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## EMERGENCY MEDICAL SERVICES

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**DATE:** August 31, 2023  
**TO:** EMS Distribution  
**FROM:** Carl H. Schultz, MD; EMS Medical Director *C.H.S.*  
Tammi McConnell, MSN, RN; EMS Director *tmc*  
**SUBJECT:** ORANGE COUNTY EMS DRAFT POLICY POSTED FOR PUBLIC COMMENT

Orange County Emergency Medical Services has released the following draft policy which is posted for a 50-day public comment review period (9/1/2023 to 10/20/2023 at 3:00 PM):

- #510.00 Emergency Medical Technician Training Program Criteria
- #510.00 Emergency Medical Technician Training Program Application,  
Attachment 1 Attachment 1

Besides the general EMS community, schools that offer EMT training are highly encouraged to review the draft document and attachment, and provide feedback to Orange County EMS during the comment period. Once the comment period closes, no further input will be possible unless the policy is further refined and then another public comment period is announced.

Please review the policy and submit comments using our online form. The form can be accessed by using the link or by scanning the QR code below.

[https://ochca.sjc1.qualtrics.com/jfe/form/SV\\_1zcUoiFq7hmY6kS](https://ochca.sjc1.qualtrics.com/jfe/form/SV_1zcUoiFq7hmY6kS)





## EMERGENCY MEDICAL TECHNICIAN TRAINING PROGRAM CRITERIA

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### I. AUTHORITY:

*Sections 1797.107; 1797.109, 1797.170, 1797.173 Health and Safety Code. Title 22 Sections 100060, 100065 - 100078, EMSA letter 8/13/2009 subj. Eligibility Criteria for EMT.*

### II. APPLICATION:

This policy describes the application process and curriculum requirements for approving an Emergency Medical Technician (EMT) training program.

### III. POLICY:

- A. OCEMS will follow regulations outlined in Title 22, Health & Safety Code and EMSA publications.
- B. Eligibility for EMT training programs shall be limited to:
  - 1. Accredited universities and colleges, including junior and community colleges, school districts and private post-secondary schools as approved by the State of California, Department of Consumer Affairs, Bureau of Private Postsecondary and Vocational Education.
  - 2. Medical training units of a branch of the Armed Forces including the Coast Guard of the United States.
  - 3. Licensed general acute care hospitals which meet criteria outlined in Title 22, Chapter 2, Section 100065.
  - 4. Agencies of government including public safety agencies.
- C. Institutions interested in applying to become an approved EMT training program should contact the EMS Licensing Desk at Orange County EMS (EMSLicensing@OCHCA.com) for an application packet (#510.00 Attachment 1). This packet can be found on the EMS website under EMS Policies.

### IV. EMT PROGRAM REVIEW AND REPORTING:

- A. All program materials shall be subject to periodic review by OCEMS.
- B. All programs shall be subject to periodic on-site evaluation by OCEMS.
- C. All approved EMT training programs shall notify OCEMS in writing, in advance when possible and in all cases within thirty (30) calendar days, of any change in program director, program clinical coordinator, principal instructor, assistant instructors, address, phone number, contact person and EMT skills competency verifiers.
- D. If an EMT Training Program applicant cannot correct items of non-compliance within 30 days of a notice of deficiencies in the application process, their application will be ineligible for reconsideration for 180 days.
- E. If there is evidence of intent to mislead the agency in the initial application, the application will be denied and ineligible for reconsideration for 730 days.
- F. Programs with multiple sites must complete an "EMT Training Program" application for each site, indicating the site address, principal instructor and teaching assistants.



**EMERGENCY MEDICAL TECHNICIAN TRAINING PROGRAM CRITERIA**

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V. FEES

- A. Please refer to OCEMS policy #470.00 for all applicable fees applied to an initial or renewal EMT program application.

**Approved:**

\_\_\_\_\_  
Carl H. Schultz, MD  
OCEMS Medical Director

\_\_\_\_\_  
Tammi McConnell, MSN, RN  
OCEMS Administrator

Original Date: 01/1984  
Reviewed Date(s): 09/02/2014; 4/1/2015; 7/25/2023  
Revised Dates(s): 09/02/2014; 4/1/2015; 8/9/2023  
Effective Date: 4/1/2015; 10/1/2023



# **APPROVAL PACKET**

**for**

**Emergency Medical Technician (EMT) Training Program**



# Emergency Medical Technician (EMT) Training Program

## Approval Packet

California regulations require OCEMS to review prospective training programs to assure compliance with State regulations prior to approving the eligible institution's training program. Only approved training programs may offer the training listed below. The purpose of this document is to define the application requirements for Emergency Medical Technician (EMT) Training Program.

### REQUIREMENTS FOR EMT TRAINING PROGRAM APPROVAL:

The eligibility and program requirements for Emergency Medical Training Programs are listed in California Code of Regulations (COR), Title 22. Social Security, Division 9. Prehospital Emergency Medical Services, Chapter 2. Emergency Medical Technician, Article 3. Sections 100065 - 100078 and referenced in the attached application and checklist.

*Complete and submit OCEMS EMT Training Program approval forms and checklist for EMT Training Program Approval.*

## EMT TRAINING PROGRAM

### I. PROCEDURES

- A. Complete and submit the following to OCEMS:
- Application for EMT Training Program Approval
  - Applicable Fees
  - Checklist for EMT Training Program Approval
  - Hospital/Ambulance Affiliation Information Form
- B. The following should be retained by the Training Institution:
- Certification Exam, i.e., passing grade
  - Attendance Requirements, etc.
  - Certification Exam Eligibility, Clinical Time Verification Form



# Application for EMT Training Program Approval

New     Renewal     Update

Program Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Training Site(s) Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

Website \_\_\_\_\_ E-mail \_\_\_\_\_

Program Director \_\_\_\_\_ Title \_\_\_\_\_

E-mail \_\_\_\_\_

License Number \_\_\_\_\_ Type \_\_\_\_\_

*Include evidence of 40 hours in teaching methodology instruction in areas related to methods, materials, and evaluation of instruction.*

Clinical Coordinator \_\_\_\_\_ Title \_\_\_\_\_

E-mail \_\_\_\_\_

License Number \_\_\_\_\_ Type \_\_\_\_\_

Principal Instructor \_\_\_\_\_ Title \_\_\_\_\_

E-mail \_\_\_\_\_

License Number \_\_\_\_\_ Type \_\_\_\_\_

*Attach required documents for all principal instructors as indicated in COR, Title 22, Division 9, Chapter 2, Section 100070.*

