

Ordinance No. _____

AN ORDINANCE OF THE BOARD OF SUPERVISORS OF THE COUNTY OF SONOMA, STATE OF CALIFORNIA, AMENDING 28 OF THE SONOMA COUNTY CODE TO ESTABLISH STANDARDS, PERMIT AND PROVIDER AUTHORIZATION REQUIREMENTS, AND OTHER MEASURES THAT REGULATE THE DELIVERY OF EMERGENCY MEDICAL SERVICES

The Board of Supervisors of the County of Sonoma, State of California, ordains as follows:

Section I. Chapter 28 of the Sonoma County Code is amended to read:

CHAPTER 28 – EMERGENCY AND PRE-HOSPITAL MEDICAL SERVICES SYSTEM

Article I. - General.

Sec. 28-1. - Title.

The ordinance codified in this ~~chapter~~Chapter shall be known as the "Emergency and Pre-Hospital Medical Services System Ordinance of Sonoma County."

~~Sec. 28-1.5. – Geographical scope.~~

~~This chapter shall apply to the area subject to the local EMS plan except as may otherwise be limited or modified by court order or state law.~~

Sec. 28-2. - Purpose.

This Chapter is to provide for the public health, safety and welfare in the use of ambulance and other pre-hospital emergency care resources by providing for the establishment of effective standards for the operation, equipment and personnel of ground ambulance and air ambulance services. It is intended to be consistent with and in furtherance of the public purposes expressed by the legislature in the Emergency Medical Services Act and other enactments. It is intended to improve the availability, quality and to promote the sustainability of emergency medical services provided to the residents of and visitors to Sonoma County. It is intended to recognize the value of the diversity of agencies engaged in the provision of EMS within Sonoma County as well as the diverse needs of the rural and urban communities they serve. It is intended to ensure the coordination of the provision of health care within the out-of-hospital environment in Sonoma County is done in partnership with Public Safety agencies, public and private ambulance services, hospitals and health care systems as well as allied community partners. It is intended to recognize resources and needs within Sonoma County communities vary from rural to urban settings and to consider the EMS system as a whole in planning and coordination efforts. It is intended to recognize that some EMS services are provided by agencies with additional public safety responsibilities and to ensure consideration where appropriate is given to multi-disciplinary agencies' needs in providing services to their communities. It is intended to apply to basic life support, limited advanced life support services, advanced life support services, paramedic and emergency medical technician services, and all ambulance services, to the extent permitted by law. This Chapter is not intended to regulate the provision of wheelchair vans, gurney cars or similar dedicated non-ambulance vehicles. This Chapter applies to vehicles or aircraft requiring an emergency vehicle license from the California Highway Patrol, or an air carrier operating certificate from the Federal Aviation

Administration. This Chapter shall be liberally construed for the accomplishment of these purposes.

- ~~1. This chapter is to provide for the public health, safety and welfare in the use of ambulance and other pre-hospital emergency care resources by the establishment of effective standards for the operation, equipment and personnel of ground ambulance and air ambulance services. It is intended to be consistent with and in furtherance of the public purposes expressed by the legislature in the Emergency Medical Services Act and other enactments. It is intended to improve the availability and quality of emergency medical services within the EMS area under the jurisdiction of the Sonoma County EMS agency. It is intended to apply to limited advanced life support services, advanced life support services, paramedic and emergency medical technician services, and all emergency ambulance services, to the extent permitted by law. This chapter does not cover wheelchair vans, gurney cars or similar dedicated non-ambulance vehicles. This chapter applies to vehicles or aircraft requiring an emergency vehicle license from the California Highway Patrol, or an air carrier operating certificate from the Federal Aviation Administration. This chapter shall be liberally construed for the accomplishment of these purposes.~~
- ~~2. (b) This chapter is not intended to increase the obligations upon publicly owned and operated fire department or fire district ambulance services beyond the obligations already established and observed between the fire department or fire district ambulance services and the county EMS agency on or before January 1, 1991. While fire department and fire district ambulance services shall not be required to secure permits, the ambulances and their personnel shall be subject to all requirements established within this chapter, the Emergency Medical Services Act, the California Code of Regulations, and the policies, practices and procedures adopted pursuant to this chapter by the Sonoma County EMS agency.~~

Sec. 28-3. - Definitions.

Unless otherwise specified, for the purposes of this ~~chapter~~Chapter words and terms are defined as follows:

- ~~1) (1) "Advanced life support (ALS)" means special services designed to provide pre-hospital care as defined in Health and Safety Code 1797.52 including, but not limited to, cardiopulmonary resuscitation, cardiac monitoring, cardiac defibrillation, advanced airway~~"Advanced Life Support" or "ALS"; see "Class of service."
- ~~2) "Ambulance" means any privately or publicly owned vehicle especially designed, constructed, modified, equipped, arranged, maintained, and operated for the sole purpose of transporting sick, injured, infirm, convalescent or otherwise incapacitated persons, and expectant mothers.~~
- ~~3) "Ambulance Dispatch Center" means any entity that dispatches ambulances in response to requests for service through any means of communication.~~
- ~~4) "Ambulance Service Provider" means any person or entity who, for monetary, public service, or other consideration, transports, in one or more air or ground ambulances~~

providing any class of service, one or more persons needing medical attention or services from any location in the County.

- 5) “Ambulance Service Provider Permit” means a permit issued by the LEMSA in accordance with LEMSA policy authorizing the holder to act as an Ambulance Service Provider within the County.
- 6) “Basic Life Support” or “BLS”; see “Class of Service.”
- 7) “Board” means the Board of Supervisors, County of Sonoma.
- 8) “CCR” means California Code of Regulations
- 9) “Class of Service” means the level or levels of complexity of field emergency medical services that may be provided by the EMS Provider Agency and/or certified and/or licensed persons. These are:
 - a) Public Safety First Aid as defined in CCR Title 22, section 100009 provided by Peace Officers, Firefighters and Public Safety Lifeguards not certified at a higher level.
 - b) Emergency Medical Responder (EMR) Is described as a standard for training promulgated by the National Registry of Emergency Medical Technicians. If the State of California creates an EMR certification standard with substantially similar training and requiring competency under that standard, the meaning of the EMR shall be as defined in HSC and/or California Code of Regulations.
 - c) Basic Life Support (BLS) as defined in Health and Safety Code section 1797.60 provided at the EMT scope of practice level, as defined in Health and Safety Code section 1797.80.
 - d) Advanced Life Support (ALS) level care as defined in Health and Safety Code section 1797.56 provided by a paramedic as defined in Health and Safety Code section 1797.84.
 - e) “Critical Care Transport” or “CCT” level care during transport which exceeds the paramedic scope of practice, requiring a higher level of health care licensure.
- 10) “County” means the County of Sonoma, State of California.
- 11) “Department” means County of Sonoma, Department of Health Services
- 12) “Dispatch Steering Committee” means a committee established by the legal entity having responsibility for EMS Dispatch services. The role of the committee is to establish general and medical dispatch policies with input from the affected agencies.
- 13) “Emergency Call” means a request for medical care or ambulance transportation to an acute care hospital from a location other than an acute care hospital.
- 14) “Emergency Medical Care Council (EMCC)” means the Emergency Medical Care Committee of Sonoma County appointed by the Sonoma County Board of Supervisors pursuant to California Health and Safety Code section 1797.272.
- 15) “Emergency Medical Services” or “EMS” means medical services performed in response to an Emergency Call.

- 16) “EMS Aircraft Service” means any aircraft service utilized for the purpose of pre-hospital emergency patient response and transport. EMS Aircraft are classified in accordance with CCR Title 22 section 100300.
- 17) “EMS Dispatch” means the Ambulance Dispatch Center designated by the LEMSA for the dispatch of EMS responders to Emergency Calls.
- 18) “EMS Entity” means a public or private organization of any type providing EMS and/or Ambulance services within the County.
- 19) “EMS System” means a specifically organized arrangement which provides for the personnel, facilities, and equipment for the effective and coordinated delivery of medical care services under emergency conditions, as described in Health and Safety Code section 1797.78.
- 20) “Enforcement Officer” means a Department of Health Services employee delegated the administrative function of enforcing the provisions of this Chapter by, and under the supervision of, the LEMSA Medical Director and the Department.
- 21) “EOA” means Exclusive Operating Area as defined in Health & Safety Code section 1797.85
- 22) “Hearing Officer” means an Administrative Law Judge from the Office of Administrative Hearings
- 23) “LEMSA” means the Local EMS Agency established by the County, designated by the Board pursuant to Health and Safety Code section 1797.200.
- 24) “LEMSA Medical Director” means the licensed physician and surgeon designated by the County to provide medical control and assure medical accountability throughout the planning, implementation and evaluation of the EMS System in accordance with Health and Safety Code section 1797.202
- 25) “Maddy EMS Fund” references funding available through Health and Safety Code section 1797.98 which compensates health care providers for emergency medical services for individuals who do not have health insurance and cannot afford to pay for emergency care and for discretionary EMS purposes.
- 26) “Medical control” means the medical management of the emergency medical services system pursuant to the Emergency Medical Services System and Pre-hospital Emergency Care Personnel Act of 1980.
- 27) Paramedic Service Provider Agreement (PSPA) means an agreement between a provider of ALS services and the LEMSA as required by CCR Title 22 section 100168.
- 28) “Permit” means an “Ambulance Service Provider Permit”
- 29) “Permittee” means an Ambulance Service Provider which has been granted a permit by the LEMSA to engage in a business or service in which ambulances are operated.
- 30) “Provider Agreement” means any agreement between an EMS Entity and the LEMSA specifying terms and conditions for the provision of EMS including, but not limited to, class

of service to be provided, LEMSA approval for optional scope of practice, participation in LEMSA data and quality improvement activities and/or performance standards.

31) Qualified Elected Governing Entity (QEGE) means a City, Special District providing ambulance services or the County.

32) "the Act" means The Emergency Medical Services System and Pre-hospital Emergency Care Personnel Act of 1980.

