prior to leaving the hospital.~~

F. ~~A physician at the scene may assume full responsibility and must accompany the patient to the receiving hospital per the "Physician at Scene" policy (reference OCEMS P/P 310.15).~~

VI. LAW ENFORCEMENT OR MENTAL HEALTH PROVIDER (51-50 HOLD) REQUESTS

A patient being detained under a 51-50 hold shall be transported to the ERC or OCEMS approved emergency mental health center requested by law enforcement or a mental health provider **unless:**

A. *Such request is not medically in the best interest of the patient as determined* by OCEMS Standing Order or the Base Hospital; or

B. The preferred facility is beyond a reasonable transport time (estimated 20 minutes) from the incident scene; or

C. The preferred facility has declared it is on Emergency Department Saturation diversion status (by ReddiNet®). *This exception to preferred transport destination does not apply when a patient is scheduled to bypass the Emergency Department for direct admission to an available in-patient bed or diagnostic site (e.g. CT Scan, MRI, GI laboratory).*

Specialty center transport destination to a trauma, cardiovascular center, stroke-neurology receiving center, burn, and replant center is determined by an OCEMS Base Hospital.

Approved:

_____ OCEMS Medical Director

_____ OCEMS Administrator

DETERMINATION OF TRANSPORT TO AN APPROPRIATE FACILITY

Effective Date: ~~04/01/2014~~
Reviewed Date(s): 04/01/2014, 09/01/2015
Original Date: 04/1985

I. AUTHORITY:

California Health and Safety Code, Division 2, Chapter 2, Article I, Section 1255.1; Division 2.5, Chapter 2, Sections 1797.67 and 1797.88; Division 2.5, Chapter 4, Section 1797.220 and Chapter 6, Article 3, Section 1798.170. California Code of Regulations, Title 22, Division 9, Chapter 7, Section 100243.

II. APPLICATION:

This policy defines the requirements for designation as an Orange County Pediatric Emergency Receiving Center (PERC) to receive emergency and critically ill pediatric patients transported by the emergency medical services system.

A PERC will provide specialized pediatric care for emergency and critically ill pediatric patients presenting via the 9-1-1 system. Patients eligible for 9-1-1 field triage to a PERC include pediatric patients under 15 years of age.

III. DESIGNATION:

A. Initial Designation Criteria

1. Hospitals applying for initial designation as a PERC must submit a request to Orange County Emergency Medical Services (OCEMS) and evidence of compliance to all criteria in this policy.
2. Hospital shall be currently designated as OCEMS Emergency Receiving Center (ERC).
3. Hospital shall have an emergency department capable of managing pediatric emergencies.
4. OCEMS will evaluate the request and determine the need for an additional PERC. If such need is identified, OCEMS will request the interested hospital to provide:
    a. Policies and agreements as described in Section X of this policy.
    b. The following hospital specific information for pediatric patients:
        1. Number of pediatric intensive care beds.
        2. Number of pediatric inpatient beds.
        3. Number of pediatric patients treated by the hospital in the past three years.
        4. Number of pediatric patients transferred for pediatric specific care in last three years.
        5. Number of pediatric patients admitted past three years.
5. OCEMS will review the submitted material, perform a site visit, and meet with the hospital representatives. In addition, the following information will be collected by OCEMS and considered in the designation process:
    a. Emergency Department diversion statistics during the past three years.
    b. Emergency Intra-facility transfers during the past three years, including transfers for higher level of care or for management of emergency and critically ill pediatric patients.
6. Following review, OCEMS will provide the designation decision to the Facilities Advisory Subcommittee and the Emergency Medical Care Committee for endorsement or denial of endorsement for designation of up to three years as a PERC. Designation as a PERC will run concurrent with the ERC Designation.
7. An approved PERC will have a written agreement as described in Section X of this policy and pay the established Health Care Agency fee.

B. Continuing Designation

1. OCEMS will review each designated PERC for compliance to criteria as described in this policy every three years or more often if deemed necessary by the OCEMS Medical Director. Each PERC will be required to submit specific written materials to demonstrate evidence of compliance to criteria established by this policy and pay the established fee. A site visit may be required at the discretion of the OCEMS Medical Director.
2. OCEMS will provide its designation decision to the Facilities Advisory Subcommittee and the Emergency Medical Care Committee for endorsement or denial of endorsement for continued designation of up to three years.

C. Change in Ownership / Change in Executive or Management Staff

1. In the event of a change in ownership of the hospital, continued PERC designation will require adherence to this policy with review and approval of continued designation by the OCEMS Medical Director. OCEMS shall be notified, in writing, at least 30 days prior to the effective date of any changes in hospital ownership. Change in hospital ownership may require redesignation by OCEMS.
2. OCEMS shall be notified, in writing, at least 10 days prior to the effective date of any changes in key PERC personnel as identified in Section VI, (A) (D) and (F) below.

D. Denial / Suspension / Revocation of Designation

1. OCEMS may deny, suspend, or revoke the designation of a PERC for failure to comply with any applicable OCEMS policy or procedure, state and/or federal laws.
   a. Failure to comply with data submission requirements for three (3) consecutive months will result in automatic suspension of PERC designation.
2. The process for appeal of suspension or revocation will adhere to OCEMS Policy #640.00 and #645.00.

E. Cancellation of Designation / Reduction or Elimination of Services by CCERC

1. PERC designation may be canceled by the PERC upon 90 days written notice to OCEMS.
2. Hospitals considering a reduction or elimination of emergency services must notify the California Department of Public Health and the Orange County Health Care Agency/ EMS a minimum of 90 days prior to the planned reduction or elimination of services.

IV. HOSPITAL LICENSING and ACCREDITATION:

A. Hospital shall possess a current California Department of Public Health permit for basic or comprehensive emergency services.

B. Hospital shall maintain accreditation by an accreditation organization approved by the Centers for Medicare and Medicaid Services (CMS).

C. Hospital shall maintain designation as an OCEMS Emergency Receiving Center (ERC).

D. Hospital shall notify OCEMS verbally and in writing any time the hospital is not in compliance with any applicable federal and/or state laws, and/or OCEMS policies, indicating reason(s), date(s), and time(s) for non-compliance and corrective actions that are being taken. OCEMS shall determine whether the hospital may continue to receive 9-1-1 patients during the period that corrective actions are underway.

V. MEDICAL PERSONNEL:

D. PERC Physician Coordinator

1. The hospital will designate a physician coordinator for the Pediatric Emergency Receiving Center program who shall be:

a. Certified by the American Board of Emergency Medicine (ABEM), American Osteopathic Board of Emergency Medicine (AOBEM) or the equivalent as determined by the OCEMS Medical Director.

2. Demonstrate knowledge and skill in emergency medical care of children of all ages from neonates to adolescents as demonstrated by training, clinical experience, and focused continuing medical education.

3. Responsibilities of the PERC Physician Coordinator include:

   a. Development of hospital policies as defined in Section X.

   b. Development and maintenance of the hospital PERC performance/quality improvement plan.

   d. Development and maintenance of a pediatric emergency medicine continuing education program within the hospital with an offering of yearly category 1 CME for physicians and BRN CE for nursing staff.

   e. Liaison with PERC's, Trauma Centers, OCEMS, Base Hospitals, prehospital care providers, and ERC's.

   f. Attendance at county-wide PERC system meetings.

   g. Ensure pediatric disaster preparedness for emergency department.

A. ED Physician Staffing

In addition to meeting the requirements of OCEMS Policy #600.00, all physicians on duty must:

1. Demonstrate knowledge and skill in emergency medical care of children of all ages from neonates to adolescents as demonstrated by training, clinical experience, and focused continuing medical education.

C. Physician Assistants (PA's) and Nurse Practitioners (NP's) Staffing

In addition to meeting the requirements of OCEMS Policy #600.00, all PA's and NP's on duty must:

1. Demonstrate knowledge and skill in emergency medical care of children of all ages from neonates to adolescents as demonstrated by training, clinical experience, and focused continuing medical education.

E. PERC Nurse Coordinator

1. A Registered Nurse shall serve as the Pediatric Emergency Receiving Center Coordinator who may also be the critical care department director, emergency department director, or other similar position. The PERC Coordinator shall:

   a. Be a registered nurse with at least two year's experience in pediatrics or emergency nursing within the previous five years; and

   b. Maintain current, Pediatric Advanced Life Support (PALS) or Emergency Nurse Pediatric Course (ENPC) certification, and Advanced Cardiac Life Support (ACLS).

   c. Maintain competency in pediatric emergency care.

2. Responsibilities of the PERC Coordinator include:

   a. Serve as the emergency department contact person for hospitals served by the PERC.

   b. Ensure the coordination of pediatric emergency and critical care nursing services across departmental and interdisciplinary lines.

c. Development of nursing pediatric education programs (standardized national programs are acceptable to fulfill this responsibility).

d. Facilitate emergency department continuing education and competency evaluations related to care of neonate, infant, children and adolescent patients.

e. Coordinate with PERC medical director for, policies and procedures for pediatric emergency services, pediatric CQI activities and pediatric disaster preparedness.

f. Collection and reporting of required (Section XI) PERC data elements to OCEMS on a monthly basis.

g. Attendance at the hospital PERC performance/quality improvement program meetings.

h. Development of a pediatric emergency medicine education and outreach program for the local community and assigned regional hospitals.

i. Coordinate with pediatric physician coordinator to ensure pediatric disaster preparedness.

F. ED Nursing Staff

In addition to meeting the requirements of OCEMS Policy #600.00, all ED Nursing Staff on duty must:

1. Demonstrate knowledge and skill in emergency medical care of children of all ages from neonates to adolescents as demonstrated by training, clinical experience, and focused continuing medical education.

2. All nurses assigned to the emergency department shall attend a minimum of eight hours of pediatric continuing education from a BRN approved continuing education provider every two years.

G. Ancillary Services

In addition to requirements delineated in Title 22, hospitals shall maintain these emergency services and care capabilities 24 hours/day, 7 days/week for:

1. In-house radiological services, including technician, with availability of plain x-rays and computerized tomography; and radiologist on-call; and

   a. Radiology services should include qualified staff and necessary equipment and supplies to provide imaging studies of children.

   b. Hospital will have protocols that include modification of radiation exposure of children based on age and weight, pediatric radiation dosing, and protective shielding of children for plain radiography and computerized tomography.

2. In-house availability of respiratory therapist with qualifications and necessary equipment to care for children of all ages from neonates to adolescents as demonstrated by training, clinical experience, and focused continuing medical education.

VI. HOSPITAL SERVICES:

The PERC will provide the following:

A. A pediatric emergency education program available to hospital staff, other regional hospital staffs, EMS personnel and the public, provided at the appropriate educational level for each group.

VII. EQUIPMENT:

In addition to requirements delineated in Title 22, hospitals shall have immediately available equipment and supplies necessary for pediatric and adult life support. Sufficient size-specific equipment to adequately care for pediatric patients from neonates to adolescents shall be available.

A. Equipment shall be appropriate for care of children from neonates to adolescents and include but not be limited to:

1. Pediatric equipment, supplies and medications easily accessible, labeled, logically organized
2. Portable resuscitation supplies
3. Fluid warming
4. Weight scale for patient weights in kilograms
5. Pain scale tools
6. Monitoring equipment with sizing for neonate to adolescent
7. Respiratory care supplies
8. Intubation equipment, tracheostomy tubes, oral and nasal airways
9. Nasogastric tubes and suction equipment
10. Vascular access supplies and equipment
11. Fracture management devices for pediatric patients Specialized pediatric trays/kits including lumbar puncture, difficult airway, LMAs or other rescue airway device, tube throacostomy tray with chest tubes for children of all ages, newborn delivery and resuscitation kit with supplies for immediate delivery and resuscitation of newborn, urinary catheter trays for children of all ages
12. Pharmacological resources for care of the child requiring resuscitation

VIII. HOSPITAL POLICIES / AGREEMENTS:

A. The hospital will have a written agreement with OCEMS indicating the concurrence of hospital administration and medical staff to meet the requirements for PERC program participation as specified in this policy.

B. The PERC will have written pediatric interfacility transfer agreements with affiliated and referring hospitals and with hospitals providing specialty services not available at the PERC.

C. The PERC will have formal written policies which address the following:

1. Policies, procedures or protocols for care of children in the emergency setting to include but not limited to
    a. Illness and injury triage
    b. Pediatric assessment
    c. Physical or chemical restraint of patients
    d. Child maltreatment
    e. Death of a child
    f. Procedural sedation
    g. immunization status and delivery
    h. Mental health emergencies
    i. Family centered care
    j. Communication with patient's primary health care provider
    k. Pain assessment and treatment

l. Disaster preparedness planning

m. Medication safety for pediatric patients

2. A performance / quality improvement plan that is incorporated into the hospital's quality improvement program which monitors activities involving the PERC. A summary of QI findings relevant to the Orange County PERC system must be submitted annually to OCEMS by March 30 for the preceding calendar year.

3. Defined methods for collecting and reporting required Pediatric Emergency Receiving Center data elements to OCEMS within the specified time frame.

IX. QUALITY ASSURANCE / IMPROVEMENT:

A. The PERC should have an organized, coordinated, multidisciplinary quality assurance/improvement program for pediatric patients for the purpose of improving patient outcome and coordinating all pediatric emergency medicine and critical care quality assurance and improvement activities.

B. The Quality Assurance/Improvement program will include OCEMS selected performance measures or indicators specific to the PERC System.

The hospital PERC performance/quality improvement program may suggest measures and indicators to OCEMS.

C. The PERC quality assurance/improvement program should develop methods for:

a. Tracking all critically ill/injured pediatric patients.

b. Developing indicators/monitors for reviewing and monitoring patient care, including all deaths, major complications and transfers.

c. Integrating findings form the quality assurance/improvement audits into patient standards of care and education programs.

d. Integrating reviews of pre-hospital, emergency department, inpatient pediatrics, pediatric critical care, pediatric surgical care and pediatric transport quality assurance/improvement activities.

D. An annual log of community outreach projects will be maintained by the PERC describing those actions that are:

1. Community oriented.

2. Regional hospital oriented.

Section B

Public Comments Received & OCEMS Response

for 50-Day Public Comment

November19, 2015 to January 8, 2016

(OCEMS Policies 720.30, 720.50, 720.60, 720.70)

OCEMS POLICIES- PUBLIC COMMENT RESPONSES

Comment Period from November 19, 2015 to January 8, 2016

OCEMS Policy #720.30- Ground Ambulance Design/Documentation/Equipment

Date	Contact	Organization	Comment	OCEMS Response
1/4/2016	Robert Williams	TES/Training Educational Services	III. C. There needs to be clarification of the phrase (free from contaminants). What does this mean, specifically? Where do OSHA's responsibilities kick in versus the responsibility of the EMS agency. III. D. More units carry RT's vs. RN's does an ambulance that carries RT's need to be specially marked? III. E. If the CHP has already inspected the ambulance, and they're the regulatory agency why is the EMS agency attempting to re-regulate? Items 1-5 are under CHP purview, 6; falls under OSHA and ANSI, furthermore what defines contamination?	**Received.** Section changed to reference policy 720.50. OCEMS Policy 720.50 identifies ambulance vehicle cleaning standards. **Received.** Policy meets current standard under California H&S Code Sections 1797.84 & 1797.180 - defines standards for advertising prehospital services **Received.** OCEMS ambulance vehicle inspection standards are identified in OCEMS Policy 720.50. OCEMS will not duplicate CHP inspections performed for Vehicle Code and CHP regulation compliance purposes. **Received.** 6- OSHA does not inspect ambulances. "furthermore what defines contamination?" & **see previous response provided for same/similar comment.**

			Number 7: "...readily legible during daylight hours..." We would like it to read that all lettering must be reflective to be seen from a distance of 50 feet in either daylight or darkness.	**Received.** No change
			IV. D. (INQUIRY) Do companies, or medi-care use odometer readings, or do they use computer mapping distance's?	**Received.** No change
			IV. G. (INQUIRY) Does GHS supersede ERG?	**Received.** OCEMS recognizes ERG book as the acceptable standard
			V. g Arterial tourniquet. Remove the word arterial and replace it with adjustable.	**Received.** No change
			V. c Pulse oximeter units are approved for use by medi-care so if on an ambulance it should be mandatory equipment with proper training for usage. Right now EMT's supply their own so maintenance is not tracked.	**Received.** No change
			e. All ambulance's should be equipped with AED's. This should not be optional equipment especially since the premise is that all vehicles are prepared for a declared disaster.	**Received.** No change

			V. 3 h-l: are the units out of service if they use that one piece of equipment? How do they restock? What if they use it during a long distance transport?	**Received.** Ambulances should maintain minimum equipment standards to ensure safe patient transport.
			V.3 t remove 'liquid glucose beverage'	**Received.** Policy modified to “Oral Glucose Preparation”
			VII. D 2 If there is a declared disaster or MCI shouldn't all vehicles have gloves for the crew?	**Received.** OCEMS policy list item as “required for ambulance strike team participation”
			VII. D 3 What ANSI rating does the ear protection have to meet. Is there a specific decibel rating?	**Received.** OCEMS policy does not specify specific decibel rating.
			VII. D 5: We feel that this equipment should be mandatory for all 911 EMS provider's. Assigned to the employee with proper training on usage, not the vehicle.	**Received.**
			VII. D 7 SAFETY ISSUE: All EMT's should be assigned a hard hat with a reflective stripe, meeting ANSI standards with a adjustable chin strap to be worn when ever wearing the safety vest.	**Received.**
			VII. D 9 Duo Dote's should be carried by government agencies only in compliance with the training provided in the accreditation	**Received.**

			class. All of these changes have been reviewed by Dana Risher EMT-P TES Clinical coordinator.	 **Received.**
1/7/2016	Chad Druten	Ambulance Association of Orange County	Please reference the uploaded attachment, a letter prepared for, and submitted on behalf of the Ambulance Association of Orange County that discusses #720.30 - Ambulance Rules and Regulations - Ground Ambulance Design/Documentation/Equipment.	**Received.**
1/7/2016	Chad Druten	Ambulance Association of Orange County	Attachment #1 Comment #1 Pages 2-4 Comment #2 Pages 4-7 Section III.c Section III.H.10 Section III.E.4	 **Received.** OCEMS ambulance vehicle inspection standards are identified in OCEMS Policy 720.50. OCEMS will not duplicate CHP inspections performed for Vehicle Code and CHP regulation compliance purposes. **Received.** Section changed to reference OCEMS Policy 720.50. OCEMS Policy 720.50 identifies ambulance vehicle cleaning standards. **Received.** Section III.H.10 removed. **Received.** Language changed for clarification of requirement

			Section III.E.5 Section III.E.11 Section IV.D Section IV.D. Section VI.E. Section VII.D.4 and VII.D.6	**Received.** Language changed for clarification of requirement **Received.** Section III. E.11 changed to Section III.E.10. Odometer readings assist in verifying accuracy of data received by OCEMS **See previous response provided for same/similar comment.** **Received.** Language clarified to include documentation to be maintained in ambulance. **Received.** Unchanged **Received.** Section VII.D.6 Deleted
1/8/2016	Bill Weston	Care Ambulance Service, Inc.	January 7, 2016 Samuel Stratton, MD Orange County Emergency Medical Services 405 W Fifth Street, Suite 301A Santa Ana, CA 92701 RE: Public Comments for OCEMS Policy Changes, 720.30 Dear Dr. Stratton: Thank you for the opportunity to provide comments on the proposed Orange County EMS Draft Policy 720.30 posted for public comment on November 19, 2015. Because emergency ambulance services play a pivotal role in Orange County's health care system, it is	**Received.**

			critically important that the proposed new and revised policies recognize and take into account these services. Thank you for consideration of our recommendations. Comments to Proposed Policy 720.30 Portions of Policy 720.30 are preempted by the California Vehicle Code, which prohibits the duplication of inspections by the California Highway Patrol ("CHP") for compliance with state requirements by local authorities, such as the Orange County EMS. The California Vehicle Code expresses the Legislature's intent for the provisions of the Vehicle Code, including those regulating ambulances, to be "applicable and uniform throughout the state and in all counties and municipalities therein". The California Vehicle Code further declares that "a local authority shall not enact or enforce any ordinance or resolution on the matters covered by this code". California Vehicle Code section 2512(c) expressly preempts the ability of local authorities to duplicate the inspections performed by CHP pursuant to Vehicle Code section 2510 to ensure compliance by ambulances with the Vehicle Code and CHP regulations: The code states "inspection of ambulances pursuant to subdivision (b) of Section 2510 shall not be duplicated by local authorities". Despite this, Policy 720.30, in its current form and as proposed, duplicated ambulance inspections	**See previous response provided for same/similar comment.**

			already performed by officers of the CHP.	
			Section III.c and III.H.10 would require that ambulances and medical equipment, supplies, solutions and medications be "free from contaminants." The term "free from contaminants" without any qualifiers establishes a standard that is prone to subjective interpretation and may give rise to selective enforcement. In addition, a prohibition against all potential "contaminants" is impossible since ambulances cannot achieve and have no need to be sterile environments.	**See previous response provided for same/similar comment.**
			Section III.E.4 would require seat belts for all passengers in the drivers and patient compartment to be in "clean and good working order." Like the phrase "free of contaminants" discussed above, the cleanliness of seat belts are also subject to interpretation.	**See previous response provided for same/similar comment.**
			Section III.E.5 would require that gaskets be "in good working condition". This statement provides no clear, objective standard as to what, beyond forming an appropriate seal, a gasket must do in order to be in "good working condition."	**See previous response provided for same/similar comment.**
			Section III.E.11 would require that medical equipment and supplies be "securely stored." Like the examples above, this does not	**See previous response provided for same/similar comment.**

			provided a clear, objective standard to meet.	
			Section IV.D requires evidence of passage of a current odometer inspection. Given the state of GPS technology and GPS incorporation into OC-MEDS, this section can be deleted if ambulance operators utilize GPS data for tracking of loaded transport mileages and billings.	**See previous response provided for same/similar comment.**
			The documentation requirements in section IV.H are internally inconsistent, not necessary and do not establish an attainable standard. As a preliminary matter, OCEMS has proposed that all documentation listed in section IV be "required to be present in the ambulance" as a condition of operation in Orange County. However, section IV.H states that every ambulance service provider must maintain a file with specific documentation for each ambulance. It is not feasible to include all of the documentation listed in IV.H in the actual ambulance as some of this documentation is voluminous and has no relationship to the actual operation of the ambulance vehicle. Proposed section VI.D and E would require inspection forms to be maintained for one year and that the supervisor's name be noted on every completed inspection sheet. It is not necessary to store these inspections for any longer than one month. Once the completed	**See previous response provided for same/similar comment.**

			form is utilized to ensure the assigned ambulance is properly stocked, storing thousands of completed forms becomes problematic. It is also not necessary for the supervisor's name to be on each form, as the supervisor's name can be obtained from the daily work schedule. The requirement for apparel in section VII.D.4 and VII.D.6 fails to establish a clear standard as they contradict each other. Today's safety standards are moving away from blue jackets and moving towards high visibility jackets. Care Ambulance appreciates the opportunity to provide comments on the proposed policy changes. We look forward to working with you, not just now, but in the future for the betterment of the Orange County EMS System. Sincerely, Bill Weston â€“ Director of Operations	**See previous response provided for same/similar comment.** **Received.**
1/8/16	Jim Karras	AmeriCare Ambulance Service	Please see the attached public comment offered by AmeriCare regarding the draft revisions to OCEMS Policy No. 720.30. We believe many of the provisions set forth in draft Policy No. 720.30 are duplicative of items under the jurisdiction of the California Highway Patrol and/or that OCEMS may not have such authority to inspect such items that are outside of the scope of authority	**See previous response provided for same/similar comment.**

			granted to OCEMS under Ambulance Ordinance No. 3517, and therefore presumably not within the scope of authority for OCEMS to inspect. We believe the AAOC is providing comment with respect to this subject matter, so we will not offer additional comment but AmeriCare does hereby affirm that we agree with and support AAOC's positions as presented by its legal counsel related to this subject matter in their public comments pursuant to this comment period opportunity. Specifically, we also offer the following comments of various sections of Policy 720.30: â€¢ Section III.c and III.H.10 would require that ambulances and medical equipment, supplies, solutions and medications be "free from contaminants." The use of the term "free from contaminants" without any qualifiers establishes a standard that is prone to subjective interpretation, which is likely to give rise to selective enforcement. In addition, a prohibition against all potential "contaminants" is impossible since ambulances cannot achieve and have no need to be sterile environments. There will inevitably be germs, dirt and other contaminants in an ambulance. Without increased specificity of which contaminants an ambulance of which should be free, an ambulance operator has no way of having the	**See previous response provided for same/similar comment.**

			requisite notice under due process of what standards it must meet. In light of these concerns, AmeriCare suggests that OCEMS delete this phrase altogether or in the alternative, that OCEMS replace the phrase "free of contaminants" with the term "free of visible contaminants likely to adversely affect the health of the average passenger." â€¢	
			Section III.E.4 would require seat belts for all passengers in the drivers and patient compartment to be in "clean and good working order." Further, the California Vehicle Code governs the seat belt requirements in ambulances and we believe inspection of seat belts falls under the jurisdiction of the California Highway Patrol. In the alternative, perhaps if such inspections of seat beats are performed by OCEMS, the standard might be reflected with similar language as other surfaces within the ambulance suggested in our earlier comments, such as using a phrase like "free of visible contaminants likely to adversely affect the health of the average passenger." AmeriCare therefore recommends the deletion of this provision or at minimum if it is found that it is legally permissible for OCEMS to inspect seat belts in an ambulance that the suggested alternate phrasing above be utilized.	**See previous response provided for same/similar comment.**

			â€¢ Section III.E.5 would require that gaskets be "in good working condition[.]" This statement provides no clear, objective standard as to what beyond forming an appropriate seal a gasket must do in order to be in "good working condition." Therefore, AmeriCare requests the deletion of the term "in good working condition."	**See previous response provided for same/similar comment.**
			Section III.E.11 would require that medical equipment and supplies be "securely stored." Like the examples above, this wording doesn't provide a clear, objective standard for an operator to meet. Therefore, AmeriCare requests the deletion of this provision.	**See previous response provided for same/similar comment.**
			Section IV.D requires evidence of passage of a current odometer inspection. However, with the advent of many payors requiring mileage for ambulance billing to now performed/based upon the utilization of GPS tracking or internet mapping software, AmeriCare requests the deletion of this provision.	**See previous response provided for same/similar comment.**
			The documentation requirements in section IV.H are internally inconsistent, not necessary and do not establish an attainable standard. As a preliminary matter, OCEMS has proposed that all documentation listed in section IV be "required to be present in the ambulance" as a condition of operation in	**See previous response provided for same/similar comment.**

			Orange County. However, section IV.H states that every ambulance service provider must maintain a file with specific documentation for each ambulance, but does not specify that this file be located in the ambulance itself. It is not feasible to include all of the documentation listed in IV.H in the actual ambulance as some of this documentation is voluminous and has no relationship to the actual operation of the ambulance vehicle. For example, some of these documents may degrade in an ambulance if stored for long periods of time. Accordingly, AmeriCare recommends that the phrase "to be present in the ambulance" be deleted from section IV.H.	
			Proposed section VI.E would require the supervisor's name be noted on every completed inspection sheet. This is not reasonably necessary as the supervisor's name can be obtained from the daily work schedule. Moreover, California law prescribes that the responsibility for the ambulance inspection lies with the ambulance driver/attendant. AmeriCare requests the deletion of this provision. â€¢	**See previous response provided for same/similar comment.**
			The requirement for apparel in section VII.D.4 and VII.D.6 fail to establish a clear standard as they contradict each other. Today's safety standards are moving away from blue jackets and moving towards high visibility jackets.	**See previous response provided for same/similar comment.**

			AmeriCare therefore requests the deletion of section VII.D.6. AmeriCare appreciates this opportunity to share our comments and we thank OCEMS for its consideration of such comments.	**Received.**
1/8/16	Chad Druten	Emergency Ambulance Service, Inc.	1) Please review Sections III. C and III.H.10 of Policy 720.30 which state ambulances and medical equipment, supplies, solutions and medications shall be "free from contaminants." We feel that "free from contaminants" is an overly broad statement. It creates a standard that could be interpreted subjectively versus objectively. In addition, a ban against all potential "contaminants" is impossible to enforce, since ambulances are not aseptic environments. Predictably, microorganisms, soil and other kinds of contaminants are present in all ambulances from the time they are built. Without specifics of which contaminants an ambulance should be free of, an ambulance provider has no way of knowing what standards it must meet. Would it be possible for OCEMS replace the phrase "free of contaminants" with "free of any visible contaminants"? 2) Please look at Section III. E. 4, which says "Each ambulance shall have --- Seat belts for all passengers in the driver's	**See previous response provided for same/similar comment.** **See previous response provided for same/similar comment.**

			compartment and patient compartment in clean and good working order." Assuming a strict definition of the word "clean," the policy could establish a standard that we could never fully meet because like we have said above, ambulances are not aseptic environments. Also, the Vehicle Code already governs the seat belt requirements for ambulances and the CHP is the agency tasked with inspecting them. We recommend deleting the reference to seatbelts since they are already inspected by the CHP. 3) There is overlap between the requirements of Section V â€“ Ambulance Medical Equipment and many of the CHP requirements. OCEMS is duplicating some of the inspections performed by the CHP. We would therefore request that OCEMS delete any ambulance medical equipment listed in the policy that is already monitored by the CHP so that the inspections are not duplicated. The ambulance equipment inspection should be for any equipment identified in the Policy that has not already been inspected by the CHP under the California Code of Regulations, Title 13, Division 2, Chapter 5, Article 1, sections 1103 and 1103.2.	**See previous response provided for same/similar comment.**
1/8/16	Jonathan Schaeffer	Liberty Ambulance	While Liberty Ambulance appreciates the efforts of the EMS Agency to protect the public and support effective delivery of emergency services, we support the position	**See previous response provided for same/similar comment.**

			of the Orange County Ambulance Association in the belief that this matter is addressed at the state level by the CA Highway Patrol regulations and should remain so.	
1/8/2016	Kay Kearney	Shoreline Ambulance Company, LLC	Attachment #3 Pages 1-3 Section III. a., b., d. Section III. c, e.4., f.5., e.10., e.11. Section IV. a., b., c., e., f., g., h.2, h.4. Section IV. d., h.1., h.3., i.5. Section V.1.b. Section VI.d. Section VI.e. Section VII.d.	**Received.** **See previous response provided for same/similar comment.** **Received.** **See previous response provided for same/similar comment.** **Received.** Section revised to reflect recommendation **Received.** No change- shift inspection sheets maintained for current permitting year for compliance monitoring. **See previous response provided for same/similar comment.** **See previous response provided for same/similar comment.**
1/8/2016	Kay Kearney	AmbuServe Ambulance	Attachment #4 Pages 1-3 Section III. a., b., d. Section III. c, e.4., f.5., e.10., e.11.	**See previous response provided for same/similar comment.** **See previous response provided for same/similar comment.**

			Section IV. a., b., c., e., f., g., h.2, h.4. Section IV. d., h.1., h.3., i.5. Section V.1.b. Section VI.d. Section VI.e. Section VII.d.	**See previous response provided for same/similar comment.** **See previous response provided for same/similar comment.** **See previous response provided for same/similar comment.** **See previous response provided for same/similar comment.** **See previous response provided for same/similar comment.** **See previous response provided for same/similar comment.**
1/8/2016	Ambulance Association of Orange County	Ambulance Association of Orange County	Attachment #5 Comment 1 Pages 3-6 Comment 2 Pages 6-8 Sections III.c., H.10., E.4., E.5.,E.11, Section IV.D, Section VI.E., Section VII.D.4 and VII.D.6 Comment 3 Page 8 Attachment #5 pages 16-22 Comments1, 2 & 3	**See previous response provided for same/similar comment.** **See previous response provided for same/similar comment.** **See previous response provided for same/similar comment.** **See previous response provided for same/similar comment.**

1/8/2016	Bill Weston	Care Ambulance	Attachment #6 Comment page 1 paragraph 1 and 2. Page 1-3 Section III.c., H.10., E.4., E.5., E.11., Section IV.D., IV.H. Section VI.D. and E., Section VII.D.4 and D.6.	 **See previous response provided for same/similar comment.** **See previous response provided for same/similar comment.**

OCEMS Policy #720.50- Ground Ambulance Vehicle Inspection

Date	Contact	Organization	Comment	OCEMS Response
1/4/2016	Robert Williams	TES/Training Educational Services	720.50 III. A. Since the CHP, California Highway Patrol, is the regulatory agency for ambulances' this statement needs to be in line with state regulations and the authority of the LEMSA. III. A The designee of the Medical Director should be more specific. III. D. If a service provider removes a Orange County permitted ambulance from service for more than 10 day's they must surrender the vehicle's decal to the EMS agency. Furthermore when a unit is taken out of service for major repairs the EMS Agency requires a 'new' CHP inspection of that vehicle prior to it going back into service in	**See previous response provided for same/similar comment.** **Received.** The designee is a person who has been selected or designated to carry out a duty or role. **Received.** No comment

			Orange County. VI. (Point of Clarification) Are all of the personnel doing ambulance inspections trained to look for the same issues, or how does the agency maintain consistency from one inspector to the next? VI. D We request that the within 24 hours be deleted. The staff should be able to do paperwork and issue a permit on site. What if the inspector misplaces or even loses an inspection form? The other option, is to give the provider a copy of the inspection form showing that the specific vehicle passed and the ambulance can operate with that receipt acting as a temporary decal. VII. B 1 please insert, …corrected and the ambulance is re-inspected by OCEMS. VII. B 1 (Please add) This ambulance must be put out of service until the time that it passes inspection. VII. C 1. With the suggested changes, that makes this redundant and it should be removed.	**Received.** OCEMS staff undergo orientation and training. OCEMS policy and procedures established standards for inspections. **See previous response provided for same/similar comment.** **Received.** Current language requires correction and re-inspection. **Received.** Criteria for non-compliance correction addressed in section VII.D. **Received.** No change, section addresses inspections other than initial or renewal inspections

			VII. D 1 Change Type to Violation type 1,2,3, etc. VII. D 1. Please add, and must be operated with visible out of service labels. VII. D 2; Type II: this contradicts VII B1. All of these changes have been reviewed by Dana Risher EMT-P TES Clinical coordinator.	**Received.** **Received.** Ambulance vehicles may operate in more than one county which would preclude OCEMS from requiring out of service labels. **Received.** Language clarified in Section VII.D. and Section VII B. **Received.**
1/7/16	Chad Druten	Ambulance Association of Orange County	Please reference the uploaded attachment, a letter prepared for, and submitted on behalf of the Ambulance Association of Orange County that discusses #720.50 Ambulance Rules and Regulations - Ground Ambulance Vehicle Inspection.	**Received.**
1/7/16	Chad Druten	Ambulance Association of Orange County	ATTACHMENT #2 Comment 1 Page 3	Authority to conduct ambulance vehicle inspections is under the following authorities: **Sec. 4-9-14. - Rules and regulations.** • "*The Health Officer or the Fire Chief or their designee(s) may inspect the records, facilities, transportation units, equipment and method of operation of each licensee whenever necessary and, by the Health Officer, at least annually*."

				Sec. 4-9-8(a) - Rules and regulations. • *"The health officer may suspend or revoke a license for failure by the licensee to comply, and maintain compliance with, or for the violation of, any applicable provisions, standards or requirements of State law or regulation, of this Division, or of any regulations promulgated hereunder"* **Health &Safety Code** ***§1797.204*** *EMS System Responsibilities: The local EMS agency shall plan, implement, and evaluate an emergency medical services system, in accordance with the provisions of this part, consisting of an organized patter of readiness and response services based on public and private agreements and operational procedures.* ***§1797.220:*** *Local Medical Control Policies, Procedures: The local EMS agency, using state minimum standards, shall establish policies and procedures approved by the medical director of the local EMS agency to assure medical control of the EMS system. The policies and procedures approved by the medial director may require basic life support emergency medical transportation services to meet any medical control requirements including dispatch, patient destination policies, patient care guidelines, and quality assurance requirements.* ***§1797.222*** *Adoption of Local Ordinances for Patient Transport: A county, upon the recommendation of its local EMS agency, may adopt ordinances governing the transport of a patient who is receiving care in the field from*

				prehospital emergency medical personnel, when the patient meets specific criteria for trauma, burn, or pediatric centers adopted by the local EMS agency. The ordinances shall, to the extent possible, ensure that individual patients receive appropriate medical care while protecting the interests of the community at large by making maximum use of available emergency medical care resources. **1798.0 (a)** *The medical direction and management of an emergency medical services system shall be under the medical control of the medical director of the local EMS agency. This medical control shall be maintained in accordance with standards for medical control established by the authority*. **California Vehicle Code Division 2. Chapter 2.5 Article 2. Section 2512 (c)** "*This section shall not preclude the adoption of more restrictive regulations by local authorities…..*" **California Code of Regulations Title XXII, EMS Quality Improvement Plan** **§ 100400. Emergency Medical Services System Quality Improvement Program**. "Emergency Medical Services System Quality Improvement Program" or EMS QI Program *means methods of evaluation that are composed of structure, process, and outcome evaluations which focus on improvement efforts to identify root causes of problems, intervene to reduce or eliminate these causes, and take steps to correct the process and recognize excellence in performance and delivery of care.*

				§ 100402. EMS Service Provider Responsibilities. *An EMS service provider shall:* *(1) Develop and implement, in cooperation with other EMS system participants, a provider-specific written EMS QI program, as defined in Section 100400 of this Chapter. Such programs shall include indicators, as defined in Section III and Appendix E of the Emergency Medical Services System Quality Improvement Program Model Guidelines, which address, but are not limited to, the following:* *(A) Personnel* *(B) Equipment and Supplies* *(C) Documentation* *(D) Clinical Care and Patient Outcome* *(E) Skills Maintenance/Competency* *(F) Transportation/Facilities* *(G) Public Education and Prevention* *(H) Risk Management* **OCEMS Policy #385.00 Continuous Quality Improvement Plan** *OCEMS shall maintain a system-wide continuous quality improvement (CQI) program to monitor review, evaluate, and improve the delivery of prehospital and trauma care services. The following shall involve all system participants and shall include but not be limited to, the following activities: Section IV.A.2.3.5.; B.1: OCEMS Concurrent Activities: Participate in ongoing audits and studies with base hospitals and provider agencies including committee discussions, site visits, field observations and ongoing monitoring.*

			Comment 2 Pages 3-4 Comment 3 Page 4 Comment 4 Pages 4-6	**See previous response provided for same/similar comment.** **Received.** Deleted "within 24 hours" added "at the time…" **Received.** County of Orange Ordinance 3517 Section 4-9-8 (a) related to Ambulance Service Provider Licenses. OCEMS Policy 720.50 updated to "Ground Ambulance Vehicle Inspections and Permits" to distinguish Ambulance Service Provider License from Ambulance Vehicle Permit. Language clarified in Sections VII.A, B., C. & D. to ensure consistency in application of expectations.
1/8/2016	Jim Karras	AmeriCare Ambulance Service	Please see the attached public comment offered by AmeriCare regarding the draft revisions to OCEMS Policy No. 720.50. We believe certain provisions set forth in draft Policy No. 720.50 are duplicative of items under the jurisdiction of the California Highway Patrol and/or that OCEMS may not have such authority to inspect such items that are outside of the scope of authority granted to OCEMS under Ambulance Ordinance No. 3517, and therefore presumably not within the scope of authority for OCEMS to inspect. We believe the AAOC is providing comment with respect to this subject matter, so we will not offer additional comment but AmeriCare does hereby affirm that we agree with and support AAOC's	**See previous response provided for same/similar comment.**

			positions as presented by its legal counsel related to this subject matter in their public comments pursuant to this comment period opportunity. Specifically, we also offer the following comments of various sections of Policy	
			720.50: â€¢ AmeriCare disagrees with the amendment to Section VI.D. This amendment would change the provision of a copy of the inspection documentation to the ambulance service operator or his/her/its representative from immediately to within 24 hours. An ambulance provider cannot wait 24 hours on a non-compliance matter as we need to determine the level of non-compliance and if we need to remove the vehicle from service immediately. Therefore, AmeriCare requests that this amendment be withdrawn.	**See previous response provided for same/similar comment.**
			OCEMS should also delete proposed section VII.C because it conflicts with Orange County Ordinances section 4-9-8 with respect to suspension or revocation of licenses. The application of that proposed section VII.C would result in either a revocation or suspension of an ambulance's license that is subject to Orange County Ordinance section 4-9-8. However, any such suspension or revocation must provide sufficient notice and hearing prior to the revocation or suspension.	**See previous response provided for same/similar comment.**

			In other words, upon a finding of non-compliance, OCEMS could not apply proposed section VII.C until after notice and a hearing. Since Orange County Ordinances already establish sufficient due process protections around the suspension and revocation of licenses and because Orange County Ordinance section 4-9-8(c) allows OCEMS to withdraw a suspension or revocation based on a finding that the ambulance is in compliance, AmeriCare requests that section VII.C. be deleted. â€¢	
			AmeriCare also requests an amendment of proposed section VII.B to allow for notice and a hearing following the procedure in section 4-9-8 prior to refusing to grant a license due to any alleged non-compliance. â€¢	**See previous response provided for same/similar comment.**
			Section VII.D classifies non-compliance with requirements into three levels: Type 1, Type II and Type III. While these Types are not defined, we presume that Type III are for less serious instances of non-compliance while Type I are for the most egregious non-compliance. A provider receiving a Type III non-compliance would be required to submission of documentation of the correction of the non-compliance, but would not require a re-inspection. However, proposed sections VII.A, VII.B, and VII.C state that all items of non-compliance may affect a provider's license until "corrected and re-	**See previous response provided for same/similar comment.**

			inspected by OCEMS." This is confusing as providers receiving a Type III non-compliance are not required to undergo re-inspection. It is thus unclear whether Type III non-compliance is not subject to the licensure revocation / suspension / denial in proposed sections VII.A, VII.B, and VII.C or if they are subject to the licensure revocation/suspension/denial, how the licensure action will come to an end as there is no re-inspection. AmeriCare believes that such licensure action should only apply to Type I and II non-compliance as Type III non-compliance issues are relatively minor and easily remedied. Therefore, AmeriCare requests that sections VII.A, VII.B and VII.C (if not deleted) be amended to exclude Type III non-compliance. AmeriCare appreciates this opportunity to share our comments and we thank OCEMS for its consideration of such comments.	
1/8/16	Chad Druten	Emergency Ambulance Service, Inc.	We suggest that Section V. B. 2 not be removed from the policy, but rather be renumbered as V. B. 1 and revised to read "OCEMS shall not inspect for those items required by Title 13, Division 2, Chapter 5, Article 1, sections 1103 and 1103.2."	**Received.** Language revised to: OCEMS ambulance inspections shall not duplicate Vehicle Code and California Highway Patrol (CHP) regulatory inspections performed by CHP. Ambulances in possession of a valid and current California Highway Patrol ambulance inspection report shall be deemed in compliance with Vehicle Code and regulations adopted by the California Highway Patrol Commissioner. 1. OCEMS may perform its inspections in

				conjunction with inspections performed by the CHP.
			Section VI. D. says that "OCEMS shall provide a copy of the inspection documentation to the ambulance service operator or ambulance service operator's representative within 24 hours at the time of inspection." An ambulance provider cannot wait 24 hours on a non-compliance matter, as we need to determine the level of non-compliance and if we need to remove the vehicle from service immediately. We request that the amendment be retracted. If not, what is the Agency's recommendation that a provider do in the interim 24 hour period while awaiting the results?	**See previous response provided for same/similar comment.**
1/8/16	Jonathan Schaeffer	Liberty Ambulance	While Liberty Ambulance appreciates the efforts of the EMS Agency to protect the public and support effective delivery of emergency services, we support the position of the Orange County Ambulance Association in the belief that this matter is addressed at the state level by the CA Highway Patrol regulations and should remain so.	**Received.**
1/8/2016	Kay Kearney	Shoreline Ambulance	Attachment #3 pages 3-5	

		Company, LLC	Section IV C.1 Section VI.d Section VII d.1, d.2, d.3	**See previous response provided for same/similar comment.** **See previous response provided for same/similar comment.** **See previous response provided for same/similar comment.**
1/8/2016	Kay Kearney	AmbuServe Ambulance	Attachment #4 pages 3-4 Section IV C.1 Section VI.d Section VII d.1, d.2, d.3	 **See previous response provided for same/similar comment.** **See previous response provided for same/similar comment.** **See previous response provided for same/similar comment.**
1/8/2016	Ambulance Association of Orange County	Ambulance Association of Orange County	Attachment #5 Comment 4 pages 8-9 Comment 5 pages 9-10 Comment 6 page 10 Attachment #5 pages 27-32 Comments 1, 2, 3 & 4	 **See previous response provided for same/similar comment.** **See previous response provided for same/similar comment.** **See previous response provided for same/similar comment.** **Submission Duplicated within same attachment - See previous response provided for same/similar**

				comment.
1/8/2016	Bill Weston	Care Ambulance	Attachment #7 Comment on Section VI.D. Page 1 Comment on Section VII.D. Pages 1-2	 **See previous response provided for same/similar comment.** **See previous response provided for same/similar comment.**

OCEMS Policy #720.60- Ground Ambulance Provider Policies, Procedures and Documentation

Date	Contact	Organization	Comment	OCEMS Response
1/5/2016	Robert Williams	TES/Training Educational Services	720.60 III A 1: (Point of clarification) what are the counties standards for an approved OCEMS approved driver training program? CEVO III, EVOC, a CHP driving program? What requirements have to be met? Who is approved to teach said course? What are the guidelines to approve a driver's training program? III A 5: (Point of clarification) we, (TES), feel the language needs to be cleaned up. It's not clear. 7 and ii. (Point of clarification) what is an approved equivalent?	 **Received.** Providers submit ambulance driver training programs to OCEMS for approval during the ambulance service provider application process. **Received.** **Received.** Remove "or approved equivalent"

			B. c i. (Point of clarification) is near real-time 30 minutes, 60 minutes, the next day?	**Received.** Near real time is "as soon as technologically feasible."
			B c ii. (Point of clarification) if the facility isn't able to accept a electronically generated PCR, does this mean the crew has to also write a PCR? What are the legal concerns if the written PCR doesn't match the handwritten one?	**Received.** Policy currently states "Receiving facilities without OC-MEDS access shall be provided with a verbal report and a company contact from which the receiving personnel can request a copy of the Prehospital care report."
			B e. (Point of Clarification) This section is not clear.	**Received.**
			C 1 f please remove the (s's) after EMT, Paramedic, and RN.	**Received.** policy updated
			C h TES believes that this section should also indicate how often the provider is required to update vehicle status in a 24 hour period.	**Received.**
			D Operations: b. (point of clarification) an internal disaster? A countywide disaster? A state or Federal disaster?	**Received.**

			g. Remove 'Companies approved before January 1, 2014', etc.	**Received.** No change, current providers have until January 1, 2017 to meet requirement.
			g. Add …five years of ambulance operations supervisory experience in EMS non-emergency transportation or 911 transportation.	**Received.** No change
			I Add…'professional EMS style uniform; a collar shirt with the company's name and employee name first initial and last name (this is for safety), company patch or logo on both shoulder's, (no badges…safety issue). Standard uniform pants and slip resistant steel toed boots in good condition. (no tears or rips to the top of the boot, and no worn soles). All other outer wear must be company issued and have reflective tape on them for employee visibility. Any head gear must be clean and professional with company logo on the front and employee last name on rear. Supervisory personnel must adhere to these same standards.	**Received.** No change
			j. Furthermore the company policy needs to ensure that drug and alcohol testing will be done randomly for all OCEMS accredited EMT's and Paramedics' between January 1 and December 31 as long as they are employed including any employee working on or in an OCEMS decaled ambulance. In	**Received.** No change

			case of any accident injury or non injury drug testing will be conducted with results being reported to the EMS Agency.	
			l. TES would like to see the qualifications of anyone working on a ambulance be ASE certified, Diesel certified, and has training and certification for the ambulance they're working on. Ie… not all mechanics are trained to work on sprinter type ambulances. Furthermore we'd like to see a requirement for all mechanics to receive continuing education on a yearly basis, as well as companies with in house mechanics following OSHA guidelines on hours that mechanics can work per day.	**Received.** No change
			TES would like a policy requiring company participation in sub committees to be returned to the regulations for a company to be licensed in this county. (If you have the same, you'll get the same; but if you introduce new blood to the community then new ideas will be presented and growth will occur. If not the same stale recycled ideas will continue to rule the day).	**Received.** No change
			m. (Spelling correction) blood born to bloodborne.	**Received.** Policy updated
			q. the EMS agency will be notified within 24 hours via e-mail or fax only. (The agency will	**Received.** No change

			need to provide a recipient for all e-mails and a fax number). r. (Point of clarification) Should r actually be iii? All of these changes have been reviewed by Dana Risher EMT-P TES Clinical coordinator.	**Received.** **Received.**
1/7/2016	Chad Druten	Ambulance Association of Orange County	No changes have been requested by the members of the Ambulance Association of Orange County.	**Received.**
1/8/16	Jim Karras	AmeriCare Ambulance Service	Please see the attached public comment offered by AmeriCare regarding the draft	

			revisions to OCEMS Policy No. 720.60. We request that the text in Section C.1.e. be amended to read: "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 within six (6) month of appointment to the position of dispatcher." This will allow ambulance providers to provide this specialized training to its staff which is not readily available on an ongoing basis. The revised wording we are requesting is consistent with a similar ambulance service dispatch personnel policy requirement adopted by the Los Angeles County EMS Agency and already in place in that neighboring jurisdiction without adverse effect to the public safety or welfare. AmeriCare appreciates this opportunity to share our comments and we thank OCEMS for its consideration of such comments.	**Received.** No change
1/8/16	Chad Druten	Emergency Ambulance Service, Inc.	No comments.	**Received.**
1/8/16	Jonathan Schaeffer	Liberty Ambulance	While Liberty Ambulance appreciates the efforts of the EMS Agency to protect the	**Received.**

			public and support effective delivery of emergency services, we support the position of the Orange County Ambulance Association in the belief that this matter is addressed at the state level by the CA Highway Patrol regulations and should remain so.	
1/8/2016	Kay Kearney	Shoreline Ambulance Company, LLC	Attachment #3 Page 5	 **Received.**
1/8/2016	Kay Kearney	AmbuServe Ambulance	Attachment #4 Page 4	 **Received.**

OCEMS Policy #720.70- Ground Ambulance Communication Equipment

Date	Contact	Organization	Comment	OCEMS Response
1/5/2016	Robert Williams	TES/Training Educational Services	720.70 II A. Change the word 'shall' to must. II E. Spell out 'IC' II E. Remove the word 'they' in the last sentence.	 **Received.** No change **Received.** Policy updated **Received.** No change

			IV A. Orange County EMS Agency will conduct random ground ambulance MED-9 communication equipment tests. Companies will be selected on a random basis via lottery to determine companies and vehicles to be tested. (all tests will be unannounced). !V B. All OCEMS licensed ground ambulance providers shall participate in the random MED-9 radio test as determined by lottery and conducted by OCEMS. IV D. Each ambulance that does not meet the compliance standards for the MED-9 radio check conducted by OCEMS will be required to have the vehicle radio or base station radio re-checked by OCC (Orange County Communications), at the ambulance provider's expense. Non –compliance is defined as failing to respond to two random radio checks in one 90 day period. V. A. 1 DELETE V .A. 2 . DELETE V. B. 1: Each ambulance provider is responsible that all company Med-9 radios are on continuously when the unit is in operation.	**Received.** No change. The standards for Med-9 communication equipment testing meet the current objectives to ensure Med-9 radio functionality. **See previous response provided for same/similar comment.** **See previous response provided for same/similar comment.** **See previous response provided for same/similar comment.** **See previous response provided for same/similar comment.** **See previous response provided for same/similar comment.**

			V. B. 2: Each ambulance provider will supply OCEMS with a list of current ambulance unit numbers daily , (via e-mail by 0700 hours) for all in service ambulances on that day. Ambulance units will use their ambulance provider name and unit number to identify themselves on MED-9 when conducting the radio test with OCEMS. V. B. 3: DELETE V. B. 4: DELETE V. C. 2: DELETE V. D. 1: …' random ambulance tests'. VI. G All OCEMS approved 911 transportation units must have an operating 800 MHz radio with trained personnel. Any unit without an 800 MHz radio must be put out of service for 911 purposes only. All of these changes have been reviewed by Dana Risher EMT-P TES Clinical coordinator.	**See previous response provided for same/similar comment.** **See previous response provided for same/similar comment.** **See previous response provided for same/similar comment.** **See previous response provided for same/similar comment.** **See previous response provided for same/similar comment.** **Received.** No change **Received.**
1/7/2016	Chad Druten	Ambulance Association of Orange County	No changes have been requested by the members of the Ambulance Association of Orange County.	**Received.**
1/7/2016	Chad Druten	Emergency Ambulance	No comments.	**Received.**

		Service, Inc.		
1/8/2016	Jonathan Schaeffer	Liberty Ambulance	While Liberty Ambulance appreciates the efforts of the EMS Agency to protect the public and support effective delivery of emergency services, we support the position of the Orange County Ambulance Association in the belief that this matter is addressed at the state level by the CA Highway Patrol regulations and should remain so.	**Received.**
1/8/2016	Kay Kearney	Shoreline Ambulance Company, LLC	Attachment #3 Page 5	**Received.**
1/8/2016	Kay Kearney	AmbuServe Ambulance	Attachment #4 Page 4	**Received.**

OCEMS Policy #330.70- Paramedic Assessment Unit (PAU)

Date	Contact	Organization	Comment	OCEMS Response
1/7/16	Chad Druten	Ambulance Association of Orange County	No changes have been requested by the members of the Ambulance Association of Orange County.	**Received.**
1/8/16	Chad Druten	Emergency Ambulance Service, Inc	No comments.	**Received.**
1/8/16	Jonathan Shaeffer	Liberty Ambulance	While Liberty Ambulance appreciates the efforts of the EMS Agency to protect the public and support effective delivery of emergency services, we support the position of the Orange County Ambulance Association in this matter.	**Received.**

OCEMS Policy #xxx.xx (new)- Pediatric Emergency Receiving Center (PERC)

Date	Contact	Organization	Comment	OCEMS Response
1/7/16	Chad Druten	Ambulance Association of Orange County	No changes have been requested by the members of the Ambulance Association of Orange County.	**Received.**
1/8/16	Chad Druten	Emergency Ambulance Service, Inc	No comments.	**Received.**
1/8/16	Jonathan Shaeffer	Liberty Ambulance	While Liberty Ambulance appreciates the efforts of the EMS Agency to protect the public and support effective delivery of emergency services, we support the position of the Orange County Ambulance Association in this matter.	**Received.**

OCEMS Policy #310.10- Determination of Transport to Appropriate Facility

Date	Contact	Organization	Comment	OCEMS Response
11/20/2015	API Weinert	Laguna Beach Fire Department	Under II. Application you now say that besides the Pt, a caretake or law enforcement officer can consider destination. But here: IV. CRITERIA: A. A BLS or ALS transported patient not expressing a facility preference (section IV) shall be transported from the scene of the incident to the closest (within the shortest transport time) appropriate hospital showing open on ReddiNetÂ® you do not also say caretaker/PD.	**Received.** Policy revised accordingly.
12/22/2015	Virg Narbutas	Hospital Association of Southern California	Attachment #9	**Received.** A revised policy 310.10 is being released for a

				second public comment phase
1/7/2016	Chad Druten	Ambulance Association of Orange County	310.10 - Determination of Transport to an Appropriate Facility The ambulance transport of persons detained on 5150 Welfare and Institutions Code ("WIC") holds are increasing and EMTs are being asked to transport these detained persons longer distances. In the past, persons detained on a 5150 WIC hold were regularly transported to the closest hospital emergency department. The practice is shifting to transporting them to specific hospitals. This is being done to allow detaining law enforcement officers to leave detained persons in the custody of specific hospital security staff versus remaining with the detained person until they are medically cleared. This presents challenges to ambulance companies and the EMTs employed by them, since they have no legal authority to detain these persons against their will. While some law enforcement agencies do encourage their officers to follow the ambulance in their patrol vehicle, this is not always the case. Equally challenging is that many of these detained persons have no identifiable medical complaint that warrants transportation by an emergency ambulance. As such, the transport by ambulance is not a covered benefit by many insurance companies, including Medicare and/or Medi-Cal. Ambulance transportation is only a covered Medicare / Medi-Cal benefit when	**Received.** The following is an excerpt from California Welfare and Institutions Code, Section 5150: *"When a person, as a result of a mental health disorder, is a danger to others, or to himself or herself, or gravely disabled, a peace officer, professional person in charge of a facility designated by the county for evaluation and treatment, member of the attending staff, as defined by regulation, of a facility designated by the county for evaluation and treatment, designated members of a mobile crisis team, or professional person designated by the county may, upon probable cause, take, or cause to be taken, the person into custody for a period of up to 72 hours for assessment, evaluation, and crisis intervention, or placement for evaluation and treatment in a facility designated by the county for evaluation and treatment and approved by the State Department of Health Care Services.*" Considering the above, the following can be said: 1. The California Code requires "placement for evaluation in a facility designated by the county for evaluation and treatment"; about ¼ of acute care hospitals in Orange County have requested such designation and are "designated" facilities. If a patient is taken to the closest receiving facility and that facility is not designated, the 5150 is no longer valid.

			the use of any other method of transportation is contraindicated due to the beneficiary's condition. Most persons being detained on a 5150 WIC hold, can be safely transported by a law enforcement officer using transportation methods other than an ambulance. The singular need for patient restraint is therefore not a justification for ambulance utilization. While we certainly understand that most persons experiencing a behavioral health episode that requires their detainment under a 5150 WIC hold are not criminals and all action should be taken to ensure their dignity during any transport, we are not confident that transport by EMTs in an emergency ambulance is always the appropriate solution.	To address the second concern: 2. Patients that are being transported for acute behavioral health problems under a 5150 are most often transported by contracted 9-1-1 emergency transport providers or ambulance providers contracted with Orange County Behavioral Health. As such, those contracted ambulance companies should honor the terms of the specific contracts. Public 9-1-1 ambulance providers are considered "public safety" providers and are performing transport under public safety requirements which generally require integration of law and safety.
1/8/16	Jim Karras	AmeriCare Ambulance Service	AmeriCare policy comment on OCEMS Policy No.310.10: Please see the attached public comment offered by AmeriCare regarding the draft revisions to OCEMS Policy No. 310.10. We are concerned that text in Section V requires that patient or caregiver requests REQUIRE the ambulance operator to honor requests beyond the nearest appropriate receiving facility without respect to reimbursement provisions for such service beyond the nearest appropriate receiving facility. In fact, such wording is inconsistent with 13 CCR Â§ 1105 (c) which reads: "Destination Restriction. In the absence of decisive factors to the contrary, an ambulance driver shall transport emergency	**Received.** In reply, OCEMS has, for years, considered that the most appropriate emergency health facility for a patient who has established medical records and medical care at a particular facility is that particular facility. This is also in line with Federal law as required by the Patient Protection and Affordable Care Act.

			patients to the most accessible emergency medical facility equipped, staffed, and prepared to administer care appropriate to the needs of the patients." Therefore we request that first sentence in Section V. be amended to read: "ERC destination preference expressed by a patient or a patient's legal guardian or other persons lawfully authorized to make health care decisions for the patient may be honored unless:" AmeriCare appreciates this opportunity to share our comments and we thank OCEMS for its consideration of such comments.	
1/8/16	Chad Druten	Emergency Ambulance Service, Inc	Please consider revising Policy 310.10. We are concerned because the text in Section V requires that when a patient or caregiver requests transport other than to the closest most appropriate facility, the ambulance provider has to honor those requests within a 20 minute drive time. This is without respect to the reimbursement provisions of Medicare and Medi-Cal, and many private insurers. They will only cover ambulance transportation to the nearest appropriate medical facility that's able to give a patient the care they need. Payment is almost always based on the charge to the closest appropriate facility. If no local facilities are able to give a patient the care they need, only then will insurers pay for transportation to the nearest facility outside the area where the patient is picked up from that's able to	**Received.** As noted in the reply above to a similar comment, OCEMS, among other types of facilities, defines an appropriate facility as one with which a patient has an established relationship in the form of a personal physician on staff, prior medical records, or insurance program. Other types of appropriate facilities include those with specialty services as identified in OCEMS policies and procedures as well as specific trauma, cardiovascular, and stroke-neurology centers. In addition a designated mental health emergency receiving center is appropriate for 5150 patients as described above.

			give them necessary care.	
1/8/16	Jonathan Schaeffer	Liberty Ambulance	While Liberty Ambulance appreciates the efforts of the EMS Agency to protect the public and support effective delivery of emergency services, we support the position of the Orange County Ambulance Association in this matter.	**See previous response provided for same/similar comment.**
1/8/2016	Kay Kearney	Shoreline Ambulance Company, LLC	ATTACHMENT #3	**See previous response provided for same/similar comment.**
1/8/2016	Kay Kearney	AmbuServe Ambulance	ATTACHMENT #4	**See previous response provided for same/similar comment.**
1/8/2016	Bill Weston	Care Ambulance	ATTACHMENT #8	**See previous response provided for same/similar comment.**

ATTACHMENT #1

OCEMS POLICIES- PUBLIC COMMENT RESPONSES

Comment Period from November 19, 2015 to January 8, 2016

OCEMS Policy #720.30- Ground Ambulance Design/Documentation/Equipment

Date Received: 1/7/2016

Contact: Chad Druten

Organization: Ambulance Association of Orange County

HOOPER, LUNDY & BOOKMAN, P.C.
HEALTH CARE LAWYERS & ADVISORS
575 MARKET STREET, SUITE 2300
SAN FRANCISCO, CALIFORNIA 94105
TELEPHONE (415) 875-8500
FACSIMILE (415) 875-8519
WEB SITE: WWW.HEALTH-LAW.COM

OFFICES ALSO LOCATED IN
LOS ANGELES
SAN DIEGO
WASHINGTON, D.C.