Teaching Assistant \_\_\_\_\_ Title \_\_\_\_\_

E-mail \_\_\_\_\_

License Number \_\_\_\_\_ Type \_\_\_\_\_

*Attach qualifications for teaching assistants.*

*Use separate page for additional principal instructor(s) and teaching assistant(s).*

*Attach Hospital and EMS Service Provider Contracts for clinical and field training.*

**Provider type (check one):**

- Branch of the Armed Forces
- College or University
- Licensed acute care hospital
- Public safety agency
- Private post-secondary school
- School district/ROP
- Other: Specify \_\_\_\_\_



I certify that all information is accurate, to the best of my knowledge, and that I have read and understand the program responsibilities and expectations as outlined in COR, Title 22, Division 9, Chapter 2 (Emergency Medical Technician).

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Signed, Program Director

Date

***(OCEMS Use Only)***

Date Application Received	Approval Date	Expiration Date	Receipt # / Date Paid
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# CHECKLIST FOR EMT TRAINING PROGRAM APPROVAL

Materials to Submit for Program Approval		Page No.	Check Completed
1.	Table of Contents and checklist listing required information with corresponding page numbers (this form)		<input type="checkbox"/>
2.	Application form for EMT training program approval		<input type="checkbox"/>
3.	Statement of eligibility for training program approval		<input type="checkbox"/>
4.	Written request to OCEMS for EMT training program approval		<input type="checkbox"/>
5.	Statement verifying course content is equivalent to the US DOT National Emergency Medical Services Education Standards Emergency Medical Technician Instructional Guidelines (DOT HS 811 077A, January 2009)		<input type="checkbox"/>
6.	Statement verifying CPR training equivalent to the current American Heart Association Guidelines at the Healthcare Provider level		<input type="checkbox"/>
7.	Samples of written and skills examinations used for periodic testing		<input type="checkbox"/>
8.	Final skills competency examination		<input type="checkbox"/>
9.	Final written examination		<input type="checkbox"/>
10.	Name and qualifications of the program director, program clinical coordinator, and principal instructor(s)		<input type="checkbox"/>
11.	Evidence the course/program director has completed 40 hours in teaching methodology or equivalent per COR, Title 22, Division 9, Chapter 2, §100070		<input type="checkbox"/>
12.	Provisions for course completion by challenge, including a challenge examination (if different from final examination)		<input type="checkbox"/>
13.	Provisions for a 24 hour refresher required for renewal or reinstatement		<input type="checkbox"/>
14.	Statement verifying usage of the US DOT EMT - Basic Refresher National Standard Curriculum (DOT HS 808 624, September 1996)		<input type="checkbox"/>
15.	Location where courses are to be offered and the proposed dates		<input type="checkbox"/>
16.	Copy of written agreement with 1 or more acute care hospital(s) to provide clinical experience, or		<input type="checkbox"/>
17.	Copy of written agreement with 1 or more operational ambulance provider(s) to provide field experience		<input type="checkbox"/>
18.	Application fees		<input type="checkbox"/>





## REQUIRED SUPPLIES FOR EMT TRAINING PROGRAM

### REQUIRED SUPPLIES FORM TO BE COMPLETED BY OCEMS PERSONNEL

Required Supplies with Quantities		Check Completed
BSI Materials	<input type="checkbox"/> Gloves (1 Pair) <input type="checkbox"/> Surgical Masks (1) <input type="checkbox"/> N95s (1) <input type="checkbox"/> Disposable Gowns (1) <input type="checkbox"/> Goggles/Glasses (1)	<input type="checkbox"/>
Spinal Immobilization Devices	<input type="checkbox"/> Adult C-Collar (Either Adjustable or 1 of Each Size) <input type="checkbox"/> Pediatric C-Collar (1) <input type="checkbox"/> Head Immobilizer (1) <input type="checkbox"/> KED Device (1) <input type="checkbox"/> Backboard with Straps (1)	<input type="checkbox"/>
Trauma	<input type="checkbox"/> Trauma Tag (1)	<input type="checkbox"/>
Airway Adjuncts	<input type="checkbox"/> Nasopharyngeal Airway Adjuncts (No Less the 4 Standard Sizes) <input type="checkbox"/> Oropharyngeal Airway Adjuncts (1 of Each Size, Sizes 0-5) <input type="checkbox"/> Water-Soluble Lubricant (1)	<input type="checkbox"/>
Oxygen	<input type="checkbox"/> Adult BVM (1) <input type="checkbox"/> Pediatric BVM (1) <input type="checkbox"/> Infant BVM (1) <input type="checkbox"/> Adult, Pediatric, & Infant Oxygen Non-Rebreather Masks (1 of Each) <input type="checkbox"/> Adult & Pediatric Nasal Cannulas (1 of Each) <input type="checkbox"/> Oxygen Cylinder & Regulator (1 of Each)	<input type="checkbox"/>
Vital Signs	<input type="checkbox"/> Adult, Pediatric, and Infant Blood Pressure Cuff (1 of Each) <input type="checkbox"/> Stethoscope (1) <input type="checkbox"/> Training Glucometer (1) <input type="checkbox"/> Pulse Oximeter (1) <input type="checkbox"/> Pen Light (1) <input type="checkbox"/> Thigh Blood Pressure Cuff (1) <b>*OPTIONAL*</b>	<input type="checkbox"/>
Suction Equipment	<input type="checkbox"/> Mechanical Portable Suction Device (1) <ul style="list-style-type: none"> <li><input type="checkbox"/> Tubing (1)</li> <li><input type="checkbox"/> Yankauer (1)</li> <li><input type="checkbox"/> Suction Catheter (1)</li> </ul> <b>**OR**</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Manual Portable Suction Device (1)</li> <li><input type="checkbox"/> Suction Catheter Attachment (1)</li> </ul>	<input type="checkbox"/>
CPR & AED	<input type="checkbox"/> Adult & Infant CPR Manikin (1 of Each, Either Mechanical or Manual) <input type="checkbox"/> AED Trainer with Adult & Pediatric AED Pads (1) <input type="checkbox"/> Towel (1) <input type="checkbox"/> Training Razor (1)	<input type="checkbox"/>



