


**EL DORADO COUNTY EMS AGENCY
ADMINISTRATIVE POLICIES**

Effective: July 1, 2017
Scope: Administrators


EMS Agency Medical Director

AMBULANCE ORDINANCE

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8.74sum
12/14/00



SUMMARY

ORDINANCE No. 4568

**THE BOARD OF SUPERVISORS OF THE COUNTY OF EL DORADO DOES
ORDAIN AS FOLLOWS:**

Chapter 8.74 of the County Ordinance Code titled "County Emergency Medical Services and Medical Transportation Ordinance" repeals former Chapter 5.40 titled "Ambulance Services" and adds a new Chapter 8.74 with major components as follows:

Chapter 8.74 is a comprehensive ordinance which regulates emergency and non-emergency pre-hospital medical transportation in El Dorado County. This ordinance, among other things, contains numerous definitions of matters within its scope, provides for personnel and training requirements, ambulance equipment and supply requirements, and provides for a permit procedure for specified medical transport.

The ordinance further contains provisions for establishment of rates, emergency and disaster operations, enforcement of the ordinance, for a complaint procedure, for a hearing procedure regarding suspensions and revocations of permits, and insurance requirements.

A full and complete copy of Ordinance No. 4568 is available for viewing in the Office of the Clerk of the Board of Supervisors at 330 Fair Lane, Placerville, California 95667.

PASSED AND ADOPTED by the Board of Supervisors of the County of El Dorado at a regular meeting of said Board, held on the 12th day of December, 2000, by the following vote of said Board:

Ayes: SUPERVISORS: WILLIAM S. BRADLEY, RAY
NUTTING, J. MARK NIELSEN, PENNY HUMP
DAVID A. SOLARO

ATTEST
DIXIE L. FOOTE
Clerk of the Board of Supervisors

By Margaret E. Moody
Deputy Clerk

Noes: NONE
Ayes: NONE
William S. Bradley
Chairman, Board of Supervisors

I CERTIFY THAT:
THE FOREGOING INSTRUMENT IS A CORRECT COPY OF THE ORIGINAL ON FILE IN THIS OFFICE

Date _____
ATTEST: DIXIE L. FOOTE, Clerk of the Board of Supervisors
of the County of El Dorado, State of California.

By _____
Deputy Clerk

ORDINANCE No. 4568

THE BOARD OF SUPERVISORS OF THE COUNTY OF EL DORADO DOES ORDAIN AS FOLLOWS:

Section 1. Chapter 5.40 of Title 5 of the El Dorado County Ordinance Code entitled Ambulance Service is hereby repealed in its entirety.

Section 2. Chapter 8.74 of Title 8 of the El Dorado County Ordinance Code is hereby added to read as follows:

CHAPTER 8.74

8.74.010 Title. This chapter shall be known, and may be referred to, in all proceedings as the County Emergency Medical Service and Medical Transportation Ordinance.

8.74.020 Regulatory Authority. Health and Safety Code, division 2.5, section 1797.200 et seq. establishes the authority for El Dorado County to develop an emergency medical services program. Pursuant to that authority, the El Dorado County Board of Supervisors has developed a local Emergency Medical Services (EMS) Agency through the County Public Health Department. Health and Safety Code sections 1797.201 through 1797.258 define the authority and responsibilities of the EMS Agency. Health and Safety Code, section 1798 et seq. establishes and defines the medical control of an emergency medical services system.

California Constitution article 11, section 7 and Health and Safety Code section 1797.222 established the authority for a County to create a permit process for medical transportation and contract requirements for ambulance services, and to execute contracts for the provision of ambulance services, within a county service area.

8.74.030 Scope and Purpose. The purpose of the Ordinance codified in this chapter is to ensure that when persons in El Dorado County request, or have dispatched, an ambulance or medical transportation vehicle, be it for an emergency, a special event, routine medical transportation, wheel chair van or litter van, they will receive a consistent level of service that meets the minimum acceptable standards as established by the California Health and Safety Code, division 2.5 (beginning with section 1777.200); California Code of Regulations, Title 22, division 9; California Vehicle Code, section 2416; the California Emergency Medical Services Authority; and the El Dorado County Emergency Medical Services Agency, and to extent possible, ensure that individual patients receive appropriate medical care while protecting the interests of the community at large by making maximum use of available emergency medical care resources.

This Ordinance sets the standards and/or definitions for emergency medical services and medical transport; personnel and training requirements; equipment and supply requirements; response times; communication requirements; and medical transportation service requirements. In addition, it empowers the El Dorado County Emergency Medical Services Agency through the County Public Health Department to issue permits to wheelchair van and litter van entities, and to enter into contracts with emergency medical service (ambulance) entities; monitor performance; enforce standards, if necessary; and act in an impartial manner as an arbitrator in matters of citizen complaints.

8.74.040 Definitions. The following words and phrases shall have the meanings respectively ascribed to them by this Section.

- A. Advanced Life Support (ALS) means special services designed to provide definitive prehospital emergency medical care, including, but not limited to cardiopulmonary resuscitation, cardiac monitoring, cardiac defibrillation, advanced airway management, intravenous therapy, administration of specified drugs and other medicinal preparations, and other specified techniques and procedures administered by authorized personnel under the direct supervision of a base hospital as part of a local EMS system at the scene of an emergency, during transport to an acute care hospital, during interfacility transfer, and while in the emergency department of an acute care hospital, until responsibility is assumed by the emergency or other medical staff of that hospital or as otherwise defined by the Federal Health Care Finance Administration.

- B. Ambulance means a vehicle that is specially constructed, modified or equipped, and used for the purpose of transporting sick, injured, convalescent, infirm, or otherwise incapacitated persons. In the case of ambulance(s) operated by private entities, they must be licensed by the California Highway Patrol. Public agencies are exempt from this licensure requirement per California Vehicle Code, section 2512.

In the case of vehicles owned and operated by public agencies, ambulance(s) must meet the same standards for construction, vehicle identification, mechanical integrity, equipment and supplies as required of private agencies by the California Highway Patrol.

- C. Arrival at the Scene means the time that an emergency response vehicle comes to a physical stop at an emergency scene (wheels stopped).

- D. Attendant means a trained and qualified individual who, regardless of whether attendant also serves as driver, is responsible for the care of patients, and who has met all license, certification, accreditation and other requirements of State laws and regulations, and local policies, protocols, ordinances and regulations.

- E. Basic Life Support (BLS) means emergency first aid and cardiopulmonary resuscitation procedures which, as a minimum, include recognizing respiratory and cardiac arrest and starting the proper application of cardiopulmonary resuscitation and to maintain life without invasive techniques until the patient may be transported or until Advanced Life Support is available.

- F. Contract is a signed agreement with an emergency medical service entity for the provision of ambulance service within El Dorado County.
- G. Contractor is a person or entity or a public agency that has executed a contract with El Dorado County to provide ambulance transportation services within El Dorado County.
- H. County means the County of El Dorado, a political subdivision of the State of California. The Public Health Department through its local EMS Agency is responsible for the direct oversight of prehospital care in El Dorado County.
- I. Contract Officer means the Director of the Public Health Department.
- J. Critical Care Transport (CCT) means a transport during which a patient requires a level of medical care and/or observation that exceeds the standard scope of practice for County accredited paramedics. Such services may be rendered by specially trained and authorized paramedics, or registered nurses, physicians, respiratory therapists, perfusionists, physician=s assistants, nurse practitioners or nurse mid-wives as determined by the physician responsible for the patient and the EMS Medical Director.
- K. Designated Dispatch Center means the dispatch agency designated by El Dorado County as the Command Center for the El Dorado County primary response areas to dispatch and track requests for emergency medical services within El Dorado County.
- L. Driver means a person licensed and qualified to operate a medical transport vehicle.
- M. Emergency means a condition or situation in which an individual has a need for immediate medical attention, or where the potential for such need is perceived by emergency medical personnel, a public safety agency, or may reasonably be perceived by any prudent lay person; any sudden or serious illness or injury requiring
- N. Emergency Medical Response means responding immediately to any request for medical transport service for an emergency medical condition. An immediate response is one in which the medical transport vehicle responding begins as quickly as possible to take the steps necessary to respond to the call.
- O. Emergency Medical Services means the medical services provided in a condition or situation in which an individual has a need for immediate medical attention, or where the potential for such need is perceived by emergency medical personnel, a public safety agency, or may reasonably be perceived by any prudent lay person with respect to interfacility transfers, qualified medical personnel of the transferring agency.
- P. Emergency Medical Services Agency (EMS Agency) means the administrative agency designated through the Public Health Department by the El Dorado County Board of Supervisors pursuant to Health and Safety Code, section 1797.200.

- Q. Emergency Medical Services or EMS Aircraft means any aircraft utilized for the purpose of prehospital emergency patient response and transport. EMS aircraft includes air ambulances and all categories of rescue aircraft.
- R. Emergency Medical Service (Ambulance) Entity means a licensed person or entity or a public agency that is specially trained, equipped, and staffed to provide ambulance transportation services, including providing care to ill or injured persons.
- S. Emergency Medical Technician-I or EMT-I means an individual trained in all facets of basic life support (as defined in Health and Safety Code section 1797.60) according to standards prescribed in the California Code of Regulations, title 22, chapter 2, and who has a valid State of California EMT-1 certificate. This definition includes EMT-I-NA and EMT-IA.
- T. Emergency Medical Technician-Paramedic or EMT-P means an individual who is educated and trained in all elements of prehospital advanced life support; whose scope of practice is to provide advanced life support in accordance with the standards prescribed in the California Code of Regulations, title 22, chapter 4; and who has a valid State paramedic license. Paramedics working in El Dorado County must additionally be accredited according to standards established by the EMS Agency Medical Director.
- U. Hearing Officer means an impartial hearing officer appointed by the Director of the Public Health Department or designee who shall prepare and submit a written summary of the evidence, proposed findings, conclusions, and recommendations.
- V. Litter Van means a vehicle which is modified, equipped and used for the purpose of providing non-emergency medical transportation for those medical passengers with stable medical conditions who require the use of a litter or gurney, and which is not routinely equipped or staffed for the specialized care provided in an ambulance.
- W. Litter Van Medical Passenger means a person in need of transportation for medical purposes such as attendance at a doctor's appointment, clinic visit or for other non-emergent reasons. Medical passengers are differentiated from patients in that their medical condition is stable and it is not anticipated that they are likely to need medical observation, intervention or treatment during non-medical transportation. The patient must be able to maintain an open airway without assistance and self administer any medical care enroute. The EMS Agency Medical Director may establish policies which differentiate between patients and medical passengers.
- X. Medical Director means the medical director of the El Dorado County EMS Agency.

- Y. Medical Transport Service means a service whose primary business is to provide transportation of medical passengers by litter vans or wheelchair vans which are licensed, permitted, operated and equipped in accordance with applicable State or local ordinances or regulations. Medical transport services do not include transportation of persons by passenger car, public transit, taxicabs or other forms of public or private conveyance. At the discretion of the Permit Officer, similar services provided by hospitals or health care organizations may be exempt from these El Dorado County requirements.

- Z. Medical Transportation Entity means a person or entity appropriately licensed and specially trained, equipped, and staffed to provide medical transportation services for medical passengers.

- AA. Medical Transportation Permit means a permit issued by the County to a medical transportation entity specifically authorizing that entity to provide transportation to medical passengers within El Dorado County.

- BB. Permit Officer means the EMS Agency Medical Director or other official appointed by the County Public Health Officer.

- CC. Permittee means any medical transportation service entity possessing a current permit, granted by the Permit Officer or his designee, to provide medical transport service within the County.

- DD. Physician means an individual licensed by the State as a doctor of medicine or doctor of osteopathy.

- EE. Primary Response Area means a geographical area designated by the County as a medical transport zone.

- FF. Public Health Officer means the El Dorado County Public Health Officer.

- GG. Registered Nurse means an individual licensed by the State of California Board of Registered Nursing. (Note: Nurses originating from the state of Nevada who provide medical transportation services across the California-Nevada border shall be licensed by the Nevada State Board of Nursing).

- HH. Rescue Aircraft means an aircraft whose usual function is not prehospital emergency patient transport, but which may be utilized, in compliance with local EMS policy, for prehospital emergency patient transport when use of an air or ground ambulance is unavailable.

- II. Response Time means the time interval from the moment that the ambulance or medical transportation entity is first made aware of the call back number, the address of the patient or passenger, and in the case of ambulance request the presumptive patient condition as defined by EMD, and in the case of medical transportation, the requested level of service, until the arrival at the scene of the emergency or pickup point, which is the time that an ambulance or medical transportation vehicle comes to a physical stop at the scene (wheels stopped).

- JJ. Special Event means an event where spectators and/or participants in the event have a potential for illness or injury, or any situation where a previously announced event results in a gathering of persons in one general locale, sufficient in numbers, or engaged in an activity, that creates a need to have one or more EMS resources at the site as defined by EMS Agency Policy issued by the EMS Agency Medical Director.
- KK. Warning by Endorsement means a written notice of warning that the Permittee has committed an infraction of the conditions of this Ordinance.
- LL. Wheelchair Van means a vehicle which is modified, equipped and used for the purpose of providing medical transportation for wheelchair van medical passengers, and which is not routinely staffed or equipped with the medical equipment required for the specialized care provided in an ambulance.
- MM. Wheelchair Van Medical Passenger means a medical passenger whose condition is such that the passenger may be transported seated in wheelchair. The passenger must be able to sit erect, hold his/her head up, maintain an open airway without assistance, and self-administer any medical care needed en route.

8.74.050 Emergency Medical Service(Ambulance)

Emergency medical service (ambulance) entities shall provide service in conformance with all provisions of applicable State, federal and local law, regulations, agreements, contracts and ordinances for the type(s) of service specified in their contract

- A. Primary Response Areas. This Ordinance authorizes the EMS Agency to establish primary response areas, including the following:
 - 1. County Service Area No. 3 - South Shore Area.
 - 2. County Service Area No. 3 - Tahoe West Shore Area.
 - 3. County Service Area No. 7 - West Slope Area.

Emergency and non-emergency medical services (ambulance) subject to this ordinance will be governed by a contract with the County to provide ambulance services within the primary response areas.