WRITER'S DIRECT DIAL NUMBER:
(415) 875-8503

WRITER'S E-MAIL ADDRESS:
FSZE@HEALTH-LAW.COM

FILE NO. 00815.901

January 7, 2016

VIA ONLINE SUBMISSION AND HAND DELIVERY

Samuel Stratton, M.D.
Orange County Emergency Medical Services
405 W Fifth Street, Suite 301A
Santa Ana, CA 92701

Re: **Public Comments for OCEMS Policy Changes, 720.30**

Dear Dr. Stratton:

We are pleased to submit comments to you on the proposed Orange County EMS Draft Policy 720.30 posted for public comment on November 19, 2015, on behalf of the Ambulance Association of Orange County ("AAOC"). Founded more than 30 years ago, the AAOC's mission is to promote health care policies that ensure excellence in the ambulance services industry. The AAOC represents ambulance services throughout the County of Orange that participate in serving more than 80 percent of the County's population with emergency and nonemergency care and medical transportation services.

We appreciate your consideration of our comments and recommendations.

Comments to Proposed Policy 720.30

1. Portions of Policy 720.30 are preempted by the California Vehicle Code, which prohibits the duplication of inspections by the California Highway Patrol ("CHP") for compliance with state requirements by local authorities, such as the Orange County EMS. The California Vehicle Code expresses the Legislature's intent for the provisions of the Vehicle Code, including those regulating ambulances, to be "applicable and uniform throughout the state and in all counties and municipalities therein."[1] The Vehicle Code further declares that "a local authority shall not enact or enforce any ordinance or resolution on the matters covered by this code. . . ."[2] All local regulation of the matters governed by the Vehicle Code, such as the regulation of ambulances, are subject to the primacy of the state regulatory system.

Article 2 of Chapter 2.5 of Division 2 of the Vehicle Code governs the licensure by the CHP of privately owned and operated ambulances. Under that article and the regulations promulgated by the CHP under the authority of that article, the CHP has established its requirements for ambulances with regard to areas such as identification, seat belts, and equipment. These requirements are enforced by the CHP through periodic ambulance and records inspections.[3]

Vehicle Code section 2512(c) expressly preempts the ability of local authorities to duplicate the inspections performed by CHP pursuant to Vehicle Code section 2510 to ensure compliance by ambulances with the Vehicle Code and CHP regulations: "inspection of ambulances pursuant to subdivision (b) of Section 2510 shall not be duplicated by local authorities."[4] Despite this, Policy 720.30 in its current form and as proposed duplicates the inspections by the CHP for the following requirements:

Policy 720.30 Provision	Subject	Preempted by
III.E.1	Door latches	Cal. Code Regs., tit. 13, § 1103(h)
III.E.4	Seat belts	Vehicle Code § 27512; Cal. Code Regs., tit. 13, § 1103(b)

[1] Vehicle Code § 21(a).

[2] *Id.*

[3] *See* Veh. Code § 2510(b), Cal. Code Regs., tit. 22, § 1100.6.

[4] Vehicle Code section 2512(c) permits local agencies to enact more restrictive regulations, but prohibits the duplication of ambulance regulation.

III.E.7	Ambulance identification	Cal. Code Regs., tit. 13, § 1100.4
IV.F	Current maps or electronic mapping devices	Cal. Code Regs., tit. 13, § 1103(e), (f)
IV.H.4	Required documentation of evidence of CA DMV registration	Vehicle Code §§ 4000,4160, 4454, 4457, 5200-04
V.A.1.a, b	Oxygen and regulators	Cal. Code Regs., tit. 13, § 1103.2(a)(8)
V.A.1.d	Resuscitators	Vehicle Code § 2418.5; Cal. Code Regs., tit. 13, § 1103.2(a)(7)
V.A.1.f	Oropharyngeal airways	Cal. Code Regs., tit. 13, § 1103.2(a)(5)
V.A.1.j	Portable suction apparatus	Cal. Code Regs., tit. 13, § 1103.2(a)(11)
V.A.2.d (current); V.A.2.c (proposed)	Bandage shears	Cal. Code Regs., tit. 13, § 1103.2(a)(9)
V.A.2.e (current); V.A.2.d (proposed)	Rolled bandages	Cal. Code Regs., tit. 13, § 1103.2(a)(9)
V.A.2.l (current); V.A.2.k (proposed)	Splints	Cal. Code Regs., tit. 13, § 1103.2(a)(6)
V.A.2.m (current); V.A.2.l (proposed)	Backboard	Cal. Code Regs., tit. 13, § 1103.2(a)(13)
V.A.3.i	Bedpan	Cal. Code Regs., tit. 13, § 1103.2(a)(18)
V.A.3.k	Urinal	Cal. Code Regs., tit. 13, § 1103.2(a)(19)

V.A.3.l	Pen light	Cal. Code Regs., tit. 13, § 1103(d)
V.A.3.o	Obstetrical supplies	Cal. Code Regs., tit. 13, § 1103.2(a)(16)
V.A.3.p	Sterile water or saline	Cal. Code Regs., tit. 13, § 1103.2(a)(17)
V.A.3.q	Security straps	Cal. Code Regs., tit. 13, § 1103.2(a)(2)
V.A.3.r	Sheets	Cal. Code Regs., tit. 13, § 1103.2(a)(4)
V.A.3.s	Ankle and wrist restraints	Cal. Code Regs., tit. 13, § 1103.2(a)(3)

The overlap between the requirements of Policy 720.30 and CHP requirements is further evident from a comparison of the CHP Ambulance Inspection Report (CHP Form 299) and the OCEMS Ambulance Inspection Sheet, enclosed with this letter.

The above-listed provisions within Policy 720.30 and the Orange County EMS Authority's inspections to monitor compliance with the above-listed provisions are preempted by Vehicle Code section 2512. **We therefore request that OCEMS: (1) delete these provisions from Policy 720.30 and (2) cease and desist from monitoring compliance with these provisions, which would include deleting these from the OCEMS Ambulance Inspection Sheet.** If OCEMS continues to duplicate CHP inspections in direct contravention of the Vehicle Code, AAOC reserves its rights to pursue all legal recourse against OCEMS.

2. Proposed Policy 720.30 establishes standards that are not reasonably necessary, fail to set fair and impartial standards, and/or are so vague to give rise due process concerns.

In addition to the state law preemption discussed above, the authority of OCEMS to adopt regulations is constrained by Orange County ordinances and the California and U.S. Constitutions. Orange County Ordinance section 4-9-1 expresses the intent by the Board of Supervisors " to provide a fair and impartial means of allowing responsible private operators to provide such services in the public interest[.]" Pursuant to Orange County Ordinance section 4-9-14(a), the Health Officer only has the authority to issue regulations that are "necessary" to implement Division 4-9 of the Orange County Ordinances. In adopting regulations, due process further requires that the Orange County Health Authority adopt regulations that give fair warning of the prohibited or required conduct.[5]

[5] *See Roberts v. U.S. Jaycees* (1984) 468 U.S. 609, 629.

A number of the provisions in the proposed Policy 720.30 fail to meet one or more of these standards:

- Section III.c and III.H.10 would require that ambulances and medical equipment, supplies, solutions and medications be "free from contaminants." This is wholly unrelated to any of the requirements in Division 4-9 of the Orange County Ordinances, which are primarily focused on whether ambulance operators are sufficiently responsible to operate in Orange County, rather than the minutiae of their operations. There is no evidence that there is any operational benefit from ensuring that ambulances, medical equipment, supplies, solutions and medications be "free from contaminants."

  Moreover, the use of the term "free from contaminants" without any qualifiers establishes a standard that is prone to subjective interpretation, which is likely to give rise to selective enforcement. In addition, a prohibition against all potential "contaminants" is impossible since ambulances cannot achieve and have no need to be sterile environments. There will inevitably be germs, dirt and other contaminants in an ambulance. Without increased specificity of which contaminants an ambulance of which should be free, an ambulance operator has no way of having the requisite notice under due process of what standards it must meet.

  Lastly, the requirement that medical equipment supplies, solutions and medications be "free from contaminants" appears to be duplicative with the requirement in California Code of Regulations, title 13, section 1103.2 that "[a]ny equipment or supplies carried for use in providing emergency medical care must be maintained in clean condition and good working order." To the extent this is duplicative with a standard enforced by the CHP, it is preempted pursuant to Vehicle Code section 2512(c).

  In light of these concerns, we suggest that OCEMS delete this phrase altogether. In the alternative, we suggest that OCEMS replace the phrase "free of contaminants" with the term "free of visible contaminants likely to adversely affect the health of the average passenger."

- Section III.E.4 would require seat belts for all passengers in the drivers and patient compartment to be in "clean and good working order." Like the phrase "free of contaminants" discussed above, the cleanliness of seat belts are not necessary for the implementation of any of the requirements in Division 4-9 of the Orange County Ordinances. Given a strict definition of the term "clean," this establishes a standard that cannot be achieved as ambulances are not sterile environments. Due to the subjective nature of the adjective "clean," it also gives

rise to a vague standard that gives an ambulance operator no notice of the standard it must meet in violation of due process. Further, as discussed above, the California Vehicle Code governs the seat belt requirements in ambulances and preempts local ordinances and policies on the issue of seat belts.

We therefore recommend the deletion of this provision altogether in acknowledgment of the CHP as the sole regulatory agency qualified to inspect seat belts.

- Section III.E.5 would require that gaskets be "in good working condition[.]" This statement provides no clear, objective standard as to what beyond forming an appropriate seal a gasket must do in order to be in "good working condition." **We request the deletion of the term "in good working condition."**

- Section III.E.11 would require that medical equipment and supplies be "securely stored." Like the examples above, this provides clear, objective standard for an operator to meet. **We request the deletion of this provision.**

- Section IV.D requires evidence of passage of a current odometer inspection. It is unclear how this requirement is reasonably necessary to implement Division 4-9 of the Orange County Ordinances, as billing is now performed via GPS tracking. **we request the deletion of this provision.**

- The documentation requirements in section IV.H are internally inconsistent[6], not necessary and do not establish an attainable standard. As a preliminary matter, OCEMS has proposed that all documentation listed in section IV be "required to be present in the ambulance" as a condition of operation in Orange County. However, section IV.H states that every ambulance service provider must maintain a file with specific documentation for each ambulance, but does not specify that this file be located in the ambulance itself. It is not feasible to include all of the documentation listed in IV.H in the actual ambulance as some of this documentation is voluminous and has no relationship to the actual operation of the ambulance vehicle. For example, some of these documents may degrade in an ambulance if stored for long periods of time. **Accordingly, we recommend that the phrase "to be present in the ambulance" be deleted from section IV.H.**

- Proposed section VI.E would require the supervisor's name be noted on every completed inspection sheet. This is not reasonably necessary as the supervisor's name can be obtained from the daily work schedule. Moreover, California law

[6] In addition, section VI.D. is redundant to section IV.H.1. We recommend its deletion.

prescribes that the responsibility for the ambulance inspection lies with the ambulance driver/attendant. **We request the deletion of this provision.**

3. The requirement for apparel in section VII.D.4 and VII.D.6 fail to establish a clear standard as they contradict each other. Today's safety standards are moving away from blue jackets and moving towards high visibility jackets. **We therefore request the deletion of section VII.D.6.**

* * * * *

On behalf of the AAOC, we appreciate the opportunity to provide comments on the proposed policy changes. We urge you to consider our comments and incorporate requested changes as appropriate. Please do not hesitate to contact me if you would like to discuss our comments in more detail or have any questions.

Thank you.

Very truly yours,

Felicia Y Sze

Encls.

FYS

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

AMBULANCE INSPECTION REPORT

CHP 299 (Rev. 9-12) OPI 061

INSPECTION ☐ INITIAL ☐ ANNUAL ☐ COMPLIANCE

REFERENCES - Completion: CHP 299A, HPM 82.1, HPG 83.2, California Vehicle Code, Title 13 CCR, and GO 100.5
Distribution: Original to RPS; make copies for Area and Licensee

SERVICE NAME / DOING BUSINESS AS	CHP LICENSE NUMBER	VEHICLE YEAR, MAKE, AND MODEL
SERVICE ADDRESS *(number and street)*		VEHICLE IDENTIFICATION NUMBER (VIN)
(city, state, and zip code)		VEHICLE LICENSE PLATE NUMBER AND STATE
USUAL VEHICLE LOCATION *(number, street, city, state, and zip code, if different from service address)*		CHP ID CERTIFICATE NUMBER *(annuals and compliance only)*

ITEM INSPECTED AND IN COMPLIANCE	CVC / 13 CCR	YES	NO	IF NO, DESCRIPTION OF DEFICIENCIES	COMPLIANCE DATE
1. Registration; plates	4000, 4160, 4454, 4457, 5200-5204				
2. Identification certificate *(annuals/compliance only)*	13 CCR 1107.2(a)				
3. Ambulance identification sign	13 CCR 1100.4				
4. Headlamps	24252, 24400, 24407				
5. Beam selector/indicator	24252, 24406, 24408				
6. Headlamp flasher *(if equipped)*	24252, 25252.5				
7. Steady red warning lamp *(required)**	24251, 24252, 25252, 26100; 13 CCR 1103(a)				
8. Optional warning lamp(s)*	24252, 25252, 25258(a), 25259, 26100				
9. Turn signals	24252, 24951-24953; 13 CCR 697-699				
10. Clearance/sidemarker lamps *(if required)*	24252, 25100, 25100.1; 13 CCR 688				
11. Warning devices *(if required)*	25300				
12. Stoplamps	24252, 24603				
13. Taillamps	24252, 24600				
14. License plate lamp	24252, 24601				
15. Backup lamps	24252, 24606				
16. Reflectors	24252, 24607				
17. Glass	26700, 26701, 26708, 26708.5, 26710				
18. Windshield wipers	26706, 26707				
19. Defroster	26712				
20. Mirrors	26709				
21. Horn	27000				
22. Siren*	26100, 27002; 13 CCR 1021, 1028, 1029, 1103(a)				
23. Brake system	26301.5, 26450-26454				
24. Steering; suspension	24002				
25. Tires; wheels	24002, 27465; 13 CCR 1085, 1087				
26. Fuel system	24002, 27155, 27156.1				
27. Exhaust system	24002, 27150, 27151-27154				
28. Seat belts	27315; 13 CCR 1103(b)				
29. Fire extinguisher *(minimum 4B:C)*	13 CCR 1103(c), 1242				
30. Portable light	13 CCR 1103(d)				
31. Spare tire; jack and tools	27465; 13 CCR 1103(e) & (f)				
32. Maps	13 CCR 1103(g)				
33. Door latches	13 CCR 1103(h)				
34. Other safety defects *(if yes, explain)*	24002				

* **NOTE:** *It is the responsibility of the licensee to ensure that the warning lamp(s) and siren are in compliance with the requirements established by the CHP in the California Vehicle Code and Title 13 CCR. The licensee shall furnish verification of compliance to the CHP upon request.*

EMERGENCY MEDICAL CARE EQUIPMENT AND SUPPLIES

ITEM INSPECTED AND IN COMPLIANCE	YES	NO
35. (1) Ambulance cot and (1) collapsible stretcher		
36. Securement straps for patient and cot/stretcher		
37. Ankle and wrist restraints. Soft ties are acceptable. Total 8		
38. Min. 2 sets clean linen per cot/stretcher: sheets, pillow cases, blankets, towels, pillows		
39. (6) Oropharyngeal airways: (2) adult, (2) children, (1) infant, (1) newborn		
40. Rigid splints (4)		
41. Resuscitator - capable of use with oxygen		
42. Oxygen and regulators, portability required		
43. Rigid cervical collars. Min. (2) adult, (2) children, (2) infant		
44. Sterile gauze pads (12 - 4" x 4" or equivalent)		
45. Soft rolled bandages (6 - 2", 3", 4", or 6")		
46. Adhesive tape (2 rolls - 1", 2", or 3")		
47. Bandage shears		
48. Universal dressings (2 - 10" x 30" or larger)		
49. (Min. 2) Emesis basin or disposable bags; covered waste container		
50. Portable suctioning apparatus		
51. Two devices or material to restrict head and spinal movement (adult and pediatric sizes)		
52. (2) liters sterile water or (2) liters sterile isotonic saline		
53. Half-ring traction splint (Hare/Sager) or equivalent device		
54. Blood pressure cuff (adult, children, and infant sizes)		
55. Sterile obstetrical supplies		
56. Personal protection equipment (masks with one-way valves, gloves, gowns, goggles)		
57. Bedpan or fracture pan		
58. Urinal		
59. Two spinal immobilization devices, one at least 30" in length and one at least 60" in length. Both devices require straps to adequately secure patients to the device (a combination short/long boards are acceptable)		

REQUIRED RECORDS AND DOCUMENTS

ITEM INSPECTED AND IN COMPLIANCE	CVC / 13 CCR	YES	NO
RECORD OF CALLS			
60. Location of records; retained for 3 years	13 CCR 1100.7		
61. Date, time, and location of call; received by whom	(a)		
62. Name of requesting person or agency	(b)		
63. Unit ID; personnel dispatched; red light/siren use	(c)		
64. Explanation of failure to dispatch	(d)		
65. Dispatch time; scene arrival and departure times	(e)		
66. Destination of patient; arrival time	(f)		
67. Name of patient transported	(g)		
PERSONNEL RECORDS			
68. Employment date	13 CCR 1100.8(a)		
69. Facsimile of driver license	(b)		
70. Facsimile of ambulance driver certificate	(b)		
71. Facsimile of medical exam certificate	(b)		
72. Facsimile of EMT certificate or medical license	(c)		
73. Work experience summary	(d)		
74. Affidavit certifying not subject to 13 CCR 1101(b) and/or 13372 CVC prohibitions	(e)		
75. Employer notification *(DMV Pull Notice System)*	1808.1		
COMPANY INSPECTION			
76. Company or corporation ownership	13 CCR 1107(b)(1)		
77. One or more ambulances available 24 hours	13 CCR 1107		
78. Fees posted/maintained	13 CCR 1107(d)		
79. Financial responsibility	16020, 16500, 16500.5; 13 CCR 1106.2		
80. 24-hour direct telephone service	13 CCR 1107(e)		

81. INSURANCE CARRIER'S NAME | POLICY NUMBER | POLICY EXPIRATION DATE

82. REMARKS

LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE

I certify that there is no official brake adjusting station within 30 miles of the operating base of this vehicle; however, the brake system of this vehicle has been inspected and road-tested by a competent mechanic and is in compliance with the requirements of the California Vehicle Code and Title 13, California Code of Regulations.

83. SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE | DATE

84. CHECK ALL APPLICABLE BOXES *(if initial inspection, indicate whether replacement or addition to fleet; if replacement, return ID certificate for replaced vehicle)*

- ☐ In compliance
- ☐ In compliance only after correction
- ☐ Addition to fleet
- ☐ Replacement
- ☐ ID certificate of replaced vehicle attached
- ☐ Absence of official brake adjusting station verified

85. ☐ **NO TEMPORARY OPERATING AUTHORIZATION. REVIEW REQUIRED.** *(explain in remarks)*

☐ **TEMPORARY OPERATING AUTHORIZATION:** This vehicle may be operated as an emergency ambulance. This authorization must be carried in the vehicle when used in lieu of the special vehicle identification certificate and expires 30 days after the date shown below.

86. SIGNATURE OF COMMANDER OR INSPECTING OFFICER	ID NUMBER	LOCATION CODE	OFFICER'S TRAVEL TIME	INSPECTION DURATION	DATE

ORANGE COUNTY HEALTH CARE AGENCY
EMERGENCY MEDICAL SERVICES
PRIVATE GROUND AMBULANCE SERVICE INSPECTION

☐ Initial ☒ Renewal ☐ Compliance

Policy Reference. OCEMS #720.30
Authority: Title 4. Division 9. County of Orange Codified Ordinance EMS Inspector:

Ambulance Service/Representative _____ Date _____

Year _____ Make _____ Model: _____ Color: _____ Type _____

Unit#: _____ Last 4 VIN: _____ DMV Lic#. _____ CHP Lic#. _____

UNIT DOCUMENTS:
- ☐ CHP Inspection Sheet
  OR
- ☑ CHP Permit
- ☑ Proof of Insurance
- ☑ DMV Registration
- ☑ OCC Med-9 Radio Check-off
- ☐ Weights and Measures Certificate
- ☑ Orange County License (Currently licensed)
- ☐ Orange County Sticker (Currently Licensed)

EXTERIOR:
- ☑ Logo on both sides and rear of ambulance
- ☑ Unit number on each side of the ambulance
- ☑ Level of Service Appropriate
- ☑ Free from major damage
- ☑ Backboards (1 long, 1 short)
- ☑ House O2 Tank "H" or "M" ≥500psi

FRONT CAB:
- ☐ Maps
- ☑ DOT ERG Book
- ☑ Door latches operable inside & out
- ☑ AC and Heat Operational
- ☑ Dedicated Med-9 Radio
- ☑ Seat Belts Operational
- ☑ Door Gaskets intact and free from tears
- ☑ Reflective Vests

☑ PASS ☐ Non-Compliant (Level 1) ☐ Non-Compliant (Level 2)

☐ Non-Compliant (Level 3)

Unless otherwise indicated, items of non compliance (marked "NC") to be corrected within 10 calendar days from date of inspection and a letter to OCEMS within said 10 calendar days stating all deficiencies noted on the inspection form have been remedied

STATEMENT OF UNDERSTANDING

All deficiencies noted on this inspection form and the time frame(s) given for corrective action to be taken have been explained to me. I understand all items of non-compliance and that corrective action needs to be taken and time frames given for corrective action to be completed. I also understand that all corrective action shall be documented in a letter, which shall be sent to the OCEMS.

EMS Inspector/Date _____ Company Representative/Date _____

PATIENT COMPARTMENT:

GENERAL:

- [ ] All surfaces impervious to fluid
- [ ] All equipment clean and functional

OXYGEN AND AIRWAY:

- [ ] House O2 Tank "H" or "M" ≥500psi**
- [ ] O2 wall mount with flow regulator
- [ ] Portable "E" tank, one full and one >1000psi with flow regulator

OR

- [ ] Portable "D" tank, two full and one >1000psi with flow regulator
- [ ] Oxygen tank wrench or key device
- [ ] (1)Adult bag-valve device (≥1000)
- [ ] (1)Child bag-valve device (450ml-750ml)
- [ ] BVM Masks (1) adult, (1) child, (1) infant, and (1) neonate
- [ ] OPA: (1) set of multiple standard sizes 0-5
- [ ] NPA: (1) set of multiple standard sizes, no less than 4
- [ ] (2) adult non-rebreathing masks
- [ ] (2) peds non-rebreathing masks
- [ ] (2) Adult nasal cannulas
- [ ] (2) Child nasal cannulas

SUCTION:

- [ ] Suction at least at 300mmHG
- [ ] Portable suction equipment
- [ ] (2) Wide bore suction tubing
- [ ] (2) Hard plastic suction catheter whistle tipped
- [ ] (2) #10 French soft suction catheter with venturi valve
- [ ] (2) #14 French soft suction catheter with venturi valve
- [ ] (2) #18 French soft suction catheter with venturi valve

BANDAGING:

- [ ] (2) 30"X30" or larger universal dressings
- [ ] (25) Individually wrapped 3"X3" sterile gauze pads
- [ ] (1) Bandage Scissors
- [ ] (6) Rolled gauze bandages of varying sizes
- [ ] (2) Petroleum treated gauze dressings 3"X3" or larger
- [ ] (3) Adhesive tape roll any size

AND

- [ ] (3) 2" Adhesive tape roll
- [ ] (4) Cold packs

IMMOBILIZATION/TRAUMA:

- [ ] (4) Multi-size adjustable rigid cervical collars

OR

- [ ] (1) Each large, medium, small, and pediatric size collar
- [ ] (4) Head immobilization device
- [ ] (1) Adult traction splint
- [ ] (1) Child traction splint
- [ ] (2) Medium splints
- [ ] (2) Long splints
- [ ] (1) Long backboard**
- [ ] (4) Backboard immobilization straps
- [ ] (1) Short backboard (30" or larger)**
- [ ] (1) Pediatric immobilization device
- [ ] (1) Pair of Ankle restraints
- [ ] (1) Pair of wrist restraints
- [ ] (2) Gurney securing straps
- [ ] (1) Means of securing the stretcher or ambulance cot in the vehicle

DIAGNOSTIC:

- [ ] (1) Adult BP cuff
- [ ] (1) Thigh BP cuff
- [ ] (1) Child BP cuff
- [ ] (1) Stethoscope
- [ ] (1) Pen light or Flashlight

INFECTION CONTROL/PPE:

- [ ] (1) Sharps container
- [ ] (1) Bio waste disposal bag
- [ ] (6) N95 or N100
- [ ] (2) Eye protection
- [ ] (2) Hearing protection
- [ ] (2) High visibility safety apparel**
- [ ] (1) Bedpan
- [ ] (1) Emesis Basin
- [ ] (1) Urinal
- [ ] Sheets, pillow cases, blankets, and towels
- [ ] (2) Pillows
- [ ] (1) OB Kit

BURNS:

- [ ] (2) Clean burn sheets
- [ ] (2) Liters of sterile saline

OR

- [ ] (2) Liters of sterile water

MEDICATION/ADMINISTRATION:

- [ ] (2) Glucose paste, tablet, or liquid
- [ ] (6) Tongue Depressor

ATTACHMENT #2

OCEMS POLICIES- PUBLIC COMMENT RESPONSES

Comment Period from November 19, 2015 to January 8, 2016

OCEMS Policy #720.50- Ground Ambulance Vehicle Inspection

Date Received: 1/7/2016

Contact: Chad Druten

Organization: Ambulance Association of Orange County

ROBERT W. LUNDY, JR
PATRIC HOOPER
LLOYD A. BOOKMAN
W. BRADLEY TULLY
JOHN R. HELLOW
LAURENCE D. GETZOFF
DAVID P. HENNINGER
TODD E. SWANSON
LINDA RANDLETT KOLLAR
MARK E. REAGAN
DARON L. TOOCH
GLENN E. SOLOMON
CRAIG J. CANNIZZO
SCOTT J. KIEPEN
MARK A. JOHNSON
STEPHEN K. PHILLIPS
HOPE R. LEVY-BIEHL
JODI P. BERLIN
STACIE K. NERONI
CHARLES B. OPPENHEIM
JORDAN B. KEVILLE
ROBERT L. ROTH*
DEVIN M. SENELICK
DAVID A. HATCH
M. STEVEN LIPTON
HARRY SHULMAN
PAUL T. SMITH

ALL ATTORNEYS ADMITTED IN CALIFORNIA AND NOT D.C. UNLESS NOTED

* ADMITTED IN WASHINGTON, D.C., MARYLAND & PENNSYLVANIA ONLY
** ADMITTED IN WASHINGTON, D.C., & MARYLAND ONLY
*** ADMITTED IN WASHINGTON, D.C. & PENNSYLVANIA ONLY
**** ADMITTED IN WASHINGTON D.C. & FLORIDA ONLY
***** OF COUNSEL

HOOPER, LUNDY & BOOKMAN, P.C.
HEALTH CARE LAWYERS & ADVISORS
575 MARKET STREET, SUITE 2300
SAN FRANCISCO, CALIFORNIA 94105
TELEPHONE (415) 875-8500
FACSIMILE (415) 875-8519
WEB SITE: WWW.HEALTH-LAW.COM

OFFICES ALSO LOCATED IN
LOS ANGELES
SAN DIEGO
WASHINGTON, D.C.

MATTHEW CLARK
KARL A. SCHMITZ
FELICIA Y. SZE
JENNIFER A. HANSEN
**JAMES F. SEGROVES
ROSS E. CAMPBELL
****WILLIAM B. ECK
**PRECIOUS MURCHISON GITTENS
*****W. CLARK STANTON
NINA ADATIA MARSDEN
JOSEPH R. LAMAGNA
TRACY A. JESSNER HALE
AMANDA L. HAYES-KIBREAB
KATHERINE M. DRU
AMY M. JOSEPH
KATRINA A. PAGONIS
BEN A. DURIE
ERIC D. CHAN
SANDI KRUL
STANTON J. STOCK
YANYAN ZHOU
JASMIN S. NIKU
*****MICHAEL A. ZABLOCKI
***KELLY A. CARROLL
RUBY W. WOOD
SANSAN LIN
BRIDGET A. GORDON
JONATHAN H. SHIN
JORDAN KEARNEY
BRETT MOODIE
STEPHANIE GROSS

WRITER'S DIRECT DIAL NUMBER:
(415) 875-8503

WRITER'S E-MAIL ADDRESS:
FSZE@HEALTH-LAW.COM

FILE NO. 00815.901

January 7, 2016

VIA ONLINE SUBMISSION AND HAND DELIVERY

Samuel Stratton, M.D.
Orange County Emergency Medical Services
405 W Fifth Street, Suite 301A
Santa Ana, CA 92701

Re: **Public Comments for OCEMS Policy Changes, 720.50**

Dear Dr. Stratton:

We are pleased to submit comments to you on the proposed Orange County EMS Draft Policy 720.50 posted for public comment on November 19, 2015, on behalf of the Ambulance Association of Orange County ("AAOC"). Founded more than 30 years ago, the AAOC's mission is to promote health care policies that ensure excellence in the ambulance services industry. The AAOC represents ambulance services throughout the County of Orange that participate in serving more than 80 percent of the County's population with emergency and nonemergency care and medical transportation services.

We appreciate your consideration of our comments and recommendations.

Legal Background

Division 4-9 of the Orange County Ordinances governs the scope of authority granted to the Orange County Health Authority to regulate ambulances. Part of the intent of Division 4-9 is "to provide a fair and impartial means of allowing responsible private operators to provide such

services in the public interest[.]" OCEMS is required to act within the scope of authority granted to it by the Orange County Board of Supervisors.[1]

Division 4-9 grants a limited scope of authority to the Orange County Health Authority to regulate ambulances. Section 4-9-3 requires that each person possess a license from the County in order to operate an ambulance. Each application to the county must include certain information, which the Orange County Health Authority may prescribe.[2] The Orange County Health Authority may also perform inspections prior to licensure[3]:

> Upon receipt of a completed application and the required fee, if any, the Health Officer shall make, or cause to be made, such investigation as the Health Officer deems necessary to determine if:
>
> (a) The applicant is a responsible and proper person to conduct, operate or engage in the provision of ambulance services;
>
> (b) The applicant meets the requirements of this division and of other applicable laws, ordinances or regulations.

The Health Officer is also permitted to " suspend or revoke license [sic] for failure by the licensee to comply, and maintain compliance with, or for violation of, any applicable provisions, standards or requirements of State law or regulation, of this division, or of any regulations promulgated hereunder."[4] The Health Officer is required to give notice of the reasons for the proposed suspension or revocation and an opportunity for hearing prior to suspension or revocation.[5] The hearing must take place no more than fifteen days and no less than 7 days after the date of the notice, except where the Health Officer makes written preliminary findings that such action is necessary to protect the public health, safety and welfare, in which case the hearing may take no less than 24 hours after the notice.[6] These requirements for notice and

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[1] *See, e.g.*, Govt. Code § 11342.1 (requiring regulations be within the scope of authority granted to agency).

[2] Orange County Ordinances, section 4-9-5.

[3] Orange County ordinances, section 4-9-6.

[4] Orange County Ordinances, section 4-9-8(a).

[5] Orange County Ordinances, section 4-9-8(b), (d).

[6] Orange County Ordinances, section 4-9-8(b), (e).

hearing prior to suspension or revocation of a license is consistent with the well-established legal concepts under due process.[7]

Comments to Proposed Policy 720.50

1. The Orange County Board of Supervisors did not grant OCEMS the authority to perform inspections of ambulances that are not initial or renewal inspections. As discussed above, section 4-9-6 of the Orange County Ordinances only grants the authority to OCEMS to investigate an ambulance "[u]pon receipt of a completed [licensure] application and the required fee[.]" The Board of Supervisors has not given OCEMS the authority to perform inspections "at its discretion and convenience" as it has proposed in section IV.C of Policy 720.50.[8]

Because OCEMS lacks the authority to perform inspections at its discretion, we request that sections IV.C and VII.C related to such inspections be deleted in their entirety.

2. To the extent that other provisions within Policy 720.50 are focused on inspecting for compliance with requirements duplicative with those enforced by the California Highway Patrol ("CHP"), they should be deleted. The California Vehicle Code expresses the Legislature's intent for the provisions of the Vehicle Code, including those regulating ambulances, to be "applicable and uniform throughout the state and in all counties and municipalities therein."[9] The Vehicle Code further declares that "a local authority shall not enact or enforce any ordinance or resolution on the matters covered by this code. . . ."[10] All local regulation of the matters governed by the Vehicle Code, such as the regulation of ambulances, are subject to the primacy of the state regulatory system.

Article 2 of Chapter 2.5 of Division 2 of the Vehicle Code governs the licensure by the CHP of privately owned and operated ambulances. Under that article and the regulations promulgated by the CHP under the authority of that article, the CHP has established its requirements for ambulances with regard to areas such as identification, seat belts, and

---

[7] *See generally Mathews v. Eldridge*, 424 U.S. 319 (1976).

[8] Neither do the other authorities listed in proposed Policy 720.50 provide authority to OCEMS to perform inspections at its discretion.

[9] Vehicle Code § 21(a).

[10] *Id.*

equipment. These requirements are enforced by the CHP through periodic ambulance and records inspections.[11]

Vehicle Code section 2512(c) expressly preempts the ability of local authorities to duplicate the inspections performed by CHP pursuant to Vehicle Code section 2510 to ensure compliance by ambulances with the Vehicle Code and CHP regulations: "inspection of ambulances pursuant to subdivision (b) of Section 2510 shall not be duplicated by local authorities."[12] Despite this, OCEMS utilizes Policy 720.50 to inspect for requirements that are duplicative with State law, as discussed in detail in our comments on Policy 720.30. Vehicle Code section 2512 prohibits such duplication.[13]

We request that any duplication in Policy 720.30 and CHP inspections be deleted. Moreover, the statement in Section V.B.2 should be revised to read: "OCEMS shall not inspect for those items required by Title 13."

3. AAOC disagrees with the amendment to Section VI.D. This amendment would change the provision of a copy of the inspection documentation to the ambulance service operator or his/her/its representative from immediately to within 24 hours. An ambulance provider cannot wait 24 hours on a non-compliance matter as an ambulance provider needs to determine the level of non-compliance and if it needs to remove the vehicle from service immediately. **Therefore, we request that this amendment be withdrawn.**

4. The provisions governing non-compliance are internally inconsistent and inconsistent with County Ordinance.

Proposed Policy 720-50 would sanction licensure actions arising from non-compliance that are inconsistent with due process notice and hearing requirements required by Orange County Ordinance. As discussed above, Orange County Ordinance section 4-9-8 establishes explicit notice and hearing requirements prior to the revocation and suspension of licenses. Section 4-9-8 further provides that "[i]f the licensee, subsequent to service of a suspension or

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[11] *See* Veh. Code § 2510(b), Cal. Code Regs., tit. 22, § 1100.6.

[12] Vehicle Code section 2512(c) permits local agencies to enact more restrictive regulations, but prohibits the duplication of ambulance regulation.

[13] We are unaware of any legal basis for the provision in Policy 720.50 that OCEMS has proposed to delete stating that OCEMS may inspect "as designee of the CHP[.]" We therefore support this deletion.

revocation notice under this Section, remedies some or all of the conditions to which the notice refers, the Health Officer may rescind a suspension or revocation at any time."

OCEMS should also delete proposed section VII.C because it conflicts with Orange County Ordinances section 4-9-8 with respect to suspension or revocation of licenses. The application of that proposed section VII.C would result in either a revocation or suspension of an ambulance's license that is subject to Orange County Ordinance section 4-9-8. However, any such suspension or revocation must provide sufficient notice and hearing prior to the revocation or suspension. In other words, upon a finding of non-compliance, OCEMS could not apply proposed section VII.C until after notice and a hearing. Since Orange County Ordinances already establish sufficient due process protections around the suspension and revocation of licenses and because Orange County Ordinance section 4-9-8(c) allows OCEMS to withdraw a suspension or revocation based on a finding that the ambulance is in compliance, we believe that section VII.C. should be deleted.

Moreover, even though Orange County Ordinance section 4-9-8 directly governs revocation or suspension, the refusal to grant a license has an analogous effect as it affects the ability of the ambulance company to stay in business (especially in the case of a license renewal) and should trigger similar protections. **We thus also request an amendment of proposed section VII.B to allow for notice and a hearing following the procedure in section 4-9-8 prior to refusing to grant a license due to any alleged non-compliance.**

Section VII.D classifies non-compliance with requirements into three levels: Type 1, Type II and Type III. While these Types are not defined[14], we presume that Type III is reserved for less serious instances of non-compliance while Type I is the most egregious category of non-compliance. A provider receiving a Type III non-compliance would be required to submit documentation of the correction of the non-compliance, but would not require a re-inspection. This makes sense as an ambulance may fail a surprise inspection that audits whether the ambulance has enough of a certain type of equipment (e.g., splints or cannula), but the ambulance may have used one in its last run and could easily rectify this non-compliance.

However, proposed sections VII.A, VII.B, and VII.C state that all items of non-compliance may affect a provider's license until "corrected and re-inspected by OCEMS." This is confusing as providers receiving a Type III non-compliance are not required to undergo re-inspection. It is thus unclear whether Type III non-compliance is not subject to the licensure revocation/suspension/denial in proposed sections VII.A, VII.B, and VII.C or if they are subject to the licensure revocation/suspension/denial, how the licensure action will come to an end as there is no re-inspection. We believe that such licensure action should only apply to Type I and

[14] We note that the failure to define each of these Types when they may give rise to significant adverse consequences to a provider is inconsistent with the desire by the Board of Supervisors to establish "fair and impartial" enforcement of requirements.

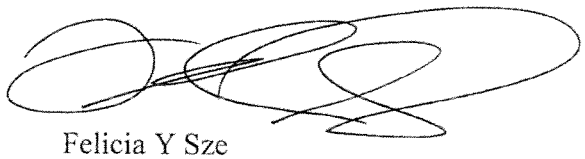
II non-compliance as Type III non-compliance issues are relatively minor and easily remedied. **we therefore request that sections VII.A, VII.B and VII.C (if not deleted) be amended to exclude Type III non-compliance.**

* * * * *

On behalf of the AAOC, we appreciate the opportunity to provide comments on the proposed policy changes. We urge you to consider our comments and incorporate requested changes as appropriate. Please do not hesitate to contact me if you would like to discuss our comments in more detail or have any questions.

Thank you.

Very truly yours,



Felicia Y Sze

FYS

ATTACHMENT #3

OCEMS POLICIES- PUBLIC COMMENT RESPONSES

Comment Period from November 19, 2015 to January 8, 2016

OCEMS Policy #720.30, 720.50, 720.60, 720.70, 310.10

Date Received: 1/8/2016

Contact: Kay Kearney

Organization: Shoreline Ambulance Company, LLC

SHORELINE AMBULANCE

January 8, 2016

Samuel Stratton, MD
Orange County Emergency Medical Services
405 W Fifth Street, Suite 301A
Santa Ana, CA 92701

RE: Public Comments for OCEMS Policy Changes
720.30
720.50
720.20
720.60
310.10

Dear Dr. Stratton:

On behalf of Shoreline Ambulance, I want to thank you for the opportunity to provide comments on the proposed Orange County EMS Draft Policies (Policies) posted for public comment.

Because ambulance services play a pivotal role in Orange County's health care system, it is critically important that the proposed new and revised policies recognize and take into account these services.

On behalf of our company please find our comments on the proposed policy changes. Thank you for consideration of our recommendations.

720.30
Ground Ambulance Design/Documentation/Equipment

Section III – Ambulance Design

a. No Change
b. No Change
c. "Free from Contaminants"

Comment: This is problematic, as this is too overbroad. Included in the phrase free from contaminants could be unseen pathogens.

Recommendation: Replace with "free of obvious contaminants"

SHORELINE AMBULANCE

d. No change

e. 4. Seat belts "clean and working order"

Comment: This is overbroad and beyond the scope of the OCEMS Inspectors qualifications to determine if the seatbelts are in good working order.

Recommendation: We request having seat belts inspected by the qualified commercial inspection officers of the California Highway Patrol.

f. 5. "Good working condition"

Comment: This statement is overbroad.

Recommendation: Delete in "good working condition" and leave "must form the appropriate seal".

e. 10. "Free from contaminants"

Comment: This is problematic as this is too overbroad and we suggest that this be more clearly defined as contaminants could include unseen pathogens.

Recommendation: Replace with "free from visible contaminants"

e. 11. *Comment/Question:* What constitutes securely stored? I.e., If an item is placed under the bench seat securely and closed with a latch does this meet the definition of secured?

Section IV-Required Documentation for Each Ambulance

a. No change
b. No change
c. No change
d. *Comment/Question:* If the odometer is not used for billing purposes and billing is done via GPS tracking as is the case with OC MEDS, is an odometer certification still required? If so why?
e. No change
f. No change
g. No change
h. 1. Shift inspection sheets.

Comment: This contradicts the paragraph in Section VI, item d, "the following is required to be present in the ambulance." In addition, it is not practical to keep shift inspection sheets in the ambulance for one year.

Recommendation: Keep shift inspection sheets at the corporate office for a period of 30 days with vehicle maintenance files.

h. 2. no change
h. 3. *Comment:* Maintenance records should not be kept with an ambulance, they should be kept at the ambulance companies corporate offices where there is adequate storage.
h. 4. No Change

i. 5. *Comment:* It is not practical to keep the initial Med – 9 radio testing report in the ambulance for up to 10 years, as it will not survive. The paper will disintegrate due to exposure to weather and handling.

Recommendation: Med- 9 Radio testing reports are maintained with vehicle maintenance records at the ambulance company's corporate office.

Section V-Ambulance Medical Equipment

a. 1. b. *Recommendation:* We suggest that the portable D cylinders to be maintained at a minimum of 2000 PSI and one not less than 500 PSI.

Section VI-Ambulance and Equipment Inspection

d. *Comment:* Item D is redundant to Section IV, Item h.1.
Recommendation: We still recommend shift inspection sheets are stored at the corporate office for a period of 30 days.

e. "The supervisor name shall be noted on every inspection sheet."

Comment: It is not necessary to have the supervisors name on every inspection sheet. If needed, the supervisors name can be obtained on the daily work schedule. In addition, California Statute prescribes that the responsibility for the ambulance inspection lies with the ambulance driver/attendant.
Recommendation: Delete this line.

Section VII-Required Personal Protective Equipment (PPE)

d. Items 4&6 conflict each other.
Comment: Today's safety standards are moving away from blue jackets and moving towards high visibility jackets.
Recommendation: Please strike line 6.

720.50
Ambulance Rules and Regulations

Section IV-Frequency

c. 1. Inspections.

Comment: California Vehicle Code ("CVC") Section (§) 2512, Subsection (c) may preempt and nullify OCEMS Policy 720.50 ("Ambulance Rules and Regulations – Ground Ambulance Vehicle Inspection").

SHORELINE AMBULANCE

This may be the case because CVC § 2512 (c) reads "This section shall not preclude the adoption of more restrictive regulations by local authorities, except that inspection of ambulances pursuant to subdivision (b) of Section 2510 shall not be duplicated by local authorities.

It appears that OCEMS, as "local authorities" are duplicating, to a great extent the inspections performed by the State, through the California Highway Patrol, who has occupied the field prior to the establishment of EMS Agencies.

California's doctrine of State preemption makes the State's laws, i.e. CVC § 2512 (c), superior to local laws. Local governments are only permitted to make laws when they do not conflict with State law by duplicating, contradicting or covering topics already fully occupied by state law.

Is the topic of ambulance inspection covered by State law?

Does the existing or revised Policy 720.50 duplicate, contradict or cover topics already fully occupied by our State's laws?

It appears that the existing and planned versions of the policy take the idea duplication into account. Why is it necessary to remove "1. OCEMS, if in the presence of the California Highway Patrol, and acting as designee of the CHP officer, may inspect all medical equipment required by Title 13 of the California Code of Regulations, rules or regulations, and the Ordinance." AND "2. In the absence of the California Highway Patrol, OCEMS shall not inspect for those items required by Title 13."

If Policy 720.50 is necessary, then why have the above subsections been removed from the policy? At minimum these sentences should not be removed.

In view of the above assumptions, could the County to solicit an opinion as to the legality of the policy since it may be preempted by State law?

Recommendation: Strike this section.

Section VI-Record of Inspection

d. *Comment:* An ambulance provider cannot wait 24 hours on a non-compliance matter as we need to determine the level of non-compliance and if we need to remove the vehicle from service immediately.

SHORELINE AMBULANCE

What is your recommendation that we do we do in the interim 24 hour period while awaiting the results?

Section VII-Non Compliance

d. 1. *Comment:* Type I – No change

d. 2. *Comment:* Type II – No change

d. 3. *Comment:* A unit missing a single nasal cannula or a dirty backboard can be corrected during the time of inspection.

Recommendation: Type III – Delete and replace with: Area of deficiency can be easily corrected during the time of inspection. Operators will be afforded a period of time not to exceed 30 minutes to correct the minor deficiency. No reinspection fee is required.

720.60

Ground Ambulance Provider Policies, Procedures & Documentation

No change

720.70

Ambulance Rules and Regulations Ground Ambulance Communications Equipment

No change

310.10

Determination of Transport to an Appropriate Facility

As you may be aware, the ambulance transport of persons being detained on 5150 W.I.C. holds are increasing and EMTs are being asked to transport these detained persons every increasing distances. In the past, persons detain for a 5150 W.I.C hold where often transported to the closest hospital emergency department. The practice is starting to become transporting to specific hospitals. This is being done to allow the detaining law enforcement officer to leave the detained person in the custody of specific hospital security staff versus remaining with the detained person until they are medically cleared. This presents challenges to ambulance companies and our EMTs, since they have no legal authority to detain these persons against their will. While some law enforcement agencies do encourage their officers to follow the ambulance in their patrol vehicle, this is not always the case.

Equally challenging is that many of these detained persons have no identifiable medical complaint that warrants transportation by an emergency ambulance. As such, the transport by ambulance is not a covered benefit by many insurance companies, including Medicare and/or MediCal. Ambulance

SHORELINE AMBULANCE

transportation is only a covered MediCare / MediCal benefit when the use of any other method of transportation is contraindicated due to the beneficiary's condition.