## REQUIRED SUPPLIES FOR EMT TRAINING PROGRAM

### REQUIRED SUPPLIES FORM TO BE COMPLETED BY OCEMS PERSONNEL

Required Supplies		Check Completed
Hemorrhage Control	<input type="checkbox"/> 4" x 4" Dressings (1) <input type="checkbox"/> Roller Gauze or Kerlix (1) <input type="checkbox"/> Petroleum Gauze (1) <input type="checkbox"/> Arterial Tourniquet (1) <input type="checkbox"/> Triangular Bandage (1) <input type="checkbox"/> 1", 2", 3" Tape (1 of Each) <input type="checkbox"/> Trauma Sheers (1) <input type="checkbox"/> Arm, Leg, and Wrist Cardboard Splint (1 of Each) <input type="checkbox"/> Cold Pack, or Simulated Equivalent (1) <input type="checkbox"/> Burn Blanket (1) <input type="checkbox"/> Standard Blanket (1) <input type="checkbox"/> Biohazard Bag (1)	<input type="checkbox"/>
Epinephrine & Naloxone	<input type="checkbox"/> Epinephrine Auto-Injector Training Device (1) <input type="checkbox"/> Naloxone Auto-Injector Training Device (1) <input type="checkbox"/> Sharps Container (1)	<input type="checkbox"/>
Obstetrical	<input type="checkbox"/> Obstetrical Kit (1) <ul style="list-style-type: none"> <li><input type="checkbox"/> Bulb Syringe (1)</li> <li><input type="checkbox"/> Baby Blanket (1)</li> <li><input type="checkbox"/> Towel (1)</li> <li><input type="checkbox"/> Umbilical Cord Clamps (1)</li> <li><input type="checkbox"/> Umbilical Cord Scissor (1)</li> <li><input type="checkbox"/> Breslow Tape (1)</li> </ul> <input type="checkbox"/> Childbirth Manikin <b>*OPTIONAL*</b>	<input type="checkbox"/>
Traction Splint	<input type="checkbox"/> Adult Traction Splint (1) <input type="checkbox"/> Pediatric Traction Splint (1)	<input type="checkbox"/>
Ambulance Cot <b>OPTIONAL</b>	<input type="checkbox"/> Mechanical Ambulance Cot <b>*OPTIONAL*</b> <input type="checkbox"/> Manual Ambulance Cot <b>*OPTIONAL*</b>	<input type="checkbox"/>
Manikin <b>OPTIONAL</b>	<input type="checkbox"/> Full Size Manikin <b>*OPTIONAL*</b>	<input type="checkbox"/>



# EMT TRAINING PROGRAM HOSPITAL/AMBULANCE AFFILIATION INFORMATION

(ATTACH SIGNED AGREEMENT)

Name(s) of general acute care hospital(s) providing supervised in-hospital clinical experience for the EMT student.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
County: \_\_\_\_\_  
Liaison: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
County: \_\_\_\_\_  
Liaison: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Name(s) of ambulance provider agencies providing supervised instruction on an operational ambulance for the EMT student:

**Level of Service**

Name: \_\_\_\_\_  ALS  BLS  
Address: \_\_\_\_\_  
County: \_\_\_\_\_  
Liaison: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Name: \_\_\_\_\_  ALS  BLS  
Address: \_\_\_\_\_  
County: \_\_\_\_\_  
Liaison: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_



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**DATE:** August 31, 2023  
**TO:** EMS Distribution  
**FROM:** Carl H. Schultz, MD; EMS Medical Director  
Tammi McConnell, MSN, RN; EMS Director  
**SUBJECT:** ORANGE COUNTY EMS DRAFT POLICY POSTED FOR PUBLIC COMMENT

*CAS*  
*MM*

Orange County Emergency Medical Services has released the following draft policy which is posted for a 50-day public comment review period (9/1/2023 to 10/20/2023 at 3:00 PM):

- #645.00 Suspension or Revocation of Specialty Center, ERC, Training Program, Base Hospital, or 911/IFT ALS Provider Designation

Specialty centers, ERCs, training programs, base hospitals, and 911/IFT ALS providers are highly encouraged to review the draft document and provide feedback to Orange County EMS during the comment period. Once the comment period closes, no further input will be possible unless the policy is further refined and then another public comment period is announced.

Please review the policy and submit comments using our online form. The form can be accessed by using the link or by scanning the QR code below.

[https://ochca.sjc1.qualtrics.com/jfe/form/SV\\_badakES1wfTz09w](https://ochca.sjc1.qualtrics.com/jfe/form/SV_badakES1wfTz09w)





I. AUTHORITY:

Health and Safety Code, Division 2.5, Section 1797.67, 1797.173, 1797.220, 1797.272, 1798, 1798.100, 1798.209; CCR, Title 22, Division 9, Chapter 7.0, 7.1, and 7.2.

II. APPLICATION:

This policy sets forth the process for the suspension or revocation by Orange County Emergency Medical Services (OCEMS) of a facility's designation as a base hospital, emergency receiving center, specialty center, training program, or 911/IFT ALS service provider.

III. DEFINITIONS:

**"Base Hospital"** means an OCEMS-designated hospital which, by contractual agreement with OCEMS, provides medical direction to advanced life support (ALS) personnel in the field and to the prehospital care system in a region specified by OCEMS.

**"911/IFT ALS Service Provider"** means:

- a city or regional service approved by OCEMS to provide prehospital ALS services to a city or regional district utilizing private or fire department assets; or
- a private ambulance company contracting with and approved by OCEMS to provide interfacility ALS transfers between hospitals

**"Cardiovascular Receiving Center"** means a hospital designated as part of the ST-elevation myocardial infarction critical care system by OCEMS linking prehospital and hospital care to deliver comprehensive treatment to patients experiencing a STEMI, cardiac arrest with Return of Spontaneous Circulation (ROSC), or complications from a Left Ventricular Assist Device (LVAD).

**"Comprehensive Childrens Emergency Receiving Center"** means a hospital which is designated by OCEMS as capable of providing comprehensive specialized pediatric medical and surgical care to any acutely ill or injured child and meets California Children's Services (CCS) criteria as a tertiary pediatric hospital.

**"Emergency Receiving Center Hospital"** means a hospital designated by OCEMS to perform specified emergency medical services system functions and to receive 911 BLS and ALS transported patients.

