



**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/REQUIREMENTS:

- 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, 2020).
 - 1. If Year 1st sold is not noted, or noted as "0000" on DMV documentation, then the vehicles year shall be the vehicles model year.
 - 2. No salvage titles will be authorized.
 - 3. Providers will be allowed to request a 1-year extension past the 10-year allowed service time limit if there are:
 - a. Supply chain issues that cause delays in ambulance manufacturing (proof of purchase must be submitted), or
 - b. Cataclysmic events
- C. No ambulances 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).
- D. 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. Seat belts for all passengers in the driver's and patient compartment shall be fully functional.
 - 4. All door and window gaskets shall be undamaged with their integrity intact and form the appropriate seal.



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5. All surfaces in the patient compartment (seats, ambulance cot mattress, etc.) shall be intact, impervious to fluid and able to be disinfected in case of contamination.
6. The name of the public entity that operates an ambulance service or the name under which the ambulance licensee is doing business or providing service shall be displayed on both sides and the rear of each emergency ambulance. The display of the name shall be in letters in sharp contrast to the background and shall be of such size, shape, and color as to be readily legible during daylight hours from a distance of 50 feet.
 - a. All ambulances operated under a single license shall display the same company identification and exterior paint/wrap design, and will be assessed at the discretion of Orange County EMS, 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 (e.g., Drowning prevention, Bicycle helmet safety, Leaving children in vehicles).
 - (3) Ambulances providing specialty care services for a hospital (e.g., Neonatal transports, Pediatric transports).
7. 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.
8. Medical supplies, solutions, and medications shall be acceptable for medical use and replaced prior to the expiration date.
9. 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 that could cause injury in the case of an ambulance collision. Each ambulance shall be designed and have equipment to secure ambulance cots, oxygen tanks, sharps containers, and any other equipment that might be used on a patient.
 - a. Ambulance Design shall allow for medical equipment and supplies to be readily accessible for immediate use in securable cabinets.
 - b. Any aftermarket products installed on or in an ambulance must be professionally installed and will be subject to authorization by OCEMS.

IV. REQUIRED DOCUMENTATION AND PUBLICATIONS FOR EACH AMBULANCE:

The following documentation and publications are required in all permitted ambulances to operate in Orange County and shall be kept current 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.



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- 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 successful completion of an annual vehicle inspection performed by the 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 successful completion 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 completion of an initial, and upon request, MED-9 radio inspection(s) performed by the County of Orange Sheriff Department of Communications.
- G. Current map book, or an updated electronic mapping device with orange county maps.
- H. 2024 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:

OCEMS requires each ambulance provider to provide the following required medical equipment and supplies:

A. Airway and Ventilation Equipment

- 1. 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)
- 2. 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**



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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

3. Oxygen tank wrench or key device: one (1)
 4. 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)
 5. Bag-valve masks: one (1) of each size; Adult, Child, Infant, and Neonate
 6. Oropharyngeal airways: one (1) set of multiple standard sizes 0-5.
 7. Nasopharyngeal airways: one (1) set of multiple standard sizes, no less than four (4)
 - a. Lubrication jelly for NPAs, no less than four (4)
 8. Nasal Cannulas: two (2) adult size and two (2) child size
 9. Oxygen mask, transparent, non-rebreathing: two (2) adult and two (2) child. (Two (2) infant – **optional**)
 10. 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.
 11. Portable suction equipment, with soft suction catheter adapter, or equivalent.
 12. Wide bore suction tubing, non-collapsible, plastic, semi-rigid: two (2)
 13. Hard suction catheters: plastic, semi-rigid, whistle-tipped (finger controlled type is preferred): two (2)
 14. Soft suction catheters: #10 French with venturi valve; #14 French with venturi valve; #18 French with venturi valve: two (2) each size
- B. Bandaging and Immobilization Devices
1. Clean burn sheets: two (2)
 2. Individually wrapped sterile gauze pads 3 X 3 or larger: twenty five (25 or 1 box)
 3. Bandage scissors: one (1)
 4. Rolled gauze bandages: minimum six (6) total with three (3) of the six to be 3 inches in size.
 5. Petroleum treated gauze dressings (occlusive dressing), 3" X 3" or larger: two (2)
 6. Medical adhesive tape: minimum six (6) total with three (3) of the six to be 2 inches in size.
 7. Arterial tourniquet, OCEMS approved type: one (1) – **optional**
 8. 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



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9. Head immobilization devices, commercial device or firm padding: four (4)
10. 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.
11. 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.
12. Long (60" or larger) impervious backboard (radiolucent) with minimum of four straps for immobilization of suspected spinal or back injuries: one (1)
13. Short (30" or larger) backboard or equivalent (e.g., KED) for head-to-pelvis immobilization during seated patient extrication: one (1)
14. Pediatric immobilization device, designed specifically for patients 40 kg and smaller: one (1)
examples: pediatric immobilization board, papoose board or other OCEMS approved devices.

C. Medical and Miscellaneous Devices

1. Blood pressure manometer
2. Blood pressure cuffs: Adult, Thigh, and Child: one (1) each size
3. Pulse oximeter with adult and pediatric probes: one (1) – **optional**
4. FDA approved blood glucometer with lancets and test strips: one (1) – **optional**
5. FDA approved automatic external defibrillator (AED) with adult and child defibrillation pads or pediatric key– **optional**.
6. Sharps container (meets or exceeds OSHA standards): one (1)
7. Biological waste disposal bag (meets or exceeds EPA standards): one (1)
8. Stethoscope: one (1)
9. Bedpan: one (1)
10. Emesis basin: one (1)
11. Urinal: one (1)
12. Pen light or flashlight: one (1)
13. Tongue depressors, individually wrapped: six (6)
14. Cold packs: four (4)
15. 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.



