

AMENDED AND RESTATED ADMINISTRATIVE ORDINANCE IMPLEMENTING CLARK
COUNTY PUBLIC
SAFETY PLAN AND REGULATING EMERGENCY
MEDICAL SERVICE FOR CLARK COUNTY, INDIANA
(AMENDING COMMISSIONER ORDINANCE # 10-1995 AND
COUNCIL ORDINANCE #39-1995)

RESTATED COMMISSIONER ORDINANCE # 9-2008

RESTATED COUNCIL ORDINANCE # _____

WHEREAS, the Clark County Commissioners pursuant to Commissioner #12-1994 and the Clark County Council pursuant to Council Ordinance #26-1994 pursuant to a certain Ordinance entitled "Uniform Emergency Public Safety Ordinance" established the procedures pursuant to Indiana Code 16-31-5-1, as amended, to operate, maintain and finance emergency medical services in Clark County, Indiana; and,

WHEREAS, This amended and restated ordinance is enacted to establish the 2008 Clark County Public Safety Plan Administrative and Operations provisions, as well as capability to provide for funding and financial support options from time to time,

WHEREAS, Clark County Commissioners and Clark County Council established and authorized the creation of a County-wide Enhanced Emergency Telephone System pursuant to Indiana Code 36-8-16, as amended; and,

WHEREAS, certain governmental entities located within Clark County have duly acknowledged and/or entered into an Inter-Local Agreement; and,

WHEREAS, Clark County Hospitals by and through their Administrators have indicated support for this plan; and,

WHEREAS, Clark County, Indiana, and the units of local government within said county have historically experienced difficulty in maintaining stable emergency medical ambulance

service providers and wish to provide the residents of Clark County, Indiana, with top-quality ambulance services and enhanced emergency telephone service throughout the county; and,

WHEREAS, the Clark County Commissioners believe that the most effective way to provide the best possible emergency medical care in the most cost-efficient manner to the residents and visitors of the county, is through the centralization in the Clark County Health Department, acting by and through the Clark County Health Officer and Clark County Board of Health, of the medical and administrative oversight of all emergency medical ambulance services (as hereinafter defined) provided in the county and further the exclusive operation of all emergency and convalescent medical ambulance services by providers throughout the county and the medical and administrative regulation of the enhanced emergency telephone system by the Clark County Board of Health and the Health Officer.

NOW, THEREFORE, BE IT ORDAINED by the Clark County Council and the Board of Commissioners of the County of Clark, Indiana, as follows:

UNIFORM AMBULANCE REGULATIONS

SECTION 100.01: TITLE; PURPOSE:

A. This sub-chapter may be cited as the "Uniform Ambulance Ordinance".

B. It is the purpose of this sub-chapter to effect the implementation of a public safety plan for an ambulance service to the citizens of Clark County, Indiana and for the delegation of specific oversight to the Clark County Health Officer.

SECTION 100.2: DEFINITIONS:

For the purpose of this sub-chapter, the following definitions shall apply unless the context clearly indicates or requires a different meaning:

AMBULANCE means any conveyance on land or water that is used or is intended to be used for the purpose of (1) responding to emergency life-threatening situations and providing transportation of an emergency patient service, or (2) providing transportation service from any convalescent or nursing home to another convalescent or nursing home, from any convalescent or nursing home to a private home, from any convalescent or nursing home to any hospital or medical treatment facility, including a doctor's office, from any private home to any convalescent or nursing home, or from any hospital or medical treatment facility to any private home or convalescent or nursing home. Said definition also includes any motor vehicle equipped with facilities to convey infirm or injured persons. This does not include wheelchair vans.

AMBULANCE DRIVER means an individual who is certified by the Clark County Health Officer to drive an ambulance. This certification should occur within sixty (60) days of employment.

AMBULANCE PATIENT means any ill, infirm or injured person transported in an ambulance to or from a hospital, physician's office, nursing home or other healthcare facility.