Most persons being detained on a 5150 W.I.C hold, can be safely transported by a law enforcement officer using transportation methods other than an ambulance. The singular need for patient restraint is therefore not a justification for ambulance utilization.

While we certainly understand that a person experiencing a behavioral health episode, that requires their detainment under a 5150 W.I.C hold, is not involved in a criminal and all action should be taken to ensure their dignity during any transport, I'm not confident that transport by EMTs in an ambulance is the appropriate solution.

Shoreline Ambulance appreciates the opportunity to provide comments on the proposed policy changes. We urge you to consider our comments and incorporate requested changes as appropriate.

We look forward to working with you, not just now, but in the future for the betterment of the Orange County EMS System.

Please do not hesitate to contact me at 714-847-9107 or at kay@shorelineambulance.com if you would like to discuss our comments in more detail or have any questions.

Thank you

Sincerely,

Kay Kearney
Chief Operating Officer

Shoreline Ambulance Company, LLC
17762 Metzler Lane, Huntington Beach, CA 92647 Tel: (855) 4SH-ORELINE, Fax: (714) 848-6943

ATTACHMENT #4

OCEMS POLICIES- PUBLIC COMMENT RESPONSES

Comment Period from November 19, 2015 to January 8, 2016

OCEMS Policy #720.30, 720.50, 720.60, 720.70, 310.10

Date Received: 1/8/2016

Contact: Kay Kearney

Organization: AmbuServe Ambulance

AmbuServe Ambulance

January 8, 2016

Samuel Stratton, MD
Orange County Emergency Medical Services
405 W Fifth Street, Suite 301A
Santa Ana, CA 92701

RE: Public Comments for OCEMS Policy Changes
720.30
720.50
720.20
720.60
310.10

Dear Dr. Stratton:

On behalf of Shoreline Ambulance, I want to thank you for the opportunity to provide comments on the proposed Orange County EMS Draft Policies (Policies) posted for public comment.

Because ambulance services play a pivotal role in Orange County's health care system, it is critically important that the proposed new and revised policies recognize and take into account these services.

On behalf of our company please find our comments on the proposed policy changes. Thank you for consideration of our recommendations.

720.30
Ground Ambulance Design/Documentation/Equipment

Section III – Ambulance Design

a. No Change
b. No Change
c. "Free from Contaminants"
   Comment: This is problematic, as this is too overbroad. Included in the phrase free from contaminants could be unseen pathogens.
   Recommendation: Replace with "free of obvious contaminants"
d. No change
e. 4. Seat belts "clean and working order"
   Comment: This is overbroad and beyond the scope of the OCEMS Inspectors qualifications to determine if the seatbelts are in good working order.
   Recommendation: We request having seat belts inspected by the qualified commercial inspection officers of the California Highway Patrol.
f. 5. "Good working condition"
   Comment: This statement is overbroad.
   Recommendation: Delete in "good working condition" and leave "must form the appropriate seal".
e. 10. "Free from contaminants"

AmbuServe Ambulance

Comment: This is problematic as this is too overbroad and we suggest that this be more clearly defined as contaminants could include unseen pathogens.
Recommendation: Replace with "free from visible contaminants"

e. 11. *Comment/Question:* What constitutes securely stored? I.e., If an item is placed under the bench seat securely and closed with a latch does this meet the definition of secured?

Section IV-Required Documentation for Each Ambulance

a. No change
b. No change
c. No change
d. *Comment/Question:* If the odometer is not used for billing purposes and billing is done via GPS tracking as is the case with OC MEDS, is an odometer certification still required? If so why?
e. No change
f. No change
g. No change
h. 1. Shift inspection sheets.

Comment: This contradicts the paragraph in Section VI, item d, "the following is required to be present in the ambulance." In addition, it is not practical to keep shift inspection sheets in the ambulance for one year.
Recommendation: Keep shift inspection sheets at the corporate office for a period of 30 days with vehicle maintenance files.

h. 2. no change
h. 3. *Comment:* Maintenance records should not be kept with an ambulance, they should be kept at the ambulance companies corporate offices where there is adequate storage.
h. 4. No Change
i. 5. *Comment:* It is not practical to keep the initial Med – 9 radio testing report in the ambulance for up to 10 years, as it will not survive. The paper will disintegrate due to exposure to weather and handling.

Recommendation: Med- 9 Radio testing reports are maintained with vehicle maintenance records at the ambulance company's corporate office.

Section V-Ambulance Medical Equipment

a. 1. b. *Recommendation:* We suggest that the portable D cylinders to be maintained at a minimum of 2000 PSI and one not less than 500 PSI.

Section VI-Ambulance and Equipment Inspection

d. *Comment:* Item D is redundant to Section IV, Item h.1.
Recommendation: We still recommend shift inspection sheets are stored at the corporate office for a period of 30 days.
e. "The supervisor name shall be noted on every inspection sheet."

Comment: It is not necessary to have the supervisors name on every inspection sheet. If needed, the supervisors name can be obtained on the daily work schedule. In addition, California Statute prescribes that the responsibility for the ambulance inspection lies with the ambulance driver/attendant.
Recommendation: Delete this line.

Section VII-Required Personal Protective Equipment (PPE)

d. Items 4&6 conflict each other.

15105 S. Broadway, Gardena, CA 90248
Tel: 310-644-0500* Fax: 310-644-4500

AmbuServe Ambulance

Comment: Today's safety standards are moving away from blue jackets and moving towards high visibility jackets.
Recommendation: Please strike line 6.

720.50
Ambulance Rules and Regulations

Section IV-Frequency
c. 1. Inspections.
Comment: California Vehicle Code ("CVC") Section (§) 2512, Subsection (c) may preempt and nullify OCEMS Policy 720.50 ("Ambulance Rules and Regulations – Ground Ambulance Vehicle Inspection").

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In view of the above assumptions, could the County to solicit an opinion as to the legality of the policy since it may be preempted by State law?

Recommendation: Strike this section.

Section VI-Record of Inspection
d. *Comment:* An ambulance provider cannot wait 24 hours on a non-compliance matter as we need to determine the level of non-compliance and if we need to remove the vehicle from service immediately. What is your recommendation that we do we do in the interim 24 hour period while awaiting the results?

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720.60

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720.70

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Shoreline Ambulance appreciates the opportunity to provide comments on the proposed policy changes. We urge you to consider our comments and incorporate requested changes as appropriate.

15105 S. Broadway, Gardena, CA 90248
Tel: 310-644-0500* Fax: 310-644-4500

AmbuServe
Ambulance

We look forward to working with you, not just now, but in the future for the betterment of the Orange County EMS System.

Please do not hesitate to contact me at 714 847-9107 or at kay@shorelineambulance.com if you would like to discuss our comments in more detail or have any questions.

Thank you

Sincerely,

Kay Kearney
Chief Operating Officer

15105 S. Broadway, Gardena, CA 90248
Tel: 310-644-0500* Fax: 310-644-4500

ATTACHMENT #5

OCEMS POLICIES- PUBLIC COMMENT RESPONSES

Comment Period from November 19, 2015 to January 8, 2016

OCEMS Policy #720.30, 720.50

Date Received: 1/8/2016

Contact: Ambulance Association of Orange County

Organization: Ambulance Association of Orange County

HOOPER, LUNDY & BOOKMAN, P.C.
HEALTH CARE LAWYERS & ADVISORS
575 MARKET STREET, SUITE 2300
SAN FRANCISCO, CALIFORNIA 94105
TELEPHONE (415) 875-8500
FACSIMILE (415) 875-8519
WEB SITE: WWW.HEALTH-LAW.COM

OFFICES ALSO LOCATED IN
LOS ANGELES
SAN DIEGO
WASHINGTON, D.C.

ROBERT W. LUNDY, JR
PATRIC HOOPER
LLOYD A. BOOKMAN
W. BRADLEY TULLY
JOHN R. HELLOW
LAURENCE D. GETZOFF
DAVID P. HENNINGER
TODD E. SWANSON
LINDA RANDLETT KOLLAR
MARK E. REAGAN
DARON L. TOOCH
GLENN E. SOLOMON
CRAIG J. CANNIZZO
SCOTT J. KIEPEN
MARK A. JOHNSON
STEPHEN K. PHILLIPS
HOPE R. LEVY-BIEHL
JODI P. BERLIN
STACIE K. NERONI
CHARLES B. OPPENHEIM
JORDAN B. KEVILLE
ROBERT L. ROTH*
DEVIN M. SENELICK
DAVID A. HATCH
M. STEVEN LIPTON
HARRY SHULMAN
PAUL T. SMITH

ALL ATTORNEYS ADMITTED IN CALIFORNIA AND NOT D.C. UNLESS NOTED

* ADMITTED IN WASHINGTON, D.C., MARYLAND & PENNSYLVANIA ONLY
** ADMITTED IN WASHINGTON, D.C., & MARYLAND ONLY
*** ADMITTED IN WASHINGTON, D.C. & PENNSYLVANIA ONLY
**** ADMITTED IN WASHINGTON D.C. & FLORIDA ONLY
***** OF COUNSEL

MATTHEW CLARK
KARL A. SCHMITZ
FELICIA Y SZE
JENNIFER A. HANSEN
**JAMES F. SEGROVES
ROSS E. CAMPBELL
****WILLIAM B. ECK
**PRECIOUS MURCHISON GITTENS
*****W. CLARK STANTON
NINA ADATIA MARSDEN
JOSEPH R. LAMAGNA
TRACY A. JESSNER HALE
AMANDA L. HAYES-KIBREAB
KATHERINE M. DRU
AMY M. JOSEPH
KATRINA A. PAGONIS
BEN A. DURIE
ERIC D. CHAN
SANDI KRUL
STANTON J. STOCK
YANYAN ZHOU
JASMIN S. NIKU
*****MICHAEL A. ZABLOCKI
***KELLY A. CARROLL
RUBY W. WOOD
SANSAN LIN
BRIDGET A. GORDON
JONATHAN H. SHIN
JORDAN KEARNEY
BRETT MOODIE
STEPHANIE GROSS

WRITER'S DIRECT DIAL NUMBER:
(415) 875-8503

WRITER'S E-MAIL ADDRESS:
FSZE@HEALTH-LAW.COM

January 7, 2016

FILE NO. 00815.901

VIA ONLINE SUBMISSION AND HAND DELIVERY

Samuel Stratton, M.D.
Orange County Emergency Medical Services
405 W Fifth Street, Suite 301A
Santa Ana, CA 92701

Re: **Public Comments for OCEMS Policy Changes, 720.30 and 720.50**

Dear Dr. Stratton:

We are pleased to submit comments to you on the proposed Orange County EMS Draft Policies 720.30 and 720.50 posted for public comment on November 19, 2015, on behalf of the Ambulance Association of Orange County ("AAOC"). Founded more than 30 years ago, the AAOC's mission is to promote health care policies that ensure excellence in the ambulance services industry. The AAOC represents ambulance services throughout the County of Orange that participate in serving more than 80 percent of the County's population with emergency and nonemergency care and medical transportation services.

We appreciate your consideration of our comments and recommendations.

Legal Background

The California Vehicle Code expresses the Legislature's intent for the provisions of the Vehicle Code, including those regulating ambulances, to be "applicable and uniform throughout

the state and in all counties and municipalities therein."[1] The Vehicle Code further declares that "a local authority shall not enact or enforce any ordinance or resolution on the matters covered by this code. . . ."[2] All local regulation of the matters governed by the Vehicle Code, such as the regulation of ambulances, are subject to the primacy of the state regulatory system.

Article 2 of Chapter 2.5 of Division 2 of the Vehicle Code governs the licensure by the California Highway Patrol ("CHP") of privately owned and operated ambulances. Under that article and the regulations promulgated by the CHP under the authority of that article, the CHP has established its requirements for ambulances with regard to areas such as identification, seat belts, and equipment. These requirements are enforced by the CHP through periodic ambulance and records inspections.[3]

Vehicle Code section 2512(c) expressly preempts the ability of local authorities to duplicate the inspections performed by CHP pursuant to Vehicle Code section 2510 to ensure compliance by ambulances with the Vehicle Code and CHP regulations: "inspection of ambulances pursuant to subdivision (b) of Section 2510 shall not be duplicated by local authorities."[4]

Within the scope of authority under the Vehicle Code, Division 4-9 of the Orange County Ordinances governs the scope of authority granted to the Orange County Health Authority to regulate ambulances. Part of the intent of Division 4-9 is "to provide a fair and impartial means of allowing responsible private operators to provide such services in the public interest[.]" OCEMS is required to act within the scope of authority granted to it by the Orange County Board of Supervisors.[5]

Division 4-9 grants a limited scope of authority to the Orange County Health Authority to regulate ambulances. Section 4-9-3 requires that each person possess a license from the County in order to operate an ambulance. Each application to the county must include certain

---

[1] Vehicle Code § 21(a).

[2] *Id.*

[3] *See* Veh. Code § 2510(b), Cal. Code Regs., tit. 22, § 1100.6.

[4] Vehicle Code section 2512(c) permits local agencies to enact more restrictive regulations, but prohibits the duplication of ambulance regulation.

[5] *See, e.g.*, Govt. Code § 11342.1 (requiring regulations be within the scope of authority granted to agency).

information, which the Orange County Health Authority may prescribe.[6] The Orange County Health Authority may also perform inspections prior to licensure[7]:

> Upon receipt of a completed application and the required fee, if any, the Health Officer shall make, or cause to be made, such investigation as the Health Officer deems necessary to determine if:
>
> (a) The applicant is a responsible and proper person to conduct, operate or engage in the provision of ambulance services;
>
> (b) The applicant meets the requirements of this division and of other applicable laws, ordinances or regulations.

The Health Officer is also permitted to " suspend or revoke license [sic] for failure by the licensee to comply, and maintain compliance with, or for violation of, any applicable provisions, standards or requirements of State law or regulation, of this division, or of any regulations promulgated hereunder."[8] The Health Officer is required to give notice of the reasons for the proposed suspension or revocation and an opportunity for hearing prior to suspension or revocation.[9] The hearing must take place no more than fifteen days and no less than 7 days after the date of the notice, except where the Health Officer makes written preliminary findings that such action is necessary to protect the public health, safety and welfare, in which case the hearing may take no less than 24 hours after the notice.[10] These requirements for notice and hearing prior to suspension or revocation of a license is consistent with the well-established legal concepts under due process.[11]

AAOC Comments

1. Portions of the Proposed Policies are preempted by the California Vehicle Code. As discussed above, California Vehicle section 2512(c) prohibits the duplication of inspections by the CHP for compliance with state requirements by local authorities, such as the Orange

[6] Orange County Ordinances, section 4-9-5.

[7] Orange County ordinances, section 4-9-6.

[8] Orange County Ordinances, section 4-9-8(a).

[9] Orange County Ordinances, section 4-9-8(b), (d).

[10] Orange County Ordinances, section 4-9-8(b), (e).

[11] *See generally Mathews v. Eldridge*, 424 U.S. 319 (1976).

County EMS. Despite this, Policy 720.30 in its current form and as proposed duplicates the inspections by the CHP for the following requirements:

Policy 720.30 Provision	Subject	Preempted by
III.E.1	Door latches	Cal. Code Regs., tit. 13, § 1103(h)
III.E.4	Seat belts	Vehicle Code § 27512; Cal. Code Regs., tit. 13, § 1103(b)
III.E.7	Ambulance identification	Cal. Code Regs., tit. 13, § 1100.4
IV.F	Current maps or electronic mapping devices	Cal. Code Regs., tit. 13, § 1103(e), (f)
IV.H.4	Required documentation of evidence of CA DMV registration	Vehicle Code §§ 4000,4160, 4454, 4457, 5200-04
V.A.1.a, b	Oxygen and regulators	Cal. Code Regs., tit. 13, § 1103.2(a)(8)
V.A.1.d	Resuscitators	Vehicle Code § 2418.5; Cal. Code Regs., tit. 13, § 1103.2(a)(7)
V.A.1.f	Oropharyngeal airways	Cal. Code Regs., tit. 13, § 1103.2(a)(5)
V.A.1.j	Portable suction apparatus	Cal. Code Regs., tit. 13, § 1103.2(a)(11)
V.A.2.d (current); V.A.2.c (proposed)	Bandage shears	Cal. Code Regs., tit. 13, § 1103.2(a)(9)
V.A.2.e (current); V.A.2.d (proposed)	Rolled bandages	Cal. Code Regs., tit. 13, § 1103.2(a)(9)
V.A.2.l (current); V.A.2.k	Splints	Cal. Code Regs., tit. 13, § 1103.2(a)(6)

(proposed)		
V.A.2.m (current); V.A.2.l (proposed)	Backboard	Cal. Code Regs., tit. 13, § 1103.2(a)(13)
V.A.3.i	Bedpan	Cal. Code Regs., tit. 13, § 1103.2(a)(18)
V.A.3.k	Urinal	Cal. Code Regs., tit. 13, § 1103.2(a)(19)
V.A.3.l	Pen light	Cal. Code Regs., tit. 13, § 1103(d)
V.A.3.o	Obstetrical supplies	Cal. Code Regs., tit. 13, § 1103.2(a)(16)
V.A.3.p	Sterile water or saline	Cal. Code Regs., tit. 13, § 1103.2(a)(17)
V.A.3.q	Security straps	Cal. Code Regs., tit. 13, § 1103.2(a)(2)
V.A.3.r	Sheets	Cal. Code Regs., tit. 13, § 1103.2(a)(4)
V.A.3.s	Ankle and wrist restraints	Cal. Code Regs., tit. 13, § 1103.2(a)(3)

The overlap between the requirements of Policy 720.30 and CHP requirements is further evident from a comparison of the CHP Ambulance Inspection Report (CHP Form 299) and the OCEMS Ambulance Inspection Sheet, enclosed with this letter.

The above-listed provisions within Policy 720.30 and the Orange County EMS Authority's inspections to monitor compliance with the above-listed provisions are preempted by Vehicle Code section 2512. **We therefore request that OCEMS: (1) delete these provisions from Policy 720.30 and (2) cease and desist from monitoring compliance with these provisions, which would include deleting these from the OCEMS Ambulance Inspection Sheet.** If OCEMS continues to duplicate CHP inspections in direct contravention of the Vehicle Code, AAOC reserves its rights to pursue all legal recourse against OCEMS.

Moreover, OCEMS' proposed Policy 720.50 would permit inspect for requirements that are duplicative with State law, described above in further violation of Vehicle Code section

2512(c).[12] **Accordingly, we request that the statement in Section V.B.2 be revised to read: "OCEMS shall not inspect for those items required by Title 13."**

2. Proposed Policy 720.30 establishes standards that are not reasonably necessary, fail to set fair and impartial standards, and/or are so vague to give rise due process concerns.

As discussed above, the authority of OCEMS to adopt regulations is constrained by Orange County ordinances and the California and U.S. Constitutions. Orange County Ordinance section 4-9-1 expresses the intent by the Board of Supervisors " to provide a fair and impartial means of allowing responsible private operators to provide such services in the public interest[.]" Pursuant to Orange County Ordinance section 4-9-14(a), the Health Officer only has the authority to issue regulations that are "necessary" to implement Division 4-9 of the Orange County Ordinances. In adopting regulations, due process further requires that the Orange County Health Authority adopt regulations that give fair warning of the prohibited or required conduct.[13]

A number of the provisions in the proposed Policy 720.30 fail to meet one or more of these standards:

- Section III.c and III.H.10 would require that ambulances and medical equipment, supplies, solutions and medications be "free from contaminants." This is wholly unrelated to any of the requirements in Division 4-9 of the Orange County Ordinances, which are primarily focused on whether ambulance operators are sufficiently responsible to operate in Orange County, rather than the minutiae of their operations. There is no evidence that there is any operational benefit from ensuring that ambulances, medical equipment, supplies, solutions and medications be "free from contaminants."

  Moreover, the use of the term "free from contaminants" without any qualifiers establishes a standard that is prone to subjective interpretation, which is likely to give rise to selective enforcement. In addition, a prohibition against all potential "contaminants" is impossible since ambulances cannot achieve and have no need to be sterile environments. There will inevitably be germs, dirt and other contaminants in an ambulance. Without increased specificity of which

[12] We are unaware of any legal basis for the provision in Policy 720.50 that OCEMS has proposed to delete stating that OCEMS may inspect "as designee of the CHP[.]" We therefore support this deletion.

[13] *See Roberts v. U.S. Jaycees* (1984) 468 U.S. 609, 629.

contaminants an ambulance of which should be free, an ambulance operator has no way of having the requisite notice under due process of what standards it must meet.

Lastly, the requirement that medical equipment supplies, solutions and medications be "free from contaminants" appears to be duplicative with the requirement in California Code of Regulations, title 13, section 1103.2 that "[a]ny equipment or supplies carried for use in providing emergency medical care must be maintained in clean condition and good working order." To the extent this is duplicative with a standard enforced by the CHP, it is preempted pursuant to Vehicle Code section 2512(c).

In light of these concerns, we suggest that OCEMS delete this phrase altogether. In the alternative, we suggest that OCEMS replace the phrase "free of contaminants" with the term "free of visible contaminants likely to adversely affect the health of the average passenger."

- Section III.E.4 would require seat belts for all passengers in the drivers and patient compartment to be in "clean and good working order." Like the phrase "free of contaminants" discussed above, the cleanliness of seat belts are not necessary for the implementation of any of the requirements in Division 4-9 of the Orange County Ordinances. Given a strict definition of the term "clean," this establishes a standard that cannot be achieved as ambulances are not sterile environments. Due to the subjective nature of the adjective "clean," it also gives rise to a vague standard that gives an ambulance operator no notice of the standard it must meet in violation of due process. Further, as discussed above, the California Vehicle Code governs the seat belt requirements in ambulances and preempts local ordinances and policies on the issue of seat belts.

  We therefore recommend the deletion of this provision altogether in acknowledgment of the CHP as the sole regulatory agency qualified to inspect seat belts.

- Section III.E.5 would require that gaskets be "in good working condition[.]" This statement provides no clear, objective standard as to what beyond forming an appropriate seal a gasket must do in order to be in "good working condition." **We request the deletion of the term "in good working condition."**

- Section III.E.11 would require that medical equipment and supplies be "securely stored." Like the examples above, this provides clear, objective standard for an operator to meet. **We request the deletion of this provision.**

- Section IV.D requires evidence of passage of a current odometer inspection. It is unclear how this requirement is reasonably necessary to implement Division 4-9 of the Orange County Ordinances, as billing is now performed via GPS tracking. **we request the deletion of this provision.**

- The documentation requirements in section IV.H are internally inconsistent[14], not necessary and do not establish an attainable standard. As a preliminary matter, OCEMS has proposed that all documentation listed in section IV be "required to be present in the ambulance" as a condition of operation in Orange County. However, section IV.H states that every ambulance service provider must maintain a file with specific documentation for each ambulance, but does not specify that this file be located in the ambulance itself. It is not feasible to include all of the documentation listed in IV.H in the actual ambulance as some of this documentation is voluminous and has no relationship to the actual operation of the ambulance vehicle. For example, some of these documents may degrade in an ambulance if stored for long periods of time. **Accordingly, we recommend that the phrase "to be present in the ambulance" be deleted from section IV.H.**

- Proposed section VI.E would require the supervisor's name be noted on every completed inspection sheet. This is not reasonably necessary as the supervisor's name can be obtained from the daily work schedule. Moreover, California law prescribes that the responsibility for the ambulance inspection lies with the ambulance driver/attendant. **We request the deletion of this provision.**

3. The requirement for apparel in section VII.D.4 and VII.D.6 of proposed Policy 720.30 fail to establish a clear standard as they contradict each other. Today's safety standards are moving away from blue jackets and moving towards high visibility jackets. **We therefore request the deletion of section VII.D.6.**

4. The Orange County Board of Supervisors did not grant OCEMS the authority to perform inspections of ambulances that are not initial or renewal inspections. As discussed above, section 4-9-6 of the Orange County Ordinances only grants the authority to OCEMS to investigate an ambulance "[u]pon receipt of a completed [licensure] application and the required

[14] In addition, section VI.D. is redundant to section IV.H.1. We recommend its deletion.

fee[.]" The Board of Supervisors has not given OCEMS the authority to perform inspections "at its discretion and convenience" as it has proposed in section IV.C of Policy 720.50.[15]

Because OCEMS lacks the authority to perform inspections at its discretion, we request that sections IV.C and VII.C of proposed Policy 720.50 related to such inspections be deleted in their entirety.

5. The provisions in proposed Policy 720.50 governing non-compliance are internally inconsistent and inconsistent with County Ordinance.

Proposed Policy 720-50 would sanction licensure actions arising from non-compliance that are inconsistent with due process notice and hearing requirements required by Orange County Ordinance. As discussed above, Orange County Ordinance section 4-9-8 establishes explicit notice and hearing requirements prior to the revocation and suspension of licenses. Section 4-9-8 further provides that "[i]f the licensee, subsequent to service of a suspension or revocation notice under this Section, remedies some or all of the conditions to which the notice refers, the Health Officer may rescind a suspension or revocation at any time."

OCEMS should also delete proposed section VII.C because it conflicts with Orange County Ordinances section 4-9-8 with respect to suspension or revocation of licenses. The application of that proposed section VII.C would result in either a revocation or suspension of an ambulance's license that is subject to Orange County Ordinance section 4-9-8. However, any such suspension or revocation must provide sufficient notice and hearing prior to the revocation or suspension. In other words, upon a finding of non-compliance, OCEMS could not apply proposed section VII.C until after notice and a hearing. Since Orange County Ordinances already establish sufficient due process protections around the suspension and revocation of licenses and because Orange County Ordinance section 4-9-8(c) allows OCEMS to withdraw a suspension or revocation based on a finding that the ambulance is in compliance, we believe that section VII.C. should be deleted.

Moreover, even though Orange County Ordinance section 4-9-8 directly governs revocation or suspension, the refusal to grant a license has an analogous effect as it affects the ability of the ambulance company to stay in business (especially in the case of a license renewal) and should trigger similar protections. **We thus also request an amendment of proposed section VII.B to allow for notice and a hearing following the procedure in section 4-9-8 prior to refusing to grant a license due to any alleged non-compliance.**

[15] Neither do the other authorities listed in proposed Policy 720.50 provide authority to OCEMS to perform inspections at its discretion.

Section VII.D classifies non-compliance with requirements into three levels: Type 1, Type II and Type III. While these Types are not defined[16], we presume that Type III is reserved for less serious instances of non-compliance while Type I is the most egregious category of non-compliance. A provider receiving a Type III non-compliance would be required to submit documentation of the correction of the non-compliance, but would not require a re-inspection. This makes sense as an ambulance may fail a surprise inspection that audits whether the ambulance has enough of a certain type of equipment (e.g., splints or cannula), but the ambulance may have used one in its last run and could easily rectify this non-compliance.

However, proposed sections VII.A, VII.B, and VII.C state that all items of non-compliance may affect a provider's license until "corrected and re-inspected by OCEMS." This is confusing as providers receiving a Type III non-compliance are not required to undergo re-inspection. It is thus unclear whether Type III non-compliance is not subject to the licensure revocation/suspension/denial in proposed sections VII.A, VII.B, and VII.C or if they are subject to the licensure revocation/suspension/denial, how the licensure action will come to an end as there is no re-inspection. We believe that such licensure action should only apply to Type I and II non-compliance as Type III non-compliance issues are relatively minor and easily remedied. **we therefore request that sections VII.A, VII.B and VII.C (if not deleted) be amended to exclude Type III non-compliance.**

6. AAOC disagrees with the amendment to Section VI.D of proposed Policy 720.50. This amendment would change the provision of a copy of the inspection documentation to the ambulance service operator or his/her/its representative from immediately to within 24 hours. An ambulance provider cannot wait 24 hours on a non-compliance matter as an ambulance provider needs to determine the level of non-compliance and if it needs to remove the vehicle from service immediately. **Therefore, we request that this amendment be withdrawn.**

* * * * *

On behalf of the AAOC, we appreciate the opportunity to provide comments on the proposed policy changes. We urge you to consider our comments and incorporate requested changes as appropriate. Please do not hesitate to contact me if you would like to discuss our comments in more detail or have any questions.

[16] We note that the failure to define each of these Types when they may give rise to significant adverse consequences to a provider is inconsistent with the desire by the Board of Supervisors to establish "fair and impartial" enforcement of requirements.

Thank you for your consideration of our comments.

Very truly yours,

Felicia Y Sze

FYS

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

AMBULANCE INSPECTION REPORT

CHP 299 (Rev. 9-12) OPI 061

INSPECTION ☐ INITIAL ☐ ANNUAL ☐ COMPLIANCE

REFERENCES - Completion: CHP 299A, HPM 82.1, HPG 83.2, California Vehicle Code, Title 13 CCR, and GO 100.5
Distribution: Original to RPS; make copies for Area and Licensee

SERVICE NAME / DOING BUSINESS AS	CHP LICENSE NUMBER	VEHICLE YEAR, MAKE, AND MODEL
SERVICE ADDRESS *(number and street)*		VEHICLE IDENTIFICATION NUMBER (VIN)
(city, state, and zip code)		VEHICLE LICENSE PLATE NUMBER AND STATE
USUAL VEHICLE LOCATION *(number, street, city, state, and zip code, if different from service address)*		CHP ID CERTIFICATE NUMBER *(annuals and compliance only)*

ITEM INSPECTED AND IN COMPLIANCE	CVC / 13 CCR	YES	NO	IF NO, DESCRIPTION OF DEFICIENCIES	COMPLIANCE DATE
1. Registration; plates	4000, 4160, 4454, 4457, 5200-5204				
2. Identification certificate*(annuals/compliance only)*	13 CCR 1107.2(a)				
3. Ambulance identification sign	13 CCR 1100.4				
4. Headlamps	24252, 24400, 24407				
5. Beam selector/indicator	24252, 24406, 24408				
6. Headlamp flasher *(if equipped)*	24252, 25252.5				
7. Steady red warning lamp *(required)**	24251, 24252, 25252, 26100; 13 CCR 1103(a)				
8. Optional warning lamp(s)*	24252, 25252, 25258(a), 25259, 26100				
9. Turn signals	24252, 24951-24953; 13 CCR 697-699				
10. Clearance/sidemarker lamps *(if required)*	24252, 25100, 25100.1; 13 CCR 688				
11. Warning devices *(if required)*	25300				
12. Stoplamps	24252, 24603				
13. Taillamps	24252, 24600				
14. License plate lamp	24252, 24601				
15. Backup lamps	24252, 24606				
16. Reflectors	24252, 24607				
17. Glass	26700, 26701, 26708, 26708.5, 26710				
18. Windshield wipers	26706, 26707				
19. Defroster	26712				
20. Mirrors	26709				
21. Horn	27000				
22. Siren*	26100, 27002; 13 CCR 1021, 1028, 1029, 1103(a)				
23. Brake system	26301.5, 26450-26454				
24. Steering; suspension	24002				
25. Tires; wheels	24002, 27465; 13 CCR 1085, 1087				
26. Fuel system	24002, 27155, 27156.1				
27. Exhaust system	24002, 27150, 27151-27154				
28. Seat belts	27315; 13 CCR 1103(b)				
29. Fire extinguisher*(minimum 4B:C)*	13 CCR 1103(c), 1242				
30. Portable light	13 CCR 1103(d)				
31. Spare tire; jack and tools	27465; 13 CCR 1103(e) & (f)				
32. Maps	13 CCR 1103(g)				
33. Door latches	13 CCR 1103(h)				
34. Other safety defects*(if yes, explain)*	24002				

* **NOTE:** *It is the responsibility of the licensee to ensure that the warning lamp(s) and siren are in compliance with the requirements established by the CHP in the California Vehicle Code and Title 13 CCR. The licensee shall furnish verification of compliance to the CHP upon request.*

EMERGENCY MEDICAL CARE EQUIPMENT AND SUPPLIES

ITEM INSPECTED AND IN COMPLIANCE	YES	NO
35. (1) Ambulance cot and (1) collapsible stretcher		
36. Securement straps for patient and cot/stretcher		
37. Ankle and wrist restraints. Soft ties are acceptable. Total 8		
38. Min. 2 sets clean linen per cot/stretcher: sheets, pillow cases, blankets, towels, pillows		
39. (6) Oropharyngeal airways: (2) adult, (2) children, (1) infant, (1) newborn		
40. Rigid splints (4)		
41. Resuscitator - capable of use with oxygen		
42. Oxygen and regulators, portability required		
43. Rigid cervical collars. Min. (2) adult, (2) children, (2) infant		
44. Sterile gauze pads (12 - 4" x 4" or equivalent)		
45. Soft rolled bandages (6 - 2", 3", 4", or 6")		
46. Adhesive tape (2 rolls - 1", 2", or 3")		
47. Bandage shears		
48. Universal dressings (2 - 10" x 30" or larger)		
49. (Min. 2) Emesis basin or disposable bags; covered waste container		
50. Portable suctioning apparatus		
51. Two devices or material to restrict head and spinal movement (adult and pediatric sizes)		
52. (2) liters sterile water or (2) liters sterile isotonic saline		
53. Half-ring traction splint (Hare/Sager) or equivalent device		
54. Blood pressure cuff (adult, children, and infant sizes)		
55. Sterile obstetrical supplies		
56. Personal protection equipment (masks with one-way valves, gloves, gowns, goggles)		
57. Bedpan or fracture pan		
58. Urinal		
59. Two spinal immobilization devices, one at least 30" in length and one at least 60" in length. Both devices require straps to adequately secure patients to the device (a combination short/long boards are acceptable)		

REQUIRED RECORDS AND DOCUMENTS

ITEM INSPECTED AND IN COMPLIANCE	CVC / 13 CCR	YES	NO
RECORD OF CALLS			
60. Location of records; retained for 3 years	13 CCR 1100.7		
61. Date, time, and location of call; received by whom	(a)		
62. Name of requesting person or agency	(b)		
63. Unit ID; personnel dispatched; red light/siren use	(c)		
64. Explanation of failure to dispatch	(d)		
65. Dispatch time; scene arrival and departure times	(e)		
66. Destination of patient; arrival time	(f)		
67. Name of patient transported	(g)		
PERSONNEL RECORDS			
68. Employment date	13 CCR 1100.8(a)		
69. Facsimile of driver license	(b)		
70. Facsimile of ambulance driver certificate	(b)		
71. Facsimile of medical exam certificate	(b)		
72. Facsimile of EMT certificate or medical license	(c)		
73. Work experience summary	(d)		
74. Affidavit certifying not subject to 13 CCR 1101(b) and/or 13372 CVC prohibitions	(e)		
75. Employer notification *(DMV Pull Notice System)*	1808.1		
COMPANY INSPECTION			
76. Company or corporation ownership	13 CCR 1107(b)(1)		
77. One or more ambulances available 24 hours	13 CCR 1107		
78. Fees posted/maintained	13 CCR 1107(d)		
79. Financial responsibility	16020, 16500, 16500.5; 13 CCR 1106.2		
80. 24-hour direct telephone service	13 CCR 1107(e)		

81. INSURANCE CARRIER'S NAME	POLICY NUMBER	POLICY EXPIRATION DATE

82. REMARKS

LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE

I certify that there is no official brake adjusting station within 30 miles of the operating base of this vehicle; however, the brake system of this vehicle has been inspected and road-tested by a competent mechanic and is in compliance with the requirements of the California Vehicle Code and Title 13, California Code of Regulations.

83. SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE	DATE

84. CHECK ALL APPLICABLE BOXES *(if initial inspection, indicate whether replacement or addition to fleet; if replacement, return ID certificate for replaced vehicle)*

- ☐ In compliance
- ☐ In compliance only after correction
- ☐ Addition to fleet
- ☐ Replacement
- ☐ ID certificate of replaced vehicle attached
- ☐ Absence of official brake adjusting station verified

85. ☐ **NO TEMPORARY OPERATING AUTHORIZATION. REVIEW REQUIRED.** *(explain in remarks)*

☐ **TEMPORARY OPERATING AUTHORIZATION:** This vehicle may be operated as an emergency ambulance. This authorization must be carried in the vehicle when used in lieu of the special vehicle identification certificate and expires 30 days after the date shown below.

86. SIGNATURE OF COMMANDER OR INSPECTING OFFICER	ID NUMBER	LOCATION CODE	OFFICER'S TRAVEL TIME	INSPECTION DURATION	DATE

ORANGE COUNTY HEALTH CARE AGENCY
EMERGENCY MEDICAL SERVICES
PRIVATE GROUND AMBULANCE SERVICE INSPECTION

☐ Initial ☒ Renewal ☐ Compliance

Policy Reference: OCEMS #720.30
Authority: Title 4, Division 9, County of Orange Codified Ordinance EMS Inspector: _____

Ambulance Service/Representative _____ Date: _____

Year: _____ Make: _____ Model: _____ Color: _____ Type: _____

Unit#: _____ Last 4 VIN: _____ DMV Lic#: _____ CHP Lic#: _____

UNIT DOCUMENTS:
- ☐ CHP Inspection Sheet OR ☒ CHP Permit
- ☒ Proof of Insurance
- ☒ DMV Registration
- ☒ OCC Med-9 Radio Check-off
- ☐ Weights and Measures Certificate
- ☒ Orange County License (Currently licensed)
- ☐ Orange County Sticker (Currently Licensed)

EXTERIOR:
- ☒ Logo on both sides and rear of ambulance
- ☒ Unit number on each side of the ambulance
- ☒ Level of Service Appropriate
- ☒ Free from major damage
- ☒ Backboards (1 long, 1 short)
- ☒ House O2 Tank "H" or "M" ≥500psi

FRONT CAB:
- ☐ Maps
- ☒ DOT ERG Book
- ☒ Door latches operable inside & out
- ☒ AC and Heat Operational
- ☒ Dedicated Med-9 Radio
- ☒ Seat Belts Operational
- ☒ Door Gaskets intact and free from tears
- ☒ Reflective Vests

☒ PASS ☐ Non-Compliant (Level 1) ☐ Non-Compliant (Level 2)

☐ Non-Compliant (Level 3)

Unless otherwise indicated, items of non compliance (marked "NC") to be corrected within 10 calendar days from date of inspection and a letter to OCEMS within said 10 calendar days stating all deficiencies noted on the inspection form have been remedied.

STATEMENT OF UNDERSTANDING

All deficiencies noted on this inspection form and the time frame(s) given for corrective action to be taken have been explained to me. I understand all items of non-compliance and that corrective action needs to be taken and time frames given for corrective action to be completed. I also understand that all corrective action shall be documented in a letter, which shall be sent to the OCEMS.

EMS Inspector/Date _____ Company Representative/Date _____

PATIENT COMPARTMENT:

GENERAL:

- [ ] All surfaces impervious to fluid
- [ ] All equipment clean and functional

OXYGEN AND AIRWAY:

- [ ] House O2 Tank "H" or "M" ≥500psi**
- [ ] O2 wall mount with flow regulator
- [ ] Portable "E" tank; one full and one >1000psi with flow regulator

OR

- [ ] Portable "D" tank, two full and one >1000psi with flow regulator
- [ ] Oxygen tank wrench or key device
- [ ] (1)Adult bag-valve device (≥1000)
- [ ] (1)Child bag-valve device (450ml-750ml)
- [ ] BVM Masks (1) adult, (1) child, (1) infant, and (1) neonate
- [ ] OPA: (1) set of multiple standard sizes 0-5
- [ ] NPA: (1) set of multiple standard sizes, no less than 4
- [ ] (2) adult non-rebreathing masks
- [ ] (2) peds non-rebreathing masks
- [ ] (2) Adult nasal cannulas
- [ ] (2) Child nasal cannulas

SUCTION:

- [ ] Suction at least at 300mmHG
- [ ] Portable suction equipment
- [ ] (2) Wide bore suction tubing
- [ ] (2) Hard plastic suction catheter whistle tipped
- [ ] (2) #10 French soft suction catheter with venturi valve
- [ ] (2) #14 French soft suction catheter with venturi valve
- [ ] (2) #18 French soft suction catheter with venturi valve

BANDAGING:

- [ ] (2) 10"X30" or larger universal dressings
- [ ] (25) Individually wrapped 3"X3" sterile gauze pads
- [ ] (1) Bandage Scissors
- [ ] (6) Rolled gauze bandages of varying sizes
- [ ] (2) Petroleum treated gauze dressings 3"X3" or larger
- [ ] (3) Adhesive tape roll any size

AND

- [ ] (3) 2" Adhesive tape roll
- [ ] (4) Cold packs

IMMOBILIZATION/TRAUMA:

- [ ] (4) Multi-size adjustable rigid cervical collars

OR

- [ ] (1) Each large, medium, small, and pediatric size collar
- [ ] (4) Head immobilization device
- [ ] (1) Adult traction splint
- [ ] (1) Child traction splint
- [ ] (2) Medium splints
- [ ] (2) Long splints
- [ ] (1) Long backboard**
- [ ] (4) Backboard immobilization straps
- [ ] (1) Short backboard (30" or larger)**
- [ ] (1) Pediatric immobilization device
- [ ] (1) Pair of Ankle restraints
- [ ] (1) Pair of wrist restraints
- [ ] (2) Gurney securing straps
- [ ] (1) Means of securing the stretcher or ambulance cot in the vehicle

DIAGNOSTIC:

- [ ] (1) Adult BP cuff
- [ ] (1) Thigh BP cuff
- [ ] (1) Child BP cuff
- [ ] (1) Stethoscope
- [ ] (1) Pen light or Flashlight

INFECTION CONTROL/PPE:

- [ ] (1) Sharps container
- [ ] (1) Bio waste disposal bag
- [ ] (6) N95 or N100
- [ ] (2) Eye protection
- [ ] (2) Hearing protection
- [ ] (2) High visibility safety apparel**
- [ ] (1) Bedpan
- [ ] (1) Emesis Basin
- [ ] (1) Urinal
- [ ] Sheets, pillow cases, blankets, and towels
- [ ] (2) Pillows
- [ ] (1) OB Kit

BURNS:

- [ ] (2) Clean burn sheets
- [ ] (2) Liters of sterile saline

OR

- [ ] (2) Liters of sterile water

MEDICATION/ADMINISTRATION:

- [ ] (2) Glucose paste, tablet, or liquid
- [ ] (6) Tongue Depressor

HOOPER, LUNDY & BOOKMAN, P.C.
HEALTH CARE LAWYERS & ADVISORS
575 MARKET STREET, SUITE 2300
SAN FRANCISCO, CALIFORNIA 94105
TELEPHONE (415) 875-8500
FACSIMILE (415) 875-8519
WEB SITE: WWW.HEALTH-LAW.COM

OFFICES ALSO LOCATED IN
LOS ANGELES
SAN DIEGO
WASHINGTON, D.C.

ROBERT W. LUNDY, JR.
PATRIC HOOPER
LLOYD A. BOOKMAN
W. BRADLEY TULLY
JOHN R. HELLOW
LAURENCE D. GETZOFF
DAVID P. HENNINGER
TODD E. SWANSON
LINDA RANDLETT KOLLAR
MARK E. REAGAN
DARON L. TOOCH
GLENN E. SOLOMON
CRAIG J. CANNIZZO
SCOTT J. KIEPEN
MARK A. JOHNSON
STEPHEN K. PHILLIPS
HOPE R. LEVY-BIEHL
JODI P. BERLIN
STACIE K. NERONI
CHARLES B. OPPENHEIM
JORDAN B. KEVILLE
ROBERT L. ROTH*
DEVIN M. SENELICK
DAVID A. HATCH
M. STEVEN LIPTON
HARRY SHULMAN
PAUL T. SMITH

ALL ATTORNEYS ADMITTED IN CALIFORNIA AND NOT D.C. UNLESS NOTED

* ADMITTED IN WASHINGTON, D.C., MARYLAND & PENNSYLVANIA ONLY
** ADMITTED IN WASHINGTON, D.C., & MARYLAND ONLY
*** ADMITTED IN WASHINGTON, D.C. & PENNSYLVANIA ONLY
**** ADMITTED IN WASHINGTON D.C. & FLORIDA ONLY
***** OF COUNSEL

MATTHEW CLARK
KARL A. SCHMITZ
FELICIA Y SZE
JENNIFER A. HANSEN
**JAMES F. SEGROVES
ROSS E. CAMPBELL
****WILLIAM B. ECK
**PRECIOUS MURCHISON GITTENS
*****W. CLARK STANTON
NINA ADATIA MARSDEN
JOSEPH R. LAMAGNA
TRACY A. JESSNER HALE
AMANDA L. HAYES-KIBREAB
KATHERINE M. DRU
AMY M. JOSEPH
KATRINA A. PAGONIS
BEN A. DURIE
ERIC D. CHAN
SANDI KRUL
STANTON J. STOCK
YANYAN ZHOU
JASMIN S. NIKU
*****MICHAEL A. ZABLOCKI
***KELLY A. CARROLL
RUBY W. WOOD
SANSAN LIN
BRIDGET A. GORDON
JONATHAN H. SHIN
JORDAN KEARNEY
BRETT MOODIE
STEPHANIE GROSS

WRITER'S DIRECT DIAL NUMBER:
(415) 875-8503

WRITER'S E-MAIL ADDRESS:
FSZE@HEALTH-LAW.COM

FILE NO. 00815.901

January 7, 2016

VIA ONLINE SUBMISSION AND HAND DELIVERY

Samuel Stratton, M.D.
Orange County Emergency Medical Services
405 W Fifth Street, Suite 301A
Santa Ana, CA 92701

Re: **Public Comments for OCEMS Policy Changes, 720.30**

Dear Dr. Stratton:

We are pleased to submit comments to you on the proposed Orange County EMS Draft Policy 720.30 posted for public comment on November 19, 2015, on behalf of the Ambulance Association of Orange County ("AAOC"). Founded more than 30 years ago, the AAOC's mission is to promote health care policies that ensure excellence in the ambulance services industry. The AAOC represents ambulance services throughout the County of Orange that participate in serving more than 80 percent of the County's population with emergency and nonemergency care and medical transportation services.

We appreciate your consideration of our comments and recommendations.

Comments to Proposed Policy 720.30

1. Portions of Policy 720.30 are preempted by the California Vehicle Code, which prohibits the duplication of inspections by the California Highway Patrol ("CHP") for compliance with state requirements by local authorities, such as the Orange County EMS. The California Vehicle Code expresses the Legislature's intent for the provisions of the Vehicle Code, including those regulating ambulances, to be "applicable and uniform throughout the state and in all counties and municipalities therein."[1] The Vehicle Code further declares that "a local authority shall not enact or enforce any ordinance or resolution on the matters covered by this code. . . ."[2] All local regulation of the matters governed by the Vehicle Code, such as the regulation of ambulances, are subject to the primacy of the state regulatory system.

Article 2 of Chapter 2.5 of Division 2 of the Vehicle Code governs the licensure by the CHP of privately owned and operated ambulances. Under that article and the regulations promulgated by the CHP under the authority of that article, the CHP has established its requirements for ambulances with regard to areas such as identification, seat belts, and equipment. These requirements are enforced by the CHP through periodic ambulance and records inspections.[3]

Vehicle Code section 2512(c) expressly preempts the ability of local authorities to duplicate the inspections performed by CHP pursuant to Vehicle Code section 2510 to ensure compliance by ambulances with the Vehicle Code and CHP regulations: "inspection of ambulances pursuant to subdivision (b) of Section 2510 shall not be duplicated by local authorities."[4] Despite this, Policy 720.30 in its current form and as proposed duplicates the inspections by the CHP for the following requirements:

Policy 720.30 Provision	Subject	Preempted by
III.E.1	Door latches	Cal. Code Regs., tit. 13, § 1103(h)
III.E.4	Seat belts	Vehicle Code § 27512; Cal. Code Regs., tit. 13, § 1103(b)

[1] Vehicle Code § 21(a).

[2] *Id.*

[3] *See* Veh. Code § 2510(b), Cal. Code Regs., tit. 22, § 1100.6.

[4] Vehicle Code section 2512(c) permits local agencies to enact more restrictive regulations, but prohibits the duplication of ambulance regulation.

III.E.7	Ambulance identification	Cal. Code Regs., tit. 13, § 1100.4
IV.F	Current maps or electronic mapping devices	Cal. Code Regs., tit. 13, § 1103(e), (f)
IV.H.4	Required documentation of evidence of CA DMV registration	Vehicle Code §§ 4000,4160, 4454, 4457, 5200-04
V.A.1.a, b	Oxygen and regulators	Cal. Code Regs., tit. 13, § 1103.2(a)(8)
V.A.1.d	Resuscitators	Vehicle Code § 2418.5; Cal. Code Regs., tit. 13, § 1103.2(a)(7)
V.A.1.f	Oropharyngeal airways	Cal. Code Regs., tit. 13, § 1103.2(a)(5)
V.A.1.j	Portable suction apparatus	Cal. Code Regs., tit. 13, § 1103.2(a)(11)
V.A.2.d (current); V.A.2.c (proposed)	Bandage shears	Cal. Code Regs., tit. 13, § 1103.2(a)(9)
V.A.2.e (current); V.A.2.d (proposed)	Rolled bandages	Cal. Code Regs., tit. 13, § 1103.2(a)(9)
V.A.2.l (current); V.A.2.k (proposed)	Splints	Cal. Code Regs., tit. 13, § 1103.2(a)(6)
V.A.2.m (current); V.A.2.l (proposed)	Backboard	Cal. Code Regs., tit. 13, § 1103.2(a)(13)
V.A.3.i	Bedpan	Cal. Code Regs., tit. 13, § 1103.2(a)(18)
V.A.3.k	Urinal	Cal. Code Regs., tit. 13, § 1103.2(a)(19)

V.A.3.l	Pen light	Cal. Code Regs., tit. 13, § 1103(d)
V.A.3.o	Obstetrical supplies	Cal. Code Regs., tit. 13, § 1103.2(a)(16)
V.A.3.p	Sterile water or saline	Cal. Code Regs., tit. 13, § 1103.2(a)(17)
V.A.3.q	Security straps	Cal. Code Regs., tit. 13, § 1103.2(a)(2)
V.A.3.r	Sheets	Cal. Code Regs., tit. 13, § 1103.2(a)(4)
V.A.3.s	Ankle and wrist restraints	Cal. Code Regs., tit. 13, § 1103.2(a)(3)

The overlap between the requirements of Policy 720.30 and CHP requirements is further evident from a comparison of the CHP Ambulance Inspection Report (CHP Form 299) and the OCEMS Ambulance Inspection Sheet, enclosed with this letter.

The above-listed provisions within Policy 720.30 and the Orange County EMS Authority's inspections to monitor compliance with the above-listed provisions are preempted by Vehicle Code section 2512. **We therefore request that OCEMS: (1) delete these provisions from Policy 720.30 and (2) cease and desist from monitoring compliance with these provisions, which would include deleting these from the OCEMS Ambulance Inspection Sheet.** If OCEMS continues to duplicate CHP inspections in direct contravention of the Vehicle Code, AAOC reserves its rights to pursue all legal recourse against OCEMS.

2. Proposed Policy 720.30 establishes standards that are not reasonably necessary, fail to set fair and impartial standards, and/or are so vague to give rise due process concerns.

In addition to the state law preemption discussed above, the authority of OCEMS to adopt regulations is constrained by Orange County ordinances and the California and U.S. Constitutions. Orange County Ordinance section 4-9-1 expresses the intent by the Board of Supervisors " to provide a fair and impartial means of allowing responsible private operators to provide such services in the public interest[.]" Pursuant to Orange County Ordinance section 4-9-14(a), the Health Officer only has the authority to issue regulations that are "necessary" to implement Division 4-9 of the Orange County Ordinances. In adopting regulations, due process further requires that the Orange County Health Authority adopt regulations that give fair warning of the prohibited or required conduct.[5]

[5] *See Roberts v. U.S. Jaycees* (1984) 468 U.S. 609, 629.

A number of the provisions in the proposed Policy 720.30 fail to meet one or more of these standards:

- Section III.c and III.H.10 would require that ambulances and medical equipment, supplies, solutions and medications be "free from contaminants." This is wholly unrelated to any of the requirements in Division 4-9 of the Orange County Ordinances, which are primarily focused on whether ambulance operators are sufficiently responsible to operate in Orange County, rather than the minutiae of their operations. There is no evidence that there is any operational benefit from ensuring that ambulances, medical equipment, supplies, solutions and medications be "free from contaminants."

  Moreover, the use of the term "free from contaminants" without any qualifiers establishes a standard that is prone to subjective interpretation, which is likely to give rise to selective enforcement. In addition, a prohibition against all potential "contaminants" is impossible since ambulances cannot achieve and have no need to be sterile environments. There will inevitably be germs, dirt and other contaminants in an ambulance. Without increased specificity of which contaminants an ambulance of which should be free, an ambulance operator has no way of having the requisite notice under due process of what standards it must meet.

  Lastly, the requirement that medical equipment supplies, solutions and medications be "free from contaminants" appears to be duplicative with the requirement in California Code of Regulations, title 13, section 1103.2 that "[a]ny equipment or supplies carried for use in providing emergency medical care must be maintained in clean condition and good working order." To the extent this is duplicative with a standard enforced by the CHP, it is preempted pursuant to Vehicle Code section 2512(c).

  In light of these concerns, we suggest that OCEMS delete this phrase altogether. In the alternative, we suggest that OCEMS replace the phrase "free of contaminants" with the term "free of visible contaminants likely to adversely affect the health of the average passenger."

- Section III.E.4 would require seat belts for all passengers in the drivers and patient compartment to be in "clean and good working order." Like the phrase "free of contaminants" discussed above, the cleanliness of seat belts are not necessary for the implementation of any of the requirements in Division 4-9 of the Orange County Ordinances. Given a strict definition of the term "clean," this establishes a standard that cannot be achieved as ambulances are not sterile environments. Due to the subjective nature of the adjective "clean," it also gives

rise to a vague standard that gives an ambulance operator no notice of the standard it must meet in violation of due process. Further, as discussed above, the California Vehicle Code governs the seat belt requirements in ambulances and preempts local ordinances and policies on the issue of seat belts.

We therefore recommend the deletion of this provision altogether in acknowledgment of the CHP as the sole regulatory agency qualified to inspect seat belts.