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16. Sterile saline isotonic solution or sterile water in secured, clearly labeled plastic containers: two (2) liters.
 17. 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)
 18. Sheets, pillowcases, blankets and towels for each stretcher or ambulance cot, and two (2) pillows for each ambulance
 19. 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.
 20. FDA approved oral glucose preparation: two (2)
 21. Gloves: Nitrile or Latex with at least one box of small, medium, large, and extra-large.
 22. Ambulance cot: one (1)
- D. All previously listed equipment shall be used only for its intended purpose.

VI. AMBULANCE AND EQUIPMENT INSPECTION:

Ambulance personnel shall conduct an inspection of the ambulance at the beginning of their shift.

- A. The assigned ambulance personnel shall at the beginning of each shift document, in writing, on a shift inspection sheet (electronic or paper):
 1. That ambulance is in proper working condition.
 2. The ambulance is supplied according to requirements in Section V. of this policy.
 3. All equipment is in proper working condition
 4. All required documentation is in ambulance according to requirements in Section IV. of this policy.
 5. The assigned driver shall report to the supervisory staff if:
 - a. The ambulance or equipment is not in proper working order, radio equipment is not functioning or missing, or if any of the required supplies or documents are missing.
- B. 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.
- C. The assigned ambulance personnel shall sign and date each shift inspection sheet and submit the shift inspection sheet to their immediate supervisor or as company policy dictates for follow through on deficiencies noted.
- D. Ambulance shift inspection sheets and ambulance vehicle cleaning checklists shall be retained for no less than one (1) year by the ambulance provider and be made available for OCEMS audit.



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- E. The supervisor's name shall be noted on every completed shift inspection sheet.
- F. It is the responsibility of the supervisory staff to ensure that all equipment and/or ambulance is in proper working order prior to permitting its use.

VII. REQUIRED PERSONAL PROTECTIVE EQUIPMENT (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 shall 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 permitted 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. Nitrile or Latex Gloves, minimum 1 box of small, medium, large, and extra-large.
 - 4. Hearing protection, ear plugs or other: two (2) sets.
 - 5. High-visibility safety apparel that provides visibility during both daytime and nighttime usage and is defined to meet the performance class 2 or 3 requirements of ANSI/ISEA 107-2004: two (2) per vehicle.
 - 6. NIOSH approved (N95) or (N100 or P100) filter respirators: six (6) of each N95 or N100 or P100
 - 7. Gloves – Work gloves, multiple use physical protection, cut resistant, barrier protection: two (2) pairs – **optional; required for ambulance strike team participation.**
 - 8. Ballistic protective vest: two (2) total, (1) per crew member – **optional, risk dependent**
 - 9. 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.**
 - 10. 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 PPE; and the proper care, maintenance, useful life and disposal of the PPE (Ref. 29 CFR 1910.132[f][1][5]).
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- B. Training in the use of N95s, N100s, and P100s 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

Original Date: 10/1/1987
Reviewed Date(s): 4/1/2014; 05/01/2016; 8/15/2023
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**AMBULANCE RULES AND REGULATIONS
GROUND AMBULANCE PROVIDER INSPECTION**

I. AUTHORITY:

California Code of Regulations, Title 22, Division 9, Chapter 12. California Code of Regulations, Title 13, Division 2, Chapter 5. California Health and Safety Code, Division 2.5, Sections 1797.200, 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 of ground ambulance providers conducted by Orange County Emergency Medical Services (OCEMS) staff members.

III. PROCEDURE:

To receive a ground ambulance service license the applicant shall:

- A. Complete OCEMS approved application forms.
- B. For local, executive, and middle management level personnel, submit a completed request for "Live Scan Applicant Submission Form" to the California DOJ for state and federal CORI search in accordance with provisions of section 11105 (p) (1) of the California Penal Code. The CORI request shall include a subsequent arrest notification report in accordance with the provisions of Section 11105.2 of the California Penal Code. The applicant will designate that both the state and federal CORI search results and subsequent arrest notification reports shall be reported to OCEMS.
- C. Demonstrate ability to utilize and manage a Prehospital Care Reporting System (PCRS) that is certified compliant with the current version of the National EMS Information System (NEMSIS) that can successfully integrate with OC-MEDS.
- D. Pass the OCEMS Agency site inspection of ambulance provider operations.
- E. Pass the OCEMS Agency ground ambulance inspection on all ambulances to be permitted.
- F. Pay any fees set by the Board of Supervisors.
- G. Meet all requirements identified in the Ordinance.
- H. Comply with all OCEMS policies and procedures, EMSA Regulations, California Health & Safety Codes and California Highway Patrol Regulations.
- I. Applications for ambulance company licensure that are inactive for 30 days can be terminated without refund. Applicants will need to reapply and pay all applicable fees.

IV. FREQUENCY:

- A. OCEMS shall inspect ambulance service providers annually.
 - 1. Upon initial application for licensure as an ambulance service.
 - a. An ambulance service provider license is valid from the date of issue until December 31 of the same calendar year.
 - b. An ambulance service license is nontransferable.



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- c. A licensee may make a request to OCEMS to amend a license. The process for amendment shall be made in the same manner as an initial application.
 - d. OCEMS may suspend, revoke a license, or place on probation a license holder pursuant to the Ordinance for failure to comply and maintain compliance with, or for violation of any applicable provisions, standards, or requirements of OCEMS policies and procedures, EMSA Regulations, California Health & Safety Codes and California Highway Patrol Regulations.
2. Upon application for annual renewal of licensure.
- a. License renewals shall be made in the same manner as an initial application except for the requirement in Section III. B.
- B. OCEMS may inspect an ambulance service at its discretion as part of the ambulance regulation process, provided such an inspection does not interfere with the provision of ambulance services to a patient.

