



9-1-1 EMERGENCY AMBULANCE TRANSPORT PROVIDER: PROVISION OF SERVICE IN COUNTY ADMINISTERED NON-EXCLUSIVE AREAS

I. AUTHORITY:

California Health and Safety Code, Division 2,5, Sections 1797.202, 1797.222, 1797.252, 1798.0(a) (b);
Orange County Emergency Medical Services Policies and Procedures.

II. APPLICATION:

This policy describes Orange County Emergency Medical Services (OCEMS) method(s) for providing 9-1-1 Emergency Ambulance Transportation Service Provider (Provider) services coverage for county administered, non-exclusive OAs within the boundaries of Orange County.

III. DEFINITIONS:

“County” - Area included within the physical boundaries of the County of Orange; also refers to Orange County government.

“County Administered” – Geographic areas for which 9-1-1 emergency ambulance transport service is the responsibility of the County of Orange.

“CQI” - Continuous Quality Improvement

“EMS” – Emergency Medical Services

“EMS Plan” – State EMS Authority approved description of operational and administrative elements of the Orange County EMS system and program.

“Exclusive” – Referring to anti-trust protections afforded a contract that is provided state sanctioned anti-trust protection.

“Exclusive Operating Area” “EOA” - Ambulance area (zone) defined in the EMS Plan for which state sanctioned anti- trust protection for the 9-1-1 emergency ambulance transport service contract is in place.

“OCEMS” - Orange County Emergency Medical Services Agency

“Operating Area” “OA” - Ambulance area (zone) defined in the EMS Plan that does not have state sanctioned anti- trust protection for 9-1-1 emergency ambulance transport service.

“Non-Exclusive” – Referring to lack of exclusive operating privileges as would be afforded by state sanctioned anti-trust protection.

IV. CRITERIA:

1. 9-1-1 Emergency Ambulance Providers must meet all criteria defined in OCEMS Policy # 350.00 to be considered for providing 9-1-1 Emergency Ambulance Transport services in County administered non-exclusive Operational Areas (OAs).
2. Provider shall formally request that they be included as a 9-1-1 Emergency Ambulance service provider by written letter which describes the intent to provide such service, the OA for which service privileges are requested and description of how each criterion defined in OCEMS Policy # 350.00 is met.



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V. PROCEDURE:

1. Temporary Non-Exclusive OA 9-1-1 Emergency Ambulance service coverage; when coverage is required for a known period of time and it is expected exclusivity will be established by Requests for Proposals resulting in State approved contracts:
 - A. Each qualified 9-1-1 Emergency Ambulance provider (OCEMS Policy # 350.00) formally notifying OCEMS of the intent to serve the area will be placed into a 30 day rotation for service.
 1. The order of rotation will be determined on a first and then subsequent submitted written notification to OCEMS basis, determined by the time stamped received on the written notification by OCEMS.
 2. After the initial rotation plan is determined, subsequent qualified providers submitting formal notification will be added into rotation at the end of the then current rotation schedule. Example: adding provider C to an A-B rotation will occur such that the rotation becomes A-B-C, or if the A-B rotation is in the B-A phase, the rotation will continue with B, then A completing rotation and C then added such that the schedule is A-B-C.
 3. If a provider drops from the rotation schedule, those following in the rotation will be moved up to provide coverage of the dropped assignment such that coverage for the OA is continuous.
 4. The following provider in the rotation will provide back-up to the current provider in the rotation. Example: for A-B-C rotation, B is back-up provider for A, C is back-up provider for B, and A is back-up provider for C.
 5. Failure to provide 9-1-1 Emergency Ambulance response to two (2) consecutive 9-1-1 dispatched calls that are not declared mass casualty incidents (MCI) will result in immediate suspension from the rotation schedule.
2. For indeterminate time Non-Exclusive 9-1-1 Emergency Ambulance OAs service, coverage will be assigned to each qualified 9-1-1 Emergency Ambulance provider (OCEMS Policy #350.00) that provides written notification of OCEMS using the following procedure:
 - A. Each qualified 9-1-1 Emergency Ambulance provider (OCEMS Policy # 350.00) formally notifying OCEMS of the intent to serve the area will be placed into a 30 day rotation for service.
 1. The order of rotation will be determined on a first and then subsequent submitted written notification to OCEMS basis, determined by the time stamped received on the written notification by OCEMS.
 2. After the initial rotation plan is determined, subsequent qualified providers submitting formal notification will be added into rotation at the end of the then current rotation schedule. Example: adding provider C to an A-B rotation will occur such that the rotation becomes A-B-C, or if the A-B rotation is in the B-A phase, the rotation will continue with B, then A completing rotation and C then added such that the schedule is A-B-C.
 3. If a provider drops from the rotation schedule, those following in the rotation will be moved up to provide coverage of the dropped assignment such that coverage for the OA is continuous.

