



**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 1797.204, 1797.200, & 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 assure ambulance providers establish written policies, procedures and documentation consistent with state and local regulations.

III. PROCEDURE:

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

A. PERSONNEL

1. Evaluation process to establish driver proficiency, showing all drivers have completed, at a minimum an OCEMS approved ambulance driver training program.
2. Evaluation/orientation process for all employees including, but not limited to ensuring compliance with the requirements of the Ordinance and/or Rules and Regulations.
3. Evaluation/orientation process for dispatch employees including, but not limited to ensuring compliance with the requirements of the Ordinance and/or Rules and Regulations.
4. Evaluation/orientation process for supervisors including, but not limited to, ensuring compliance with the requirements of the Ordinance and/or Rules and Regulations.
5. A Continuing Education plan for employees. Continuing education courses that meet the required instruction in teaching methodology include, but are not limited to: California State Fire Marshal (CSFM) "Fire Instructor 1A and 1B" or National Association of EMS Educators (NAEMSE) Level 1, or equivalent.
6. Demonstrate staffing plan minimums of no less than:
 - a. For a BLS Ambulance – Two (2) Orange County Accredited EMTs, while transporting BLS patient(s).
 - Orange County EMS EMT Accreditation shall be required for all EMT's working for an OCEMS licensed ambulance provider initiating a patient transport in Orange County.
 - All OCEMS EMT Accreditations shall meet all requirements set forth in OCEMS Policy #415.00.
 - b. For an ALS Ambulance – See applicable OCEMS policies.
 - c. For a CCT Ambulance – Two (2) Orange County Accredited EMTs and one RN and/or RT.
 - d. One dedicated dispatcher at the dispatch center 24 hours/day (i.e. this dispatcher cannot also perform transports).
7. Every ambulance service provider shall maintain a personnel file (electronic or paper) for each employee.



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- a. Each medical provider personnel file shall include:
 - i. A copy of all required valid California medical certificates and or licenses.
 - ii. A copy of a current and valid Orange County Accreditation, or approved equivalent.
 - iii. A copy of any required orientation and training documentation.
 - iv. A copy of any disciplinary records.
- b. Each dispatcher file shall include:
 - i. A copy of any certification which may be required for employment.
 - ii. A record of adequate training in radio operation and protocols and emergency response area(s) served, prior to the dispatcher dispatching calls.

Note: For purposes of this Section, "adequate" training of a dispatcher shall be that which meets state standards, if any, or county requirements.

B. DOCUMENTATION

- 1. This policy establishes a standard for the completion of an OCEMS approved Patient Care Record (PCR) for every patient.
 - a. Medical care providers shall complete an OCEMS approved Pre-Hospital Care Report for every patient.
 - b. 9-1-1 patient transports:
 - i. Documentation shall be completed per OCEMS Policy #300.10 OC-MEDS Documentation Standards, and
 - ii. One (1) copy (electronic or paper) shall be made immediately available to the receiving facility when transferring the patient.
 - c. Non 9-1-1 patient transports:
 - i. By June 1st, 2015, the OC-MEDS compliant data set from the approved Pre-Hospital Care Report shall be 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. One (1) copy (electronic or paper) shall be made 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 Patient Care Record (PCR).
 - d. Each provider is the owner and custodian of the records generated by their organization.
 - e. Providers should consult with their risk management and legal advisors to ensure that their organization adheres to minimum standards as established by law.