V. ELEMENTS OF INSPECTIONS:

- A. The inspection of ambulance service operations shall include but not be limited to review of:
- 1. Ambulance provider policies and procedures to align with OCEMS policies and procedures.
 - 2. Billing records.
 - 3. Dispatch procedures and logs.
 - 4. Vehicle maintenance schedules and records.
 - 5. Patient care reports.
 - 6. Business and other professional licenses.
 - 7. QI/QA program.
 - 8. Documents related to any prior investigations or violations with any local, county, state, or federal government.

VI. INSPECTION RECORDS:

- A. All ambulance service inspections shall be documented on an OCEMS inspection form.
- B. Any item of non-compliance to the Ordinance or policies and procedures shall be noted on the OCEMS inspection form.
- C. OCEMS staff shall review written inspection results with the ambulance service provider or ambulance service provider's representative.
- D. OCEMS shall provide a copy of the inspection documentation to the ambulance service provider or ambulance service provider's representative at the time of inspection.



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VII. NON-COMPLIANCE:

A. Initial License Application Inspection

1. An ambulance service license will not be issued to an applicant for ambulance service license until all items of non-compliance identified by OCEMS are corrected and re-inspected.
2. If an ambulance provider applicant cannot correct items of non-compliance within 30 days of a second company inspection, their application will be deemed inactive and terminated. Ambulance provider will be eligible to reapply after 365 days.
 - a. Ambulance provider applicants will still be required to pay any fees incurred during the application process before withdrawal. Applicant will be ineligible to reapply until any previously incurred fees are paid.
3. If there is evidence of intent to mislead OCEMS during the initial application process, the application will be denied and ineligible for reconsideration for 730 days.
4. If an ambulance provider applicant voluntarily withdraws their application, they will be ineligible to reapply for 180 days.
5. Evidence of conviction of a crime by company principals or their immediate family members shall be taken into account by OCEMS when evaluating the application.
6. If an ambulance provider applicant has committed any OCEMS policy or procedure violations in the County of Orange prior to applying for an ambulance provider license, the ambulance provider applicant will be denied and ineligible for reconsideration for 730 days.
7. Licensure fees are non-refundable.

B. Annual License Renewal Inspection

1. An ambulance service license will not be issued for an ambulance service provider until all items of non-compliance identified by OCEMS are corrected and re-inspected.
2. If an ambulance provider applicant cannot correct items of non-compliance within 30 days of a second company inspection, their application will be deemed inactive and terminated. Ambulance providers will be eligible to reapply after 365 days.
3. If there is evidence of intent to mislead OCEMS in the ambulance service application, the application will be denied and ineligible for reconsideration for 730 days.
4. Evidence of conviction of a crime by company principals or their immediate family members shall be taken into account when OCEMS is evaluating the licensure of the applicant.
5. Licensure fees are non-refundable.

C. Ambulance Provider Audits and Inspections:

For an inspection of an ambulance service, the following shall apply when items of non-compliance are identified by OCEMS:



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1. After an audit or inspection has been completed, OCEMS shall indicate in writing the specific items of non-compliance and licensee will have 30 days to correct specified items. It is the responsibility of the ambulance service provider to arrange for re-inspection within required time frame.
 2. If items of non-compliance are not corrected and re-inspected by OCEMS within the time frame indicated on the deficiency letter, OCEMS can suspend or revoke the ambulance service provider.
- D. It is the responsibility of the ambulance service provider to arrange for re-inspection within the required time frame.
- E. Suspension of Services:
1. OCEMS may suspend use of, or revoke the permit of, an ambulance not in compliance with OCEMS policies determined by either the number or severity of items of non-compliance noted during the inspection of the ambulance.
 2. Provider must contact OCEMS to schedule a re-inspection for any instance where an ambulance permit was revoked. Provider shall be responsible for paying any associated fees.
- F. Contestation of Decision
1. An ambulance provider applicant has 30 days to file an appeal with the OCEMS Medical Director regarding any denial, suspension, or revocation notification.

VIII. APPEALS:

- A. Ambulance service providers may appeal to the OCEMS Medical Director to review any cases of revocations, denials, suspension, or probation. Appeals must be submitted within 30 days of OCEMS action.

Approved:

Carl H. Schultz, MD
OCEMS Medical Director

Tammi McConnell, MSN, RN
OCEMS Administrator

Effective Date: 4/1/2014
Revised Date(s): 4/1/2014
Original Date: 10/1/1987



AMBULANCE RULES AND REGULATIONS GROUND AMBULANCE VEHICLE INSPECTIONS AND PERMITS

I. AUTHORITY:

California Code of Regulations, Title 22, Division 9, Chapter 12. California Code of Regulations, Title 13, Division 2, Chapter 5. California Health and Safety Code, Division 2.5, Sections 1797.200, 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 vehicle permit is valid from the date of issue until December 31 of the same calendar year.
- C. Ambulance permits are renewed annually and part of the ambulance service license renewal process.
- D. Ambulance vehicle 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. (Ambulance decals/permits are the property of OCEMS and must always be returned when removed from a decommissioned ambulance).
- E. Pay the established fee. (Reference OCEMS Policy #470.00).

IV. FREQUENCY:

- A. Initial ambulance vehicle 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 annual renewal ambulance inspections and permits apply to ambulances currently permitted to operate in Orange County.
 - 2. Random ambulance field audits can apply to annual ambulance permit inspections at the discretion of OCEMS.



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C. Other ambulance inspections:

1. Other ambulance vehicle inspections apply to ambulance compliance with OCEMS policies and procedures and CHP regulatory inspections.
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:

A. OCEMS shall inspect an ambulance for:

1. Required documentation,
2. Required and optional medical equipment,
3. Required and optional 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 and Maintenance for Ambulances and Ambulance Equipment.

