



**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 OCEMS ambulance permit shall be issued or renewed for any ambulance that is older than ten (10) years. Year 1st sold, as noted on CA DMV documentation, shall be the determining qualification. (e.g., an OCEMS permitted ambulance initially sold in 2010 would need to be taken out of service no later than December 31st, 2021).
 - 1. 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 systems in the patient and driver compartments.
 - 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



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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.

a. All ambulances operated under a single license shall display the same company identification and exterior paint/wrap design with the following exemptions:

- (1) Ambulance providers contracted by an Orange County city for 911 services if the city requires an alternate ambulance exterior paint/wrap design.
- (2) Ambulance providers displaying public service announcements (Eg. Drowning prevention, Bicycle helmet safety, Leaving children in vehicles).
- (3) Ambulances providing specialty care services for a hospital (Eg. Neonatal transports, Pediatric transports).

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 cleaning checklist, completed at the start of the shift, 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.



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- 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 cleaning checklist. Shift inspection sheets and ambulance 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 (\geq 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



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- 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
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- 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 at the beginning of their shift.

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



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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. Ambulance personnel at the beginning of each shift shall document, in writing, that all required medical supplies and portable medical equipment are in acceptable condition for medical use.
- 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 accessible location and in sufficient quantity for all staff assigned to the ambulance.
- 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), glasses, face shield, work goggles or mask with side protection and splash resistance for infection control: two (2).
 3. Gloves – Work gloves, 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.



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- 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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OCEMS Medical Director

Tammi McConnell, MSN, RN
OCEMS Administrator

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