**"Facility"** means an acute care hospital licensed under California State Law with a permit to provide basic or comprehensive emergency services designated by OCEMS to offer specified services.

**"Facility Application"** means a proposal submitted by the facility's administrator to OCEMS Agency in response to an OCEMS Request For Proposal for specified services.

**"Investigative Review Panel"** or **"IRP"** means an impartial body, the members of which are knowledgeable in the provision of prehospital emergency medical care and OCEMS policies, standing orders, and procedures. The IRP is convened to review allegations against an OCEMS approved/designated **Program**, to establish the facts of the matter, and to recommend appropriate action to the OCEMS Medical Director.



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**"Medical Director"** means the Medical Director of OCEMS, who is responsible for the medical control and direction of the EMS system in Orange County.

**"Program"** means an OCEMS approved/designated emergency receiving center, base hospital, training program, EMT-P service provider, or specialty center (TC, SNRC, CVRC, and CCERC).

**"Stroke-Neurology Receiving Center"** means a hospital designated as part of the stroke critical care system by OCEMS to deliver optimal subspecialty neuromedical and neurosurgical treatment to the population of stroke patients.

**"Survey"** means an OCEMS survey of a facility's application and/or services to assess the extent of a hospital's compliance with applicable OCEMS policies and procedures.

**"Training Program"** means a training program approved by OCEMS to provide training to prehospital personnel.

**"Trauma Center"** means a hospital which is designated as part of the trauma care system by OCEMS as a Level I, II, III, or IV trauma center and/or a Level I or II pediatric trauma center to meet the needs of all injured patients.

#### IV. INVESTIGATION:

##### A. Evaluation of Information

1. Any information received from a credible source in support of a complaint shall be evaluated by the Medical Director. This includes discovery through medical audit or routine follow-up of complaints involving the provider of, or applicant for, a **Program**. If found to be true, such allegations could be evidence of an infraction and be considered out of compliance with applicable State and local laws, regulations, and OCEMS policies, procedures, and standing orders. Such violations could represent a threat to the public health and safety.
2. Before any formal review is undertaken, the Medical Director shall evaluate the information relative to the potential threat to the public health and safety and determine if immediate suspension and/or a formal investigation appears to be warranted.

##### B. Immediate Suspension

The Medical Director may immediately suspend an OCEMS designated/approved **Program** if, in the expert opinion of the Medical Director, immediate suspension is necessary to protect the public health and safety. The **Program** will be notified of the suspension in writing by OCEMS as set forth in Section V, below.

##### C. Notification of Formal Investigation

1. The **Program** to be formally investigated shall be notified by OCEMS, in writing, of the investigation and shall be allowed to submit pertinent information in writing to the Medical Director reviewing the allegations.
2. The written notice to the **Program** director shall include:



- 
- a. A statement of the allegations against the **Program**
  - b. A statement which explains that the allegations, if found to be true, are an infraction and non-compliant with applicable State and local laws, regulations, and OCEMS policy and procedure. Furthermore, if these violations constitute a threat to the public health and safety, they may be cause for the Medical Director to take action to suspend or revoke program approval/designation.
  - c. An explanation of the possible actions which may be taken if the allegations are found to be true.
  - d. A request for a written response to the allegations from the **Program**
  - e. A statement that the **Program** may submit in writing any information that may be pertinent to the investigation, including statements from other individuals; and
  - f. A statement that the **Program** shall submit the information above no later than 14 days from the date notified by the Medical Director. The Medical Director may extend the submission date in its sole discretion and as deemed reasonable under the circumstances.
3. The notification of the formal investigation described within this Section IV.C may be combined with the notification of action required by this Policy if the **Program's** approval/designation is being immediately suspended pursuant to Section IV.B of this Policy.
  4. The notice of formal investigation to a **Program** shall be addressed to the **Program** at its post office address as shown in the OCEMS records and shall be sent by U.S. certified mail, return receipt requested, with postage prepaid.
- D. Use of an Investigative Review Panel (IRP)
1. If, after an initial investigation, the Medical Director determines, in his/her expert opinion, that the infraction or performance deficiency may require the suspension, revocation, denial, or denial of renewal of approval/designation, the Medical Director may convene an IRP to assist in establishing the facts of the matter and to report its findings to the Medical Director. The IRP shall consist of at least three (3) persons knowledgeable in the provision of prehospital emergency medical care and familiar with OCEMS policies and procedures. One (1) member of the IRP shall be mutually agreed upon by the **Program** and the Medical Director if the **Program** so requests. If there is no mutual agreement, the member shall be selected from the Emergency Medical Care Committee or its advisory subcommittee membership. The IRP shall not include the Medical Director, any staff of OCEMS, or anyone who submitted allegations against the **Program** or was directly involved in the investigation.
  2. The **Program** shall be notified in writing of the purpose of the IRP, its membership and the **Program's** right to approve one member, the date and time when it will convene, and the **Program's** right to designate another person to represent him/her before the IRP no later than 7 days after the selection of the IRP. Any subsequent change in that time or date shall be mutually agreed upon by the **Program** and the Medical Director.
- E. Determination of Appropriate Action by Medical Director





1. The Medical Director shall determine what action relative to the **Program** approval/designation, if any, shall be taken resulting from the findings of the investigation.
  2. The nature of any disciplinary action taken as a result of the investigation shall be proportionate to and related to the risk to the public health and safety caused by the **Program's** action(s).
- F. Notification of Action
1. The Medical Director shall notify the **Program** of the prescribed action after making the determination of what that action shall be within 14 days following the formal conclusion of the investigation and the receipt of the IRP's findings, if one was convened.
  2. The notification shall be in writing and shall include the following information:
    - a. The specific allegations which resulted in the investigation.
    - b. A summary of the findings of the investigation, including the findings and recommendations of the IRP, if one was convened.
    - c. The action(s) to be taken, if any, and the effective date(s) of the action(s), including the duration of the action(s).

V. HEARING PROCESS:

A. Notice of Right to a Hearing

OCEMS shall send the **Program** written notice of the **Program's** right to a hearing if approval/designation is revoked or suspended. The **Program** may request a hearing in writing within 14 days of the date of the notice sent by the Medical Director informing the **Program** of the revocation or suspension and the right to a hearing.