AMBULANCE SERVICE SYSTEM means an organized, fully coordinated and legally established network of individuals and organizations capable of effecting a fully coordinated response to an emergency medical incident and modified appropriately by the context of the competing demands upon the system at any

point in time. Essential components include, but are not limited to, single point termination telephone access to the system, centralized professional dispatching and system status management by medically trained dispatchers in direct radio contact with every ambulance operating in the system and who have the full authority and responsibility to manage the system response.

CLARK COUNTY OFFICE OF EMERGENCY COMMUNICATIONS (CCOEC) is the Countywide Emergency Communications Center responsible for Primary Emergency Enhanced 911 Operations (including Land, Wire, Voice Over Internet Protocol), Seven Digit Emergency Reporting, Primary Emergency Radio Communications operations and Emergency Fire, First Responder and Emergency Medical Communications.

COMMISSION means the Indiana emergency medical services commission.

CONVALESCENT PATIENT means a patient who does not need emergency medical services.

CONVALESCENT TRANSPORT means transportation of a convalescent patient.

EMERGENCY MEDICAL AMBULANCE SERVICES means the transportation of emergency patients by ambulance and the administration of emergency medical care to emergency patients at the scene of an accident, illness or during transport.

EMERGENCY MEDICAL AMBULANCE SERVICES PROVIDER (EMASP) means any person who provides emergency medical ambulance services within Clark County who are not volunteer providers (either VAP or VRAP). Any Emergency Medical Ambulance Services Provider operating within the service

area must have a minimum of four (4) ambulances with a minimum of two (2) Emergency Medical Technician - Basic Advanced (EMT-BA) or Emergency Medical Technician - Intermediate (EMT-I) Ambulances and two (2) Paramedic Ambulances operating within Clark County for 24 hours a day. One (1) EMT Ambulance and one (1) Paramedic Non-Transport Vehicle in combination shall be considered equivalent to one (1) Paramedic Ambulance. If run volume is low, one (1) ambulance may be removed from service for as long as 8 hours between 7 PM and 7 AM each day. CCOEC should be notified of this change of capacity before the ambulance is removed and when it is returned to service.

EMERGENCY MEDICAL CARE means (1) assessment of emergency patients; (2) administration of medications; (3) utilization of mechanical breathing devices; (4) performance of cardiopulmonary resuscitation; (5) applications of dressings and bandage materials; (6) application of splinting and immobilization services; (7) utilization of lifting and moving devices to ensure safe transport; (8) utilization of a defibrillator, if the defibrillator is used in accordance with training procedures established by the Indiana Emergency Medical Services Commission; and (9) other procedures authorized by the Indiana Emergency Medical Services Commission.

EMERGENCY MEDICAL DISPATCHING means the reception, evaluation, processing, and provision of dispatch life support, management of requests for emergency medical assistance, and participation in ongoing evaluation and improvement of the emergency medical dispatch process. This process includes identifying the nature of the request, prioritizing the severity of the request, dispatching the necessary resources, providing medical aid and safety instructions to the callers, and

coordinating the responding resources as needed, but does not include call routing itself.

EMERGENCY MEDICAL SERVICES (EMS) means the provision of emergency medical ambulance services or other services, including extrication and rescue service, utilized in serving an individual's need for immediate medical care in order to prevent loss of life or aggravation of physiological or psychological illness or injury.

EMERGENCY MEDICAL TECHNICIANS (EMT) exist in 3 different levels as defined below

EMERGENCY MEDICAL TECHNICIAN - BASIC (EMT-B) means an individual who is certified under Indiana Code (IC) 16-31 and this article to provide basic life support at the scene of an accident or an illness or during transport and certified within sixty (60) days of employment by the Clark County Health Officer.

EMERGENCY MEDICAL TECHNICIAN - BASIC AMBULANCE means an ambulance staffed by a duly state and county certified Emergency Medical Technician - Basic and shall possess all the supplies and equipment required for EMT-B level care.

EMERGENCY MEDICAL TECHNICIAN-BASIC ADVANCED (EMT-BA) means an individual who is certified under IC 16-31 to provide basic life support at the scene of an accident or an illness or during transport and has been certified to perform manual or automated defibrillation, rhythm interpretation, and intravenous line placement and certified within sixty (60) days of employment by the Clark County Health Officer.