- C. Service Requirement.

Ambulance Service. Emergency medical service (ambulance) entities shall provide continuous twenty-four (24) hour per day service, excluding acts of nature, labor disputes, and actions or events beyond the reasonable control of the Contractor. Ambulance services at special events must be provided through a contract with El Dorado County.

1. All emergency and non-emergency medical responses and transports shall be provided at the Advanced Life Support (ALS) level, in conformity with the California Code of Regulations, title 22, section 100173(b)(1); State regulations and requirements, the El Dorado County Emergency Medical Services Policy and Procedure Manual, field treatment protocols, Trauma Plan, EMS Plan, and all agreements and contracts pertaining in whole or in part to patient care.
2. Contractor providing less than twenty-four (24) hour service will provide service as specified in their contract.
3. County shall designate a medical dispatch center for each medical transport area to directly dispatch Emergency Medical Services (ambulance) . The EMS Agency Medical Director shall set the standards for priority dispatch and pre-arrival instructions.
4. Contractor shall adhere to and provide to the EMS Agency a staffing or deployment plan that describes the Contractor=s method of operation within the County. The plan must be reviewed by the EMS Agency.
5. In the event that an EMS service entity is unable to respond to a request for emergency medical service, that entity shall immediately notify the designated Dispatch Center.
6. No ambulance contractor subject to this Ordinance shall cause or allow its EMS ambulance to respond to a location without receiving a specific request from the designated dispatch center for such service at that location. In the case of a witnessed incident, the ambulance staff shall notify the designated dispatch center to be assigned to the incident.

D. Interruption or Variance of Service. Waiver of requirements, conditional operation and temporary variance:

1. In the event of any interruption of service of more than twenty-four (24) hours duration, or any substantial change in the service which causes or threatens to cause the service to be carried out differently from that specified in the current contract, the Contractor shall notify the Contract Officer immediately and in writing, stating the facts of such change.
2. Upon request by the Contractor, the Contract Officer may grant a temporary variance in writing from the conditions specified in the original contract if Contract Officer finds that such change is in substantial compliance with the provisions of this Ordinance until such time as the conditions causing this variance are corrected. If the Contract Officer finds that such change is not in substantial compliance with this Ordinance, the Contract Officer may take any actions required by the contract to remedy the condition(s) causing this variance.

- E. Critical Care Transport (CCT) Vehicle. Each CCT vehicle shall be staffed with a minimum of one EMT-1 and specially trained and authorized paramedics, or registered nurses, physicians, respiratory therapists, perfusionists, physician=s assistants, nurse practitioners or nurse mid-wives as determined by the physician responsible for the patient, and in accordance with policies established by the EMS Agency Medical Director. Each vehicle shall be equipped with appropriate medical equipment and supplies for the condition of the patient.

- F. Ambulance Service Level. No person or entity may operate an ambulance service at the BLS, ALS, or CCT level within El Dorado County unless that person or entity has a contract in place with El Dorado County.

- G. Advertising of Services. All advertising of the emergency medical services (ambulance) provided for in this Ordinance shall comply with the following requirements:
 - 1. Advertising shall comply with section 1797.180 of the Health and Safety Code, California Code of Regulations, title 13 and title 22; and/or regulations promulgated by the Commissioner of the California Highway Patrol.
 - 2. Advertising shall be in full compliance with the current contract.
 - 3. No private telephone access number shall exist for emergency or non emergency medical service (ambulance).
 - 4. Advertising of non-emergency services shall include the phrase “ For emergencies dial 9-1-1.”

- H. Exceptions. The ambulance contract requirements shall not apply to:
 - 1. Vehicles operated at the request of local authorities during any declared “state of war emergency”, “state of emergency” or “local emergency”, as defined in the Government Code.
 - 2. Vehicles transporting a patient from a location outside of El Dorado County regardless of destination.
 - 3. Vehicles operated by a federal agency originating from a federal reservation for purposes of responding to or transporting patients under federal responsibility.
 - 4. Emergency medical services aircraft, fixed wing and rotor.
 - 5. An ambulance based and properly permitted outside the County. Such ambulance shall be authorized to transport a patient into the County; transport through the County; and transfer patients originating in County facilities to out-of-County facilities. In order to maintain proper medical control, communications shall be maintained under the requirements of the authorizing jurisdiction of the transporting vehicles.

- 6. Vehicles operated at the request of local authorities for the purpose of mutual aid.

8.74.060 Ambulance Personnel and Training Requirements.

A Contractor shall only employ personnel who comply with the requirements of the California Code of Regulations, title 22; Health and Safety Code, division 2.5 (beginning with section 1797); the El Dorado County EMS Agency; and this Ordinance; as well as such other requirements, as may be adopted by the El Dorado County Board of Supervisors upon recommendation of the EMS Agency.

- A. Ambulance. Each ambulance shall be staffed with no less than one Paramedic and one EMT-1, and shall be equipped with appropriate medical equipment and supplies
 - 1. Each driver or attendant hired shall be at least eighteen (18) years of age. Each driver or attendant shall have satisfied the provisions of sections 1100.3 and 1101 of the California Code of Regulations; section 12527 of the California Vehicle Code; and California Health and Safety Code section 1797.160.
 - 2. Each driver and attendant shall be proficient in safely operating the vehicle assigned including defensive drivers training, and shall within twelve (12) months of employment successfully complete an Emergency Vehicle Operators Course (eight-hour) which has been submitted to and approved by the County.
 - 3. Each driver and attendant shall be trained and competent in the proper use of all emergency vehicles and medical equipment, and shall hold the appropriate level of certification and/or accreditation to the level of service provided as specified in the contract.
 - 4. No unqualified person shall be permitted to act as a driver or attendant.

8.74.070 Ambulance Equipment and Supply Requirements. Standards for medical equipment and supplies will be in compliance with the El Dorado County EMS Policy and Procedure Manual promulgated by the EMS Agency as required for the level of service being offered. Each Contractor shall be charged with knowledge of that manual.

8.74.080 Rates.

Rates for all emergency and non-emergency ambulance service including standby and CCT will be established by Resolution of the El Dorado County Board of Supervisors.

8.74.090 Emergency and Disaster Operations.

- A. Obligations. Each ambulance Contractor shall make ambulances available to the County during times of disaster or large-scale system emergencies as declared by the County Board of Supervisors or the County Public Health Officer or his designee.
 - 1. Ambulances shall contact the County designated dispatch center for the appropriate transport area, and this dispatch center shall coordinate all dispatch functions for said ambulances during the emergency operations.
 - 2. Contractor shall have its disaster response and personnel call-back plan on file with the County EMS Agency.
 - 3. All management and field personnel of Contractor shall follow guidelines and directions of the El Dorado County Multi-Casualty Incident Plan during the emergency operations.
 - 4. Contractor shall assure that all personnel assigned to provide services receive training in and abide by the County approved disaster and multi-casualty incident plans.

- B. Reimbursement from Disaster Relief Monies. In the event of a declared local emergency, State of Emergency, or other catastrophic event where the Contractor is requested by an authorized agent of the County to staff extra ambulance units or incur extraordinary costs associated with the event, the County shall assist the Contractor in seeking reimbursement for Contractor's costs from any disaster relief monies to the best of its ability. The County shall have no financial responsibility for these costs or charges other than providing assistance in processing any claim(s).

- C. Disaster Exercise. Ambulance Contractors who provide emergency medical response shall participate at least once per year in a County organized disaster exercise by sending one fully staffed emergency ambulance and one representative from management. A minimum ninety (90) day written notice from the EMS Agency or its designee will be provided. All costs associated with their participation in the disaster exercise shall be the sole responsibility of Contractor.

8.74.100 Litter Vans and Wheelchair Vans

Wheelchair and litter van medical transport services will not be provided on an exclusive basis and will require a permit issued by the Permit Officer, or his designee, that identifies each vehicle owned or operated by a medical transport person or entity.

- A. Application for a Permit or Renewal of a Permit. Each application for a permit shall be made upon forms prescribed by the Permit Officer.

The application shall, at a minimum, contain the following:

1. Name of Applicant;
2. Business address and telephone number;
3. Name and address of owner(s);
4. Trade or firm name, or DBA as recorded;
5. Type and level of intended service;
6. If a corporation, a joint venture, or a general or limited partnership, the names of all partners and officers, their permanent addresses and their percentage of participation in the business;
7. A statement of facts for Applicants applying for an initial permit showing Applicant=s past experience in the operation of a medical transport service, the level of service, and qualifications to render a competent transportation service.
8. Proof of currently valid California Highway Patrol inspection reports for each medical transportation vehicle, if required. Public agencies are exempt from this licensure requirement per California Vehicle Code, section 2512;
9. Proof of financial responsibility and insurance coverage as required by the County;
10. Identification of the primary response area(s) to be served by the Applicant, if applicable;
11. A list of Applicant' s service charges, rate structure and any additional charges incidental to the service. These charges will be made available to the public by the Permittee upon request. Any changes must be submitted to the Permit Officer thirty (30) days prior to implementation.
12. Proof that Applicant' s drivers and attendants meet the requirements described in section 8.74.060 Personnel and Training Requirements.

13. The names, qualifications, certifications, license and accreditations of each attendant or driver. [Any application information which duplicates that required by the California Highway Patrol (CHP) may be copied from the CHP application for submission.]
14. Proof that the Applicant has obtained all licenses and permits required by state or federal laws or regulations for the type of service proposed;
15. A statement signed by the Applicant that, as a condition of County issuing a permit, Applicant agrees to defend, to indemnify, to save and hold harmless the County of El Dorado and its officers and employees and all cities within the County from and against all claims, costs, demands, causes of action, suits, losses, expenses or other detriment or liability arising from or out of the Permittee=s negligence or wrongful acts in any connection with the issuance of this permit.
16. A quality assurance plan, consistent with EMS policies, for the specific level of permitted service. The plan must be approved by the Permit Officer.
17. A staffing or deployment plan that describes the applicant' s method of operation within the County. The plan must be reviewed by the EMS Agency.
18. Possession and utilization of a reliable two-way communication system to remain consistently in communication with its medical transportation vehicles.
19. A non-refundable fee of One Hundred Dollars (\$100.00) shall accompany every application for an initial, renewal or temporary medical transportation permit. In the event that a permit is issued later than July 1, the permit shall be valid through the following June 30, with no pro-ration of permit application fee.

B. Issuance of Permit.

1. Upon receipt of a completed initial or temporary permit application and fee, the Permit Officer shall review applications and investigate all Applicants and inspect the site of operation and the medical transportation vehicles to determine if the Applicant meets the requirements of this Ordinance and other applicable laws or regulations.

Upon receipt of a completed renewal permit application and fee, the Permit Officer shall review applications and investigate all Applicants as deemed necessary.

2. Upon fulfillment of all requirements of this Ordinance, the Permit Officer shall issue to the Applicant a permit. The permit shall be valid for a maximum of (1) year, ending June 30. The permit shall indicate the type(s) of approved service.
3. The Permit Officer may deny a permit if the Applicant or any partner, officer or director thereof:
 - a. Fails to meet the requirements of any provision of this Ordinance.
 - b. Knowingly makes any false statement or fails to disclose material facts in an application, report or other document furnished to the County.
 - c. Was previously the holder of a permit which has been revoked or not reissued under this Ordinance, and the terms or conditions of the revocation or non-reissuance have not been satisfied.
 - d. Is now committing any act which, if committed by an Applicant, would be grounds for the suspension or revocation of a permit issued pursuant to this Ordinance.
 - e. Has committed any act involving dishonesty, fraud, deceit or moral turpitude.
 - f. Has acted in the capacity of a permitted person or firm under this Ordinance without having a permit therefore.
 - g. Has entered a plea of guilty or *nolo contendere* or been convicted of a felony or a crime involving moral turpitude.
4. The investigation and issuance or denial of a permit will normally be completed within forty-five (45) days of submission of a complete application.

- C. Content of Permit. The permit shall specify the dates of issuance and expiration, the service area(s), the Vehicle Identification Number (VIN) and designation number of each vehicle, the type of service to be provided, and any waiver of any requirements deemed appropriate by the Permit Officer.

- D. Amendment of Permits. Upon request by the Permittee, the Permit Officer may amend the conditions specified in a permit if Permit Officer finds such changes in substantial compliance with the provisions of this Ordinance. Such amendment shall not affect the expiration date of the existing permit, nor shall it authorize a change in ownership from that specified in the original permit.

- E. Temporary Permits. The Permit Officer may issue a temporary permit for a period of not more than ninety (90) days. Applications for temporary permits must be received at least fifteen (15) days in advance of any proposed service.

Temporary permits are subject to all the requirements for obtaining a regular permit.

- F. No permit may be transferred or assigned to another person except upon prior written approval of the Permit Officer .

8.74.110 Litter Van and Wheelchair Van Requirements.

- A. Standards for medical equipment and supplies. All litter vans and wheelchair vans shall be equipped and supplied in compliance with the El Dorado County EMS Policy and Procedure Manual promulgated by the EMS Agency as required for the level of service being offered. Each Permittee shall be charged with knowledge of that manual.

- B. Litter Van and Wheelchair Van Personnel Requirements. Each litter van or wheelchair van must be staffed with at least one driver proficient in safely operating assigned vehicles including defensive drivers training.
 - 1. Drivers and attendants of litter vans and wheelchair vans shall be at least eighteen (18) years of age, shall hold an appropriate valid California drivers license, shall hold a current certificate in basic cardiac life support from either the American Heart Association or American Red Cross, and shall demonstrate compliance with all applicable state and local laws and regulations.

 - 2. Drivers shall be trained and demonstrate competency in the use of all litter van and wheelchair van vehicle equipment.

 - 3. Each driver shall be proficient in safely operating the vehicle assigned. No unqualified person shall be permitted to act as a driver or attendant.

8.74.120 Enforcement Responsibilities.

- A. Inspections. In connection with enforcement of this Ordinance, the Permit or Contract Officer shall have the right, at reasonable times, to inspect the records, facilities, vehicles, equipment, supplies, personnel and methods of operation of a Permittee or Contractor whenever such inspection is deemed by the Permit or Contract Officer to be necessary.

