



County of Orange Health Care Agency
EMERGENCY MEDICAL SERVICES
405 W. Fifth Street, Suite 301-A
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TRANSPORTATION ADVISORY COMMITTEE Wednesday, October 28, 2015 – 9:00 a.m.

Location: 405 W. Fifth Street
Santa Ana, CA 92701
Conference Room 433

Mission Statement: *"To advise and endorse efforts to implement a quality transportation system in the prehospital care area for the citizens of Orange County."*

THE COMMITTEE MEETING IS OPEN TO THE PUBLIC. YOU MAY ADDRESS THE COMMITTEE ON ANY AGENDA ITEM BEFORE OR DURING CONSIDERATION OF THAT ITEM, AND ON OTHER ITEMS OF INTEREST WHICH ARE NOT ON THE AGENDA, BUT WHICH ARE WITHIN THE SUBJECT MATTER JURISDICTION OF THE COMMITTEE.

AGENDA

- I. **CALL TO ORDER**
- II. **INTRODUCTIONS / ANNOUNCEMENTS**
- III. **APPROVAL OF MINUTES**
 - July 22, 2015 (Attachment #1)
- IV. **OCEMS Report**
 - OCEMS Report
 - OCEMS EOA Contract Update
- V. **UNFINISHED BUSINESS**
 - Amy Waunch - CHOC – pediatric transportation
- VI. **NEW BUSINESS**
 - AHA Electronic CPR Cards (Attachment #2)
 - 2016 Ambulance Provider Renewals Update (Attachment #3)
 - OCEMS Policy Updates
- VII. **OTHER BUSINESS**
 - 2016 TAC Meeting Dates (Attachment #4)
- VIII. **PUBLIC FORUM**

At this time, members of the public may address the Chairman regarding any items within the subject matter of this advisory committee's authority provided by law. Comments are limited to 3-5 minutes per person and 20 minutes for all comments unless different time limits are set by the Chairman; subject to the approval of the committee.
- IX. **NEXT MEETING**
 - January 27, 2016 at 9:00 a.m.
- X. **ADJOURNMENT**

ATTACHMENT #1

**Transportation Advisory Subcommittee Minutes
July 22, 2015**



TRANSPORTATION ADVISORY SUBCOMMITTEE

Tuesday, July 22, 2015 – 9:00 a.m.

MINUTES

MEMBERS

<u>NAME</u>	<u>CATEGORY REPRESENTED</u>	<u>NAME</u>	<u>REPRESENTING</u>
<input checked="" type="checkbox"/> Ruth Clark, RN	- Base Hospital Coordinators	Jordan Speck	- Horizon Ambulance Service
<input checked="" type="checkbox"/> Jim Karras, Chair	- Ambulance Service Provider non-9-1-1	Cyndie Strader, RN	- Hoag Memorial Hospital
<input checked="" type="checkbox"/> Bill Weston	- Ambulance Service Provider 9-1-1	Edmond T.	- American Medical Ambulance
		Ron Taggart	- Doctor's Ambulance Service
		Felipe Tejero	- FirstMed Ambulance
		Jeff Twycross	- CalMed Ambulance Service
		Rob Viera	- Care Ambulance Service
		Bao Vo	- Southland Ambulance
		Jennifer Wells	- Emergency Ambulance Service
		Alex Wilkie	- GCTI Ambulance
<u>NAME</u>	<u>REPRESENTING</u>	<u>ORANGE COUNTY EMS STAFF</u>	
Billy Applegate	- Liberty Ambulance Service	Tammi McConnell, MSN, RN	- EMS Administrator
Rich Balderama	- Shoreline Ambulance Service	Rey Montoya	- EMS Performance Chief
Jonathan Bobbette	- Liberty Ambulance	Meng Chung, EMT-P	- BLS Coordinator
Roy Carroll	- Pacific Ambulance Service	Vicki Sweet, RN	- ALS/CQI Coordinator
John Detviler	- Lynch Ambulance	Juan Alvarez	- EMS Specialist
Colin Fitch	- MedCoast Ambulance	Andrew Roberts	- EMS Specialist
Giovanni Garbutt	- American Medical Ambulance	Adrian Rodriguez	- EMS Specialist
Sean Grimes	- Royalty Ambulance	Eileen Endo	- Office Specialist
Steve Katanich	- Schaefer Ambulance		
Kay Kearney	- Shoreline Ambulance Service		
Steve Koshmerl	- Symons Ambulance		
Paul Miller	- First Med Ambulance		
David Munoz	- Lifeline Ambulance Service		
Patrick Powers	- Premier Medical Transport		
Wayne Rodriguez	- Americare Ambulance Service		

I. CALL TO ORDER

The meeting was called to order by Chair, Jim Karras.