EMERGENCY MEDICAL TECHNICIAN - BASIC ADVANCED AMBULANCE means an ambulance staffed by a duly state and county certified

Emergency Medical Technician - Basic Advanced and shall possess all the supplies and equipment required for EMT-BA level care.

EMERGENCY MEDICAL TECHNICIAN-BASIC ADVANCED PROVIDER

ORGANIZATION means an ambulance service provider or other provider organization certified by the commission to provide basic life support services administered by emergency medical technicians-basic advanced and has been certified to perform manual or automated defibrillation, rhythm interpretation, and intravenous line placement in conjunction with a supervising hospital.

EMERGENCY MEDICAL TECHNICIAN-INTERMEDIATE (EMT-I) means an individual who can perform at least one (1) but not all of the procedures of a paramedic and who:

- (A) has completed a prescribed course in advanced life support;
- (B) has been certified by the commission;
- (C) is associated with a single supervising hospital; and
- (D) is affiliated with a provider organization.
- (E) and certified under IC 16-31 and by the Clark County Health Officer within sixty (60) days of employment.

EMERGENCY MEDICAL TECHNICIAN - INTERMEDIATE AMBULANCE

means an ambulance staffed by a duly state and county certified Emergency Medical Technician - Intermediate and shall possess all the supplies and equipment required for EMT-I level care. An Emergency Medical Technician - Intermediate Ambulance will become a paramedic ambulance when it is staffed by a duly state and county certified paramedic and when it contains the supplies and equipment necessary for paramedic level care.

EMERGENCY PATIENT means an individual who is acutely ill, injured, incapacitated or helpless, and who requires emergency medical services within Clark County. Such term includes an individual who (1) requires transportation on a litter or cot, or (2) is transported in a vehicle certified as an ambulance by the Indiana Emergency Medical Services Commission. Such term includes any individual who is transported within the County (3) from a convalescent or nursing home to a convalescent or nursing home, a hospital, a medical treatment center, including a doctor's office, or a private home, (4) from a hospital or medical treatment center, to a convalescent or nursing home or private home, or (5) from a private home to a convalescent or nursing home, a hospital or a medical treatment center.

FIRST RESPONDER means an individual who is:

(A) certified under IC 16-31 and who meets the commission's standards for first responder certification; and

(B) the first individual to respond to an incident

LIFE-THREATENING EMERGENCY means a situation posing immediate threat to human life or of long-term disability, including, but not limited to acute respiratory distress, shock, airway blockage, bleeding beyond control, acute poisoning, acute cardiovascular distress or central nervous system injury.

MEDICAL AUDIT means an official inquiry into the circumstances involving an ambulance run or request for service, conducted by the Health Officer, or his duly authorized designee. No physician performing a medical audit shall have been directly involved in the care of the patient who is the subject of the audit. Any individual or board whose actions are under review may not be excluded

from the audit process and shall have the right to appear and be heard.

MEDICAL CONTROL means direction given ambulance personnel by a physician through direct voice contact as required by applicable medical protocols approved by the medical director of each emergency medical ambulance service provider.

MEDICAL PROTOCOL means any diagnosis-specific or problem-oriented written statement of standard procedure, or algorithm, approved by the Health Officer and the medical director of the ambulance service as the normal standard of pre-hospital care for a given clinical condition.

MUTUAL AID means the voluntary provision of services by organizations to assist each other pursuant to a written mutual aid agreement.

PARAMEDIC means an individual who:

(A) is:

- (1) affiliated with a certified paramedic provider organization;
- (2) affiliated with a supervising hospital approved by the commission; or
- (3) employed by a ambulance provider who has a contract for in-service education with a hospital approved by the commission;

(B) has completed a prescribed course in advanced life support; and

(C) has been certified by the commission under IC 16-31 and certified by the Clark County Health Officer within sixty (60) days of employment.