- Section III.E.5 would require that gaskets be "in good working condition[.]" This statement provides no clear, objective standard as to what beyond forming an appropriate seal a gasket must do in order to be in "good working condition." **We request the deletion of the term "in good working condition."**

- Section III.E.11 would require that medical equipment and supplies be "securely stored." Like the examples above, this provides clear, objective standard for an operator to meet. **We request the deletion of this provision.**

- Section IV.D requires evidence of passage of a current odometer inspection. It is unclear how this requirement is reasonably necessary to implement Division 4-9 of the Orange County Ordinances, as billing is now performed via GPS tracking. **we request the deletion of this provision.**

- The documentation requirements in section IV.H are internally inconsistent[6], not necessary and do not establish an attainable standard. As a preliminary matter, OCEMS has proposed that all documentation listed in section IV be "required to be present in the ambulance" as a condition of operation in Orange County. However, section IV.H states that every ambulance service provider must maintain a file with specific documentation for each ambulance, but does not specify that this file be located in the ambulance itself. It is not feasible to include all of the documentation listed in IV.H in the actual ambulance as some of this documentation is voluminous and has no relationship to the actual operation of the ambulance vehicle. For example, some of these documents may degrade in an ambulance if stored for long periods of time. **Accordingly, we recommend that the phrase "to be present in the ambulance" be deleted from section IV.H.**

- Proposed section VI.E would require the supervisor's name be noted on every completed inspection sheet. This is not reasonably necessary as the supervisor's name can be obtained from the daily work schedule. Moreover, California law

[6] In addition, section VI.D. is redundant to section IV.H.1. We recommend its deletion.

prescribes that the responsibility for the ambulance inspection lies with the ambulance driver/attendant. **We request the deletion of this provision.**

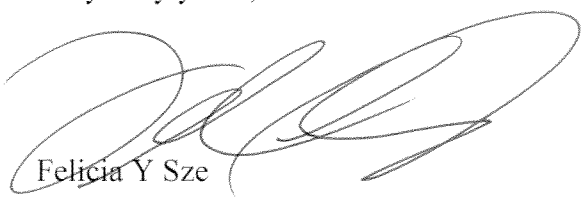
3. The requirement for apparel in section VII.D.4 and VII.D.6 fail to establish a clear standard as they contradict each other. Today's safety standards are moving away from blue jackets and moving towards high visibility jackets. **We therefore request the deletion of section VII.D.6.**

* * * * *

On behalf of the AAOC, we appreciate the opportunity to provide comments on the proposed policy changes. We urge you to consider our comments and incorporate requested changes as appropriate. Please do not hesitate to contact me if you would like to discuss our comments in more detail or have any questions.

Thank you.

Very truly yours,



Felicia Y Sze

Encls.

FYS

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

AMBULANCE INSPECTION REPORT

CHP 299 (Rev. 9-12) OPI 061

INSPECTION ☐ INITIAL ☐ ANNUAL ☐ COMPLIANCE

REFERENCES - Completion: CHP 299A, HPM 82.1, HPG 83.2, California Vehicle Code, Title 13 CCR, and GO 100.5
Distribution: Original to RPS; make copies for Area and Licensee

SERVICE NAME / DOING BUSINESS AS	CHP LICENSE NUMBER	VEHICLE YEAR, MAKE, AND MODEL
SERVICE ADDRESS *(number and street)*		VEHICLE IDENTIFICATION NUMBER (VIN)
(city, state, and zip code)		VEHICLE LICENSE PLATE NUMBER AND STATE
USUAL VEHICLE LOCATION *(number, street, city, state, and zip code, if different from service address)*		CHP ID CERTIFICATE NUMBER *(annuals and compliance only)*

ITEM INSPECTED AND IN COMPLIANCE	CVC / 13 CCR	YES	NO	IF NO, DESCRIPTION OF DEFICIENCIES	COMPLIANCE DATE
1. Registration; plates	4000, 4160, 4454, 4457, 5200-5204				
2. Identification certificate *(annuals/compliance only)*	13 CCR 1107.2(a)				
3. Ambulance identification sign	13 CCR 1100.4				
4. Headlamps	24252, 24400, 24407				
5. Beam selector/indicator	24252, 24406, 24408				
6. Headlamp flasher *(if equipped)*	24252, 25252.5				
7. Steady red warning lamp *(required)**	24251, 24252, 25252, 26100; 13 CCR 1103(a)				
8. Optional warning lamp(s)*	24252, 25252, 25258(a), 25259, 26100				
9. Turn signals	24252, 24951-24953; 13 CCR 697-699				
10. Clearance/sidemarker lamps *(if required)*	24252, 25100, 25100.1; 13 CCR 688				
11. Warning devices *(if required)*	25300				
12. Stoplamps	24252, 24603				
13. Taillamps	24252, 24600				
14. License plate lamp	24252, 24601				
15. Backup lamps	24252, 24606				
16. Reflectors	24252, 24607				
17. Glass	26700, 26701, 26708, 26708.5, 26710				
18. Windshield wipers	26706, 26707				
19. Defroster	26712				
20. Mirrors	26709				
21. Horn	27000				
22. Siren*	26100, 27002; 13 CCR 1021, 1028, 1029, 1103(a)				
23. Brake system	26301.5, 26450-26454				
24. Steering; suspension	24002				
25. Tires; wheels	24002, 27465; 13 CCR 1085, 1087				
26. Fuel system	24002, 27155, 27156.1				
27. Exhaust system	24002, 27150, 27151-27154				
28. Seat belts	27315; 13 CCR 1103(b)				
29. Fire extinguisher *(minimum 4B:C)*	13 CCR 1103(c), 1242				
30. Portable light	13 CCR 1103(d)				
31. Spare tire; jack and tools	27465; 13 CCR 1103(e) & (f)				
32. Maps	13 CCR 1103(g)				
33. Door latches	13 CCR 1103(h)				
34. Other safety defects *(if yes, explain)*	24002				

* **NOTE:** *It is the responsibility of the licensee to ensure that the warning lamp(s) and siren are in compliance with the requirements established by the CHP in the California Vehicle Code and Title 13 CCR. The licensee shall furnish verification of compliance to the CHP upon request.*

EMERGENCY MEDICAL CARE EQUIPMENT AND SUPPLIES

ITEM INSPECTED AND IN COMPLIANCE	YES	NO
35. (1) Ambulance cot and (1) collapsible stretcher		
36. Securement straps for patient and cot/stretcher		
37. Ankle and wrist restraints. Soft ties are acceptable. Total 8		
38. Min. 2 sets clean linen per cot/stretcher: sheets, pillow cases, blankets, towels, pillows		
39. (6) Oropharyngeal airways: (2) adult, (2) children, (1) infant, (1) newborn		
40. Rigid splints (4)		
41. Resuscitator - capable of use with oxygen		
42. Oxygen and regulators, portability required		
43. Rigid cervical collars. Min. (2) adult, (2) children, (2) infant		
44. Sterile gauze pads (12 - 4" x 4" or equivalent)		
45. Soft rolled bandages (6 - 2", 3", 4", or 6")		
46. Adhesive tape (2 rolls - 1", 2", or 3")		
47. Bandage shears		
48. Universal dressings (2 - 10" x 30" or larger)		
49. (Min. 2) Emesis basin or disposable bags; covered waste container		
50. Portable suctioning apparatus		
51. Two devices or material to restrict head and spinal movement (adult and pediatric sizes)		
52. (2) liters sterile water or (2) liters sterile isotonic saline		
53. Half-ring traction splint (Hare/Sager) or equivalent device		
54. Blood pressure cuff (adult, children, and infant sizes)		
55. Sterile obstetrical supplies		
56. Personal protection equipment (masks with one-way valves, gloves, gowns, goggles)		
57. Bedpan or fracture pan		
58. Urinal		
59. Two spinal immobilization devices, one at least 30" in length and one at least 60" in length. Both devices require straps to adequately secure patients to the device (a combination short/long boards are acceptable)		

REQUIRED RECORDS AND DOCUMENTS

ITEM INSPECTED AND IN COMPLIANCE	CVC / 13 CCR	YES	NO
RECORD OF CALLS			
60. Location of records; retained for 3 years	13 CCR 1100.7		
61. Date, time, and location of call; received by whom	(a)		
62. Name of requesting person or agency	(b)		
63. Unit ID; personnel dispatched; red light/siren use	(c)		
64. Explanation of failure to dispatch	(d)		
65. Dispatch time; scene arrival and departure times	(e)		
66. Destination of patient; arrival time	(f)		
67. Name of patient transported	(g)		
PERSONNEL RECORDS			
68. Employment date	13 CCR 1100.8(a)		
69. Facsimile of driver license	(b)		
70. Facsimile of ambulance driver certificate	(b)		
71. Facsimile of medical exam certificate	(b)		
72. Facsimile of EMT certificate or medical license	(c)		
73. Work experience summary	(d)		
74. Affidavit certifying not subject to 13 CCR 1101(b) and/or 13372 CVC prohibitions	(e)		
75. Employer notification *(DMV Pull Notice System)*	1808.1		
COMPANY INSPECTION			
76. Company or corporation ownership	13 CCR 1107(b)(1)		
77. One or more ambulances available 24 hours	13 CCR 1107		
78. Fees posted/maintained	13 CCR 1107(d)		
79. Financial responsibility	16020, 16500, 16500.5; 13 CCR 1106.2		
80. 24-hour direct telephone service	13 CCR 1107(e)		

81. INSURANCE CARRIER'S NAME	POLICY NUMBER	POLICY EXPIRATION DATE

82. REMARKS

LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE

I certify that there is no official brake adjusting station within 30 miles of the operating base of this vehicle; however, the brake system of this vehicle has been inspected and road-tested by a competent mechanic and is in compliance with the requirements of the California Vehicle Code and Title 13, California Code of Regulations.

83. SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE	DATE

84. CHECK ALL APPLICABLE BOXES *(if initial inspection, indicate whether replacement or addition to fleet; if replacement, return ID certificate for replaced vehicle)*

- ☐ In compliance
- ☐ In compliance only after correction
- ☐ Addition to fleet
- ☐ Replacement
- ☐ ID certificate of replaced vehicle attached
- ☐ Absence of official brake adjusting station verified

85.
- ☐ **NO TEMPORARY OPERATING AUTHORIZATION. REVIEW REQUIRED.** *(explain in remarks)*
- ☐ **TEMPORARY OPERATING AUTHORIZATION:** This vehicle may be operated as an emergency ambulance. This authorization must be carried in the vehicle when used in lieu of the special vehicle identification certificate and expires 30 days after the date shown below.

86. SIGNATURE OF COMMANDER OR INSPECTING OFFICER	ID NUMBER	LOCATION CODE	OFFICER'S TRAVEL TIME	INSPECTION DURATION	DATE

ORANGE COUNTY HEALTH CARE AGENCY
EMERGENCY MEDICAL SERVICES
PRIVATE GROUND AMBULANCE SERVICE INSPECTION

☐ Initial ☒ Renewal ☐ Compliance

Policy Reference: OCEMS #720.30
Authority: Title 4, Division 9, County of Orange Codified Ordinance EMS Inspector: _____

Ambulance Service/Representative _____ Date: _____

Year: _____ Make: _____ Model: _____ Color: _____ Type: _____

Unit#: _____ Last 4 VIN: _____ DMV Lic#: _____ CHP Lic#: _____

UNIT DOCUMENTS:
- ☐ CHP Inspection Sheet OR ☒ CHP Permit
- ☒ Proof of Insurance
- ☒ DMV Registration
- ☒ OCC Med-9 Radio Check-off
- ☐ Weights and Measures Certificate
- ☒ Orange County License (Currently licensed)
- ☐ Orange County Sticker (Currently Licensed)

EXTERIOR:
- ☒ Logo on both sides and rear of ambulance
- ☒ Unit number on each side of the ambulance
- ☒ Level of Service Appropriate
- ☒ Free from major damage
- ☒ Backboards (1 long, 1 short)
- ☒ House O2 Tank "H" or "M" ≥500psi

FRONT CAB:
- ☐ Maps
- ☒ DOT ERG Book
- ☒ Door latches operable inside & out
- ☒ AC and Heat Operational
- ☒ Dedicated Med-9 Radio
- ☒ Seat Belts Operational
- ☒ Door Gaskets intact and free from tears
- ☒ Reflective Vests

☒ PASS ☐ Non-Compliant (Level 1) ☐ Non-Compliant (Level 2)

☐ Non-Compliant (Level 3)

Unless otherwise indicated, items of non compliance (marked "NC") to be corrected within 10 calendar days from date of inspection and a letter to OCEMS within said 10 calendar days stating all deficiencies noted on the inspection form have been remedied.

STATEMENT OF UNDERSTANDING

All deficiencies noted on this inspection form and the time frame(s) given for corrective action to be taken have been explained to me. I understand all items of non-compliance and that corrective action needs to be taken and time frames given for corrective action to be completed. I also understand that all corrective action shall be documentedd in a letter, which shall be sent to the OCEMS.

EMS Inspector/Date _____ Company Representative/Date _____

PATIENT COMPARTMENT:

GENERAL:

- [x] All surfaces impervious to fluid
- [x] All equipment clean and functional

OXYGEN AND AIRWAY:

- [ ] House O2 Tank "H" or "M" ≥500psi**
- [x] O2 wall mount with flow regulator
- [x] Portable "E" tank; one full and one >1000psi with flow regulator

OR

- [x] Portable "D" tank; two full and one >1000psi with flow regulator
- [x] Oxygen tank wrench or key device
- [x] (1)Adult bag-valve device (≥1000)
- [x] (1)Child bag-valve device (450ml-750ml)
- [x] BVM Masks (1) adult; (1) child; (1) infant; and (1) neonate
- [x] OPA: (1) set of multiple standard sizes 0-5
- [x] NPA: (1) set of multiple standard sizes, no less than 4
- [x] (2) adult non-rebreathing masks
- [x] (2) peds non-rebreathing masks
- [x] (2) Adult nasal cannulas
- [x] (2) Child nasal cannulas

SUCTION:

- [x] Suction at least at 300mmHG
- [x] Portable suction equipment
- [x] (2) Wide bore suction tubing
- [x] (2) Hard plastic suction catheter whistle tipped
- [x] (2) #10 French soft suction catheter with venturi valve
- [x] (2) #14 French soft suction catheter with venturi valve
- [ ] (2) #18 French soft suction catheter with venturi valve

BANDAGING:

- [x] (2) 10"X30" or larger universal dressings
- [x] (25) Individually wrapped 3"X3" sterile gauze pads
- [x] (1) Bandage Scissors
- [x] (6) Rolled gauze bandages of varying sizes
- [x] (2) Petroleum treated gauze dressings 3"X3" or larger
- [x] (3) Adhesive tape roll any size

AND

- [x] (3) 2" Adhesive tape roll
- [x] (4) Cold packs

IMMOBILIZATION/TRAUMA:

- [x] (4) Multi-size adjustable rigid cervical collars

OR

- [x] (1) Each large, medium, small, and pediatric size collar
- [x] (4) Head immobilization device
- [x] (1) Adult traction splint
- [x] (1) Child traction splint
- [x] (2) Medium splints
- [x] (2) Long splints
- [x] (1) Long backboard**
- [x] (4) Backboard immobilization straps
- [x] (1) Short backboard (30" or larger)**
- [x] (1) Pediatric immobilization device
- [x] (1) Pair of Ankle restraints
- [x] (1) Pair of wrist restraints
- [x] (2) Gurney securing straps
- [x] (1) Means of securing the stretcher or ambulance cot in the vehicle

DIAGNOSTIC:

- [x] (1) Adult BP cuff
- [x] (1) Thigh BP cuff
- [x] (1) Child BP cuff
- [x] (1) Stethoscope
- [ ] (1) Pen light or Flashlight

INFECTION CONTROL/PPE:

- [x] (1) Sharps container
- [x] (1) Bio waste disposal bag
- [x] (6) N95 or N100
- [x] (2) Eye protection
- [x] (2) Hearing protection
- [x] (2) High visibility safety apparel**
- [x] (1) Bedpan
- [x] (1) Emesis Basin
- [x] (1) Urinal
- [x] Sheets, pillow cases, blankets, and towels
- [x] (2) Pillows
- [x] (1) OB Kit

BURNS:

- [x] (2) Clean burn sheets
- [x] (2) Liters of sterile saline

OR

- [ ] (2) Liters of sterile water

MEDICATION/ADMINISTRATION:

- [x] (2) Glucose paste, tablet, or liquid
- [x] (6) Tongue Depressor

HOOPER, LUNDY & BOOKMAN, P.C.
HEALTH CARE LAWYERS & ADVISORS
575 MARKET STREET, SUITE 2300
SAN FRANCISCO, CALIFORNIA 94105
TELEPHONE (415) 875-8500
FACSIMILE (415) 875-8519
WEB SITE: WWW.HEALTH-LAW.COM

OFFICES ALSO LOCATED IN
LOS ANGELES
SAN DIEGO
WASHINGTON, D.C.

ROBERT W. LUNDY, JR
PATRIC HOOPER
LLOYD A. BOOKMAN
W. BRADLEY TULLY
JOHN R. HELLOW
LAURENCE D. GETZOFF
DAVID P. HENNINGER
TODD E. SWANSON
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SCOTT J. KIEPEN
MARK A. JOHNSON
STEPHEN K. PHILLIPS
HOPE R. LEVY-BIEHL
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JORDAN B. KEVILLE
ROBERT L. ROTH*
DEVIN M. SENELICK
DAVID A. HATCH
M. STEVEN LIPTON
HARRY SHULMAN
PAUL T. SMITH

ALL ATTORNEYS ADMITTED IN CALIFORNIA AND NOT D.C. UNLESS NOTED

* ADMITTED IN WASHINGTON, D.C., MARYLAND & PENNSYLVANIA ONLY
** ADMITTED IN WASHINGTON, D.C., & MARYLAND ONLY
*** ADMITTED IN WASHINGTON, D.C. & PENNSYLVANIA ONLY
**** ADMITTED IN WASHINGTON D.C. & FLORIDA ONLY
***** OF COUNSEL

MATTHEW CLARK
KARL A. SCHMITZ
FELICIA Y SZE
JENNIFER A. HANSEN
**JAMES F. SEGROVES
ROSS E. CAMPBELL
****WILLIAM B. ECK
**PRECIOUS MURCHISON GITTENS
*****W. CLARK STANTON
NINA ADATIA MARSDEN
JOSEPH R. LAMAGNA
TRACY A. JESSNER HALE
AMANDA L. HAYES-KIBREAB
KATHERINE M. DRU
AMY M. JOSEPH
KATRINA A. PAGONIS
BEN A. DURIE
ERIC D. CHAN
SANDI KRUL
STANTON J. STOCK
YANYAN ZHOU
JASMIN S. NIKU
*****MICHAEL A. ZABLOCKI
***KELLY A. CARROLL
RUBY W. WOOD
SANSAN LIN
BRIDGET A. GORDON
JONATHAN H. SHIN
JORDAN KEARNEY
BRETT MOODIE
STEPHANIE GROSS

WRITER'S DIRECT DIAL NUMBER:
(415) 875-8503

WRITER'S E-MAIL ADDRESS:
FSZE@HEALTH-LAW.COM

FILE NO. 00815.901

January 7, 2016

VIA ONLINE SUBMISSION AND HAND DELIVERY

Samuel Stratton, M.D.
Orange County Emergency Medical Services
405 W Fifth Street, Suite 301A
Santa Ana, CA 92701

Re: **Public Comments for OCEMS Policy Changes, 720.50**

Dear Dr. Stratton:

We are pleased to submit comments to you on the proposed Orange County EMS Draft Policy 720.50 posted for public comment on November 19, 2015, on behalf of the Ambulance Association of Orange County ("AAOC"). Founded more than 30 years ago, the AAOC's mission is to promote health care policies that ensure excellence in the ambulance services industry. The AAOC represents ambulance services throughout the County of Orange that participate in serving more than 80 percent of the County's population with emergency and nonemergency care and medical transportation services.

We appreciate your consideration of our comments and recommendations.

Legal Background

Division 4-9 of the Orange County Ordinances governs the scope of authority granted to the Orange County Health Authority to regulate ambulances. Part of the intent of Division 4-9 is "to provide a fair and impartial means of allowing responsible private operators to provide such

services in the public interest[.]" OCEMS is required to act within the scope of authority granted to it by the Orange County Board of Supervisors.[1]

Division 4-9 grants a limited scope of authority to the Orange County Health Authority to regulate ambulances. Section 4-9-3 requires that each person possess a license from the County in order to operate an ambulance. Each application to the county must include certain information, which the Orange County Health Authority may prescribe.[2] The Orange County Health Authority may also perform inspections prior to licensure[3]:

> Upon receipt of a completed application and the required fee, if any, the Health Officer shall make, or cause to be made, such investigation as the Health Officer deems necessary to determine if:
>
> (a) The applicant is a responsible and proper person to conduct, operate or engage in the provision of ambulance services;
>
> (b) The applicant meets the requirements of this division and of other applicable laws, ordinances or regulations.

The Health Officer is also permitted to " suspend or revoke license [sic] for failure by the licensee to comply, and maintain compliance with, or for violation of, any applicable provisions, standards or requirements of State law or regulation, of this division, or of any regulations promulgated hereunder."[4] The Health Officer is required to give notice of the reasons for the proposed suspension or revocation and an opportunity for hearing prior to suspension or revocation.[5] The hearing must take place no more than fifteen days and no less than 7 days after the date of the notice, except where the Health Officer makes written preliminary findings that such action is necessary to protect the public health, safety and welfare, in which case the hearing may take no less than 24 hours after the notice.[6] These requirements for notice and

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[1] *See, e.g.*, Govt. Code § 11342.1 (requiring regulations be within the scope of authority granted to agency).

[2] Orange County Ordinances, section 4-9-5.

[3] Orange County ordinances, section 4-9-6.

[4] Orange County Ordinances, section 4-9-8(a).

[5] Orange County Ordinances, section 4-9-8(b), (d).

[6] Orange County Ordinances, section 4-9-8(b), (e).

hearing prior to suspension or revocation of a license is consistent with the well-established legal concepts under due process.[7]

Comments to Proposed Policy 720.50

1. The Orange County Board of Supervisors did not grant OCEMS the authority to perform inspections of ambulances that are not initial or renewal inspections. As discussed above, section 4-9-6 of the Orange County Ordinances only grants the authority to OCEMS to investigate an ambulance "[u]pon receipt of a completed [licensure] application and the required fee[.]" The Board of Supervisors has not given OCEMS the authority to perform inspections "at its discretion and convenience" as it has proposed in section IV.C of Policy 720.50.[8]

Because OCEMS lacks the authority to perform inspections at its discretion, we request that sections IV.C and VII.C related to such inspections be deleted in their entirety.

2. To the extent that other provisions within Policy 720.50 are focused on inspecting for compliance with requirements duplicative with those enforced by the California Highway Patrol ("CHP"), they should be deleted. The California Vehicle Code expresses the Legislature's intent for the provisions of the Vehicle Code, including those regulating ambulances, to be "applicable and uniform throughout the state and in all counties and municipalities therein."[9] The Vehicle Code further declares that "a local authority shall not enact or enforce any ordinance or resolution on the matters covered by this code. . . ."[10] All local regulation of the matters governed by the Vehicle Code, such as the regulation of ambulances, are subject to the primacy of the state regulatory system.

Article 2 of Chapter 2.5 of Division 2 of the Vehicle Code governs the licensure by the CHP of privately owned and operated ambulances. Under that article and the regulations promulgated by the CHP under the authority of that article, the CHP has established its requirements for ambulances with regard to areas such as identification, seat belts, and

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[7] *See generally Mathews v. Eldridge*, 424 U.S. 319 (1976).

[8] Neither do the other authorities listed in proposed Policy 720.50 provide authority to OCEMS to perform inspections at its discretion.

[9] Vehicle Code § 21(a).

[10] *Id.*

equipment. These requirements are enforced by the CHP through periodic ambulance and records inspections.[11]

Vehicle Code section 2512(c) expressly preempts the ability of local authorities to duplicate the inspections performed by CHP pursuant to Vehicle Code section 2510 to ensure compliance by ambulances with the Vehicle Code and CHP regulations: "inspection of ambulances pursuant to subdivision (b) of Section 2510 shall not be duplicated by local authorities."[12] Despite this, OCEMS utilizes Policy 720.50 to inspect for requirements that are duplicative with State law, as discussed in detail in our comments on Policy 720.30. Vehicle Code section 2512 prohibits such duplication.[13]

We request that any duplication in Policy 720.30 and CHP inspections be deleted. Moreover, the statement in Section V.B.2 should be revised to read: "OCEMS shall not inspect for those items required by Title 13."

3. AAOC disagrees with the amendment to Section VI.D. This amendment would change the provision of a copy of the inspection documentation to the ambulance service operator or his/her/its representative from immediately to within 24 hours. An ambulance provider cannot wait 24 hours on a non-compliance matter as an ambulance provider needs to determine the level of non-compliance and if it needs to remove the vehicle from service immediately. **Therefore, we request that this amendment be withdrawn.**

4. The provisions governing non-compliance are internally inconsistent and inconsistent with County Ordinance.

Proposed Policy 720-50 would sanction licensure actions arising from non-compliance that are inconsistent with due process notice and hearing requirements required by Orange County Ordinance. As discussed above, Orange County Ordinance section 4-9-8 establishes explicit notice and hearing requirements prior to the revocation and suspension of licenses. Section 4-9-8 further provides that "[i]f the licensee, subsequent to service of a suspension or

[11] *See* Veh. Code § 2510(b), Cal. Code Regs., tit. 22, § 1100.6.

[12] Vehicle Code section 2512(c) permits local agencies to enact more restrictive regulations, but prohibits the duplication of ambulance regulation.

[13] We are unaware of any legal basis for the provision in Policy 720.50 that OCEMS has proposed to delete stating that OCEMS may inspect "as designee of the CHP[.]" We therefore support this deletion.

revocation notice under this Section, remedies some or all of the conditions to which the notice refers, the Health Officer may rescind a suspension or revocation at any time."

OCEMS should also delete proposed section VII.C because it conflicts with Orange County Ordinances section 4-9-8 with respect to suspension or revocation of licenses. The application of that proposed section VII.C would result in either a revocation or suspension of an ambulance's license that is subject to Orange County Ordinance section 4-9-8. However, any such suspension or revocation must provide sufficient notice and hearing prior to the revocation or suspension. In other words, upon a finding of non-compliance, OCEMS could not apply proposed section VII.C until after notice and a hearing. Since Orange County Ordinances already establish sufficient due process protections around the suspension and revocation of licenses and because Orange County Ordinance section 4-9-8(c) allows OCEMS to withdraw a suspension or revocation based on a finding that the ambulance is in compliance, we believe that section VII.C. should be deleted.

Moreover, even though Orange County Ordinance section 4-9-8 directly governs revocation or suspension, the refusal to grant a license has an analogous effect as it affects the ability of the ambulance company to stay in business (especially in the case of a license renewal) and should trigger similar protections. **We thus also request an amendment of proposed section VII.B to allow for notice and a hearing following the procedure in section 4-9-8 prior to refusing to grant a license due to any alleged non-compliance.**

Section VII.D classifies non-compliance with requirements into three levels: Type 1, Type II and Type III. While these Types are not defined[14], we presume that Type III is reserved for less serious instances of non-compliance while Type I is the most egregious category of non-compliance. A provider receiving a Type III non-compliance would be required to submit documentation of the correction of the non-compliance, but would not require a re-inspection. This makes sense as an ambulance may fail a surprise inspection that audits whether the ambulance has enough of a certain type of equipment (e.g., splints or cannula), but the ambulance may have used one in its last run and could easily rectify this non-compliance.

However, proposed sections VII.A, VII.B, and VII.C state that all items of non-compliance may affect a provider's license until "corrected and re-inspected by OCEMS." This is confusing as providers receiving a Type III non-compliance are not required to undergo re-inspection. It is thus unclear whether Type III non-compliance is not subject to the licensure revocation/suspension/denial in proposed sections VII.A, VII.B, and VII.C or if they are subject to the licensure revocation/suspension/denial, how the licensure action will come to an end as there is no re-inspection. We believe that such licensure action should only apply to Type I and

[14] We note that the failure to define each of these Types when they may give rise to significant adverse consequences to a provider is inconsistent with the desire by the Board of Supervisors to establish "fair and impartial" enforcement of requirements.

II non-compliance as Type III non-compliance issues are relatively minor and easily remedied. **we therefore request that sections VII.A, VII.B and VII.C (if not deleted) be amended to exclude Type III non-compliance.**

* * * * *

On behalf of the AAOC, we appreciate the opportunity to provide comments on the proposed policy changes. We urge you to consider our comments and incorporate requested changes as appropriate. Please do not hesitate to contact me if you would like to discuss our comments in more detail or have any questions.

Thank you.

Very truly yours,

Felicia Y Sze

FYS

ATTACHMENT #6

OCEMS POLICIES- PUBLIC COMMENT RESPONSES

Comment Period from November 19, 2015 to January 8, 2016

OCEMS Policy #720.30

Date Received: 1/8/2016

Contact: Bill Weston

Organization: Care Ambulance

CARE AMBULANCE SERVICE

1517 W. Braden Court • Orange, CA 92868
www.careambulance.net
(714) 288-3800

January 7, 2016

Samuel Stratton, MD
Orange County Emergency Medical Services
405 W Fifth Street, Suite 301A
Santa Ana, CA 92701

RE: Public Comments for OCEMS Policy Changes, 720.30

Dear Dr. Stratton:

Thank you for the opportunity to provide comments on the proposed Orange County EMS Draft Policy 720.30 posted for public comment on November 19, 2015.

Because emergency ambulance services play a pivotal role in Orange County's health care system, it is critically important that the proposed new and revised policies recognize and take into account these services.

Thank you for consideration of our recommendations.

Comments to Proposed Policy 720.30

Portions of Policy 720.30 are preempted by the California Vehicle Code, which prohibits the duplication of inspections by the California Highway Patrol ("CHP") for compliance with state requirements by local authorities, such as the Orange County EMS. The California Vehicle Code expresses the Legislature's intent for the provisions of the Vehicle Code, including those regulating ambulances, to be "applicable and uniform throughout the state and in all counties and municipalities therein". The California Vehicle Code further declares that "a local authority shall not enact or enforce any ordinance or resolution on the matters covered by this code".

California Vehicle Code section 2512(c) expressly preempts the ability of local authorities to duplicate the inspections performed by CHP pursuant to Vehicle Code section 2510 to ensure compliance by ambulances with the Vehicle Code and CHP regulations: The code states "inspection of ambulances pursuant to subdivision (b) of Section 2510 shall not be duplicated by local authorities". Despite this, Policy 720.30, in its current form and as proposed, duplicated ambulance inspections already performed by officers of the CHP.

Section III.c and III.H.10 would require that ambulances and medical equipment, supplies, solutions and medications be "free from contaminants." The term "free from

contaminants" without any qualifiers establishes a standard that is prone to subjective interpretation and may give rise to selective enforcement. In addition, a prohibition against all potential "contaminants" is impossible since ambulances cannot achieve and have no need to be sterile environments.

Section III.E.4 would require seat belts for all passengers in the drivers and patient compartment to be in "clean and good working order." Like the phrase "free of contaminants" discussed above, the cleanliness of seat belts are also subject to interpretation.

Section III.E.5 would require that gaskets be "in good working condition". This statement provides no clear, objective standard as to what, beyond forming an appropriate seal, a gasket must do in order to be in "good working condition."

Section III.E.11 would require that medical equipment and supplies be "securely stored." Like the examples above, this does not provided a clear, objective standard to meet.

Section IV.D requires evidence of passage of a current odometer inspection. Given the state of GPS technology and GPS incorporation into OC-MEDS, this section can be deleted if ambulance operators utilize GPS data for tracking of loaded transport mileages and billings.

The documentation requirements in section IV.H are internally inconsistent, not necessary and do not establish an attainable standard. As a preliminary matter, OCEMS has proposed that all documentation listed in section IV be "required to be present in the ambulance" as a condition of operation in Orange County. However, section IV.H states that every ambulance service provider must maintain a file with specific documentation for each ambulance. It is not feasible to include all of the documentation listed in IV.H in the actual ambulance as some of this documentation is voluminous and has no relationship to the actual operation of the ambulance vehicle.

Proposed section VI.D and E would require inspection forms to be maintained for one year and that the supervisor's name be noted on every completed inspection sheet. It is not necessary to store these inspections for any longer than one month. Once the completed form is utilized to ensure the assigned ambulance is properly stocked, storing thousands of completed forms becomes problematic. It is also not necessary for the supervisor's name to be on each form, as the supervisor's name can be obtained from the daily work schedule.

The requirement for apparel in section VII.D.4 and VII.D.6 fails to establish a clear standard as they contradict each other. Today's safety standards are moving away from blue jackets and moving towards high visibility jackets.

Care Ambulance appreciates the opportunity to provide comments on the proposed policy changes. We look forward to working with you, not just now, but in the future for the betterment of the Orange County EMS System.

Sincerely,

Bill Weston

Bill Weston – Director of Operations

ATTACHMENT #7

OCEMS POLICIES- PUBLIC COMMENT RESPONSES

Comment Period from November 19, 2015 to January 8, 2016

OCEMS Policy #720.50

Date Received: 1/8/2016

Contact: Bill Weston

Organization: Care Ambulance

CARE AMBULANCE SERVICE

1517 W. Braden Court • Orange, CA 92868
www.careambulance.net
(714) 288-3800

January 7, 2016

Samuel Stratton, MD
Orange County Emergency Medical Services
405 W Fifth Street, Suite 301A
Santa Ana, CA 92701

RE: Public Comments for OCEMS Policy Changes, 720.50

Dear Dr. Stratton:

Thank you for the opportunity to provide comments on the proposed Orange County EMS Draft Policy 720.50 posted for public comment on November 19, 2015.

As a general comment to the proposed changes, it appears that several of the proposed changes to OC EMS Policy 720.50 conflict with existing sections within the California Vehicle Code. Ambulance inspections that focus on items already inspected by officials of the California Highway Patrol (CHP) are duplicative and prohibitive.

In 2010, Napa County and in 2014, San Benito County both amended their ambulance ordinances. In doing so, both of these California Counties recognized the limited ability to lawfully inspect ambulances for those items already inspected by the CHP under the authority of the California Code of Regulations, Title 13, Vehicle Code, Division 2, Chapter 2, Article 1, sections 1103 and 1103.2. For you convenience, I have enclosed both of those County Ambulance Ordinances and highlighted in yellow the specific sections I referenced.

Additional specific comments to the proposed changes are: Care Ambulance disagrees with the amendment to Section VI.D. This amendment would change the provision of a copy of the inspection documentation to the ambulance service operator's representative from immediately to within 24 hours. Today, an ambulance provider is given a copy of the completed inspection report at the time of the inspection. This ensures that the inspection report is accurate and allows the ambulance provider to immediately begin fixing any out of compliance issues. Allowing the EMS staff to wait 24 hours to provide the inspection reports can call into question the accuracy of their final report and does not identify vehicle issues that must be immediately resolved. Inspection reports should be made available immediately following any inspection.

Care Ambulance believes that proposed Section VII.D classifies non-compliance with requirements into three levels: Type 1, Type II and Type III. While these Types are not clearly defined, we presume that Type III are for less serious instances of non-

compliance while Type I are for the most egregious non-compliance. A provider receiving a Type III non-compliance would be required to submit documentation of the correction of the non-compliance, but would not require a re-inspection.

Having three (3) levels of non-compliance is confusing. As an alternative, can we suggest the following two levels of non-compliance:

- Level 1 – Requires re-inspection by an OCEMS representative. Vehicle presents clear patient safety danger. Ambulance may not be utilized to transport patients until it passes re-inspection. Requires a re-inspection fee.
- Level 2 – Requires documentation submitted to OCEMS or area of ambulance non-compliance is resolved within 15 minute period of time during inspection. Does not require a re-inspection fee.

Care Ambulance appreciates the opportunity to provide comments on the proposed policy changes. We look forward to working with you, not just now, but in the future for the betterment of the Orange County EMS System.

Sincerely,

Bill Weston

Bill Weston – Director of Operations

BEFORE THE BOARD OF SUPERVISORS, COUNTY OF SAN BENITO

AN ORDINANCE OF THE COUNTY OF SAN BENITO TO REPEAL AND REPLACE ORDINANCE #637 PROVIDING FOR THE REGULATION OF AMBULANCE SERVICE IN THE COUNTY OF SAN BENITO AND AMENDING CHAPTER 11.09 OF THE SAN BENITO COUNTY CODE	ORDINANCE NO. 923

The Board of Supervisors of the San Benito County hereby repeals Ordinance #637 and ordains as follows:

SECTION 1. FINDINGS

WHEREAS, pursuant to Division 2.5 of the Health and Safety Code, Section 1797.200, et seq., the County of San Benito (COUNTY) designates the San Benito County Emergency Medical Services Agency (AGENCY) for the administration of local EMS services; and

WHEREAS, Division 2.5 of the Health and Safety Code, Sections 1797.224 and 1797.85 allows the COUNTY to create Exclusive Operating Areas to restrict operations to one or more 9-1-1 ambulance service providers in the development of an emergency medical services plan; and

WHEREAS, 9-1-1 ambulance services providers are regulated through contracts; and

WHEREAS, emergency and non-emergency Critical Care Transport, Basic Life Support, Gurney Van, and Wheelchair Van transport services have been unregulated;

Now therefore, the COUNTY has developed this Emergency Medical Services Ordinance.

SECTION 2. Chapter 11.09 of Title 11 of the San Benito County Code of Ordinances is amended to read as follows:

Chapter 11.09 SAN BENITO COUNTY EMERGENCY MEDICAL SERVICES ORDINANCE

Sections:

GENERAL PROVISIONS

11.09.001 TITLE

This ordinance shall be known as the "San Benito County Emergency Medical Services Ordinance."

11.09.002 PURPOSE

The purposes of this ordinance are to:

(A) Establish formal policies and regulations for issuing certificates and permits, and regulating the operation of air and ground ambulance services in the COUNTY;

(B) Protect the public by assuring that ambulances operate safely and meet certain minimum levels and standards of equipment, staffing, and mechanical reliability;

(C) Allow for adequate, appropriate, and efficient ambulance services in all areas of the COUNTY;

(D) Allow for the orderly and lawful operation of a local emergency and non-emergency medical services system pursuant to the provisions of Health and Safety Code Section 1797 et seq.; and

(E) Allow for all ambulance services to be a part of the county EMS system with the necessary training, policies, procedures, and communication systems.

11.09.003 AUTHORITY

(A) It is the intent of the Board of Supervisors with this chapter to undertake the prescribed functions and responsibilities of a local government entity concerning ambulance service as authorized by the State of California pursuant to, among other authority, Health and Safety Code §§ 1443 and 1797 *et seq.*, Welfare and Institutions Code § 17000 and Vehicle Code § 2512.

(B) It is the further intent of the Board of Supervisors, in enacting this chapter, to exercise to the full extent allowable under the laws of the State of California its discretion and authority to regulate emergency and non-emergency ambulance transportation services throughout all the unincorporated and incorporated areas of the COUNTY.

11.09.004 ORDINANCE ADMINISTRATION

(A) The AGENCY shall be responsible for the administration of this ordinance, and shall make necessary and reasonable policies, procedures, and/or protocols for the effective and reasonable administration of this ordinance.

(B) All references herein to AGENCY policies and medical orders/direction by the EMS Medical Director shall be interpreted as referring to the current version and all subsequent additions/deletions to such policies and regulations.

11.09.005 DEFINITIONS

Unless otherwise specifically provided, or required by the context, the following terms have the meanings set forth in this chapter.

(A) 9-1-1 AMBULANCE SERVICE: an ambulance service that provides Advanced Life Support (ALS) and is contracted by the AGENCY to provide 9-1-1 emergency ambulance service.

(B) 9-1-1 EMERGENCY CALL: a 9-1-1 request for an ambulance to transport or assist persons in apparent sudden need of medical attention; or an ambulance transport that is initially classified as a non-emergency call that becomes a 9-1-1 emergency call due to a change in the patient's medical condition; or a medical emergency, as determined by a physician, to transport blood, or any therapeutic device, accessory to such device, or tissue or organ for transplant.

(C) ADVANCED LIFE SUPPORT or ALS: means special services designed to provide definitive prehospital emergency medical care, including, but not limited to, cardiopulmonary resuscitation, cardiac monitoring, cardiac defibrillation, advanced airway management, intravenous therapy, administration of specified drugs and other medicinal preparations, and other specified techniques and procedures administered by authorized personnel under the direct supervision of a base hospital as part of a local EMS system at the scene of an emergency, during transport to an acute care hospital, during interfacility transfer, and while in the emergency department of an acute care hospital until responsibility is assumed by the emergency or other medical staff of that hospital.

(D) ALS AMBULANCE SERVICE: The service performed due to the patient's medical condition that requires paramedic level care. This service may be performed in response to:
(1) Contracted 9-1-1 ambulance service.
(2) Interfacility transfer services
(3) Transportation of a patient, regardless of a presumption of death of the patient, or transportation of a body for the purpose of making an anatomical gift, as provided in Section 12811, Vehicle Code, and the Uniform Anatomical Gift Act, Health and Safety Code sections 7150 et seq.

(E) AGENCY: The San Benito County Emergency Medical Services Agency.

(F) AMBULANCE: a ground transportation vehicle certified by the California Highway Patrol that is specially constructed, modified or equipped and used for the purpose of transporting sick, injured, convalescent, infirm, or otherwise incapacitated persons and staffed with no less than two EMTs. The specifications of this chapter also apply to AIR AMBULANCE and Gurney or Wheelchair Van where appropriate.

(G) AMBULANCE PERMIT: the document and/or decal issued by the AGENCY for each vehicle conforming to the requirements of these regulations, which is owned or controlled by a person holding a Certificate of Operation.

(H) AMBULANCE PROVIDER: a person, firm, partnership, corporation or other organization, which furnishes or offers to furnish ambulance service.

(I) AMBULANCE SERVICE: the activity, business or service, for hire, profit or otherwise, of transporting one or more persons by an ambulance or air ambulance on, in, or from any of the streets, roads, highways, alleys, or any public way or place in this County.

(J) AIR AMBULANCE: any aircraft specially constructed, modified or equipped, and used for the primary purposes of responding to emergency calls and transporting critically ill or injured patients whose medical flight crew has at a minimum two (2) attendants certified or licensed in advanced life support.

(K) BASIC LIFE SUPPORT or BLS: emergency first aid and cardiopulmonary resuscitation procedures which, as a minimum, include recognizing respiratory and cardiac arrest and starting the proper application of cardiopulmonary resuscitation to maintain life without invasive techniques until the victim may be transported or until advanced life support is available.

(L) BOARD: The Board of Supervisor of the County of San Benito.

(M) CITIES: All incorporated cities within the County of San Benito.

(N) CERTIFICATE OF OPERATION: written authorization from the AGENCY to operate ALS and BLS ambulances, air ambulances, or gurney and wheelchair vans in San Benito County.

(O) COUNTY: County of San Benito, California.

(P) COUNTY POLICIES: the policies and regulations as defined in the AGENCY'S Policy, Procedure & Field Treatment Guidelines.

(Q) CRITICAL CARE TRANSPORT or CCT: any emergency or non-emergency transport of a patient where the skill level required in the care of that patient during transport requires, or may require, care within the CCT-Paramedic or CCT-Registered Nurse scope of practice.

(R) CRITICAL CARE TRANSPORT POLICIES: the policies and regulations as defined in the AGENCY'S Policy, Procedure & Field Treatment Guidelines.

(S) EMERGENCY MEDICAL TECHNICIAN or EMT: an individual trained and certified in basic life support care in accordance with the provisions contained in the California Code of Regulations, Title 22, Division 9, Chapter 2, et seq.

(T) EXCLUSIVE OPERATING AREA or EOA: an EMS area or sub area as defined by the AGENCY, which restricts operations to one or more ambulance providers.

(U) GURNEY VAN TRANSPORT: any vehicle specially constructed, modified or equipped and/or used for the purpose of transporting patients who cannot travel in an upright, sitting position and for whom the need for any medical care, treatment or procedure is not required, likely, or foreseeable.

(V) NON-EMERGENCY CALL: a request for an ambulance to transport or assist persons that would not constitute a 9-1-1 emergency call.

(W)PARAMEDIC: an individual trained and licensed in advanced life support care in accordance with the provisions contained in the California Code of Regulations, Title 22, Division 9, Chapter 4, et seq. and accredited by the AGENCY.

(X) PERMITTEE: a person, firm, partnership, corporation or other organization to whom a Certificate of Operation and Ambulance permit(s) have been issued for purposes of operating an ambulance service.

(Y) PERSONAL PROTECTIVE EQUIPMENT or PPE: the minimum equipment, supplies, and personal protective equipment – per responder – to ensure safety and readiness.

(Z) QUICK RESPONSE VEHICLE or QRV: a unit staffed with at least one EMT with BLS equipment, or at least one California State licensed and San Benito County accredited paramedic with ALS equipment capable of providing care at scenes of medical emergencies or being utilized for community paramedicine and/or mobile integrated healthcare programs, whether or not the vehicle is capable of transporting patients.

(AA) SPECIAL EVENT: a designated event, including, but not limited to street fairs, concerts, sporting events, contests, or other events that place a grouping or gathering of people in one general locale sufficient in number, or subject to activity that creates the need to have one or more ambulances pre-positioned at the event.

(BB) WHEELCHAIR VAN TRANSPORT: any vehicle specially constructed, modified or equipped and/or used for the purpose of transporting patients in wheelchairs for whom the need for any medical care, treatment or procedure is not required, likely, or foreseeable.

11.09.006 AMBULANCE SERVICES

(A) ALS emergency ambulance services shall only be provided under a 9-1-1 contract with the AGENCY under provisions of Health & Safety Code, Section 1797.224.

(B) BLS emergency and non-emergency transport service shall be provided under the provisions of this ordinance.

(C) CCT emergency and non-emergency transport service shall be provided under the provisions of this ordinance and the AGENCY's policies.

(D) Nothing in this ordinance shall be construed as regulating the clinical work of Registered Nurses (RN) working in a CCT capacity.

11.09.007 CERTIFICATE OF OPERATION AND PERMITS REQUIRED

(A) No person (either as owner, agent or otherwise) shall furnish, operate, conduct, maintain or otherwise engage in or advertise, offer or profess to engage in ambulance service within San Benito County unless the person holds (and is entitled to hold) a currently valid ambulance Certificate of Operation issued by the AGENCY.

(B) No person (either as owner, agent or otherwise) shall furnish and operate an ambulance unless that ambulance has a currently valid Ambulance Permit issued by the AGENCY.

(C) Quick Response Vehicles, Gurney and Wheelchair Van transport providers are required to hold an ambulance Certificate of Operation.

(D) No person (either as owner, agent or otherwise) shall furnish and operate a Quick Response Vehicle, Gurney or Wheelchair Van unless that vehicle has a currently valid Ambulance Permit issued by the AGENCY.

(E) No Certificate of Operation or Ambulance Permit is required for the delivery into San Benito County of persons picked up outside San Benito County. No Certificate of Operation or Ambulance Permit is required for specialized teams, including but not limited to, neonatal intensive care units permitted by another emergency medical services agency, transporting patients to acute care hospitals based outside of San Benito County.

(F) Exclusive Operating Areas: The COUNTY has not established EOA for BLS, and/or CCT emergency and/or non-emergency transport, but retains its option to do so in the future.

11.09.008 CERTIFICATE OF OPERATION AND PERMIT PROCESS

(A) Application forms for an ambulance service Certificate of Operation shall be supplied by the AGENCY.

(B) The applicant must be a licensed CHP ambulance service prior to submitting an application.

(C) Required data: Each applicant who desires an ambulance service Certificate of Operation shall submit the following on, or as attachments with, their application:

(1) The names and addresses of the applicant(s), registered owner(s), partner(s), officer(s), director(s) and controlling shareholder(s), hereafter called "applicant";
(2) The name under which the applicant has engaged, does, or proposes to engage in ambulance service;
(3) The level(s) of service requested;
(4) A statement specifying whether the applicant has provided services in San Benito County prior to the establishment of this ordinance, and if so, what type and for how long;
(5) A statement specifying whether the applicant has previously operated a company outside of San Benito County, and if so, under what name, what type, where and for how long;
(6) A copy of a current CHP Emergency Ambulance Non-Transferable License, if applicable;
(7) An assets and liabilities statement or a letter prepared by a certified public accountant showing proof of financial solvency;
(8) A copy of the business license for the city in which the applicant is doing business;
(9) A statement of the legal history of the applicant, including criminal and civil convictions;
(10) A statement specifying the education, training, and experience in the care and transportation of patients;
(11) A statement that the applicant will abide by the regulations of the California Vehicle Code and the California Code or Regulations, Title 13, Motor Vehicles;
(12) A statement that the applicant owns or has under his control, in good mechanical condition, required equipment to consistently provide service in the area for which they are applying, and that the applicant owns or has access to suitable facilities for maintaining equipment in a clean and sanitary condition;
(13) A statement that the applicant understands and will comply with the COUNTY's Staffing, and Equipment and Supply Specifications policies or contractual requirements regarding equipment carried for each level of service;
(14) A list of the actual number of vehicles or ambulances and for each: the make and model, year, the vehicle identification number (VIN), State vehicle license number and proof of current Department of Motor Vehicle registration, and proof of California Highway Patrol Ambulance Inspection Report and Ambulance Identification Certificate;
(15) A statement that the applicant understands and will comply with the ambulance inspection process, including the required fees.
(16) A statement that the applicant has or will have sufficient personnel adequately trained and available to deliver service of good quality at all times, including copies of their certifications/licenses;
(17) A statement of the applicant's training and orientation programs for EMTs and/or paramedics, and dispatchers;
(18) A description of the number and type, frequency and private line codes of the vehicle's radios, and if used, phone numbers of the vehicle's cellular phones;
(19) A description of the company's program for maintenance of the vehicles;
(20) A description and photo/image of the company's logo and color scheme to be used to designate the vehicles or ambulances of the applicant;
(21) The number of vehicles or ambulances to be deployed on each shift;
(22) A description of the locations from which services will be offered, noting the hours of operation and phone numbers;
(23) Evidence of insurance coverage compliance under section 11.09.013;
(24) A Certificate of Consent to Self Insure issued by the California State Director of Industrial Relations, or a Certificate of Workman's Compensation Insurance;
(25) A Quality Improvement Program as specified in section 11.09.041;

(26) A Disaster Response Plan as specified in section 11.09.046;
(27) All service charges and rates to be charged, showing compliance with any maximum charges established by the County;
(28) The application fee for a Certificate of Operation;
(29) In a separate payment, the fee for each vehicle or ambulance to be inspected.
(30) If applying for a CCT Certificate of Operation, copies of all paperwork for interfacility transport as identified in the AGENCY CCT policy.
(31) Any other information the AGENCY deems necessary for determination of compliance with this division.

(D) City managers of all cities where the applicant applies to serve will be notified of the application and may submit any information to the AGENCY directly relating to the application within 30 days.

(E) Within sixty (60) days of receipt of a complete application and the required fee, the AGENCY shall determine 1-7 (below) or if an extension is necessary:
(1) Whether the applicant is a licensed CHP ambulance service, and
(2) Whether the applicant meets the requirements of this ordinance and of other applicable laws, ordinances, and regulations; and
(3) Whether the applicant is able to provide the requested service, and
(4) Whether the applicant has knowingly made a false statement of fact in such application, and
(5) Whether the applicant has knowingly failed to disclose facts pertinent to the application process, and
(6) Whether the applicant was previously a holder of a Certificate of Operation issued under this chapter, which has been revoked or not renewed based on the provisions of this ordinance, and
(7) Whether the applicant's vehicles, equipment, and appurtenances, including radios, are in good working order and the ambulances pass an inspection, according to the provisions of section 11.09.016 - 017.

(F) Approval or denial:
(1) If it is determined that the applicant does not meet all requirements within this division, then the AGENCY shall deny the application and notify the applicant in writing.
(2) If it is determined that the applicant meets all requirements within this division, the AGENCY shall approve the application and issue a Certificate of Operation and, upon a positive inspection, appropriate Ambulance Permits.

(G) Appeal from denial of issuance: Whenever the AGENCY denies an application, the applicant may request a hearing on the denial at which the applicant will have the burden of proof. The appeal will be made to the Board of Supervisors according to the provisions of section 11.09.011.

(H) Decisions—finality: The decision of the AGENCY rendered pursuant to this chapter shall be final, unless appealed to the Board of Supervisors within thirty (30) days after such decision is rendered in writing, and notice of the same is given to the applicant.

(I) Term:
(1) Certificates of Operation shall be valid for one calendar year beginning on January 1 and ending on December 31. The annual fee for an initial Certificate of Operation may be prorated on a quarterly basis for the first year.

(2) Certificates of Operation shall be continued upon conditions of section 11.09.037 unless earlier suspended, revoked or terminated for cause.
(3) Notice of intent to discontinue service: A PERMITTEE providing ambulance service may discontinue such services only after providing sixty (60) days notice in writing of intent to discontinue services to the AGENCY or upon mutual written agreement.

(J) Existing ambulance companies:
(1) Within sixty (60) days of the effective date of the ordinance codified in this ordinance, non 9-1-1 ambulance companies that have been continuously providing ambulance services shall apply for a Certificate of Operation and Ambulance Permits. The AGENCY shall issue or deny a Certificate of Operation to each existing company, based on their ability to meet the requirements as set forth in this ordinance. The fees for the initial Certificate of Operation and Ambulance Permits for existing companies shall be the fee set for new applicants.

(2) The AGENCY may issue a provisional sixty (60) day Certificate of Operation to an existing non 9-1-1 ambulance company to allow for required ambulance inspections. Upon a satisfactory completion of the inspections, the provisional status will be made permanent.

(K) Transfer of Certificate of Operation or Ambulance Permit: Application for transfer of any PERMITTEE's Certificate of Operation shall be subject to the same terms, conditions, and requirements as if the application were for an original certificate. No ambulance permit shall be transferred to another person(s), or company or corporation, except upon prior approval of the AGENCY.

(L) Interruption of Service: In the event of any actual or anticipated interruption of service, or any actual or anticipated substantial changes in the ambulance services, which cause, or threaten to cause, the ambulance service to be carried out differently than specified in the certificate of operation, the certificate holder shall immediately notify the agency verbally, to be followed by written notification within three days, stating the facts of the actual or anticipated change.

