



**AMBULANCE SERVICE
REGULATIONS
&
LICENSING PROCEDURES**

Adopted July 5, 2006

**LAS ANIMAS COUNTY
AMBULANCE SERVICE REGULATIONS
(Adopted July 5, 2006)**

General Purpose

The following ambulance licensing regulations shall become effective upon adoption of this Resolution, setting out the policies and procedures by which Las Animas County shall consider the granting of a license for the operation of ambulance services in Las Animas County.

Authority

Las Animas County hereby states its authority for the licensing of ambulance services within this county, as being in accordance with CRS 25-3.5-308, CRS 25-3.5-301, 302 & 304 thru 306. Further, Las Animas County establishes these licensing procedures in satisfaction of Policy directives enacted by the Colorado Department of Public Health & Environment, Health Facilities and Emergency Medical Services Division, 6CCR 1015-4, and rules adopted by the Colorado Board of Health, pertaining to the Statewide Emergency Medical and Trauma Care System.

Definitions

For the purposes of these regulations, the following definitions of terms shall apply:

Advanced Cardiac Life Support (ACLS) – a course of instruction sponsored by the American Heart Association designed to prepare students in the practice of advanced emergency cardiac care.

Ambulance – any public or privately owned land vehicle especially constructed or modified and equipped, intended to be used and maintained or operated by, ambulance services for the transportation, upon the roads, streets and highways of this State, of individuals who are sick, injured, or otherwise incapacitated or helpless.

Ambulance Advanced Life Support – a type of permit issued by a county to a vehicle equipped in accordance with Section 9 of these rules and operated by an ambulance service authorizing the vehicle to be used to provide ambulance service limited to the scope of practice of the emergency medical technician-intermediate or emergency medical technician-paramedic as defined in the Colorado Board of Medical Examiners rules, 3 CCR 713-6, Rule 500, Section 5 and 6.

Ambulance Basis Life Support – a type of permit issued by a county to a vehicle equipped in accordance with Section 9 of these rules and authorized to be used to provide ambulance service limited to the scope of practice of the emergency medical technician-basic as defined in the Colorado Board of Examiners rules, 3 CCR 713-6, Rule 500, Section 4.

Ambulance Service License – a legal document issued to an ambulance service by a county as evidence that the applicant meets the requirements for licensure to operate an ambulance service as defined by county resolution or regulations.

Ambulance Service – the furnishing, operating, conducting, maintaining, advertising, or otherwise engaging in or professing to be engaged in the transportation of patients by ambulance. Taken in context, the person so engaged or professing to be so engaged and the vehicles used for the emergency transportation of persons injured at a mine are excluded from this definition when the personnel utilized in the operation of said vehicles are subject to the mandatory safety standards of the federal mine safety and health administration, or its successor agency.

Ambulance Transport Agency – any public agency, volunteer organization or commercial enterprise licensed as an ambulance service by the Board of County Commissioners of any Colorado County.

Based – an ambulance service headquartered, having a substation, office ambulance post or other permanent location in a county.

Board of Medical Examiners Rules – rules adopted by the Board of Medical Examiners which establish responsibilities of physician advisors and all authorized acts of emergency medical technicians.

Commission on Accreditation of Medical Transport Systems (CAMTS) – a national not for profit organization that provides accreditation services for air medical and inter-facility transportation services.

County – Las Animas County, Colorado.

Department – Colorado Department of Public Health & Environment.

Emergency Call – a real or self-perceived event where the EMS system is accessed by the 9-1-1 emergency access number or its local equivalent, or an inter-facility transfer where the patient's health or well-being could be compromised if the patient is held at the originating facility indefinitely.

Emergency Medical Dispatch Training Group – a public communications center, public safety agency, or EMS provider agency that has been formally recognized by the Department to conduct Emergency Medical Dispatch Training curricula established by the Department in accordance with CRS 25-3.5-201.

Emergency Medical Technician –Basic (EMT-B) – an individual who holds a current and valid Emergency Medical Technician –Basic certificate issued by the Department.

Emergency Medical Technician –Intermediate (EMT-I) – an individual who holds a current and valid Emergency Medical Technician-Intermediate certificate issued by the Department.

Emergency Medical Technician –Paramedic (EMT-P) – an individual who holds a current and valid Emergency Medical Technician-Paramedic certificate issued by the Department.

Graduate EMT-Intermediate – an individual who has successfully completed a Department recognized Emergency Medical Technician-Intermediate training course but has not yet successfully completed the certification requirements set forth in these rules.