~~y management, intravenous therapy, administration of specified drugs and other medicinal preparations, and other specified techniques and procedures administered by certified personnel under direct supervision of a base hospital. (See also: Limited advance life support)~~

~~(2) — "Advanced life support engine company" means any fire apparatus staffed and equipped to meet the minimum level requirements of the local EMS agency to provide nontransport advanced life support care.~~

~~(3) — "Ambulance" means any privately or publicly owned vehicle specially designed, constructed, modified or equipped, and used for responding to emergency calls, providing advanced life support services, as defined herein for the purpose of transporting sick, injured, convalescent, infirm or otherwise incapacitated persons.~~

~~(4) — "Ambulance personnel" means a qualified person (EMT-P, EMT-I, RN, MD) acting as an attendant responding to an emergency call who occupies the patient compartment while transporting any individual in apparent need of medical attention.~~

~~(5) — "Ambulance driver" means a licensed person who operates an ambulance as specified by this chapter.~~

~~(6) — "Ambulance service" means a private or public organization providing an ambulance for use in ALS service, emergency service or a situation which has the potential of becoming an emergency.~~

~~(7) — "Base hospital" means a hospital which, upon designation by the local EMS agency and with a written contractual agreement with the local EMS agency, is responsible for directing the advanced life support system or limited advanced life support system assigned to it or them by the local EMS agency.~~

~~(8) — "Basic life support" has the meaning as defined in Health and Safety Code Section 1797.60. 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 to maintain life without invasive techniques until the patient may be transported or until advanced life support is available.~~

~~(9) — "Board" means the board of supervisors, county of Sonoma.~~

~~(10) — "Certificate" means a specific document issued to an individual denoting competence in the named area of pre-hospital emergency medical service.~~

~~(11) — "Class of services" means the level or levels of complexity of field emergency medical services that may be provided by permittee and/or certified person and will be specified as:~~

~~(i) — First Responder — person dispatched in accordance with local EMS system policies who meets minimum training requirements specified in State EMS First Responder Guidelines.~~

~~(ii) — Basic life support (BLS) — provided by EMT I personnel conforming to regulations established pursuant to California Health and Safety Code, Section 1797 et seq.~~

~~(iii) — Limited advanced life support (LALS) — provided by EMT II personnel certified by the EMS agency medical director.~~

~~(iv) — Advanced life support (ALS) — provided by EMT paramedic personnel certified by the EMS agency medical director.~~

~~(12) — "County" means the county of Sonoma, state of California.~~

~~(13) — "Code 1 call" means any non-Code 3 or non-Code 2 request for ambulance service which is scheduled or unscheduled (i) where a physician, emergency medical personnel, or public safety agency has determined a need for an ambulance because of a potential for an emergency or (ii) where ALS services are requested or may be required.~~

~~(14) — "Code 2 call" means any request for ambulance service in a situation designated as non-life-threatening by dispatch personnel in accordance with county policy, requiring the immediate dispatch of an ambulance without the use of lights and sirens.~~

~~(15) — "Code 3 call" means any request for ambulance service in a situation perceived or actually life-threatening, as determined by EMS dispatch personnel, in accordance with county policy, requiring immediate dispatch with the use of lights and sirens.~~

~~(16) — "Computer-aided dispatch" or "CAD" means computer-aided dispatch system consisting of associated hardware and software to facilitate call taking, unit selection, resource dispatch and deployment, event time stamping, creation and real time maintenance of incident database and providing management information.~~

~~(17) — "Contract compliance committee" means a committee which evaluates ambulance contract compliance and reviews levies of penalties for noncompliance.~~

~~(18) — "Emergency" means any apparent sudden or serious illness or injury requiring, or having the potential of requiring, immediate medical or psychiatric attention under circumstances that delay in providing such services may aggravate the medical condition or cause the loss of life; furthermore, any case declared to be an emergency, or having the potential to be declared an emergency, as determined by psychiatric observation under Welfare and Institutions Code Section 5150 due to the potential for an emergency.~~

~~(19) — "Emergency call" means a request for an ambulance to transport or assist a person in apparent sudden need of medical attention or to assist a person who has the potential for sudden need of medical attention, or in a medical emergency as determined by a physician, to transport blood, any therapeutic device, accessory to such device or tissue or organ for transplant.~~

~~(20) — "Emergency medical care committee (EMCC)" means the emergency medical care committee of Sonoma County appointed by the Sonoma County board of supervisors pursuant to California Health and Safety Code Section 1750, et seq.~~

- ~~(21) — "Emergency medical services" means medical services utilized in responding to a medical emergency.~~
- ~~(22) — "EMS area" means all that geographical area within and governed by the Sonoma County EMS plan except as may otherwise be limited or modified by court order or state law.~~
- ~~(23) — "EMS plan" or "emergency medical services plan" means a plan for the delivery of emergency medical services consistent with state guidelines addressing the components listed in Section 1797.103.~~
- ~~(24) — "EMS dispatch" means the emergency medical services dispatch center operated by the Sonoma County sheriff.~~
- ~~(25) — "Emergency medical services system" means a specially organized arrangement of resources including, but not limited to, First Responders and ambulances which provide the personnel, facilities and equipment for the effective and coordinated delivery of ALS and emergency medical care services.~~
- ~~(26) — "Emergency Medical Technician I (EMT-I)" means an individual trained in all facets of basic life support conforming to regulations adopted pursuant to California Health and Safety Code, Section 1797, et seq. and who has a valid certification issued pursuant to those regulations.~~
- ~~(27) — "Emergency Medical Technician I (D)" means an individual who meets all of the requirements of an EMT I with additional training in defibrillation as approved by the local EMS agency.~~
- ~~(28) — "Emergency Medical Technician II (EMT-II)" means an EMT I with additional training in limited advanced life support conforming to regulations adopted pursuant to California Health and Safety Code, Section 1797, et seq. and who has a valid certification issued pursuant to those regulations.~~
- ~~(29) — "Emergency Medical Technician-P (EMT-P)" means an individual who is trained in advanced life support conforming to regulations adopted pursuant to California Health and Safety Code, Section 1797, et seq. and who has a valid certification/accreditation issued pursuant to those regulations.~~
- ~~(30) — "Exclusive operating area" means an EMS area or subarea for which the local EMS agency restricts operations to one or more ambulance service or provider of advanced life support services.~~
- ~~(31) — "Fire EMS subcommittee" means a subcommittee of the Sonoma County Fire Chiefs Association.~~
- ~~(32) — "First Responder" means a person dispatched in accordance with local EMS system policies who meets minimum training requirements specified in state EMS First Responder guidelines.~~
- ~~(33) — "First Responder (D)" means a person who meets all of the requirements of a First Responder and who has completed an additional training program in defibrillation approved by the local EMS agency.~~

~~(34) — "Medical control" means the medical management of the emergency medical services system pursuant to the provisions of Chapter 5 (commencing with Section 1798) of the California Health and Safety Code.~~

~~(35) — "Mobile intensive care nurse (MICN)" means an authorized registered nurse who has been certified by the local EMS agency in conformation with the recommendations of the California Conference of Local EMS Agency Medical Directors definition of mobile intensive care nurses as qualified in the provision of emergency cardiac and noncardiac care and the issuance of emergency instruction to EMT- IIs and EMT- P field personnel.~~

~~(36) — "Patient" means a sick, injured, wounded, invalid, expectant mother, convalescent or otherwise incapacitated person.~~

~~(37) — "Permittee" means an organization which has initially been granted a permit by the board of supervisors to operate an ambulance service in the county of Sonoma. After initial approval by the board of supervisors, annual permit renewals may be granted by the local EMS agency.~~

~~(38) — "Person" means any individual, firm, corporation, association, or group or combination acting as a unit.~~

~~(39) — "PSAP (public safety answering point)" means the primary answering location of an incoming 911 call.~~

~~(40) — "Receiving facility" means a general acute care facility which has been assigned a role in the EMS system by the local EMS agency.~~

~~(41) — "Service" means ambulance service.~~

~~(42) — "Service area" means area of responsibility to provide pre-hospital care, may include, but not be limited to, permit area, dispatch area or area included in exclusive operating area.~~

~~(43) — "Limited advanced life support (LALS)" means the services described in Health and Safety Code Section 1797.92 (limited advanced life support defined) and in Title 22 of CCR, Section 100106 (scope of practice of Emergency Medical Technician — II), or successor statutes and regulations. Such services shall only be performed by a person certified as an Emergency Medical Technician-P (paramedic) who is performing those services in the course of employment by an approved EMT-P service provider.~~

Incorporated by reference are all definitions of Health and Safety Code 1797.50 et seq.

Sec. 28-4. - Administrative Authority~~ty~~.

- ~~1) This chapter shall be administered by the Sonoma County director of public health with medical direction provided by the EMS agency medical director and/or his/her designee. The Sonoma County public health department is designated as the EMS agency for Sonoma County pursuant to the Emergency Medical Services System and Pre-hospital Emergency Care Personnel Act of 1980. The Department is designated as the LEMSA for Sonoma County pursuant to the Act.~~

- 2) LEMSA functions shall be the responsibility of the LEMSA Medical Director. The Medical Director may assign administrative functions to staff under the supervision of Department and the LEMSA Medical Director.
- 3) The LEMSA shall plan, coordinate and monitor the EMS System in conformity with the Act.
 - a. The Sonoma County Board of Supervisors authorizes the creation of the Emergency Medical Care Council (EMCC) as the County Emergency Medical Care Committee in accordance with Health and Safety Code section 1797.272
- 4) Not less than every five years the Director of the Department shall retain an outside expert to complete an EMS System Review. The review shall consist of an evaluation of the EMS System to include governance, performance and coordination of EMS System participants, and performance of LEMSA oversight functions.
 - a. The review shall include, at minimum,
 - i. the completion of the EMS Plan and
 - ii. a system-wide stakeholder survey.
 - b. The EMS System Review shall be presented to the EMCC, LEMSA and Sonoma County Board of Supervisors.
 - c. The stakeholder survey shall include provider agency partners including hospitals, fire services, ambulance service providers, communications center, base hospital, law enforcement, EMS training programs and community partners. The survey shall at a minimum, assess the relationship between EMS System participants and the LEMSA. Survey results shall be incorporated into the EMS System Review and featured in any presentation of the EMS System Review to the entities receiving a submission in accordance with this Chapter.
 - d. In addition to the EMS Plan and stakeholder survey, the EMS System Review may include areas of evaluation requested by the EMCC or Department Director.
 - e. The EMCC may request EMS System Review on a more frequent schedule than every five years. In no case shall an EMS System Review occur more than annually. If an EMS System Review is requested outside of the five-year cycle, the outside expert shall complete an EMS Plan update in place of an EMS Plan submission.
 - f. EMS System Reviews performed more frequently than every five years shall be at the discretion of the Department Director or Sonoma County Board of Supervisors.

