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:

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Sam J. Stratton, MD, MPH
OCEMS Medical Director

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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

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Tammi McConnell, MSN, RN
OCEMS Administrator

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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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Effective Date:	xx/xx/xxxx

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:

_____	_____
Sam J. Stratton, MD, MPH	Tammi McConnell, MSN, RN
OCEMS Medical Director	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

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.

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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,

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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

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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

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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.

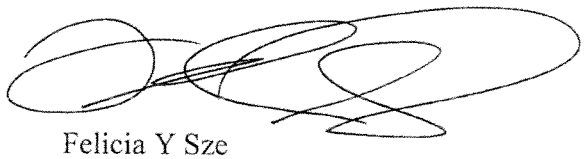
II non-compliance as Type III non-compliance issues are relatively minor and easily remedied. **we therefore request that sections VII.A, VII.B and VII.C (if not deleted) be amended to exclude Type III non-compliance.**

* * * * *

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,



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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 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

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[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:

- [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

- [ ] Portable "D" tank, two full and one >1000psi with flow regulator
- [ ] Oxygen tank wrench or key device
- [x] (1)Adult bag-valve device (≥1000)
- [x] (1)Child bag-valve device (450ml-750ml)
- [ ] BVM Masks (1) adult, (1) child, (1) infant, and (1) neonate
- [x] OPA: (1) set of multiple standard sizes 0-5
- [ ] 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
- [ ] (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:

- [ ] (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
- [ ] (2) Medium splints
- [x] (2) Long splints
- [x] (1) Long backboard**
- [x] (4) Backboard immobilization straps
- [x] (1) Short backboard (30" or larger)**
- [ ] (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

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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.**

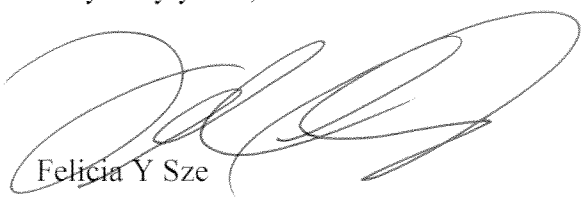
3. The requirement for apparel in section VII.D.4 and VII.D.6 fail to establish a clear standard as they contradict each other. Today's safety standards are moving away from blue jackets and moving towards high visibility jackets. **We therefore request the deletion of section VII.D.6.**

* * * * *

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

- [x] (2) Liters of sterile water

MEDICATION/ADMINISTRATION:

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

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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

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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

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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."

---

[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

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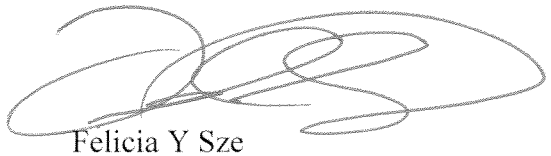
[10] Vehicle Code section 2512(c) permits local agencies to enact more restrictive regulations, but prohibits the duplication of ambulance regulation.

[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)

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 1797.20~~4~~, 1797.20~~4~~0, & 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,
3.4. Acceptability of supplies and equipment for medical use,
4.5. 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 capability~~ies~~ 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 capability~~le~~ 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

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.