In connection with enforcement of this Ordinance, the Permit or Contract Officer or his designee, shall have the right to audit all records and methods of operation of a Permittee or Contractor whenever such audit is deemed by the Permit or Contract Officer to be necessary.

- B. Complaint Procedure. Any person alleging that a Permittee or Contractor has provided unsatisfactory or inappropriate ambulance or medical transport service may file a written complaint with the Permit or Contract Officer setting forth such allegations. The Permit or Contract Officer shall notify the Permittee or Contractor in writing by registered mail within ten (10) days of receipt of complaint. Permittee or Contractor shall respond to the allegations in writing within ten business (10) days from the receipt of that notification, and the Permit or Contract Officer shall investigate the complaint to determine whether the Permittee or Contractor has committed any improper act or failed to satisfactorily perform any duty specified in this Ordinance. If the Permit or Contract Officer determines that a Permittee or Contractor has committed a violation of this Ordinance, the Permit/Contract Officer shall take timely and reasonable actions to secure compliance with the conditions and provisions of this Ordinance. If the Permit or Contract Officer is unable to secure compliance, Permit or Contract Officer will initiate action to suspend or revoke the permit or terminate an ambulance contract.

The complainant shall be notified of the results of the Permit or Contract Officer's investigation and, if a violation is determined to have occurred, the complainant shall be notified of specific violations and corrections required of the Permittee or Contractor.

- C. Termination of Ambulance Service Contract. An ambulance service contract will describe and clarify the process for minor and major breach whereby an ambulance service contract may be terminated.

- D. Suspension and Revocation of Permits. The Permit Officer may issue a Warning by Endorsement, or suspend or revoke medical transportation permit for failure to comply with, and maintain compliance with, or for violation of, any applicable provisions, standards or requirements of federal, State or local law, or of any regulations promulgated by this Ordinance. Suspension is not a condition precedent to revocation.

- 1. Notice - Before suspension or revocation of a permit, the Permit Officer shall give written notice to the Permittee specifying the grounds for such action, and giving the Permittee a reasonable period of time [not less than seven (7) nor more than fifteen (15) calendar days] to comply with the provisions in question, or to show cause why the permit should not be suspended or revoked, and setting a date for a hearing.

2. Emergency action - The Permit Officer may reduce the period of time for compliance under a suspension, revocation or termination notice to not less than twenty-four (24) hours, and set the matter for a hearing immediately upon expiration of said period when the Permit Officer makes written preliminary findings that such action is necessary to protect the public health, safety and welfare, and that immediate action is necessary. When, as a result of such emergency proceeding, a permit is suspended or revoked, the Permittee may request an additional hearing within fifteen (15) calendar days of the effective date of the suspension or revocation. At this hearing, the Permittee will have the burden of establishing renewed compliance to justify reinstatement of the permit. Such additional hearing will be commenced within five (5) days of the Permittee's request. The request for, or the scheduling of, an additional hearing shall not stay operation of the suspension or revocation order.

3. Evidence - In hearings conducted pursuant to this Section, the California Rules of Evidence do not apply. The following rules will apply. Evidence must be relevant, non-cumulative, and of such nature as responsible persons are accustomed to rely on in the conduct of serious affairs. Written statements by a County Officer or employee, an officer or employee of the State of California, or an officer or employee of any law enforcement or fire protection district acting in the course and scope of their official duties or employment may be accepted as evidence.

4. Hearing officer - Hearings conducted pursuant to this Ordinance shall be conducted before an impartial hearing officer appointed by the Director of the Public Health Department or designee. The Permit Officer or designee shall determine whether oral evidence at the hearing shall be recorded by a court reporter at the County expense or at the shared expense of the Permittee and the County. At the conclusion of said hearing, the hearing officer shall prepare and submit a written summary of the evidence, proposed findings and conclusions, and a recommendation for consideration to the Permit Officer or designee within ten (10) days of the conclusion of the hearing.

5. Decision - The Permit Officer or designee shall issue a written decision to Permittee within thirty (30) days after conclusion of the hearing.

6. Notification - When a permit is suspended or revoked, the Permit Officer shall notify all public safety agencies, hospitals and other interested parties in the County of this fact, specifying the name(s) of the Permittee(s), the ambulance or medical transport service, and the action taken.

7. Appeal. In the event of denial, suspension or revocation of permit, the Permittee may request a hearing before the El Dorado County Board of Supervisors, which hearing shall be conducted in the manner specified by such Board.

An appeal requesting a hearing shall be filed with the Clerk of the Board, and shall be filed within fifteen (15) calendar days from the date of the issuance of a decision by the Permit Officer or designee.

8.74.130 Insurance Requirements. The Permittee or Contractor shall obtain and keep in force during the term of said permit the following insurance coverage, issued by a company authorized to do business in the State of California:

- A. Full worker' s compensation and employer' s liability insurance covering all employees of Permittee as required by California State law.
- B. Commercial general liability insurance is required for bodily injury and property damage acceptable to the El Dorado County Risk Management Division.
- C. Automobile liability insurance is required and required coverages are periodically revised by the County Risk Management Division.
- D. Professional liability insurance (for example, malpractice insurance) is required and required coverages are periodically revised by the County Risk Management Division.
- E. Permittee or Contractor shall furnish a certificate of insurance satisfactory to the County Risk Management Division as evidence that the insurance required above is being maintained.
- F. The insurance will be issued by an insurance company acceptable to the Risk Management Division, or be provided through partial or total self-insurance likewise acceptable to the Risk Management Division.
- G. Permittee or Contractor agrees that the insurance required above shall be in effect at all times during the term of the permit or contract. In the event said insurance coverage expires at any time or times during the term of the permit or contract, Permittee or Contractor agrees to provide at least thirty (30) days prior to said expiration date a new certificate of insurance evidencing insurance coverage as provided for herein, for not less than the remainder of the term of the permit or contract, or for a period of not less than one (1) year. New certificates of insurance are subject to the approval of the Risk Management Division, and Permittee or Contractor agrees that no work or services shall be performed prior to the giving of such approval. In the event the Permittee or Contractor fails to keep in effect at all times insurance coverage as herein provided, County may, in addition to any other remedies it may have, terminate this permit or contract upon the occurrence of such event.
- H. Specific insurance levels for ambulance service contractors will be specified in the contract.

Section 3. This ordinance shall take effect and shall become effective thirty (30) days following the adoption hereof.

PASSED AND ADOPTED by the Board of Supervisors of the County of El Dorado at a regular meeting of said Board, held on the ____day of _____, 2000, by the following vote of said Board:

Ayes:

ATTEST

DIXIE L. FOOTE

Clerk of the Board of Supervisors

Noes:

Absent:

By _____

Deputy Clerk

Chairman, Board of Supervisors

I CERTIFY THAT:

THE FOREGOING INSTRUMENT IS A CORRECT COPY OF THE ORIGINAL ON FILE IN THIS OFFICE

Date _____

ATTEST: DIXIE L. FOOTE, Clerk of the Board of Supervisors of the County of El Dorado, State of California.

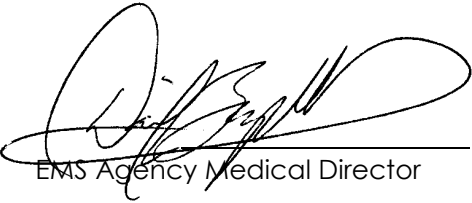
By _____

Deputy Clerk

EL DORADO COUNTY EMS AGENCY ADMINISTRATIVE POLICIES

Effective: July 1, 2017

Scope: Administrators



EMS Agency Medical Director

CONTINUOUS QUALITY IMPROVEMENT

AUTHORITY:

California Code of Regulations, Title 22, Chapter 12.

DEFINITIONS:

Continuous Quality Improvement (CQI) – A peer based process that conducts a clinical review of selected cases each month, based on strict confidentiality and a shared commitment to excellent pre-hospital care. CQI reveals potential areas for improvement of the EMS system, suggests training opportunities, highlights outstanding clinical performance, audits compliance with treatment protocols, and reviews specific illness or injury along with associated treatments. These efforts contribute to the continued success of our emergency medical services through a systematic process of review, analysis, and improvement.

POLICY:

The EMS Agency will establish and facilitate a system-wide comprehensive quality assessment and improvement program. The program will include, but is not limited to the following activities:

1. Each agency will participate in monthly Continuous Quality Improvement Committee meetings. A peer level representative from each agency will attend the monthly meeting.
 - a. Membership to include all field level pre -hospital ALS first responders, emergency medical dispatch, base hospitals, and EMS staff/personnel.
 - b. Invited participants to include all BLS first responders and air medical service responders.
2. Each agency will comply with reporting and other quality assessment requirements as specified or determined by CQI processes and/or EMS Agency.
3. Each agency will submit their individual QA/CQI plan to the EMS Agency for approval. The time frame for submission will be 90 days from July 1 of current year.
4. Each agency shall conduct an annual review of their own individual QA/CQI plan and submit any changes to the EMS Agency for approval.
5. The EMS Agency will evaluate the implementation of each agency's plan annually and request appropriate revisions as needed.
6. Patient and provider confidentiality will be strictly maintained at all times during the CQI process. A Confidentiality agreement will be signed at the beginning of each meeting by all participants.
7. A CQI Chairperson will be appointed by the CQI Committee. The term of service will be two (2) years. This position will be equally rotated through all participating agencies.



CONTINUOUS QUALITY IMPROVEMENT RESPONSIBILITIES:

EMS AGENCY:

1. Comply with all federal, state and county rules, regulations, laws and codes applicable to EMS.
2. Coordinate pre-hospital CQI committee(s).
3. Establish policies and procedures to assure medical control, which may include, dispatch, BLS, ALS, patient destination, patient care guidelines, and quality assurance guidelines.
4. Facilitate implementation by system participants of required individual CQI programs.
5. Design system wide reports for monitoring identified problems and/or trend analysis.
6. Approve standardized corrective action plans for identified deficiencies in pre-hospital and base hospital personnel.
7. Establish and monitor procedure for informing all field personnel of system changes.
8. Participate in ongoing audits and studies with base hospitals and ALS transport contractor agencies including committee discussions, site visits and ongoing monitoring.
9. On call availability for unusual occurrences, disasters and major incidents.
10. Evaluate the process developed by system participants for retrospective analysis of pre-hospital care.
11. Evaluate identified trends in the quality of pre-hospital care delivered in the system.
12. Establish audit filters and focus studies based on trend analysis.
13. Establish procedure for implementing an incident review process for pre-hospital and base hospital personnel.
14. Monitor and evaluate the incident review process.
15. State CQI Plan In accordance with Title 22, 100404

REPORTING / FEEDBACK

1. Evaluate data submitted from system participants and make changes in system design as necessary.
2. Provide timely feedback to system participants for loop closure and to allow for performance improvement.
3. Design pre-hospital research and efficacy studies regarding the pre-hospital use of any drug, device or treatment procedure where applicable.
4. Facilitate training/education, policy and procedure revisions for quality improvement based on case review analysis and trending provided by CQI committee and/or transport contractor agencies.

EMERGENCY MEDICAL DISPATCH*

1. Provide and ensure participate in initial orientation, continuing education opportunities and other training as specified by the EMS Agency through policy or contractual obligation.
2. Develop performance standards for evaluating the quality of service provided by dispatch.
3. Appoint a CQI representative to facilitate education, consultation, and actively participate in system wide CQI committee activities.
4. Design system for monitoring identified problems and/or trend analysis.
5. Design training plans for individual EMD deficiencies.
6. Establish a procedure for evaluation of EMDs utilizing performance standards through direct observation.
7. Participate in ongoing committee discussions, audits, field research and studies.
8. Develop a process for case review and analysis of dispatched calls, utilizing audio, report form, and other applicable documentation.
9. Participate in the incident review process.
10. Identify, analyze and evaluate trends in the quality of service provided to include but not limited to: high risk calls, protocol compliance, and documentation.

PRE-HOSPITAL FIRST RESPONDER BLS AND ALS TRANSPORT CONTRACTOR AGENCIES*

1. Provide and ensure participation in initial orientation, continuing education opportunities and other training as specified by the EMS Agency through policy or contractual obligation.
2. Develop performance standards for evaluating the quality of care provided.
3. Appoint a CQI representative to facilitate education, consultation and actively participate in system wide CQI committee activities. Provide availability for participation of field training officers / supervisors for CQI activities.
4. Design system for monitoring identified problems and/or trend analysis.
5. Design training plans for individual pre-hospital medical provider deficiencies.
6. Establish a procedure for evaluation of pre-hospital medical providers utilizing performance standards through direct observation.
7. Participate in ongoing committee discussions, audits, field research, and studies.
8. Develop a process for retrospective review and analysis of field care utilizing patient care records, audio tapes, and other applicable documentation.
9. Identify, analyze and evaluate trends in the quality of patient care to include but not limited to: clinical assessment and treatment rendered, critical skills, protocol compliance, documentation, and excellence in performance.
10. Participate in the incident review process.
11. Comply with Title 22, 100402

BASE HOSPITALS*

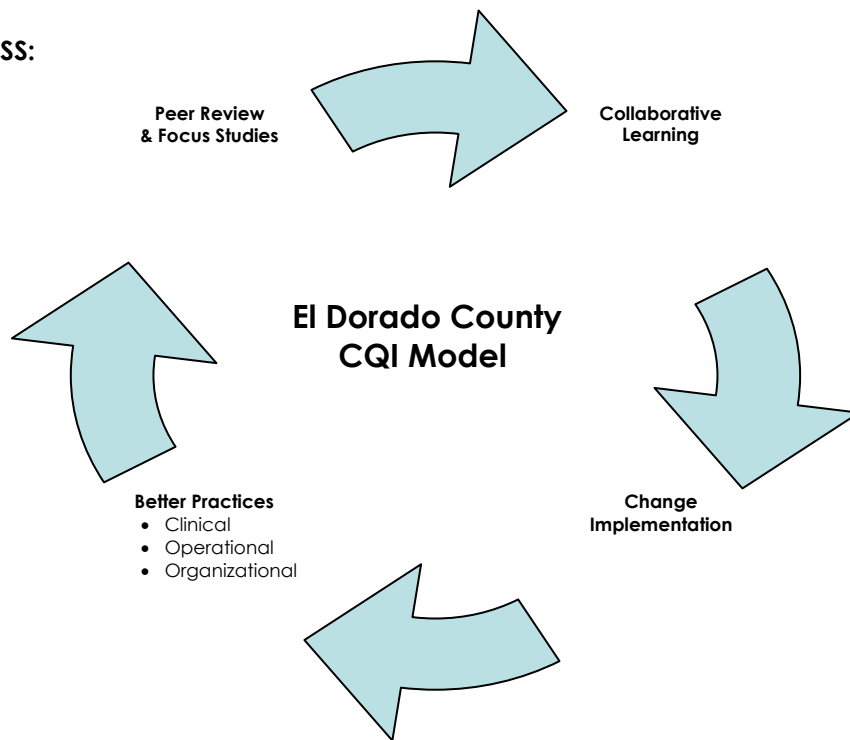
1. Provide and participate in continuing education opportunities, certification courses and other training as specified by the EMS Agency through policy or contractual obligation.
2. Develop performance standards for evaluating the quality of care/service provided by base hospital personnel.
3. Base hospital coordinator or designee to facilitate education, consultation, and actively participate in system wide CQI committee activities.
4. Design system for monitoring identified problems and/or trend analysis.
5. Design training plans for individual MICN or base hospital physician deficiencies.
6. Provide on-line medical control for EMT-P's within the El Dorado County approved scope of practice.
7. Establish a procedure for evaluation of base hospital personnel utilizing performance standards through direct observation.
8. Develop a process for obtaining patient follow-up on all base directed calls.