(M) Temporary or Emergency Certificates: The AGENCY may grant a temporary or emergency certificate of operation to insure the public health, safety or welfare. The temporary or emergency certificate shall remain in effect for the period indicated by the EMS Administrator, but shall not exceed 180 days.

11.09.009 CHANGES TO OPERATIONS

The PERMITTEE shall notify the COUNTY about changes to business location and phone numbers; ambulance stations and phone numbers; hours of operations; service charges and rates; insurance coverage; and changes to applicant(s), registered owner(s), partner(s), officer(s), director(s) and controlling shareholder(s) on file; within fifteen (15) days of such changes.

11.09.010 ADDING VEHICLES OR AMBULANCES

If a PERMITTEE desires to include additional vehicles or ambulances under its Certificate of Operation, the PERMITTEE shall submit a vehicle description form for each additional unit, provide the designated fee per unit to the AGENCY, and schedule an inspection. The term of the Ambulance Permit for additional authorized units shall run concurrently with the last

authorized permit period. The fee paid for each additional unit will be prorated on a quarterly basis.

11.09.011 RENEWAL OF CERTIFICATE OF OPERATION

(A) Applicants for renewal of an ambulance service Certificate of Operation under this ordinance shall file with the AGENCY an application in writing, which shall include information required in section 11.09.008(C). A renewal fee shall accompany the application for renewal. Renewal applications may be submitted ninety (90) days prior to the expiration date but no later than forty-five (45) days prior to the expiration date.

(B) Late renewal applications received less than forty-five (45) days prior to the expiration of the Certificate of Operation shall pay a late penalty fee of twenty percent (20%) of all fees due. The fee shall be submitted with the application.

(C) All vehicles specified by the PERMITTEE shall be inspected and have their permits renewed in accordance with the provisions of section 11.09.017, Ambulance Inspection and Permit Process. The issuance of a renewed Certificate of Operation shall be based on all vehicles having been inspected.

(D) Renewal of a Certificate of Operation shall require conformance with all requirements of an initial certificate. Nothing in this division shall be construed as requiring the granting of a renewal certificate upon expiration of a previous certificate without first having met all requirements. The applicant bears the burden of proof that all requirements have been met for the issuance of a renewal certificate for the specified period of operation.

(E) An ambulance provider shall submit, with their renewal application, a financial statement of its business activities or a letter showing proof of financial solvency, prepared by a certified public accountant. Renewal of a certificate is contingent upon proof of financial solvency within the proper time frames.

11.09.012 FEES

(A) An application for an initial or renewal Certificate of Operation shall be accompanied by the fee for the highest level of service intended, and all Ambulance Permit fees as defined in the applicable COUNTY fee schedule.

(B) The Board of Supervisors shall set the fees by resolution. The fees shall not exceed the reasonable cost of administering and enforcing this ordinance as determined by the Board of Supervisors.

11.09.013 HOLD HARMLESS AND LIABILITY INSURANCE AGREEMENT

(A) Each PERMITTEE, at its sole cost and expense, shall obtain, maintain, and comply with all County insurance coverage(s) and requirements. Types of insurance coverage include Commercial General Liability, Commercial or Business Automobile Liability, Worker's Compensation and Employers Liability, Professional Liability/Errors & Omissions, and Endorsements and Conditions.

(B) Lack of coverage as required at any time shall automatically suspend the Certificate of Operation. Failure of the PERMITTEE to notify the AGENCY of lack of coverage for any reason shall be deemed a violation of regulation subject to fine.

(C) As a condition of being issued a permit, PERMITTEE shall be required to indemnify and hold harmless the COUNTY from any and all claims or actions for property damage, personal injury, sickness, disease, caused by the PERMITTEE's acts or omissions and will pay any and all judgment decrees, costs, attorney's fees which may be rendered against the COUNTY, its directors, officers, agents, employees and volunteers in any and all such actions or proceedings.

11.09.014 FINANCIAL RESPONSIBILITY

Each PERMITTEE shall provide the COUNTY with information in reference to any pending legal or administrative action or unpaid judgments or liens against the PERMITTEE, and the notice of the transactions or acts giving rise to the judgments or liens. The PERMITTEE shall notify the AGENCY in writing of the actions within one (1) week of the notification from the levying agency. The reported information will be reviewed by the AGENCY who will make a determination regarding the effect the action will have on the PERMITTEE's ability to provide continuous service in accordance with this division.

11.09.015 GENERAL PERFORMANCE STANDARDS

(A) PERMITTEE shall maintain sufficient ambulances, operational procedures and personnel, with valid certifications and licenses to meet performance standards and permit specifications.

(B) PERMITTEE shall follow the AGENCY's policies.

(C) PERMITTEE and their personnel shall follow the regulations of the California Vehicle Code and the California Code or Regulations, Title 13, Motor Vehicles.

(D) PERMITTEE shall maintain supervisory or management personnel, available on a twenty-four (24) hour basis on site or on-call, authorized to make operational decisions, direct personnel and commit resources for use.

(E) PERMITTEE shall maintain a Quality Assurance Program and perform quality assurance activities in accordance with this ordinance.

(F) PERMITTEE shall maintain a Disaster Response Plan that includes a personnel call-back plan for disasters and mass casualty incidents in accordance with section 11.09.046 of this ordinance.

(G) PERMITTEE shall ensure that all management, supervisory, dispatch and field personnel maintain knowledge and familiarity with multi-casualty incident medical operations, staging, and incident command structure.

11.09.016 AMBULANCE COMPLIANCE

(A) Each ambulance shall be equipped according to the standard vehicle safety and equipment requirements of the California Vehicle Code and the California Code or Regulations, Title 13, Motor Vehicles.

(B) Each ambulance shall carry a photocopy or original current vehicle registration, current insurance identification, current CHP ambulance identification card (or CHP Inspection report valid for 30 days after an initial inspection), and current COUNTY issued ambulance permit.

(C) Each ambulance shall carry standard patient carrying fixtures and restraints necessary for the comfort and safety of patients.

(D) Each ambulance shall be equipped with no less than the standardized equipment and supplies as established according to the COUNTY's Equipment and Supply Specifications policy for the level of service provided. CCT ambulances shall be equipped according to the COUNTY's Critical Care Transport policy.

(E) PERMITTEE shall maintain its vehicles, equipment, and supplies in a clean, sanitary, and safe mechanical condition at all times.

11.09.017 AMBULANCE INSPECTION AND PERMIT PROCESS

(A) No person, firm, partnership, corporation or other organization, except as identified in section 11.09.007, shall operate or cause any ambulance, quick response vehicle, and gurney or wheelchair van to be operated in San Benito County unless an ambulance permit has been issued for that vehicle in accordance with these regulations.

(B) The COUNTY shall inspect each vehicle for which it receives an application to ensure compliance with this ordinance and the COUNTY's policies, protocols, and regulations as they pertain to that vehicle and the service level applied for, according to the provisions of section 11.09.016 - 017.

(C) The annual inspection for permit renewal shall be based on the list of vehicles submitted by the PERMITTEE.

(D) The PERMITTEE shall be notified in a timely manner of the results of the inspection and any corrective action required if a vehicle fails the inspection.

(E) Upon passage of the inspection, the COUNTY shall issue an ambulance permit or renewal of the permit, to the PERMITTEE.

(F) The ambulance inspection will be for all equipment identified in the COUNTY's policies, which has not been inspected by the CHP under the California Code of Regulations, Title 13, Vehicle Code, Division 2, Chapter 2, Article 1, sections 1103 and 1103.2.

11.09.018 AMBULANCE COMMUNICATION CAPABILITY

Each ambulance and quick response vehicle shall have a radio for establishing and maintaining radio contact with COUNTY's designated communications center and county hospital(s) as prescribed by the COUNTY and in compliance with FCC regulations.

11.09.019 AMBULANCE COLOR SCHEME AND DESIGN

(A) At the time of initial application, PERMITTEE shall request a specific color scheme and design and, upon approval by the COUNTY, shall apply such color scheme and design to each vehicle receiving an ambulance permit.

(B) The color scheme and design shall not imitate or conflict with any other color scheme authorized by this ordinance in a manner that is misleading or would tend to deceive the public.

(C) No sign, letter, color, appliance or thing of decorative or distinguishing nature shall be attached or applied to any ambulance unless it has first been approved in the color scheme authorized for each ambulance company.

11.09.020 AMBULANCE STAFFING

Each BLS ambulance shall be staffed with a minimum of two (2) California certified EMTs. Paramedics licensed in California may also staff BLS ambulances but may not utilize the paramedic scope of practice. Each ALS ambulance shall be staffed with a minimum of one (1) paramedic and one (1) EMT. Each CCT ambulance shall be staffed according to the COUNTY's CCT policy.

11.09.021 AMBULANCE PERSONNEL QUALIFICATIONS

(A) All personnel while on duty must carry all applicable certificates and PERMITTEE identification, and comply with the COUNTY's policies and procedures.

(B) All EMT and paramedic personnel must have a current driver license, ambulance driver certificate, and a medical examiner's certificate. EMTs hired to solely provide patient care duties are exempt from this requirement. The PERMITTEE is required to inform the COUNTY of these personnel and any changes to their work status.

(C) PERMITTEE's EMT personnel assigned to provide BLS service under this ordinance must meet the minimum qualifications:
  (1) EMTs must hold current, valid EMT certification in the State of California.
  (2) EMTs shall be certified in cardiopulmonary resuscitation (CPR/AED) according to the policies of the COUNTY and State.
  (3) EMTs assigned to provide CCT driver/assistant service must meet the additional qualifications specified in the COUNTY's CCT policy.

(D) PERMITTEE's paramedic personnel assigned to provide ALS or CCT service under this ordinance must meet the minimum qualifications:
  (1) Paramedics must hold current, valid paramedic license in the State of California.
  (2) Paramedics shall be accredited by the COUNTY and hold current and valid ALS certifications.
  (3) Paramedics assigned to provide CCT patient care must meet the additional qualifications specified in the COUNTY's CCT policy.

(E) PERMITTEE's registered nurse (RN) personnel assigned to provide CCT service under this ordinance must meet the minimum qualifications specified in the COUNTY's CCT policy.

(F) All drivers must completed an Emergency Vehicle Operation Course (EVOC), or its equivalent, related to responding to calls for emergency medical service that includes, but is not limited to, the following didactic and practical components: legal aspects of the emergency ambulance operation, the practice of defensive driving, accident avoidance, principles of vehicle control, routine vehicle safety checks, breaking and stopping, acceleration, and steering.

(G) The PERMITTEE shall retain on file at all times, copies of all current and valid licenses, certifications, and/or accreditations of all emergency medical personnel performing services under this ordinance.

11.09.022 PERSONNEL STANDARDS

Ambulance companies shall maintain personnel standards that include orientation to the COUNTY policies and procedures, special training as deemed necessary by the EMS Medical Director, uniforms and appearances, safety apparel, identification, driver training, work-hour scheduling limitations, with due consideration for collective bargaining agreements and/or State and Federal regulations where they apply.

11.09.023 MEDICAL CONTROL

All 9-1-1 Ambulance Service personnel are to provide patient care in accordance with the COUNTY's policies and as directed by standing or specific orders issued by the EMS Medical Director, or his or her designee.

11.09.024 PERSONAL PROTECTIVE EQUIPMENT

(A) PERMITTEE shall supply and maintain standardized personal protective equipment and supplies to ensure safety and readiness, according to Cal/OSHA guidelines.
(B) PERMITTEE shall ensure that all personnel receive training in all available equipment, including fit testing, according to Cal/OSHA guidelines.

11.09.025 AMBULANCE STATION STANDARDS

Ambulance company stations shall meet the minimum standards in Section 8 of the Federal Housing Authority, and include an EMS bulletin board, provisions for storage, and protection of ambulance(s). Stations shall comply with all applicable zoning, building, and occupational health and safety regulations.

11.09.026 SERVICE LEVEL

The PERMITTEE shall be approved by the COUNTY prior to beginning service, including the 9-1-1 Ambulance Service provider.

11.09.027 RESPONSE STANDARDS

(A) Any private call of a life threatening nature or a call requiring ALS level care shall be immediately referred to the 9-1-1 emergency operators.

(B) If an ambulance responds to a patient who appears to have a medical emergency, the crew shall call 9-1-1 and request a 9-1-1 response, and render appropriate care within their scope of practice until the ALS ambulance is on scene.

(C) PERMITTEE shall dispatch an ambulance to a non-emergency BLS call within fifteen (15) minutes unless the caller is immediately advised of a delay in responding to the call or the unavailability of an ambulance. The exception to this is for calls that have been prescheduled.

(D) PERMITTEE shall provide prompt transportation of the patient to the most appropriate medical facility, licensed, equipped, and staffed to meet the needs of the patient in accordance with applicable laws, rules, regulations, and policies.

(E) The PERMITTEE or their employees shall report within one (1) day to the COUNTY, on an Unusual Occurrence Form, any critical failure or call for service where the unit that responded was not staffed and equipped at the appropriate service level.

11.09.028 DISPATCH

(A) Each ambulance company providing service under this ordinance shall assign at least one person or an agency to be responsible for receiving calls and dispatching ambulances. The PERMITTEE shall have a Dispatcher Training Program that includes prioritizing tasks including, but not limited to, call intake, unit assignment, crew utilization and computer input; documentation and reporting; communication equipment; and compliance with the AGENCY's policies, procedures, and/or protocols covering ambulance service operation, ambulance transport, equipment, ambulance personnel, and standards of dispatch. Dispatchers shall be certified in CPR/AED.

(B) Each PERMITTEE ambulance dispatch center shall have access to AGENCY approved resource management system for the purpose of county system status updates.

11.09.029 PROHIBITIONS

Ambulance companies are hereby prohibited from engaging in the following activities:
(A) Permitting the operation of an ambulance in any manner contrary to the provisions of this ordinance or contrary to any applicable statute, rule, or regulation.
(B) Responding to a call when not requested to respond to that call by an individual requesting that service or the appropriate dispatch center.
(C) Causing or allowing its vehicles to respond to a 9-1-1 emergency call location without first receiving a specific request from the COUNTY's designated communications center.
(D) Providing ALS service without possessing a current and valid ALS Certificate of Operation and associated Ambulance Permit(s).
(E) Providing Critical Care Transport services without possessing a current and valid Critical Care Transport Certificate of Operation and associated Ambulance Permit(s).

11.09.030 ADVERTISING

(A) No person or organization shall announce, advertise, offer, or in any way claim that it provides non-9-1-1 ambulance, quick response vehicle, gurney or wheelchair van service in San Benito County unless it possesses a current and valid Certificate of Operation.
(B) No person or organization shall announce, advertise, offer, or in any way claim that it provides emergency 9-1-1 service unless it has been approved as an emergency 9-1-1 provider by the AGENCY.
(C) Any use of a telephone number on a vehicle shall include the phrase "FOR EMERGENCIES, CALL 9-1-1" in capital letters that are at least as big as the letters used for the telephone number.

11.09.031 SERVICE CHARGES & RATES

The PERMITTEE shall submit their service charges and rates to the AGENCY with their application for a Certificate of Operation and with each renewal. All service charges and rates must be defined in sufficient detail so as to be understandable to the public. The AGENCY reserves the option, with Board of Supervisor approval, to set base rates for 9-1-1 Ambulance Service calls.

11.09.032 SYSTEM STATUS UPDATES

(A) The PERMITTEE shall annually submit a system update to the AGENCY. The update shall identify:
  (1) Station locations.
  (2) Posting locations.
  (3) The number of vehicles normally available for response by time of day and day of week, with any seasonal variations.

(B) The PERMITTEE shall, at the start of each calendar year, submit to the AGENCY, in an electronic form, a list of all EMTs, paramedics and nurses employed along with their certificate or license numbers. In addition, the PERMITTEE shall notify the AGENCY within thirty (30) days of any EMTs, paramedics, or nurses who have been newly hired, terminated, retired, or have separated their employment.

11.09.033 INVESTIGATIONS AND INSPECTIONS

(A) The AGENCY shall have the right to inspect the records, facilities, equipment, supplies, personnel, and methods of operation of the PERMITTEE whenever the AGENCY deems such inspection necessary.

(B) The PERMITTEE shall cooperate with the AGENCY, in any investigations of possible violations of state laws and regulations, county ordinances, and AGENCY's policies, procedures, and/or protocols. PERMITTEE shall make all dispatch logs and similar dispatch records, including recordings, available for inspection and copying at reasonable times at the PERMITTEE's regular place of business. All recordings shall remain available for a minimum of ninety (90) days from the date the recording was made.

(C) The PERMITTEE shall allow the AGENCY to inspect, on a pre-announced or unannounced basis, all vehicles used to provide services. The inspections should be held, whenever possible, during normal business hours at the PERMITTEE's operations center. The purpose of such inspections is to determine if the vehicle and its equipment and supplies are in good working order, properly maintained and equipped for the provision of service for which it is permitted. The inspection will be for all equipment identified in the AGENCY's policies, which has not been inspected by the CHP under the California Code of Regulations, Title 13, Vehicle Code, Division 2, Chapter 2, Article 1, sections 1103 and 1103.2.

(D) At the request of the AGENCY, the PERMITTEE shall submit self-inspections of all vehicles on the AGENCY's Ambulance Inspection Form.

(E) The PERMITTEE shall inform the AGENCY of any suspension and/or revocation of their California Highway Patrol Ambulance Service License, or Vehicle Certificate, or Authorized Emergency Vehicle Permit for any of their support vehicle(s).

11.09.034 CONSUMER COMPLAINTS

(A) Any user of a permitted service contending that he/she received unsatisfactory service(s) may file a written complaint with the AGENCY. Such written complaint(s) shall set forth the allegations. The AGENCY shall notify the PERMITTEE of the complaint and provide the PERMITTEE with information about the complaint.

(B) The AGENCY shall conduct an investigation of the allegation(s) in the written complaint to determine the validity of said allegation(s). If the allegation(s) are found to be valid, the

AGENCY shall take actions to secure compliance with the provisions of this chapter and any established regulations.

(C) If the AGENCY is unable to secure compliance, it will initiate action to penalize, suspend or revoke the Certificate of Operation.

11.09.035 PENALTIES

(A) The AGENCY may suspend or revoke a Certificate of Operation for:
(1) Violating any provision, regulation, law, state or federal standards or ordinances; or
(2) Failure to make and retain records showing its operations in any area covered by this ordinance, including but not limited to dispatching, response, personnel, vehicles, medical treatment or billing, or failure to make such records available for inspection by the AGENCY; or
(3) Accepting an emergency or non-emergency call when it is either unable or unwilling to provide the requested service, or fails to inform the person requesting such service of any delay, and fails to obtain consent of such person before causing an ambulance to respond from a location more distant than the one to which the request was directed; or
(4) Failure to pay any fine issued pursuant to this section within thirty (30) business days.

(B) Suspension does not have to precede revocation.

(C) Fines:
(1) Fines may be issued by the AGENCY for:
a) Failure to provide required clinical or operational reports, including dispatch records;
b) Failure to comply with requirements for personnel, equipment, and vehicles;
c) Failure to comply with any other section of this ordinance or any regulation adopted pursuant to this ordinance
(2) Exceptions shall be granted for records destroyed by fire, explosion, or theft beyond the reasonable control of the PERMITTEE; a declaration of local, state, or federal emergency impacting the PERMITTEE'S resources; and/or acts of God.
(3) Failure to remit amount of fine levied within thirty (30) days of resolution of appeal to the Board of Supervisors may result in revocation of the Certification of Operation.

(D) Violations:
(1) Except as otherwise provided, any PERMITTEE who violates any provision of this ordinance shall be guilty of a misdemeanor as provided under Government Code, Section 25132.
(2) A PERMITTEE who violates provisions of this ordinance shall be subject to a fine:
a) Not exceeding two hundred fifty dollars ($250.00) for a first violation.
b) Not exceeding five hundred dollars ($500.00) for a second violation of the same section.
c) Not exceeding one thousand dollars ($1,000.00) for each additional violation within one (1) year of the same section.
(3) A violation period is defined as each day or portion thereof that a PERMITTEE is in violation of this ordinance.
(4) The COUNTY or designee is hereby authorized to institute and pursue, in the name of the county, pursuant to the provisions of Government Code, Section 25132, civil actions for the recovery of fines for violations of this ordinance.
(5) Payment of any fine herein shall not relieve the PERMITTEE from the responsibility of correcting the violation.

11.09.036 NOTICE ISSUANCES

Before any suspension or revocation, the AGENCY shall give written notice to the PERMITTEE specifying why such action is contemplated and giving the PERMITTEE up to fifteen (15) business days to comply with the provisions in question or to request a hearing to show cause against suspension, revocation, or levying of a fine and setting a date for hearing.

11.09.037 HEARINGS

(A) If an applicant for a Certificate of Operation or an Ambulance Permit or a PERMITEE is dissatisfied with any of the actions taken by the AGENCY, he/she may request an administrative hearing.

(B) The request for an administrative hearing must be filed within fifteen (15) business days of the date of the notice. The hearing must be held within thirty (30) business days of receipt of the request.

(C) The hearing shall be held at an AGENCY designated location. The AGENCY shall mail to the claimant a written notice of the time and place of the hearing no less than five (5) days prior to the hearing.

(D) Hearings conducted pursuant to this chapter shall be conducted before a Hearing Officer designated by the AGENCY. All hearings shall be electronically recorded. Hearings need not be conducted according to the California Code of Evidence. Hearsay evidence may be used for the purpose of supplementing or explaining any direct evidence, but shall not be sufficient in itself to support a finding unless it would be admissible over objection in civil actions in courts of competent jurisdiction in this state. Any relevant evidence shall be admitted if it is the type of evidence on which reasonable persons are accustomed to rely in the conduct of serious affairs, regardless of the existence of any common law or statutory rule which might make improper the admission of such evidence over objection in civil actions in courts of competent jurisdiction in this state. Irrelevant and unduly repetitious evidence shall be excluded. The parties shall equally bear the expense of the Hearing Officer and the cost of the hearing. Each party shall bear its own expense.

(E) At the hearing, the AGENCY has the burden of proof and may present evidence as to why such action should be taken and to answer the evidence presented by the PERMITTEE.

(F) A written decision by the hearing officer shall be issued within ten (10) business days and notice given by mail. Service of the decision shall be deemed complete at the time deposited in the mail.

11.09.038 APPEALS

The PERMITTEE may file a written appeal with the Board of Supervisors within ten (10) days of receipt of the issuance of the AGENCY's written decision by certified mail. A copy of the written appeal must also be served to the AGENCY either in person or by certified return receipt mail within ten (10) days of receipt of the issuance of the AGENCY's written decision by certified mail. Appeals will be heard at a meeting scheduled by the Board of Supervisors. The Board of Supervisor's decision shall be final.

The PERMITTEE may appeal to the Board of Supervisors within ten (10) days of receipt of the AGENCY's written decision. The appeal must be in writing and served on the Clerk of the Board and the AGENCY either in person or by certified return receipt mail. Appeals will be heard at a meeting scheduled by the Board of Supervisors. The Board of Supervisor's decision shall be final

11.09.039 EMERGENCY ACTION

The AGENCY may reduce the period of time for compliance under a suspension or revocation notice to no less than twenty-four (24) hours and set the matter for hearing immediately upon expiration of the period when the AGENCY makes written preliminary findings that such action is necessary to protect the public health, safety and welfare. When, as a result of such an emergency proceeding, a permit is suspended or revoked, the PERMITTEE may request an additional hearing at which the PERMITTEE will have the burden of establishing renewed compliance justifying reinstatement of the permit. Such additional hearings will be commenced within five (5) days of the PERMITTEE's request. The request for, or the scheduling of, an additional hearing shall not stay operation of the suspension or revocation order.

11.09.040 DECISION

At the conclusion of the hearings, the Hearing Officer or the Board shall promptly prepare a written determination of the issues presented and the proposed findings. A copy of the decision shall be served on the parties by certified return receipt mail. Service of the decision shall be deemed complete at the time deposited in the mail.

At the conclusion of the hearings, the Hearing Officer or the Board shall promptly prepare a written determination of the issues presented and the proposed findings. A copy of the decision shall be served on the parties by mail. Service of the decision shall be deemed complete at the time deposited in the mail.

11.09.041 QUALITY IMPROVEMENT PROGRAM

To ensure that ambulances are operating in the best interest of the public health and safety, and that PERMITTEE is utilizing properly trained staff, each PERMITTEE will be required to have a quality improvement program that:

(A) Utilizes a physician, RN, or paramedic with experience in quality management to direct and coordinate quality improvement activities (exceptions to this may be made on an individual basis by the AGENCY);

(B) Reviews patient care provided by their employees;

(C) Meets the requirements of the State Emergency Medical Services Authority's Quality Improvement Program contained in the California Code of Regulations, Title 22;

(D) Identifies problems or issues regarding patient care and proposes solutions for corrective action;

(E) Participates in the AGENCY's collection of data regarding quality of patient care;

(F) Includes disciplinary procedures to be used when appropriate.

(G) Maintains a radio recording of all calls for BLS/ALS services requested, all dispatch instructions given, and all communications between the dispatch center and the unit until the run is completed. Recordings must be stored for a period of at least ninety (90) days.

(H) Ensures that all drivers have completed an Emergency Vehicle Operation Course (EVOC) driver training course, or its equivalent, related to responding to calls for emergency medical service that includes, but is not limited to, the following didactic and practical components: legal aspects of the emergency ambulance operation, the practice of defensive driving, accident avoidance, principles of vehicle control, routine vehicle safety checks, breaking and stopping, acceleration, and steering.

(I) Requires the use of the AGENCY's designated Prehospital Care Report, the Unusual Occurrence Form, and/or other approved reports that include all required data elements for all emergency medical responses including refusal of service and against medical advice (AMA).

(J) Requires staff to attend, at no expense to the COUNTY, EMS Orientation, and other education and training programs as may be reasonably requested by the AGENCY.

(K) Is consistent with the AGENCY's Quality Improvement Plan.

(L) PERMITTEES, or a designated employee(s), shall actively participate on any committees, at the request of the AGENCY, to provide for continued system performance.

(M) Documentation outlining the quality improvement program is to be submitted to the AGENCY as part of the application process.

11.09.042 CCT QUALITY IMPROVEMENT PLAN

Critical Care Transport ambulance companies are additionally responsible for submitting a Quality Improvement Plan according to the specifications in the COUNTY's CCT policy.

11.09.043 EXEMPTIONS

(A) When the AGENCY has determined that adequate emergency ambulance service will not be available from existing ambulance providers, this ordinance may be waived at the request of the COUNTY'S designated communications center, any law enforcement agency, or fire protection agency during any "state of war emergency," "state of emergency," or "local emergency" as defined in Government Code Section 8558. Exemptions may be made for a period not over thirty (30) days, but renewable every thirty (30) days.

(B) This ordinance shall not prevent any peace officer from arranging for the transportation of an individual in need of emergency medical care when no ambulance with an appropriate ambulance service permit is available and such transportation is required immediately for the preservation of life or to avoid substantial impairment of the person to be transported. (13 CCR §1107[a][2])

11.09.044 MEDICAL DIRECTION

All EMT and paramedic personnel working in San Benito County for the 9-1-1 contract ambulance are required to provide patient care in accordance with medical care policies, procedures and protocols promulgated by the EMS medical director. All other EMT and paramedic personnel shall adhere to their standard scope of practice as defined by Title 22 and/or under policies, procedures and protocols approved by their agency's medical director.

11.09.045 EMS SPECIAL EVENT NOTIFICATION

PERMITTEEs providing special event standby coverage shall complete an EMS Special Event Notification Form. This form shall be submitted to the AGENCY for approval at least seven (7) days prior to the beginning of the coverage. The AGENCY may impose conditions on the approval of the request, which are necessary to ensure the safety of the public according to AGENCY's "Guidelines for EMS Coverage for Mass Gatherings." This provision shall help to ensure that adequate and integrated emergency medical services are available to the public and event participants. Any unauthorized standby service by a private EMS service, whether or not transportation is provided, may result in a fine, permit suspension or revocation.

11.09.046 EMERGENCY AND DISASTER OPERATIONS

(A) In the event of a disaster or mass casualty incident, the ability of the 9-1-1 ambulance service to provide necessary prehospital emergency ambulance care and transportation may be disrupted or be inadequate for the number of casualties. It is necessary; therefore, that all ambulances permitted in San Benito County be available to assist when there is a disaster or mass casualty incident. In the event of a disaster or mass casualty incident, the AGENCY will determine the amount of assistance needed, acceptable ambulance staffing and configuration, and may authorize the dispatch of any ambulance as permitted by law. Each service shall make available, and place into service whenever possible, all permitted units at the request of the AGENCY. The AGENCY shall coordinate all medical mutual aid requests through the COUNTY's designated communications center, the medical mutual aid system, and the Medical Health Operational Area Coordinator (MHOAC).

(B) The PERMITTEE shall have on file with the AGENCY, its Disaster Response Plan which includes a personnel call-back plan.

(C) All management and field personnel of the PERMITTEE shall follow the AGENCY's Multi Casualty Incident (MCI) Plan.

(D) The COUNTY may assist the PERMITTEE in seeking reimbursement for its costs from any disaster relief monies. The COUNTY shall have no financial responsibility for these costs or charges.

(E) When requested by the AGENCY, the PERMITTEE shall participate in a COUNTY organized disaster exercise. All costs associated with their participation in the disaster exercise shall be the sole responsibility of the PERMITTEE.

11.09.047 CLINICAL EXPERIENCE PROGRAM

All BLS ambulance companies, in business more than one year, shall work with the AGENCY to develop and maintain a program that provides clinical experience to students enrolled in EMT training programs approved by the AGENCY.

11.09.048 COUNTY LIABILITY

Unless expressly agreed in writing, the AGENCY and the County of San Benito and its officers and employees shall not be liable for any PERMITTEE costs or charges associated with compliance under this ordinance or the rules or regulations promulgated hereunder.

11.09.049 SEVERABILITY

If any chapter, section, or subsection, sentence, clause, phrase, or portion of this ordinance are for any reason held invalid or unconstitutional by any court of competent judgment, such portion shall be deemed a separate, distinct and independent provision and shall not affect the validity of the remaining portions hereof.

11.09.050 EFFECTIVE DATE

This ordinance shall take effect and be in full force and effect thirty (30) days after its final passage and approval. Prior to the expiration of (15) days from the final passage hereof, the clerk of the San Benito County Board of Supervisors shall cause this ordinance to be published in a newspaper of general circulation in the County of San Benito.

Introduced at a regular meeting of the Board of Supervisors held on the 1st day of April, 2014. Final passage and adoption by the Board of Supervisors of the County of San Benito was at a regular meeting of said Board held on the 15th day of April, 2014, by the following vote:

AYES:	SUPERVISORS:	Muenzer, De La Cruz, Rivas, Botelho, Barrios
NOES	SUPERVISORS:	NONE
ABSENT:	SUPERVISORS:	NONE

BY
Jerry Muenzer, Chair,
San Benito County Board of Supervisors

ATTEST:
DENISE THOME
Denise Thome
Clerk of the Board
By: Janet Slibsager
Deputy Clerk

APPROVED AS TO LEGAL FORM:
Irma F. Valencia
Deputy County Counsel

SUMMARY OF PROPOSED COUNTY ORDINANCE REPEALING ORDINANCE #637 AND AMENDING CHAPTER 11.09 OF TITLE 11 OF THE SAN BENITO COUNTY CODE

Pursuant to the Authority of the July 27, 2004 order of the Board of Supervisors and Government Code § 25124 the County Counsel has concluded that the ordinance is of such a length and content that a complete copy of the ordinance would not be practical to publish in the official newspaper. Accordingly, a summary has been prepared as follows:

The ordinance proposed for adoption on March 4, 2014, titled "San Benito County Emergency Medical Services Ordinance" will repeal Ordinance #637 (Ambulance Service) and amend Chapter 11.90 of Title 11 of the San Benito County Code. The proposed ordinance will substantially replace the current ambulance ordinance.

The proposed ordinance establishes formal policies and regulations for issuing certificates and permits, and regulating the operation of air and ground ambulance services in the County of San Benito. The ordinance establishes the San Benito County Emergency Medical Services Agency as the responsible agency for the administration of the ordinance and for making all necessary and reasonable policies, procedures, and/or protocols for the effective and reasonable administration of the ordinance. **§11.90.002** sets forth the purpose and intent of the ordinance. **§11.09.003** sets forth the legal authority for the ordinance. **§11.09.005** sets forth the definitions for 9-1-1 Ambulance Service, 9-1-1 Emergency Call, Advanced Life Support, ALS Ambulance Service, Agency, Ambulance, Ambulance Permit, Ambulance Provider, Ambulance Service, Air Ambulance, Basic Life Support, Board, Cities, Certificate of Operation, County, County Policies, Critical Care Transport, Critical Care Transport Policies, Emergency Medical Technician, Exclusive Operating Area, Gurney Van Transport, Non-Emergency Call, Paramedic, Permittee, Personal Protective Equipment, Quick Response Vehicle, Special Event, Wheelchair Van Transport. **§11.09.007** and **§11.09.008** set forth the permits required and the permitting process. **§11.09.011** sets forth the process for renewing a certification of operation. **§11.09.012** provides for the charging of fees for applications for initial or renewal Certificates of Operation. **§11.09.015** and **§11.09.016** provides for general performance standards and ambulance compliance standards. **§11.09.020** through **§11.09.023** sets forth standards for ambulance staffing, ambulance personnel qualifications, personnel standards and medical control. **§11.09.031** requires permittees to submit their services charges and rates to EMS. **§11.09.033** and **§11.09.034** sets forth the process for investigations and inspections and consumer complaints. **§11.09.035** provides for penalties for violation of certain provisions of the government code or ordinance. **§11.09.036** through **§11.09.040** provides for an appeals process before the imposition of any penalty. **§11.09.043** allows for an exemption to the ordinance during declared emergencies. **§11.09.048** through **§11.09.050** pertain to county liability, severability codification and publication.

Copies of the proposed ordinance are on file in the Office of the Clerk to the Board of Supervisors, Administrative Building, 481 4th Street, Hollister, California.

Matthew W. Granger, County Counsel

By: _____
Irma Valencia, Deputy County Counsel

Dated: January 29, 2014
Publish: February 21, 2014

(8)

ORDINANCE NO. 1344

AN ORDINANCE OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NAPA, STATE OF CALIFORNIA, ADDING A NEW DIVISION VI, EMERGENCY MEDICAL SERVICES, CHAPTER 8.70 (AMBULANCE) TO THE NAPA COUNTY CODE

WHEREAS, pursuant to Division 2.5 of the Health and Safety Code, sections 1797, et seq., the County of Napa designates the Napa County Health and Human Services Agency (H&HS) to be the Local Emergency Medical Services Agency (LEMSA) for the purpose of the administration of local EMS services; and

WHEREAS, Division 2.5 of the Health and Safety Code confers specific authorities and responsibilities on the LEMSA, including but not limited to oversight and management of the EMS system by establishing Exclusive Operating Areas and contracting with providers of emergency ambulance services and Advanced Life Support (ALS) services in the development of an emergency medical services plan; and

WHEREAS, providers of 9-1-1 ALS emergency ambulance service are regulated through contracts; and

WHEREAS, emergency and non-emergency Critical Care Transport (CCT) services, and emergency and non-emergency Basic Life Support (BLS) transport services have not been regulated in Napa County;

Now therefore, the Board of Supervisors of the County of Napa, State of California, ordains as follows:

SECTION 1. A new Division VI (Emergency Medical Service) is hereby added to the Napa County Code to read in full as follows:

Division VI
Emergency Medical Services

Chapter 8.70
AMBULANCE

ARTICLE I
GENERAL PROVISIONS

Section

8.70.002 Title.

This ordinance shall be known as the "Ambulance Ordinance."

8.70.003 Purpose.

The purposes of this ordinance are to:

A. Establish formal policies and regulations for issuing certificates and permits, and regulating the operation of ground ambulance services in Napa County;

B. Protect the public by assuring that ambulances operate safely and meet certain minimum levels and standards of equipment, staffing, and mechanical reliability;

C. Allow for adequate, appropriate, and efficient ambulance services in all areas of Napa County;

D. Allow for the orderly and lawful operation of a local emergency and non-emergency medical services system pursuant to the provisions of Health and Safety Code Section 1797 et seq.; and

E. Allow for all ambulance services to be a part of the county EMS system with the necessary training, policies, procedures, and communication systems.

8.70.004 Authority Within the County and Cities.

A. Upon adoption by the County Board of Supervisors (board), the ordinance shall apply within the county's unincorporated areas and to ambulance companies that transport patients from locations within the county through unincorporated areas.

B. Upon adoption by a city of the ordinance, the county shall have enforcement powers within that city. However, lack of adoption of all or part of this ordinance by a city shall not be interpreted as limiting any authority granted to the county by Division 2.5 of the California Health and Safety Code and the California Code of Regulations, Title 22, Division 9.

C. This chapter shall apply to a governmental agency such as a city or town fire department or fire district ambulance service. However, governmental agencies and nonprofit organizations staffed by all volunteers shall not be required to pay any fees required by this chapter.

8.70.005 Ordinance Administration

A. This ordinance shall be administered by the Napa County Health and Human Services Agency's (H&HS) director. The county designates H&HS to be the Local Emergency Medical Services Agency (LEMSA) for the purpose of the administration of this ordinance. The director of H&HS shall make necessary and reasonable policies, procedures, and/or protocols for the effective and reasonable administration of this ordinance. These policies, procedures, and/or protocols shall be codified in the county's EMS Policy and Procedures Manual and may include, but not be limited to:

1. Response time standards for non-emergency responses in each area of the county
2. Identification of required clinical or operational reports and dispatch records
3. Personnel requirements
4. Equipment requirements
5. Vehicle requirements
6. Other clinical, operational, and dispatch standards
7. Clinical and operational data reports
8. Special event stand-by
9. Emergency and disaster operations

B. All references herein to LEMSA policies and medical orders/direction by the EMS Medical Director shall be interpreted as referring to the current version and all subsequent modifications to such policies and regulations.

ARTICLE II
DEFINITIONS

Section

8.70.010 Generally.

Unless otherwise specifically provided, or required by the context, the following terms have the meanings set forth in this chapter.

"Advanced Life Support" or "ALS" means special services designed to provide definitive prehospital emergency medical care, including, but not limited to, cardiopulmonary resuscitation, cardiac monitoring, cardiac defibrillation, advanced airway management, intravenous therapy, administration of specified drugs and other medicinal preparations, and other specified techniques and procedures administered by authorized personnel under the direct supervision of a base hospital as part of a local EMS system at the scene of an emergency, during transport to an acute care hospital, during interfacility transfer, and while in the emergency department of an acute care hospital until responsibility is assumed by the emergency or other medical staff of that hospital.

"Ambulance" means a ground transportation vehicle certified by the California Highway Patrol (CHP) that is specially constructed, modified or equipped and used for the purpose of transporting sick, injured, convalescent, infirm, or otherwise incapacitated persons and staffed with no less than two EMTs. "Ambulance" does not include the transportation of persons in a Litter Van or Wheelchair Van as defined in this section.

"Ambulance Permit" means the authorization issued by LEMSA, including all documents and/or decals for each ambulance conforming to the requirements of these regulations, which is

owned or controlled by a person holding a Certificate of Operation indicating the county's approval for the permittee to operate at the assigned level and scope within the county.

"Ambulance provider" means a person, firm, partnership, corporation or other organization, which furnishes or offers to furnish ambulance service.

"Ambulance service" means the transportation of any person for monetary or other consideration in an ambulance certified by the CHP.

"Basic Life Support" or "BLS" means emergency first aid and cardiopulmonary resuscitation procedures which, as a minimum, include recognizing respiratory and cardiac arrest and starting the proper application of cardiopulmonary resuscitation to maintain life without invasive techniques until the victim may be transported or until advanced life support is available.

"Certificate of Operation" means the document issued by the county to a permittee that has met the requirements to operate an ambulance service in Napa County. Certificates of Operation will be issued for ALS, BLS and CCT levels of service.

"EMS Communications Center" means the county designated ambulance dispatch Center.

"County Dispatch" means the county designated Public Safety Answering Point dispatch center(s).

"County Policies" means the policies and regulations as defined in the LEMSA's Policy & Procedure Manual.

"Critical Care Transport" or "CCT" means any transport of a patient where the skill level required in the care of that patient during transport exceeds the basic life support, Emergency Medical Technician (EMT) and paramedic level and scope of training.

"Critical Care Transport Policies" means the policies and regulations as defined in the LEMSA's Policy & Procedure Manual.

"Emergency call" means a 9-1-1 or other emergency request for an ambulance to transport or assist persons in apparent sudden need of medical attention; or an ambulance transport that is initially classified as a non-emergency call that becomes an emergency call due to a change in the patient's medical condition; or a medical emergency, as determined by a physician, to transport blood, or any therapeutic device, accessory to such device, or tissue or organ for transplant.

"Emergency Medical Technician," or "EMT," means an individual trained and certified in basic life support care in accordance with the provisions contained in the California Code of Regulations, Title 22, Division 9, Chapter 2, et seq.

"Emergency Medical Technician – Advanced," or "EMT-A" or "Advanced EMT" means an individual trained and accredited in limited advanced life support (LALS) care in accordance with the provisions contained in the California Code of Regulations, Title 22, Division 9, Chapter 3, et seq. and accredited by the LEMSA.

"Emergency Medical Technician – Paramedic," or "EMT-P" or "paramedic" means an individual trained and accredited in advanced life support care in accordance with the provisions contained in the California Code of Regulations, Title 22, Division 9, Chapter 4, et seq. and accredited by the LEMSA.

"Exclusive Operating Area" or "EOA" means an EMS area or sub area as defined by the LEMSA, which restricts operations to one or more ambulance providers in accordance with Health & Safety Code section 1797.224.

"First Responder ALS" means a unit staffed and equipped with a minimum of one California State licensed and LEMSA accredited paramedic capable of providing ALS at scenes of medical emergencies.

"Litter Van Transport" means a vehicle which is modified, equipped and used for the purpose of providing nonemergency medical transportation for those patients with stable medical conditions who require the use of a litter or gurney and which is not routinely equipped with the medical equipment or personnel required for the specialized care provided in an ambulance.

"Paramedic," Emergency Medical Technician – Paramedic," or "EMT-P" means an individual trained and licensed in advanced life support care in accordance with the provisions contained in the California Code of Regulations, Title 22, Division 9, Chapter 4, et seq. and accredited by the LEMSA.

"Permittee" means a person, firm, partnership, corporation or other organization to whom a Certificate of Operation and Ambulance permit(s) have been issued for purposes of operating an ambulance service.

"Personal Protective Equipment" or "PPE" means the minimum equipment, supplies, and personal protective equipment – per responder – to ensure safety and readiness as required by EMS Policy Manual.

"Special event" means any activity or situation, including, but not limited to street fairs, concerts, sporting events, contests, or other events that place a grouping or gathering of people in one general locale or participating in a regional event sufficient in number, or subject to activity that creates the need to have on-site EMS services which may include one or more ambulances pre-positioned at the event.

"Wheelchair Van Transport" means any vehicle specially constructed, modified or equipped and/or used for the purpose of transporting patients in wheelchairs for whom the need for any medical care, treatment or procedure is not required, likely, or foreseeable.

ARTICLE III
CERTIFICATE OF OPERATION AND PERMITS

Section

8.70.020 Ambulance Services.

A. Advanced Life Support (ALS) emergency ambulance services shall only be provided under a 9-1-1 contract with the LEMSA pursuant to the provisions of the Health & Safety Code Sections 1797, et seq.

B. Basic Life Support (BLS) emergency and non-emergency transport service shall be regulated by the provisions of this ordinance.

C. Critical Care Transport (CCT) emergency and non-emergency transport service, either CCT-P or CCT-RN, shall be regulated by the provisions of this ordinance and the county's CCT and Administrative policies.

D. Nothing in this ordinance shall be construed as regulating the clinical scope of practice of Registered Nurses (RN) working in a CCT-RN ambulance.

8.70.021 Certificate of Operation and Permits Required.

A. No person (either as owner, agent or otherwise) shall furnish, operate, conduct, maintain or otherwise engage in or advertise, offer or profess to engage in providing prehospital emergency medical services or ambulance service within Napa County unless the person holds (and is entitled to hold) a currently valid ambulance Certificate of Operation issued by the county or is recognized as an authorized public safety agency.

B. No person (either as owner, agent or otherwise) shall furnish and operate an ambulance unless that ambulance has a currently valid Ambulance Permit issued by the county.

C. Litter and Wheelchair Van Transport providers are not required to hold an ambulance Certificate of Operation.

D. No Certificate of Operation or Ambulance Permit is required for the delivery into Napa County of persons picked up outside the county boundaries. No Certificate of Operation or Ambulance Permit is required for specialized teams (e.g., neonatal intensive care unit teams) that are permitted by another emergency medical services agency and that pick up patients in Napa County for transportation to an acute care hospital based outside of the county.

E. The county has not established Exclusive Operating Areas (EOA) for BLS, and/or CCT emergency and/or non-emergency transport, but retains its option to do so in the future.

8.70.022 Certificate of Operation Process.

A. Application forms for an ambulance service Certificate of Operation shall be supplied by the county.

B. The applicant shall be a licensed California Highway Patrol (CHP) ambulance service prior to submitting an application.

C. Each applicant who desires an ambulance service Certificate of Operation shall submit the following on, or as attachments, with their application:

1. The names and addresses of the applicant(s), registered owner(s), partner(s), officer(s), director(s) and controlling shareholder(s), hereafter called "applicant";
2. The name under which the applicant has engaged, does, or proposes to engage in ambulance service;
3. The ambulance service level requested – ALS, BLS, CCT, or all three service levels;
4. A statement specifying whether the applicant has provided ambulance service in Napa County prior to the establishment of this ordinance, and if so, what type and for how long;
5. A statement specifying whether the applicant has previously operated an ambulance company outside of Napa County, and if so, under what name, what type, where and for how long;
6. A copy of a current CHP Emergency Ambulance Non-Transferable License;
7. A copy of the business license for the city in which the applicant is doing business;
8. A statement of the legal history of the applicant, including criminal and civil convictions;
9. A statement specifying the education, training, and experience of the applicant in the care and transportation of patients;

10. A statement that the applicant will abide by the regulations of the California Vehicle Code and the California Code or Regulations, Title 13, Motor Vehicles;

11. A statement that the applicant owns or has under its control, in good mechanical condition, required equipment to consistently provide quality ambulance service in the area for which it is applying, and that the applicant owns or has access to suitable facilities for maintaining equipment in a clean and sanitary condition;

12. A statement that the applicant understands and will comply with the LEMSA's Staffing, and Equipment and Supply Specifications policies regarding equipment carried in each ambulance, including automated external defibrillators (AEDs);

13. A list of the actual number of ambulances and for each: the make and model, year, the vehicle identification number (VIN), State vehicle license number and proof of current Department of Motor Vehicle registration, and proof of CHP Ambulance Inspection Report and Ambulance Identification Certificate;

14. A statement that the applicant understands and will comply with the ambulance permitting and inspection process, including the required fees.

15. A statement that the applicant has or will have sufficient personnel adequately trained and available to deliver ambulance service of good quality at all times, including copies of their certifications/licenses;

16. A statement of the applicant's training and orientation programs for EMTs and/or paramedics, critical care transport nurses, and dispatchers;

17. A statement that applicant's ambulances are equipped with radios capable of communicating with designated dispatch center and the radios are in good working order;

18. A description of the company's program for maintenance of the vehicles;

19. A description and photo/image of the company's logo and color scheme to be used to designate the ambulances of the applicant;

20. A description of the locations (posts, bases, offices) from which ambulances will be dispatched to provide the services offered in Napa County, noting the hours of operation and phone numbers;

21. Evidence of insurance coverage compliance under Section 8.70.040;

22. A certificate of consent to self insure issued by the California State Director of Industrial Relations, or a certificate of workman's compensation insurance;

23. A disaster response plan including a personnel call-back plan.

24. All service charges and rates to be charged, showing compliance with any maximum charges if so established by the county;

25. The application fee for a Certificate of Operation as set forth in LEMSA's Policy and Procedure Manual;

26. In a separate payment, the Ambulance Inspection fee for each ambulance to be inspected as set forth in the county's Policy Manual. This fee may be returned if the permittee does not meet the basic requirements of subsection (C) of Section 8.70.022 and ambulances are not inspected.

27. Any other information the county deems necessary for determination of compliance with this division.

D. Within sixty days of receipt of a complete application and the required fee, the county shall determine 1 – 8 (below) or if an extension is necessary:

1. Whether the applicant is a licensed CHP ambulance service, and

2. Whether the applicant meets the requirements of this ordinance and of other

applicable laws, ordinances, and regulations; and

3. Whether the applicant is able to provide the requested service, and

4. Whether the applicant has knowingly made a false statement of fact in such application, and

5. Whether the applicant has knowingly failed to disclose facts pertinent to the application process, and

6. Whether the applicant was previously a provider of ambulance service prior to the establishment of this ordinance, which has not been renewed by the CHP, and

7. Whether the applicant was previously a holder of a Certificate of Operation issued under this chapter, which has been revoked or not renewed based on the provisions of this ordinance, and

8. Whether the applicant's vehicles, equipment, and appurtenances, including radios, are in good working order and the ambulances pass an inspection, according to the provisions of Section 8.70.043.

E. Approval or denial:

1. If it is determined that the applicant does not meet all requirements within this division, then the county shall deny the application and notify the applicant in writing by certified mail of the receipt of the application.

2. If it is determined that the applicant meets all requirements within this division, the county shall approve the application and issue a Certificate of Operation and, upon a positive inspection, appropriate Ambulance Permits.

F. Whenever the county denies an application for a permit, the applicant may request a hearing on the denial at which the applicant will have the burden of proof. The appeal will be made to the board according to the provisions of Section 8.70.065.

G. The decision of the county rendered pursuant to this chapter shall be final, unless appealed to the board within thirty days after such decision is rendered in writing, and notice of the same is given to the applicant by certified mail.

H. Term:

1. Certificates of Operation shall be valid for one year from the date of issuance.

2. Certificates of Operation shall be continued upon conditions of Section 8.70.022 unless earlier suspended, revoked or terminated for cause.

3. A permittee providing ambulance service may discontinue such services only after providing sixty days notice in writing of intent to discontinue services to the county or upon mutual written agreement.

I. Existing ambulance companies:

1. Within one hundred eighty days of the effective date of this ordinance, ambulance companies that have been providing BLS and CCT emergency and non-emergency transport services in the unincorporated County areas shall apply for a Certificate of Operation and Ambulance Permits. The county shall issue or deny a Certificate of Operation to each existing company, based on their ability to meet the requirements as set forth in this ordinance. The fees for the initial Certificate of Operation and Ambulance Permits for existing companies shall be the fee set for new applicants.

2. The county may issue a provisional sixty day Certificate of Operation to an existing non-emergency ambulance company to allow for required ambulance inspections. Upon a satisfactory completion of the inspections, the provisional status will be made permanent.

J. Application for transfer of any permittee's Certificate of Operation shall be

subject to the same terms, conditions, and requirements as if the application were for an original certificate. No ambulance permit shall be transferred to another person(s), or company or corporation, except upon prior approval of the county.

8.70.023 Changes to Operations.

The permittee shall notify the county about changes to business location and phone numbers; ambulance stations and phone numbers; hours of operations; service charges and rates; insurance coverage; and changes to applicant(s), registered owner(s), partner(s), officer(s), director(s) and controlling shareholder(s) on file; within fifteen days of such changes.

8.70.024 Adding Ambulances.

If a permittee desires to include additional ambulance units under its Certificate of Operation, the permittee shall submit a vehicle description form for each additional unit and provide the designated fee per unit to the county, and schedule an ambulance inspection. The term of the Ambulance Permit for additional authorized units shall run concurrently with the last authorized permit period. The fee paid for each additional unit will be prorated according to the amount of time remaining during the last authorized permit period. Prorating will be based on the number of quarters left in the permit period.

8.70.025 Renewal of Certificate of Operation.

A. Applicants for renewal of an ambulance service Certificate of Operation under this ordinance shall file with the county an application in writing, which shall include information required in subsection (C) of Section 8.70.022. A renewal fee shall accompany the application for renewal. Renewal applications may be submitted ninety days prior to the expiration date but no later than forty-five days prior to the expiration date.

B. Late renewal applications received less than forty-five days prior to the expiration of the Certificate of Operation shall pay an additional twenty-five percent of all fees due.

C. All ambulances specified by the permittee shall be inspected and have their permits renewed in accordance with the provisions of Section 8.70.044, Ambulance Inspection and Permit Process. The issuance of a renewed Certificate of Operation shall be based on all ambulances having been inspected.

D. Renewal of a Certificate of Operation shall require conformance with all requirements of this division as upon issuance of an initial certificate. Nothing in this division shall be construed as requiring the granting of a certificate upon expiration of a previous certificate, and the burden of proof respecting compliance with all the requirements for a period and of entitlement of a certificate shall remain at all times with the applicant for renewal.

ARTICLE IV
FEES

Section

8.70.030 Fees.

8.70.030 Fees.

A. An application for an initial ambulance Certificate of Operation shall be accompanied by payment of an application fee and Ambulance Inspection fees. The Ambulance

Inspection fee may be returned if the permittee does not meet the basic requirements of subsection (C) of Section 8.70.022 and ambulances are not inspected.

B. An application for renewal of an ambulance certificate of operation shall be accompanied by payment of fees.

C. The fees shall not exceed the reasonable cost of administering and enforcing this ordinance as determined by the Board. The fees for certification and accreditation of various emergency medical personnel are as follows:

BLS Ambulance Provider Certification	$2,500.00
ALS Ambulance Provider Certification	$1,500.00
CCT Ambulance Provider Certification	$1,500.00
BLS Ambulance Inspection	$150.00
ALS Ambulance Inspection	$250.00
CCT Ambulance Inspection	$250.00

ARTICLE V
OPERATIONAL REQUIREMENTS

Section

8.70.040 Hold Harmless and Liability Insurance Agreement.

A. Each ambulance permittee, at its sole cost and expense, shall obtain, maintain, and comply with all county insurance coverage(s) and requirements. Types of insurance coverage include Commercial General Liability, Commercial or Business Automobile Liability, Worker's Compensation and Employers Liability, Professional Liability/Errors & Omissions, and Endorsements and Conditions.