B. Notice of Time and Place of a Hearing

The hearing shall be held at a location determined by the Medical Director. Subject to Section V.D. below, the hearing shall be held within 45 days after receipt by OCEMS of the **Program's** written request for a hearing. At least 20 days before the date of the hearing, OCEMS shall send the **Program** written notice of the time and place of the hearing, set forth the procedure to be followed at the hearing as consistent with Section V.E., below, and the identity and professional qualifications of the hearing panel members.

C. Hearing Panel

The hearing panel shall consist of three persons selected by the Orange County Health Care Agency (OCHCA) Director from the membership of the Emergency Medical Care Committee (EMCC) who actively participate in the EMS system in Orange County.





D. Postponement of a Hearing

The Medical Director may postpone the hearing date upon good cause at his/her sole discretion. The **Program** may also request a postponement for good cause, but the request must be sent to the Medical Director in writing, and the Medical Director retains sole discretion over whether or not to grant the request.

E. Procedure with Respect to a Hearing

The hearing shall be informal and not subject to the formal rules of evidence. The **Program** may be represented by legal counsel, may make oral and written presentations, and may offer documentary evidence and witness testimony in support of its case. No presentations or testimony concerning actions taken by the **Program** subsequent to the decision by the Medical Director to revoke or suspend approval/designation shall be considered. Hearsay evidence shall be allowed, and the hearing panel shall not base its final decision solely on the basis of hearsay evidence. The Program shall have the burden of proof to show by a preponderance of the evidence why the decision made by the Medical Director shall not be upheld.

F. Decision of the Hearing Panel

After the hearing has been completed, the hearing panel, within 30 days, shall submit its decision to the Medical Director in writing for his/her consideration. The written decision shall include the hearing panel's findings and any documentation, material, or information considered and relied upon by the hearing panel. Its recommendation shall be one of the following:

1. Continue the **Program's** suspension for a period of time determined by the Medical Director, not to exceed six months.
  - a. Describe what conditions the Program must meet, if any, during its suspension to permit lifting of the suspension by the end of the time period
2. Continue the **Program's** suspension for a period of time longer or shorter than determined by the Medical Director, not to exceed six months.
  - a. Describe what conditions the Program must meet, if any, during its suspension to permit lifting of the suspension by the end of the time period
3. Reverse the Medical Director's decision and lift the suspension.
4. Change the Medical Director's decision from a suspension to revocation.
5. Sustain the Medical Director's decision to revoke the approval/designation of the **Program**.
6. Change the Medical Director's decision from a revocation to a suspension.
7. Reverse the Medical Director's decision and lift the revocation.

G. Final Decision by the Medical Director



The Medical Director shall forward to the **Program** the hearing panel's written decision within 30 days of its issuance, and shall inform the **Program** in writing whether he/she concurs or disagrees with the hearing panel's decision at the same time. In the event the Medical Director disagrees with the hearing panel's decision, the Medical Director shall set forth in writing the basis for his or her disagreement with the hearing panel's proposed decision. The decision by the Medical Director is final and he/she is not bound by the hearing panel's findings or recommendations. The Medical Director may accept or reject recommendations made by the panel.

H. Re-application for Approval/Designation after Revocation

A **Program** that has its approval/designation revoked may re-apply for approval/designation six months after the revocation is complete.

VI. CONFIDENTIALITY:

Except as required by law, all information obtained by OCEMS as part of any investigation conducted pursuant to Section IV, above, shall be confidential and shall not be disclosed to any person or entity.

Except as required by law, a hearing held pursuant to Section V, above, shall not be open to the public and all records and witness testimony received as part thereof shall be confidential and shall not be disclosed to any person or entity.

This restriction does not prevent OCEMS from publishing aggregate statistical data obtained from designation surveys, nonspecific to a program and/or patient.

**Approved:**

\_\_\_\_\_  
Carl H. Schultz, MD  
OCEMS Medical Director

\_\_\_\_\_  
Tammi McConnell, MSN, RN  
OCEMS Administrator

Original Date: 11/14/2008  
Reviewed Date(s): 4/1/2013; 4/1/2015; 9/7/2018; 08/15/2019; 5/1/2021; 12/1/2022  
Revised Date(s): 4/1/2013; 4/1/2015; 11/1/2016; 08/2019; 11/1/2019; 6/3/2021; 04/11/2023  
Effective Date: 11/5/2019; 7/1/2021; 10/1/2023



**SUSPENSION OR REVOCATION OF SPECIALTY CENTER, ERC, TRAINING PROGRAM, BASE HOSPITAL, OR 911/IFT PROVIDERS: REVIEW PROCESS FOR ALS PROVIDER DESIGNATIONS**

Original Date: 10/28/86  
Revised: 08/19/94



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**I. AUTHORITY:**

Health and Safety Code, Division 2.5, Section 1797.67, 1797.173, 1797.220, 1797.272, 1798, 1798.100, 1798.209; CCR, Title 22, Division 9, Chapter 7.0, 7.1, and 7.2.

*Health and Safety Code (HS) 1797.220. The local EMS Agency, using state minimum standards, shall establish policies and procedures approved by the medical director of the local EMS agency to assure medical control of the EMS system.*

*Title 22 (T-22), Section 100161. "In administering advanced life support, a local EMS Agency may designate or contract with hospitals within its area of jurisdiction to be base hospitals."*

*HS 1797.173. "The authority shall assure that all training programs for EMT-I, EMT-II, and EMT-P are located in an approved licensed hospital or an educational institution operated with written agreements with an acute care hospital, including a public safety agency that has been approved by the local emergency medical services agency to provide training."*

*T-22: Section 100245... "Receiving Hospital" means a licensed general acute care hospital with a special permit for basic or comprehensive emergency service, which has not been designated as a trauma center but which has been formally assigned a role in the trauma care system by the local EMS agency.*

**II. APPLICATION:**

This policy defines the review process for the revocation or suspension of an Orange County Emergency Medical Services (OCEMS) approved/designated base hospital, facility, training program and EMT-P service provider.

This policy sets forth the process for the suspension or revocation by Orange County Emergency Medical Services (OCEMS) of a facility's designation as a base hospital, emergency receiving center, specialty center, training program, or 911/IFT ALS service provider.

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**III. DEFINITIONS:**

**"Base Hospital"** means an OCEMS designated hospital which, by contractual agreement with the OCEMS, provides the medical direction to advanced life support (ALS) personnel in the field and to the prehospital care system in a region specified by the OCEMS.