Article II: - ~~Ambulances~~ - Authorizations.

Sec. 28-5. - Services Requiring Authorization.

- 1) All EMS Entities operating in the County shall be authorized by the LEMSA in accordance with the requirements of this Chapter, LEMSA policy and applicable law.

2) Authorization shall consist of a Provider Agreement and, if indicated for the type of EMS Entity, an Ambulance Service Provider Permit.

~~Sec. 28-6. - 5. Permits and permittees.~~ Ambulance Service Provider Permits.

1) Any entity (either as an owner, agent or otherwise) who wishes to furnish, operate, conduct, maintain, or otherwise engage in, or offer, or profess to engage in providing ambulance service in the County shall have a valid Ambulance Service Provider Permit in accordance with the LEMSA System Plan and EMS policies, procedures, and guidelines.

2) Permit requirements shall apply to providers of air and ground ambulances, including BLS, ALS and CCT vehicles.

3) Public agencies operating as EMS Entities are exempt from the LEMSA permitting process but shall be subject to all the policies and procedures of the LEMSA.

4) Ambulances based and properly licensed outside Sonoma County may transport patients within Sonoma County without compliance with this Chapter provided:

a. They do not operate within any of the designated exclusive operating areas within Sonoma County unless given express permission to do so by the LEMSA.

b. The patient is being transported to a residence or facility within Sonoma County from a residence or facility outside of the County, or

c. The patient is being transported through Sonoma County to a destination outside the County, or

d. The patient was transported into the County by the same operator and is to be transported back to the County of origin, or

e. An agreement exists between contiguous counties for emergency medical services by ambulances.

5) LEMSA Policy shall specify process for the issuance of Ambulance Service Provider Permits

6) Permit holders shall be required to obtain a Provider Agreement for the level of service to be provided as a condition of obtaining and holding a valid permit.

7) Permits shall be valid until revoked, suspended or as conditioned by the LEMSA.

Sec. 28-7. - Provider Agreement Required.

1) Any EMS Entity providing Advanced Life Support, ambulance service, or other EMS Services requiring LEMSA authorization or approval in accordance with California Health and Safety Code or California Code of Regulations or this Chapter within the County shall secure a Provider Agreement from the LEMSA specifying terms and conditions for the services to be provided unless exempted by this Chapter.

a. Operators of BLS, CCT and Air Ambulances shall enter into Provider Agreements for the level of service per the requirements of their Ambulance Service Provider Permit.

b. Paramedic Service Provider Agreements as required by CCR Title 22 section 100168 shall be considered Provider Agreements for the purpose of this Chapter and, if applicable, meet the requirements of an Ambulance Service Provider Permit.

2) Exemptions:

a. Non-transport public EMS Entities are exempt from the requirement to secure a provider agreement with the LEMSA except where specific LEMSA authorizations for EMS Scope of Practice are required by California Health and Safety Code and/or California Code of Regulations.

b. City and Special Districts operating ALS Ambulance Services pursuant to Section 1797.201 are exempt from the requirement to secure a Provider Agreement with the LEMSA.

c. EMS Entities exempted from the requirement to enter in agreements by 28-7 (2)(a) and (b) are nonetheless required to comply with all LEMSA policies and Sections 28-19, 28-20 and 28-21 of this Chapter shall apply.

~~(a) — Permits. It shall be unlawful for any person, either an owner, agent or otherwise, to operate, conduct, advertise, or otherwise engage in or profess to be engaged in, the business or service of the transportation of emergency medical patients in the county of Sonoma without possessing a valid permit to do so from the county. A permit shall not be required for:~~

~~(1) — Fire district or fire department owned and operated ambulances;~~

~~(2) — Vehicles operated as ambulances at the request of local authorities during any "state of war emergency," duly proclaimed "state of emergency," or "local emergency" as defined in the California Emergency Services Act (Chapter 7 of Division 1 of Title 2 of the Government Code) as amended.~~

~~(b) — Temporary Permit. A temporary operating permit may be authorized by the EMS agency for ambulance services based outside the county and properly licensed by the California Highway Patrol or Federal Aviation Administration for up to thirty (30) days for special activities. Such temporary operating permit shall conform to the requirements of Section 28-5(e) and shall contain such additional conditions and restrictions as the EMS agency medical director deems appropriate for the operation. Temporary permit fees shall be as determined by the board of supervisors.~~

~~(c) — Nontransferable. Permits issued in conformance to this section are nontransferable.~~

~~(d) — Duration. Permits are valid for one (1) fiscal year (July 1st — June 30th).~~

~~(e) — Permit Fees. Permit fees shall be those set by resolution of the board of supervisors, county of Sonoma. All permits shall be issued for a fiscal year from date of issuance. Upon demonstration of financial hardship, permit fees may be waived for public agencies.~~

~~(f) — Application for a Permit or Renewal of a Permit. Prerequisites for the issuance of a permit or renewal of a permit for an applicant shall include filing an application in writing on approved forms which shall provide the following minimum information:~~

- ~~(1) — Name and description of the applicant;~~
- ~~(2) — Business address and residence address of record of the applicant;~~
- ~~(3) — Trade or firm name, or DBA as registered with the county clerk;~~
- ~~(4) — If a corporation, a joint venture or a partnership or limited partnership, the names of all partners, or the names of corporate officers and owners, their permanent addresses and their percentage of participation in the business;~~
- ~~(5) — A statement of facts showing the experience of the operator and the operations of an ambulance service and that the applicant is qualified to render efficient twenty four (24) hour ambulance service. For ground ambulances, a photocopy of the license issued by the commissioner of the California Highway Patrol to privately owned ambulances in accordance with Section 2501, California Vehicle Code, and Title 13, California Code of Regulations, shall be appended to the application. For air ambulances, a photocopy of the air carrier operating certificate issued by the Federal Aviation Administration shall be appended to the application;~~
- ~~(6) — The approximate geographical area proposed to be served by the permittee;~~
- ~~(7) — A statement of facts that the applicant owns or has under his control, in good mechanical condition, required equipment to adequately conduct an ambulance service in a territorial service area for which he is applying which meets the requirements established by the California Vehicle Code, applicable California Code of Regulations, and this chapter, and that the applicant owns or has access to suitable and safe facilities for maintaining his ambulance in a clean and sanitary condition;~~
- ~~(8) — A declaration provided under penalty of perjury, amended as required during the year, for any changed, substituted, loaned or leased vehicles, giving a complete description of each ambulance vehicle operated by the applicant, including the patient capacity thereof, and a copy of the most recent ambulance inspection report issued by the California Highway Patrol for each vehicle;~~
- ~~(9) — A declaration under penalty of perjury, that each permitted ambulance and its appurtenances conform to all applicable provisions of this chapter, the California Vehicle Code, and the California Code of Regulations, and any other state or county applicable directive shall be provided to the department prior to the start or renewal date of ambulance operations;~~
- ~~(10) — A covenant that the applicant employs sufficient certified personnel adequately trained to deliver emergency medical services of good quality at all times at the applicant's proposed level of service;~~
- ~~(11) — A covenant amended as required during the permit year for any personnel changes for renewal applications, giving a description of the level of training and record of completed required annual training for each ambulance employee, and a copy of each certificate or license issued by the state and county establishing qualifications of such personnel in ambulance operations shall be provided to the EMS agency medical director prior to the start or renewal of ambulance operations;~~

~~(12) — A schedule of rates, including any special rates, to be charged by the permittee for ambulance services provided under this chapter;~~

~~(13) — A covenant signed by the applicant that as a condition of the county issuing a permit, applicant agrees to appear and defend all actions against the county arising out of the exercise of said permit, and shall indemnify and save the county, its officers, employees and agents harmless from all claims, demands, actions or causes of actions of every kind and description resulting directly or indirectly, arising out of, or in any way connected with, the exercise of this permit;~~

~~(14) — Such other facts or information as the EMS agency medical director may require.~~

~~(g) — Investigation by Local EMS Agency. Upon the receipt of a completed application, the local EMS agency may conduct an investigation to determine if the applicant meets all the requirements of this chapter. Upon completion of this investigation, the director of public health/EMS agency medical director shall recommend to the board of supervisors that a permit be granted, denied or conditioned for the requested ambulance service area, as set forth below.~~

~~(h) — Issuance or Denial of Permit.~~

~~(1) — The board of supervisors may order the issuance of a permit to conduct an ambulance service in a specified area upon finding that the applicant meets all requirements of this chapter.~~

~~(2) — The board of supervisors may order the denial of a permit if the applicant or any partner, officer or director thereof:~~

~~(i) — Was previously the holder of a permit issued under this chapter which permit has been revoked or not reissued and the terms or conditions of the suspension have not been fulfilled or corrected;~~

~~(ii) — Is committing any act which if committed by a permittee would be ground for the suspension or revocation of a permit issued pursuant to this chapter;~~

~~(iii) — Has acted in the capacity of a permitted person or firm under this chapter without having a permit therefor;~~

~~(iv) — Has entered a plea of guilty to, or been found guilty of, or been convicted of a felony or a crime involving moral turpitude, and the time for appeal has lapsed or the judgment of conviction has been affirmed on appeal, irrespective of an order granting probation following such conviction suspending the imposition of sentence or of a subsequent order under the provisions of Section 1203.4 of the Penal Code allowing such person to withdraw his plea of guilty and to enter a plea of not guilty or setting aside the plea or verdict of guilty, or dismissing the accusation or information.~~

~~(i) — Corrective Action. The provision of ALS and emergency medical services is critical to the public health and safety. The purpose of corrective action under this chapter is to correct violations which may affect public health and safety; it is not punitive. This provision shall be construed so as to maximize the safety and welfare of patients.~~

~~(j) — Permit Denial, Revocation or Suspension Grounds. A permit may be revoked or suspended if the applicant permittee or its employees, partners, officers or directors commits or has committed any of the actions listed in Health and Safety Code Section 1798.200 (a) through (k). In addition, a permit may be revoked or suspended for the following:~~