9. Participate in ongoing committee discussions, audits, field research, and studies.
10. Develop a process for identifying issues/problems involving pre-hospital and base hospital personnel.
11. Develop a process for retrospective review and analysis of field care and base direction utilizing patient care records, audio tapes, and other applicable documentation.
12. Identify, analyze and evaluate trends in the quality of patient care and base direction to include but not limited to: clinical assessment and treatment rendered/ordered, critical skills, protocol compliance, documentation, and excellence in performance.
13. Participate in the incident review process.
14. Comply with Title 22, 100403 & 100265

***REPORTING / FEEDBACK**

1. Recommend, design and participate in training/education, policy and procedure revision for quality improvement based on case review analysis and trending.
2. Provide feedback to system participants for loop closure and to allow for performance improvement.
3. Implement approved changes to internal policies and procedures.

CQI REVIEW PROCESS:



This policy defines the process used to identify and report variations in practice from the El Dorado County EMS protocols, policies or procedures, assessment/treatment guidelines, documentation standards and recognition of excellence for exceptional assessment, treatment and superior documentation of patient care.

1. Each Agency will review their cases for the indicators defined above.
2. The reporting agency or individual will summarize any issues or concerns on the CQI Medical Event Report Form and submit to appropriate agency CQI representative or base hospital coordinator.

3. CQI representatives will follow their agency's policy and procedure for obtaining the information requested. It is the responsibility of the CQI representative to document and report their findings and actions taken to improve performance to the CQI Committee.
4. The CQI Committee will review these cases and make recommendations for improvement or recognition of excellence. All identifying patient and provider information shall be redacted from the CQI copy of the PCR.
5. Failure to participate in the CQI incident review process may result in disciplinary action.
6. All Incidents will be documented by the CQI Committee with the following items to be reflected in the meeting's Agenda:
 - a. Cases reviewed.
 - b. Findings, recommendations, and actions taken.
 - c. Trends analyzed and monitored
 - d. Protocol, policy, and procedure evaluation and revision.
 - e. Education and training opportunities.
7. Reports will be secured for one year by each reporting agency as part of the CQI process, therefore protected under California State Evidence code 1157:
 - a. Each agency will make their records available for audit by the El Dorado County EMS Agency medical director.

Confidentiality Notice: *The functions of the Continuous Quality Improvement Committee include the evaluation and improvement of the quality of medical care provided in the emergency medical system. Accordingly, the proceedings, records, and files of the El Dorado County EMS CQI Committee are confidential by law and further are neither discoverable nor admissible in any proceeding arising from the matters that are being reviewed and evaluated pursuant to California State Evidence Code 1157.*

El Dorado County EMSA CQI Medical Event Report

Date: _____ PCR #: _____ Medic Unit: _____ Name: _____

Nature of Event

- Documentation Error or Omission
- Assessment Error or Omission
- Adverse or Unexpected Outcome
- Other
- Treatment Error or Omission
- High Risk Procedure
- Excellence in Care

Event Summary:

Response:

Follow Up Request:

1. Sign and return a copy of this form to your agency CQI representative when received. This only acknowledges receipt of this request for information.
2. Review the case and the pertinent protocol, policy, or procedure(s). Submit a written response or explanation of the variation to the CQI committee within 15 days.

Signed: _____ Date: _____

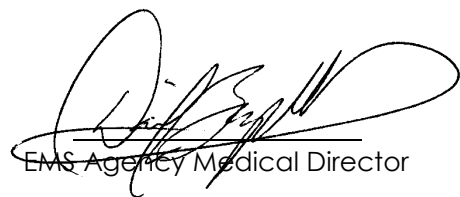
Event Review / Follow-Up Action:

- No additional action necessary
- Evaluate policy or procedure
- Monitor and trend
- Education or training
- Forward for further review
- Other: _____

Confidentiality Notice: The functions of the Continuous Quality Improvement Committee include the evaluation and improvement of the quality of medical care provided in the emergency medical system. Accordingly, the proceedings, records, and files of the El Dorado County EMS CQI Committee are confidential by law and further are neither discoverable nor admissible in any proceeding arising from the matters that are being reviewed and evaluated pursuant to California State Evidence Code 1157.

EL DORADO COUNTY EMS AGENCY ADMINISTRATIVE POLICIES

Effective: July 1, 2017



EMS Agency Medical Director

DOWNGRADE OR CLOSURE OF HOSPITAL EMERGENCY SERVICES

AUTHORITY:

California Health and Safety Code, Division 2, Section 1300.

PURPOSE:

To establish policy and procedures for the evaluation of potential impacts on El Dorado County's Emergency Medical Services system due to the downgrade or closure of local hospital emergency services.

DEFINITIONS:

Closure – The elimination of basic emergency services by an acute care facility.

Downgrade – A significant reduction in emergency services by an acute care hospital affecting its current licensing for Basic Emergency Services by the State Department of Health Services.

EMS Agency - El Dorado County EMS Agency.

Impact Evaluation – Written report by the EMS Agency regarding possible impacts of proposed emergency services changes by a local hospital.

POLICY:

- 1) Any hospital proposing a reduction or elimination of emergency services in their facility shall notify in writing the State Department of Health Services, the El Dorado County EMS Agency, and all health service plans under contract with the hospital no later than 90 days prior to implementation of any such change.
- 2) The hospital implementing a change in emergency services subject to this policy shall provide for public notification of the proposed changes no less than 90 days prior to implementing any changes. The notification shall be such as to inform a significant number of residents within the hospital's service area, and be in terms likely to be understood by a person with no special knowledge of hospital operations or services. 3) Upon receipt of notification, the EMS Agency will conduct an impact evaluation review of the proposed changes. The review shall include, but is not limited to, the following areas:
 - a. **Geography:** Service area population, travel time and distance to the next nearest facility, number and type of other available emergency services, availability of prehospital EMS resources.
 - b. **Level of Care:** Assessment of level of emergency services provided, i.e., basic, standby, and next nearest availability.
 - c. **Specialty Services:** Neurosurgery, obstetrics, pediatric, trauma, and next nearest availability for these services.
 - d. **Base Hospital Designation:** anticipated impacts on patient care, online medical control, prehospital personnel, and other base hospitals.
 - e. **Patient Volume:** Number of patients seen annually, including ambulance transports and walk-ins.
 - f. **Availability of Prehospital Care:** Availability of ALS level prehospital care and air ambulance resources.

- g. **Public and Emergency Personnel Comments:** Obtained thru local EMS committees and public hearing(s).
 - h. **Recommendations:** Should include a determination of whether the request for downgrade or closure should be approved or denied based upon the above criteria, and any other recommendations to be considered by the Department of Health Services in its review of the licensed facility's request..
- 3) As part of the impact evaluation review, the EMS Agency will conduct at least one public hearing within 60 days from receipt of notification to receive comments from the general public regarding the proposed downgrade or closure.
 - 4) The EMS Agency will coordinate with the local hospital council and EMS transport contractors to develop a system to be used for determining impact on EMS services.
 - 5) The EMS Agency will complete the impact evaluation report within 60 days from receipt of notification. The report will include recommendations.
 - 6) The EMS Agency will submit the impact evaluation report to the State Department of Health Services and the State EMS Authority within three days after the completion of the report. A copy will also be forwarded to the County Board of Supervisors.

EL DORADO COUNTY EMS AGENCY

ADMINISTRATIVE POLICIES

Effective: January 1, 2017

Scope: Administrators



EMS Agency Medical Director

EMS COMMUNICATIONS

PURPOSE:

To ensure dissemination of information in an orderly fashion that accounts for all recipients to clearly understand the message being relayed. Provide all users the ability to classify communications into categories by importance and take appropriate action in accordance with this policy and the communication being received.

DEFINITIONS:

POLICY:

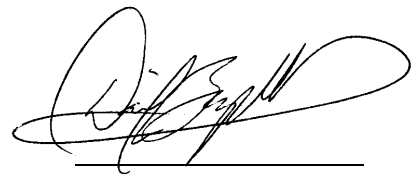
1. All agencies that interface with EDCEMSA shall be responsible to understand and abide by this policy.
2. Each EMS contractor, base hospital, or affiliated agency shall designate a primary point of contact person and a secondary point of contact person to be utilized in the event that the primary is not available. The point of contact person is responsible for the dissemination of information to all applicable personnel (as identified on the communiqué) and also, when indicated, confirmation of response back to the EDCEMSA.
3. All electronic communications shall be classified as follows;
 - a. Email
 - b. Memo
 - c. Bulletin
 - d. Safety Bulletin
 - e. Paramedic Alert
4. Each of these communications shall be interpreted as follows:
 - a. Email
 - i. General communication – No Action necessary, of low importance.
 - b. Memo
 - i. General communication – Must be read by all recipients, of moderate importance. No reply required.
 - c. Bulletin
 - i. General Communication – Must be read by all recipients, of High importance – Reply confirmation required to sender.
 - d. Safety Bulletin –
 - i. Safety Issue – Must be forwarded to agency representative and distributed to all EMS personnel – of Very High importance – Reply confirmation required, sender shall confirm all recipients have acknowledged bulletin, sender must keep a record of confirmation on file.
 - e. Paramedic Alert –
 - i. Protocol or other operational change – Must be forwarded to agency representative and distributed to all EMS personnel - of Very High importance – Reply confirmation required, sender shall confirm all recipients have acknowledged bulletin, sender must keep a record of confirmation on file.

5. Timelines –
 - a. All communications requiring confirmation must be acknowledged within 14 days of dispersal.

6. Failure to comply –
 - a. Any recipient or member agency representative that fails to comply with this policy will be subject to review and counseling by the Director of the EMSA or his designee as necessary to ensure communications are being consistently distributed and received.
 - b. Identified problems will be forwarded to the El Dorado County Fire Chiefs Association for review and comment.

EL DORADO COUNTY EMS AGENCY ADMINISTRATIVE POLICIES

Effective: July 1, 2017



EMS Agency Medical Director

GROUND CRITICAL CARE TRANSPORTS

I. Purpose:

The purpose of this policy is to state the requirements for nurse staffed inter-facility transports also known as Critical Care Transports (CCT) operated by JPA ambulances in accordance with El Dorado County EMS Agency

II. Definition:

A CCT is defined as an ambulance inter-facility transport of a patient who may require skills or treatment modalities that exceed the paramedic scope of practice but do not exceed the scope of practice of an RN. A CCT may be required for either a non-emergency or emergency inter-facility transport. Physicians, respiratory care practitioners (RCPs), perfusionists or other personnel may be added to the CCT team (a minimum of one RN, one paramedic, and one EMT) as needed. This policy applies to secondary ground transports only.

III. Policy:

A. CCT RN Requirements

- Preferred 2 years Critical Care, OB, or Emergency Department experience
- California RN license, current and active with no restrictions
- Current ACLS certification
- Current PALS certification if transporting pediatric patients

B. Training

Initial training to include orientation to administrative policies, prehospital care including review of protocols, policies and procedures, ambulance configuration, equipment review, safety during transport and documentation of patient care.
Provide annual recurrent training as needed or required.

C. Equipment

Each CCT vehicle shall include as standard inventory all items required by the El Dorado County EMS Agency Policy *ALS Ambulance Minimum Equipment Inventory* policy. In addition, each CCT vehicle shall have on board equipment and supplies that commensurate with the scope of practice of the medical personnel on board.

D. Medical Direction

Patient management will be provided in accordance with the El Dorado County EMS standards of care and ALS protocols, policies and procedures. Additional treatment orders may be provided by the transferring physician in writing, using the El Dorado County CCT Order form. On line medical control will be provided by the Base Hospital Physician on duty.

EL DORADO COUNTY EMS AGENCY ADMINISTRATIVE POLICIES

Effective: July 1, 2017



EMS Agency Medical Director

LITTER/WHEELCHAIR VAN REQUIREMENTS

PURPOSE:

To define the requirements for Litter Vans and Wheelchair Vans to operate in the County of El Dorado.

DEFINITIONS:

Litter Van means a vehicle which is modified, equipped and used for the purpose of providing non-emergency medical transportation for those medical passengers with stable medical conditions who require the use of a litter or gurney, and which is not routinely equipped with the medical equipment or personnel required for the specialized care provided in an ambulance.

Litter Van Medical Passenger means a person in need of transportation for medical purposes such as attendance at a doctor's appointment, clinic visit or for other non-emergent reasons. Medical passengers are differentiated from patients in that their medical condition is stable and it is not anticipated that they are likely to need medical observation, intervention or treatment during non-medical transportation. The patient must be able to maintain an open airway without assistance and self-administer any medical care en route. The EMS Agency Medical Director may establish policies which differentiate between patients and medical passengers.