B. Lack of coverage as required at any time shall automatically suspend the Certificate of Operation. Failure of the permittee to notify the county of lack of coverage for any reason shall be deemed a violation of regulation subject to fine.

C. As a condition of being issued a permit, permittee shall be required to indemnify and hold harmless the county from any and all claims or actions for property damage, personal injury, sickness, disease, caused by the permittee's acts or omissions and will pay any and all judgment decrees, costs, attorney's fees which may be rendered against the county, its directors, officers, agents, employees and volunteers in any and all such actions or proceedings.

8.70.041 Financial Responsibility.

Each permittee shall provide the county with information in reference to any pending action or unpaid judgments or liens against the permittee, and the notice of the transactions or acts giving rise to the judgments or liens. The permittee shall notify the county in writing of the actions within one week of the notification from the levying agency. The reported information will be reviewed by the county who will make a determination regarding the effect this information will have on the agency's ability to provide continuous service in accordance with this division.

8.70.042 General Performance Standards.

A. Permittee shall maintain sufficient ambulances, operational procedures and personnel, with valid certifications and licenses to meet performance standards and permit specifications.

B. Permittee shall follow the county's LEMSA's policies.

C. Permittee and their personnel shall follow the regulations of the California Vehicle Code and the California Code or Regulations, Title 13, Motor Vehicles.

D. Permittee shall maintain supervisory or management personnel, available on a twenty-four hour basis on site or on-call, authorized to make operational decisions, direct personnel and commit resources for use.

E. Permittee shall maintain a Quality Management program and perform quality assurance activities in accordance with Article VII of this ordinance.

F. Permittee shall ensure that all management, supervisory, dispatch and field personnel maintain knowledge and familiarity with multi-casualty and mass casualty incident medical operations, staging, and incident command structure.

8.70.043 Ambulance Compliance.

A. Each ambulance shall be equipped according to the standard vehicle safety and equipment requirements of the California Vehicle Code and the California Code or Regulations, Title 13, Motor Vehicles.

B. Each ambulance shall carry a photocopy or original current vehicle registration, current insurance identification, current CHP ambulance identification card (or CHP Inspection report valid for thirty days after an initial inspection), and current county issued ambulance permit.

C. Each ambulance shall carry standard patient carrying fixtures and restraints necessary for the comfort and safety of patients.

D. Each ambulance shall be equipped with no less than the standardized equipment and supplies as established according to the LEMSA's Equipment and Supply Specifications

policy for the level of service provided. CCT ambulances shall be equipped according to the LEMSA's critical care transport policy.

E. Permittee shall maintain its vehicles, equipment, and supplies in a clean, sanitary, and safe mechanical condition at all times.

8.70.044 Ambulance Inspection and Permit Process.

A. No person, firm, partnership, corporation or other organization, except as identified in subsection (C) of Section 8.70.004, shall operate or cause an ambulance to be operated in Napa County unless an ambulance permit has been issued for that ambulance in accordance with these regulations.

B. The LEMSA shall inspect each ambulance for which it receives an application to ensure compliance with this ordinance and the LEMSA's policies, protocols, and regulations as they pertain to the ambulance service applied for, according to the provisions of Section 8.70.043.

C. The annual inspection for permit renewal shall be based on the list of ambulances submitted by the permittee.

D. The permittee shall be notified in a timely manner of the results of the inspection and any corrective action required if an ambulance fails the inspection.

E. Upon passage of the ambulance inspection, the county shall issue an ambulance permit or renewal of the permit, to the permittee.

F. The ambulance inspection will be for all equipment identified in the LEMSA's policies, which has not been inspected by the CHP under the California Code of Regulations, Title 13, Vehicle Code, Division 2, Chapter 2, Article 1, sections 1103 and 1103.2.

8.70.045 Ambulance Communication Capability.

Each ambulance shall have a radio for establishing and maintaining radio contact with county Dispatch and county hospitals as prescribed by the county and in compliance with F.C.C. regulations.

8.70.046 Ambulance Color Scheme and Design.

A. At the time of initial application, permittee shall provide the county pictures or a description of the permittee's specific color scheme and design of its ambulances.

B. The color scheme and design shall not imitate or conflict with any other color scheme of other permittees authorized by this ordinance in a manner that is misleading or would tend to deceive the public.

8.70.047 Ambulance Staffing.

Each BLS ambulance shall be staffed with a minimum of two California certified EMTs. Paramedics licensed in California may also staff BLS ambulances but may not utilize the paramedic scope of practice. CCT ambulances shall be staffed according to the LEMSA's CCT policy.

8.70.048 Ambulance Personnel Qualifications.

A. All personnel while on duty must carry all applicable certificates and permittee identification, and comply with the county's and LEMSA's policies and procedures.

B. All EMT and paramedic personnel who operate ambulances and critical care transport units must have a current driver's license, ambulance driver's certificate, and a medical examiner's certificate.

C. Permittee's EMT personnel assigned to provide BLS service under this ordinance must meet the minimum qualifications:

1. EMTs must hold current, valid EMT certification in the State of California.

2. EMTs shall be certified in cardiopulmonary resuscitation (CPR/AED) according to the policies of the LEMSA and State.

3. EMTs assigned to provide CCT driver/assistant service must meet the additional qualifications specified in the county's CCT policy.

D. Permittee's paramedic personnel assigned to provide CCT service under this ordinance must meet the minimum qualifications:

1. Paramedics must hold current, valid paramedic licensure in the State of California.

2. Paramedics shall be accredited by the LEMSA and hold current and valid ALS certifications.

3. Paramedics assigned to provide CCT patient care must meet the additional qualifications specified in the LEMSA's CCT policy.

E. Permittee's registered nurse (RN) personnel assigned to provide CCT service under this ordinance must meet the minimum qualifications specified in the LEMSA's CCT policy.

F. All drivers must completed an Emergency Vehicle Operation Course (EVOC) driver training course, or its equivalent.

G. The permittee shall retain on file at all times, copies of all current and valid licenses, certifications, and/or accreditations of all emergency medical personnel performing services under this ordinance.

8.70.049 Personnel Standards.

Ambulance companies shall maintain personnel standards that include orientation to the LEMSA policies and procedures, special training (as deemed necessary by the EMS Medical Director), uniforms and appearances, safety apparel, identification, driver training, work-hour scheduling limitations, with due consideration for collective bargaining agreements and/or State and Federal regulations where they apply.

8.70.050 Medical Control.

All ambulance personnel are to provide patient care in accordance with the LEMSA's policies and as directed by standing or specific orders issued by the EMS Medical Director, or his or her designee.

8.70.051 Personal Protective Equipment.

A. Permittee shall supply and maintain standardized personal protective equipment and supplies to ensure safety and readiness, according to Cal/OSHA guidelines.

B. Permittee shall ensure that all personnel receive training in all available equipment, including fit testing, according to Cal/OSHA guidelines.

8.70.052 Ambulance Station Standards.

Ambulance company stations within Napa County shall meet the minimum standards in Section 8 of the Federal Housing Authority, and include an EMS bulletin board, provisions for storage, and protection of ambulance(s). Stations shall comply with all applicable zoning, building, and occupational health and safety regulations.

8.70.053 Service Level.

The permittee, unless holding a contract to provide emergency service only, shall be approved by the county prior to beginning service.

8.70.054 Response Standards.

A. Any private call of a life threatening nature or a call requiring ALS level care where ALS care is timely, appropriate and available shall be immediately referred to the 9-1-1 emergency operators.

B. If an ambulance responds to a patient who appears to have a medical emergency, the crew shall call 9-1-1 and request a 9-1-1 response, and render appropriate care within their scope of practice until the ALS ambulance is on-scene.

C. Permittee shall dispatch an ambulance to a non-emergency BLS call within a reasonable amount of time and notify the caller of the ambulance's estimated time of arrival. If the unit is delayed more than fifteen minutes from its estimated time of arrival the permittee shall notify the caller of the delay with the new estimated arrival time. The exception to this is for calls that have been prescheduled except for the notification of delay requirement.

D. The permittee or their employees shall report any response to a non-emergency request for ambulance service that is responded to by a unit not permitted, staffed or equipped at the appropriate service level to the county on an Unusual Occurrence form within ten days of the incident.

8.70.055 Dispatch.

Each ambulance company providing service under this ordinance shall assign at least one person or an agency to be responsible for receiving calls and dispatching ambulances. The permittee shall have a Dispatcher Training Program that includes prioritizing tasks including, but not limited to, call intake, unit assignment, documentation and reporting; communication equipment; and compliance with the LEMSA's policies, procedures, and/or protocols covering ambulance service operation, ambulance transport, equipment, ambulance personnel, and standards of dispatch. Dispatchers shall be certified in CPR/AED.

8.70.056 Prohibitions.

Ambulance companies are hereby prohibited from engaging in the following activities:

A. Permitting the operation of an ambulance in any manner contrary to the provisions of this ordinance or contrary to any applicable statue, rule, or regulation.

B. Responding to a call when not requested to respond to that call by an individual requesting that service or the appropriate dispatch center.

C. Causing or allowing its ambulances to respond to an emergency call location without first receiving a specific request from a Napa County approved dispatch center.

D. Providing ALS service without being authorized by the county to provide such service.

E. Providing critical care transport services without possessing a current and valid critical care transport Certificate of Operation and associated ambulance permit(s).

8.70.057 Advertising.

A. No person or organization shall announce, advertise, offer, or in any way claim that it provides non-emergency ambulance service unless it possesses a current, valid ALS, BLS or CCT ambulance Certificate of Operation.

B. No person or organization shall announce, advertise, offer, or in any way claim that it provides emergency service unless it has been approved as an emergency provider by the county.

C. Any use of a telephone number on an ambulance for non-emergency ambulance service shall include the phrase "FOR EMERGENCIES, CALL 9-1-1" in capital letters that are at least as big as the letters used for the telephone number.

8.70.058 Service Charges and Rates.

The permittee shall submit their service charges and rates to the county with their application for a Certificate of Operation and with each renewal. All service charges and rates must be defined in sufficient detail so as to be understandable to the public. The county reserves the option, with board approval, to set maximum allowable rates for ambulance services.

8.70.059 Service Updates.

The permittee shall, at the start of each calendar year, submit to the county, in an electronic form, a list of all EMTs and paramedics employed along with their certificate or license numbers. In addition, the permittee shall notify the county within thirty days of any EMTs and/or paramedics who have been newly hired, terminated, retired, or have quit their employment.

ARTICLE VI
ENFORCEMENT

Section

8.70.060 Investigations and Inspections.

A. The county shall have the right to inspect the records, vehicles, equipment, supplies, and personnel of the permittee whenever the county deems such inspection necessary.

B. The permittee shall cooperate with the county, in any investigations of possible violations of this section and shall make all dispatch logs and similar dispatch records, including tape recordings, available for inspection and copying at reasonable times at the permittee's

regular place of business. All tape recordings shall remain available for a minimum of one hundred eighty days from the date the recording was made.

C. The permittee shall allow the county to inspect, on a pre-announced or unannounced basis, all ambulances used to provide ambulance service. The inspections should be held, whenever possible, during normal business hours at the ambulance operations center. The purpose of such inspections is to determine if the ambulance and its equipment and supplies are in good working order, properly maintained and equipped for the provision of ambulance service for which it is permitted. The ambulance inspection will be for all equipment identified in the county's policies, which has not been inspected by the CHP under the California Code of Regulations, Title 13, Vehicle Code, Division 2, Chapter 2, Article 1, sections 1103 and 1103.2.

D. At the request of the county, the ambulance provider shall submit self-inspections of all ambulances on the county's Ambulance Self-Inspection form.

E. The permittee shall inform the county of any suspension and/or revocation of their California Highway Patrol Ambulance Service License, or Vehicle Certificate, or Authorized Emergency Vehicle Permit for any of their vehicle(s).

8.70.061 Consumer Complaints.

A. Any user of a permitted ambulance service contending that he/she received unsatisfactory service(s) may file a written complaint with the county. Such written complaint(s) shall set forth the allegations. The county shall notify the permittee of the complaint and provide the permittee with all relevant non-confidential information about the complaint.

B. The county shall conduct an investigation of the allegation(s) in the written complaint to determine the validity of said allegation(s). If the allegation(s) are found to be valid, the county shall take actions to secure compliance with the provisions of this chapter and any established ambulance regulations.

C. If the county is unable to secure compliance, it will initiate action to penalize, suspend or revoke the Certificate of Operation.

8.70.062 Penalties.

A. The county may suspend or revoke an ambulance company's Certificate of Operation for:

1. Violating any provision, regulation, law, including local, state or federal standards or ordinances; or

2. Failure to make and retain records showing its operations in any area covered by this ordinance, including but not limited to dispatching, response, personnel, vehicles, medical treatment or billing, or failure to make such records available for inspection by the county; or

3. Accepting an emergency or non-emergency call when it is either unable or unwilling to provide the requested service, or fails to inform the person requesting such service of any delay; or

4. Failure to pay any fine issued pursuant to this section within thirty business days.

B. Suspension is not a condition precedent to revocation.

C. Fines:

1. Fines may be issued by the county for:

a. Failure to provide required clinical or operational reports, including dispatch records;

b. Failure to comply with requirements for personnel, equipment, and vehicles;

c. Failure to comply with any other section of this ordinance or any regulation adopted pursuant to this ordinance.

2. Exceptions shall be granted for records destroyed by fire, explosion, or theft beyond the reasonable control of the permittee; a declaration of local, state, or federal emergency impacting the permittee's resources; and/or acts of God.

3. Failure to remit amount of fine levied within thirty days of resolution of appeal to the board may result in revocation of the Certification of Operation.

D. Violations:

1. Except as otherwise provided, any permittee who violates any provision of this ordinance shall be guilty of a misdemeanor as provided under subsection (B) of Section 1.20.150 of the Napa County Code.

2. A permittee who violates provisions of this ordinance shall be subject to a fine:

a. Not exceeding two hundred dollars for a first violation.

b. Not exceeding four hundred dollars for a second violation of the same section.

c. Not exceeding six hundred dollars for each additional violation within one year of the same section.

4. A violation period is defined as each day or portion thereof that a permittee is in violation of this ordinance.

5. The county or designee is hereby authorized to institute and pursue, in the name of the county, pursuant to the provisions of Section 25132 of the Government Code, civil actions for the recovery of fines for violations of this ordinance.

6. Payment of any fine herein shall not relieve the permittee from the responsibility of correcting the violation.

8.70.063 Notice Issuances.

Before any suspension or revocation, the county shall give written notice to the permittee specifying the violations. The written notice shall provide the permittee a reasonable period of time (not less than five nor more than fifteen business days) to comply with the provisions in question or to show cause against suspension or revocation and set a date for hearing thereon.

8.70.064 Hearings.

A. If an applicant for a Certificate of Operation or an Ambulance Permit or a permittee is dissatisfied with any of the actions taken by the county pursuant to this chapter, he/she may request an administrative hearing.

B. The request for an administrative hearing must be filed within ninety days of the date of the notice.

C. The hearing shall be held at an agency office. The agency shall mail to the claimant a written notice of the time and place of the hearing no less than ten calendar days prior to the hearing.

D. Hearings conducted pursuant to this chapter shall be conducted before a County Hearing Officer designated by the county. All hearings shall be electronic tape-recorded. Hearings need not be conducted according to the California Code of Evidence. Hearsay evidence may be used for the purpose of supplementing or explaining any direct evidence, but shall not be sufficient by itself to support a finding unless it would be admissible over objection in civil actions in courts of competent jurisdiction in this state. Any relevant evidence shall be admitted if it is the type of evidence on which reasonable persons are accustomed to rely in the conduct of

serious affairs, regardless of the existence of any common law or statutory rule which might make improper the admission of such evidence over objection in civil actions in courts of competent jurisdiction in this state. Irrelevant and unduly repetitious evidence shall be excluded. The parties shall equally bear the expense of the Hearing Officer and the cost of the hearing. Each party shall bear its own expense.

E. At the hearing, the county has the burden of proof and may present evidence as to why such action should be taken and to answer the evidence presented by the permittee.

8.70.065 Appeals; Board of appeals.

A. In order to hear and decide appeals of orders, decisions or determinations made by the Hearing Officer relative to the application and interpretation of the regulations adopted pursuant to Chapter 8.70, there shall be and is hereby created a board of appeals consisting of three voting members who are qualified by experience and training to pass upon matters pertaining to compliance with this chapter. None of the voting members shall be an employee of the county. The H&HS director shall be an ex officio member of and shall act as secretary to the board of appeals but shall have no vote on any matter before the board. The board of appeals shall be appointed by the board of supervisors and shall hold office at its pleasure. The board of appeals shall adopt rules of procedure for conducting its business, shall render its decisions and findings in writing to the appellant, and may recommend to the board of supervisors such new procedures as are consistent with those decisions.

B. The board of appeals shall have no authority relative to interpretation of the administrative provisions of the various sections adopted in this title nor shall the board of appeals be empowered to waive the requirements of such codes.

C. Appeal from any finding of the board of appeals may be made by the applicant and shall be processed, heard and decided in the manner provided by Chapter 2.88 of this code.

8.70.066 Emergency Action.

The county may reduce the period of time for compliance under a suspension or revocation notice to no less than twenty-four hours and set the matter for hearing immediately upon expiration of the period when the county makes written preliminary findings that such action is necessary to protect the public health, safety and welfare. When, as a result of such an emergency proceeding, a permit is suspended or revoked, the permittee may request an additional hearing at which the permittee will have the burden of establishing renewed compliance justifying reinstatement of the permit. Such additional hearings will be commenced within five days of the permittee's request. The request for, or the scheduling of, an additional hearing shall not stay operation of the suspension or revocation order.

8.70.067 Decision.

At the conclusion of the hearings, the Hearing Officer or the Board shall promptly prepare a written determination of the issues presented and the proposed findings. A copy of the decision shall be served on the parties by certified return receipt mail. Service of the decision shall be deemed complete at the time deposited in the mail.

ARTICLE VII
QUALITY MANAGEMENT

Section

8.70.070 Quality Management Program.

To ensure that ambulances are operating in the best interest of the public health and safety, and that ambulance companies are utilizing properly trained staff, each permittee will be required to have a quality management program that:

A. Utilizes a physician, RN, or paramedic with experience in quality management to direct and coordinate quality improvement activities (exceptions to this may be made on an individual basis by the LEMSA).

B. Reviews patient care provided by their employees.

C. Meets the requirements of the State Emergency Medical Services Authority's Quality Improvement Program contained in the California Code of Regulations, Title 22, Division 9.

D. Identifies problems or issues regarding patient care and proposes solutions for corrective action.

E. Participates in the LEMSA's collection of data regarding quality of patient care.

F. Includes disciplinary procedures to be used when appropriate.

G. Maintains a radio recording of all calls for ambulance services requested, all dispatch instructions given, and all communications between the dispatch center and the ambulance unit until the ambulance run is completed. Recordings must be stored for a period of at least one hundred eighty days.

H. Ensures that all drivers have completed an Emergency Vehicle Operation Course (EVOC) driver training course, or its equivalent, related to responding to calls for emergency medical service that includes, but is not limited to, the following didactic and practical components: legal aspects of the emergency ambulance operation, the practice of defensive driving, accident avoidance, principles of vehicle control, routine vehicle safety checks, breaking and stopping, acceleration, and steering.

I. Requires the use of the LEMSA's approved Prehospital Care Report, the Unusual Occurrence form, and/or other approved reports that include all required data elements for all emergency medical and those runs and refusal of service against medical advice.

J. Requires staff to attend, at no expense to the county, EMS Orientation, and other education and training programs as may be reasonably requested by the LEMSA.

K. Is consistent with the LEMSA's Quality Assurance/Quality Improvement Plan.

L. Permittee, or a designated employee(s), shall actively participate on any committees, at the request of the LEMSA, to provide for continued system performance.

M. Documentation outlining the quality management program is to be submitted to the county as part of the ambulance service permit application process.

8.70.071 CCT Continuous Quality Improvement Plan.

Critical care transport ambulance companies are additionally responsible for submitting a Continuous Quality Improvement plan according to the specifications in the LEMSA's CCT policy.

ARTICLE VIII
MISCELLANEOUS PROVISIONS

Section

8.70.080 Exemptions.

A. When county officials have determined that adequate emergency ambulance service will not be available from existing ambulance providers, this ordinance may be waived at the request of any county Communications Center or at the request of any law enforcement or fire protection agency during any "state of war emergency," "state of emergency," or "local emergency" as defined in Government Code Section 8558 or during any period (not over thirty days, but renewable every thirty days).

B. This ordinance shall not prevent any peace officer as described in the California Code or Regulations, Title 13, Motor Vehicles 1107(a)(2) or public safety personnel as defined in county policies, from arranging for the transportation of an individual in need of emergency medical care when no ambulance with an appropriate ambulance service permit is available and such transportation is required immediately for the preservation of life or to avoid substantial impairment of the person to be transported.

8.70.081 Medical Direction.

All EMT and paramedic personnel working in Napa County are required to provide patient care in accordance with medical care policies, procedures and protocols promulgated by the EMS medical director.

8.70.082 EMS Special Event Notification.

Permittees providing special event standby coverage shall comply with the county's Special Event policy and complete an EMS Special Event Notification form. This form shall be submitted to the county for approval at least seven days prior to the beginning of the coverage. Non-county approved transport providers shall pay a Special Event Non-Emergency Ambulance Permit fee. The county may impose conditions on the approval of the request, which are necessary to ensure the safety of the public, including, but not limited to, notification of the local public safety jurisdiction, county communications, and appropriate emergency or 9-1-1 first responder providers. This provision shall help to ensure that adequate and integrated emergency medical services are available to the public and event participants. Any unauthorized standby service provided by a private EMS service may result in a fine, permit suspension or revocation.

8.70.083 Emergency and Disaster Operations.

A. In the event of a disaster or mass casualty incident, the ability of the emergency ALS ambulance providers to provide necessary prehospital emergency ambulance care and transportation may be disrupted or be inadequate for the number of casualties. It is expected that permittees assist the county by providing additional ambulances. In the event of a disaster or mass casualty incident, the county will determine the amount of assistance needed The county will contact each permitted service to determine availability of ambulances and may request the permittee to dispatch available ambulances to the county to aid in the disaster or mass casualty incident. The county shall coordinate all medical mutual aid requests through the county Centralized Emergency Medical Dispatch, the medical mutual aid system, and the county Public Health Officer when applicable.

B. Permittees shall have on file with the county, its Disaster Response Plan which includes a personnel call-back plan.

C. All management and field personnel of the permittee shall follow the county's Multi Casualty Incident (MCI) Plan Policy during an MCI.

D. The county may assist the permittee in seeking reimbursement for its costs from any disaster relief monies. The county shall have no financial responsibility for these costs or charges.

E. When requested by the county (via a minimum ninety day notice), every permittee shall participate in a county organized disaster exercise by sending one fully staffed ambulance. All costs associated with their participation in the disaster exercise shall be the sole responsibility of the permittee.

8.70.084 Clinical Experience Program.

All BLS ambulance companies, in business more than one year, shall work with the county to develop and maintain a program that provides clinical experience to students enrolled in EMT training programs approved by the county.

8.70.085 County Liability.

Unless expressly agreed in writing, the county, LEMSA, HHSA, its officers and employees shall not be liable for any permittee costs or charges associated with compliance under this ordinance or the rules or regulations promulgated hereunder.

SECTION 2. If any section, subsection, sentence, clause, phrase or word of this ordinance is for any reason held to be invalid by a court of competent jurisdiction, such decision shall not affect the validity of the remaining portions of this ordinance. The Board of Supervisors of the County of Napa hereby declares it would have passed and adopted this ordinance and each and all provisions hereof irrespective of the fact that any one or more of said provisions be declared invalid.

SECTION 3. This ordinance shall be effective thirty (30) days from and after the date of its passage.

SECTION 4. A summary of this ordinance shall be published at least once 5 days before adoption and at least once before the expiration of 15 days after its passage in the Napa Valley Register, a newspaper of general circulation published in the County of Napa, together with the names of members voting for and against the same.

The foregoing ordinance was introduced and read at a regular meeting of the Board of Supervisors of the County of Napa, State of California, held on the 29th day of June, 2010, and passed at a regular meeting of the Board of Supervisors of the County of Napa, State of California, held on the 13th day of July, 2010, by the following vote:

AYES:	SUPERVISORS	WAGENKNECHT, CALDWELL, LUCE, DODD and DILLON
NOES:	SUPERVISORS	NONE
ABSTAIN:	SUPERVISORS	NONE
ABSENT:	SUPERVISORS	NONE

Diane Dillon

DIANE DILLON, CHAIR
Napa County Board of Supervisors

ATTEST: GLADYS I. COIL
Clerk of the Board of Supervisors

By: Gladys I. Coil

APPROVED AS TO FORM Office of County Counsel	Approved by the Napa County Board of Supervisors
By: *Minh Tran (by e-signature)* Assistant County Counsel By: Sue Ingalls (by e-signature) County Code Services Date: June 22, 2010	Date: July 13, 2020 Processed by: Deputy Clerk of the Board

I HEREBY CERTIFY THAT THE ORDINANCE ABOVE WAS POSTED IN THE OFFICE OF THE CLERK OF THE BOARD IN THE ADMINISTRATIVE BUILDING, 1195 THIRD STREET ROOM 310, NAPA, CALIFORNIA ON JULY 13, 2010.

_____, DEPUTY
GLADYS I. COIL, CLERK OF THE BOARD

ATTACHMENT #8

OCEMS POLICIES- PUBLIC COMMENT RESPONSES

Comment Period from November 19, 2015 to January 8, 2016

OCEMS Policy #310.10

Date Received: 1/8/2016

Contact: Bill Weston

Organization: Care Ambulance

CARE AMBULANCE SERVICE

1517 W. Braden Court • Orange, CA 92868
www.careambulance.net
(714) 288-3800

January 7, 2016

Dr. Samuel J. Stratton – Medical Director
Orange County EMS Agency
405 W. 5th Street, Suite 301A
Santa Ana, CA 92701

RE: Public Comments for OCEMS Policy Changes, 310.10

Dear Dr. Stratton:

Thank you for the opportunity to provide written comments regarding OC EMS Policy / Procedure #310.10 – Determination of Transport to an Appropriate Facility.

Specifically, I would like to address my comments to the proposed addition to the policy / procedure, identified as VI – Law Enforcement or Mental Health Provider (5150 Hold) Requests.

As you may be aware, the ambulance transport of persons being detained on 5150 W.I.C. holds are increasing and EMTs are being asked to transport these detained persons ever increasing distances. In the past, persons detain for a 5150 W.I.C hold were transported to the closest hospital emergency department. The practice is starting to become transporting persons detained on a 5150 hold to specific hospitals, regardless of the closest available hospital.

This is being done to allow the detaining law enforcement officer to leave the detained person in the custody of specific hospital security staff versus remaining with the detained person until they are medically cleared. This presents challenges to ambulance companies and our EMTs, since they have no legal authority to detain these persons against their will. While some law enforcement agencies do encourage their officers to follow the ambulance in their patrol vehicle, this is not always the case. Frequently, EMTs are transporting these possibly dangerous persons with no assistance from Law Enforcement.

Equally challenging is that many of these detained persons have no identifiable medical complaint that warrants transportation by an emergency ambulance. As such, the transport by ambulance is not a covered benefit by many insurance companies, including Medicare and/or MediCal. Ambulance transportation is only a covered MediCare / MediCal benefit when the use of any other method of transportation is

contraindicated due to the beneficiary's condition. At a recent MediCare billing conference conducted by Noridian, our local MediCare intermediator, this specific area was addressed by Noridian staff.

It was explained by Noridian staff that most persons being detained on a 5150 W.I.C hold, can be safely transported by a law enforcement officer using transportation methods other than an ambulance. The singular need for patient restraint is therefore not a justification for ambulance utilization. As such, ambulance transportation is not a covered MediCare benefit and the patient is liable for all patient transport charges.

While I certainly understand that a person experiencing a behavioral health episode, that requires their detainment under a 5150 W.I.C hold, is not involved in any criminal activity and all action should be taken to ensure their dignity during any transport, I'm not confident that transport by EMTs in an ambulance is the appropriate solution. I am equally confident that bypassing an open emergency department is also not in the best interest of the patient and without law enforcement accompaniment; our EMTs have no legal authority to detain these patients.

Care Ambulance appreciates the opportunity to provide comments on the proposed policy changes. We look forward to working with you, not just now, but in the future for the betterment of the Orange County EMS System.

Sincerely,

Bill Weston

Bill Weston – Director of Operations

ATTACHMENT #9

OCEMS POLICIES- PUBLIC COMMENT RESPONSES

Comment Period from November 19, 2015 to January 8, 2016

OCEMS Policy #310.10

Date Received: 12/22/2016

Contact: Virg Narbutas

Organization: Hospital Association of Southern California

HOSPITAL ASSOCIATION OF SOUTHERN CALIFORNIA

12399 Lewis Street, Suite 103
Garden Grove, CA 92840
714/663-0294 fax: 714/663-2053
www.hasc.org

December 22, 2015

Dr. Sam Stratton
OCEMS Medical Director
Health Care Agency W. Fifth Street
Santa Ana, CA 92701

Dear Dr. Stratton,

I am writing to request an extension of the public review period for policy 310.10 "Determination of Transport to an Appropriate Facility" to allow further review by the hospitals.

Because HASC agreed to co-locate its EMS Committee meeting with the EMS Facilities Committee meeting, the hospitals have not had the opportunity to discuss the draft revisions since the public comment period opened. Representatives from the LPS-designated and non-designated hospitals are meeting in January and would appreciate the extension of the review period to Friday, January 29, 2015.

Thank you for considering an extension of the public review period. Please feel free to call me if you would like to discuss the request at (714) 229-4000.

Sincerely,

Virg Narbutas
CEO, La Palma Intercommunity Hospital and West Anaheim Medical Center
HASC EMS Committee Chair

Section C

Draft Revisions

15-Day Public Comment

March 18, 2016 to April 2, 2016

(OCEMS Policies 720.30, 720.50, 720.60, 720.70, 310.10)

AMBULANCE RULES AND REGULATIONS
GROUND AMBULANCE DESIGN / DOCUMENTATION / EQUIPMENT

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 1797.84, 1797.180, 1797.2004, 1797.2040, & 1798 Code of Federal Regulations 634. County of Orange Ambulance Ordinance. Policy sets minimum acceptable standards, any exemptions for public providers allowed by law.

II. APPLICATION:

To provide minimum ambulance design, documentation, and equipment standards for ambulance transportation providers and to ensure a system-wide standardized inventory to promote safety, readiness, and the ability to meet the requirements of a disaster response in the event of a declared emergency.

III. AMBULANCE DESIGN:

A. Each ambulance shall be classified in accordance with the National Incident Management System.

B. No ambulance permit shall be issued or renewed for any ambulance that is older than ten years. ~~initially licensed by OCEMS after it becomes older than 10 years. No licensed ambulance shall be renewed after it becomes older than 10 years during the current licensure period~~. ~~Registration month/y~~Year 1st sold, as noted on CA DMV documentation, shall be the determining qualification. (~~i.e~~e.g., an OCEMS ~~licensed~~ permitted ambulance ~~registered~~ initially sold in 2001 would need to be taken out of service no later than December 31st, 2011). ~~Current OCEMS licensed ambulance service providers have until January 1, 2015 to comply with this requirement~~. No salvage titles will be authorized.

C. All ambulances shall be maintained in a clean condition (see OCEMS Policy 720.50 Section VIII. Cleaning Standards for Ambulances and Ambulance Equipment) and in good working order at all times.

D. No ambulance shall be operated if staffed at less than the level of care marked on the unit, (~~i.e~~e.g., “ALS,” “Mobile Intensive Care Unit,” or “MICU” – must be staffed by paramedics or registered nurses).

E. Each ambulance shall have:

1. Patient compartment door latches operable from inside and outside the vehicle.

2. Operational heating and air conditioning units in the patient compartment.

3. Vehicle installed suction equipment (house), capable of at least a negative pressure equivalent to 300mm Hg and 30 liter per minute air flow rate for 30 minutes of operation

4. Seat belts for all passengers in the driver’s and patient compartment shall be fully functional.

5. Gaskets affixed to the perimeters of all doors and windows shall be ~~in good working condition~~undamaged with their integrity intact and form the appropriate seal.

6. All surfaces in the patient compartment (seats, mattress, etc.) shall be intact, impervious to fluid and able to be disinfected in case of contamination.

1. The name of the public entity that operates an ambulance service or the name under which the ambulance licensee is doing business or providing service shall be displayed on both sides and the rear of each emergency ambulance. The display of the name shall be in letters in sharp contrast to the background and shall be of such size, shape, and color as to be readily legible during daylight hours from a distance of 50 feet. All ambulance vehicles operated under a single license shall display the same identification.

2. A unit number or identifier, of at least two characters minimum, 3 to 4 inches in height and of a contrasting color from the background, shall be affixed to the right rear and both sides of the front of the vehicle, at a minimum.

3. Medical supplies, solutions, and medications shall be acceptable for medical use and replaced prior to expiration date.

4. Medical equipment and supplies used to treat a patient shall be acceptable for medical use and shall be securely stored to prevent loose flying objects in the case of an ambulance collision and shall be readily accessible for immediate use.

IV. REQUIRED DOCUMENTATION FOR EACH AMBULANCE:

The following documentation is required to be present in the ambulance to operate in Orange County and shall be kept current for each ambulance and be made available at time of inspection and upon request:

A. For currently licensed permitted vehicles, a valid County of Orange ambulance license permit (or facsimile) in the driver compartment.

B. For currently licensed permitted vehicles, a valid County of Orange ambulance license permit decal affixed to the lower portion of the right rear window of the ambulance.

B.C. Ambulance vehicle cleaning checklist that adheres to cleaning standards as identified in OCEMS Policy 720.50 Section VIII. Cleaning Standards for Ambulances and Ambulance Equipment.

C.D. Evidence of passage of annual vehicle inspection performed by California Highway Patrol within the preceding twelve (12) months. Ambulances in possession of a valid and current California Highway Patrol ambulance inspection report shall be deemed in compliance with Vehicle Code and regulations adopted by the California Highway Patrol Commissioner.

D.E. Evidence of passage of current odometer inspection(s) performed by the Division of Weights and Measures of the Agriculture Department of the County of Orange or other California county within the preceding twelve (12) months.

E.F. Evidence of passage of an initial, and upon request, Med 9 radio inspection(s) performed by the County of Orange Sheriff Coroner's Department of Communications.

F.G. Current maps or electronic mapping device covering the areas in which the ambulance provides service.

H. 2008 2012 or more recent DOT Emergency Response Guidebook.

I. Proof of insurance.

G. J. Evidence of current CA DMV registration.

~~H.~~J. Every ambulance service provider shall maintain a file (electronic or paper) with the following documentation at their main office for each ambulance:

1. Shift inspection sheet and ambulance vehicle cleaning checklist. Shift inspection sheets and ambulance vehicle cleaning checklist shall be maintained in ambulance files for the current ~~licensure~~ permitting year for each ambulance.
2. Proof of insurance.
3. Maintenance records.
4. Evidence of CA DMV registration.
5. Records of initial Med-9 radio testing by Orange County Sheriff's Department or approved equivalent.

V. AMBULANCE MEDICAL EQUIPMENT:

Each ambulance operator shall provide within every ambulance the following minimum equipment:

A. Required medical equipment and supplies for each ~~licensed~~ permitted ambulance:

1. Airway and Ventilation Equipment

   a. Vehicle (house) "H", "M", or equivalent oxygen cylinders (not less than 500 psi) for operation with a wall mount oxygen outlet and variable flow regulator: one (1)

   b. Portable "E" oxygen cylinders: one (1) at full pressure at all times and one (1) at not less than 1000 psi with variable flow regulator: two (2) in total **or**

      Portable "D" oxygen cylinders: ~~two~~ one (1~~2~~) at full pressure (not less than 2000 PSI) at all times and two ~~one~~ (2~~1~~) at not less than ~~1000~~ 500 psi with variable flow regulator: three (3) in total

   c. Oxygen tank wrench or key device: one (1)

   d. Hand operated bag-valve devices with oxygen inlet and reservoir/accumulator (manual resuscitators): one (1) Adult (≥ 1000 ml) and one (1) child (450-750 ml)

   e. Bag-valve masks: one (1) of each size; Adult, Child, Infant, and Neonate

   f. Oropharyngeal Airways: one (1) set of multiple standard sizes 0-5

   g. Nasopharyngeal airways: one (1) set of multiple standard sizes, no less than four (4)

   h. Nasal cannulas: two (2) adult size and two (2) child size

   i. Oxygen mask, transparent, non-rebreathing: two (2) adult; and two (2) child. ~~and~~ ~~t~~Two (2) infant (**optional)**

   j. Portable suction equipment.

   k. Wide bore suction tubing, non-collapsible, plastic, semi-rigid: two (2)

   l. Hard suction catheters; plastic, semi-rigid, whistle-tipped (finger controlled type is preferred): two (2)

m. Soft suction catheters: #10 French with venturi valve; #14 French with venturi valve; #18 French with venturi valve: two (2) each size

2. Bandaging and Immobilization Devices

a. Clean burn sheets: two (2)

~~b. 10" x 30" or larger universal dressings: two (2)~~

~~c.~~b. Individually wrapped sterile gauze pads 3 X 3 or larger: twenty five (25 or 1 box)

~~d.~~c. Bandage scissors: one (1)

~~e.~~d. Rolled gauze bandages: minimum six (6) total with three (3) of the six to be 3 inches in size

~~f.~~e. Petroleum treated gauze dressings (occlusive dressing), 3" x 3" or larger: two (2)

~~g.~~f. Medical adhesive tape: minimum six (6) total with three (3) of the six to be 2 inches in size

~~h.~~g. Arterial tourniquet, OCEMS approved type: one (1) (**optional**)

~~i.~~h. Cervical collars, rigid type: one (1) large, one (1) medium, one (1) small, and one (1) pediatric size collar; **or** four (4) multi-size adjustable rigid cervical collars, with pediatric size

~~j.~~i. Head immobilization devices, commercial device or firm padding: four (4)

~~k.~~j. Half ring or similar lower extremity (femur) traction device; limb-supporting slings, padded ankle hitch, padded pelvic support, traction strap: one (1) each adult and child sizes

~~l.~~k. Splints: medium and long for joint-above and joint-below fractures. Rigid-support constructed with appropriate material (cardboard, metal, pneumatic, vacuum, wood or plastic): for child and adult: two (2) per size

~~m.~~l. Long (60" or larger) impervious backboard (radiolucent) with minimum of four straps for immobilization of suspected spinal or back injuries: one (1)

~~n.~~m. Short (30" or larger) backboard or equivalent (e.g., KED) for head-to-pelvis immobilization during seated patient extrication: one (1)

~~o.~~n. Pediatric immobilization device, designed specifically for patients 40 kg and smaller: one (1) examples: pediatric immobilization board, papoose board or other OCEMS approved devices

3. Medical and Miscellaneous Devices

a. Blood pressure manometer

b. Blood pressure cuffs: Adult, Thigh, and Child: one (1) each size

c. Pulse oximeter with adult and pediatric probes: one (1) (**optiona**l)

d. FDA approved blood glucometer with lancets and test strips: one (1) (**optional**)

e. FDA approved automatic external defibrillator (AED) with adult and child defibrillation pads * (**optional**)

f. Sharps container (meets or exceeds OSHA standards): one (1)

g. Biological waste disposal bag (meets or exceeds EPA standards): one (1)

h. Stethoscope: one (1)

i. Bedpan: one (1)

j. Emesis basin: one (1)

k. Urinal: one (1)

l. Pen light or flashlight: one (1)

m. Tongue depressors: (6)

n. Cold packs: four (4)

o. Obstetrical supplies including at a minimum: gloves, two umbilical clamps, sterile dressings, sterile scissors (no scalpel), sterile towels, bulb syringe, and clean plastic bags: one (1) set

p. Sterile saline isotonic solution or sterile water in secured, clearly labeled plastic containers: two (2) liters

q. Straps to secure the patient to the stretcher or ambulance cot, and means of securing the stretcher or ambulance cot in the vehicle: two (2)

r. Sheets, pillow cases, blankets and towels for each stretcher or ambulance cot, and two (2) pillows for each ambulance

s. Hard or soft type ankle and wrist restraints designed for quick release; if soft ties are used they should be at least 3" in width (before tying) and maintain at least 2" in width while in use: two (2) sets

t. FDA Approved oral glucose paste, tablets or ~~liquid~~ oral glucose preparation~~beverage~~: two (2)

VI. AMBULANCE AND EQUIPMENT INSPECTION:
Ambulance personnel shall conduct an inspection of the ambulance he or she is assigned to at the beginning of each shift.

A. The assigned driver shall at the beginning of each shift:

1. Document, in writing, on a shift inspection sheet (electronic or paper), that all vehicle equipment and installed medical equipment is either in good working order or not in working order.

2. If the ambulance or equipment is perceived to not be in working order or unsafe:

a. Document the malfunction and/or unsafe condition, and

b. Report the malfunction and/or unsafe condition to supervisory staff.

B. The assigned ambulance personnel at the beginning of each shift shall document, in writing that all required medical supplies and portable medical equipment are acceptable for medical use ~~in good working order~~ and are found in at least the minimum required quantities as identified in sections III. and V of this policy.

C. The assigned ambulance personnel at the beginning of each shift shall complete and document the ambulance vehicle cleaning according to the cleaning schedule as identified in OCEMS Policy 720.50 Section VIII. Cleaning Standards for Ambulances and Ambulance Equipment.

~~B.~~D. The assigned ambulance personnel shall sign and date each shift inspection sheet and submit the shift inspection sheet to their immediate supervisor or as company policy dictates for follow-through on deficiencies noted.

~~C.~~E. The shift inspection sheets and ambulance vehicle cleaning checklist shall be retained by the ambulance service for the current ~~licensure~~ permitting year for each ambulance.

~~D.~~F. The supervisor's name shall be noted on every completed shift inspection sheet.

~~E.~~G. It is the responsibility of the supervisory staff to take the appropriate action to ~~assure~~ ensure repair/replacement of the ambulance and/or equipment prior to permitting its use.

VII. REQUIRED PERSONAL PROTECTIVE EQUIPEMENT (PPE):

In order for ambulance crews to be prepared for an all hazards response, the following shall apply:

A. All personal protective equipment shall be maintained in a clean condition and in good working order at all times.

B. Ambulance personnel should not respond to an incident requiring PPE beyond their level of training.

C. Required PPE shall be kept on each ambulance in an easily accessible location and in sufficient quantity that all persons assigned on an ambulance have necessary and properly fitted protection.

D. PPE equipment for each licensed ambulance shall include but not be limited to:

1. Alcohol--based hand cleansers and hand cleanser dispensers or towelettes for on-scene use.

~~1.~~2. Eye protection (ANSI Z87.1 -2003 Standards), may be glasses, face shield, work goggles or mask with side protection and splash resistance for infection control: two (2)

~~2.~~3. Gloves – Work, Multiple use physical protection, cut resistant, barrier protection: two (2) pairs (**optional; required for ambulance strike team participation**)

~~3.~~4. Hearing protection, ear plugs or other: two (2) sets.

~~4.~~5. High-visibility safety apparel that provides visibility during both daytime and nighttime usage and is defined to meet the performance class 2 or 3 requirements of ANSI/ISEA 107-2004: two (2) per vehicle

~~5.~~6. Ballistic protective vest: two (1) per crew member (**optional, risk dependent**)

~~6. EMS Jacket, full length long sleeve, blue or OCEMS approved with reflective stripes: two (1) per crew member (**optional; required for ambulance strike team participation**)~~

7. Hard Hat - Work Helmet – Blue, (ANSI Z89.1-1986 Class B; 29 CFR 1910.135 & 29 CFR 1926.100(b); CSA Z94.1-M1992 (Class G), or equivalent: one (1) per crew member (**optional; required for ambulance strike team participation**)

8. NIOSH approved (N95) and (N100 or P100) filter respirators: six (6) of each N95 and N100 or P100

9. Mark I Auto-Injector Kit or Duo Dote: six (6) (**optional**)

VIII. REQUIRED PPE TRAINING:

Prior to use, all personnel who may be required to utilize any of the equipment required in this policy shall receive training in accordance with OSHA requirements (Ref. 26 CFR 1910. 132[f]). At minimum, training shall consist of:

A. Identification of when and what type of PPE is necessary; how to properly don, remove, adjust and wear PPE; the limitations of the PPE; and the proper care, maintenance, useful life and disposal of the PPE (Ref. 29 CFR 1910.132 [f] [1] [5]).

B. Training in the use of respiratory equipment must cover fitting, fit-testing and proficient use in accordance with OSHA requirements (Ref 29 CFR 1910.134).

C. Demonstration of the ability to use PPE properly before being allowed to perform work requiring the use of PPE (Ref. 29 CFR 1910.132 [f] [2]).

D. Verification that each employee has received and understands the required training through a written certification that contains the course title and date of the training and shall be recorded and maintained in each employee's file.

Approved:

_____ _____
OCEMS Medical Director OCEMS Administrator

Effective Date: 04/01/2014
Reviewed Date(s): 04/01/2014
Original Date: 10/01/1987

AMBULANCE RULES AND REGULATIONS
GROUND AMBULANCE VEHICLE INSPECTIONS AND PERMITS

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 1797.2004, 1797.2040, & 1798. County of Orange Ambulance Ordinance. Policy sets minimum acceptable standards, any exemptions for public providers allowed by law.

II. APPLICATION:

This policy establishes the standard for inspections and issuance of ~~licenses~~ ambulance vehicle permits for ground ambulance vehicles conducted by OCEMS staff members.

III. PROCEDURE:

A. No ambulance service provider shall allow an ambulance to be used to transport patients ~~until~~ unless after the vehicle has ~~been issued~~ a valid ambulance vehicle ~~license~~ permit issued by the OCEMS Medical Director or his/her designee.

B. An ambulance vehicle ~~license~~ permit is valid from the date of issue until December 31 of the same calendar year.

C. The ambulance vehicle ~~license~~ permit ~~shall~~ may be renewed as part of the renewal process for ambulance service license.

D. ~~No~~ Ambulance vehicle ~~license~~ permits are non-transferrable. ~~may be transferred~~. ~~When, during the term of the licensepermit,~~ If the ambulance service operator permanently removes a ~~licensed~~ permitted vehicle from service during the term of the permit, ~~they~~ it shall immediately notify OCEMS and return the vehicle decal and vehicle ~~license~~permit to OCEMS. ~~upon request~~.

IV. FREQUENCY:

A. Initial ~~OCEMS shall~~ ambulance vehicle inspection ~~each ambulance~~:

1. ~~Upon i~~ Initial application for ambulance vehicle ~~license~~permit applies to vehicles not currently permitted to operate in Orange County.
2. All ambulance vehicles shall undergo an initial inspection prior to being used to transport patients.

~~1. Upon renewal application for vehicle license.~~

B. Renewal ambulance vehicle inspection:
~~B.~~ 1. Renewal vehicle inspections and renewal applications for vehicle permits apply to vehicles currently permitted to operate in Orange County.

C. Other ambulance vehicle inspections:
1. Other ambulance vehicle inspections apply to any ambulance vehicle operating within Orange County.

~~C.~~ 2. OCEMS may inspect any ambulance vehicle operating in Orange County at any time to ensure compliance with the Health and Safety Code and OCEMS rules and regulations. OCEMS inspections will not interfere with ambulance services to a patient. ~~at its discretion and convenience as part of the ambulance regulation process provided such inspection does not interfere with the provision of ambulance services to a patient.~~

V. ELEMENTS OF INSPECTION:

A. OCEMS shall inspect an ambulance for:

1. Required documentation,
2. Required medical equipment,
3. Required non-medical equipment,
4. Acceptability of supplies and equipment for medical use,
5. Operational status of all equipment, and
6. Cleanliness of ambulance, equipment, and supplies as outlined in Section VIII. Cleaning Standards for Ambulances and Ambulance Equipment.

B. OCEMS ambulance inspections shall not duplicate Vehicle Code and California Highway Patrol (CHP) regulatory inspections performed by CHP. Ambulances in possession of a valid and current California Highway Patrol ambulance inspection report shall be deemed in compliance with Vehicle Code and regulations adopted by the California Highway Patrol Commissioner. Inspections with the California Highway Patrol:

1. OCEMS may perform its inspections in conjunction with inspections performed by the CHP. Whenever possible, inspections shall be performed in conjunction with the California Highway Patrol (CHP) to avoid duplication.

1. OCEMS, if in the presence of the California Highway Patrol, and acting as designee of the CHP officer, may inspect all medical equipment required by Title 13 of the California Code of Regulations, rules or regulations, and the Ordinance.

2. In the absence of the California Highway Patrol, OCEMS shall not inspect for those items required by Title 13.

VI. RECORD OF INSPECTION:

A. All ambulance inspections shall be documented on an OCEMS ambulance inspection form.

B. Any item of non-compliance with the Ordinance and/or any OCEMS rule(s) and regulation(s) shall be documented.

C. OCEMS shall review all noted items of non-compliance with the ambulance service operator or ambulance service operator's representative at time of inspection.

D. OCEMS shall provide a copy of the inspection documentation to the ambulance service operator or ambulance service operator's representative at the time of inspection.

VII. NON-COMPLIANCE:

A. Initial ambulance vehicle linspection:

1. No ambulance shall be issued an ambulance vehicle license permit or be allowed to operate until all items of non-compliance identified are corrected by the ambulance service provider and re-inspected by OCEMS.

B. Annual License Renewal ambulance vehicle Iinspection:

1. No ambulance shall be issued a vehicle license permit shall be renewed until all items of non-compliance identified by OCEMS during the annual inspection are corrected by the ambulance service provider and re-inspected by OCEMS.
1.2. Ambulances with a valid, current permit with Type II or Type III items of non-compliance identified on renewal inspection may operate under the existing ambulance vehicle operating permit as described in section C below.

C . Areas Items of non-compliance identified by OCEMS during any inspection shall be corrected by the ambulance service provider and re-inspected by OCEMS. Items of non-compliance shall fall into the following categoriesare categorized as follows:

1. **Level 1 –** requires documentation submitted to OCEMS that the area of non-compliance has been corrected. No re-inspection required.

2. **Level 2** - requires re-inspection by an OCEMS representative within 15 days. The ambulance may be utilized until re-inspection. Failure of second inspection in this category will result in unit being unable to transport patients in Orange County until an additional inspection demonstrates that areas of non-compliance have corrected.

3. **Level 3 –** requires re-inspection by an OCEMS representative and ambulance may not be utilized to transport patients until it passes a re-inspection.

1. Type I:
   a. Requires re-inspection by an OCEMS representative and ambulance may not be utilized to transport patients until it passes a re-inspection.
   b. Requires a re-inspection fee.

2. Type II:
   a. Requires re-inspection by an OCEMS representative within 15 days of identification of non-compliance. The ambulance may be utilized until re-inspection. Failure of a second inspection in this category will result in unit being unable to transport patients in Orange County until an additional inspection demonstrates that areas of non-compliance have been corrected.
   b. Requires a re-inspection fee.

3. Type III:
   a. Requires documentation submitted to OCEMS, within 30 days of identification of non-compliance, that the area of non-compliance has been corrected.
   b. No re-inspection required.

VIII. CLEANING STANDARDS FOR AMBULANCES AND AMBULANCE EQUIPMENT

A. **Cleaning Schedule-** Each ambulance shall maintain a monthly checklist following the cleaning schedule identified in sections C, D and E below.

B. **Cleaning Frequency-** The cleaning frequency describes cleaning requirements beyond that identified within the minimum standards in the cleaning schedule in sections C, D and E below.

C. Vehicle Equipment: Patient Contact

Equipment	Standard	Cleaning Schedule	Cleaning Frequency	Considerations
Stretchers	All parts should be visibly clean with no blood, body substances, dust, dirt, debris, adhesive tape or spillages.	Daily	Cleaning shall be done daily and after every patient use	
Spinal boards/flats /head blocks	All parts should be visibly clean with no blood, body substances, dust, dirt, debris, adhesive tape or spillages.	Daily	Cleaning shall be done daily and after every patient use	
Transport chair and other manual patient transfer equipment	All parts should be visibly clean with no blood, body substances, dust, dirt, debris, adhesive tape or spillages.	Daily	Cleaning shall be done daily and after every patient use	
All reusable medical equipment (e.g. cardiac monitor, defibrillators, resuscitation equipment, etc.)	All parts should be visibly clean with no blood, body substances, dust, dirt, debris, adhesive tape or spillages.	Daily	Cleaning shall be done daily and after every patient use	
Stretcher mattresses	Cover should be damage free All parts should be visibly clean with no blood, body substances, dust, dirt, debris, adhesive tape or spillages.	Daily	Cleaning shall be done daily and after every patient use	
Pillows	Should be visibly clean with no blood, body substances, dust, dirt, debris, adhesive tape or spillages.	Daily	Cleaning shall be done daily and after every patient use	
Linens	Should be visibly clean with no blood, body substances, dust, dirt, debris, adhesive tape or spillages.	Daily	Cleaning shall be done daily and after every patient use	
Passenger seat-Upholstered	All parts, including seatbelt and the	Daily	Cleaning shall be done daily and after	Replace seatbelts if contaminated with

	underneath, should be visibly clean with no blood, body substances, dust, dirt, stains, debris, adhesive tape or spillages.		every patient use	blood or body fluids Torn or damaged seat covers shall be replaced Vacuum for dirt or debris and shampoo for blood or body substances or spillages
Passenger seat Vinyl	Cover should be damage free All parts, including seatbelt and the underneath, should be visibly clean with no blood, body substances, dust, dirt, stains, debris, adhesive tape or spillages.	Daily	Cleaning shall be done daily and after every patient use	Replace seatbelts if heavily soiled Torn or damaged seat covers shall be replaced
Medical Gas Equipment	All parts should be visibly clean with no blood, body substances, dust, dirt, stains, debris, adhesive tape or spillages.	Daily	Cleaning shall be done daily and after every patient use	Replace single use items after each use
Computer Equipment	All parts should be visibly clean with no blood, body substances, dust, dirt, stains, debris, adhesive tape or spillages.	Daily	Daily and after each use	

D. Vehicle Equipment: Non Patient Contact

Equipment	**Standard**		**Cleaning Frequency**	**Considerations**
Response Kits and Bags	All surfaces, including underside, should be visibly clean with no blood, body substances, dust or dirt	Daily	Bags regularly taken into patient care areas must be wiped clean after every use, with special attention given if contaminated with blood or body fluid. Heavily used bags should be laundered	All bags placed on ambulances should be made of ~~wipeable~~wipe able material Any bag heavily contaminated ~~ith~~with blood or body fluids should be disposed

			weekly or monthly Lesser used bags should be cleaned every other month	
Hand Sets (e.g. radios and mobile phones)	All parts should be visibly clean with no blood, body substances, dust, dirt, debris, adhesive tape or spillages	Daily	Daily and when contaminated	
Sharps Containers	The external surfaces should be visibly clean with no blood, body substances, dust, dirt, ~~debris adhesive~~debris, adhesive tape or spillages	Weekly	Weekly and when contaminated.	