VI. RECORD OF INSPECTION:

- A. All ambulance inspections shall be documented on an OCEMS ambulance inspection form.
- B. Any item of non-compliance with any OCEMS policies and procedures and/or CHP regulatory inspections shall be documented.
- C. OCEMS shall review all noted items of non-compliance with the ambulance service provider at the time of inspection.
- D. OCEMS shall provide a copy of the inspection documentation to the ambulance service provider.

VII. NON-COMPLIANCE:

A. Initial ambulance vehicle 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 deemed as "Non-Compliant" during a renewal inspection may continue to operate, if permitted to by OCEMS, and they have a current annual OCEMS ambulance permit as described in section C below.



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- C. Items of non-compliance identified by OCEMS during any inspection shall be corrected by the ambulance service provider and can require re-inspection by OCEMS. Items of non-compliance are categorized as follows:
1. Mechanical and Parts
 - a. Items that qualify under this category shall include, but not be limited to: Air conditioning/heating, any dashboard warning light, worn tires, door latches and gaskets, torn seats and damaged surfaces in driver or patient compartment, or anything that falls under the California Highway Patrol Ambulance Inspection Report.
 2. Medical Supplies
 - a. Medical supplies used to treat a patient shall be acceptable for medical use.
 - b. Medical supplies shall have intact packaging, not expired, and will be assessed for integrity by OCEMS.
 3. Durable Medical Equipment
 - a. Equipment shall be properly maintained, tested for functionality, and inspected for all components.
 - b. Refer to Section VIII: Cleaning Standards, of this policy.
 4. Cleanliness
 - a. Refer to Section VIII: Cleaning Standards, of this policy.
 5. Unsecured Equipment
 - a. Medical equipment and supplies shall be securely stored to prevent loose flying objects in case of an ambulance collision and shall be readily accessible for immediate use.
 6. Required Documentation
 - a. Documents required to be present in the ambulance include: County of Orange ambulance permit decal and letter, completed cleaning checklist, CHP inspection and permit, weights & measures inspection, CA DMV registration, proof of insurance, and a MED-9 radio inspection.
- D. Ambulance Non-Compliance Inspections
1. Ambulances requiring re-inspections due to non-compliance will be required to be re-inspected within 15 days of identification.
 2. Ambulance providers will be required to pay re-inspection fees in the amounts found in OCEMS Policy #470.00
 3. Ambulances inspected at any time that are found to be non-compliant with this policy can have their ambulance permit revoked.



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4. Ambulances found to be non-compliant may not require re-inspection at the discretion of OCEMS. As such, any non-compliant ambulances not requiring re-inspection will be required to submit requested documentation to OCEMS within 30 days of identification.
5. Ambulance service providers not meeting the 15 or 30 day requirements related to non-compliance will have ambulance permit revoked and require an initial inspection with all applicable fees.

VIII. CLEANING STANDARDS AND MAINTENANCE 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.	
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.	



**AMBULANCE RULES AND REGULATIONS
GROUND AMBULANCE VEHICLE INSPECTIONS AND PERMITS**

Medical packaging (e.g. one time use items such as: gauze, suction tubing, oxygen masks/cannulas, etc.)	All parts should be visibly clean with no blood, body substances, dust, dirt, debris, adhesive tape or spillages with packaging intact and uncompromised.	Daily	Packaging shall be inspected, and 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.	Unused supplies that have damaged or open packaging shall be discarded.
Linens	Should be visibly clean with no blood, body substances, dust, dirt, debris, adhesive tape or spillages.	Daily	Cleaning shall be done daily and after every patient use.	
Driver, passenger and all seats in patient compartment- Upholstered	All parts, including seatbelt and the underneath, should be visibly clean with no blood, body substances, dust, dirt, stains, debris, adhesive tape or spillages	Daily	Cleaning shall be done daily and after every patient use	Replace seatbelts if contaminated with blood or body fluids. Torn or damaged seat covers shall be replaced. Vacuum for dirt or debris and shampoo for blood or body substances or spillages.



**AMBULANCE RULES AND REGULATIONS
GROUND AMBULANCE VEHICLE INSPECTIONS AND PERMITS**

Driver, passenger and all seats in patient compartment- Vinyl/Leather	Cover should be damage free. All parts, including seatbelt and the underneath, should be visibly clean with no blood, body substances, dust, dirt, stains, debris, adhesive tape or spillages.	Daily	Cleaning shall be done daily and after every patient use.	Replace seatbelts if heavily soiled. Torn or damaged seat covers shall be replaced.
Medical Gas Equipment	All parts should be visibly clean with no blood, body substances, dust, dirt, stains, debris, adhesive tape or spillages.	Daily	Cleaning shall be done daily and after every patient use.	Replace single use items after each use.
Computer Equipment	All parts should be visibly clean with no blood, body substances, dust, dirt, stains, debris, adhesive tape or spillages.	Daily	Daily and after each use.	

D. Vehicle Equipment: Non Patient Contact

Equipment	Standard		Cleaning Frequency	Considerations
Response Kits and Bags	All surfaces, including underside, should be visibly clean with no blood, body substances, dust or dirt	Daily	Bags regularly taken into patient care areas must be wiped clean after every use, with special attention given if contaminated with blood or body fluid Heavily used bags should be laundered weekly or monthly Lesser used bags should be cleaned every other month	All bags placed on ambulances should be made of wipe able material Any bag heavily contaminated with blood or body fluids should be disposed



**AMBULANCE RULES AND REGULATIONS
GROUND AMBULANCE VEHICLE INSPECTIONS AND PERMITS**

Hand Sets (e.g. radios and mobile phones)	All parts should be visibly clean with no blood, body substances, dust, dirt, debris, adhesive tape or spillages	Daily	Daily and when contaminated	
Sharps Containers	The external surfaces should be visibly clean with no blood, body substances, dust, dirt, debris, adhesive tape or spillages	Weekly	Weekly and when contaminated	