Graduate EMT-Paramedic – an individual who has successfully completed a Department recognized EMT-Paramedic training course but has not yet successfully completed the certification requirements set forth in these rules.

Medical Director – a physician who holds an active Colorado medical license, who establishes protocols and standing orders for medical acts performed by department-certified EMTs of a pre-hospital EMS service agency and who is specifically identified as being responsible to assure the competency of the performance of those acts by such department-certified EMTs as described in the physician’s medical continuous quality improvement program. Any reference to a “physician advisor” in the State EMS rules or in the Board of Medical Examiners previously adopted rules shall apply to a “medical director”, as defined in these rules.

Medical Quality Improvement Program – a process consistent with Colorado Board of Medical Examiners rules, 3 CCR 713-6, Rule 500, Section 3.2 (b), used to objectively, systematically and continuously monitor, assess and improve the quality and appropriateness of care provided by the medical care providers operating on an ambulance service.

Patient Care Report – a medical record of an encounter between any patient and a provider of medical care.

Permit – the authorization issued by the governing body of a local government with respect to an ambulance used or to be used to provide ambulance service in the State of Colorado.

Physician Advisor – a Colorado licensed physician who establishes protocols and standing orders for medical acts performed by EMT-Basics, EMT-Intermediates, or EMT-Paramedics of a pre-hospital emergency care service agency and who is specifically identified as being responsible to assure competency of the performance of those acts by such EMT-Basics, EMT-Intermediates, or EMT-Paramedics.

Protocol – written standards for patient medical assessment and management.

Rescue Unit – any organized group chartered by this State as a corporation not for profit or otherwise existing as a nonprofit organization whose purpose is the search for and the rescue of lost or injured persons and includes, but is not limited to, such groups as search and rescue, mountain rescue, ski patrols, (either volunteer or professional), law enforcement posses, civil defense units, or other organizations of governmental designation responsible for search and rescue.

Quick Response Team (QRT) – provides initial care to a patient prior to the arrival of an ambulance.

Note: Sentence structure and rules of language: the word “may” is permissive; the word “shall” is mandatory; the singular includes the plural; and no term is gender specific.

Licensing Application Procedures

Every operator of ambulance service within Las Animas County shall make application to the Board of County Commissioners, on forms prescribed by the County, and accompanied by all supporting documentation and information as required by this licensing application procedures.

No ambulance service may provide ambulance services within Las Animas County, without first having obtained a License issued by the Board of County Commissioners of Las Animas County.

The license authorized and issued by the County, to each ambulance service operating in the county shall be valid for a period of one (1) year, from the date of issuance.

Following the initial licensing of ambulance service by the County, subsequent application for renewal of licensure shall be submitted no later than thirty (30) days, preceding the expiration date of the initial license.

- a) no license may be donated, sold or otherwise transferred by the licensee to any other person.
- b) no ambulance certification may be transferred.

Submission Requirements

- 1) Ambulance Service's written Policy and Procedure Manual.
- 2) Verification that each ambulance vehicle meets KKK-A-1822(e) federal design standards as promulgated by the U. S. General Services Administration.
- 3) Documentation of vehicle insurance coverage meeting or exceeding minimum standards as set out in CRS 10-4-609 and CRS 42-7-1-3 (2).
- 4) Documentation of Workers' Compensation coverage in conformance with Colorado Title 8, Article 4, 0-47.
- 5) Documentation of professional liability insurance coverage for all EMT personnel.
 - a) a completed and signed ambulance vehicle inspection form for each ambulance in service and operational within the ambulance service fleet. (See requirements for ambulance inspection).
 - b) a completed and signed ambulance equipment verification form for each ambulance in service and operational within the ambulance service fleet. (See requirements for ambulance equipment verification).

Complaint Procedure

There is hereby established a procedure for the taking of complaints from any person, regarding the performance of emergency medical services, compliance with laws, rules and/or procedures as set out in Statute, Rule issued by the Department or Board of Medical Examiners.

Notice of Complaint

Any person aggrieved by the performance, lack of performance or alleged failure to perform, by any licensed ambulance service, may complete and submit in written form, his/her complaint or allegation of failure to comply with the requirements of the county governing the licensure of ambulance services.

Such complaint shall require completion of a complaint form provided by the county, accompanied by such supporting documentation and information provided by the complainant, so as to completely reflect the nature of the complaint.

Investigation of Complaint

The county shall cause an investigation of each complaint to ascertain facts in question and/or information necessary for the county to make a determination on the complaint to either sustain or reject the complaint.

Complaint Hearing

The Board of County Commissioners shall schedule and conduct a public hearing where sworn testimony may be taken from the complainant and affording the ambulance service opportunity to respond to the complaint.