**"911/IFT ALS Service Provider"** means:

- a city or regional service approved by OCEMS to provide prehospital ALS services to a city or regional district utilizing private or fire department assets; or
- a private ambulance company contracting with and approved by OCEMS to provide interfacility ALS transfers between hospitals

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**"Cardiovascular Receiving Center"** means a hospital designated as part of the ST-elevation myocardial infarction critical care system by OCEMS linking prehospital and hospital care to deliver comprehensive treatment to patients experiencing a STEMI, cardiac arrest with Return of Spontaneous Circulation (ROSC), or complications from a Left Ventricular Assist Device (LVAD).

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*Ben Hyatt*

*Dolene J. J. J.*



**SUSPENSION OR REVOCATION OF SPECIALTY CENTER, ERC, TRAINING PROGRAM, BASE HOSPITAL, OR 911/IFT PROVIDERS: REVIEW PROCESS FOR ALS PROVIDER DESIGNATIONS**

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"Comprehensive Childrens Emergency Receiving Center" means a hospital which is designated by OCEMS as capable of providing comprehensive specialized pediatric medical and surgical care to any acutely ill or injured child and meets California Children's Services (CCS) criteria as a tertiary pediatric hospital.

"Emergency Receiving Center Hospital" means a hospital designated by OCEMS to perform specified emergency medical services system functions and to receive 911 BLS and ALS transported patients.

"EMT-P Service Provider" means a city or county service approved by the OCEMS to provide prehospital ALS for that city or county fire district.

"Facility" means an acute care hospital licensed under California the State Law with a permit to provide for basic or comprehensive emergency services designated by the OCEMS to offer perform specified services.

"Facility Application" means a proposal submitted by the facility's administrator to the OCEMS Agency in response to an OCEMS Request For Proposal for specified services.

"Investigative Review Panel" or "IRP" means an impartial body, the members of which are knowledgeable in the provision of prehospital emergency medical care and the OCEMS System policies, and standing orders, and procedures. The IRP which is convened to review allegations against an OCEMS approved/designated Program, to establish the facts of the matter, and to recommend appropriate action to the OCEMS Medical Director.

"Medical Director" means the Board of Supervisors appointed Medical Director of OCEMS, who is responsible for the medical control and direction of the OCEMS System in Orange County.

"Program" means an OCEMS approved/designated emergency receiving center, base hospital, training program, EMT-P service provider, or specialty center (TC, SNRC, CVRC, and CCERC).

"Stroke-Neurology Receiving Center" means a hospital designated as part of the stroke critical care system by OCEMS to deliver optimal subspecialty neuromedical and neurosurgical treatment to the population of stroke patients.

*ITALICIZED TEXT IDENTIFIES QUOTATIONS FROM AN AUTHORITY OUTSIDE THE OCEMS.*

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*Bruce Hyatt*

*Dulaine D. Webb*



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~~"Neurosurgical Receiving Center" means a hospital which is designated as part of the trauma care system by the OCEMS to perform specified neurosurgical care system functions.~~

~~"Paramedic Receiving Center Hospital" means a hospital which is designated by the OCEMS to perform specified emergency medical services system functions and to receive paramedic transported patients.~~

~~"Survey" means an OCEMS survey of a facility's application and/or services to assess the extent of a hospital's compliance with applicable OCEMS policies and procedures.~~

~~"Training Program" means a training program approved by the OCEMS to provide training to prehospital personnel.~~

~~"Trauma Center" means a hospital which is designated as part of the trauma care system by the OCEMS as a Level I, II, III, or IV trauma center and/or a Level I or II pediatric trauma center to meet the needs of all injured patients perform specified trauma care functions.~~

IV. INVESTIGATION GENERAL:

A. Evaluation of Information Notice

~~1. Any notice required by these suspension/revocation procedures to be given to a facility/base hospital/training program/EMT-P service provider (henceforth referred to as Program) shall be addressed to the Program at its post office address as shown in the OCEMS records and shall be sent by U.S. certified mail, return receipt requested, with postage prepaid. Any notice required to be given to the OCEMS shall be sent by the Program in the same manner and shall be addressed to OCEMS, 405 W. Fifth, Suite 301A, Santa Ana, CA 92704. information received from a credible source in support of a complaint shall be evaluated by the Medical Director. This includes discovery through medical audit or routine follow-up of complaints involving the provider of, or applicant for, a Program. If found to be true, such allegations could be evidence of an infraction and be considered out of compliance with applicable State and local laws, regulations, and OCEMS policies, procedures, and standing orders. Such violations could represent a threat to the public health and safety.~~

~~2. Before any formal review is undertaken, the Medical Director shall evaluate the information relative to the potential threat to the public health and safety and determine if immediate suspension and/or a formal investigation appears to be warranted.~~

B Immediate Suspension

~~The Medical Director may immediately suspend an OCEMS designated/approved Program if, in the expert opinion of the Medical Director, immediate suspension is necessary to protect the public health and safety. The Program will be notified of the suspension in writing by OCEMS as set forth in Section V, below.~~

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*Bruce Hyatt*

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~~B. Application for Approval/Designation~~

~~A Program that has its approval/designation revoked may apply for approval/designation after six months following OCEMS notification of the revocation.~~

~~IV. INVESTIGATION:~~

~~A. Evaluation of Information~~

- ~~1. Any information received from a credible source including discovery through medical audit or routine follow-up of complaints of an action by the holder of, or applicant for an OCEMS approved/designated Program which, if found to be true, would be evidence of an infraction and not in adherence to applicable State and local laws and regulations and OCEMS policies and procedures and/or a threat to the public health and safety, shall be evaluated by the OCEMS Medical Director.~~
- ~~2. Before any formal investigation is undertaken, the Medical Director shall evaluate the information relative to the potential threat to the public health and safety and determine if immediate suspension and/or formal investigation appears to be warranted.~~

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**SUSPENSION OR REVOCATION OF SPECIALTY CENTER, ERC, TRAINING PROGRAM, BASE HOSPITAL, OR 911/IFT PROVIDERS: REVIEW PROCESS FOR ALS PROVIDER DESIGNATIONS**

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**B. Immediate Suspension**

The Medical Director may immediately suspend an OCESM designated/approved Program if, in the expert opinion of the Medical Director, immediate suspension is necessary to ensure the public health and safety.