E. Vehicle Internal and External Fixed Features

Equipment	Standard	Cleaning Schedule	Cleaning Frequency	Considerations
Overall Appearance-Exterior	The vehicle exterior should be clean at all times. Any presence of blood or body substances is unacceptable	Weekly	Routine cleaning should be performed weekly, or as necessary due to weather conditions	If operational pressures prevent thorough cleaning of the exterior, the minimum cleaning standards to comply with health and safety laws should be met (i.e. windows, lights, reflectors, mirrors and license plates)
Overall Appearance-Interior	The area should be tidy, ordered and uncluttered, with well-maintained seating and workspace appropriate for the area being used. All surfaces should be visibly clean with no blood, body substances, dust, dirt, debris, adhesive tape or spillages	Daily	Daily, clean between patients and deep clean weekly	Clean all surfaces in 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	



**AMBULANCE RULES AND REGULATIONS
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Ambulance Equipment Storage Areas	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	All items under this category must be functional and intact.
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	



**AMBULANCE RULES AND REGULATIONS
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Floor Mounted Stretcher Locking Device/Chair Mounting	All surfaces, including the undersides, should be visibly clean with no blood, body substances, dirt, dust or adhesive tape	Weekly	Weekly and as soon as possible if contaminated	
Hand Rails	All parts of the rail, including the undersides, should be visibly clean with no blood, body substances, dirt, dust or adhesive tape	Daily	Clean rails that have been touched after every patient Clean all rails weekly	
Heating Ventilation Grills	The external part of the grill should be visibly clean with no blood, body substances, dirt, dust, spillages or adhesive tape	Weekly	Weekly and as soon as possible if contaminated	
Walls	All wall surfaces should be visibly clean with no blood, body substances, dirt, dust or adhesive tape	Daily	Daily and as soon as possible if contaminated	
Windows	All interior glazed surfaces should be visibly clean and smear free with no blood, body substances, dust, dirt, debris or adhesive tape. A uniform clean appearance should be maintained	Weekly	Weekly and as soon as possible if contaminated	
Work Surfaces	All surfaces should be visibly clean with no blood, body substances, dirt, dust, spillages or adhesive tape	Daily	After every patient	



**AMBULANCE RULES AND REGULATIONS
GROUND AMBULANCE VEHICLE INSPECTIONS AND PERMITS**

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	
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Approved:

Carl H. Schultz, MD
OCEMS Medical Director

Tammi McConnell, MSN, RN
OCEMS Administrator

Original Date: 10/1/1987
Reviewed Date(s): 11/7/2014; 05/01/2016; 4/1/2017
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Effective Date: 4/1/2017; 10/01/2023



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

I. AUTHORITY:

California Code of Regulations, Title 22, Division 9, Chapter 12. California Code of Regulations, Title 13, Division 2, Chapter 5. California Health and Safety Code, Division 2.5, Sections 1797.200, 1797.204, 1797.227 & 1798. County of Orange Ambulance Ordinance. Policy sets minimum acceptable standards, any exemptions for public providers allowed by law.

II. APPLICATION:

This policy establishes a means to ensure ambulance providers establish practices, written policies, procedures and documentation consistent with state regulations, Health and Safety code and county policies.

III. PROCEDURE:

Every ambulance service provider shall have written policies, procedures and documentation consistent with the state regulations, Health and Safety Code and county policies which address the following subjects:

A. PERSONNEL

1. Evaluation process to establish driver proficiency, showing all drivers have completed, at a minimum, an OCEMS approved ambulance driver training program (Ambulance drivers training programs must be submitted for review).
2. Evaluation/orientation process for all employees including, but not limited to, ensuring compliance with the requirements of the Ordinance and/or Policies and Procedures.
3. Evaluation/orientation process for dispatch employees including, but not limited to, ensuring compliance with the requirements of the Ordinance and/or Policies and Procedures.
4. Evaluation/orientation process for supervisors including, but not limited to, ensuring compliance with the requirements of the Ordinance and/or Policies and Procedures.
5. A Continuing Education plan for employees. OCEMS licensed providers will contract with an approved local EMS agency or CAPCE provider if not already a licensed Continuing Education provider.
6. Demonstrate staffing plan minimums of no less than:
 - a. For a BLS Ambulance – Two (2) Orange County Accredited EMTs.
 - i. Orange County EMS EMT Accreditation shall be required for all EMTs working for an OCEMS licensed ambulance provider initiating a patient transport in Orange County.
 - ii. All OCEMS EMT Accreditations shall meet all requirements set forth in OCEMS Policy #415.00.
 - b. For an ALS Ambulance – See OCEMS Policy #430.10.
 - c. For a CCT Ambulance – Two (2) Orange County Accredited EMTs and one RN and/or RT.



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

- d. One dedicated dispatcher at the dispatch center 24 hours a day. (Dispatcher cannot be transporting in, or assigned to, an ambulance while performing dispatching duties. Dispatcher must be on-site at company's communications center.)
7. Every ambulance service provider shall maintain a personnel file (electronic or paper) for each employee.
 - a. Each medical provider personnel file shall include:
 - i. A copy of all required valid California medical certificates and/or licenses.
 - ii. A copy of a current and valid Orange County Accreditation.
 - iii. A copy of any required orientation and training documentation.
 - iv. A copy of any disciplinary records.
 - b. Each dispatcher file shall include:
 - i. A National Association of Emergency Medical Dispatchers (NAEMD), Emergency Medical Dispatch (EMD) or Emergency Telecommunicator Course (ETC) certification (or approved equivalent) California EMT Certification, California Paramedic Certification or California RN License.
 - ii. CPR certification through AHA or American Red Cross.
 - iii. A copy of any certification which may be required for employment.
 - iv. A record of adequate training in radio operation and protocols and/or emergency response area(s) prior to the dispatcher dispatching calls.

Note: For purposes of this Section, "adequate" training of a dispatcher shall be that which meets Orange County EMS requirements.