~~(1) — A person knowingly makes any false statement or fails to disclose or suppresses another from disclosing material facts in an application, report or other document furnished to the local EMS agency;~~

~~(2) — In the case of an applicant or permittee, said applicant or permittee is not the real party in interest in the business;~~

~~(3) — Is required to register as a sex offender under the provisions of Section 290 of the California Penal Code;~~

~~(4) — Habitually or excessively uses or is addicted to the use of narcotics or dangerous drugs;~~

~~(5) — Habitually or excessively uses intoxicating beverages;~~

~~(6) — In the case of a driver has been culpably involved during the preceding year in any motor vehicle accident causing death or bodily injuring or in three (3) or more motor vehicle accidents;~~

~~(7) — Has been convicted during the preceding seven (7) years of any offense involving moral turpitude, including fraud or intentional dishonesty for personal gain;~~

~~(8) — Has been convicted during the preceding seven (7) years of theft or any felony involving force, violence, threat, or intimidation;~~

~~(9) — Aids or abets an unlicensed person to evade compliance with provisions of this chapter;~~

~~(10) — Permits operation of ambulance service in violation of any provision of this chapter or any other law, regulation, or policy of the county, state or federal government pertaining to the operation of an ambulance;~~

~~(11) — Knew or should have known of falsified data supplied to the county EMS agency during the course of operations, including, but not limited to, dispatch data, patient report data, response time data, financial data, or falsification of any other data permittee is required to submit to the Sonoma County EMS agency;~~

~~(12) — Failure to maintain equipment in accordance with safe industry standards;~~

~~(13) — Failure of permittee's employees to conduct themselves in a professional and courteous manner, where reasonable remedial action has not been taken by permittee;~~

~~(14) — Failure to comply with any applicable service response time standards. "Failure" is defined as failure to meet or exceed such standards according to the terms outlined in the agreement for service;~~

~~(15) — Any other wilful acts or negligent omissions of permittee which endanger the public's health and safety;~~

~~(16) — When the EMS agency medical director determines that grounds for corrective action may exist, he shall conduct an investigation. He shall notify the applicant or permittee in writing that he believes grounds may exist for corrective action and shall specify the nature of the grounds. He shall notify the permittee that he is investigating whether corrective action is necessary to preserve public health and safety, and shall afford the permittee a reasonable opportunity to be interviewed during the course of the investigation;~~

~~(17) — At the conclusion of the investigation the permittee shall be notified as to whether or not a violation exists and, if so, shall specify the nature of the violation(s). If the violation is curable in the determination of the EMS agency medical director, a reasonable period to correct the violation shall be authorized;~~

~~(18) — If the EMS agency medical director concludes that revocation, suspension or imposition of conditions is warranted, he shall so notify the permittee specifying the grounds for said action. The permittee shall have twenty (20) days from the mailing of said notice to request a hearing before an investigative review panel (hereinafter "IRP"). Said IRP shall be comprised of a base hospital physician, a mobile intensive care nurse, and an Emergency Medical Technician-P. The IRP shall be aided by a nonvoting presiding officer, an attorney, who shall consider the admissibility of evidence as well as preliminary questions regarding the conduct of the hearing including, but not limited to, good cause for postponements and extensions of time beyond the times permitted in the California Code of Regulations for IRPs or those set forth in this chapter. Procedures related to this hearing shall be, to the extent applicable, identical to those set forth for similar investigative review panels in the California Code of Regulations, except that the findings and conclusions of the IRP shall be or are subject to judicial review pursuant to Section 1094.5 et seq. of the Code of Civil Procedure;~~

~~(19) — Permit Summary Action. Other corrective action notwithstanding, the EMS agency medical director shall have the power to take summary action against any permit, if it appears in the exercise of reasonable judgment by the EMS agency medical director that the failure to take action against the permit presents an immediate threat or danger to the public health, safety or welfare. The EMS agency medical director shall immediately give notice to the board of the action and the reasons for it. At any time during the effective period of the summary action, but not more than once during any single summary action effective period, the permittee may request a hearing by submitting a written request to the EMS agency medical director. Upon receipt of such a request, the EMS agency medical director shall schedule a hearing before the board of supervisors to be conducted at a regular or special meeting. At the hearing, the board shall consider whether the summary action shall remain in effect pending full investigation and an IRP, as specified above. The hearing shall be scheduled as soon as possible following the EMS agency medical director's receipt of a written request, but not later than thirty (30) days following the receipt of request. Appeal procedures for emergency actions of the EMS agency medical director are the same as those delineated in Section 28-26 of this chapter.~~

~~(k) — Renewal of Permits.~~

~~(1) — Permits shall be renewed annually by the EMS agency upon application of the permittee if it is determined that the permit holder has during the period of the expiring permit operated~~

~~in conformity with the provisions of this chapter and adopted rules and regulations thereto and that the permittee is capable of continuing operation in conformity.~~

~~(2) — Annually, or more often if requested by the EMS agency medical director, each permittee shall submit compiled patient and ambulance operation information pursuant to Section 28-7(a).~~

~~(l) — Amendment of Permits.~~

~~(1) — Upon request by the permittee, the EMS agency may amend the conditions specified in the permit when such changes are in substantial compliance with the provisions of this chapter.~~

~~(2) — Such amendments shall not affect the expiration date of the existing permit.~~

~~(3) — Such amendments shall not authorize a change in ownership from that specified in the original permit.~~

~~(4) — Change in level of service shall not be allowed unless in compliance with the Sonoma County EMS plan.~~

~~(5) — A permittee must conform with the requirements of the permit unless revision is approved by the board of supervisors or EMS agency medical director as may be applicable.~~

~~(m) — Conditional Operation and Temporary Variance.~~

~~(1) — In the event of a change in ownership of any kind or nature, any interruption of service of more than twenty four (24) hours duration, or any substantial change in staffing or equipment of the ambulance service which causes the ambulance service to be carried out differently than specified in the current operating permit, the permittee shall notify the EMS agency medical director immediately in writing, stating the facts of such change.~~

~~(2) — Upon request by the permittee, the EMS agency medical director may grant a temporary waiver from the condition so specified in the original permit if he finds that such change is in substantial compliance with the provision of this chapter and is not a threat to public health and safety. If the EMS agency medical director finds that such change is not in compliance with this chapter, he may suspend or revoke the permit. In all cases when a change of ownership occurs in an ambulance service, an application for a new permit shall be filed with the department within thirty (30) days. In no case shall any temporary variance be valid for more than sixty (60) days without written approval of the board of supervisors.~~

~~(n) — Responsibilities and Duties of Permittees. In addition to the other requirements and obligations set forth in this chapter, permittees shall:~~

~~(1) — Render services required under this chapter on a twenty four (24) hour a day basis. Such service shall commence five (5) days after the issuance of a permit unless time extension is granted by the EMS agency medical director or board of supervisors;~~

~~(2) — Not discontinue any services to the service area or any portion thereof without first giving written notice to the EMS agency at least ninety (90) days prior to the proposed discontinuance;~~

~~(3) — Notify the EMS agency within five (5) days after the receipt of the results of all vehicle inspections conducted by the state and of any disciplinary action taken by any state agency regarding any ambulance license;~~

~~(4) — Notify the EMS agency in writing within five (5) days after being informed of any disciplinary action being taken by the state against any ambulance driver or attendant employed by the permittee;~~

~~(5) — Notify the EMS agency medical director in writing within thirty (30) days of any other changes in the information set forth in any application, certification document required by this chapter;~~

~~(6) — Notify the EMS agency and other affected public safety agencies beforehand of any known or foreseeable interruptions, suspensions or delays in services which may endanger the health, safety and welfare of the residents of the service area or portion thereof, served by the permittee.~~

~~(o) — Bonding of Applicant. Before any permit is issued under the provisions of this chapter, the board shall require the applicant, as a condition to the issuance of the permit, to post with the clerk of the board a cash bond in the sum of one hundred thousand dollars (\$100,000.00) or a surety bond in the same amount furnished by a corporation authorized to do business in the state of California, payable to the county of Sonoma. The bond shall be conditioned upon the full and faithful performance by the permittee of his obligations under the applicable provisions of this chapter and shall be kept in full force and effect by the permittee throughout the life of the permit and all renewals thereof. The board of supervisors may by resolution establish additional or lower bond requirements. The bond requirement shall be waived by resolution of the board of supervisors if public need and necessity require it or the applicant has demonstrated his ability to meet the obligations of this chapter by three (3) or more years of providing emergency medical services in Sonoma County. The bonding requirement may be instituted for cause. The bonding requirement shall be waived for municipal ambulance providers. The bonding requirement shall be waived for fire district or fire department ambulance services.~~

~~(p) — Liability Insurance.~~

~~(1) — General Liability for Vehicle Operation. The permittee shall obtain, and keep in force during the term of said permit, public liability and bodily injury insurance, issued by a company approved by the county of Sonoma and authorized to do business in the State of California, insuring the owner and also naming the county as an additional insured of such ambulance against loss by reason of injury or damage that may result to persons or property from negligent operation or defective construction of such ambulance, or from violation of this chapter or of any other law of the state of California, or the United States. Said policy shall be in the sum of not less than one million dollars (\$1,000,000.00) combined single limit for personal injury and property damage for each vehicle in any one accident. Workers' compensation insurance shall be carried covering all employees of the permit holder. Copies of the policies, or certificates evidencing such policies, shall be filed with the EMS agency medical director before a permit is issued. All policies shall contain a provision requiring a minimum of fifteen (15)~~

~~calendar days' notice to be given to the county prior to cancellation, modification or reduction in limits. The amounts of public liability insurance for bodily injury or property damage shall be subject to review and adjustment by the board annually at the board's option. Municipal fire department and fire district ambulance services may submit their self insurance programs for review and approval by the county.~~

~~(2) — Medical Liability. The permittee shall defend, indemnify and hold harmless the county, its agents and employees, from and against any and all claims and actions for damages or losses to persons or property arising out of or in connection with the activities of the permittee, his/her agencies or employees, in which the claim or action against the county is in any way derived from or vicariously based upon the activities of the permittee, his/her agencies or employees. Said defense and indemnification shall include, but not be limited to, any and all costs, expenses, attorneys' fees and liability incurred in defense of such claims or actions whether same proceeds to judgment or not. Permittee shall maintain comprehensive medical liability insurance in the amount of one million dollars (\$1,000,000.00) and shall furnish the EMS agency medical director with a certificate of insurance prior to issuance or renewal of an operational permit. Said policy shall name the county as co-insured and shall require a minimum of fifteen (15) calendar days notice to be given to the county prior to cancellation, modification or reduction in limits. The amount of liability coverage shall be subject to review and adjustment by the board annually at the board's option. Fire department and fire district ambulance services may submit self insurance programs for approval by Sonoma County.~~