Findings & Determination

Following the conclusion of its public hearing, the Board of County Commissioners shall make findings as to the merits of the complaint, and if sustained, the Board of County Commissioners shall determine any remedial action required by the ambulance service to correct any deficiency or failure.

The Board of County Commissioners reserves the right to issue a revocation of a license, the suspension of a license for a defined period of time, or the denial of renewal of a license to the ambulance service. (CRS 25-3.5-304).

Patient Care Reporting

Each ambulance service shall complete a patient care report for each patient that it assists. The patient care report shall include, as a minimum, all pre-hospital care data set, as set out in the Emergency Medical Services Rules, 6 CCR 1015.3.

All patient care reports completed by the ambulance service shall be provided to the department in accordance with Emergency Medical Services Rules, 6 CCR 1015-3.

Agency Profile

Each ambulance service shall prepare and submit coincident with its application for license for ambulance service, an Agency Profile, as defined by State Emergency Medical and Trauma Services Advisory Council, and approved by the department, including information on resource availability, planning and coordination of statewide emergency medical and trauma services, on an annual basis.

Minimum Staffing Requirements

Each ambulance service shall prepare and submit coincident with its application for license for ambulance service, a staffing plan reflection the type (by certification level) and number of personnel responsible for providing direct emergency medical care to patients transported in an ambulance, however at a minimum, there shall be one Emergency Medical Technician-Basic, as defined in EMS Rules 6 CCR 1015-3.

Medical Oversight & Quality Improvement

Each ambulance service shall prepare and submit, coincident with its application for license for ambulance service, identification of its Medical Director as defined by the Colorado Board of Medical Examiners 3 CCR 719-6, Rule 500.

Each licensee is required to provide written notice to the County within fifteen (15) days, should a change occur in medical oversight and/or the Medical Director.

Each licensed ambulance service shall have an ongoing Medical Continuous Quality Improvement Program consistent with the requirements as defined in the Colorado Board of Medical Examiners rules 3 CCR 713-6, Rule 500, 3.2, b. The application for license to operate an ambulance service shall include an attestation by the Medical Director of willingness to provide medical oversight and a Medical Continuous Quality Improvement Program for the ambulance service.

Minimum Equipment Requirements

Every ambulance operated by a licensed ambulance service shall be equipped for the type of service defined by its permit, as set out in Rules Pertaining to Emergency Medical Services, enacted pursuant to CRS 25-3.5-105.

Inspection of Ambulance

Every ambulance proposed to be operated by a licensed ambulance service shall be inspected for compliance with the rules set forth herein, by the Las Animas-Huerfano Counties District Health Department.

Such inspection shall verify compliance with the requirements for equipment for each type of ambulance. Should one or more deficiencies be found, the ambulance service shall correct such deficiency(ies) before the ambulance inspection certificate may be endorsed by an official of the District Health Department.

If all equipment is found to be present on an ambulance, the official of the District Health Department shall place his/her signature on the inspection form, verifying compliance with the equipment rules. No certificate is transferable.

Ambulance Service License Application Fee

A nonrefundable application fee, payable to Las Animas County, in the amount of One Hundred Dollars (\$ 100.00), shall accompany each application for a license to operate ambulance services within Las Animas County. A like amount of application fee shall be paid annually, with each renewal application.

Ambulance Inspection Fee

A nonrefundable ambulance inspection fee, payable to the Las Animas-Huerfano Counties District Health Department, in the amount of Fifty Dollars (\$ 50.00), per ambulance vehicle shall accompany each application for an ambulance inspection. In the event that the inspection fails, a new non-refundable inspection fee shall be paid for each subsequent inspection.

**LAS ANIMAS COUNTY
AMBULANCE LICENSING APPLICATION
(Adopted July 5, 2006)**

These ambulance licensing procedures are set out in accordance with CRS 25-3.5-308, CRS 25-3.5-301, 302, & 304 thru 306. All terms are as defined in CRS 25-3.5-105, et seq., rules pertaining to emergency medical services.

1. GENERAL INFORMATION

Name of ambulance service: _____

Type of agency: (i.e. Special District, For-profit corporation, Not-for-profit corporation, Volunteer agency, etc.)

Date of incorporation: _____

Principal business address (physical location):

Business phone No.: _____ Emergency Phone No.: _____

Business mailing address: _____

Manager or Director: _____

II. MEDICAL OVERSIGHT & ATTESTATION OF OVERSIGHT & CONTINUOUS QUALITY IMPROVEMENT PROGRAM

Medical Director: (meeting requirements of CBME 3 CCR 713-6 Rule 500)
_____ Emergency contact number: _____

I hereby attest that, as Medical Director for the _____ Ambulance Service, that I shall provide the necessary medical oversight for the provision of emergency medical services by this ambulance service agency and shall assure that the it medical services providers shall actively participate in the Medical Continuous Quality Improvement Program for ambulance service.