II. INTRODUCTIONS/ANNOUNCEMENTS

Cyndie Strader, RN, was introduced as the new base hospital coordinator representing Hoag Memorial Hospital Presbyterian.

III. APPROVAL OF MINUTES

MSC: Minutes from the April 22, 2015 meeting were approved as submitted.

IV. OCEMS REPORT

- Ambulance Safety (Resources):** Meng Chung reported the attached list of ambulance safety resources was derived from a webinar hosted by the National Highway Traffic Safety Administration. The list is being provided as a resource for ambulance service provider representatives in attendance.
- OCEMS EOA Contract Update:** Rey Montoya provided a status report on the ambulance contracts for those EOAs where the Orange County Fire Authority provide paramedic services. Contracts were implemented on June 1, 2015 with a smooth transition taking place to ensure continuity of care taking place. Committee members asked whether or not Orange County EMS intends to secure contracts with the ALS providers and also to provide oversight of the ALS providers and suggested that an update of the EMS Plan be provided to Committee members.

V. **UNFINISHED BUSINESS**

- **Children's Hospital of Orange County Pediatric Transport:** *Tabled.*
- **LPS Sample Letters:** Attached to the agenda packet are copies of sample letters of conservatorship provided by the Adult and Older Adult Behavioral Health Service Program that was discussed at the April 22, 2015 meeting. Committee members had asked if sample letters could be provided for the training of new ambulance personnel.

VI. **NEW BUSINESS**

- **ERC Redline Communications:** Committee members expressed concerns on the information hospitals expect to be reported when they are contacted on the red line (which is also known as the BLS line at some facilities). Committee members indicated that this phone line is not only used by ambulance service providers but also by fire service providers when providing an ALS base hospital no-contact report or advising them of the arrival of a specialty receiving center (stroke, STEMI, trauma, etc.) patient. Committee members discussed practices used by surrounding counties.
- **2016 Ambulance Provider Renewals:** Meng Chung reported that reminder letters for ambulance provider renewals will be mailed out in August with inspections beginning in August.

VII. **OTHER BUSINESS**

- **Anaheim Community Care Response Unit (CCRU):** Vicki Sweet reported this is a pilot project in collaboration between Anaheim Fire Department, Care Ambulance Service and Kaiser Permanente Medical Center. Attached to today's agenda packet is a brief description of the pilot and the types of calls in which the CCRU is expected to respond to.

VIII. **PUBLIC FORUM**

None made.

IX. **NEXT MEETING** – Tuesday, October 28, 2015 at 9:00 a.m.

X. **ADJOURNMENT**

With no further business, the meeting was adjourned.

ATTACHMENT #2


AHA Electronic CPR Cards

eCards (Electronic Course Completion Cards)

An eCard is the electronic equivalent of a printed AHA course completion card and can be provided to students as an alternative to a printed card. eCards are valid course completion cards and can be presented to employers as proof of successful completion of an AHA course. Like printed cards, eCards expire 2 years from the issue date. eCards are valid through the end of the month.

eCard information is populated electronically by the TCC or Instructor and can only be altered by the TCC or AHA Customer Service by using AHA's My Cards™. eCards can be easily verified by employers at www.heart.org/cpr/mycards to prove issuance by a valid TC and Instructor aligned with that TC.

eCards are available only for provider-level courses in the United States.

ACTIVE


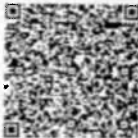
Sample Student
has successfully completed
Course Name
eCard Code: YY3456789123

Course Date:
MM/DD/YYYY

Recommended Renewal Date:
MM/YYYY

Sample Training Center
Training Center ID: ST12345
Training Center Address City, State ZIP CODE

Instructor: Sample Instructor
Instructor ID: 01234567891



Scan this code from your mobile device to view your eCard.

Students may view their AHA eCards profile at www.heart.org/cpr/mycards.
Employers, visit www.heart.org/cpr/mycards to validate AHA eCards.

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Sample of an official AHA eCard

