



## EMT-P SERVICE PROVIDER CRITERIA

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### I. AUTHORITY:

*Health and Safety Code-1797.178. No person or organization shall provide advanced life support (ALS) unless that person or organization is an authorized part of the emergency medical services (EMS) system of the local EMS agency.*

Title-22, 100168. A local EMS agency with an ALS system shall establish policies and procedures for the approval, designation, and evaluation through its quality assurance system, of all EMT-P service provider(s). These policies and procedures shall include provisions requiring an EMT-P to be affiliated with an approved EMT-P service provider in order to perform the scope of practice specified in this chapter for an EMT-P.

*An approved EMT-P service provider shall: (T-22, 100167)*

1. Provide emergency medical service response on a continuous twenty-four (24) hours per day basis, unless otherwise specified by the local EMS agency, in which case there shall be adequate justification for the exemption (e.g., lifeguards, ski patrol personnel, etc.).
2. Utilize and maintain telecommunications as specified by the local EMS agency.
3. Maintain a drug and solution inventory as specified by the local EMS agency, of basic and advanced life support equipment, and supplies commensurate with the scope of practice.
4. Have a written agreement with the local EMS agency to participate in the ALS program and to comply with all applicable State regulations and local policies and procedures, including participation in the local EMS agency's quality assurance system as specified in Section 100166 and 100168.

### II. APPLICATION:

This policy defines the criteria for approval of an emergency medical service-paramedic (EMT-P) service provider and designation by the Orange County Emergency Medical Services (OCEMS).

### III. CRITERIA:

- A. Based on State regulations and guidelines, County standards, and the Orange County Fire Service/Paramedic Master Plan, the EMT-P service provider shall identify the number of ALS units and geographical placements best suited to fulfill the prehospital emergency care needs in its jurisdiction.
- B. A prospective EMT-P service provider agency shall submit a written application to the OCEMS. The application shall include:
  1. A commitment of support from a responsible local government agency, i.e., city, County, or fire district.
  2. A commitment to respond, treat, and coordinate transport for any patient found within its service area.
  3. A commitment to provide emergency service response on a continuous 24 hour per day basis. Included shall be a listing of the provider agency response capabilities, e.g., the number of ALS



## EMT-P SERVICE PROVIDER CRITERIA

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- units, number of paramedic assessment units, number of first responder units, and number of units with first responder defibrillation equipment.
4. A commitment to adhere to applicable sections of the California Health and Safety Code and to the OCEMS policies and procedures.
  5. A commitment to provide ALS service meeting OCEMS staffing requirements for each unit. (2 EMT-Ps per ALS unit; 1 EMT-P per paramedic assessment unit.)
  6. A list of all licensed and locally accredited EMT-Ps affiliated with the EMT-P service provider, identifying active or inactive status.
  7. Information on geographical locations and primary response areas of proposed service units.
  8. Applicant's plan for adhering to Board of Supervisor's Resolution 76-1466 "Written plan for responding EMT-P units into geographically contiguous areas on a mutual aid and/or back-up response when requested without regard to governmental boundaries". Each plan shall address the Board recommendations:
    - a. One unit for every 64,000 populations; or one unit per 16 square miles; or an average of five minutes, or less response time; or adjacent units are at or above 300 total responses/month.
    - b. Plan for implementing boundary drops within the fire net or modified net, including:
      - current boundary commitments and deadlines for future implementation;
      - closest paramedic unit responses irrespective of governmental boundaries;
      - consideration of centralized dispatch and communications;
      - automatic paramedic unit back-up coverage of at least 3-5 units;
      - commitment to internet mutual aid agreement.
  9. A commitment:
    - a. To comply with OCEMS requirements for uniform record keeping, data collection and an OCEMS approved quality assurance plan as set forth by OCEMS policy and procedures.
    - b. To maintain a paramedic program coordinator who will be the liaison person with the OCEMS and the assigned base hospital (BH).
    - c. To notify the OCEMS of all EMT-P service provider operational modifications including:
      - 1) Proposed changes in number of units and/or unit locations.
      - 2) Major EMT-P service provider administrative personnel changes.
      - 3) Changes in status of licensed/accredited personnel.
    - d. To notify the OCEMS of all unusual incidents involving medical aid responses including but not limited to:
      - 1) Patient complaints



## EMT-P SERVICE PROVIDER CRITERIA

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- 2) Hospital complaints
- 3) Ambulance company complaints
- 4) Violations of State or OCEMS medical policies and procedures, protocols, rules, and/or regulations

(Included with each report of an unusual incident shall be a summary of the agency's internal response, if any, to the incident.)

- e. To work in conjunction with the OCEMS when evaluating EMT-P medical/communication equipment.
  - f. To comply with treatment guidelines as approved by the OCEMS Medical Director.
  - g. When feasible, to provide field internship opportunities to EMT-P trainees from the OCEMS approved paramedic training program.
  - h. To provide orientation and training opportunities to EMT-P challenge candidates for local accreditation to practice.
  - i. To work with the OCEMS in medical disaster preparedness.
10. An internal policy for:
- a. The systematic reporting of radio communications problems to Communications for resolution.
  - b. The routine dissemination of information to appropriate personnel from the OCEMS and its advisory committees.
  - c. The timely reporting of infectious disease exposures.
  - d. Resupplying of controlled substances and expendable medical supplies.
  - e. Addressing the approved method for handling, transporting, storing, and disposing of biomedical waste.

#### IV. HEARING / SUSPENSION / REVOCATION:

- A. *T-100168: The local EMS agency shall review its agreement plan with each EMT-P service provider at least every two years. Such agreement may be changed, renewed, canceled or otherwise modified, when necessary.*
- B. *The local EMS agency may deny, suspend, or revoke the approval of an EMT-P service provider for failure to comply with applicable policies.*



**EMT-P SERVICE PROVIDER CRITERIA**

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**Approved:**

A handwritten signature in blue ink, appearing to read "S Stratton".

Sam J. Stratton, MD, MPH  
OCEMS Medical Director

A handwritten signature in black ink, appearing to read "Tammi McConnell".

Tammi McConnell, MSN, RN  
OCEMS Administrator

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