~~Sec. 28-5.5. — Ambulance services not required to secure permits.~~

~~Fire district and fire department ambulance services shall be subject to all the responsibilities and duties of permittees set forth under subsection (n) of Section 28-5. Corrective action shall be available against such ambulance services to the extent available under state law and to the extent the procedures herein are in adherence to the policies and procedures of the local EMS agency.~~

~~Sec. 28-6. — Ambulance operation.~~

~~(a) — Ambulance Staffing. Each ambulance being operated to render medical care shall be staffed at all times by a driver who shall at a minimum be an EMT-I, and an attendant who shall at a minimum be an EMT-P. Any exceptions to this staffing level must be requested in writing to the local EMS agency. The EMS agency medical director will review requests for changes in staffing patterns and notify requesting provider within ten (10) working days of his/her decision. The exception shall be Bodega Bay fire protection district which shall be excluded until such time as it becomes an advanced life support provider, and then the Bodega Bay fire protection district shall be subject to this section. The attendant of an ambulance responding to a call shall occupy the patient compartment while transporting a person in need of medical attention. The requirement need not apply during a "state of emergency," "state of war emergency," or "local emergency" as defined in the Government Code of the state of California.~~

~~(b) — Emergency Service Availability. Each ambulance service operator shall provide emergency ambulance service on a continuous twenty-four (24) hours per day basis, excluding acts of God or labor disputes. If for any reason an operator stops emergency ambulance service~~

~~on a continuous twenty-four (24) hour per day basis, he shall immediately stop any advertisement or any other solicitation of emergency services which have been discontinued and immediately notify the EMS agency medical director. Each permittee shall maintain availability of the minimum number of ambulances identified in the permit as being available for twenty-four hour emergency services, within the meaning of Section 28-9(b)(1). Transfers originating in Sonoma County or ending in Sonoma County may be permitted by EMS dispatch on a case-by-case basis. A ground ambulance assigned an emergency response area in Sonoma County may not be used for a transfer originating outside of Sonoma County which also has a destination outside of Sonoma County.~~

~~(c) — Ambulance Safety and Emergency Equipment. Ambulances and safety and emergency equipment shall be maintained at all times in good mechanical repair and in a clean and sanitary condition.~~

~~(1) — Minimum Equipment. All ambulances shall be equipped with all safety and emergency equipment required for ambulances by the EMS agency medical director. This shall not be less than that required under the California Vehicle Code and the California Code of Regulations and regulations promulgated thereunder.~~

~~(2) — ALS and LALS Ambulance Equipment. In addition to the equipment required under subsection (c)(1) above, ALS and LALS ambulances shall be equipped as required by administrative rules of the EMS agency.~~

~~(3) — Maintenance of Emergency Equipment and Supplies. Dressings, bandaging, instruments and other medical supplies used for care and treatment of patients will be protected so they are sterile when ready for use. Provisions shall be made to assure autoclaving or resterilization of emergency equipment when required.~~

~~(4) — Inspection.~~

~~(i) — Ambulances shall be inspected for Sonoma County and state of California vehicle requirements not less than annually. This inspection shall normally be carried out by the EMS agency and the California Highway Patrol. A record of the California Highway Patrol inspection shall be presented to the EMS agency medical director upon demand. The local EMS agency shall inspect ambulances for compliance with local requirements and reserves the right to require further inspection beyond California Highway Patrol criteria.~~

~~(ii) — Ambulances and aircraft shall be inspected not less than annually by the EMS agency staff. Inspection by the California Highway Patrol shall also be carried out.~~

~~(iii) — No person shall operate an ambulance in the county unless the vehicle contains a valid ambulance certificate. An ambulance certificate shall be issued by the EMS agency medical director upon the vehicle's compliance with this chapter.~~

~~(iv) — Relationship to First Responders. When emergency medical services are initially provided by nonambulance services, such as fire or police agencies, transition of patient care shall include adequate historical and medical information to ensure continued appropriate services are rendered. In conjunction with an approved program by the local EMS agency,~~

~~nothing in this section shall preclude the use of non-transport ALS engine companies by fire departments.~~

~~(v) — Destination of Emergency Patients. In the absence of specific instructions from the patient(s), a responsible relative, law enforcement personnel or another responsible person, patients shall be transported to the nearest appropriate California licensed emergency-receiving facility which is equipped, staffed and prepared to receive emergency cases and administer emergency medical care appropriate to the needs of the patient, in accordance with a point-of-entry plan approved by the EMS agency medical director.~~

Sec. 28-8. - Response Zones.

- 1) Emergency Ambulance Service Zones shall be defined in the Emergency Medical Services Plan (EMS Plan). Changes to Zone boundaries or to the emergency ambulance service provider agencies designated as the provider(s) for that Zone must initiate with the Qualified Elected Governing Entity (QEGE) or Entities of the area affected by the change and be directed to the LEMSA for action as follows:
- 2) Request for changes to Zone boundaries or to the provider of emergency ambulance services shall take the form of a letter of support for the change authorized by an action of the QEGE governing body from the QEGE to the LEMSA.
- 3) Requests for changes within the boundaries of a Special District that is designated within the EMS Plan as the provider of emergency ambulance services for that area shall initiate with the special district Board of Directors.
- 4) Requests for changes within the city limits of an incorporated city that is designated within the EMS Plan as the provider of emergency ambulance services for that area shall initiate with that City Council.
- 5) Requests for changes outside of the boundaries of a City or Special District that is designated within the EMS Plan as the provider of emergency ambulance services for that Zone shall initiate with the Sonoma County Board of Supervisors.
- 6) Requests for changes in an EMS Zone that includes multiple QEGEs must initiate with one entity and have the support of each QEGE in the zone with respect to the properties within their jurisdiction.
- 7) Requests for a change to the designated emergency ambulance service provider in areas where the currently designated provider is a City or Special District must also be supported by that QEGE in a noticed public meeting. The LEMSA shall be provided notice at least (10) ten days prior to the public meeting at which the request is to be heard.
- 8) If any of the applicable QEGEs take an action to oppose a requested change in the ambulance provider, or fail to include an action to consider support of a request for a requested change on a regularly scheduled public meeting within 90 days of receipt of a certified letter seeking such action, the LEMSA may render a decision based upon the input from responsive QEGEs.

- a. If a QEGE board declares a right to exclusively operate emergency ambulance service within its boundary as defined by California Health and Safety Code Section 1797.201, and opposes a change in ambulance service provider, the LEMSA shall take no action to displace the QEGE provider or to authorize another EMS entity within the QEGE boundaries.
- 9) A QEGE may request that the LEMSA establish exclusivity within a Zone according to HSC 1797.224 as follows:
- a. An existing provider agency that may be eligible for grandfathering into an exclusive operating area without a competitive process shall be evaluated for eligibility following the request by a QEGE.
 - b. An existing Zone, without a grandfathering-eligible provider agency, may have exclusivity established through a competitive process at the request of a QEGE
- 10) The LEMSA will consult with the Local Agency Formation Commission (LAFCO) on any proposed change by the LEMSA that affects matters within LAFCO’s jurisdiction.
- 11) The LEMSA shall take into account an evaluation of medical appropriateness and the operational impact on the coordinated system of care when deliberating a change in Zone providers.
- 12) Upon completion of the deliberation process, the LEMSA may make the requested change, deny the change, or conduct a competitive bid process according to California Health and Safety Code Section 1797.224.
- 13) Any QEGE or EMS Entity affected by the LEMSA decision may request a hearing as provided in section 28-21 of this Chapter.

Sec. 28-9. ~~— Data Collection and Reporting~~ Other provisions.

- 1) ~~(a) — Data Collection and Reporting.~~ In order to support the planning, monitoring and periodic review of an economically sustainable, high quality and equitable EMS System, the LEMSA shall leverage all available data sources. The LEMSA shall collect and use data in the following ways:
- a. EMS Entities providing prehospital care within Sonoma County shall complete documentation and submit electronic patient care data consistent with statute and regulations as well as any local requirements per LEMSA policy.
 - b. LEMSA shall collect financial data at a minimum showing:
 - i. source of payment for EMS services,
 - ii. service provider rates,
 - iii. collection data, and
 - iv. actual charges to patients served.
 - c. The LEMSA shall collect data regarding the EMS Entities’ responses into other provider agencies’ assigned service areas.

- d. Hospitals and any other healthcare facilities receiving EMS patients shall provide patient outcome data in conformity with state statute and regulations as well as any local requirement per LEMSA policy.
- e. LEMSA shall promulgate policy to address type of information reported, creation of local requirements for data submission, conditions for access and use of information provided and mechanisms for maintaining confidentiality of patient information in accordance with state and federal statute and regulations that are relevant to such data security.
- f. Adherence to LEMSA data submission policy shall be a condition of any distribution of funding, specialty care designation and/or Medicare authorization issued by the LEMSA to any entity operating under the medical control of the EMS Agency, or receiving ambulance patients within Sonoma County.
- g. Any agreement between the LEMSA and a system participant shall contain a clause reinforcing the expectations stated herein.
- h. Data collected by the LEMSA shall be used to inform the LEMSA, EMCC and Board of Supervisors about the status and performance of the EMS system as part of periodic review and ongoing planning efforts.