eCard Layout

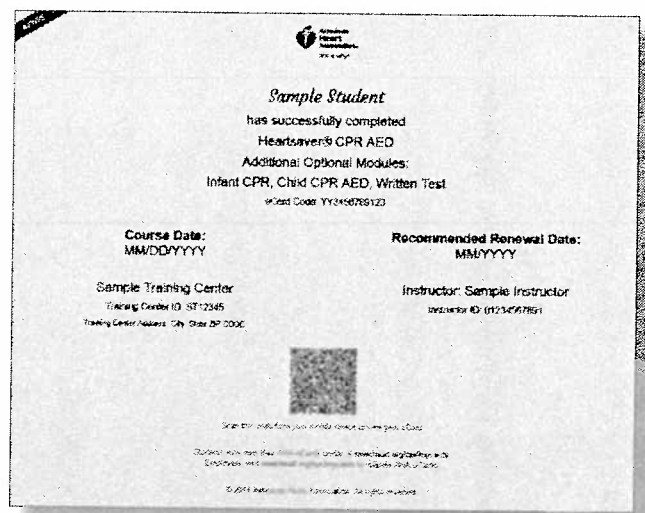
- **General:** All information on the eCard is digitally populated based on the information entered by the TCC or Instructor.
- **Branding:** eCards feature the official AHA logo.
- **Status:** eCards have a diagonal banner in the top left-hand corner indicating whether they are active or expired.
- **Copyright:** All cards have a copyright notice.
- **Dates:** The issue date will appear as the 2-digit month and day and 4-digit year. The recommended renewal date will appear as the 2-digit month and 4-digit year, 2 years from the issue date.
- **eCard code:** The eCard code is printed below the course name. The format of the code is the last 2 digits of the year the eCard was issued, followed by a 3-digit course code and a 7-digit random number. This code may be used by students or employers to access and verify eCards at www.heart.org/cpr/mycards.
- **Modules:** For Heartsaver cards, the optional modules completed will be listed below the course name.
- **QR code:** eCards feature a QR code, which can be scanned with a mobile device to view the eCard.
- **Verification:** eCards include the website address where students and employers can view or verify eCards.

Available eCards

The following eCards are available as of January 2015.



90-3001 BLS Healthcare Provider eCard



90-3005 Heartsaver CPR AED eCard (all optional modules shown)

(continued)

ATTACHMENT #3

OCEMS Policy Updates



**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



AMBULANCE RULES AND REGULATIONS GROUND AMBULANCE DESIGN / DOCUMENTATION / EQUIPMENT

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.~~

40.11. 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.



**AMBULANCE RULES AND REGULATIONS
GROUND AMBULANCE DESIGN / DOCUMENTATION / EQUIPMENT**

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)~~

~~e.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



**AMBULANCE RULES AND REGULATIONS
GROUND AMBULANCE DESIGN / DOCUMENTATION / EQUIPMENT**

- 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) (**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)



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- 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.



**AMBULANCE RULES AND REGULATIONS
GROUND AMBULANCE DESIGN / DOCUMENTATION / EQUIPMENT**

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) ~~orand~~(N100 or P100) filter respirators: six (6) of each N95 ~~orand~~-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).



**AMBULANCE RULES AND REGULATIONS
GROUND AMBULANCE DESIGN / DOCUMENTATION / EQUIPMENT**

- 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

OCEMS Draft Revision October 2015



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, during~~ 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 initial application for ambulance vehicle license applies to vehicles not currently licensed to operate in Orange County-~~
- ~~2. An ambulance vehicle license is valid from the date of issue until December 31 of the same calendar year.~~
- ~~4-3. 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:



AMBULANCE RULES AND REGULATIONS GROUND AMBULANCE VEHICLE INSPECTION

- A. OCEMS ambulance inspections shall include but not be limited to the following 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:



**AMBULANCE RULES AND REGULATIONS
GROUND AMBULANCE VEHICLE INSPECTION**

1. ~~No ambulance shall remain~~ re-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 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.



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- 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 June 1st, 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.



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

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 capabilityies 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:



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- 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 insure 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 insures 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



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component on appropriate medical billing and billing fraud, emergency transport of BLS patients and other required QA/QI elements per OCEMS policies.

- i. 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 1797.204, 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.



AMBULANCE RULES AND REGULATIONS GROUND AMBULANCE COMMUNICATION EQUIPMENT

- 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.



AMBULANCE RULES AND REGULATIONS
GROUND AMBULANCE COMMUNICATION EQUIPMENT

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 OC EMS.
 - 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. 800 MHz COMMUNICATION EQUIPMENT:

- 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.
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GROUND AMBULANCE COMMUNICATION EQUIPMENT**

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- 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

ATTACHMENT #4

2016 TAC Meeting Dates



Emergency Medical Care Committee Transportation Advisory Subcommittee



2016 MEETINGS SCHEDULE

- **Wednesday, January 27, 2016**
- **Wednesday, April 27, 2016**
- **Wednesday, July 27, 2016**
- **Wednesday, October 26, 2016**

**Meetings are held the fourth Wednesday of the quarter
(January, April, July, and October)**

Time: 9:00 am to 11:00 am

Address:

**405 W. Fifth Street
Conference Room 433
Santa Ana, CA 92701**

Contact:

**Eileen Endo, Office Specialist
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Phone: (714) 834-3507**