B. DOCUMENTATION

1. This policy establishes a standard for the completion of an OCEMS approved Prehospital Care Record (PCR) for every patient (emergency or non-emergency).
 - a. Medical Care providers shall complete an OCEMS approved Prehospital Care Report for every patient as defined by OCEMS Policy 300.30
 - b. Providers shall utilize a Prehospital Care Reporting System (PCRS) that is certified compliant with the current version of the National EMS Information System (NEMSIS).
 - c. Emergency (9-1-1) patient transports:
 - i. Documentation shall be completed per OCEMS Policy #300.10 OC-MEDS Documentation Standards, and
 - ii. The electronically generated PCR shall be posted so that it is immediately available to the receiving facility when transferring the patient.
 - d. Non-emergency patient transports:
-



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

- i. By December 31st, 2016, the OC-MEDS compliant data set from the approved PCRS shall be posted and/or transmitted to OCEMS in real time or near real-time following the incident. Documentation shall be completed per OCEMS Policy #300.10 OC-MEDS Documentation Standards, and
- ii. The electronically generated PCR shall be posted and/or transmitted to OC-MEDS so that it is immediately available to the receiving facility when transferring the patient. Receiving facilities without OC-MEDS access shall be provided with a verbal report and a company contact from which the receiving personnel can request a copy of the Prehospital Care Report (PCR).
- e. Each provider is the owner and custodian of the records generated by its organization.

C. DISPATCH

1. Dispatch Procedures/Staffing/Equipment:

- a. Ambulance service providers shall demonstrate that they have a computer-aided dispatch software system ("CAD") that has the ability to collect all of the required data elements needed to dispatch the ambulance provider's ambulances. Such CAD software should have the ability to record all of the call times (time stamping function) and the provider should be required to demonstrate the capability of generating electronic reports comprised of specific CAD data, including patient transports, cancelled calls, response time performance, etc.
- b. Ambulance service providers shall have policies in place and demonstrate their dispatch center's ability to address operational needs including but not limited to; telephones, two-way radio equipment for communications between the dispatch center and the provider's ambulances, MED-9 radio capabilities and FCC licenses, ReddiNet® access or equivalent. Ambulance provider dispatch communications center shall also be equipped with chair(s), desk(s), computer(s), phone(s) and other equipment necessary to facilitate necessary dispatch responsibilities.
 - i. Push-to-talk mobile phones are not considered two-way radio equipment as described in this section.
- c. Ambulance service provider dispatch centers shall demonstrate the ambulance service provider's ability and capability of emergency backup systems for the dispatch center in the event of a power failure, equipment failure, etc. Ambulance service provider shall also have a policy with an emergency systems plan that needs to be available to all staff.
- d. Ambulance service providers shall have policies in place and demonstrate their capability of recording the center's telephones and radio channels and have the ability to retain such electronic recordings for a minimum of 365 days. Ambulance service provider shall have policies in place to support these OCEMS requirements.
- e. Ambulance service providers shall have policies in place and demonstrate their ability to maintain a dispatch center workspace area shall be staffed by qualified ambulance dispatch personnel 24-hours, seven days per week that is dedicated to the function of dispatching ambulances. All dispatch centers shall have adequate staffing to answer 90% of the incoming calls on their primary line for requesting ambulance service within 120 seconds. Ambulance Service provider shall have policies to support these OCEMS requirements.



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

- f. All dispatchers shall, at a minimum, be certified/licensed as California EMT's, paramedics, RNs, or have a National Association of Emergency Medical Dispatchers (NAEMD) certification, Emergency Medical Dispatch (EMD) or Emergency Telecommunicator Course (ETC) certification, or approved equivalent. All dispatchers shall maintain CPR certification through American Heart Association or American Red Cross.
- g. The ambulance service provider's QA/QI program shall include an ongoing review of its ambulance dispatch center's operations, which includes written policies and established indicators of operational performance of the dispatch functions of the ambulance service.
- h. All licensed Orange County ambulance providers shall have an approval hospital status and disaster communications system, such as ReddiNet®, available in their dispatch center and will be responsible for accessing and monitoring this system 24 hours a day, 7 days per week.
- i. Dispatch logs shall include, but shall not be limited to, the following information for each call:
 - i. The last names of the assigned ambulance personnel.
 - ii. An explanation of any delays during a call.
 - iii. A record of the notification made to the local fire department dispatch center when someone other than a public safety agency has made a request for an emergency response.

D. OPERATIONS

- 1. Policies and Procedures for routine operations.
- 2. Policies and Procedures for internal disaster operations (critical provider infrastructure failures).
- 3. A list of the names and expiration dates for any licensure/certification for medical personnel employed by the provider.
- 4. A list of the names for California physician or surgeon licenses, along with resumes for all physicians employed by the provider.
- 5. Addresses of the locations from which ambulance services will be provided, within and outside Orange County, to hours of operations. If ambulance provider has multiple locations, provide a list of services for each location.
- 6. Documentation showing automobile liability insurance for combined single limit \$1,000,000 and comprehensive professional liability insurance policies with minimum insurance levels of \$1,000,000 per occurrence, with a \$3,000,000 aggregate on both.
- 7. Management qualifications: Ambulance Service providers shall be required to demonstrate that their management team has the necessary experience and qualifications to manage an ambulance service. Such experience and qualifications shall include the operations manager or equivalent to have a minimum of five years supervisory experience in EMS.