~~1) —~~

~~2) (1) — Each ambulance service its equipment and premises, vehicle maintenance records and records of calls shall be open to inspection and audit by the EMS agency during usual EMS agency hours of operation.~~

~~3) (2) — Ambulance service shall maintain accurate records of all calls requiring ambulance services and calls responded to. A run report, relating pertinent information, shall be prepared after the finalization of each call responded to. EMS agency copies of all run reports shall be delivered to the EMS agency office within one (1) week of completion of the call. All forms shall be sorted by date and type of call. All related records shall be kept current and retained for a period of not less than three (3) years, and shall be available at all reasonable times for review by the EMS agency for the purpose of enforcing this chapter. Records shall contain information such as, but not necessarily limited to, the following, and shall be prepared within seventy two (72) hours after having received the original request for service:~~

~~4) (i) — Time of request;~~

~~5) (ii) — Name and address of person requesting;~~

~~6) (iii) — Nature of request;~~

~~7) (iv) — Dispatcher: if EMS dispatch give run number;~~

~~8) (v) — Identification of ambulance, driver and attendant;~~

~~9) (vi) — Time of patient pickup;~~

~~10) (vii) — Time and place patient delivered;~~

- ~~11) (viii) — Location of ambulance when dispatched to call;~~
- ~~12) (ix) — Level of service rendered;~~
- ~~13) (x) — For Code 1 calls, the name of the physician, emergency medical personnel or public safety agency determining that a potential for emergency existed. If the determination is made by an employee of an ambulance which is required to have a permit, the report shall state the reasons for the determination;~~
- ~~14) (xi) — Other information as required.~~
- ~~15) (3) — All information required in this section shall be recorded on forms approved by the EMS agency medical director.~~
- ~~16) (4) — Any information gathered in conformance with this section may be used as the basis for determining compliance with this chapter.~~
- ~~17) (b) — Ambulance Based Outside Sonoma County. Ambulances based and properly licensed outside Sonoma County may transport patients within Sonoma County without compliance with this chapter provided:

 - ~~a. (1) — They do not operate within any of the designated exclusive operating areas within Sonoma County unless given express permission to do so by the board of supervisors.~~
 - ~~b. (2) — The patient is being transported to a residence or facility within Sonoma County from a residence or facility outside of the county, or~~
 - ~~c. (3) — The patient is being transported through Sonoma County to a destination outside the county, or~~
 - ~~d. (4) — The patient was transported into the county by the same operator and is to be transported back to the county of origin, or~~
 - ~~e. (5) — An agreement exists between contiguous counties for emergency medical services by ambulances.~~~~

Article III. - Communications and Dispatch.

Sec. 28-~~108~~. - ~~Central EMS~~ dispatch.

1) EMS Dispatch Responsibility. Unless section 28-12 applies, EMS Dispatch shall be responsible for overall coordination of EMS and ambulance resources during emergency calls for service ambulance dispatch. Unless Section 28-120 applies, all ambulance response to Code 2 and Code 3 ambulance emergency calls for service shall be dispatched by the EMS Dispatch center.

Sec. 28-11. — Private Dispatch of Ambulances.

1) Private Service ambulance dispatch centers may dispatch ambulances in Sonoma County if approved by the LEMSA. Such approval must include a requirement that LEMSA-approved system of call triage including a process to refer urgent calls to EMS Dispatch is in effect within the parameters required by the LEMSA to ensure patient safety. The LEMSA shall

require the ability to audit the dispatch of Sonoma County dispatched ambulances as a condition of permitting. Ambulance Dispatch Centers other than EMS Dispatch are not authorized to receive calls from PSAPs.

~~(b) — Required Communication Equipment. Each ambulance certified under this chapter shall be equipped with appropriate and properly maintained communications equipment approved by the EMS agency to maintain continuous communication with EMS dispatch. Each ambulance crew shall be equipped with a personal paging receiver to facilitate communication with EMS dispatch. Each ambulance certified under this chapter shall be equipped with appropriate and properly maintained communications equipment to communicate with acute care hospitals. All communication equipment shall be maintained by the owner or franchisee.~~

~~(c) — Dispatch Policy Approval. Medical dispatch policies shall be reviewed by the fire EMS committee and the sheriff, and approved by the EMS agency. General dispatch policies affecting ambulance services shall be reviewed by the EMS agency and the fire EMS committee, and approved by the sheriff.~~

~~Sec. 28-9. — Ability to respond.~~

~~(a) — EMS Dispatch Advisory. Ambulance services shall keep EMS dispatch advised at all times of any circumstances which may change the level of service or capability of its service to provide emergency response. This includes, but is not limited to, changes in personnel and equipment status.~~

~~(b) — Availability of Ambulances.~~

~~(1) — An ambulance available for emergency service is one which has a crew of at least two (2) certified persons with the ambulance and which is ready at that time to be dispatched. An ambulance may also be considered available for emergency service when its crew is capable of reaching the ambulance and can depart to the scene within three (3) minutes of receiving a call from EMS dispatch. An ambulance which is occupied by a patient is not considered available for emergency service and will not be dispatched under this policy except in dire emergency when no other ambulance is available to be dispatched or the estimated time of arrival to the scene by another ambulance is excessive and the patient's well-being will not be adversely affected.~~

~~(2) — Each ambulance company is to immediately notify EMS dispatch every time it does not have at least one (1) ambulance available for emergency service.~~

~~Sec. 28-120. — City and firePublic Provider district dispatch.~~

~~1) Ambulances owned and operated by cities or, fire special districts or the County within the countyCounty EMS area may utilize their own dispatch systems in coordination with Sonoma County-EMS Ddispatch.~~

~~1) All calls not received in a PSAP will be dispatched by Sonoma County EMS dispatch, unless written permission granted through the director of public health allows for an alternate arrangement. Ambulance personnel will maintain communication with EMS dispatch to keep them informed of the call status throughout the call. If EMS dispatch is aware of ambulance resources which are closer to a call than those dispatched by a city or fire district, EMS dispatch may cancel the responding unit and send the closest unit.Cities which~~

~~do not operate municipal ambulance services receiving EMS calls through their PSAP will transfer the call to EMS dispatch.~~

~~Sec. 28-11. -- Code 3 operation (red light and siren).~~

~~A decision to use Code 3 shall be made by the ambulance attendant in conformance with California Highway Patrol regulations. EMS dispatch shall be notified of Code 3 and any change in code level.~~

~~Sec 28-13. -- Dispatch Standards.~~

- ~~1) All Emergency Calls shall be processed by an electronic medical triage system utilizing standards for call processing and pre-arrival instructions approved by the LEMSA under the medical control of the Local EMS Agency Medical Director.~~
- ~~2) All requests for emergency medical services shall result at minimum, in the dispatch of an ambulance or other appropriate resources as determined by LEMSA-approved call-trianging algorithm.~~
- ~~3) Local government entities (cities, special districts and the County) providing emergency response services shall determine the response patterns for their jurisdiction to fulfil, and in some cases exceed, the minimum standard.~~
- ~~4) Authorized dispatch center(s) shall dispatch response units of local jurisdictions in accordance with the direction of that jurisdiction to meet or exceed minimum standards.~~
- ~~5) Medical dispatch policies affecting a Public Safety jurisdiction shall be reviewed by the Dispatch Steering Committee to include representation from impacted jurisdictions, and approved by the LEMSA Medical Director. General dispatch policies affecting ambulance services shall be reviewed by the EMS agency and any impacted public safety agency, and approved by the governing body of EMS Dispatch.~~
 - ~~a) Public safety agencies may delegate policy review authority under this section to a joint powers authority or other entity.~~

~~Article IV. -- EMS Personnel Funding.~~

~~Sec. 28-14. -- General Cost recovery.~~

- ~~1) The LEMSA shall have the ability to recover the costs of the oversight and monitoring of the EMS system, including but not limited to:~~
 - ~~a) Certification and Accreditation of prehospital personnel~~
 - ~~b) Designation of Receiving facilities~~
 - ~~c) Designation of Base Hospitals~~
 - ~~d) Designation of Specialty Care Centers~~
 - ~~e) Approval of EMS training Programs~~
 - ~~f) Approval of EMS Continuing Education Providers~~
 - ~~g) Approval and Authorization of EMS Provider agencies~~

- h) Approval of ambulance dispatch centers
- i) Oversight and monitoring of Exclusive Operating Areas
- j) Other required approvals and monitoring as required by HSC and California Code of Regulations

2) The LEMSA shall recover costs through:

- a) The establishment of fees in accordance with the Board of Supervisors fee schedule.
- b) Inclusion of cost recovery provisions in agreements, contracts and authorizations that create LEMSA workload.

~~(a) — Personnel Categories. This article shall apply to EMS personnel categories First Responder, First Responder (D), EMT-I, EMT-I (D), EMT-P and MICN.~~

~~(b) — Training Program Approval. All EMS personnel training and testing programs for persons employed within Sonoma County shall be approved by the local EMS agency in conjunction with state guidelines.~~

~~(c) — Competency examination. An examination for competency shall be required in accordance with State EMS Authority regulations.~~

~~(d) — Additional requirements. The local EMS agency may require additional training or qualifications which are greater than those required by state law and regulation for advanced life support personnel.~~

~~(e) — Certification/Accreditation. The EMS agency medical director shall issue an appropriate certificate indicating class of service capability upon successful completion of an approved training program and successful passage of an approved final examination.~~

~~(f) — Procedures. Procedures for certification, accreditation, recertification, suspension, revocation and appeal shall be developed and implemented by the local EMS agency in conformance with state regulations.~~

~~(g) — Identification. All ambulance EMS personnel while responding to a call, shall wear a name tag during duty hours which indicates the name, the class of service he/she is entitled to perform and the company/organization the employee is affiliated with.~~

~~(h) — Appearance and Demeanor. EMS personnel shall maintain professional appearance and demeanor at all times on duty or in uniform.~~

~~Sec. 28-13. — Ambulance driver.~~

~~Every person responding to a call shall comply with this chapter and the California Code of Regulations for ambulance drivers. Each ambulance permittee shall utilize an orientation program for drivers which is in conformance with the defensive driving section of the California Highway Patrol Ambulance Service Handbook.~~

~~Sec. 28-14. — Public safety and fire agency certification.~~

~~Public safety agencies may certify and recertify public safety personnel as First Responders and EMT-1s. The State Fire Marshal may certify and recertify fire service personnel as EMT-1 and~~

~~First Responders those persons who have completed a program of training approved by the State EMS Authority and the local EMS agency.~~

~~Sec. 28-15. – Funds ees for certification, authorization, accreditation and recertification.~~

~~1) An EMS special fund, known as the “Maddy Fund,” has been established pursuant to Health and Safety Code Section 1797.98, et seq. Monies collected are to be deposited in this fund and distributed according to the Health and Safety Code.~~

~~a) The LEMSA shall present the EMCC with a report on Maddy Fund revenues and expenditures annually.~~