Medical Transportation Entity means a person or entity appropriately licensed and specially trained, equipped and staffed to provide medical transportation services for medical passengers.

Medical Transportation Provider Permit means a permit issued by the County to a Medical Transportation Entity specifically authorizing that entity to provide Medical Transportation Services within the County.

Medical Transport Services means the provision of non-emergency transportation of medical passenger(s) by a litter van or wheelchair van that is licensed, permitted, operated, and equipped in accordance with applicable State laws and local ordinances and regulations. Medical Transportation Services do not include transportation of medical passengers by private passenger vehicle, taxicab, public transit or other forms of public transportation.

Medical Transportation Vehicle Permit means a permit decal or certificate issued by the Permit Officer indicating that a Litter Van, Wheelchair Van or other permitted vehicle has passed inspection according to the standards established herein. A Medical Transportation Vehicle Permit is required for each vehicle operated by the Medical Transportation Entity for Medical Transportation Services.

Wheelchair Van means a vehicle which is modified, equipped and used for the purpose of providing non-emergency medical transportation for wheelchair van medical passengers, and which is not routinely staffed or equipped with the medical equipment or personnel required for the specialized care provided in an ambulance.

Wheelchair Van Medical Passenger means a medical passenger whose condition is such that the passenger may be transported seated in a wheelchair. The passenger must be able to sit erect, hold his/her head up, maintain an open airway without assistance, and self-administer any medical care needed en route.

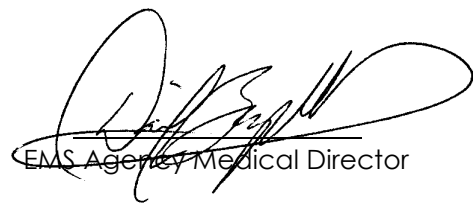
POLICY:

- A. Permits:** Litter Van and Wheelchair Van Medical Transportation Services will not be provided on an exclusive basis. Each Medical Transportation Entity providing service within the County shall obtain a Medical Transportation Provider Permit issued by the Permit Officer or designee. A Medical Transportation Vehicle Permit is required for each vehicle owned by the Medical Transportation Entity and operated within the County in accordance with this policy and the requirements of the County Emergency Medical Service and Medical Transportation Ordinance.
- B. Operational Requirements:**
- a. Litter Van and Wheelchair Van Personnel: Each Litter Van or Wheelchair Van must be staffed in accordance with California Code of Regulations, Title 22, Division 3, Chapter 3, Article 3 (22CCR§51231.1.) for Litter Vans and (22CCR§51231.2.) for Wheelchair Vans;
 - b. Drivers and Attendants of Litter Vans and Wheelchair Vans shall be at least eighteen (18) years of age, shall hold an appropriate valid California driver's license, shall hold a current certificate in basic cardiac life support from either the American Heart Association or American Red Cross, and shall demonstrate compliance with all applicable State and local laws and regulations;
 - c. Personnel shall wear clean uniforms with visible identification including the employee's name and the name of the Medical Transportation Entity;
 - d. Have passed a physical examination within the past two years and possess a current Department of Motor Vehicle form DL-51, Medical Examination Report, which is specifically incorporated herein by reference;
 - e. No person shall act in the capacity of a Litter Van and/or Wheelchair Van Driver or Attendant when such person:
 - i. Is required by law to register as a sex offender for any offense involving force, duress, threat or intimidation.
 - ii. Habitually or excessively uses or is addicted to narcotics or dangerous drugs, or has been convicted during the preceding seven (7) years of any felony offense relating to the use, sale, possession or transportation of narcotics, addictive or dangerous drugs, or alcohol.
 - iii. Habitually or excessively uses intoxicating beverages.
- C. Equipment:** Each Litter Van and Wheelchair Van shall be equipped in accordance with the applicable California Code of Regulations (CCR):
- a. **Litter Vans:** California Code of Regulations, Title 22, Division 3, Chapter 3, Article 3 (22CCR§51231.1.)
 - b. **Wheelchair Vans:** California Code of Regulations, Title 22, Division 3, Chapter 3, Article 3 (22CCR§51231.2.)

EL DORADO COUNTY EMS AGENCY

ADMINISTRATIVE POLICIES

Effective: July 1, 2017



EMS Agency Medical Director

PART-TIME ALS SERVICE

AUTHORITY:

Contract for Prehospital Advance Life Support and Dispatch Services between the County of El Dorado and El Dorado County Regional Prehospital Emergency Services Operations Authority, Section I.

PURPOSE:

To establish a policy and procedure for the approval of local fire departments to provide Part-Time Advanced Life Support (PTALS) using volunteer or off duty EMT-Paramedics.

DEFINITIONS:

Part-Time Advanced Life Support (PTALS) – ALS units that meet every ALS contractor requirement except the provision that they be available on a continuous 24-hours-per-day basis.

Part-Time ALS Contractor– A local fire agency approved by the EMS Agency to provide Part-Time ALS service.

Part-Time ALS Responder– An EMT-Paramedic approved by the EMS Agency to perform ALS under the scope of this policy.

Patient Contact – Any interaction with a patient that includes the determination of a chief complaint or any clinical assessment.

POLICY:

- 1) ALS ambulances staffed part-time by the JPA contractor shall be exempt from the requirements of this policy.
- 2) Only those Part-Time ALS Contractors who have a current ALS agreement with the JPA contractor shall be authorized to operate under the scope of this policy.
- 3) Part-Time ALS Contractors may not advertise themselves as being approved ALS service, and they may respond as an ALS unit only when staffing and equipment meet ALS standards.
- 4) The Part-Time ALS Contractor shall insure that each Part-Time ALS Responder who provides ALS for the fire district under this policy has professional liability insurance.
- 5) Part-Time ALS Contractors shall be required to participate in JPA's CQI committee. The CQI Committee shall review all incidents to which a Part-Time ALS Responder responds and establishes patient contact.
- 6) Except as specifically approved by the EMS Agency Medical Director, a Part-Time ALS unit shall carry all required equipment and medications listed under County policy, "*ALS Unit Minimum Equipment Inventory (Non-Transporting)*".
- 7) All medications and ALS equipment not approved for EMT-Paramedic scope of practice shall be kept secured at all times by the Part-Time ALS Contractor when a Part-Time ALS unit is not staffed with an EMT-Paramedic.
- 8) Only EMT-Paramedics currently licensed and accredited in El Dorado County may provide Part-Time ALS under the scope of this policy.
- 9) A Part-Time ALS Responder must be legally affiliated (i.e., an employee, volunteer, reserve, paid call, etc.) with the Part-Time ALS Contractor.

- 10) To provide for continuation of care, a Part-Time ALS Responder operating under the scope of this policy shall be authorized to accompany the patient to the hospital if needed.
- 11) For non-transporting and assessment units: Contractors with issues in regards to controlled substances (morphine sulfate, Fentanyl, and midazolam) may request an exception to this equipment inventory by submitting a letter to the EMS Agency Medical Director requesting that they not be required to carry morphine sulfate or midazolam. This letter must describe the reason(s) that the contractor desires to exclude these medications from their inventory. The EMS Agency Medical Director will either approve or deny the exception and will notify the contractor in writing of his or her decision.

PROCEDURE:

- 1) A contractor desiring to provide part-time ALS service shall submit a request in writing to the JPA contractor.
- 2) The Part-Time ALS Contractor shall identify those individuals to provide Part-Time ALS and specify each Part-Time ALS Responder's legal affiliation to the JPA contractor.
- 3) The Part-Time ALS Contractor shall provide proof of professional liability coverage for each Part-Time ALS Responder.
- 4) The Part-Time ALS Contractor shall be responsible to provide all medical equipment and medications prescribed by the inventory list prior to implementation of operations.
- 5) The JPA contractor shall submit a request for an exemption to operate a Part-Time ALS unit to the EMS Agency for approval.
- 6) The EMS Agency shall have 30 days to review the request and determine if the agency meets the requirements of this policy.
- 7) The Part-Time ALS Contractor shall be responsible for all patient care documentation as defined in County policy, First Responder Prehospital Care Documentation.
- 8) The Part-Time ALS Contractor shall notify the JPA and the EMS Agency within 10 days when an approved Part-Time ALS Responder is no longer affiliated with the contractor, or is no longer participating in the Part-Time ALS Program on behalf of the contractor.

EL DORADO COUNTY EMS AGENCY

ADMINISTRATIVE POLICIES

Supersedes: N/A

Effective: **November 6, 2002**

Updated: October 24, 2013

Scope: Administrators



EMS Agency Medical Director

EMT-I/PUBLIC SAFETY AED PROGRAM

AUTHORITY: California Health and Safety Code, Division 2.5, Sections 1797.80, 1797.90, 1797.170, 1797.177, 1797.182, 1797.183, 1797.196, 1797.220, 1798, and 1798.104; and the California Code of Regulations (CCR's), Title 22, Division 9, Chapters 1.5 and 2.

PURPOSE:

To establish a process to approve EMT-I/Public Safety AED Service Providers in El Dorado County and to outline the requirements and responsibilities of each approved AED Service Provider.

DEFINITIONS:

AED Program Coordinator means an individual who is assigned by an approved EMT-I/Public Safety AED Service Provider to provide continuous program oversight and functions as the organization's liaison.

AED Program Orientation means an orientation provided by the El Dorado County EMS Agency to review the requirements and responsibilities of implementing and maintaining an EMT-I/Public Safety AED Service Provider Program with the agency or organization seeking AED Service Provider approval.

AED Utilization Form means a form utilized to document patient care information and data required by Title 22, Chapter 1.5, Article 3, Section 100021 and Chapter 2, Article 2, Section 100063.1 for each patient on whom a defibrillator device is applied and shall be considered a medical record.

Authorized Personnel means EMT-I and/or Public Safety personnel trained to operate an AED and authorized by an approved EMT-I/Public Safety AED Service Provider.

Automated External Defibrillator or AED means an external defibrillator capable of cardiac rhythm analysis which will charge and deliver a shock either automatically or by user interaction after electronically detecting and assessing ventricular fibrillation or rapid ventricular tachycardia.

Cardiopulmonary Resuscitation or CPR means establishing and maintaining an open airway, ensuring adequate respiration either spontaneously or by use of rescue breathing, and ensuring adequate circulation either spontaneously or by means of closed chest cardiac compression, according to standards promulgated by the American Heart Association and/or the American Red Cross.

Emergency Medical Services (EMS) Authority means the State Emergency Medical Services Authority, established by Health and Safety Code, Division 2.5, that establishes guidelines for local EMS Agencies.

EMS (Emergency Medical Services) Agency means the administrative agency designated through the Public Health Department by the El Dorado County Board of Supervisors pursuant to Health and Safety Code, Section 1799.200.

Emergency Medical Technician-I or EMT-I means an individual trained in all facets of basic life support (as defined in Health and Safety Code Section 1799.60) according to standards prescribed in the California Code of Regulations, Title 22, Chapter 2, and who has a valid State of California certificate.

EMT-I/Public Safety AED Service Provider means an agency or organization that is responsible for and approved to operate an AED.

First Aid means the recognition of and immediate care for injury or sudden illness, including medical emergencies, prior to the availability of medical care by licensed or certified health care professionals. (Public safety first aid as defined in CCR, Title 22, Chapter 1.5, Section 100018.)

First Responder Technician means an individual who has successfully completed an approved El Dorado County First Responder Technician Program and is currently certified in El Dorado County.

Local EMS Agency means the Agency that approves EMT-I/Public Safety AED Service Providers in El Dorado County, except in the case of State or federal agencies who would be approved through the State EMS Authority pursuant to Title 22, Chapter 1.5, Article 3, Section 100021; and Chapter 2, Article 2, Section 100063.1.

Public Safety Personnel means regularly employed public safety personnel (defined below) trained to administer first aid (15 hour initial first aid course) and CPR (6 hour initial CPR course) according to the standards established by the California Code of Regulations, Title 22, Chapter 1.5 and Chapter 2.

Firefighter means a regularly employed and paid officer, employee or member of a fire department or fire protection district or firefighting agency of the State of California, or any city, county, city and county, district or other public or municipal corporation, or political subdivision of California or any member of an emergency reserve unit of a volunteer fire department or fire protection district.

Lifeguard means a regularly employed and paid officer, employee, or member of a public aquatic safety department or marine safety agency of the State of California, or any city, county, city and county, district, or other public or municipal corporation or political subdivision of California.

Peace Officer means any city police officer, sheriff, deputy sheriff, peace officer member of the California Highway Patrol, marshal, or deputy marshal or police officer of a district authorized by statute to maintain a police department, or other peace officer required by law to complete the training specified in the California Code of Regulations, Title 22, Chapter 1.5.

POLICY:

Any agency or organization seeking approval as an EMT-I/Public Safety AED Service Provider must comply with the provisions and conditions of this AED Program, and all applicable laws, regulations, policies, procedures and protocols. Agency or organization must be approved as an EMT-I/Public Safety AED Service Provider by the El Dorado County EMS Agency and shall execute an EMT-I/Public Safety AED Compliance Agreement prior to beginning service (Addendum H).

SECTION I: APPLICATION AND APPROVAL PROCESS**A. EMT-I/PUBLIC SAFETY AED PROGRAM APPLICATION FOR APPROVAL REQUIREMENTS**

1. Any agency or organization seeking approval as an EMT-I/Public Safety AED Service Provider must submit an *El Dorado County EMT-I/Public Safety AED Service Provider Application* packet to the El Dorado County EMS Agency (Addendum A). All applicants shall fully complete the application.
2. In addition to the application, the following information must be provided to complete the application process.
 - a. A **letter of intent** to provide EMT-I/Public Safety AED service from the agency or organization administrator expressing willingness to abide by the provisions and conditions of this EMT-I/Public Safety AED Program and all requirements established by State Regulations and policies, procedures and protocols established by the El Dorado County EMS Agency.
 - b. A **description of the geographic area** within which EMT-I/Public Safety AED will be utilized. (Include response area size, population, population distribution and any other unique characteristics associated with the area that may impact the program such as tourist impact, recreational activities, large number of elderly patients, etc.)
 - c. A **description of the equipment location and hours of service**. Identification and location of the proposed vehicles to be equipped with AED's and staffed with EMT-I/Public Safety AED personnel. Include a list of organizations(s), department(s) or fire station(s); address of each department or station and hours of operation; staffing level; number of personnel assigned to each station and level of certification (EMT-I, El Dorado County First Responder Technician or Public Safety personnel, full-time, part-time and/or volunteer).
 - d. A **description of applicant's EMT-I/Public Safety AED training program**. Provide an outline, objectives and the name of El Dorado County authorized AED instructor(s) (Addendum B).
 - e. **Specifications of the AED equipment** applicant proposes to use. An equipment brochure that specifies the brand name and model or other information that shows manufacturer's data will suffice.
 - f. A description of applicant's written **Continuous Quality Improvement (CQI) Program** for EMT-I/Public Safety AED, including the name of the individual designated as the AED Program Coordinator and the name(s) of any other personnel responsible for the program.
 - g. A copy of applicant's **EMT-I/Public Safety AED Service Provider policies and procedures** that include:
 - 1) AED orientation for authorized personnel.

