



**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:

Carl H. Schultz, MD
OCEMS Medical Director

Tammi McConnell, MSN, RN
OCEMS Administrator

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 Reviewed Date(s): 4/1/2014; 05/01/2016; 08/15/2023
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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. Ambulance service entities shall not provide any ambulance patient transport services unless a valid ambulance permit has been issued by the OCEMS Medical Director or OCEMS designee to this entity.
- B. An ambulance permit is valid from the date of issue until December 31 of the same calendar year.
- C. The ambulance permit may be renewed as part of the renewal process for ambulance service license.
- D. Ambulance permits are non-transferrable. If the ambulance service provider permanently removes a permitted vehicle from service during the term of the permit, it shall immediately notify OCEMS and return the ambulance decal and permit to OCEMS.
- E. Pay the established fee. (Reference OCEMS Policy #470.00).

IV. FREQUENCY:

- A. Initial ambulance inspection:
 - 1. Initial application for ambulance permit applies to vehicles not currently permitted to operate in Orange County.
 - 2. All ambulances shall undergo an initial inspection prior to providing ambulance patient transport services.
- B. Renewal ambulance inspection:
 - 1. Applications for Renewal ambulance inspections and permits apply to ambulances currently permitted to operate in Orange County.
- C. Other ambulance inspections:
 - 1. Other ambulance inspections apply to any ambulance operating within Orange County.
 - 2. OCEMS may inspect any ambulance operating in Orange County at any time to ensure compliance with the Health and Safety Code and OCEMS policies. OCEMS inspections will not interfere with ambulance services to a patient.

V. ELEMENTS OF INSPECTION:



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- 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 policies shall be documented.
- C. OCEMS shall review all noted items of non-compliance with the ambulance service provider at time of inspection.
- D. OCEMS shall provide a copy of the inspection documentation to the ambulance service provider at the time of inspection.

VII. NON-COMPLIANCE:

- A. Initial ambulance inspection:
 - 1. No ambulance shall be issued an ambulance 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 inspection:
 - 1. No ambulance 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 issued a Type II or Type III "Item of Non-Compliance" during a renewal inspection, may continue to operate if they have a current annual OCEMS ambulance 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:



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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. (Reference OCEMS Policy #470.00).
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. (Reference OCEMS Policy #470.00).
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. (Reference OCEMS Policy #470.00).

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.
 1. Hospital Grade cleaning products and disinfectants will be used to clean ambulance patient and EMS crew compartments.
- 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	



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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	



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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 use 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,	Daily	Bags regularly taken into patient care areas must be wiped clean after every use, with special attention	All bags placed on ambulances should be made of wipe able material



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	body substances, dust or dirt		given if contaminated with blood or body fluid Heavily used bags should be laundered weekly or monthly Lesser used bags should be cleaned every other month	Any bag heavily contaminated with blood or body fluids should be disposed
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)



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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 contact 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	



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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	



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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:

Carl H. Schultz, MD
OCEMS Medical Director

Tammi McConnell, MSN, RN
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