



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

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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 regulations, Health and Safety code and county policies.

III. PROCEDURE:

Every ambulance service provider shall have written policies, procedures and documentation consistent with the state regulations, Health and Safety Code and county policies 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 (Ambulance drivers training programs must be submitted for review).
2. Evaluation/orientation process for all employees including, but not limited to ensuring compliance with the requirements of the Ordinance and/or Policies and Procedures.
3. Evaluation/orientation process for dispatch employees including, but not limited to ensuring compliance with the requirements of the Ordinance and/or Policies and Procedures.
4. Evaluation/orientation process for supervisors including, but not limited to, ensuring compliance with the requirements of the Ordinance and/or Policies and Procedures.
5. A Continuing Education plan for employees. OCEMS licensed providers will contract with an approved local state EMS agency or CAPCE provider.
6. Demonstrate staffing plan minimums of no less than:
  - a. For a BLS Ambulance – Two (2) Orange County Accredited EMTs.
    - i. 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.
    - ii. All OCEMS EMT Accreditations shall meet all requirements set forth in OCEMS Policy #415.00.
  - b. For an ALS Ambulance – See OCEMS Policy #430.10.
  - c. For a CCT Ambulance – Two (2) Orange County Accredited EMTs and one RN and/or RT.



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d. One dedicated dispatcher at the dispatch center 24 hours a day. (Dispatcher cannot be transporting in, or assigned to, an ambulance while performing dispatching duties. Dispatcher must be on site at company's communications center.)

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.
- 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 National Association of Emergency Medical Dispatchers (NAEMD), Emergency Medical Dispatch (EMD) or Emergency Telecommunicator Course (ETC) certification (or approved equivalent) California EMT Certification, California Paramedic Certification or California RN License.
- ii. CPR certification through AHA or American Red Cross.
- iii. A copy of any certification which may be required for employment.
- iv. A record of adequate training in radio operation and protocols and/or emergency response area(s), prior to the dispatcher dispatching calls.

**Note:** For purposes of this Section, "adequate" training of a dispatcher shall be that which meets Orange County EMS 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:

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- i. By December 31<sup>st</sup>, 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 center's ability to address operational needs including but not limited to; telephones, two-way radio equipment for communications between the dispatch center and the provider's ambulances, MED-9 radio capabilities and FCC licenses, ReddiNet® access or equivalent. Ambulance provider dispatch communications center shall also be equipped with chair(s), desk(s), computer(s), phone(s) and other equipment necessary to facilitate necessary dispatch responsibilities.
  - i. **Push-to-talk mobile phones are not considered two-way radio equipment as described in this section.**
- c. Ambulance service provider dispatch centers shall demonstrate the ambulance service provider's ability and capability of emergency backup systems for the dispatch center in the event of a power failure, equipment failure, etc. Ambulance service provider shall also have a policy with an emergency systems plan that needs to be available to all staff.
- d. **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. Ambulance service provider shall have policies in place to support these OCEMS requirements.**
- e. Ambulance service providers shall have policies in place and demonstrate their ability to maintain a dispatch center workspace area shall be staffed by qualified ambulance dispatch personnel 24-hours, seven days per week that is dedicated to the function of dispatching ambulances. 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. Ambulance Service provider shall have policies to support these OCEMS requirements.



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- f. All dispatchers shall, at a minimum, be certified/licensed as California EMT's, paramedics, RNs, or have a National Association of Emergency Medical Dispatchers (NAEMD) certification, Emergency Medical Dispatch (EMD) or Emergency Telecommunicator Course (ETC) certification, or approved equivalent. All dispatchers shall maintain CPR certification through American Heart Association 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 and will be responsible for accessing and monitoring this system 24 hours a day, 7 days per week. Dispatch logs shall include, but shall not be limited to, the following information for each call:
  - i. The last names of the assigned ambulance personnel.
  - 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**

- 1. Policies and Procedures for routine operations.
- 2. Policies and Procedures for internal disaster operations (critical provider infrastructure failures).
- 3. A list of the names and expiration dates for any licensure/certification for medical personnel employed by the provider.
- 4. A list of the names for California physician or surgeon licenses, along with resumes for all physicians employed by the provider.
- 5. Addresses of the locations from which ambulance services will be provided, within and outside Orange County, and hours of operations. If ambulance provider has multiple locations, provide a list of the operations performed at each location.
- 6. 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.
- 7. 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.
- 8. Evidence of Applicant's Financial status: New and current ambulance service provider applicants shall be required to provide financial statements, banking and business records that clearly



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demonstrate assets, liabilities, loans, property, personnel, costs, expenditures, income and the source(s) of funds.

9. 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 and employee's name depicted on the uniform and/or company ID badge.
10. 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.
11. 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,– Division 9: Pre-Hospital Emergency Medical Services – Chapter ,Article 2 EMS Service Provider – Section and California EMS System Core Quality Measures EMSA #166. QA/QI program 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.
12. Vehicle maintenance/operational plan. Ambulance service provider will submit a plan which will include but not be limited to scheduled and emergency maintenance of ambulances. Ambulance service providers will demonstrate that all maintenance provided to ambulances is performed by a licensed/certified mechanic and can demonstrate completion of an accredited training program, or formalized documented training for ambulances, or a state of California Bureau of Automotive Repair licensed for Automotive Repair Dealer facilities. The plan shall also include vehicle fueling, emergency towing, and end-of-use vehicle replacement plan.
13. Ambulance service providers shall be required to demonstrate training and development of policies in regard to all infectious diseases, bloodborne and airborne pathogen control plans as required by federal and state regulations.
14. Ambulance provider must demonstrate they have received appropriate business licenses for the cities in which it plans to operate or is operating in.
15. Ambulance service provider principal owners must disclose, and provide documentation of, any legal or regulatory actions taken against previous or current businesses. Such actions are included but not limited to: corporate bankruptcy, denial of licensure, revocation, suspension or fines, and previous and current National Provider Identifiers.
16. Proof that each business location and substation is properly zoned for ambulance operations.
17. Policies showing the EMS Agency will be notified within 72 hours of any of the following situations:
  - a. Ambulance is involved in an accident where one or more participants (employees, patients, occupants of other vehicles) are transported to a hospital.
  - b. Patient is involved in an accident while under the care of the ambulance provider where an accident and/or injury occurs.
  - c. The company is informed that a government agency (federal, state, county or local) has initiated an investigation (does not include routine audit).



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18. Ambulance service provider must provide any information requested by OCEMS related to ambulance business operations.

**Approved:**

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Carl H. Schultz, MD  
OCEMS Medical Director

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Tammi McConnell, MSN, RN  
OCEMS Administrator

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