- 2) Maintenance of AED equipment.
- 3) Initial and refresher AED training.
- 4) AED skills training sessions to ensure continued competency of AED authorized personnel.
- 5) Data collection and reporting to the El Dorado County EMS Agency.
- 6) Collection, disposition and retention of all pertinent medical records.
- 7) Distribution of AED utilization report form.

h. **Personnel information** that includes:

- 1) **Number of proposed** EMT-I, El Dorado County First Responder Technician or Public Safety personnel to be authorized to use an AED.
- 2) **Number of proposed** EMT-I, El Dorado County First Responder Technician or Public Safety personnel that need to be trained to EMT-I/Public Safety AED level.

i. Applicant's **proposed target date** for beginning service.

B. EL DORADO COUNTY EMT-I/PUBLIC SAFETY AED PROGRAM APPROVAL PROCESS

1. The applicant submitting an application for EMT-I/Public Safety AED Service Provider approval shall be notified by the El Dorado County EMS Agency within seven (7) days of receiving the request. Notification shall state:
 - a. Receipt of the application;
 - b. Whether application contains, or does not contain, the requested information; and
 - c. Any information missing from the application.
2. Program approval or disapproval shall be provided, in writing, to the applicant within thirty (30) days, following receipt of all required documentation.

C. EMT-I/PUBLIC SAFETY AED PROGRAM IMPLEMENTATION REQUIREMENTS

1. The agency or organization seeking approval as an EMT-I/Pubic Safety AED Service Provider must establish an AED Program that complies with the provisions and conditions outlined in the El Dorado County EMT-I/Public Safety AED Program Policy and all applicable laws, regulations, policies, procedures and protocols. A Statement of Compliance must be executed and this Program must be approved by the El Dorado County EMS Agency prior to implementation.
2. An approved El Dorado County EMT-I/Public Safety AED Service Provider shall provide the following information to the El Dorado County EMS Agency prior to implementation of the AED Program:
 - a. A list of all EMT-I/Public Safety AED authorized personnel including the following information:
 - 1) Expiration date of each individual's EMT-I certification, El Dorado County First Responder Technician certification, or First Aid Card as required for public safety personnel (see definition);
 - 2) Expiration date of each individual's American Heart Association Healthcare Provider CPR Card, American Red Cross Professional Rescuer CPR Card, or equivalent CPR card;

- 3) Proof of successful completion of initial four (4) hour AED training program that has been approved by a local EMS Agency and successful completion of the written and skill examinations.

NOTE: An approved EMT-I/Public Safety AED Service Provider and their authorized personnel shall be recognized statewide.

3. The AED Program Coordinator, Instructor(s) and other appropriate personnel that have AED Program responsibilities shall complete an El Dorado County AED Program Orientation.

SECTION II: SERVICE PROVIDER REQUIREMENTS AND RESPONSIBILITIES

A. AED PERSONNEL REQUIREMENTS FOR AUTHORIZATION

1. Eligibility:

To be eligible for initial authorization by an approved EMT-I/Public Safety AED Service Provider, an individual shall meet all of the following requirements:

- a. Be affiliated with the approved EMT-I/Public Safety AED Service Provider;
- b. Possess a current and valid EMT-I or El Dorado County First Responder Technician certification; or proof of completion of First Aid as required for public safety personnel (see definition);
- c. Possess a current and valid American Heart Association Healthcare Provider CPR card or American Red Cross Professional Rescuer CPR card, or equivalent CPR card;
- d. Provide proof of successful completion of an initial four (4) hour AED training program that is approved by a local EMS Agency;
- e. Provide proof of successful completion of an AED written and skills examination that is approved by a local EMS Agency.

2. Maintaining Authorization:

An AED authorized individual shall comply with all of the following requirements on an ongoing basis:

- a. Maintain certification as an EMT-I or El Dorado County First Responder Technician; or maintain First Aid, as required for public safety personnel (see definition);
- b. Maintain certification in American Heart Association Healthcare Provider CPR, or American Red Cross Professional Rescuer CPR, or equivalent CPR;
- c. Participate in organized skills training sessions and/or structured clinical experience (e.g., emergency room clinical observation). Acceptable education topics include airway management, patient assessment, review of patient treatment protocols, run reviews and/or AED program updates that comply with the number of hours commensurate with AED Service Provider's policy on skills training;
- d. Maintain compliance to AED Service Provider's AED skill proficiency requirements.

B. EMT-I/PUBLIC SAFETY AED TRAINING REQUIREMENTS**AED Service Provider Agencies Shall:**

1. **Provide a minimum of four (4) hours of initial training** in EMT-I/Public Safety AED to personnel that have not met this requirement, and administer the final written and skill examinations. The time required for these examinations should not be included as part of the 4 hours of initial training.
2. **Provide or allow AED personnel access to a minimum of two (2) hours of refresher training** on an ongoing basis but not less than once every two years for the following individuals that have completed the required (4) four hour initial training and need to take the required refresher training:

- a. **Public Safety Personnel** who are trained to administer first aid (15-hour initial first aid course) and CPR (6 hour initial CPR course).

Public Safety personnel must complete a two (2) hour AED refresher training and take final written and skill examinations every two (2) years following initial training. The time requirement for the examinations should not be included as part of the two (2) hour refresher training. Upon successful completion, each individual shall receive a course completion certificate, or if the AED Service Provider is an approved El Dorado County Continuing Education (CE) Provider, a CE certificate must be issued to each individual upon successful completion.

- b. **EMT-I's and First Responder Technicians**

AED training is included in EMT-I and First Responder refresher programs. EMT-I's and First Responder Technicians are not required to participate in the two (2) hour AED refresher training for public safety personnel. However, an EMT-I or First Responder Technician that is recertifying through continuing education courses may attend this training and receive two (2) hours of CE.

NOTE: An AED Service Provider who is also an approved El Dorado County CE Provider shall maintain training records according to the El Dorado County CE Provider Program. If the initial and refresher training is provided by an AED service provider that is not an approved CE Provider, the AED service provider shall be responsible for maintaining the following documentation associated with the training:

- 1) Course title (i.e., AED initial or refresher)
 - 2) Course objectives
 - 3) Course outline
 - 4) Attendance roster that includes, topic/title, date, time, and instructor signature
 - 5) Instructor qualifications that shall meet AED instructor requirements.
3. **Utilize an EMT-I/Public Safety AED Training Program** with final written and skill examinations that is approved by the El Dorado County EMS Agency.
 4. **Provide all training equipment** necessary to ensure a sound EMT-I/Public Safety AED Training Program (i.e., manikins, AED devices, audiovisual aids, etc.).
 5. **Utilize only El Dorado County authorized AED instructors.** To be approved as an AED instructor, individuals shall submit an "AED Instructor Application" (Addendum B) to the EMS Agency. Approval for authorization to instruct AED personnel shall be based on either:

- a. Completion of an American Red Cross or American Heart Association recognized instructor course (or equivalent) including instruction and training in the use of an AED; or
 - b. Be approved by the El Dorado County EMS Agency Medical Director and meet the following requirements:
 - 1) Be AED accredited or able to show competence in the proper utilization of an AED, and
 - 2) Be able to demonstrate competence in adult teaching methodologies.
6. **Inform the El Dorado County EMS Agency** of the dates, times, and locations of all initial and refresher AED training and AED continuing education courses at least two (2) weeks prior to the scheduled training.
7. **Provide system-wide training opportunity** by allowing other AED Service Provider personnel to participate in your agency or organization's initial, refresher and skills AED training and AED continuing education courses.

C. EMT-I/PUBLIC SAFETY AED SKILLS MAINTENANCE REQUIREMENTS

AED Service Provider agencies shall:

1. Provide training to meet AED skills maintenance requirements on an ongoing basis that includes the following:
 - a) AED skills training sessions and/or structured clinical experience (e.g., emergency room clinical observation) is required every six (6) months. AED service providers may choose to require skills training sessions on a more frequent basis (i.e., monthly or quarterly).
 - b) AED skills proficiency demonstrations to ensure continued competency of authorized AED personnel.

D. RECORDS/DATA COLLECTION:

1. An El Dorado County AED Utilization Report form shall be completed for each patient on whom the defibrillator device is applied. A copy of the ECG, and a copy of either the printout or the audiotape from the AED device must be attached to the AED Utilization Report form.

AED personnel shall be responsible for providing clear, concise, complete and accurate documentation on the AED Utilization Report form. In addition to data normally reported on an AED Utilization Report form, the following data elements required by Title 22 must be documented:

- a. Time of patient collapse.
- b. Was cardiac arrest witnessed/unwitnessed?
- c. If cardiac arrest was witnessed, was the initial monitored cardiac rhythm either ventricular tachycardia or ventricular fibrillation?
- c. Was CPR administered prior to arrival of emergency medical care?
- d. Time of collapse to initiation of CPR.
- e. Documentation of AED use.
- f. Documentation of response to treatment.

2. The AED Service Provider shall develop procedures for collection, disposition and retention of all pertinent medical records in accordance with El Dorado County AED Utilization Report Form (Addendum G). Such records shall include the El Dorado County AED Utilization Report form and AED device printout or audio recording for each patient on whom the automatic or semiautomatic defibrillator device was applied.
3. The AED Service Provider shall retain all El Dorado County AED Utilization Report forms for a minimum of four (4) years.
4. All relevant records for EMT-I/Public Safety AED Program monitoring and evaluation shall be available for review by the El Dorado County EMS Agency.
5. On an annual basis, AED Service Provider shall complete the following documentation based on the information from the previous calendar year and submit it to the El Dorado County EMS Agency by March 1st of each year:
 - a. AED Program Annual Update Form (Addendum C)
 - b. EMT-I/Public Safety AED Program Annual Report (Addendum E)
 - c. Defibrillation Outcome Report (Addendum D)
 - d. A list of all EMT-I/Public Safety AED authorized personnel that include the following:
 - 1) First Responder Technician or EMT-I certification expiration date;
 - 2) Public Safety Personnel's expiration date of required First Aid card as defined in Title 22, Chapter 1.5, Article 3, Section 100018;
 - 3) American Heart Association Healthcare Provider, American Red Cross, or equivalent CPR expiration date;
 - 4) Proof of compliance with AED skill proficiency requirements (Use the AED Skill Check Documentation Record, Addendum F).

E. EMT-I/PUBLIC SAFETY AED CONTINUOUS QUALITY IMPROVEMENT (CQI) PROGRAM REQUIREMENTS:

1. An approved EMT-I/Public Safety AED Service Provider shall establish and maintain a Continuous Quality Improvement (CQI) Program. The CQI Program shall be coordinated with the designated ALS Service Provider.

The following AED Service Provider CQI program requirements shall be met:

 - a. The AED Service Provider shall employ sufficient staff to ensure:
 - 1) Timely and competent evaluation of EMT-I/Public Safety AED managed cardiac arrest cases;
 - 2) Accurate logging of required data;
 - 3) Timely, accurate and informative statistical summaries of system performance;
 - 4) Recommendations for modifications of system design, performance protocols, or training standards designed to improve patient outcome, as indicated through quality improvement program.

- b. The AED Service Provider shall collect, store, evaluate and analyze, for the purposes of CQI, at a minimum, the following data related to EMT-I/Public Safety AED personnel management of cardiac arrest patients:
- 1) Patient Data: age; sex; whether arrest was witnessed (seen or heard by anyone) or unwitnessed; whether initial cardiac rhythm was Ventricular Tachycardia or Ventricular Fibrillation, i.e., was shock indicated.
 - 2) EMS System Data: estimated time from collapse to call for help; estimated time from collapse to initiation of CPR; response time; and estimated time of arrival of ALS personnel.
 - 3) Personnel Performance: time from arrival to initial defibrillation; time between defibrillation attempts; appropriateness of management for each rhythm encountered; general adherence to established protocol(s).
 - 4) Patient Outcome: rhythm after each shock; return of pulse and/or spontaneous respirations in the field; whether patient was admitted to the hospital; whether patient was discharged from the hospital alive; patient health status on discharge.
- c. The EMS Agency Medical Director or designee must review all AED Utilization Report forms within seventy-two (72) hours following an emergency response in which the AED was utilized. An ECG printout must be attached to all AED Utilization Report forms.
2. EMT-I/Public Safety Service Provider shall ensure that AED Personnel comply with the following standards:
- a. AED personnel will perform emergency cardiac care in accordance with the El Dorado County policies, procedures and protocols approved by the El Dorado County EMS Agency Medical Director.
- AED personnel **shall not** apply the defibrillator, **under any circumstances**, until **ALL** of the following have been confirmed on the patient:
- unconscious
 - non-breathing
 - pulseless
- NOTE: The defibrillator pads SHALL NOT BE APPLIED to a conscious patient, including a patient with severe chest pain and/or other cardiac symptoms.**
- b. AED personnel shall be able to recognize that a patient is in cardiac arrest and that CPR and immediate application of the AED is required.
- d. AED personnel shall be able to perform Basic Life Support in accordance with American Heart Association standards.
- e. AED personnel shall be able to set up the AED correctly.
- f. AED personnel shall be able to record on AED data recorder devices or print a report.
- g. AED personnel shall be able to deliver shocks for ventricular fibrillation in the shortest possible time following their arrival at the scene, ideally within 90 seconds.
- h. AED personnel shall be able to correctly apply the defibrillator pads.