**AMBULANCE RULES AND REGULATIONS
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8. Evidence of Applicant's Financial Status: New and current ambulance service provider applicants shall be required to provide financial statements, banking and business records that clearly demonstrate assets, liabilities, loans, property, personnel, costs, expenditures, income and the source(s) of funds as required by Orange County Ordinance No. 3517.
 9. Personnel Uniform Standards: Ambulance service providers shall have policies in place that ensure all their on-duty EMS personnel will wear a professional EMS-style uniform with the company's and employee's name depicted on the uniform and/or company ID badge.
 10. EMS Personnel Drug Screens and Drug-Free Workplace Practices: Ambulance service providers shall demonstrate that they have policies in place that ensure all EMS personnel undergo pre-employment drug screening and that the provider has a policy in place that promotes a drug-free workplace.
 11. Ambulance Provider QA/QI program: Ambulance providers shall be required to demonstrate a QA/QI program in place that meets: California Code of Regulations – Title 22, – Division 9: Pre-Hospital Emergency Medical Services – Chapter ,Article 2 EMS Service Provider – Section and California EMS System Core Quality Measures EMSA #166. QA/QI program shall include but not be limited to an educational component on appropriate medical billing and billing fraud, emergency transport of BLS patients, and other required QA/QI elements per OCEMS policies.
 12. Vehicle maintenance/operational plan. Ambulance service provider will submit a plan which will include but not be limited to scheduled and emergency maintenance of ambulances. Ambulance service providers will demonstrate that all maintenance provided to ambulances is performed by a licensed/certified mechanic and can demonstrate completion of an accredited training program, or document formalized training on the appropriate vehicles, or a state of California Bureau of Automotive Repair licensed Automotive Repair Dealer facility. The plan shall also include vehicle fueling, emergency towing, and end-of-use vehicle replacement plan.
 13. Ambulance service providers shall be required to demonstrate training and development of policies in regard to all infectious diseases, bloodborne and airborne pathogen control plans as required by federal and state regulations.
 14. Ambulance provider must demonstrate they have received appropriate business licenses for the cities in which it plans to operate or is operating in.
 15. Ambulance service provider principal owners must disclose, and provide documentation of, any legal or regulatory actions taken against previous or current businesses. Such actions are included but not limited to: corporate bankruptcy, denial of licensure, revocation, suspension or fines, and previous and current National Provider Identifiers.
 16. Proof that each business location and substation is properly zoned for ambulance operations.
 17. Policies showing the EMS Agency will be notified within 72 hours of any of the following situations:
 - a. Ambulance is involved in an accident where one or more participants (employees, patients, occupants of other vehicles) are transported to a hospital.
 - b. Patient is involved in an accident while under the care of the ambulance provider where an accident and/or injury occurs.
 - c. The company is informed that a government agency (federal, state, county or local) has initiated an investigation (does not include routine audit).
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**AMBULANCE RULES AND REGULATIONS
GROUND AMBULANCE PROVIDER POLICIES, PROCEDURES, AND DOCUMENTATION**

18. Ambulance service provider must provide any information requested by OCEMS related to ambulance business operations.

Approved:

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OCEMS Medical Director

Tammi McConnell, MSN, RN
OCEMS Administrator

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**AMBULANCE RULES AND REGULATIONS
GROUND AMBULANCE COMMUNICATION EQUIPMENT**

I. AUTHORITY:

California Code of Regulations, Title 22, Division 9, Chapter 12. California Code of Regulations, Title 13, Division 2, Chapter 5. California Health and Safety Code, Division 2.5, Sections 1797.200, 1797.204, & 1798. County of Orange Ambulance Ordinance. Policy sets minimum acceptable standards, any exemptions for public providers allowed by law.

II. UHF MED-9 COMMUNICATION EQUIPMENT:

- A. All ambulance communication equipment shall be operational at all times.
 - 1. Each ambulance shall have one (1) UHF MED-9 radio programmed with two MED-9 channels.
 - a. MED-9 RP – This is a countywide repeater channel that provides coverage to the Orange County Area and may be used anywhere inside and adjacent to the County of Orange when wide-area coverage is required, or when contact with OCC or OCEMS is necessary.
 - b. MED-9 TA – This is the output of the MED-9 RP channel, providing a talk around mode of communication, and may be used anywhere inside and adjacent to the County of Orange when line of sight communications is required. OCC cannot be contacted on MED-9 TA.
- B. The UHF MED-9 Radio shall be in the “on” and programmed to the MED-9 channel at all times and the microphone attached while the ambulance is in operation.
- C. The ambulance service provider shall be responsible for all maintenance and repair costs to the communications equipment installed in the ground ambulance.
- D. This communication equipment is designated for Multi-Casualty Incidents, disaster or emergency use only, not for day-to-day dispatch operations.
- E. If an ambulance is assigned to a strike team, or to an incident, at the request of the strike team leader, OCEMS, IC or equivalent authority, they shall activate and monitor the MED-9 radio frequency continuously.
- F. Every ambulance provider shall have continuous access to a MED-9 radio in dispatch. This shall be a separate radio from other dispatch equipment and shall be on at all times.
 - 1. This dispatch radio shall participate in the same routine radio checks as other ambulance MED-9 radios. If it does not meet the compliance standards for the scheduled radio test procedure, OCEMS may require it be re-checked by OCC, at the ambulance provider’s expense.
 - 2. All FCC licenses are the responsibility of ambulance service providers.