E. Vehicle Internal and External Fixed Features

Equipment	**Standard**	**Cleaning Schedule**	**Cleaning Frequency**	**Considerations**
Overall Appearance-Exterior	The vehicle exterior should be clean at all times. Any presence of blood or body substances is unacceptable	Weekly	Routine cleaning should be performed weekly, or as necessary due to weather conditions	If operational pressures prevent thorough cleaning of the exterior, the minimum cleaning standards to comply with health and safety laws should be met (i.e. windows, lights, reflectors, mirrors and license plates).
Overall Appearance-Interior	The area should be tidy, ordered and uncluttered, with well-maintained seating and workspace appropriate for the area being used. All surfaces should be visibly clean with no blood, body substances, dust, dirt, debris, adhesive tape or	Daily	Daily, clean between patients and deep clean weekly	Clean all surfaces in contract with the patient and that may have been contaminated Crews should routinely clean the vehicle floor Remove all detachable equipment and consumables

	spillages			
Ceiling	All surfaces should be visibly clean with no blood, body substances, dust, dirt, debris, adhesive tape or spillages	Daily	Daily and when contaminated.	
Cabinets, Drawers, and Shelves	All parts, including the interior, should be visibly clean with no blood, bodyeday substances, dust, dirt, debris, adhesive tape or spillages	Weekly	Weekly and when contaminated.	
Product Dispensers	All parts of the dispenser including the underside, should be visibly clean with no blood, body substances, dust, dirt debris, adhesive tape or spillages	Daily	Daily and as soon as possible if contaminated.	Liquid dispenser nozzles should be free of product buildup, and the surround areas should be free from splashes of the product.
Electrical Switches, Sockets and Thermostats	All surfaces, including the undersides, should be visibly clean with no blood, body substances, dirt, dust, or adhesive tape	Weekly	Weekly and as soon as possible if contaminated	
Equipment Brackets	All parts of the bracket, including the undersides, should be visibly clean with no blood, body substances, dirt, dust or adhesive tape	Weekly	Weekly and as soon as possible if contaminated	
Fire Extinguisher	All surfaces, including the undersides, should be visibly clean with no blood, body substances, dirt, dust or adhesive tape	Weekly	Weekly and as soon as possible if contaminated	
Floor	The entire floor, including all edges, corners and the main floor spaces, should be visibly	Daily	Daily and when heavily soiled or contaminated with blood and/or body fluids	

	clean with no blood, body substances, dirt, dust or adhesive tape			
Floor Mounted Stretcher Locking Device/Chair Mounting	All surfaces, including the undersides, should be visibly clean with no blood, body substances, dirt, dust or adhesive tape	Weekly	Weekly and as soon as possible if contaminated	
Hand Rails	All parts of the rail, including the undersides, should be visibly clean with no blood, body substances, dirt, dust or adhesive tape	Daily	Clean rails that have been touched after every patient Clean all rails weekly	
Heating Ventilation Grills	The external part of the grill should be visibly clean with no blood, body substances, dirt, dust, spillages or adhesive tape	Weekly	Weekly and as soon as possible if contaminated	
Walls	All wall surfaces should be visibly clean with no blood, body substances, dirt, dust or adhesive tape	Daily	Daily and as soon as possible if contaminated	
Windows	All interior glazed surfaces should be visibly clean and smear free with no blood, body substances, dust, dirt, debris or adhesive tape. A uniform clean appearance should be maintained	Weekly	Weekly and as soon as possible if contaminated	
Work Surfaces	All surfaces should be visibly clean with no blood, body substances, dirt, dust, spillages or adhesive tape	Daily	After every patient	
Waste Receptacles	The waste receptacle, including the lid,	Daily	Daily and as soon as possible if contaminated	

	should be visibly clean with no blood, body substances, dirt, dust, stains, spillages or adhesive tape			

Approved:

OCEMS Medical Director

OCEMS Administrator

Effective Date: 11/07/2014
Reviewed Date(s): 11/07/2014
Original Date: 10/01/1987

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 1797.2004, 1797.2040, 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 ~~as~~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).

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.

~~a.~~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).

~~b.~~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.

~~c.~~d. Non-emergency patient transports:

i. By ~~June 1~~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 a company contact from which the receiving personnel can request a copy of the Prehospital Care Report (PCR).

~~d.~~e. Each provider is the owner and custodian of the records generated by ~~their~~ 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 ~~that they have policies in place for~~ their dispatch centers ability to ~~that~~ 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. ~~**Note:**~~ Push-to-talk mobile phones are not considered two way radio equipment as described in this section.

~~c.~~d. Ambulance service provider dispatch centers shall have policies in place and demonstrate ~~that they have policies in place describing~~ the ambulance service provider's ability and capabilit~~yies~~ of ~~dispatch center~~ emergency backup systems for the dispatch center in the event of power failure, equipment failure, etc.

~~d.~~e. Ambulance service providers shall have policies in place and demonstrate ~~that they have policies in place and are~~ their capabilit~~yle~~ of recording the center's telephones and radio channels and have the ability to retain such electronic recordings for a minimum of 365 days.

~~e.~~f. Ambulance service providers shall have ~~polliespolicies~~ in place and demonstrate ~~that they have policies in place~~ their ability to maintain a dispatch center workspace area that is dedicated to the function of dispatching ambulances. The center ~~should~~ 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.

~~f.~~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.

~~g.~~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.

~~h.~~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.

~~i.~~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. ~~a request has been received for an emergency response from other than a public safety agency.~~

D. OPERATIONS

a. Policies and Procedures for ~~R~~routine operations.

b. Policies and Procedures for ~~D~~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~~, or approved equivalent~~ 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 ~~i~~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 ~~i~~ensures all EMS personnel undergo pre-employment drug screening and that the provider has a policy in place that promotes a drug-free workplace.

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. A policy showing it is mandatory for a representative from each company to attend 50% of the OCEMS Transportation Advisory Subcommittee meetings each calendar year.~~

~~n.~~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.

~~o.~~n. Documentation that the ambulance provider has received business licenses for the cities in which it plans to operate or is operating.

~~p.~~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.

~~q.~~p. Proof that each business location is properly zoned for the incorporated city or unincorporated area in which it is located.

~~r.~~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. The company is informed that a government agency (federal, state, county or local) has initiated an investigation (does not include routine audit).

~~s.~~r. Any information requested by the EMS agency.

Approved:

_____
OCEMS Medical Director

_____
OCEMS Administrator

Original Date: 10/01/1987
Reviewed Date(s): 11/07/2014; 4/1/2015
Revised Date(s): 11/07/2014; 4/1/2015

Effective Date: 4/1/2015

AMBULANCE RULES AND REGULATIONS
GROUND AMBULANCE COMMUNICATION EQUIPMENT

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 1797.2004, 1797.2000, & 1798. County of Orange Ambulance Ordinance. Policy sets minimum acceptable standards, any exemptions for public providers allowed by law.

II. UHF MED-9 COMMUNICATION EQUIPMENT:

A. All ambulance communication equipment shall be operational at all times.

1. Each ambulance shall have one (1) UHF MED-9 radio programmed with two MED-9 channels.
   - MED-9 RP - This is a countywide repeater channel that provides coverage to the Orange County area, and may be used anywhere inside and adjacent to the County of Orange when wide-area coverage is required, or when contact with OCC or OC EMS is necessary.
   - MED-9 TA - This is the output of the MED-9 RP channel, providing a talk around mode of communication, and may be used anywhere inside and adjacent to the County of Orange when line of sight communications is required. OCC cannot be contacted on MED-9 TA.

B. The UHF MED-9 Radio shall be in the "on" and programmed to the MED-9 channel at all times and the microphone attached while the ambulance is in operation.

C. The ambulance service provider shall be responsible for all maintenance and repair costs to the communications equipment installed in the ground ambulance.

D. This communication equipment is designated for Multi-Casualty Incidents, disaster or emergency use only, not for day-to-day dispatch operations.

E. If an ambulance is assigned to a strike team, or to an incident, at the request of the strike team leader, OCEMS, IC or equivalent authority, they shall activate and monitor the Med 9 radio frequency continuously.

F. Every ambulance provider shall have continuous access to a MED 9 radio in dispatch. This shall be a separate radio from other dispatch equipment and shall be on at all times.

   - This dispatch radio shall participate in the same routine radio checks as other ambulance MED-9 radios. If it does not meet the compliance standards for the scheduled radio test procedure, OCEMS may require it be re-checked by OCC, at the ambulance provider's expense.
   - All FCC licenses are the responsibility of ambulance service providers.

III. UHF MED-9 COMMUNICATION EQUIPMENT INSPECTION:

A. Each ambulance shall have its MED-9 Radio inspected by the Orange County Sheriff's Department Communications & Technology Division (OCSD/Communications) upon initial licensure to operate in Orange County. The ambulance provider shall be responsible for all costs associated with the inspection.

B. Elements of Inspection and Certification include:

1. All ambulance communication equipment inspections shall be documented by OCSD/Communications.

a. Radio equipment will be checked for: Model number, serial number and vehicle identification number.

b. FCC compliance for frequency, modulation, power, and receive sensitivity.

2. Any item of non-compliance shall be documented by OCSD/Communications and a copy provided to OCEMS.

3. The inspecting agent shall review all noted items of non-compliance with the ambulance service operator or ambulance service operator's representative at the time of inspection.

4. A copy of all documentation shall be provided by OCSD/Communications to the ambulance service operator, and to OCEMS.

C. Non-Compliance:

1. At the time of inspection the inspecting agent shall indicate, in writing, to the ambulance service operator or ambulance service operator's representative specific items of non-compliance, and the time frame for correction, and re-inspection.

2. It is the responsibility of the ambulance service operator to arrange for re-inspection within fourteen (14) days of notice of non-compliance.

3. If the items of non-compliance are not corrected and re-inspected by an inspecting agent within the fourteen (14) days of notice of non-compliance, OCEMS will be notified.

IV. UHF MED-9 COMMUNICATION EQUIPMENT TESTING REQUIREMENT:

A. Orange County EMS shall conduct regular Ground Ambulance MED-9 Communication equipment tests following a schedule that is determined by OCEMS.

B. All OCEMS licensed Ground Ambulance providers shall participate in the regular MED-9 Radio test as determined and conducted by OCEMS.

~~B.~~C. A MED-9 radio check is valid and marked as successful once OCEMS acknowledges the ground units transmission

~~C.~~D. Each Ambulance that does not meet the compliance standards for the MED-9 radio check conducted by OCEMS ~~may~~shall ~~be~~ be required to have the radio re-checked by OCC at the ambulance provider's expense. Non-compliance is defined as failing to perform two (2) radio checks in one (1) calendar year from January 1st through December 31st.

V. UHF MED-9 COMMUNICATIONS EQUIPMENT TESTING PROCEDURE:

A. MED-9 Radio Test Schedule

1. A MED-9 Radio Test Schedule will be developed by Orange County EMS and distributed to each ambulance provider. Each ambulance provider will be assigned a specific day in which they will have their staff conduct a radio test on MED-9 with OCEMS from each one of their ambulances.

2. Ambulance units must be sure they have the **MED-9 RP** (repeater) channel to conduct a radio test with OC EMS.

B. Ambulance Providers

1. Each ambulance provider will be assigned a specific day on which to conduct MED-9 radio tests with OC EMS from each of their ambulances.

2. Each ambulance provider will supply Orange County EMS with a list of current ambulance unit numbers 72 hours prior to each test. Ambulance units will use their ambulance provider name and unit number to identify themselves on MED-9 when conducting the radio test with OCEMS.
   - Example:
   - Initiate test: *"OC EMS, this is ABC unit 881 on Med-9 for a radio test." OC EMS response: "ABC unit 881, this is OC EMS, you are 10-2."*
   - *Conclusion of test: "10-4, OC EMS, you are 10-2 as well. ABC unit 881 clear."*

3. The MED-9 radio tests will be initiated by the ambulance provider units anytime within the 4-hour period on the date specified on the schedule.

4. The ambulance provider will conduct a MED-9 radio test with OC EMS from each one of their Orange County licensed ambulance units on the scheduled test day.

C. Orange County EMS

1. OC EMS will maintain a MED-9 Radio Test Form for each ambulance provider. This form will include a checklist of current ambulance unit numbers for the corresponding ambulance provider.

2. As the ambulance units contact OC EMS for radio tests throughout the scheduled test day, the OC EMS operator coordinating the radio tests will indicate the results of each ambulance's radio test on the form next to the ambulance's unit ID number.

D. Unscheduled Tests

1. Any MED-9 authorized ambulance unit may conduct an unscheduled MED-9 radio test at any time but an unscheduled test will not relieve the testing ambulance from participating in the scheduled monthly test.

VI. <u>800 MHz COMMUNICATION EQUIPMENT:</u>

A. The authority to purchase and utilize 800 MHz radios that operate on the County of Orange 800 MHz Countywide Coordinated Communications System (CCCS) may only be authorized by the Orange County Fire Chief's Association (OCFCA).

B. Authorizations are limited to those companies that have a 9-1-1 transportation contract with an Orange County fire department, unless otherwise approved by the OCFCA.

C. OCSD/Communications will coordinate all activity related to the implementation of the 800 MHz CCCS for any ambulance provider. Approved ambulance providers agree to abide by the protocols and procedures outlined in the 800 MHz CCCS Security Plan, Standard Operating Procedures and all applicable FCC rules and regulations.

D. The programming of approved radios shall only be done by OCSD/Communications.

E. The associated costs of purchasing, programming and installing the radio are the responsibility of the ambulance company.

F. Each ambulance provider will be responsible for providing initial user training to include an 800 MHz CCCS overview, mobile/portable operations and proper radio protocols and procedures. Each fire department may, at their option, provide additional specific operational radio procedures to the ambulance provider.

G. Ambulance providers shall use best efforts for ensuring that 800 MHz CCCS radios are available on OCEMS approved 9-1-1 transportation units and that all personnel are trained on the proper use of the radios.

H. If an ambulance company no longer provides 9-1-1 transportation services to an Orange County fire department, the ambulance provider shall notify OCSD/Communications. The radios will be disabled from the trunked radio system, and OCSD/Communications will remove the programming of the radios at ambulance company expense. The radios remain the property of the ambulance provider.

Approved:

_____ _____

OCEMS Medical Director OCEMS Administrator

Effective Date: 11/07/2014
Reviewed Date(s): 11/07/2014
Original Date: 10/01/1987

DETERMINATION OF 9-1-1 DISPATCHED PATIENT TRANSPORT TO AN APPROPRIATE FACILITY

I. AUTHORITY:

California Health and Safety Code, Division 2.5, 1797.220; 1798 (a), (b)

II. APPLICATION:

This policy describes considerations, including patient, parent of minor, and caretaker requests, for determination of an appropriate receiving facility for 9-1-1 dispatch patients transported by an Orange County EMS (OCEMS) basic life support (BLS) or advanced life support (ALS) unit. Included in this policy are 9-1-1 dispatch patient transport determination for the special circumstances of 5150 Hold and hospice care patients.

III. DEFINITIONS:

5150 Hold means a patient is legally detained as authorized by the California Welfare and Institutions Code Section 5150.

ERC means an emergency receiving center approved by OCEMS.

Diversion means formal notification of the EMS system through ReddiNet® by an ERC that it is not physically or medically safe for that facility to accept further patients.

Hospice care patient means a patient who is terminally ill without possibility of cure who is enrolled in a certified hospice-palliative care program.

Specialty Center means a facility that provides a specialized medical service as defined in OCEMS Policy # 240.30.

Transported patient means a patient transported by BLS or ALS ambulance.

ALS Escorted patient means a patient transported and accompanied by a paramedic.

IV. CRITERIA:

A. A BLS or ALS transported patient not expressing a facility preference (section IV) shall be transported from the scene of the incident to the closest (within the shortest transport time) appropriate hospital showing open on ReddiNet®

B. ALS or BLS crews will provide the receiving hospital staff with a verbal report and completed prehospital care report per OCEMS policy 300.10. The PCR shall be completed and posted electronically or provided in paper form prior to leaving the ERC or specialty center.

C. A physician at the scene may assume full responsibility and must accompany the patient to the receiving hospital per the "Physician at Scene" policy (reference OCEMS P/P 310.15).

V. PATIENT, PARENT OF MINOR, OR CAREGIVER REQUESTS:

ERC destination preference expressed by a patient or a patient's legal guardian or other persons lawfully authorized to make health care decisions for the patient shall be honored **unless**:

A. *Such request is not medically in the best interest of the patient as determined* by OCEMS Standing Order or the Base Hospital ~~physician~~; or

B. The preferred facility is beyond a reasonable transport time (estimated 20 minutes) from the incident scene; or

C. The preferred facility has declared it is on Emergency Department ~~Saturation~~ diversion status (by ReddiNet®). *This exception to preferred transport destination does not apply when a patient is scheduled to bypass the Emergency Department for direct admission to an available ~~hospital~~ in-patient bed or diagnostic site (e.g. CT Scan, MRI, GI laboratory*).

Specialty hospital destination for a trauma, cardiovascular center, stroke-neurology receiving center, burn, and replant center is determined by an OCEMS Base Hospital.

~~VI. CRITERIA:~~

~~D. A BLS or ALS transported patient not expressing a facility preference (section IV) shall be transported from the scene of the incident to the closest (within the shortest transport time) appropriate hospital showing open on ReddiNet®~~

~~E. ALS or BLS crews will provide the receiving hospital staff with a verbal report and completed prehospital care report per OCEMS policy 300.10. The PCR should be completed and available prior to leaving the hospital.~~

~~F. A physician at the scene may assume full responsibility and must accompany the patient to the receiving hospital per the "Physician at Scene" policy (reference OCEMS P/P 310.15).~~

VI. SPECIAL CIRCUMSTANCE SITUATIONS:

A. LAW ENFORCEMENT OR MENTAL HEALTH PROVIDER (51-50 HOLD) REQUESTS:

A patient being detained under a 51-50 hold shall be transported to the ERC or OCEMS approved emergency mental health center requested by law enforcement or a mental health provider **unless:**

1. Such request is not medically in the best interest of the patient as determined by OCEMS Standing Order or the Base Hospital; or

2. The preferred facility is beyond a reasonable transport time (estimated 20 minutes) from the incident scene; or

3. The preferred facility has declared it is on Emergency Department Saturation diversion status (by ReddiNet®). This exception to preferred transport destination does not apply when a patient is scheduled to bypass the Emergency Department for direct admission to an available in-patient bed or diagnostic site (e.g. CT Scan, MRI, GI laboratory).

Specialty center transport destination to a trauma, cardiovascular center, stroke-neurology receiving center, burn, and replant center is determined by an OCEMS Base Hospital.

B. HOSPICE CARE PATIENT:

A hospice care patient may be treated to improve comfort at scene (example: placed on oxygen for shortness of breath, treated for hypoglycemia, or provided pain relief) and referred to the patient hospice program nurse for further care and evaluation without ambulance transport from the scene.

DETERMINATION OF 9-1-1 DISPATCHED PATIENT TRANSPORT TO AN APPROPRIATE FACILITY

1. EMS personnel (BLS or ALS) should contact by telephone or in-person the patient hospice nurse and provide a report of the patient's condition and any treatment provided.

2. If the hospice nurse if present on-scene, EMS personnel may provide treatment of the patient within the appropriate Orange County Scope of Practice.

3. Upon being alerted that a patient is in hospice care, EMS personnel should request the patient's POLST form (refer to OCEMS Policy # 350.51) and honor any patient requests provided on the form.

4. If transport from the scene is requested by the patient or caretaker, the patient should immediately be transported to an appropriate ERC. The request should be documented as was stated by the patient or caregiver on the PRC.

Approved:

_____ _____

OCEMS Medical Director OCEMS Administrator

Effective Date: ~~04/01/2014~~
Reviewed Date(s): 04/01/2014
Original Date: 04/1985

Section D

Public Comments Received & OCEMS Response

for 15-Day Public Comment

March 18, 2016 to April 2, 2016

(OCEMS Policies 720.30, 720.50, 720.60, 720.70)

OCEMS POLICIES- PUBLIC COMMENT RESPONSES

15-Day Public Comment Period from March 18, 2016 to April 2, 2016

OCEMS Policy #720.30- Ground Ambulance Design/Documentation/Equipment

Date	Contact	Organization	Comment	OCEMS Response
3/29/2016	Suzanne Goodrich	Orange City Fire Department	Page 1: III.B. No ambulance permit shall be issued or renewed for any ambulance that is older than ten years. What is the basis for this 10 year limit? With proper care, service and maintenance some vehicles may still be serviceable beyond 10 years â€“ especially for use as a reserve vehicle. Wouldn't mileage be a better gauge of condition and overall use of the vehicle? Page 2: III. 3. and Page 2: III.4. It isn't clear what you mean by "acceptable for medical use"	**Received.** Policy was revised with suggestions/input during Transportation Advisory Subcommittee meetings between 2013-2014 and adopted April 1, 2014. **Received.**
3/29/2016	Felicia Sze	Hooper, Lundy & Bookman, P.C.	Attachment #1 March 29th 2016 Letter from Felicia Sze, Hooper, Lundy and Brookman, P.C.	**Received.** Attachment #2 Response from The County Counsel, County of Orange.

OCEMS Policy #720.50- Ground Ambulance Vehicle Inspection

Date	Contact	Organization	Comment	OCEMS Response
3/29/2016	Suzanne Goodrich	Orange City Fire Department	Page 4: Passenger seat-upholstered & Page 5: Passenger seat Vinyl - why does this only apply to the passenger seat and not the	**Received.** Sections modified to “Driver, passenger and all seats in patient compartment…”

			drivers seat and all seats in the patient compartment?	
3/29/2016	Felicia Sze	Hooper, Lundy & Bookman, P.C.	Attachment #1 March 29th 2016 Letter from Felicia Sze, Hooper, Lundy and Brookman, P.C.	**Received.** Attachment #2 Response from The County Counsel, County of Orange.

OCEMS Policy #720.60- Ground Ambulance Provider Policies, Procedures and Documentation

Date	Contact	Organization	Comment	OCEMS Response
3/29/2016	Suzanne Goodrich	Orange City Fire Department	Page 1: III.A.2. "For All Employees" this is too broad a statement, Clerical, secretarial and other miscellaneous staff whose job duties and responsibilities have nothing to do with providing transport, supervising or billing for transport services should not be included. Page 2: B.1.c.ii. ...shall be posted so that it is "immediately" available. If the ePCR is posted immediately then OC-MEDS must allow for updated information to be merged with the originally posted pcr. EKG data imported via cloud to cloud integration may not be available immediately. If the provider waits until the data is imported, there may be a delay. If the provider posts the call immediately - without the EKG data, the system must allow for that document to be updated. Additionally, this statement does not recognize or allow for the reality of the	**Received.** Ambulance practices, policies and procedures as well as state and local regulations affect all aspects of ambulance operations and employees of ambulance service providers. **Received.** OCEMS Policy 300.10 and 300.30 define standards for EMS Provider patient care reporting and documentation standards

			system being down or equipment/connectivity problems that may prevent the immediate posting of an ePCR. Page 4: D.c. Expiration dates for what? Drivers Licenses, Paramedic Licenses, RN Licenses, EMT Certifications, Local Accreditation? Page 5: D.m. How would a provider demonstrate "satisfactory compliance". Page 5. D.r. "Any information requested by the EMS agency" is a very broad statement! We suggest the addition of ....related to ground ambulance operations, policies, procedures and documentation.	**Received.** Expiration dates applicable to licenses, certifications, accreditations and authorizations **Received.** Compliance is demonstrated by meeting current local, state and federal standards. **Received.**
3/29/2016	Felicia Sze	Hooper, Lundy & Bookman, P.C.	Attachment #1 March 29th 2016 Letter from Felicia Sze, Hooper, Lundy and Brookman, P.C.	**Received.** Attachment #2 Response from The County Counsel, County of Orange.

OCEMS Policy #720.70- Ground Ambulance Communication Equipment

Date	Contact	Organization	Comment	OCEMS Response
3/29/2016	Felicia Sze	Hooper, Lundy & Bookman, P.C.	Attachment #1 March 29th 2016 Letter from Felicia Sze, Hooper, Lundy and Brookman, P.C.	**Received.** Attachment #2 Response from The County Counsel, County of Orange.

OCEMS Policy #310.10- Determination of Transport to Appropriate Facility

Date	Contact	Organization	Comment	OCEMS Response
3/29/2016	Suzanne Goodrich	Orange City Fire Department	Page 2, VI.A. There is no hyphen in 5150.	**Received.**

Attachment #1

OCEMS Policies – PUBLIC COMMENT RESPONSES

Comment Period from March 18, 2016 to April 2, 2015

OCEMS Polices 720.30, 720.50, 720.60, 720.70

Date Received: March 29, 2016

Contact: Felicia Sze

Organization: Hooper, Lundy & Bookman P.C.

HOOPER, LUNDY & BOOKMAN, P.C.
HEALTH CARE LAWYERS & ADVISORS
575 MARKET STREET, SUITE 2300
SAN FRANCISCO, CALIFORNIA 94105
TELEPHONE (415) 875-8500
FACSIMILE (415) 875-8519
WEB SITE: WWW.HEALTH-LAW.COM

OFFICES ALSO LOCATED IN
LOS ANGELES
SAN DIEGO
WASHINGTON, D.C.

ROBERT W. LUNDY, JR.
PATRIC HOOPER
LLOYD A. BOOKMAN
W. BRADLEY TULLY
JOHN R. HELLOW
LAURENCE D. GETZOFF
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HOPE R. LEVY-BIEHL
JODI P. BERLIN
STACIE K. NERONI
CHARLES B. OPPENHEIM
JORDAN B. KEVILLE
ROBERT L. ROTH*
DEVIN M. SENELICK
DAVID A. HATCH
M. STEVEN LIPTON
HARRY SHULMAN
PAUL T. SMITH

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**** ADMITTED IN WASHINGTON D.C. & FLORIDA ONLY
*****ADMITTED IN WASHINGTON D.C.
****** OF COUNSEL

MATTHEW CLARK
KARL A. SCHMITZ
FELICIA Y SZE
JENNIFER A. HANSEN
**JAMES F. SEGROVES
ROSS E. CAMPBELL
****WILLIAM B. ECK
**PRECIOUS MURCHISON GITTENS
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BRIDGET A. GORDON
JONATHAN H. SHIN
JORDAN KEARNEY
BRETT MOODIE
STEPHANIE GROSS
MELISSA R. MORRISON-REYES

WRITER'S DIRECT DIAL NUMBER:
(415) 875-8503

WRITER'S E-MAIL ADDRESS:
FSZE@HEALTH-LAW.COM

March 29, 2016

FILE NO. 00815.901

VIA ELECTRONIC SUBMISSION AND FEDERAL EXPRESS

Samuel Stratton, MD, MPH
Medical Director
Orange County Emergency Medical Services
405 W. Fifth St., Suite 301A
Santa Ana, CA 92701

Re: Demand that OCEMS Withdraw Its Notice of Orange County Draft Policies Posted for Comment on March 18, 2016

Dear Dr. Stratton:

On behalf of the Ambulance Association of Orange County, we demand that Orange County Emergency Medical Services ("OCEMS") immediately withdraw its Draft Revised Policies 720.30, 720.50, 720.60, 720.70 and 310.10 (the "Draft Revised Policies"). OCEMS failed to follow the procedure required by the County of Orange Board of Supervisors (the "Board") in issuing these Draft Revised Policies. Moreover, the substance of these Draft Revised Policies, as well as the substance of some of the currently effective policies that these Draft Revised Policies purport to amend, fall outside the scope of the authorization granted to OCEMS by the Board. Lastly, as we have stressed to you in prior correspondence, much of OCEMS' regulation of ambulance vehicles is preempted by State law.

By means of background, on November 19, 2015, OCEMS released draft revised policies (the "Initial Draft Revised Policies") numbered 720.30, 720.50, 720.60, 720.70, and 310.10, among others, with a 50-day comment period. AAOC and its members sent comprehensive comments to OCEMS, enclosed with this letter, stating that: (1) the purported regulation of ambulances by OCEMS exceeded the scope of authority granted by the Board or were inconsistent with County Ordinance; (2) that significant portions of these draft revised policies

were preempted by the California Vehicle Code as duplicative with the inspections performed by and requirements enforced by the California Highway Patrol, and requested amendment of the policies to reflect the proper role of OCEMS under state law; (3) the Initial Draft Revised Policies established standards that are not reasonably necessary, fail to set fair and impartial standards, and/or are so vague as to trigger due process concerns; and (4) portions of the Initial Draft Revised Policies were internally inconsistent.

On March 18, 2016, OCEMS announced the Draft Revised Policies. In this announcement, OCEMS has announced a 15-day public comment period, even though some of the Draft Revised Policies reflect a substantial revision from the draft policies released on November 19, 2015. The Draft Revised Policies remedy nearly none of the concerns raised by AAOC. Instead, OCEMS has in some instances drastically responded to the comments submitted by AAOC to the Initial Draft Revised Policies.

For example, in response to a comment by AAOC that certain initially proposed standards that seat belts or other equipment be "free from contaminants" or be in "clean and good working order" failed to provide an objective standard as required by the Board, OCEMS has now proposed a comprehensive cleaning schedule unparalleled anywhere else in the world of ambulance regulation. Draft Revised Policy 720.50 would require daily cleaning of the ceiling and walls of ambulances, as well as requiring that essentially everything in the ambulance, including items that are never in contact with patients be "clean with no blood, body substances, dust, dirt, debris, adhesive tape or spillages." OCEMS has provided no justification or rationale as to this heretofore unseen and extensive list of cleaning requirements, with which it is likely impossible for most ambulance service providers comply. After all, these are vehicles, which cannot be (and are not expected to be) sterile environments. As described in further detail below, AAOC strongly objects to OCEMS' unauthorized attempt to impose these unauthorized, invalid, and likely unconstitutional standards on ambulance providers.

I. OCEMS Is Prohibited from Adopting the Draft Revised Policies Without Prior Submission to the Orange County Emergency Medical Care Committee.

Since the submission of AAOC's comments on the Initial Draft Revised Policies, we have become informed that OCEMS neither submitted the Initial Draft Revised Policies nor the Draft Revised Policies to the Orange County Emergency Medical Care Committee for comment. While Orange County Ordinance section 4-9-14 permits the Health Officer to "make such rules and regulations and as may be necessary to implement this division[,]" the Board mandated that "proposed rules and regulations shall be submitted to the Orange County Emergency Medical Care Committee for comment." This requirement is reinforced by OCEMS' own Policy 080.00, which explains that "OCEMS shall distribute a proposed P&P to the appropriate Emergency Medical Care Committee . . . advisory subcommittee(s) and/or affected agency(ies) or association(s) for comments/response to those items within the scope of its review. A 50-day public comment period shall be provided." Despite this requirement, the agendas for the

Emergency Medical Care Committee meetings on October 2, 2015[1], and January 29, 2016[2], both lack any evidence that OCEMS actually submitted either the Initial Draft Revised Policies or the Draft Revised Policies to the Emergency Medical Care Committee. For this procedural reason alone, OCEMS must withdraw the Draft Revised Policies until it receives comments by the Emergency Medical Care Committee.

Moreover, the Draft Revised Policies also fail to meet the requirements of Policy 080.00 by granting a mere 15-day comment period, instead of a full 50-day comment period. Certainly a proposal to impose a cleaning standard more stringent of any other regulatory requirement of which we are aware is a significant enough change to warrant a full comment period. The failure to provide for full notice and comment rulemaking further demonstrates the flawed procedure used by OCEMS in issuing the Draft Revised Policies.

II. OCEMS Has Exceeded The Authority Granted by the Board in its Regulation of Ambulances.

A. OCEMS Cannot Avoid The Lack of the Authority Granted by the Board to License Ambulance Vehicles by Calling "Licenses" "Permits".

Orange County Ordinance section 4-9-3 provides that "[i]t shall be unlawful for any person to be an ambulance service operator, or to act in such a capacity either directly or indirectly, without possession of a license issued pursuant to this division." While this provision establishes the authority by OCEMS to license ambulance service providers, nowhere in Division 4-9 has the Board granted OCEMS the authority to license individual ambulances. This is acknowledged in the EMS Plan for the County of Orange in which OCEMS acknowledged that "[a]ll ambulance service providers are licensed annually, and each ambulance transport vehicle is inspected by a member of the OCEMS staff for compliance with ambulance rules and policies. . . ."

Perhaps in response to assertions from AAOC in its comments to the Initial Draft Revised Policies regarding OCEMS' lack of authority, OCEMS now proposes to amend its policies to replace references to ambulance vehicle licensure to ambulance vehicle permitting. This change does not remedy OCEMS' fundamental lack of authority as Division 4-9 grants OCEMS no authority to require that ambulance vehicles be "permitted."

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[1] Available at http://healthdisasteroc.org/civicax/filebank/blobdload.aspx?BlobID=47074.

[2] Available at http://healthdisasteroc.org/civicax/filebank/blobdload.aspx?BlobID=50560.

B. The Board Has Not Granted OCEMS Unbridled Authority To Regulate All Details of Emergency Medical Transportation Services, Nor May OCEMS Inspect for Compliance with these Unlawful Requirements.

In establishing Division 4-9, the Board intended to "provide a fair and impartial means of allowing responsible private operators to provide such [medical transportation] services in the public interest. . . ." The Board established the types of "fair and impartial" criteria that should be considered by OCEMS in evaluating ambulance service providers in section 4-9-5, which describes the information that must be included in each application. Many of these criteria are focused on whether the applicant "is a responsible and proper person to conduct, operate or engage in the provision of ambulance services," such as names of applicants, owners, attendants, drivers, evidence of financial responsibility and insurance, and a fingerprint of each principal of the applicant.[3]

As discussed above, the Board further gave the Health Officer the authority to "make such rules and regulations and as may be necessary to implement this division." However, this grant of authority to OCEMS is not limitless. OCEMS can only adopt rules and regulations that are "necessary to implement this division[,]" which is focused on whether an ambulance service officer is a "responsible and proper person to conduct, operate or engage in the provision of ambulance services."[4]

Importantly, in 2014, OCEMS indicated to the California Emergency Medical Services Authority ("EMSA") that it would propose a "major revision to Ambulance Ordinance No. 3517[, codified at Division 4-9.]."[5] After that, OCEMS indicated that it would "[u]pdate applicable OCEMS P&P[.]" However, no such "major revision" to the ambulance ordinance has been approved by the Board. In the absence of such a "major revision," OCEMS cannot unilaterally usurp the role of the Board by amending its policies to extend beyond the scope of authority granted by the Board.

The Draft Revised Policies exceed the authority granted by the Board to OCEMS. Many of the underlying policies, as well as the Draft Revised Policies, regulate many aspects of ambulance operation, such as design, documentation, equipment, and now cleaning. OCEMS' proposal that stretchers, spinal boards, flats, head blocks, transport chair and other manual patient transfer equipment, reusable medical equipment, stretcher mattresses, pillows, linens, passenger seats, medical gas equipment, computer equipment, response kits and bags, hand sets, the interior of ambulances, ceilings, floors, product dispensers, hand rails, walls, work surfaces, and waste receptacles all being cleaned on a **daily** basis is not reasonably necessary to ascertain

[3] *See* Orange County Ordinance section 4-9-6.

[4] *See id.*; *see also* Orange County Ordinance section 4-9-1.

[5] County of Orange, Emergency Medical Services System Plan, pp. 63, 79.

whether an ambulance provider is "responsible." Accordingly, the imposition of these standards is outside OCEMS' scope of authority.

Moreover, the Board has not granted OCEMS the authority to inspect ambulances and suspend the use of an ambulance as contemplated by Draft Revised Policy 720.50, Sections VI and VII. While Orange County Ordinance section 4-914(c) does grant the authority to OCEMS to "inspect" "transportation units," this authority again is not without limit. These inspections are only permissible to the extent that they further the interests as established by the Board, i.e., to determine whether an ambulance provider is "responsible." The Board has not written OCEMS a blank check to inspect every aspect of the maintenance and operation of an ambulance vehicle. Furthermore, OCEMS is not permitted to suspend utilization of an ambulance without providing notice and a hearing, as contemplated in Orange County Ordinance section 4-9-8 and the fundamental notions underlying due process.[6]

III. The Draft Revised Policies Continue to Be Preempted by the Vehicle Code.

As we have previously noted to you, the Vehicle Code expresses the Legislature's intent for the provisions of the Vehicle Code, including those regulating ambulances, to be "applicable and uniform throughout the state and in all counties and municipalities therein."[7] The Vehicle Code further declares that "a local authority shall not enact or enforce any ordinance or resolution on the matters covered by this code. . . ."[8] All local regulation of the matters governed by the Vehicle Code, such as the regulation of ambulances, are subject to the primacy of the state regulatory system.

Article 2 of Chapter 2.5 of Division 2 of the Vehicle Code governs the licensure by the California Highway Patrol ("CHP") of privately owned and operated ambulances. Under that article and the regulations promulgated by the CHP under the authority of that article, the CHP has established its requirements for ambulances with regard to areas such as identification, seat belts, and equipment. These requirements are enforced by the CHP through periodic ambulance and records inspections.[9]

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[6] AAOC continues to be concerned that Revised Draft Policy Section VII.C continues to be inconsistent as it states that all "[i]tems of non-compliance identified by OCEMS during any inspection shall be . . . re-inspected by OCEMS," but also states that "[n]o re-inspection [is] required" for Type III items of non-compliance.

[7] Vehicle Code § 21(a).

[8] *Id.*; *see generally Mathews v. Eldridge*, 424 U.S. 319 (1976).

[9] *See* Veh. Code § 2510(b), Cal. Code Regs., tit. 22, § 1100.6.

Vehicle Code section 2512(c) expressly preempts the ability of local authorities to duplicate the inspections performed by CHP pursuant to Vehicle Code section 2510 to ensure compliance by ambulances with the Vehicle Code and CHP regulations: "inspection of ambulances pursuant to subdivision (b) of Section 2510 shall not be duplicated by local authorities."[10]

AAOC appreciates the clarification by OCEMS that "OCEMS ambulance inspections shall not duplicate Vehicle Code and California Highway Patrol (CHP) regulatory inspections performed by CHP." However, the Draft Revised Policies continue to include numerous provisions that are preempted by Vehicle Code section 2512(c) by duplicating the subject of inspections by CHP for compliance by ambulance vehicles with state requirements. We demand that the provisions identified in our January 7, 2016, comment letter be deleted from the Draft Revised Policies.

IV. The Draft Revised Policies Trigger Serious Constitutional Concerns.

Both the California and U.S. Constitutions prohibit OCEMS from imposing unreasonable or arbitrary requirements on ambulance providers and require that OCEMS adopt regulations that give fair warning of the prohibited or required conduct.[11] The Draft Revised Policies violate both of the fundamental precepts of law, especially with respect to the cleaning schedule proposed in Draft Revised Policy 720.50.

We are aware of no research that demonstrates that the imposition of a cleaning standard as proposed by OCEMS, which is more restrictive than any other of which we are aware, is in any way related to any legitimate goal. Instead, it appears to be a proposal intended to punish AAOC for exercising its First Amendment right to comment on the Initial Draft Revised Policies. This proposal constitutes an unconstitutional, arbitrary act by OCEMS.

Moreover, Draft Revised Policy 720.50's cleaning schedule continues to include terms like "visibly clean," or free from "dust" establishes a standard that is prone to subjective interpretation, which is likely to give rise to selective enforcement.

V. Conclusion

On behalf of the AAOC, we demand that OCEMS immediately withdraw the Draft Revised Policies. OCEMS must follow the procedure established by the Board and its own policies that require the submission of all draft policies first to the Emergency Medical Care

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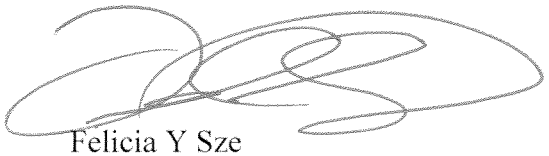
[10] Vehicle Code section 2512(c) permits local agencies to enact more restrictive regulations, but prohibits the duplication of ambulance regulation.

[11] *See Hale v. Morgan*, 22 Cal.3d 388, 397-98 (1978); *Roberts v. U.S. Jaycees* (1984) 468 U.S. 609, 629.

Committee for comment prior to adoption and require a full 50-day comment period. Moreover, the Draft Revised Policies exceed the scope of authority of OCEMS by failing to comply with Orange County Ordinance division 4-9, the Vehicle Code and the California and United States Constitutions. AAOC thus demands that OCEMS amend its policies as described herein to comply with the limits on its authority under State law and Orange County ordinance. Should OCEMS refuse to do so, AAOC reserves all rights to pursue all legal action to ensure that OCEMS complies with governing law and does not waive any claims or defenses by this letter.

Please do not hesitate to contact me if you would like to discuss our comments in more detail or have any questions.

Very truly yours,



Felicia Y Sze

FYS

cc: Howard Backer, M.D., M.P.H., California Emergency Medical Services Authority (e-mail only)

Attachment #2

OCEMS Policies – PUBLIC COMMENT RESPONSES

Comment Period from March 18, 2016 to April 2, 2015

OCEMS Polices 720.30, 720.50, 720.60, 720.70

OCEMS Response Letter

THE COUNTY COUNSEL
COUNTY OF ORANGE
333 W. SANTA ANA BLVD., SUITE 407
SANTA ANA, CA 92701
MAILING ADDRESS: P.O. BOX 1379
SANTA ANA, CA 92702-1379
(714) 834-3300
FAX: (714) 834-2359

James C. Harman
Assistant
(714) 834-5257

April 25, 2016

Ms. Felicia Y Sze
Hooper, Lundy & Bookman
575 Market Street, Suite 2300
San Francisco, California 94105

Re: Your March 2016 Letters

Dear Ms. Sze:

This office represents the County of Orange, including its agencies. On March 23, 2015, the Orange County Health Care Agency received your letter demanding the Orange County Emergency Services Agency ("OCEMS") "cease and desist from accrediting EMT-1s [emergency medical technicians] and collecting a fee for such accreditation." You also demanded OCEMS stop renewing paramedic accreditations and collecting fees for such renewals. On March 30, 2016, the Health Care Agency received your letter demanding OCEMS withdraw a number of proposed policies regulating the provision of ambulance services for the public's health. Your letters were sent on behalf of your client, the Ambulance Association of Orange County ("AAOC").

AAOC's objection to accrediting those who drive ambulances, enter people's homes, and provide medical care in emergencies when people are most vulnerable is surprising and inconsistent with our prior experience with AAOC members. Its apparent objection to a regulatory standard of "visibly clean" ambulances operating in Orange County is puzzling. It is our local standard. We would be startled if the standard in San Francisco or anywhere else in California is materially different. We address each of your letters in turn.

March 22 Letter

In 1980, the California Legislature enacted the Emergency Medical services System and the Prehospital Emergency Medical Care Personnel Act (hereinafter referred to as the "Act") found at Health and Safety Code section 1797 et. seq. The Act provides for:

> a two-tiered regulatory system 'governing virtually every aspect of prehospital emergency medical services.' The first tier is occupied by the Emergency Medical Services Authority (the Authority), a division of the Health and Welfare Agency, 'which is responsible for the coordination and integration of all state activities concerning emergency medical services.' The second tier of governance is 'a local EMS agency' (§ 1797.200), which is responsible for, among other things, '(1) planning, implementing, and evaluating an emergency medical services system 'consisting of an organized pattern of readiness and response services based on public and private agreements and operational procedures' (§ 1797.204); (2) developing a formal plan for the system in accordance with the Authority's guidelines and submitting the plan to the Authority on an annual basis (§§ 1797.250, 1797.254); [and] (3) 'consistent with such plan, coordinat[ing] and otherwise facilitat[ing] arrangements necessary to develop the emergency medical services system'

(*County of Butte v. California Emergency Medical Services Authority, Inc.* (2010) 187 Cal.App.4th 1175, 1181-82.)

Consistent with the Act, Orange County has developed an emergency services program for local governance of emergency medical services. (Health & Saf. Code, § 1797.200.) The Orange County Board of Supervisors established OCEMS as the local emergency medical services agency for Orange County. (*Ibid.*) It also passed an ordinance in 1985 governing the transport of prehospital patients. (Health & Saf. Code, § 1797.222; Orange County Code of Ordinances, §§ 4-9-1 through 4-9-17 (Ordinance No. 3517).) The ordinance provides a number of local laws regulating ambulance providers, ambulances, and emergency medical technicians ("EMT-1s"). Moreover, the ordinance empowers OCEMS to, "make such rules and regulations and as may be necessary to implement this division. Prior to adoption, proposed rules and regulations shall be submitted to the Orange County Emergency Medical Care Committee for comment." (Orange County Code of Ordinances, §§ 4-9-14, subd. (a).)

On behalf of AAOC, you demand OCEMS cease regulating EMTs and collecting fees in support of its regulatory program. EMTs are central to providing prehospital medical services to emergency patients. They are first responders who provide basic medical services to those in medical emergencies. Accordingly, they are required to have specialized training and are required to perform tasks in a number of areas, such as cardio pulmonary resuscitation (CPR), extricating trapped individuals, and field triage. (22 CCR § 100063; OCEMS Policy No. 315.00.) Moreover, EMTs perform these skills when patients are at their most vulnerable, oftentimes in their homes. Given this, we simply are unable to accept your general demand that OCEMS cease regulating EMTs.

Nor can we accept your demand that OCEMS cease accrediting EMTs. Local accreditation of EMTs is expressly provided by law. As the Act states, "It is the intent of the Legislature that local EMS agencies may require prehospital emergency medical care personnel who were certified in another jurisdiction to be oriented to the local EMS system and receive training and demonstrate competency in any optional skills for which they have not received accreditation." (Health & Saf. Code, § 1797.7.) Additionally, "[a] local EMS agency may require additional training or qualifications, for the use of drugs, devices, or skills in either the standard scope of practice or a local EMS agency optional scope of practice, which are greater than those provided in this chapter as a condition precedent for practice within such EMS area in an advanced life support or limited advanced life support prehospital care system consistent with standards adopted pursuant to this division." (Health & Saf. Code, § 1797.214.) EMSA regulations further recognize local accreditation of EMTs, "In addition to the activities authorized by Section 100063 of this Chapter, LEMSA may establish policies and procedures for local accreditation of an EMT student or certified EMT to perform any or all of the following optional skills."(22 CCR § 100064 (emphasis added).) As permitted under the Act and EMSA regulations, OCEMS has established policies governing local EMT accreditation, which include the optional skills OCEMS has established as within the scope of practice for Orange County EMTs. (OCEMS Policies 315.00 and 415.00.)

Your letter suggests "optional skills" referenced in the Act and EMSA regulations are at the EMTs option ("local accreditation for 'optional skills' which must be, by nature, optional, i.e. a choice but not required.") Such a construction of "optional skills" is not supportable under the Health and Safety Code or EMSA regulations. EMSA provides "minimum standards" through its regulations, but local agencies are empowered to have additional requirements, including the use of optional skills, to optimize the local emergency system. (Health & Saf. Code §§ 1797.176, 1797.214.) The local EMS agency, through its medical director, is responsible for determining whether optional skills will be extended EMTs in their jurisdiction. Naturally, a system that would leave the determination of optional skills to the whim of individual EMTs would be unworkable. It is the local emergency medical services agency that determines which optional skills would be best suited for EMTs to perform under its local service plan. The Act is designed to have local emergency management systems. As EMSA regulations expressly provide, it is the local EMS medical director who, "accredits EMTs to perform any optional skills." (22 CCR § 100064.) The decision on optional skills is for the local emergency medical services agency, not the individual EMT. The expanded practice protocols for EMTs and Orange County's local accreditation for EMTs were all discussed in the EMSA-approved local plan. (See, e.g., § 2.07 "The Orange County EMS standing orders were revised to include specific treatment protocols for use by BLS providers as well as an expanded local scope of practice of for OCEMS accredited EMT.")

Local EMS agencies are permitted to recover the costs of compliance with the Act and EMSA regulations governing EMTs. (Health & Saf. Cod, § 1797.212; 22 CCR § 100083.) The attempt to transform the charging of the fees into a violation of the California Constitution because the fees are not charged to EMTs employed by public agencies is misguided. OCEMS does not charge any accreditation fee to those employees because OCEMS is not the certifying agency for the EMTs employed by public agencies. (Health & Saf. Code, § 1797.216.)

The claim that the EMT certification/accreditation fee is not authorized by the Orange County Board of Supervisors is similarly misguided. The Board has authorized the charging of the fee since at least 1986. On February 1, 2016, I provided you with copies of the Board of Supervisors' action on November 25, 1986, wherein it authorized the charging of the "Ambulance Attendant/Driver" fee for accrediting EMTs. The Board has continued to approve these fees, including in Resolution 05-96 that you reference in your March 22, 2016, letter.

Finally, your claim that the County cannot charge a fee for local certification because the ambulance ordinance only allows for "licensure" is a semantic stretch. Section 4-9-11 requires local certification of EMTs operating in Orange County. Licensure and certification are used interchangeably in the ordinance. As recognized in the Act, the terms are indeed interchangeable and simply mean "a specific document issued to an individual denoting competence in the named area of prehospital service." (Health & Saf. Code, § 1797.61.)

For similar reasons, local accreditation for paramedics and the $62 fee for the accreditation are lawful and consistent with the Act and EMSA regulations. Again, Health and Safety Code sections 1797.7 and 1797.214 permit local accreditation of emergency services personnel to ensure the Legislature's intent behind the Act of ensuring they are oriented to the local emergency medical services system and optional skills needed in that local system. Local accreditation is governed by 22 CCR section 100142. The fee for local accreditation of paramedics is expressly provided in 22 CCR section 100172 ("A LEMSA may establish a schedule of fees for...paramedic accreditation"). The Board of Supervisors approved this fee in 2005 (Resolution No. 05-096.) As stated in OCEMS Policy No. 470.00, the paramedic fee is a one-time fee and is not charged upon accredited paramedics changing employers.

March 29 Letter

In your letter dated March 29, 2016, you demand on behalf of AAOC that OCEMS withdraw proposed changes to policies 310.10, 720.30, 720.50, 720.60, and 720.70. These proposals are the result of a continuing deliberative and collaborative process. They were developed as part of the County's responsibility for governance of local emergency medical services. (Health & Saf. Code, §§ 1797.200, 1797.222; Orange County Code of Ordinances, §§ 4-9-1 through 4-9-17.) The draft policies were circulated in November 2015 for a 50-day public review and comment period. At the conclusion of the period, OCEMS reviewed the comments from various stakeholders and other such as you. Based on these comments and further

consideration, OCEMS made revisions to the proposed policies and posted them for further comment on March 18. The draft policies will be open for further comment and review when presented to the Emergency Medical Care Committee ("EMCC") at its meeting on April 29, 2016. (Orange County Code of Ordinances, §§ 4-9-14, subd. (a).)

Your letter complains that OCEMS's revision of draft polices after consideration of public comments is "an unconstitutional, arbitrary act." To the contrary. Considering public comments and incorporating that feedback through policy revisions is good government. Rather than implement regulations solely designed by the regulators or market participants (including those who have marketplace monopolies), Orange County uses a collaborative process where feedback from the public, including stakeholders like AAOC members, can be considered and implemented into policy where appropriate for the local emergency medical system. This process includes a 50-day comment period and submission to the EMCC for consideration in a noticed, public hearing. OCEMS has not only followed that process here, it went above and beyond in seeking input by having a second review and comment period so that revisions could be considered well before the EMCC meeting.

We also reject your contention that the revised policies appear "intended to punish AAOC for exercising its First Amendment right to comment" on the draft policies. In revising the policies, OCEMS incorporated many of the suggestions AAOC members made on the original draft. For instance, as suggested by AAOC members, OCEMS revised the draft policies to ensure that they reflected Vehicle Code section 2512's prohibition on duplicating California Highway Patrol ("CHP") inspections on Vehicle Code and CHP regulation compliance. (See, e.g., January 7, 2016, Letter from Bill Weston of Care Ambulance, p. 1.) As another example, OCEMS responded to AAOC members' objections to ambulances, medical equipment, and medications being "free from contaminants" by removing the standard. ((See, e.g., January 7, 2016, Letter from Bill Weston of Care Ambulance, pp. 1-2; January 8, 2019 Letter from Kay Kearney of Shoreline Ambulance, p. 1.) While the revised polices do not reflect reflexive incorporation of all suggestions received, the input of AAOC members, its representatives (including you), and others was considered and deliberated in good faith. Any claim OCEMS or any other County official acted with an intent to punish (or in fact punished) anyone for exercising their constitutional rights is without merit and is counter-factual.