- i. AED personnel shall ensure that the patient is not in contact with rescuers or bystanders prior to delivering a shock.
- j. AED personnel shall deliver shocks in accordance with the El Dorado County EMS Agency "Field Procedure 15 - Automated External Defibrillation (AED)."
- k. AED personnel shall be able to recognize that a shock was delivered to the patient.
- l. AED personnel shall be able to provide supportive care to a patient who has been successfully defibrillated.
- m. AED personnel shall be able to immediately recognize and respond to patients who rebrillate.
- n. AED personnel shall be able to prepare the patient for transport to the medical facility.
- o. Upon arrival of the ALS ambulance on-scene, AED personnel shall be able to communicate pertinent medical information to the ALS personnel.
- p. AED personnel shall be able to record the pertinent events of the emergency response on an AED Utilization Report form.
- q. AED personnel shall be able to prepare the monitor/defibrillator and ECG record or other documentation device for patient care following each use.
- r. AED personnel shall be able to maintain the monitor/defibrillator and ECG recorder or other patient care documentation device in accordance with manufacturer's recommendations.
- s. AED personnel shall maintain proficiency through skill maintenance sessions and shall have the ability to defibrillate a defibrillation manikin correctly, provide pulse checks and recognize that a shock has been delivered within 90 seconds of arrival at the manikin's side.

F. EMT-I/PUBLIC SAFETY AED MEDICAL CONTROL:

The El Dorado County EMS Agency Medical Director shall provide medical control for approved El Dorado County EMT-I/Public Safety AED Service Providers.

G. MAINTENANCE OF EQUIPMENT:

All AED's shall be checked after each use and on a weekly basis or according to the manufacturer's specifications.

H. OTHER PROGRAM REQUIREMENTS:

1. The service provider shall maintain the AED Skill Check Documentation Record (Addendum F) for all authorized AED personnel which includes:
 - a. First Responder Technician or EMT-I certification expiration date;
 - b. Public Safety Personnel's expiration date of required First Aid card as defined in Title 22, Chapter 1.5, Article 3, Section 100018.
 - c. American Heart Association Healthcare Provider, American Red Cross, or equivalent CPR card expiration date.
 - d. Date of demonstration of skills proficiency training sessions and/or structured clinical experience (e.g., emergency room clinical observation).

NOTE: An individual who fails to meet and maintain AED service provider authorization requirements shall not perform AED until all requirements are met.

2. The AED Service Provider shall notify the El Dorado County EMS Agency, in writing, whenever there is a change to any of the following:
 - a. Names of individuals who have failed to maintain authorization requirements;
 - b. Names of authorized individuals no longer affiliated with the service provider agency;
 - c. Change in program instructor designation. All new instructors shall meet/complete all program instructor requirements prior to providing course instruction.

ADDENDUM A

EMT-I/PUBLIC SAFETY AED SERVICE PROVIDER APPLICATION

Service Provider	
Administrator	
Administrator Email Address	
Mailing Address (Including City and Zip Code)	
Telephone #	Fax #
Program Coordinator	Program Coordinator Email Address
AED Instructor	AED Instructor Email Address

Attach the following:

DESCRIPTION - For detailed description refer to the Application and Approval Process in Section I of the EMT-I/Public Safety Automated External Defibrillation (AED) Program.	ENCLOSED	APPROVED (EMS use only)
1. Letter of Intent to Provide AED Service		
2. Description of Geographic Area		
3. Proposed Equipment Location and Identification of Vehicles		
4. Training Program Outline		
5. Defibrillator Information		
6. CQI Program		
7. Policies and Procedures		
8. Personnel Information		
9. Continuing Education Provider Application		

Submit this application with appropriate documentation to:

El Dorado County EMS Agency
 415 Placerville Drive, Suite J
 Placerville, CA 95667
 Phone 530-621-6500 – Fax 530-621-2758

El Dorado County EMS Agency Use Only								
<i>Date App. Rec'd</i>	<i>Letter of Receipt Sent</i>	<i>Authorized Personnel List Received</i>	<i>Signed AED Program Date</i>	<i>Date Orientation Completed</i>	<i>Reviewed by</i>	<i>Date and Signature of Approval</i>	<i>Date Approval Letter Sent</i>	<i>CE Provider Number (If applicable)</i>

ADDENDUM B

**EL DORADO COUNTY EMS AGENCY
AED INSTRUCTOR APPLICATION**

NAME:	
MAILING ADDRESS	CITY ZIP CODE:
TELEPHONE NUMBER (work)	TELEPHONE NUMBER (home)
E-MAIL ADDRESS (work)	E-MAIL ADDRESS (home) optional
FAX NUMBER (work)	FAX NUMBER (home) optional
AED SERVICE PROVIDER (Agency)	

Approval for authorization to instruct AED personnel shall be based on either:

- 1) Completion of an American Red Cross or American Heart Association recognized instructor course (or equivalent) including instruction and training in the use of an AED, or
- 2) Be approved by the local EMS Agency Medical Director and meet the following requirements:
 - a) Be AED accredited or able to show competence in the proper utilization of an AED; and
 - b) Be able to demonstrate competence in adult teaching methodologies.

SIGNATURE OF APPLICANT

DATE

Submit this application with appropriate supporting documentation, to:

El Dorado County EMS Agency
415 Placerville Drive, Suite J
Placerville, CA 95667

Phone #: 530-621-6500
Fax #: 530-621-2758

EL DORADO COUNTY EMS AGENCY USE ONLY					
Date Received	Reviewed by	Approval based on:		Approval Date	Renewal Date
		1	2		

ADDENDUM C

EL DORADO COUNTY EMS AGENCY ANNUAL AED PROGRAM UPDATE FORM	
Year:	
Department or Agency	
Address: City: Zip Code:	
Phone #:	
Fax #:	
Email Address	
Agency or Organization Administrator:	
AED Program Coordinator:	
AED Program Instructor:	
AED Equipment Brand Name and Model#:	

Submit completed form to:

El Dorado County EMS Agency
415 Placerville Drive, Suite J
Placerville, CA 95667

Phone #: 530-621-6500
Fax #: 530-621-2758

**EL DORADO COUNTY EMS AGENCY
DEFIBRILLATION OUTCOME REPORT
FOR CALENDAR YEAR _____**

NAME OF PROVIDER AGENCY: _____

AED PROGRAM COORDINATOR: _____

TELEPHONE NUMBER: _____

- 1. The number of patients that suffered sudden cardiac arrest and received CPR prior to arrival of emergency medical care: _____

- 2. The total number of patients on whom defibrillatory shocks were administered by BLS personnel when cardiac arrest was witnessed (seen or heard) and not witnessed: _____

- 3. The number of patients who suffered a witnessed (seen or heard) cardiac arrest whose initial monitored rhythm was ventricular tachycardia or ventricular fibrillation: _____

- 4. The total number of defibrillated patients who were discharged from the hospital alive: _____

- 5. The number of defibrillated patients witnessed in cardiac arrest who were discharged from the hospital alive: _____

- 6. The number of personnel who are certified to the level of EMT-I who are qualified, in your jurisdiction, to perform defibrillation: _____

- 7. The number of personnel who are certified to the level of First Responder who are qualified, in your jurisdiction, to perform defibrillation: _____

Annually, submit completed form to:

El Dorado County EMS Agency
415 Placerville Drive, Suite J
Placerville, CA 95667

Phone #: 530-621-6500
Fax #: 530-621-2758

Incident #:	Date:
-------------	-------

**El Dorado County Emergency Medical Services
AED UTILIZATION REPORT**

Patient Information:							
Last Name:	First Name:	M.I.:	Date of Birth:	Age:	Ht:	Sex:	Wt:
Pt. Address:			City:	State:	Zip Code:		

Incident Information:							
Collapse Time:	911 Call Time:	CPR Initiated Time:	AED Unit at Scene Time:	AED Attached Time:	1st Defibrillation Time:	Medic Unit at Scene Time:	Patient Transport Time:
Agency Name:		Unit ID#:	Incident Location:				
Place of Collapse: <input type="checkbox"/> At Home <input type="checkbox"/> In Public Place <input type="checkbox"/> At Work <input type="checkbox"/> Other:				Collapse Witnessed: <input type="checkbox"/> By Bystander <input type="checkbox"/> By EMS <input type="checkbox"/> Collapse Not Seen or Heard			
Suspected Origin: <input type="checkbox"/> Trauma <input type="checkbox"/> Medical		CPR Prior to Arrival: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, By Whom:					

Defibrillation Information:		
Operator Name and Certification Number:	AED Brand and Model: <input type="checkbox"/> Biphasic	Initial Cardiac Rhythm:
AED Assessment # 1: <input type="checkbox"/> No Shock Advised Max. Joules: _____	Time: _____ Shock(s) Delivered: _____	Result:
AED Assessment # 2: <input type="checkbox"/> No Shock Advised Max. Joules: _____	Time: _____ Shock(s) Delivered: _____	Result:
AED Assessment # 3: <input type="checkbox"/> No Shock Advised Max. Joules: _____	Time: _____ Shock(s) Delivered: _____	Result:
AED Assessment # 4: <input type="checkbox"/> No Shock Advised Max. Joules: _____	Time: _____ Shock(s) Delivered: _____	Result:
AED Assessment # 5: <input type="checkbox"/> No Shock Advised Max. Joules: _____	Time: _____ Shock(s) Delivered: _____	Result:
AED Assessment # 6: <input type="checkbox"/> No Shock Advised Max. Joules: _____	Time: _____ Shock(s) Delivered: _____	Result:
AED Assessment # 7: <input type="checkbox"/> _____ Max. Joules: _____	Time: _____ Shock(s) Delivered: _____	Result:
AED Assessment # 8: <input type="checkbox"/> No Shock Advised Max. Joules: _____	Time: _____ Shock(s) Delivered: _____	Result:
AED Assessment # 9: <input type="checkbox"/> _____ Max. Joules: _____	Time: _____ Shock(s) Delivered: _____	Result:
AED Assessment # 10: <input type="checkbox"/> No Shock Advised Max. Joules: _____	Time: _____ Shock(s) Delivered: _____	Result:

Comments

Completed By (Print Name):	Completed By (Signature):
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Prehospital Outcome Information	
Prehospital Outcome: <input type="checkbox"/> No Perfusion Change <input type="checkbox"/> Ropes Regained After AED Use <input type="checkbox"/> Ropes Regained After ALS Care	Hospital Transported To:

Posthospital Outcome Information	
Disposition: <input type="checkbox"/> Pronounced at Scene <input type="checkbox"/> Expired in ED <input type="checkbox"/> Admitted to ICU/Floor <input type="checkbox"/> Discharged Home	

Reviewed By:	Agency:
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**COMPLIANCE AGREEMENT
for
AUTOMATED EXTERNAL DEFIBRILLATION (AED)
SERVICE PROVIDER**

THIS AGREEMENT is made and entered into this _____ day of _____ 20__ by and between the County of El Dorado, a political subdivisions of the State of California (hereinafter referred to as “County”), and _____ (hereinafter referred to as “AED Service Provider”).

R E C I T A L S

WHEREAS, County has established an Emergency Medical Services (“EMS”) System pursuant to Division 2.5 of the California Health and Safety Code and, pursuant to Section 1797.200, has designated the County of El Dorado EMS Agency (“EMS Agency”) as its Emergency Medical Services Agency; and

WHEREAS, the EMS Agency has the authority to establish Emergency Medical Technician/Public Safety (“EMT/Public Safety”) Automated External Defibrillation (“AED”) Programs, program policies, and procedures pursuant to the California Code of Regulations, Title 22, Division 9, Chapter 1.5, Section 100020 and Chapter 2, Section 100063.1; and

WHEREAS, the EMS Agency shall approve EMT/Public Safety AED service provider agencies and accredit EMT/Public Safety AED personnel pursuant to the California Code of Regulations, Title 22, Division 9, Chapter 1.5, Section 100021 and Chapter 2, Section 100063.1; and

WHEREAS, AED Service Provider seeks to receive approval as an EMT/Public Safety AED Service Provider from the EMS Agency under the provisions and conditions of the County of El Dorado EMT/Public Safety AED Program and in compliance with all applicable laws, regulations, policies, procedures and protocols; and

WHEREAS, it is the intent of the parties hereto that such services be in conformity with all applicable Federal, State (all references to “State” in this Agreement shall mean the State of California unless otherwise specified), and local laws; and

WHEREAS, EMS Agency has determined that the provisions of these services provided by AED Service Provider is in the public’s best interest and that these services are more economically and feasibly performed by outside independent Contractors as well as authorized by the County of El Dorado Charter, Section 210(b)(6) or Government Code 31000; and

WHEREAS, AED Service Provider has represented to EMS Agency that it is specially trained and competent to perform the special services required hereunder.