**C. Notification of Formal Investigation**

1. The Program to be formally investigated shall be notified by the OCESM, in writing, of the investigation and shall be allowed to submit pertinent information in writing to the Medical Director reviewing the allegations.

2. The written notice to the Program director shall include:

- a. a statement of the allegations against the Program;
  - b. A statement which explains that the allegations, if found to be true, are an infraction and non-compliant with applicable State and local laws, and regulations, and OCESM policy and procedure. Furthermore, if these violations constitute and/or constitute a threat to the public health and safety, they may be and are cause for the Medical Director to take action to suspend or revoke program approval/designation;
  - c. An explanation of the possible actions which may be taken if the allegations are found to be true;
  - d. A request for a written response to the allegations from the Program;
  - e. a statement that the Program may submit in writing any information that may be which is felt to be pertinent to the investigation, including statements from other individuals; and
  - f. A statement that the Program shall submit the information above no later than 14 days from the date notified by the Medical Director. The Medical Director may extend the submission date in its sole discretion and as deemed reasonable under the circumstances.
- the date by which the information must be submitted.

3. The notification of the formal investigation described within of this Section IV.C may be combined with the notification of action required by this Policy if the Program's approval/designation is being immediately suspended pursuant to Section V.-B of this Policy.

4. The notice of formal investigation to a Program shall be addressed to the Program at its post office address as shown in the OCESM records and shall be sent by U.S. certified mail, return receipt requested, with postage prepaid.

**D. Use of an Investigative Review Panel (IRP)**

1. If, after an initial investigation, the Medical Director determines, in his/her expert opinion, that the infraction or performance deficiency may require the suspension, revocation,

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**SUSPENSION OR REVOCATION OF SPECIALTY CENTER, ERC, TRAINING PROGRAM, BASE HOSPITAL, OR 911/IFT PROVIDERS: REVIEW PROCESS FOR ALS PROVIDER DESIGNATIONS**

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denial, or denial of renewal of approval/designation, the Medical Director may convene an IRP to assist in establishing the facts of the matter and to report its findings to the Medical Director. The IRP shall consist of at least three (3) persons knowledgeable in the provision of prehospital emergency medical care and familiar with OCEMS System policies and procedures. One (1) member of the IRP shall be mutually agreed upon by the Program and the Medical Director if the Program so requests. If there is no mutual agreement, the member shall be selected from the Emergency Medical Care Committee or its advisory subcommittee membership. The IRP shall not include the Medical Director, any staff of the OCEMS, or anyone who submitted allegations against the Program or was directly involved in the investigation.

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2. After selection of the IRP, the Program shall be notified in writing of the purpose of the IRP, its membership and the Program's right to approve one member, the date and time when it will convene, and the Program's right to designate another person to represent him/her before the IRP no later than 7 days after the selection of the IRP. Any subsequent change in that time or date shall be mutually agreed upon by the Program and the Medical Director.

E. Determination of Appropriate Action by Medical Director

1. The Medical Director shall determine what action relative to the Program approval/designation, if any, shall be taken as a result of the findings of the investigation.

2. The nature of any disciplinary negative action taken as a result of the investigation shall be proportionate to and related to the risk to the public health and safety caused by the Program's action(s) of the holder of OC EMS approval/designation.

F. Notification of Action

1. The Medical Director shall notify the Program of the prescribed action after making the determination of what that action shall be within 14 days following the formal conclusion of the investigation and receipt of the IRP's findings, if one was convened.

2. The notification shall be in writing and shall include the following information:

- a. The specific allegations which resulted in the investigation;
- b. A summary of the findings of the investigation, including the findings and recommendations of the IRP, if one was convened;
- c. The action(s) to be taken, if any, and the effective date(s) of the action(s), including the duration of the action(s).

V. APPEAL AND HEARING PROCESS:

A. Notice of Right to a Hearing

The OC EMS shall send the Program written notice of the Program's right to a hearing if approval/designation is revoked or suspended. The Program may request a hearing in writing within 14 days of the date of notice sent by the Medical Director informing, and the time within which the Program of the revocation or suspension and the right to a hearing must request a hearing in writing.

B. Notice of Time and Place of a Hearing

The hearing to which the Program is entitled shall be held at a location determined by the OC EMS Medical Director. Subject to Section V.D. below, the hearing, unless postponed, shall be held within 45 days after receipt by the OC EMS of the Program's written request for a hearing. At least 20 days before the date of the hearing, OC EMS shall send the Program written notice of the time and place of the hearing, set forth the

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OC EMS Policy revised  
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Final Effective Date: April 1, 2024  
P/P: 645.00  
Implementation Date: August



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procedure to be followed at the hearing as consistent with Section V.E., below, and the identity and professional qualifications of the hearing panel members.

C. ~~and copies of any supplemental materials or information received that the Program does not already have and which may affect any approval/designation decision. The notice of the hearing shall advise the Program of the procedure to be followed at the hearing and the identity and professional qualifications of the Appeals Hearing Panel members appointed by the Orange County Board of Supervisors. The Appeals Hearing Panel shall consist of include three persons selected by the Orange County Health Care Agency (OCHCA) Director from the membership of the Emergency Medical Care Committee (EMCC) or more members who actively participate in the OCEMS system in Orange County.~~



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*Ben Hyatt*

*Dulene Isbell*



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**C. D. Postponement of a Hearing**

The Medical Director may postpone the hearing date upon good cause at his/her sole discretion. The Program may also request a postponement for good cause, but the request must be sent to the OCEMS Medical Director in writing, and the Medical Director retains sole discretion over whether or not to grant the request no later than 20 days after OCEMS receives a request for a hearing from the Program.

**E. Procedure with Respect to a Hearing**

The hearing shall be informal and not subject to the formal rules of evidence. The Program may be represented by legal counsel, may make oral and written presentations, and may offer documentary evidence and witness testimony in support of its case. No presentations or testimony concerning actions taken by the Program subsequent to the decision by the Medical Director to revoke or suspend approval/designation shall be considered. Hearsay evidence shall be allowed, and the hearing panel shall not base its final decision solely on the basis of hearsay evidence. The Program shall have the burden of proof to show by a preponderance of the evidence why the decision made by the Medical Director shall not be upheld.