Medical Director

Date

III. REQUIRED DATA

Please provide an example copy of the following:

- a) Patient Care Report (in satisfaction of EMS Rule 6 CCR 1015.3)
- b) Agency profile of emergency medical services provided by agency.
- c) Staffing pattern matrix (in satisfaction of EMS Rule 6 CCR 1015-3)
- d) List of EMS personnel and certification level

IV. AMBULANCE VEHICLE LISTING BY TYPE OF SERVICES PROVIDED

Please list below, each ambulance vehicle to be licensed for your agency and identify the type of ambulance service provided by each.

Vehicle Description Make/Model/Year	Vehicle I. D. number	Basic life Support	Advanced Life Support	Other (specify)
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V. SERVICE AREA & AMBULANCE LOCATIONS

1. Please provide a general description of your service area and attach a service area map.
2. Please list all locations where ambulances are stationed and identify the sub-entities (i.e. Quick Response Teams –QRTs) responsible for the ambulance operation(s) at each location.

VI. INSURANCE

1. Please identify the name and address of the Insurance Carrier/Underwriter of general liability insurance coverage in satisfaction of requirements set out in CRS 10-4-609, and CRS 42-7-103 (2), and identify the certificate holder.
2. Please identify the underwriter of insurance for Workers' Compensation coverage in satisfaction of Colorado Title 8, Article 4, and attach a copy of the certificate of Workers' Compensation insurance.
3. Please identify the underwriter of provide proof of insurance for professional liability coverage provided to employees.
4. Name & address of Insurance Carrier/Underwriter & Agent/Representative:
5. Please attach copies of the Certificates of Insurance for each type of insurance coverage listed above.

VII. SUMMARY OF SERVICE PLAN, POLICIES & PROCEDURES, OPERATIONAL or MEIDCAL PROTOCOLS

Please attach current copies of the Service Plan for your agency, copies of all formal policies and procedures, and operational or medical protocols, currently in effect governing the operations of your ambulance service.

VIII. CONTINUOUS QUALITY IMPROVEMENT PROGRAM

Please summarize your agency's Continuous Quality Improvement Program goals, objectives and procedures and attach a full copy of the document in compliance with Colorado Board of Medical Examiners rule 3CCR 713-6, Rule 500, 3.2,b.

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE & CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF:

Ambulance Service Representative

Date

**LAS ANIMAS COUNTY
LICENSE APPROVAL**

Las Animas County Board of Commissioners
as Ambulance Service Licensing Authority

____/____/____
Approval date

Attest: _____
County Clerk & Recorder

PART 2

APPLICATION FOR AMBULANCE VEHICLE PERMIT

(Please complete a separate form for each ambulance vehicle)

Note: All ambulance vehicles shall be designed and constructed in conformance with U.S. GSA federal specifications KKK -A-1822(e).

AMBULANCE VEHICLE DESCRIPTION:

VEHICLE TYPE: (year, make & model)

TYPE OF SERVICE PROVIDED WITH THIS VEHICLE:

VEHICLE IDENTIFICATION NUMBER (VIN):

DATE PLACED INTO SERVICE:

VEHICLE DESCRIPTION: (Describe color scheme , insignia, agency name, monogram or other identifying characteristics: (Please provide a photograph of vehicle, if available)

COLORADO STATE LICENSE NUMBER (REGISTRATION NO.):

LOCATION BASE OF AMBULANCE VEHICLE:

OTHER INFORMATION: _____

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

TITLE: _____

DATE: _____

Part 3

MINIMUM EQUIPMENT REQUIREMENTS FOR AMBULANCE VEHICLES

In accordance with EMS Rule 9.3 & 9.4, each ambulance vehicle shall be equipped with the following list of equipment, based upon the level of emergency medical services provided:

Ventilation & Airway Equipment

- 1) one (1) portable suction unit and hose (fixed system) or backup suction unit with wide bore tubing, rigid pharyngeal curved suction tip and soft catheter suction tips to include pediatric size 6 fr. through 14 fr.
- 2) bulb syringe
- 3) house oxygen and portable oxygen bottle, each with a variable flow regulator
- 4) transparent, non-re breather oxygen masks and nasal cannula in adult sizes and transparent non re-breather oxygen masks in pediatric sizes.
- 5) hand operated, self inflating bag-valve mask resuscitators with oxygen reservoirs and standard 15mm to 21mm fittings in the following sizes: a) 500cc bag for infant and neonate; b) 750cc bag for children; 1000cc bag for adults; transparent masks for infants, neonate patients, children and adults.
- 6) nasopharyngeal airway in adults sizes 24 fr. through 32 fr.
- 7) oropharyngeal airways in adult and pediatric sizes to include: infant, child, small adult and large adult.