NOW THEREFORE, the parties agree as follows:

ADDENDUM H

1. EMS Agency shall provide medical oversight.
2. AED Service Provider shall comply with all laws, regulations and EMS Agency policies, procedures and protocols as related to the EMT/Public Safety AED Program; and shall ensure compliance with the requirements pursuant to the California Code of Regulations, Title 22, Division 9, Chapters 1.5 and 2, including but not limited to Section 100021 and Section 100063.1.
3. AED Service Provider shall be subject to audit and compliance verification by the EMS Agency at any time and approval of the AED Service Provider is expressly conditioned upon compliance with these Compliance Agreement provisions.
4. AED Service Provider shall provide a copy of the Continuous Quality Improvement (“CQI”) Agreement for EMT/Public Safety AED, with an EMS Agency approved ALS Service Agency. The Agreement should include the name of the individual designated as the AED Program Coordinator and the name(s) of any other personnel responsible for the program.
5. AED Service Provider shall ensure that all public safety personnel have met all training requirements in first aid (at a minimum, a 15 hour initial first aid course) and cardiopulmonary resuscitation (“CPR”) (at a minimum, a 6 hour initial CPR course) according to standards promulgated by the American Heart Association and/or the American Red Cross as defined in the California Code of Regulations, Title 22, Division 9, Chapter 1.5, Article 3, Sections 100018, 100019 and 100020, prior to authorization of personnel. Documentation of required training, certification, and skills checks (see “El Dorado County EMS Agency Administrative Policies, Addendum F,” hereinafter referred to as “Addendum F”) shall be provided to the EMS Agency, as required or requested.
6. AED Service Provider shall ensure that all EMT personnel have met all EMT-AED training requirements as defined in California Code of Regulations, Title 22, Division 9, Chapter 2, Article 2, Sections 100063 and 100064, prior to authorization of personnel as EMT-AED personnel. Documentation of required training, certification, and skills checks (see Addendum F) shall be provided to the EMS Agency, as required.
7. AED Service Provider shall ensure continued competency of authorized personnel through semi-annual skills training. AED Service Provider shall submit annually, to the EMS Agency, a summary of AED skills training (see Addendum F) that includes the date that personnel attended training, proficiency in skills, and any information deemed pertinent by the EMT/Public Safety AED Service Provider Coordinator and the EMS Agency.
8. The AED Service Provider shall ensure initial training and, thereafter, continued competency of AED authorized personnel.
9. AED Service Provider shall use EMS Agency AED Utilization Report forms (see “El Dorado County EMS Agency Administrative Policies, Addendum G,” hereinafter referred to as “Addendum G”) on all EMT/Public Safety AED responses and forward said reports to the EMS Agency within 24 hours after each incident.
10. AED Service Provider shall provide EMS Agency access to all requested pertinent records, reports, tapes and other documentation related to the EMT/Public Safety AED Program, accredited personnel, emergency responses, incidents, patients, and patient care provided.
11. AED Service Provider acknowledges that this AED Compliance Agreement is by and between the EMS Agency and AED Service Provider and it is not intended, and shall not be construed, to create the relationship of agent, servant, employee, partnership, joint venture, or association, as between EMS Agency and AED Service Provider.
12. AED Service Provider understands and agrees that all of its employees providing services pursuant to this AED Compliance Agreement are, for the purposes of workers’

ADDENDUM H

- compensation liability, employees solely of AED Service Provider agency and not of the EMS Agency.
13. AED Service Provider shall bear the sole responsibility and liability for furnishing workers' compensation benefits, if applicable, to any of its employees for injuries arising from or connected with services performed on behalf of AED Service Provider Agency pursuant this AED Compliance Agreement.
 14. Upon execution of this AED Compliance Agreement, the AED Service Provider agrees to comply with the provisions and conditions of the County of El Dorado EMT/Public Safety Automated External Defibrillation Program and to comply with all applicable laws, regulations, policies, procedures, and protocols.
 15. AED Service Provider recognizes that the County of El Dorado EMS Agency may suspend or terminate approval of AED Service Provider status for failure to comply with the provisions and conditions of this AED Program, or failure to comply with all applicable laws, regulations, policies, procedures, and protocols. Upon receipt of any allegation stating that AED Service Provider has failed to comply with any of the provisions of this AED Program, the EMS Agency shall immediately provide notice of any such allegation to the agency or organization. The AED Service Provider shall have thirty (30) days within which to supply documentation to the EMS Agency to refute the allegation or provide in detail the measures taken to correct any deficiencies. However, the EMS Agency may immediately suspend approval of AED Service Provider status in the event of a threat to public health and safety and as determined by the County of El Dorado EMS Agency Medical Director or Health and Human Services Agency Director.
 16. Upon notice of suspension or termination of approved AED Service Provider status, the AED Service Provider shall have the right to submit a written request that the EMS Agency Administrator and/or the EMS Agency Medical Director reconsider proposed or actual suspension or termination of approval. EMS Agency Administrator and/or the EMS Agency Medical Director shall respond in writing to any such request for reconsideration within ten (10) days following receipt of the request. The AED Service Provider shall be given the opportunity to meet with the EMS Agency Administrator and/or the EMS Agency Medical Director to discuss the suspension or termination in an attempt to resolve the issues.
 17. The County Officer or employee with responsibility for administering this Compliance Agreement is the El Dorado County Health and Human Services Agency EMS Agency Administrator, or successor.
 18. AED Service Provider status as an approved EMT/Public Safety AED Service Provider shall continue from year to year. However, the EMS Agency shall have the right to audit compliance to these requirements at any time and yearly continued approval shall be contingent upon compliance to these requirements.
 19. This AED Compliance Agreement may be amended by mutual consent of the parties hereto. Said amendments shall become effective only when in writing and fully executed by duly authorized officers of the parties hereto.
 20. Either of the parties hereto may terminate this AED Compliance Agreement in the event the other party ceases to operate, or otherwise becomes unable to substantially perform any term or condition of this AED Compliance Agreement.
 21. Either of the parties hereto has the option to withdraw from this AED Compliance Agreement, at its sole discretion, without cause, upon thirty (30) calendar days written notice thereof to the other.
 22. In the event of a change in address for AED Service Provider's principal place of business or Notices to AED Service Provider, AED Service Provider shall promptly notify EMS

ADDENDUM H

Agency in writing pursuant to the provisions contained herein this AED Compliance Agreement under the below Item 25. Said notice shall become part of this Agreement upon acknowledgment in writing by the County Contract Administrator, and no further amendment of the Agreement shall be necessary provided that such change of address does not conflict with any other provisions of this Agreement.

- 23. All notices to be given by the parties hereto shall be in writing and served by depositing same in the United States Post Office, postage prepaid, and certified receipt requested.
- 24. Notices to the County of El Dorado EMS Agency shall be in duplicate and addressed as follows:

County of El Dorado EMS Agency
 415 Placerville Drive, Suite J
 Placerville, CA 95667
 Attn: EMS Agency Administrator
 Attn: EMS Agency Medical Director

Or to such other location as the EMS Agency directs.

Notices to _____ shall be addressed as follows:

Attn: _____

Or to such other location as _____ directs.

- 25. The AED Service Provider shall defend, indemnify, and hold the County, its Officers, employees, agents, and representatives harmless against and from any and all claims, suits, losses, damages and liability for damages of every name, kind and description, including attorney’s fees and costs incurred, brought for, or on account of, injuries to or death of any person, including but not limited to workers, County employees, and the public, or damage to property, or any economic or consequential losses, which are claimed to or in any way arise out of or are connected with the AED Service Provider's services, operations, or performance hereunder, regardless of the existence or degree of fault or negligence on the part of the County, the AED Service Provider, subcontractor(s) and employee(s) of any of these, except for the sole, or active negligence of the County, its officers and employees, or as expressly prescribed by statute. This duty of AED Service Provider to indemnify and save County harmless includes the duties to defend set forth in California Civil Code Section 2778.
- 26. County, promptly after receiving notice of litigation, shall notify the AED Service Provider in writing of the commencement of any claim, suit, or action against the County, or State of California, or its officers or employees for which the AED Service Provider must provide indemnification under this AED Compliance Agreement. The failure of the County to give such notice, information, authorization, or assistance shall not relieve the AED Service Provider of its indemnification obligations.
- 27. AED Service Provider, promptly after receiving notice of litigation, shall immediately notify County in writing of any claim or action against it which affects, or may affect, this AED

ADDENDUM H

IN WITNESS WHEREOF, the parties hereto have executed this AED Compliance Agreement on the day and year first above written.

-- COUNTY OF EL DORADO --

By: _____

Terri Daly
Chief Administrative Officer
"County"

Dated: _____

-- AED SERVICE PROVIDER --

Organization's name

By: _____

Executive Director
"AED Service Provider"

Dated: _____

By: _____

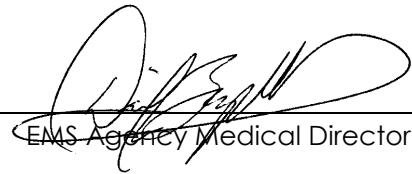
Corporate Secretary

Dated: _____

EL DORADO COUNTY EMS AGENCY

ADMINISTRATIVE POLICIES

Effective: July 1, 2017



EMS Agency Medical Director

CARDIOVASCULAR “STEMI” RECEIVING CENTER DESIGNATION

PURPOSE:

A Cardiovascular STEMI Receiving Center (SRC) will be the preferred destination for patients who access the 9-1-1 system meeting defined criteria and who show evidence of an ST-elevation myocardial infarction on a 12 Lead electrocardiogram.

DEFINITIONS:

Percutaneous Coronary Intervention (PCI) - A broad group of percutaneous techniques utilized for the diagnosis and treatment of patients with STEMI.

STEMI – An acute myocardial infarction that generates a specific type of ST-segment elevation on a 12-lead ECG.

STEMI Receiving Centers (SRC) – EDCEMS designated facilities that have emergency PCI capabilities.

STEMI Referral Hospital (SRH) -An acute care hospital that is non-PCI capable, but may refer STEMI patients to an SRC.

POLICY:

The following requirements must be met for a hospital to be recognized as a Cardiovascular STEMI Receiving Center by EDCEMSA:

1. All criteria established by their respective certifying local EMS Agency must be met, including:
 - a. Licensure as a Cardiac Catheterization Laboratory.
 - b. Intra-aortic balloon pump capability.
 - c. Cardiovascular surgical services permit:
This requirement may be waived by the local EMS Agency Medical Director when appropriate for patient or system needs. The local Medical Director will evaluate conformance with existing American College of Cardiology / American Heart Association or other existing professional guidelines for standards.
 - d. Communication system for notification of incoming STEMI patients, available twenty four (24) hours per day, seven (7) days per week including a dedicated 12 Lead ECG receiving station and an in-house paging system.
 - e. Provide public education about STEMI warning signs and importance of early utilization of the 9-1-1 system.
 - f. All hospital minimum staffing requirements as per the respective certifying agency.

DATA COLLECTION / CONTINUOUS QUALITY IMPROVEMENT PROGRAM / PERFORMANCE STANDARDS

EDCEMSA recognized SRC's shall comply with all data collection, continuous quality improvement and performance standards as defined in individual SRC facility MOUs. These requirements will be the same for each SRC.

RECOGNITION

1. The Cardiovascular STEMI Receiving Center shall be recognized by EDCEMSA as per their respective certifying local EMS agencies.
2. Failure to comply with the criteria and performance standards outlined in this policy and individual SRC facility MOUs may result in rescission of SRC recognition by EDCEMSA. Compliance will be solely determined by the EDCEMSA.

EL DORADO COUNTY EMS AGENCY ADMINISTRATIVE POLICIES

Effective: November 1, 2017



EMS Agency Medical Director

USE OF POLICIES, PROCEDURES AND PROTOCOLS FROM ANOTHER LOCAL EMS AGENCY BY CONTRACTORS AND PERMITTEES

PURPOSE:

This policy establishes that under certain circumstances the El Dorado County EMS Agency (EDC EMSA) may approve the use of policies, procedures, and protocols issued by the Local EMS Agency (LEMSA) of another County or jurisdiction by an ALS Contractor or Permittee, its subcontractors, employees and paramedics.

DEFINITIONS:

EMS Agency Medical Director means a full or part-time licensed physician and surgeon, who has substantial experience in the practice of emergency medicine, that is designated by the county or by the joint powers agreement, to provide medical control and to assure medical accountability throughout the planning, implementation and evaluation of the EMS system as defined by the State of California Health and Safety Code, Division 2.5, Section §1797.202(a).

Local Emergency Medical Services Agency (LEMSA) means the agency, department, or office having primary responsibility for administration of emergency medical services in a county and which is designated pursuant to the State of California Health and Safety Code, Division 2.5, Chapter 4 (commencing with Section 1797.200.).

Medical Direction means the management of an emergency medical services system under the medical control of the medical director of the local EMS agency.

POLICY:

- 1) If a Contractor or Permittee serves a primary service area that is near or adjoining the County of El Dorado (COUNTY) and in which the majority of its ALS responses originate, the EDC EMSA may approve the policies, procedures, and protocols, including medical direction of the LEMSAs having jurisdiction over the primary service area for use within the COUNTY.
- 2) In an unusual or emergent situation, as determined by the EDC EMSA, the EDC EMSA may approve the policies, procedures, and protocols, including medical direction of the LEMSAs having jurisdiction over the primary service area of a Contractor or Permittee for use within the COUNTY to assure continuity of ambulance and EMS services.
- 3) The Contractor or Permittee must submit the policies, procedures, and protocols from the LEMSAs having jurisdiction over the primary service area for consideration and approval by the EDC EMSA prior to their use in the COUNTY. Additionally, any time that the policies, procedures, or protocols are changed or amended, or if the physician serving as medical director changes, the Contractor or Permittee shall submit copies of those changes and/or amendments to the EDC EMSA as soon as practical, but in no case later than 30 days after the adoption of each change or amendment.
- 4) The COUNTY, through its EMS Agency and EMS Medical Director may, at its sole discretion and at any time, approve or disapprove, of the policies, procedures, and protocols submitted by any Contractor or Permittee and any subsequent changes or amendments to those policies, procedures, or protocols.

- 5) Approval and/or disapproval of the policies, procedures, and protocols shall be in writing and may be contained within the written contract between the Contractor and COUNTY or within a permit or accompanying documentation issued by the COUNTY.
- 6) The approval of the policies, procedures, and protocols issued by another LEMSA may be temporary and effective for only a specific period of time.
- 7) In considering approval of the policies, procedures and protocols, including medical direction issued by another LEMSA, the EDC EMSA will, at a minimum, consider the following issues:
 - a. The degree of consistency with EDC EMSA policies, procedures, and protocols.
 - b. The size of the Contractor or Permittee's operation in the COUNTY in comparison with its operation in its primary service area.
 - c. The adequacy of the submitted policies, procedures, and protocols.
 - d. The medical director of the LEMSA.
 - e. The cost and difficulty of requiring the Contractor or Permittee to certify and credential its paramedics and operation in more than one LEMSA.
 - f. The interests and safety of EMS patients in the COUNTY.
- 8) If the EDC EMSA does not approve or withdraws its approval of any or all policies, procedures or protocols, including medical direction, the Contractor or Permittee shall be required to comply with the policies, procedures, protocols and medical direction of the EDC EMSA.
- 9) If the Contractor or Permittee is unable or unwilling to comply with EDC EMSA regarding any policy, procedure, protocol, or medical direction issue that is not approved, the COUNTY may terminate any contract according to its terms or cancel any permit.