PARAMEDIC AMBULANCE means an ambulance staffed by a duly state and county certified paramedic and shall possess

all the supplies and equipment required for paramedic level care. An Emergency Medical Technician Intermediate (EMT-I) Ambulance will become a paramedic ambulance when it is staffed by a duly state and county certified paramedic and when it contains the supplies and equipment necessary for paramedic level care. One (1) EMT-I Ambulance and one (1) paramedic non-transport vehicle in combination shall be considered equivalent to one (1) paramedic ambulance as long as both units are stationed within their service area.

PARAMEDIC NON-TRANSPORT VEHICLE means a motor vehicle, other than an ambulance, used for emergency medical services, carries a duly state and county certified paramedic, and contains the supplies and equipment necessary for paramedic level care.

PERSON means any natural person or persons, firm, partnership, corporation, company, association or joint stock association or a governmental entity other than an agency or instrumentality of the United States.

PRIMARY PROVIDER means an Emergency Medical Ambulance Services Provider or a Volunteer Ambulance Provider who has a contract with the commissioners to serve a particular service area.

PUBLIC SAFETY OFFICIALS means any persons associated with emergency services organizations such as police, fire and EMS.

RESPONSE TIME means the actual elapsed time between notification of the Emergency Medical Ambulance Services Provider by the CCOEC that an ambulance is needed at a location and the arrival of that ambulance at the location.

SENIOR PARAMEDIC IN CHARGE means that individual among the personnel assigned to a Paramedic Ambulance within their service area, who is a Paramedic designated as the individual in command of the ambulance, its operation and any other persons assigned to the ambulance on a given shift, or is assigned to a Paramedic Non-Transport Vehicle. The Emergency Medical Ambulance Services Provider shall designate the Senior Paramedic in charge.

SERVICE AREA means the particular township, district, or municipality served by an EMASP or VAP contracted with the Clark county commissioners.

SPECIAL AMBULANCE PROVIDER means hospitals and other institutions that provide specialized mobile intensive care services.

STATION means the standby location within their service area from which an ambulance or Paramedic Non-Transport vehicle respond.

VOLUNTEER AMBULANCE PROVIDER (VAP) means a nonprofit organization which provides ambulance service for emergency patients who need emergency medical service. This provider is the primary emergency ambulance for their service area established by a contract with the County Commissioners. If the service area has a population of less than ten thousand (10,000) persons and a land area less than thirty (30) square miles, then the provider is required to operate two (2) ambulances for 24 hours a day. One (1) ambulance is Paramedic and one (1) is EMT-BA level or higher. One (1) EMT Ambulance and one (1) Paramedic Non-Transport Vehicle in combination shall be considered equivalent to one (1) Paramedic Ambulance. If either of the above population or land area limits are exceeded, then the ambulance number requirements are the same as for an Emergency Medical Ambulance Services Provider.

VOLUNTEER RESERVE AMBULANCE PROVIDER (VRAP) means any non-profit organization which provides ambulance service for emergency patients who need emergency medical services provided that a majority of the manpower furnished by the volunteer provider shall not receive any salary, wages or other pay for their work for the VRAP. A VRAP shall have available one EMT-BA ambulance. This ambulance functions in a reserve role and is only used when the primary ambulance provider will have a long response time or needs assistance with multiple emergency transports. The VRAP shall have a mutual aid agreement with the contractually designated primary provider for their service area. This agreement shall be approved by the Health Officer. The VRAP shall not make convalescent transports. When possible, the CCOEC should notify the VRAP, when the primary provider does not have an ambulance available within the VRAP response area for more than one (1) hour.

OTHER TERMS All terms which are not defined in this article are in the context of this ordinance will have the meanings as such terms are defined in I.C. 16-31-1 et. seq., Indiana Code 36-8-16, Indiana Code 16-31-3.5, as amended, and any statutes, rules, and regulations promulgated thereunder by the Emergency Medical Services Commission of the State of Indiana or by the Indiana Legislature.