**F. Decision of the Hearing Panel**

After the hearing has been completed, the hearing panel, within 30 days, shall submit its decision to the Medical Director in writing for his/her consideration. The written decision shall include the hearing panel's findings and any documentation, material, or information considered and relied upon by the hearing panel. Its recommendation shall be one of the following:

1. Continue the Program's suspension for a period of time determined by the Medical Director, not to exceed six months
  - a. Describe what conditions the Program must meet, if any, during its suspension to permit lifting of the suspension by the end of the time period
2. Continue the Program's suspension for a period of time longer or shorter than determined by the Medical Director, not to exceed six months
  - a. Describe what conditions the Program must meet, if any, during its suspension to permit lifting of the suspension by the end of the time period
3. Reverse the Medical Director's decision and lift the suspension
4. Change the Medical Director's decision from a suspension to revocation
5. Sustain the Medical Director's decision to revoke the approval/designation of the Program
6. Change the Medical Director's decision from a revocation to a suspension
7. Reverse the Medical Director's decision and lift the revocation

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App OCEMS Policy revised  
#645.00: *Bruce Hyatt*

*Dolores J. J. J.*

Final Effective Date: April 1, 2024  
P/P: 645.00  
Implementation Date: August



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**G. Final Decision by the Medical Director**

The Medical Director shall forward to the Program the hearing panel's written decision within 30 days of its issuance, and shall inform the Program in writing whether he/she concurs or disagrees with the hearing panel's decision at the same time. In the event the Medical Director disagrees with the hearing panel's decision, the Medical Director shall set forth in writing the basis for his or her disagreement with the hearing panel's proposed decision. The decision by the Medical Director is final and he/she is not bound by the hearing panel's findings or recommendations. The Medical Director may accept or reject recommendations made by the panel.

**H. Re-application for Approval/Designation after Revocation**

A Program that has its approval/designation revoked may re-apply for approval/designation six months after the revocation is complete.

**VI. CONFIDENTIALITY:**

Except as required by law, all information obtained by OCEMS as part of any investigation conducted pursuant to Section IV, above, shall be confidential and shall not be disclosed to any person or entity.

Except as required by law, a hearing held pursuant to Section V, above, shall not be open to the public and all records and witness testimony received as part thereof shall be confidential and shall not be disclosed to any person or entity.

This restriction does not prevent OCEMS from publishing aggregate statistical data obtained from designation surveys, nonspecific to a program and/or patient.

**Approved:**

Carl H. Schultz, MD OCEMS Medical Director	Tammi McConnell, MSN, RN OCEMS Administrator
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Original Date: 11/14/2008  
 Reviewed Date(s): 4/1/2013; 4/1/2015; 9/7/2018; 08/15/2019; 5/1/2021; 12/1/2022  
 Revised Date(s): 4/1/2013; 4/1/2015; 11/1/2016; 08/2019; 11/1/2019; 6/3/2021; 04/11/2023  
 Effective Date: 11/5/2019; 7/1/2021; 10/1/2023

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AppOCEMS Policy revised, #645 00:  
*Ben H...*  
*Dulane...*

Final Effective Date: April 1, 2024  
P/P: 645.00  
Implementation Date: August



~~SUSPENSION OR REVOCATION OF SPECIALTY CENTER, ERC, TRAINING PROGRAM, BASE HOSPITAL, OR 911/IFT PROVIDERS: REVIEW PROCESS FOR ALS PROVIDER DESIGNATIONS~~

Original Date: 10/28/86  
Revised: 08/19/94



~~The Program may be represented by legal counsel, may make oral and written presentations, and may offer testimony at any hearing before an Appeals Hearing Panel. No presentations or testimony concerning actions taken by the Program subsequent to the decision of the Medical Director to revoke or suspend approval/designation shall be considered.~~

~~E. Adjournment of a Hearing~~

~~After a hearing has commenced, an Appeals Hearing Panel may suspend consideration for the purpose of receiving additional information relating to actions taken by the Program prior to the decision of the Medical Director and may adjourn the hearing to another time or place.~~

~~F. Report of Appeals Hearing Panel~~

~~After a hearing has been completed, the Appeals Hearing Panel, within 15 working days, shall submit a written report to the Medical Director. The report shall include: The Panel's findings and any documentation, material, or information considered by the Appeals Hearing Panel.~~

~~The report shall include a decision to recommend:~~

- ~~1. Suspending approval/designation of the Program for a period of time not to exceed six months or~~
- ~~2. Revoking approval/designation of the Program or~~
- ~~3. Taking no disciplinary action.~~

~~G. Notice of Decision~~

~~The OCEMS Medical Director within 30 days of receipt of the report shall send the Program written notice of the decision of the Appeals Hearing Panel and a copy of the panel's report.~~

~~H. Appeal to the Medical Director~~

- ~~a. Within twenty (20) days after a subject receives notice of the decision of the Appeals Hearing Panel it may request, in writing, the Medical Director to review the decision.~~
- ~~b. Upon receipt of a request for review of the decision of an Appeals Hearing Panel, the Medical Director shall review all the evidence submitted at the hearing on the appeal. No new evidence may be considered by the Medical Director in this review. The~~

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*Bruce Hyatt*

*Dolores J. J. J.*



**BASE HOSPITALS/FACILITIES/TRAINING PROGRAMS/EMT-P SERVICE PROVIDERS: REVIEW PROCESS FOR SUSPENSION/ REVOCATION OF APPROVAL/DESIGNATION**

#645.00

Page 6 of 6

Orig. Date: 10/28/86

Revised: 08/19/91



~~Medical Director may narrow consideration to only certain issues if so requested by the~~  
~~shall issue a decision (30) days after receipt of the request from the Program for review by the Medical Director, he~~

- ~~1. Suspend the Program's approval/designation for a period of time not to exceed six months, or~~
- ~~2. Revoke the Program's approval/designation, or~~
- ~~3. Take no action.~~

~~On appeal to the Medical Director, the Medical Director need not be bound by any decision of the Appeals Hearing Panel and may, therefore, impose new actions, irrespective of a determination by the Appeals Hearing Panel, more favorable to the Program.~~

~~VI. CONFIDENTIALITY:~~

~~Except as required by law, all information obtained by the OCEMS in the investigation process are treated as confidential matters between OCEMS and the Program.~~

~~This restriction does not prevent the OCEMS from publishing aggregate statistical data obtained from designation surveys, non specific to a program and/or patient.~~

- ~~1. Evidence Code 1157.7 may apply to the approval/designation- revocation/suspension and appeals process.~~

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*Ben Hyatt*

*Dolene Javelle*