~~2) An EMS Trust has been established for monies collected from EMS Entities related to permits, fines, and liquidated damages. Said monies will continue to be exclusively utilized to fund EMS-related system improvements at the direction of the LEMSA. It is not intended to support EMS provider operations.~~

~~a) The LEMSA shall present the EMCC with a report on EMS Trust revenues and expenditures annually.~~

~~Fees may be charged for certification/accreditation authorization, and recertification of EMT-Ps, MICNs, and EMT-Is in accordance with a fee schedule adopted by the board of supervisors. Such fees shall not exceed the actual cost of operation of the certification/accreditation or recertification service.~~

~~Sec. 28-16. – Continuing education.~~

~~Each certified/accredited authorized EMS person shall be required to successfully complete the minimum number of continuing education hours specified in accordance with State EMS regulations.~~

~~Sec. 28-17. – Cooperation with emergency department.~~

~~Ambulance personnel shall thoroughly familiarize themselves with the care rendered in emergency departments to ensure adequate and effective procedures on their part. It shall be the responsibility of ambulance personnel to meet with emergency department personnel of hospitals where they regularly deliver patients to discuss areas of concern to both hospital and ambulance company. If an impasse is reached in the resolution of problems, either party may request the EMS agency medical director to intervene and mediate differences.~~

~~Sec. 28-18. – Briefing of hospital personnel.~~

~~Whenever a patient is delivered to any facility, the ambulance personnel shall brief a facility staff member on the patient's condition and treatment rendered, unless the patient is being delivered to a base hospital which has been directing treatment. The ambulance personnel shall not be available for dispatch until necessary briefing has occurred. In the case of an interfacility transfer, all transfer paperwork must accompany the patient and shall be delivered to the receiving facility.~~

Article V. - Medical and EMS Systems Control.

Sec. 28-16. - Policies and procedures.

1) The LEMSA Medical Director shall, in consultation with medical care providers and in conformance with accepted medical and administrative practices and state law, develop and implement policies and procedures for basic and advanced life support services within the EMS System. These policies and procedures shall include, but not be limited to, patient evaluation and treatment and EMS System operation and evaluation.

2) LEMSA policies and procedures shall be developed in the following manner:

a. LEMSA policies will routinely be reviewed and revised as needed. Suggestions for new policies or revisions will be considered from any interested agency or individual.

b. LEMSA will create draft policy.

c. The draft policy shall be made available to County EMCC members and all stakeholders, for a sixty day (60) external comment period. Extension of the public comment period can occur as needed to ensure adequate participation.

d. All draft policies approved for external review shall be published on the LEMSA website.

e. After the close of the external review period, the policy author will review and make appropriate revisions to the draft policy.

f. The revised draft policy will be re-submitted to LEMSA staff for final review. If necessary, an internal or external workshop will be scheduled to discuss the proposed policy.

g. Approved policies shall be distributed to EMCC members and posted on the LEMSA website at least thirty (30) days prior to the effective date.

3) Special Memoranda

a. The LEMSA Medical Director may issue EMS Special Memoranda to address immediate issues that require temporary or interim guidance

b. EMS Special Memoranda have the same force as policy or treatment guidelines but are limited in duration to one year

c. Interim guidance within special memos must be subject to formal policy development or revision to remain in effect as properly promulgated regulation.

~~4) Following final adoption of a policy or procedure, any EMS system provider agency affected by the policy may request a hearing as provided in section 28-21 of this Chapter. The EMS agency medical director shall, in consultation with medical care providers and in conformance with accepted medical and administrative practices and state law, develop and implement policies and procedures for basic and advanced life support services within the EMS system. These policies and procedures shall include, but not be limited to, patient evaluation and treatment and EMS system operation and evaluation.~~

~~Sec. 28-20. Base hospitals.~~

- ~~1) (a) — The EMS agency medical director, with input from appropriate advisory committees, shall develop and implement criteria for the designation, operation, monitoring and evaluation of base hospitals.~~
- ~~2) (b) — Base hospitals shall direct and be responsible for pre-hospital advanced life support on-line medical control.~~

Sec. 28-~~1721~~. — ~~Ambulance service franchise agreements. Exclusive Operating Areas.~~

- 1) The LEMSA may establish one or more exclusive operating areas (EOAs), as defined in Health & Safety Code section 1797.85. Such EOAs may be awarded either without a competitive process (a “non-competitive EOA”) or pursuant to a competitive process (a “competitive EOA”), provided that in either case the requirements of Health and Safety Code section 1797.224 are met.
- 2) An EMS Entity granted an EOA shall enter into an agreement with the County (an “EOA Agreement”) setting forth the terms on which the EMS Entity (and/or any approved subcontractor) shall provide services within the EOA, including the level and type of ambulance services covered by the EOA Agreement.
- 3) No EMS Entity shall render any type or level of services considered exclusive within an EOA, unless the EMS Entity has entered into an EOA Agreement with the County to provide such services or acting as a subcontractor of an EMS Entity with such an agreement.
- 4) Nothing in this Chapter or in any rule or regulation enacted by the County shall be construed as requiring the County to establish either a competitive or non-competitive EOA.
- 5) Nothing in this section shall limit the ability of a City, Special District or the County from operating as a non-transport EMS Entity within their jurisdictions, consistent with applicable law and LEMSA policy.
- ~~1) Exclusive Operating Areas. The local EMS agency may provide for emergency LALS and/or ALS ambulance services under a local plan which creates one (1) or more exclusive operating areas. A competitive process shall be utilized at periodic intervals to select the provider(s) of EMS for each exclusive operating area.~~
- 6) (b) — Competitive Process shall include the following steps:
 - a. The EMS agency LEMSA shall develop the request for proposal document.
 - b. Notice of the competitive process shall be mailed prior to the time set for submission of all proposals, to each current ambulance service operator in the county County, to all emergency medical care committee (EMCC) EMCC members and any other interested parties who have requested in writing to the EMS agency LEMSA.
 - c. A pre-bid conference will be held for qualified bidders. Only bidders who attend this public conference will be able to submit proposals. Any proposal received after the time set for submission shall not be considered.

d. An evaluation committee chosen by the Department Director or designee shall review, rate and rank all proposals based on objective criteria approved by the Department. Such committee shall, at minimum, have representation including a Physician with experience in the acute Emergency Department setting and a working knowledge of prehospital emergency care, a Local EMS Agency Administrator, a Fire services officer from an agency that provides ALS transport services, A County-level administrative officer, A Certified Public Accountant with health systems knowledge. Evaluation Committee members shall be selected from entities outside of Sonoma County.~~An evaluation committee chosen by the director of public health shall review all proposals and submit a written report and recommendation to the director of public health, who shall consider the evaluation committee recommendation.~~

7) Following the competitive process, the Department Director~~The director of public health~~ will submit a written report and recommendation to the board of supervisors who will approve or disapprove any proposed contract with the winning bidder.

2)8) _____ In selecting an exclusive provider under this ~~chapter~~Chapter, the ~~EMS agency~~LEMSA shall consider the comparative value of competing proposals, including the consideration of

a. ~~(1)~~ _____—The quality of the service to be provided;

b. ~~(2)~~ _____—The level of service to be provided;

c. ~~(3)~~ _____—The rates charged to the public for services provided;

d. ~~(4)~~ _____—The cost, if any, to the ~~county~~County, cities or district

e. _____ Documented evidence of ability to work effectively with local agencies;

f. ~~(6)~~ _____—~~Experience in the provision of ambulance services~~Evidence of expertise, capability and capacity to provide for or arrange for ambulance services as described in the RFP”;

g. ~~(7)~~ _____—The financial stability of service to be provided;

h. _____ ~~The effect proposers’ wages, benefits, shift schedules and expected productivity will have on proposers’ ability to attract and retain experienced personnel, especially the existing employed Paramedics and EMTs in Sonoma County. Wage and benefit packages should encourage personnel to remain with the system to reduce the turnover rate and increase the expertise and experience available through the incumbent workforce.~~

i. ~~(8)~~ _____—~~Labor considerations such as wages and benefits to field personnel.~~(c) _____—Specification of Exclusive Operating Areas.

9) _____ All ambulance service contracts shall specify the area within which the operator may provide ambulance services.

10) No ambulance service operator may provide ambulance service for requests originating outside the area designated in the contract unless requested to do so by EMS Dispatch~~the central dispatch~~ or under provisions outlined in written mutual aid agreements.

11) Effect of ~~Chapter~~Chapter on Exclusive Operating Areas. This ~~hapter~~Chapter is not intended to supersede or otherwise modify the performance standards set forth in any agreement between the County of Sonoma and the recipient of any exclusive operating area~~EOA~~. This section~~section~~ is intended to be consistent with and to carry out the purposes of the ~~Emergency Medical Services and Prehospital Care Personnel Act (Health and Safety Code section 1797 et seq., Act (and in particular section sections 1797.85)~~ and to assist the ~~department of health services~~Department in carrying out its functions as the designated LEMSA~~local EMS Agency~~. Except as provided in state law, nothing in this ~~section~~section is intended to limit the authority of the Board of Supervisors, including, but not limited to, the authority to enter into contracts.

~~All references to the Sonoma County public health department or its director contained in this Chapter 28 shall be deemed to be references to the Sonoma County department of health services or its director.~~

~~Sec. 28-22. Briefing of new employees. All new ambulance company and hospital personnel involved in the provision of pre-hospital care shall receive an orientation on the operations, capabilities and constraints of the EMS system before functioning in the system. Responsibility for the orientation shall be that of the employing entity. Content and format of the orientation shall be approved by the hospital medical director and EMS agency medical director.~~

Article VI. - Miscellaneous Provisions.

Sec. 28-~~18~~. - Emergency and disaster operations.

1) During any "state of war emergency," "state of emergency" or "local emergency," as defined in the California Emergency Service Act (Chapter~~Chapter~~ 7 of Division 1 of Title 2 of the Government Code), as amended, each ambulance service operator shall provide equipment, facilities, and personnel as required by the ~~EMS agency medical director.~~ LEMSA.

2) The Department of Health Services shall provide for the fulfillment of the Medical Health Operational Area Coordinator role in accordance with HSC 1797.153.