III. UHF MED-9 COMMUNICATION EQUIPMENT INSPECTION:

- A. Ambulance providers will only be approved for a MED-9 radio in their Dispatch Center if:
 - 1. The provider is located within Orange County, or
 - 2. The provider is not further than 5 miles outside the Orange County border, or
 - 3. The provider has a transmitter within Orange County (or no further than 5 miles from the Orange County border), that can relay to the ambulance providers headquarters.
-



AMBULANCE RULES AND REGULATIONS
GROUND AMBULANCE COMMUNICATION EQUIPMENT

- B. Each ambulance shall have its MED-9 Radio inspected by Orange County Sheriff's Department Communications & Technology Division (OCSD/Communications) upon initial licensure to operate in Orange County. The ambulance provider shall be responsible for all costs associated with the inspection.
- C. Elements of Inspection and Certification include:
 - 1. All ambulance communication equipment inspections shall be documented by OCSD/Communications.
 - a. Radio equipment will be checked for: Model number, serial number and vehicle identification number.
 - b. FCC compliance for frequency, modulation, power, and receive sensitivity.
 - 2. Any item of non-compliance shall be documented by OCSD/Communications and a copy provided to OCEMS.
 - 3. The inspecting agent shall review all noted items of non-compliance with the ambulance service operator or ambulance service operator's representative at the time of inspection.
 - 4. A copy of all documentation shall be provided by OCSD/Communications to the ambulance service operator, and to OCEMS.
- D. Non-Compliance
 - 1. At the time of inspection the inspecting agent shall indicate, in writing, to the ambulance service operator or ambulance service operator's representative specific items of non-compliance, and the time frame for correction, and re-inspection.
 - 2. It is the responsibility of the ambulance service operator to arrange for re-inspection within fourteen (14) days of notice of non-compliance.
 - 3. If the items of non-compliance are not corrected and re-inspected by an inspecting agent within the fourteen (14) days of notice of non-compliance, OCEMS will be notified.

IV. UHF MED-9 COMMUNICATION EQUIPMENT TESTING REQUIREMENT:

- A. Orange County EMS shall conduct regular Ground Ambulance MED-9 Communication equipment tests following a schedule that is determined by OCEMS.
- B. All OCEMS licensed Ground Ambulance providers shall participate in the regular MED-9 Radio test as determined and conducted by OCEMS.
- C. A MED-9 radio check is valid and marked as successful once OCEMS acknowledges the ground units transmission.
- D. Each ambulance that does not meet the compliance standards for the MED-9 radio check conducted by OCEMS shall be required to have the radio re-checked by OCC at the ambulance provider's expense. Non-compliance is defined as failing to perform two (2) radio checks in one (1) calendar year from January 1st through December 31st.



AMBULANCE RULES AND REGULATIONS GROUND AMBULANCE COMMUNICATION EQUIPMENT

V. UHF MED-9 COMMUNICATION EQUIPMENT TESTING REQUIREMENT:

A. MED-9 Radio Test Schedule

1. A MED-9 Radio Test Schedule will be developed by Orange County EMS and distributed to each ambulance provider. Each ambulance provider will be assigned a specific day in which they will have their staff conduct a radio test on MED-9 with OCEMS from each one of their ambulances.
2. Ambulance units must be sure they have the **MED-9 RP** (repeater) channel to conduct a radio test with OCEMS.

B. Ambulance Providers

1. Each ambulance provider will be assigned a specific day on which to conduct MED-9 radio tests with OCEMS from each of their ambulances.
2. Each ambulance provider will supply Orange County EMS with a list of current ambulance unit numbers 72 hours prior to each test. Ambulance units will use their ambulance provider name and unit number to identify themselves on MED-9 when conducting the radio test with OCEMS.

Example

- a. Initiate test: Ambulance: "OCEMS, this is ABC unit 881 on MED-9 for a radio test." OCEMS response: "ABC unit 881, this is OCEMS, you are 10-2"
 - b. Conclusion of test: Ambulance: "10-4 OCEMS, you are 10-2 as well. ABC unit 881 clear."
3. The MED-9 radio tests will be initiated by the ambulance provider units anytime within the 4-hour period on the date specified on the schedule.
 4. The ambulance provider will conduct a MED-9 radio test with OCEMS from each one of their Orange County licensed ambulance units on the scheduled test day.

C. Orange County EMS

1. OCEMS will maintain a MED-9 Radio Test Form for each ambulance provider. This form will include a checklist of current ambulance unit numbers for the corresponding ambulance provider.
2. As the ambulance units contact OCEMS for radio tests throughout the scheduled test day, the OCEMS operator coordinating the radio tests will indicate the results of each ambulance's radio test on the form next to the ambulance's unit ID number.

D. Unscheduled Tests

1. Any MED-9 authorized ambulance unit may conduct an unscheduled MED-9 radio test at any time but an unscheduled test will not relieve the testing ambulance from participating in the scheduled monthly test.



**AMBULANCE RULES AND REGULATIONS
GROUND AMBULANCE COMMUNICATION EQUIPMENT**

VI. 800 MHz COMMUNICATION EQUIPMENT:

- A. The authority to purchase and utilize 800 MHz radios that operate on the County of Orange 800 MHz Countywide Coordinated Communications System (CCCS) may only be authorized by the Orange County Fire Chief's Association (OCFCA).
- B. Authorizations are limited to those companies that have a 9-1-1 transportation contract with an Orange County fire department, unless otherwise approved by the OCFCA.
- C. OCSD/Communications will coordinate all activity related to the implementation of the 800 MHz CCCS for any ambulance provider. Approved ambulance providers agree to abide by the protocols and procedures outlined in the 800 MHz CCCS Security Plan, Standard Operating Procedures and all applicable FCC rules and regulations.
- D. The programming of approved radios shall only be done by OCSD/Communications.
- E. The associated costs of purchasing, programming and installing the radio are the responsibility of the ambulance company.
- F. Each ambulance provider will be responsible for providing initial user training to include an 800 MHz CCCS overview, mobile/portable operations and proper radio protocols and procedures. Each fire department may, at their option, provide additional specific operational radio procedures to the ambulance provider.
- G. Ambulance providers shall use best efforts for ensuring that 800 MHz CCCS radios are available on OCEMS approved 9-1-1 transportation units and that all personnel are trained on the proper use of the radios.
- H. If an ambulance company no longer provides 9-1-1 transportation services to an Orange County fire department, the ambulance provider shall notify OCSD/Communications. The radios will be disabled from the trunked radio system, and OCSD/Communications will remove the programming of the radios at ambulance company expense. The radios remain the property of the ambulance provider.

Approved:

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