You object to the regulatory standard of "visibly clean" or "free from 'dust'" because you believe those terms are prone to subjective interpretation and, you speculate, selective enforcement. Courts disagree with your view. "The term 'clean and sanitary' is not so unusual or vague that it would cause persons of common intelligence to guess at its meaning or to differ as to its application." (*Aloha, Inc. v. Liquor Control Com'n* (Ill. App. Ct. 1989) 191 Ill.App.3d 523, 527.) The U.S. Supreme Court is unimpressed with theoretical claims on how terms could potentially be applied, "[i]t will always be true that the fertile legal 'imagination can conjure up hypothetical cases in which the meaning of (disputed) terms will be in nice question.'"(*Grayned*

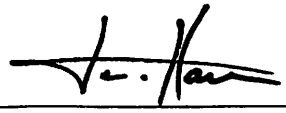
v. City of Rockford (1972) 408 U.S. 104, 112 n. 15 (quoting *American Communications Assn. v. Douds* (1950) 339 U.S. 382, 412).) Courts are clear on what "clean" means. The terms "clean and sanitary" are "not too vague to be understood by a jury, a trial court and these parties." (*People v. Casa Blanca Convalescent Homes, Inc.* (1984) 159 Cal.App.3d 509, 528-29 abrogated by *Cel-Tech Communications, Inc. v. Los Angeles Cellular Telephone Co.* (1999) 20 Cal.4th 163.) In *People v. Balmer* (1961) 196 Cal.App.2d Supp. 874, the court said: "[t]he words clean, sanitary and good repair are not so vague and indefinite as to make Administrative Code sections unconstitutional." (*Id.*, at 879.) Given this direction from the courts, we do not anticipate further objections to standards requiring ambulances and medical equipment to be clean.

Finally, your letter challenges OCEMS's authority to issue permits allowing individual ambulances to operate in Orange County. The policy governing ambulance inspections and permits is Policy No. 720.50. It regulates licensees who operate within the Orange County local emergency services system. Providing rules on the safe use of equipment licensees use—including ambulances—and OCEMS's review of the use of such equipment is essential for public health and safety. It is also legally authorized. Again, Orange County has a responsibility to develop a local system to regulate pre-hospital patient care, including the transport of patients. (Health & Saf. Code, §§ 1797.200, 1797.222; Orange County Code of Ordinances, §§ 4-9-1 through 4-9-17.) The ambulance ordinance expressly provides for the inspection of ambulances. (Orange County Code of Ordinances, § 4-9-14, subd. (c) ("...may inspect the records, facilities, transportation units, equipment and method of operation of each licensee whenever necessary..., and at least annually.")) The ambulance permit simply recognizes OCEMS has inspected the ambulance and the licensee is operating it in compliance with OCEMS policies.

We appreciate the opportunity to address your feedback. The draft policies pending before the EMCC, such as requiring visibly clean ambulances and medical equipment, are designed to protect public health and safety. This is OCEMS's mission. Allowing unaccredited pre-hospital first responders to operate in Orange County is inconsistent with the mission of protecting the health and safety of Orange County residents. OCEMS will continue fulfilling its mission consistent with the Act, EMSA regulations, Board of Supervisors rules, and OCEMS's policies.

Very truly yours,

LEON J. PAGE
COUNTY COUNSEL

By 
James C. Harman, Assistant

Section E

Policies with Track Changes Accepted

(OCEMS Policies 720.30, 720.50, 720.60, 720.70, 310.10, xxx.xx PERC)

AMBULANCE RULES AND REGULATIONS
GROUND AMBULANCE DESIGN / DOCUMENTATION / EQUIPMENT

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 1797.84, 1797.180, 1797.200, 1797.204, & 1798 Code of Federal Regulations 634. County of Orange Ambulance Ordinance. Policy sets minimum acceptable standards, any exemptions for public providers allowed by law.

II. APPLICATION:

To provide minimum ambulance design, documentation, and equipment standards for ambulance transportation providers and to ensure a system-wide standardized inventory to promote safety, readiness, and the ability to meet the requirements of a disaster response in the event of a declared emergency.

III. AMBULANCE DESIGN:

A. Each ambulance shall be classified in accordance with the National Incident Management System.

B. No ambulance permit shall be issued or renewed for any ambulance that is older than ten years. Year 1st sold, as noted on CA DMV documentation, shall be the determining qualification. (e.g., an OCEMS permitted ambulance initially sold in 2001 would need to be taken out of service no later than December 31st, 2011). No salvage titles will be authorized.

C. All ambulances shall be maintained in a clean condition (see OCEMS Policy 720.50 Section VIII. Cleaning Standards for Ambulances and Ambulance Equipment) and in good working order at all times.

D. No ambulance shall be operated if staffed at less than the level of care marked on the unit, (e.g., “ALS,” “Mobile Intensive Care Unit,” or “MICU” – must be staffed by paramedics or registered nurses).

E. Each ambulance shall have:

1. Patient compartment door latches operable from inside and outside the vehicle.

2. Operational heating and air conditioning units in the patient compartment.

3. Vehicle installed suction equipment (house), capable of at least a negative pressure equivalent to 300mm Hg and 30 liter per minute air flow rate for 30 minutes of operation.

4. Seat belts for all passengers in the driver’s and patient compartment shall be fully functional.

5. Gaskets affixed to the perimeters of all doors and windows shall be undamaged with their integrity intact and form the appropriate seal.

6. All surfaces in the patient compartment (seats, mattress, etc.) shall be intact, impervious to fluid and able to be disinfected in case of contamination.

7. The name of the public entity that operates an ambulance service or the name under which the ambulance licensee is doing business or providing service shall be displayed on both sides and the rear of each emergency ambulance. The display of the name shall be in letters in sharp contrast to the background and shall be of such size, shape, and color as to be

readily legible during daylight hours from a distance of 50 feet. All ambulance vehicles operated under a single license shall display the same identification.

8. A unit number or identifier, of at least two characters minimum, 3 to 4 inches in height and of a contrasting color from the background, shall be affixed to the right rear and both sides of the front of the vehicle, at a minimum.

9. Medical supplies, solutions, and medications shall be acceptable for medical use and replaced prior to expiration date.

10. Medical equipment and supplies used to treat a patient shall be acceptable for medical use and shall be securely stored to prevent loose flying objects in the case of an ambulance collision and shall be readily accessible for immediate use.

IV. REQUIRED DOCUMENTATION FOR EACH AMBULANCE:

The following documentation is required to be present in the ambulance to operate in Orange County and shall be kept current for each ambulance and be made available upon request:

A. For currently permitted vehicles, a valid County of Orange ambulance permit (or facsimile) in the driver compartment.

B. For currently permitted vehicles, a valid County of Orange ambulance permit decal affixed to the lower portion of the right rear window of the ambulance.

C. Ambulance vehicle cleaning checklist that adheres to cleaning standards as identified in OCEMS Policy 720.50 Section VIII. Cleaning Standards for Ambulances and Ambulance Equipment.

D. Evidence of passage of annual vehicle inspection performed by California Highway Patrol within the preceding twelve (12) months. Ambulances in possession of a valid and current California Highway Patrol ambulance inspection report shall be deemed in compliance with Vehicle Code and regulations adopted by the California Highway Patrol Commissioner.

E. Evidence of passage of current odometer inspection(s) performed by the Division of Weights and Measures of the Agriculture Department of the County of Orange or other California county within the preceding twelve (12) months.

F. Evidence of passage of an initial, and upon request, Med 9 radio inspection(s) performed by the County of Orange Sheriff Department of Communications.

G. Current maps or electronic mapping device covering the areas in which the ambulance provides service.

H. 2012 or more recent DOT Emergency Response Guidebook.

I. Proof of insurance.

J. Evidence of current CA DMV registration.

K. Every ambulance service provider shall maintain a file (electronic or paper) with the following documentation at their main office for each ambulance:

1. Shift inspection sheet and ambulance vehicle cleaning checklist. Shift inspection sheets and ambulance vehicle cleaning checklist shall be maintained in ambulance files for the current permitting year for each ambulance.
2. Proof of insurance.
3. Maintenance records.
4. Evidence of CA DMV registration.
5. Records of initial Med-9 radio testing by Orange County Sheriff's Department or approved equivalent.

V. AMBULANCE MEDICAL EQUIPMENT:

Each ambulance operator shall provide within every ambulance the following minimum equipment:

A. Required medical equipment and supplies for each permitted ambulance:

1. Airway and Ventilation Equipment

a. Vehicle (house) "H", "M", or equivalent oxygen cylinders (not less than 500 psi) for operation with a wall mount oxygen outlet and variable flow regulator: one (1)

b. Portable "E" oxygen cylinders: one (1) at full pressure at all times and one (1) at not less than 1000 psi with variable flow regulator: two (2) in total **or**

Portable "D" oxygen cylinders: one (1) at full pressure (not less than 2000 PSI) at all times and two (2) at not less than 500 psi with variable flow regulator: three (3) in total

c. Oxygen tank wrench or key device: one (1)

d. Hand operated bag-valve devices with oxygen inlet and reservoir/accumulator (manual resuscitators): one (1) Adult (≥ 1000 ml) and one (1) child (450-750 ml)

e. Bag-valve masks: one (1) of each size; Adult, Child, Infant, and Neonate

f. Oropharyngeal airways: one (1) set of multiple standard sizes 0-5

g. Nasopharyngeal airways: one (1) set of multiple standard sizes, no less than four (4)

h. Nasal cannulas: two (2) adult size and two (2) child size

i. Oxygen mask, transparent, non-rebreathing: two (2) adult and two (2) child. (Two (2) infant - **optional**)

j. Portable suction equipment

k. Wide bore suction tubing, non-collapsible, plastic, semi-rigid: two (2)

l. Hard suction catheters; plastic, semi-rigid, whistle-tipped (finger controlled type is preferred): two (2)

m. Soft suction catheters: #10 French with venturi valve; #14 French with venturi valve; #18 French with venturi valve: two (2) each size

2. Bandaging and Immobilization Devices

a. Clean burn sheets: two (2)

b. Individually wrapped sterile gauze pads 3 X 3 or larger: twenty five (25 or 1 box)

c. Bandage scissors: one (1)

d. Rolled gauze bandages: minimum six (6) total with three (3) of the six to be 3 inches in size

e. Petroleum treated gauze dressings (occlusive dressing), 3" x 3" or larger: two (2)

f. Medical adhesive tape: minimum six (6) total with three (3) of the six to be 2 inches in size

g. Arterial tourniquet, OCEMS approved type: one (1) (**optional**)

h. Cervical collars, rigid type: one (1) large, one (1) medium, one (1) small, and one (1) pediatric size collar; **or** four (4) multi-size adjustable rigid cervical collars, with pediatric size

i. Head immobilization devices, commercial device or firm padding: four (4)

j. Half ring or similar lower extremity (femur) traction device; limb-supporting slings, padded ankle hitch, padded pelvic support, traction strap: one (1) each adult and child sizes

k. Splints: medium and long for joint-above and joint-below fractures. Rigid-support constructed with appropriate material (cardboard, metal, pneumatic, vacuum, wood or plastic): for child and adult: two (2) per size

l. Long (60" or larger) impervious backboard (radiolucent) with minimum of four straps for immobilization of suspected spinal or back injuries: one (1)

m. Short (30" or larger) backboard or equivalent (e.g., KED) for head-to-pelvis immobilization during seated patient extrication: one (1)

n. Pediatric immobilization device, designed specifically for patients 40 kg and smaller: one (1) examples: pediatric immobilization board, papoose board or other OCEMS approved devices

3. Medical and Miscellaneous Devices

a. Blood pressure manometer

b. Blood pressure cuffs: Adult, Thigh, and Child: one (1) each size

c. Pulse oximeter with adult and pediatric probes: one (1) (**optional**)

d. FDA approved blood glucometer with lancets and test strips: one (1) (**optional**)

e. FDA approved automatic external defibrillator (AED) with adult and child defibrillation pads * (**optional**)

f. Sharps container (meets or exceeds OSHA standards): one (1)

g. Biological waste disposal bag (meets or exceeds EPA standards): one (1)

h. Stethoscope: one (1)

i. Bedpan: one (1)

j. Emesis basin: one (1)

k. Urinal: one (1)

l. Pen light or flashlight: one (1)

m. Tongue depressors: (6)

n. Cold packs: four (4)

o. Obstetrical supplies including at a minimum: gloves, two umbilical clamps, sterile dressings, sterile scissors (no scalpel), sterile towels, bulb syringe, and clean plastic bags: one (1) set

p. Sterile saline isotonic solution or sterile water in secured, clearly labeled plastic containers: two (2) liters

q. Straps to secure the patient to the stretcher or ambulance cot, and means of securing the stretcher or ambulance cot in the vehicle: two (2)

r. Sheets, pillow cases, blankets and towels for each stretcher or ambulance cot, and two (2) pillows for each ambulance

s. Hard or soft type ankle and wrist restraints designed for quick release; if soft ties are used they should be at least 3” in width (before tying) and maintain at least 2” in width while in use: two (2) sets

t. FDA Approved oral glucose preparation: two (2)

VI. AMBULANCE AND EQUIPMENT INSPECTION:
Ambulance personnel shall conduct an inspection of the ambulance he or she is assigned to at the beginning of each shift.

A. The assigned driver shall at the beginning of each shift:

1. Document, in writing, on a shift inspection sheet (electronic or paper), that all vehicle equipment and installed medical equipment is either in good working order or not in working order.

2. If the ambulance or equipment is perceived to not be in working order or unsafe:

a. Document the malfunction and/or unsafe condition, and

b. Report the malfunction and/or unsafe condition to supervisory staff.

B. The assigned ambulance personnel at the beginning of each shift shall document, in writing that all required medical supplies and portable medical equipment are acceptable for medical use and are found in at least the minimum required quantities as identified in Sections III. and V of this policy.

C. The assigned ambulance personnel at the beginning of each shift shall complete and document the ambulance vehicle cleaning according to the cleaning schedule as identified in OCEMS Policy 720.50 Section VIII. Cleaning Standards for Ambulances and Ambulance Equipment.

D. The assigned ambulance personnel shall sign and date each shift inspection sheet and submit the shift inspection sheet to their immediate supervisor or as company policy dictates for follow-through on deficiencies noted.

E. The shift inspection sheets and ambulance vehicle cleaning checklist shall be retained by the ambulance service for the current permitting year for each ambulance.

F. The supervisor's name shall be noted on every completed shift inspection sheet.

G. It is the responsibility of the supervisory staff to take the appropriate action to ensure repair/replacement of the ambulance and/or equipment prior to permitting its use.

VII. REQUIRED PERSONAL PROTECTIVE EQUIPEMENT (PPE):

In order for ambulance crews to be prepared for an all hazards response, the following shall apply:

A. All personal protective equipment shall be maintained in a clean condition and in good working order at all times.

B. Ambulance personnel should not respond to an incident requiring PPE beyond their level of training.

C. Required PPE shall be kept on each ambulance in an easily accessible location and in sufficient quantity that all persons assigned on an ambulance have necessary and properly fitted protection.

D. PPE equipment for each licensed ambulance shall include but not be limited to:

1. Alcohol-based hand cleansers and hand cleanser dispensers or towelettes for on-scene use.

2. Eye protection (ANSI Z87.1 -2003 Standards), may be glasses, face shield, work goggles or mask with side protection and splash resistance for infection control: two (2)

3. Gloves – Work, Multiple use physical protection, cut resistant, barrier protection: two (2) pairs (**optional; required for ambulance strike team participation**)

4. Hearing protection, ear plugs or other: two (2) sets.

5. High-visibility safety apparel that provides visibility during both daytime and nighttime usage and is defined to meet the performance class 2 or 3 requirements of ANSI/ISEA 107-2004: two (2) per vehicle

6. Ballistic protective vest: two (1) per crew member (**optional, risk dependent**)

7. Hard Hat - Work Helmet – Blue, (ANSI Z89.1-1986 Class B; 29 CFR 1910.135 & 29 CFR 1926.100(b); CSA Z94.1-M1992 (Class G), or equivalent: one (1) per crew member (**optional; required for ambulance strike team participation**)

8. NIOSH approved (N95) and (N100 or P100) filter respirators: six (6) of each N95 and N100 or P100

9. Mark I Auto-Injector Kit or Duo Dote: six (6) (**optional**)

VIII. REQUIRED PPE TRAINING:

Prior to use, all personnel who may be required to utilize any of the equipment required in this policy shall receive training in accordance with OSHA requirements (Ref. 26 CFR 1910. 132[f]). At minimum, training shall consist of:

A. Identification of when and what type of PPE is necessary; how to properly don, remove, adjust and wear PPE; the limitations of the PPE; and the proper care, maintenance, useful life and disposal of the PPE (Ref. 29 CFR 1910.132 [f] [1] [5]).

B. Training in the use of respiratory equipment must cover fitting, fit-testing and proficient use in accordance with OSHA requirements (Ref 29 CFR 1910.134).

C. Demonstration of the ability to use PPE properly before being allowed to perform work requiring the use of PPE (Ref. 29 CFR 1910.132 [f] [2]).

D. Verification that each employee has received and understands the required training through a written certification that contains the course title and date of the training and shall be recorded and maintained in each employee's file.

Approved:

_____
Sam J. Stratton, MD, MPH
OCEMS Medical Director

_____
Tammi McConnell, MSN, RN
OCEMS Administrator

Original Date: 10/1/1987
Reviewed Date(s): 4/1/2014; 05/01/2016
Revised Date(s): 4/1/2014, 05/01/2016
Effective Date: xx/xx/xxxx

AMBULANCE RULES AND REGULATIONS
GROUND AMBULANCE VEHICLE INSPECTIONS AND PERMITS

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, & 1798. County of Orange Ambulance Ordinance. Policy sets minimum acceptable standards, any exemptions for public providers allowed by law.

II. APPLICATION:

This policy establishes the standard for inspections and issuance of ambulance vehicle permits for ground ambulance vehicles conducted by OCEMS staff members.

III. PROCEDURE:

A. No ambulance service provider shall allow an ambulance to be used to transport patients unless after the vehicle has a valid ambulance vehicle permit issued by the OCEMS Medical Director or his/her designee.

B. An ambulance vehicle permit is valid from the date of issue until December 31 of the same calendar year.

C. The ambulance vehicle permit may be renewed as part of the renewal process for ambulance service license.

D. Ambulance vehicle permits are non-transferrable. If the ambulance service operator permanently removes a permitted vehicle from service during the term of the permit, it shall immediately notify OCEMS and return the vehicle decal and vehicle permit to OCEMS.

IV. FREQUENCY:

A. Initial ambulance vehicle inspection:

1. Initial application for ambulance vehicle permit applies to vehicles not currently permitted to operate in Orange County.

2. All ambulance vehicles shall undergo an initial inspection prior to being used to transport patients.

B. Renewal ambulance vehicle inspection:

1. Renewal vehicle inspections and renewal applications for vehicle permits apply to vehicles currently permitted to operate in Orange County.

C. Other ambulance vehicle inspections:

1. Other ambulance vehicle inspections apply to any ambulance vehicle operating within Orange County.

2. OCEMS may inspect any ambulance vehicle operating in Orange County at any time to ensure compliance with the Health and Safety Code and OCEMS rules and regulations. OCEMS inspections will not interfere with ambulance services to a patient.

V. ELEMENTS OF INSPECTION:

A. OCEMS shall inspect an ambulance for:

1. Required documentation,
2. Required medical equipment,
3. Required non-medical equipment,
4. Acceptability of supplies and equipment for medical use,
5. Operational status of all equipment, and
6. Cleanliness of ambulance, equipment, and supplies as outlined in Section VIII. Cleaning Standards for Ambulances and Ambulance Equipment.

B. OCEMS ambulance inspections shall not duplicate Vehicle Code and California Highway Patrol (CHP) regulatory inspections performed by CHP. Ambulances in possession of a valid and current California Highway Patrol ambulance inspection report shall be deemed in compliance with Vehicle Code and regulations adopted by the California Highway Patrol Commissioner.

1. OCEMS may perform its inspections in conjunction with inspections performed by the CHP.

VI. RECORD OF INSPECTION:

A. All ambulance inspections shall be documented on an OCEMS ambulance inspection form.

B. Any item of non-compliance with the Ordinance and/or any OCEMS rule(s) and regulation(s) shall be documented.

C. OCEMS shall review all noted items of non-compliance with the ambulance service operator or ambulance service operator's representative at time of inspection.

D. OCEMS shall provide a copy of the inspection documentation to the ambulance service operator or ambulance service operator's representative at the time of inspection.

VII. NON-COMPLIANCE:

A. Initial ambulance vehicle inspection:

1. No ambulance shall be issued an ambulance vehicle permit or be allowed to operate until all items of non-compliance identified are corrected by the ambulance service provider and re-inspected by OCEMS.

B. Renewal ambulance vehicle inspection:

1. No ambulance vehicle permit shall be renewed until all items of non-compliance identified by OCEMS during the annual inspection are corrected by the ambulance service provider and re-inspected by OCEMS.

2. Ambulances with a valid current permit with Type II or Type III items of non-compliance identified on renewal inspection may operate under the existing ambulance vehicle operating permit as described in section C below.

C. Items of non-compliance identified by OCEMS during any inspection shall be corrected by the ambulance service provider and re-inspected by OCEMS. Items of non-compliance are categorized as follows:

1. Type I:

   a. Requires re-inspection by an OCEMS representative and ambulance may not be utilized to transport patients until it passes a re-inspection.

   b. Requires a re-inspection fee.

2. Type II:

   a. Requires re-inspection by an OCEMS representative within 15 days of identification of non-compliance. The ambulance may be utilized until re-inspection. Failure of a second inspection in this category will result in unit being unable to transport patients in Orange County until an additional inspection demonstrates that areas of non-compliance have been corrected.

   b. Requires a re-inspection fee.

3. Type III:

   a. Requires documentation submitted to OCEMS, within 30 days of identification of non-compliance, that the area of non-compliance has been corrected.

   b. No re-inspection required.

VIII. CLEANING STANDARDS FOR AMBULANCES AND AMBULANCE EQUIPMENT

A. **Cleaning Schedule-** Each ambulance shall maintain a monthly checklist following the cleaning schedule identified in sections C, D and E below.

B. **Cleaning Frequency-** The cleaning frequency describes cleaning requirements beyond that identified within the minimum standards in the cleaning schedule in sections C, D and E below.

C. Vehicle Equipment: Patient Contact

Equipment	Standard	Cleaning Schedule	Cleaning Frequency	Considerations
Stretchers	All parts should be visibly clean with no blood, body substances, dust, dirt, debris, adhesive tape or spillages	Daily	Cleaning shall be done daily and after every patient use	

Spinal boards/flats /head blocks	All parts should be visibly clean with no blood, body substances, dust, dirt, debris, adhesive tape or spillages	Daily	Cleaning shall be done daily and after every patient use	
Transport chair and other manual patient transfer equipment	All parts should be visibly clean with no blood, body substances, dust, dirt, debris, adhesive tape or spillages	Daily	Cleaning shall be done daily and after every patient use	
All reusable medical equipment (e.g. cardiac monitor, defibrillators, resuscitation equipment, etc.)	All parts should be visibly clean with no blood, body substances, dust, dirt, debris, adhesive tape or spillages	Daily	Cleaning shall be done daily and after every patient use	
Stretcher mattresses	Cover should be damage free All parts should be visibly clean with no blood, body substances, dust, dirt, debris, adhesive tape or spillages	Daily	Cleaning shall be done daily and after every patient use	
Pillows	Should be visibly clean with no blood, body substances, dust, dirt, debris, adhesive tape or spillages	Daily	Cleaning shall be done daily and after every patient use	
Linens	Should be visibly clean with no blood, body substances, dust, dirt, debris, adhesive tape or spillages	Daily	Cleaning shall be done daily and after every patient use	

Driver, passenger and all seats in patient compartment-Upholstered	All parts, including seatbelt and the underneath, should be visibly clean with no blood, body substances, dust, dirt, stains, debris, adhesive tape or spillages	Daily	Cleaning shall be done daily and after every patient use	Replace seatbelts if contaminated with blood or body fluids Torn or damaged seat covers shall be replaced Vacuum for dirt or debris and shampoo for blood or body substances or spillages
Driver, passenger and all seats in patient compartment-Vinyl/Leather	Cover should be damage free All parts, including seatbelt and the underneath, should be visibly clean with no blood, body substances, dust, dirt, stains, debris, adhesive tape or spillages	Daily	Cleaning shall be done daily and after every patient use	Replace seatbelts if heavily soiled Torn or damaged seat covers shall be replaced
Medical Gas Equipment	All parts should be visibly clean with no blood, body substances, dust, dirt, stains, debris, adhesive tape or spillages	Daily	Cleaning shall be done daily and after every patient use	Replace single use items after each use
Computer Equipment	All parts should be visibly clean with no blood, body substances, dust, dirt, stains, debris, adhesive tape or spillages	Daily	Daily and after each use	

D. Vehicle Equipment: Non Patient Contact

Equipment	**Standard**		**Cleaning Frequency**	**Considerations**
Response Kits and Bags	All surfaces, including underside, should be visibly clean with no blood, body substances, dust or dirt	Daily	Bags regularly taken into patient care areas must be wiped clean after every use, with special attention given if contaminated with blood or body fluid	All bags placed on ambulances should be made of wipe able material Any bag heavily contaminated with blood or body fluids should be disposed

			Heavily used bags should be laundered weekly or monthly Lesser used bags should be cleaned every other month	
Hand Sets (e.g. radios and mobile phones)	All parts should be visibly clean with no blood, body substances, dust, dirt, debris, adhesive tape or spillages	Daily	Daily and when contaminated	
Sharps Containers	The external surfaces should be visibly clean with no blood, body substances, dust, dirt, debris, adhesive tape or spillages	Weekly	Weekly and when contaminated	

E. Vehicle Internal and External Fixed Features

Equipment	**Standard**	**Cleaning Schedule**	**Cleaning Frequency**	**Considerations**
Overall Appearance-Exterior	The vehicle exterior should be clean at all times. Any presence of blood or body substances is unacceptable	Weekly	Routine cleaning should be performed weekly, or as necessary due to weather conditions	If operational pressures prevent thorough cleaning of the exterior, the minimum cleaning standards to comply with health and safety laws should be met (i.e. windows, lights, reflectors, mirrors and license plates)

Overall Appearance-Interior	The area should be tidy, ordered and uncluttered, with well-maintained seating and workspace appropriate for the area being used. All surfaces should be visibly clean with no blood, body substances, dust, dirt, debris, adhesive tape or spillages	Daily	Daily, clean between patients and deep clean weekly	Clean all surfaces in contract with the patient and that may have been contaminated Crews should routinely clean the vehicle floor Remove all detachable equipment and consumables
Ceiling	All surfaces should be visibly clean with no blood, body substances, dust, dirt, debris, adhesive tape or spillages	Daily	Daily and when contaminated	
Cabinets, Drawers, and Shelves	All parts, including the interior, should be visibly clean with no blood, body substances, dust, dirt, debris, adhesive tape or spillages	Weekly	Weekly and when contaminated	
Product Dispensers	All parts of the dispenser including the underside, should be visibly clean with no blood, body substances, dust, dirt debris, adhesive tape or spillages	Daily	Daily and as soon as possible if contaminated	Liquid dispenser nozzles should be free of product buildup, and the surround areas should be free from splashes of the product
Electrical Switches, Sockets and Thermostats	All surfaces, including the undersides, should be visibly clean with no blood, body substances, dirt, dust, or adhesive tape	Weekly	Weekly and as soon as possible if contaminated	

Equipment Brackets	All parts of the bracket, including the undersides, should be visibly clean with no blood, body substances, dirt, dust or adhesive tape	Weekly	Weekly and as soon as possible if contaminated	
Fire Extinguisher	All surfaces, including the undersides, should be visibly clean with no blood, body substances, dirt, dust or adhesive tape	Weekly	Weekly and as soon as possible if contaminated	
Floor	The entire floor, including all edges, corners and the main floor spaces, should be visibly clean with no blood, body substances, dirt, dust or adhesive tape	Daily	Daily and when heavily soiled or contaminated with blood and/or body fluids	
Floor Mounted Stretcher Locking Device/Chair Mounting	All surfaces, including the undersides, should be visibly clean with no blood, body substances, dirt, dust or adhesive tape	Weekly	Weekly and as soon as possible if contaminated	
Hand Rails	All parts of the rail, including the undersides, should be visibly clean with no blood, body substances, dirt, dust or adhesive tape	Daily	Clean rails that have been touched after every patient Clean all rails weekly	
Heating Ventilation Grills	The external part of the grill should be visibly clean with no blood, body substances, dirt, dust, spillages or adhesive tape	Weekly	Weekly and as soon as possible if contaminated	

Walls	All wall surfaces should be visibly clean with no blood, body substances, dirt, dust or adhesive tape	Daily	Daily and as soon as possible if contaminated	
Windows	All interior glazed surfaces should be visibly clean and smear free with no blood, body substances, dust, dirt, debris or adhesive tape. A uniform clean appearance should be maintained	Weekly	Weekly and as soon as possible if contaminated	
Work Surfaces	All surfaces should be visibly clean with no blood, body substances, dirt, dust, spillages or adhesive tape	Daily	After every patient	
Waste Receptacles	The waste receptacle, including the lid, should be visibly clean with no blood, body substances, dirt, dust, stains, spillages or adhesive tape	Daily	Daily and as soon as possible if contaminated	

Approved:

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Sam J. Stratton, MD, MPH
OCEMS Medical Director

_____
Tammi McConnell, MSN, RN
OCEMS Administrator

Original Date: 10/1/1987
Reviewed Date(s): 11/7/2014; 05/01/2016
Revised Date(s): 11/7/2014, 05/01/2016
Effective Date: xx/xx/xxxx

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).

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

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.

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.

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. 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.

Approved:

_____	_____
Sam J. Stratton, MD, MPH	Tammi McConnell, MSN, RN
OCEMS Medical Director	OCEMS Administrator

Original Date:	10/01/1987
Reviewed Date(s):	11/07/2014; 4/1/2015; 5/1/2016
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AMBULANCE RULES AND REGULATIONS
GROUND AMBULANCE COMMUNICATION EQUIPMENT

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, & 1798. County of Orange Ambulance Ordinance. Policy sets minimum acceptable standards, any exemptions for public providers allowed by law.

II. UHF MED-9 COMMUNICATION EQUIPMENT:

A. All ambulance communication equipment shall be operational at all times.

1. Each ambulance shall have one (1) UHF MED-9 radio programmed with two MED-9 channels.
   - MED-9 RP - This is a countywide repeater channel that provides coverage to the Orange County area, and may be used anywhere inside and adjacent to the County of Orange when wide-area coverage is required, or when contact with OCC or OC EMS is necessary.
   - MED-9 TA - This is the output of the MED-9 RP channel, providing a talk around mode of communication, and may be used anywhere inside and adjacent to the County of Orange when line of sight communications is required. OCC cannot be contacted on MED-9 TA.

B. The UHF MED-9 Radio shall be in the "on" and programmed to the MED-9 channel at all times and the microphone attached while the ambulance is in operation.

C. The ambulance service provider shall be responsible for all maintenance and repair costs to the communications equipment installed in the ground ambulance.

D. This communication equipment is designated for Multi-Casualty Incidents, disaster or emergency use only, not for day-to-day dispatch operations.

E. If an ambulance is assigned to a strike team, or to an incident, at the request of the strike team leader, OCEMS, IC or equivalent authority, they shall activate and monitor the Med 9 radio frequency continuously.

F. Every ambulance provider shall have continuous access to a MED 9 radio in dispatch. This shall be a separate radio from other dispatch equipment and shall be on at all times.

   - This dispatch radio shall participate in the same routine radio checks as other ambulance MED-9 radios. If it does not meet the compliance standards for the scheduled radio test procedure, OCEMS may require it be re-checked by OCC, at the ambulance provider's expense.
   - All FCC licenses are the responsibility of ambulance service providers.

III. UHF MED-9 COMMUNICATION EQUIPMENT INSPECTION:

A. Each ambulance shall have its MED-9 Radio inspected by the Orange County Sheriff's Department Communications & Technology Division (OCSD/Communications) upon initial licensure to operate in Orange County. The ambulance provider shall be responsible for all costs associated with the inspection.

B. Elements of Inspection and Certification include:

1. All ambulance communication equipment inspections shall be documented by OCSD/Communications.

a. Radio equipment will be checked for: Model number, serial number and vehicle identification number.

b. FCC compliance for frequency, modulation, power, and receive sensitivity.

2. Any item of non-compliance shall be documented by OCSD/Communications and a copy provided to OCEMS.

3. The inspecting agent shall review all noted items of non-compliance with the ambulance service operator or ambulance service operator's representative at the time of inspection.

4. A copy of all documentation shall be provided by OCSD/Communications to the ambulance service operator, and to OCEMS.

C. Non-Compliance:

1. At the time of inspection the inspecting agent shall indicate, in writing, to the ambulance service operator or ambulance service operator's representative specific items of non-compliance, and the time frame for correction, and re-inspection.

2. It is the responsibility of the ambulance service operator to arrange for re-inspection within fourteen (14) days of notice of non-compliance.

3. If the items of non-compliance are not corrected and re-inspected by an inspecting agent within the fourteen (14) days of notice of non-compliance, OCEMS will be notified.

IV. UHF MED-9 COMMUNICATION EQUIPMENT TESTING REQUIREMENT:

A. Orange County EMS shall conduct regular Ground Ambulance MED-9 Communication equipment tests following a schedule that is determined by OCEMS.

B. All OCEMS licensed Ground Ambulance providers shall participate in the regular MED-9 Radio test as determined and conducted by OCEMS.

C. A MED-9 radio check is valid and marked as successful once OCEMS acknowledges the ground units transmission.

D. Each Ambulance that does not meet the compliance standards for the MED-9 radio check conducted by OCEMS shall be required to have the radio re-checked by OCC at the ambulance provider's expense. Non-compliance is defined as failing to perform two (2) radio checks in one (1) calendar year from January 1st through December 31st.

V. UHF MED-9 COMMUNICATIONS EQUIPMENT TESTING PROCEDURE:

A. MED-9 Radio Test Schedule

1. A MED-9 Radio Test Schedule will be developed by Orange County EMS and distributed to each ambulance provider. Each ambulance provider will be assigned a specific day in which they will have their staff conduct a radio test on MED-9 with OCEMS from each one of their ambulances.

2. Ambulance units must be sure they have the **MED-9 RP** (repeater) channel to conduct a radio test with OC EMS.

B. Ambulance Providers

1. Each ambulance provider will be assigned a specific day on which to conduct MED-9 radio tests with OC EMS from each of their ambulances.

2. Each ambulance provider will supply Orange County EMS with a list of current ambulance unit numbers 72 hours prior to each test. Ambulance units will use their ambulance provider name and unit number to identify themselves on MED-9 when conducting the radio test with OCEMS.
   - Example:
   - Initiate test: *"OC EMS, this is ABC unit 881 on Med-9 for a radio test." OC EMS response: "ABC unit 881, this is OC EMS, you are 10-2."*
   - *Conclusion of test: "10-4, OC EMS, you are 10-2 as well. ABC unit 881 clear."*

3. The MED-9 radio tests will be initiated by the ambulance provider units anytime within the 4-hour period on the date specified on the schedule.

4. The ambulance provider will conduct a MED-9 radio test with OC EMS from each one of their Orange County licensed ambulance units on the scheduled test day.

C. Orange County EMS

1. OC EMS will maintain a MED-9 Radio Test Form for each ambulance provider. This form will include a checklist of current ambulance unit numbers for the corresponding ambulance provider.

2. As the ambulance units contact OC EMS for radio tests throughout the scheduled test day, the OC EMS operator coordinating the radio tests will indicate the results of each ambulance's radio test on the form next to the ambulance's unit ID number.

D. Unscheduled Tests

1. Any MED-9 authorized ambulance unit may conduct an unscheduled MED-9 radio test at any time but an unscheduled test will not relieve the testing ambulance from participating in the scheduled monthly test.

VI. <u>800 MHz COMMUNICATION EQUIPMENT:</u>

A. The authority to purchase and utilize 800 MHz radios that operate on the County of Orange 800 MHz Countywide Coordinated Communications System (CCCS) may only be authorized by the Orange County Fire Chief's Association (OCFCA).

B. Authorizations are limited to those companies that have a 9-1-1 transportation contract with an Orange County fire department, unless otherwise approved by the OCFCA.

C. OCSD/Communications will coordinate all activity related to the implementation of the 800 MHz CCCS for any ambulance provider. Approved ambulance providers agree to abide by the protocols and procedures outlined in the 800 MHz CCCS Security Plan, Standard Operating Procedures and all applicable FCC rules and regulations.

D. The programming of approved radios shall only be done by OCSD/Communications.

E. The associated costs of purchasing, programming and installing the radio are the responsibility of the ambulance company.

F. Each ambulance provider will be responsible for providing initial user training to include an 800 MHz CCCS overview, mobile/portable operations and proper radio protocols and procedures. Each fire department may, at their option, provide additional specific operational radio procedures to the ambulance provider.

G. Ambulance providers shall use best efforts for ensuring that 800 MHz CCCS radios are available on OCEMS approved 9-1-1 transportation units and that all personnel are trained on the proper use of the radios.

H. If an ambulance company no longer provides 9-1-1 transportation services to an Orange County fire department, the ambulance provider shall notify OCSD/Communications. The radios will be disabled from the trunked radio system, and OCSD/Communications will remove the programming of the radios at ambulance company expense. The radios remain the property of the ambulance provider.

Approved:

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Sam J. Stratton, MD, MPH	Tammi McConnell, MSN, RN
OCEMS Medical Director	OCEMS Administrator

Original Date:	10/1/1987
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Effective Date:	xx/xx/xxxx

DETERMINATION OF 9-1-1 DISPATCHED PATIENT TRANSPORT TO AN APPROPRIATE FACILITY

I. AUTHORITY:

California Health and Safety Code, Division 2.5, 1797.220; 1798 (a), (b)

II. APPLICATION:

This policy describes considerations, including patient, parent of minor, and caretaker requests, for determination of an appropriate receiving facility for 9-1-1 dispatch patients transported by an Orange County EMS (OCEMS) basic life support (BLS) or advanced life support (ALS) unit. Included in this policy are 9-1-1 dispatch patient transport determination for the special circumstances of 5150 Hold and hospice care patients.

III. DEFINITIONS:

5150 Hold means a patient is legally detained as authorized by the California Welfare and Institutions Code Section 5150.

ERC means an Emergency Receiving Center approved by OCEMS.

Diversion means formal notification of the EMS system through ReddiNet® by an ERC that it is not physically or medically safe for that facility to accept further patients.

Hospice care patient means a patient who is terminally ill without possibility of cure who is enrolled in a certified hospice-palliative care program.

Specialty Center means a facility that provides a specialized medical service as defined in OCEMS Policy # 240.30.

Transported patient means a patient transported by BLS or ALS ambulance.

ALS Escorted patient means a patient transported and accompanied by a paramedic.

IV. CRITERIA:

A. A BLS or ALS transported patient not expressing a facility preference (section IV) shall be transported from the scene of the incident to the closest (within the shortest transport time) appropriate hospital showing open on ReddiNet®

B. ALS or BLS crews will provide the receiving hospital staff with a verbal report and completed prehospital care report per OCEMS policy 300.10. The PCR shall be completed and posted electronically or provided in paper form prior to leaving the ERC or specialty center.

C. A physician at the scene may assume full responsibility and must accompany the patient to the receiving hospital per the "Physician at Scene" policy (reference OCEMS P/P 310.15).

V. PATIENT, PARENT OF MINOR, OR CAREGIVER REQUESTS:

ERC destination preference expressed by a patient or a patient's legal guardian or other persons lawfully authorized to make health care decisions for the patient shall be honored **unless**:

A. *Such request is not medically in the best interest of the patient as determined* by OCEMS Standing Order or the Base Hospital; or

B. The preferred facility is beyond a reasonable transport time (estimated 20 minutes) from the incident scene; or

C. The preferred facility has declared it is on Emergency Department diversion status (by ReddiNet®). *This exception to preferred transport destination does not apply when a patient is scheduled to bypass the Emergency Department for direct admission to an available in-patient bed or diagnostic site (e.g. CT Scan, MRI, GI laboratory*).

Specialty hospital destination for a trauma, cardiovascular center, stroke-neurology receiving center, burn, and replant center is determined by an OCEMS Base Hospital.

VI. SPECIAL CIRCUMSTANCE SITUATIONS:

A. LAW ENFORCEMENT OR MENTAL HEALTH PROVIDER (5150 HOLD) REQUESTS:

A patient being detained under a 5150 hold shall be transported to the ERC or OCEMS approved emergency mental health center requested by law enforcement or a mental health provider **unless:**

1. Such request is not medically in the best interest of the patient as determined by OCEMS Standing Order or the Base Hospital; or

2. The preferred facility is beyond a reasonable transport time (estimated 20 minutes) from the incident scene; or

3. The preferred facility has declared it is on Emergency Department Saturation diversion status (by ReddiNet®). This exception to preferred transport destination does not apply when a patient is scheduled to bypass the Emergency Department for direct admission to an available in-patient bed or diagnostic site (e.g. CT Scan, MRI, GI laboratory).

Specialty center transport destination to a trauma, cardiovascular center, stroke-neurology receiving center, burn, and replant center is determined by an OCEMS Base Hospital.

B. HOSPICE CARE PATIENT:

A hospice care patient may be treated to improve comfort at scene (example: placed on oxygen for shortness of breath, treated for hypoglycemia, or provided pain relief) and referred to the patient hospice program nurse for further care and evaluation without ambulance transport from the scene.

1. EMS personnel (BLS or ALS) should contact by telephone or in-person the patient hospice nurse and provide a report of the patient's condition and any treatment provided.

2. If the hospice nurse if present on-scene, EMS personnel may provide treatment of the patient within the appropriate Orange County Scope of Practice.

3. Upon being alerted that a patient is in hospice care, EMS personnel should request the patient's POLST form (refer to OCEMS Policy # 350.51) and honor any patient requests provided on the form.

4. If transport from the scene is requested by the patient or caretaker, the patient should immediately be transported to an appropriate ERC. The request should be documented as was stated by the patient or caregiver on the PRC.

Approved:

Sam J. Stratton, MD, MPH OCEMS Medical Director	Tammi McConnell, MSN, RN OCEMS Administrator

Original Date:	4/1985
Reviewed Date(s):	4/1/2014; 05/01/2016
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Effective Date:	05/01/2016

I. AUTHORITY:

California Health and Safety Code, Division 2, Chapter 2, Article I, Section 1255.1; Division 2.5, Chapter 2, Sections 1797.67 and 1797.88; Division 2.5, Chapter 4, Section 1797.220 and Chapter 6, Article 3, Section 1798.170. California Code of Regulations, Title 22, Division 9, Chapter 7, Section 100243.

II. APPLICATION:

This policy defines the requirements for designation as an Orange County Pediatric Emergency Receiving Center (PERC) to receive emergency and critically ill pediatric patients transported by the emergency medical services system.

A PERC will provide specialized pediatric care for emergency and critically ill pediatric patients presenting via the 9-1-1 system. Patients eligible for 9-1-1 field triage to a PERC include pediatric patients under 15 years of age.

III. DESIGNATION:

A. Initial Designation Criteria

1. Hospitals applying for initial designation as a PERC must submit a request to Orange County Emergency Medical Services (OCEMS) and evidence of compliance to all criteria in this policy.
2. Hospital shall be currently designated as OCEMS Emergency Receiving Center (ERC).
3. Hospital shall have an emergency department capable of managing pediatric emergencies.
4. OCEMS will evaluate the request and determine the need for an additional PERC. If such need is identified, OCEMS will request the interested hospital to provide:
    a. Policies and agreements as described in Section X of this policy.
    b. The following hospital specific information for pediatric patients:
        1. Number of pediatric intensive care beds.
        2. Number of pediatric inpatient beds.
        3. Number of pediatric patients treated by the hospital in the past three years.
        4. Number of pediatric patients transferred for pediatric specific care in last three years.
        5. Number of pediatric patients admitted past three years.
5. OCEMS will review the submitted material, perform a site visit, and meet with the hospital representatives. In addition, the following information will be collected by OCEMS and considered in the designation process:
    a. Emergency Department diversion statistics during the past three years.
    b. Emergency Intra-facility transfers during the past three years, including transfers for higher level of care or for management of emergency and critically ill pediatric patients.
6. Following review, OCEMS will provide the designation decision to the Facilities Advisory Subcommittee and the Emergency Medical Care Committee for endorsement or denial of endorsement for designation of up to three years as a PERC. Designation as a PERC will run concurrent with the ERC Designation.
7. An approved PERC will have a written agreement as described in Section X of this policy and pay the established Health Care Agency fee.

B. Continuing Designation

1. OCEMS will review each designated PERC for compliance to criteria as described in this policy every three years or more often if deemed necessary by the OCEMS Medical Director. Each PERC will be required to submit specific written materials to demonstrate evidence of compliance to criteria established by this policy and pay the established fee. A site visit may be required at the discretion of the OCEMS Medical Director.
2. OCEMS will provide its designation decision to the Facilities Advisory Subcommittee and the Emergency Medical Care Committee for endorsement or denial of endorsement for continued designation of up to three years.

C. Change in Ownership / Change in Executive or Management Staff

1. In the event of a change in ownership of the hospital, continued PERC designation will require adherence to this policy with review and approval of continued designation by the OCEMS Medical Director. OCEMS shall be notified, in writing, at least 30 days prior to the effective date of any changes in hospital ownership. Change in hospital ownership may require redesignation by OCEMS.
2. OCEMS shall be notified, in writing, at least 10 days prior to the effective date of any changes in key PERC personnel as identified in Section VI, (A) (D) and (F) below.

D. Denial / Suspension / Revocation of Designation

1. OCEMS may deny, suspend, or revoke the designation of a PERC for failure to comply with any applicable OCEMS policy or procedure, state and/or federal laws.
   a. Failure to comply with data submission requirements for three (3) consecutive months will result in automatic suspension of PERC designation.
2. The process for appeal of suspension or revocation will adhere to OCEMS Policy #640.00 and #645.00.

E. Cancellation of Designation / Reduction or Elimination of Services by CCERC

1. PERC designation may be canceled by the PERC upon 90 days written notice to OCEMS.
2. Hospitals considering a reduction or elimination of emergency services must notify the California Department of Public Health and the Orange County Health Care Agency/ EMS a minimum of 90 days prior to the planned reduction or elimination of services.

IV. HOSPITAL LICENSING and ACCREDITATION:

A. Hospital shall possess a current California Department of Public Health permit for basic or comprehensive emergency services.

B. Hospital shall maintain accreditation by an accreditation organization approved by the Centers for Medicare and Medicaid Services (CMS).

C. Hospital shall maintain designation as an OCEMS Emergency Receiving Center (ERC).

D. Hospital shall notify OCEMS verbally and in writing any time the hospital is not in compliance with any applicable federal and/or state laws, and/or OCEMS policies, indicating reason(s), date(s), and time(s) for non-compliance and corrective actions that are being taken. OCEMS shall determine whether the hospital may continue to receive 9-1-1 patients during the period that corrective actions are underway.

V. MEDICAL PERSONNEL:

D. PERC Physician Coordinator

1. The hospital will designate a physician coordinator for the Pediatric Emergency Receiving Center program who shall be:

a. Certified by the American Board of Emergency Medicine (ABEM), American Osteopathic Board of Emergency Medicine (AOBEM) or the equivalent as determined by the OCEMS Medical Director.

2. Demonstrate knowledge and skill in emergency medical care of children of all ages from neonates to adolescents as demonstrated by training, clinical experience, and focused continuing medical education.

3. Responsibilities of the PERC Physician Coordinator include:

   a. Development of hospital policies as defined in Section X.

   b. Development and maintenance of the hospital PERC performance/quality improvement plan.

   d. Development and maintenance of a pediatric emergency medicine continuing education program within the hospital with an offering of yearly category 1 CME for physicians and BRN CE for nursing staff.

   e. Liaison with PERC's, Trauma Centers, OCEMS, Base Hospitals, prehospital care providers, and ERC's.

   f. Attendance at county-wide PERC system meetings.

   g. Ensure pediatric disaster preparedness for emergency department.

A. ED Physician Staffing

In addition to meeting the requirements of OCEMS Policy #600.00, all physicians on duty must:

1. Demonstrate knowledge and skill in emergency medical care of children of all ages from neonates to adolescents as demonstrated by training, clinical experience, and focused continuing medical education.

C. Physician Assistants (PA's) and Nurse Practitioners (NP's) Staffing

In addition to meeting the requirements of OCEMS Policy #600.00, all PA's and NP's on duty must:

1. Demonstrate knowledge and skill in emergency medical care of children of all ages from neonates to adolescents as demonstrated by training, clinical experience, and focused continuing medical education.

E. PERC Nurse Coordinator

1. A Registered Nurse shall serve as the Pediatric Emergency Receiving Center Coordinator who may also be the critical care department director, emergency department director, or other similar position. The PERC Coordinator shall:

   a. Be a registered nurse with at least two year's experience in pediatrics or emergency nursing within the previous five years; and

   b. Maintain current, Pediatric Advanced Life Support (PALS) or Emergency Nurse Pediatric Course (ENPC) certification, and Advanced Cardiac Life Support (ACLS).

   c. Maintain competency in pediatric emergency care.

2. Responsibilities of the PERC Coordinator include:

   a. Serve as the emergency department contact person for hospitals served by the PERC.

   b. Ensure the coordination of pediatric emergency and critical care nursing services across departmental and interdisciplinary lines.

c. Development of nursing pediatric education programs (standardized national programs are acceptable to fulfill this responsibility).

d. Facilitate emergency department continuing education and competency evaluations related to care of neonate, infant, children and adolescent patients.

e. Coordinate with PERC medical director for, policies and procedures for pediatric emergency services, pediatric CQI activities and pediatric disaster preparedness.

f. Collection and reporting of required (Section XI) PERC data elements to OCEMS on a monthly basis.

g. Attendance at the hospital PERC performance/quality improvement program meetings.

h. Development of a pediatric emergency medicine education and outreach program for the local community and assigned regional hospitals.

i. Coordinate with pediatric physician coordinator to ensure pediatric disaster preparedness.

F. ED Nursing Staff

In addition to meeting the requirements of OCEMS Policy #600.00, all ED Nursing Staff on duty must:

1. Demonstrate knowledge and skill in emergency medical care of children of all ages from neonates to adolescents as demonstrated by training, clinical experience, and focused continuing medical education.

2. All nurses assigned to the emergency department shall attend a minimum of eight hours of pediatric continuing education from a BRN approved continuing education provider every two years.

G. Ancillary Services

In addition to requirements delineated in Title 22, hospitals shall maintain these emergency services and care capabilities 24 hours/day, 7 days/week for:

1. In-house radiological services, including technician, with availability of plain x-rays and computerized tomography; and radiologist on-call; and

   a. Radiology services should include qualified staff and necessary equipment and supplies to provide imaging studies of children.

   b. Hospital will have protocols that include modification of radiation exposure of children based on age and weight, pediatric radiation dosing, and protective shielding of children for plain radiography and computerized tomography.

2. In-house availability of respiratory therapist with qualifications and necessary equipment to care for children of all ages from neonates to adolescents as demonstrated by training, clinical experience, and focused continuing medical education.

VI. HOSPITAL SERVICES:

The PERC will provide the following:

A. A pediatric emergency education program available to hospital staff, other regional hospital staffs, EMS personnel and the public, provided at the appropriate educational level for each group.

VII. EQUIPMENT:

In addition to requirements delineated in Title 22, hospitals shall have immediately available equipment and supplies necessary for pediatric and adult life support. Sufficient size-specific equipment to adequately care for pediatric patients from neonates to adolescents shall be available.

A. Equipment shall be appropriate for care of children from neonates to adolescents and include but not be limited to:

1. Pediatric equipment, supplies and medications easily accessible, labeled, logically organized
2. Portable resuscitation supplies
3. Fluid warming
4. Weight scale for patient weights in kilograms
5. Pain scale tools
6. Monitoring equipment with sizing for neonate to adolescent
7. Respiratory care supplies
8. Intubation equipment, tracheostomy tubes, oral and nasal airways
9. Nasogastric tubes and suction equipment
10. Vascular access supplies and equipment
11. Fracture management devices for pediatric patients Specialized pediatric trays/kits including lumbar puncture, difficult airway, LMAs or other rescue airway device, tube throacostomy tray with chest tubes for children of all ages, newborn delivery and resuscitation kit with supplies for immediate delivery and resuscitation of newborn, urinary catheter trays for children of all ages
12. Pharmacological resources for care of the child requiring resuscitation

VIII. HOSPITAL POLICIES / AGREEMENTS:

A. The hospital will have a written agreement with OCEMS indicating the concurrence of hospital administration and medical staff to meet the requirements for PERC program participation as specified in this policy.

B. The PERC will have written pediatric interfacility transfer agreements with affiliated and referring hospitals and with hospitals providing specialty services not available at the PERC.

C. The PERC will have formal written policies which address the following:

1. Policies, procedures or protocols for care of children in the emergency setting to include but not limited to
    a. Illness and injury triage
    b. Pediatric assessment
    c. Physical or chemical restraint of patients
    d. Child maltreatment
    e. Death of a child
    f. Procedural sedation
    g. immunization status and delivery
    h. Mental health emergencies
    i. Family centered care
    j. Communication with patient's primary health care provider
    k. Pain assessment and treatment

l. Disaster preparedness planning

m. Medication safety for pediatric patients

2. A performance / quality improvement plan that is incorporated into the hospital's quality improvement program which monitors activities involving the PERC. A summary of QI findings relevant to the Orange County PERC system must be submitted annually to OCEMS by March 30 for the preceding calendar year.

3. Defined methods for collecting and reporting required Pediatric Emergency Receiving Center data elements to OCEMS within the specified time frame.

IX. QUALITY ASSURANCE / IMPROVEMENT:

A. The PERC should have an organized, coordinated, multidisciplinary quality assurance/improvement program for pediatric patients for the purpose of improving patient outcome and coordinating all pediatric emergency medicine and critical care quality assurance and improvement activities.

B. The Quality Assurance/Improvement program will include OCEMS selected performance measures or indicators specific to the PERC System.

The hospital PERC performance/quality improvement program may suggest measures and indicators to OCEMS.

C. The PERC quality assurance/improvement program should develop methods for:

a. Tracking all critically ill/injured pediatric patients.

b. Developing indicators/monitors for reviewing and monitoring patient care, including all deaths, major complications and transfers.

c. Integrating findings form the quality assurance/improvement audits into patient standards of care and education programs.

d. Integrating reviews of pre-hospital, emergency department, inpatient pediatrics, pediatric critical care, pediatric surgical care and pediatric transport quality assurance/improvement activities.

D. An annual log of community outreach projects will be maintained by the PERC describing those actions that are:

1. Community oriented.

2. Regional hospital oriented.