~~Sec. 28-24. User complaints.~~

~~1) Complaints regarding emergency and ALS pre-hospital care services and/or charges shall be resolved at the lowest possible level. Any person who contends that he/she has received inadequate or inappropriate services or excessive or inappropriate charges shall be directed to attempt resolution of the dissatisfaction by meeting and discussing with the involved person, agency or entity involved. If this effort is unsuccessful, the complainant may file a written complaint with the EMS agency medical director. The EMS agency medical director shall refer the allegations to the service provider or other responsible person for a response within ten (10) county working days. If the matter~~

~~cannot be resolved to the satisfaction of the complainant and EMS agency medical director, or if a response does not occur within ten (10) county working days, the EMS agency medical director shall submit the matter to an appropriately constituted subcommittee of the EMCC for recommendation or resolution. The EMCC subcommittee shall consist of an unbiased membership constituted to provide adequate professional expertise and consumer protection. If the EMCC cannot resolve the matter to the satisfaction of all parties, the complainant must resort to private legal resources for further resolution of the matter. The EMCC shall provide a response within thirty (30) county working days.~~

~~Sec. 28-25. — Suspension and revocation of permits or certificates.~~

- ~~1) The EMS agency medical director may revoke any permit or certificate issued under provisions of this chapter when it has been found that any permittee or certificate holder violates any section of this chapter (or the rules and regulations promulgated thereunder) which related to his/her permit or certificate. With regard to certificate holders, all action taken by the medical director of the local EMS agency will be in conformance with state guidelines, local EMS agency policy, and California Code of Regulations Title 22.~~

~~Sec. 28-25.1. — Subpoena power.~~

~~Subpoenas, including subpoenas duces tecum, requiring a person to attend at a particular time and place to testify as a witness, may be issued in connection with any formal hearing involving the suspension or revocation of permits or certificates issued under the provisions of this chapter. Said subpoenas shall be issued at the request of the EMS agency medical director, the permit/certificate holder, investigation review panel, hearing officer or the EMS agency director. A subpoena duces tecum shall be issued only upon the filing with the clerk of the board of supervisors of an affidavit or declaration showing good cause for the production of the matters or things desired to be produced, setting forth in full detail the materiality thereof to the issues involved in the proceedings, and stating that the witness has the desired matters or things in his or her possession or under his or her control, and a copy of such affidavit or declaration shall be served in person or by certified mail, return receipt requested, and must be served at least five (5) days before the hearing for which the attendance is sought. Service by certified mail shall be presumed complete within five (5) days after mailing. Any subpoena or subpoena duces tecum issued pursuant to the provisions of this chapter shall be deemed issued by and in the name of the board of supervisors of the county of Sonoma.~~

Sec. 28-19. — Suspension and Revocation of Permits or Provider Agreements.

- 1) Any permit issued or Provider Agreement may be suspended or revoked for good cause by an Enforcement Officer. "Good cause" for the purpose of this section, means a violation of state law, a violation of any of the provisions of this Chapter, a violation of LEMSA policy, a violation of any condition of such permit or agreement, or failure to make payment of the required fee to the Department.
- 2) The following practices will be utilized during a revocation or suspension:

- a. Whenever an Enforcement Officer finds that an EMS Entity is not operating in compliance with their permit or Provider Agreement, a written notice to comply shall be issued to the EMS Entity. If the Entity fails to comply within fifteen (15) days of the notice, the Enforcement Officer shall issue a second written notice to comply describing the acts or omissions with which the EMS Entity is charged and informing them of their right to request a hearing.
- b. At any time within a fifteen-day period after service of such notice, the EMS Entity may request a hearing before the Hearing Officer to show cause why the permit or Provider Agreement should not be suspended or revoked.
- c. A failure to request a hearing within fifteen (15) days shall be deemed a waiver of a right to such a hearing.
- d. Any hearing provided for in this section shall be conducted in accordance with Section 28-21.
- e. A permit or Provider Agreement may be reinstated or a new one issued if the LEMSA determines that the conditions that prompted the suspension or revocation no longer exist.

Sec. 28-20. -- Immediate Suspension or Revocation of Permit.

- 1) Notwithstanding the provisions of this Chapter, and except as otherwise specifically provided by state law, An Enforcement Officer may immediately suspend or revoke a permit or Provider Agreement if the Enforcement Officer determines that there is an immediate threat to public health, safety, or welfare.
 - a. The Enforcement Officer shall serve the EMS Entity within forty-eight (48) hours of the suspension or revocation, written notice of the grounds for the immediate suspension or revocation. An EMS Entity may appeal the suspension or revocation by filing a written notice to request a hearing before the Hearing Officer.
 - b. If a hearing is requested, it shall be conducted in accordance with section 28-21.

Sec. 28-21. - Hearing procedure.

- 1) Whenever this Chapter provides for a hearing, the hearing shall be conducted in accordance with this section.
- 2) Upon receipt of a written request for a hearing, the Hearing Officer shall set a hearing date at the earliest practicable time. The hearing shall be held no later than fifteen (15) calendar days after receipt of the request for a hearing. Upon written request of one of the parties, the Hearing Officer may postpone a hearing date, if circumstances warrant the action. The Hearing Officer shall give notice of the hearing to the parties at least ten (10) calendar days before the date of the hearing.
- 3) When circumstances warrant, the Hearing Officer may order a hearing at any reasonable time within this fifteen-day period to expedite permit or provider agreement suspension or revocation process.

- 4) Neither the provisions of the Administrative Procedure Act (Government Code Section 11500 et seq.) nor the formal rules of evidence in civil or criminal judicial hearings shall apply to such hearing. At the hearing, the Hearing Officer may admit any evidence, including witness testimony, relevant to the determination of the matter, except as otherwise provided in this Chapter. A record of the hearing shall be made by any means, including electronic recording, so long as a reasonably accurate and complete written transcription of the proceedings can be made.
- 5) The Hearing Officer shall issue a written notice of decision within five (5) working days following the hearing. Notice of the written decision, including findings of facts, conclusions of law, and notification of the time period in which judicial review may be sought pursuant to Code of Civil Procedure Section 1094.6 shall be served on all parties. If the hearing was held to appeal an action against a permit or Provider Agreement, the notice of decision shall also specify the acts or omissions with which the permitted EMS Entity or permit applicant is charged, and shall state the terms of any applicable suspension or notice that a permit has been revoked. Any decision rendered by the Hearing Officer shall be a final administrative decision.
- 6) Judicial Review. Hearing Officer decisions shall be final, subject to judicial review under the provisions of California Code of Civil Procedure Sections 1094.5 and 1094.6. California Code of Civil Procedure Section 1094.6 governs limitation of time for filing petitions under Section 1094.5, as set forth in Sonoma County Code Section 1-7.5.
- 7) Nothing in this Chapter is intended to interfere or supersede the authority of the LEMSA Medical Director in California Health and Safety Code Section 1798. (c) to convene a medical review panel at the request of a paramedic base hospital medical director for the purpose of reviewing the medical effect of a LEMSA policy. In addition, the LEMSA Medical Director shall convene a panel if requested by the head of a public safety agency, a receiving hospital medical director, a city or special district, or the Sonoma County Board of Supervisors to review the medical effect of any LEMSA policy implemented through the process described in this Chapter in Section 28-16

~~Sec. 28-26. – Appeal procedure.~~

- ~~1) The decision of the EMS agency medical director in any matter involving medical control or medical quality assurance shall be final and binding upon the permit/certificate holder. In any matter where this chapter provides that an administrative hearing body or the board of supervisors shall have administrative authority over appeals of non-medical issues, the body's or board's decision shall be final and binding upon the permit/certificate holder on the thirtieth day after the decision is rendered. Said final decisions shall be subject to the provisions of Code of Civil Procedure Section 1094.5 et seq. unless otherwise indicated herein.~~

Sec. 28-22. - Enforcement.

- 1) Section~~Section~~ 1-7 of the Sonoma ~~County~~County Code will apply to any and all violations of this ~~chapter~~Chapter.

2) EMS Service Providers and Healthcare Facilities in operation within Sonoma County on the date of ordinance passage and the LEMSA shall have one year from date of ordinance passage to come into compliance with any new requirements created by the ordinance and/or the implementation of any new policy created to address ambulance permitting, Provider Authorization, Dispatch of ambulances created by the LEMSA in conformity with this Chapter. The LEMSA may extend the deadline for system participant compliance on a case by case basis.

Section II. If any section, subsection, sentence, clause, or phrase of this Ordinance is for any reason held to be unconstitutional or invalid, such decision shall not affect the validity of the remaining portion of this Ordinance. The Board of Supervisors hereby declares that it would have passed this Ordinance and every section, subsection, sentence, clause or phrase thereof irrespective of the fact that any one or more sections, subsections, sentences, clauses or phrases be declared unconstitutional or invalid.

Section III. Adoption and implementation of this ordinance is exempt from the California Environmental Quality Act ("CEQA") pursuant to Section 15061(b)(3) of the State CEQA Guidelines because it can be seen with certainty that there is no possibility that this ordinance may have a significant effect on the environment. Adoption and implementation of the Permit requirements, and other measures contained in the ordinance will not result in any direct physical change to the environment. The basis for this determination is that this ordinance does not in itself approve any activities that have an environmental impact, but instead establishes standards, Permit and Provider Authorization requirements, and other measures that regulate the delivery of Emergency Medical Services. The Director of the Department of Health Services is directed to file a notice of exemption in accordance with CEQA and the State CEQA Guidelines.

Section IV. This Ordinance shall be and the same is hereby declared to be in full force and effect from and after thirty (30) days after the date of its passage and shall be published once before the expiration of fifteen (15) days after said passage, with the names of the Supervisors voting for or against the same, in *The Press Democrat*, a newspaper of general circulation published in the County of Sonoma, State of California.

In regular session of the Board of Supervisors of the County of Sonoma, introduced on the 5th day of November, 2019, and finally passed and adopted this _____ day of _____, 2019, on regular roll call of the members of said Board by the following vote:

Supervisors:

Supervisors:

Gorin:	Zane:	Gore:	Hopkins:	Rabbitt:
Ayes:	Noes:	Absent:	Abstain:	

WHEREUPON, the Chair declared the above and foregoing ordinance duly adopted and

SO ORDERED.

Chair, Board of Supervisors
County of Sonoma

ATTEST:

Sheryl Bratton,
Clerk of the Board of Supervisors