Patient Assessment Equipment

- 1) blood pressure cuffs to include large adult, regular adult, child and infant sizes.
- 2) stethoscope

3) penlight

Splinting Equipment

- 1) lower extremity traction splint
- 2) upper and lower extremity splints
- 3) long board, scoop™, vacuum mattress or equivalent with appropriate accessories to immobilize the patient from head to heels.
- 4) short board, K.E.D. or equivalent, with the ability to immobilize the patient from head to pelvis.
- 5) pediatric spine board or adult spine board that can be adapted for pediatric use.
- 6) adult and pediatric head immobilization equipment
- 7) adult and pediatric cervical spine immobilization equipment per medical director protocol.

Dressing Materials

- 1) bandages – various types and sizes per agency needs and medical director protocol.
- 2) multiple dressings (including occlusive dressings), various sizes per ambulance service requirements, needs and medical director protocol.
- 3) sterile burn sheets.
- 4) Adhesive tape per ambulance service requirements, needs and medical director protocol.

Obstetrical Supplies

- 1) sterile o.b. kit to include: towels, 4X4 dressings, umbilical tape or cord clamps, scissors, bulb syringe, sterile gloves and thermal absorbent blanket.

- 2) neonate stocking cap or equivalent.

Miscellaneous Equipment

- 1) heavy bandage scissors, shears or equivalent capable of cutting clothing, belts, boots, etc.
- 2) two working flashlights
- 3) blankets and appropriate heat source for the ambulance patient compartment.

Communications Equipment

- 1) All communications equipment shall be maintained in good working order. The communications equipment must be capable of transmitting and receiving clear voice communications.
- 2) Two-way communications that will enable the ambulance personnel to communicate with:
 - a. ambulance service's dispatch
 - b. medical control facility or a physician
 - c. receiving facilities
 - d. mutual aid agencies

Extrication Equipment

- 1) Each ambulance should carry extrication equipment appropriate for the level of extrication the ambulance service provides and in accordance with the requirements established by the county in which the ambulance is licensed.

Body Substance Isolation (BSI) equipment properly sized to fit all personnel.

- 1) non-sterile disposable gloves, to include a minimum one box of latex free gloves
- 2) protective eyewear
- 3) non-sterile surgical masks
- 4) safety protection gear for extrication consistent with the ambulance service extrication capabilities.

- 5) Sharps containers for the appropriate disposal and storage of medical waste and biohazards.
- 6) HEPA masks, which can be of universal size

Safety Equipment

- 1) a set of three (3) warning reflectors
- 2) one (1) ten pound (10 lb.) or two (2) five pound (5 lb.) ABC fire extinguishers, with a minimum of one extinguisher accessible from the patient compartment and vehicle exterior.
- 3) child safety seat or appropriate protective restraints for patients, crew, accompanying family members and other vehicle occupants.
- 4) Properly secured patient transport system (i.e. wheeled stretcher).
- 5) triage tags as approved by the department.

Minimum equipment requirement for Advanced Life Support ambulances

All equipment listed above.

Ventilation equipment

- 1) adult and pediatric endotracheal intubation equipment to include stylets and an endotracheal tube stabilization device and endotracheal tubes uncuffed range from 2/5 – 5/5, and cuffed size range from 6.0 -8.0 per medical director protocol.
- 2) Laryngoscope and blades, straight and/or curved of sizes of 0-4.
- 3) adult and pediatric magill forceps.
- 4) End tidal co2 detector or alternative device, approved by the FDA, for determining end tube placement.

Patient Assessment Equipment

- 1) portable, battery operated cardiac monitor – defibrillator with strip chart recorder and adult and pediatric EKG electrodes and

defibrillation capabilities.

- 2) pulse oximeter with adult and pediatric probes
- 3) electronic blood glucose measuring device

Intravenous Equipment

- 1) adult and pediatric intravenous solutions and administration equipment per medical director protocol.
- 2) adult and pediatric intravenous arm boards.

Pharmacological Agents

- 1) pharmacological agents and delivery devices per medical director protocol.
- 2) pediatric "length based" device for sizing drug dosage calculations and sizing equipment.