SECTION 100.03: CERTAIN ACTS PROHIBITED:

It shall be unlawful to:

- (A) Perform duties as an ambulance driver, EMT, EMT Basic-Advanced, EMT-Intermediate or Paramedic without a current certificate issued by the Clark County Health Officer unless newly employed for less than sixty one (61) days.
- (B) Permit a person to work as an ambulance driver, EMT ,EMT Basic-Advanced, EMT-Intermediate or Paramedic without a

current certificate issued by the Health Officer unless newly employed for less than sixty one (61) days.

(C) Provide emergency medical ambulance services within the geographical area unless authorized by this chapter or exempted by the provisions of Section 100.04.

(D) Knowingly give false information to induce the response of an ambulance.

SECTION 100.04 EXCEPTIONS:

The provisions of this sub-chapter shall not apply to ambulances and their personnel which are:

(A) Owned and operated by an agency of the United States government.

(B) Rendering assistance at the request of the CCOEC in cases of disaster or major emergency too great for ambulance resources.

(C) Engaged in the process of a transport: (1) originating in Clark County and terminating outside of Clark County or (2) originating outside Clark County and terminating within Clark County.

(D) Private businesses using a company owned and operated ambulance solely for the transportation of their employees for injury or illness sustained by performing their work.

(E) Privately owned and designated for the transportation of the chronically infirmed or physically handicapped and used solely for the benefit of its owner and family, and is not for hire. The Health Officer shall determine whether or not the ambulance is to be used for the sole benefit of the owner or his family in permitting use of the privately owned vehicle.

CERTIFICATES PERMITS AND CERTIFICATIONS:

SECTION 101.01: APPLICATION OF PROVISIONS.

This section applies to participants in the ambulance service system and those bound by the provisions of this Ordinance.

SECTION 101.02: WHO MUST HOLD CERTIFICATE.

No person shall be employed or volunteer as an ambulance driver, EMT, EMT Basic-Advanced, EMT-Intermediate or Paramedic on an ambulance regulated by this chapter unless they hold a certification issued by the Health Officer.

SECTION 101.03: CRITERIA FOR CERTIFICATION.

(A) The Health Officer shall set requirements to obtain a certificate as an ambulance driver, EMT Basic, EMT Basic-Advanced, EMT-Intermediate or Paramedic.

(B) All ambulance drivers, EMTs, EMT Basic-Advanced, EMT-Intermediates or Paramedics must maintain state certification.

SECTION 101.05: APPLICATION FOR CERTIFICATION.

Applications for certification as an ambulance driver, EMT Basic, EMT Basic-Advanced, EMT-Intermediate or Paramedic shall be made on forms prepared or approved by the Health Officer. Each application may require a non-refundable application fee.

SECTION 101.06: CRITERIA FOR PERMITS.

(A) The Health Officer shall set the requirements to obtain a permit for any ambulance providers regulated by this chapter and including special use providers.

(B) Provider Permits shall be of 4 types: volunteer ambulance provider, volunteer reserve ambulance provider,

emergency medical ambulance service provider and special ambulance provider.

SECTION 101.07: APPLICATION FOR VEHICLE PERMITS.

Applicants for vehicle permits shall be made on forms prepared and approved by the Health Officer. Each application may require a non-refundable application fee.

101.08: AMBULANCE SERVICE PERMIT LIABILITY INSURANCE STANDARDS.

No ambulance service provider permit shall be issued under this sub-chapter, nor shall such permit be valid for issuance, nor shall any provider vehicle be operated in the area unless there is at all times in force and effect insurance coverage and the applicant has submitted a certificate of insurance demonstrating that the applicant has auto, general and medical liability insurance. The certificate must show the policy includes as additional insured's Clark County Government and the Clark County Health Department and all agents thereof and the policy:

- (A) is in effect with an insurer that is authorized to write insurance in Indiana and the insurer is rated A or better by Best; and
- (B) provides a combined single limit of at least one million dollars (\$1,000,000) for the injury or death of any number of persons in any one (1) occurrence.
- (C) provides Medical Liability insurance to provide for limitation of each claim of not less than \$1,000,000; and
- (D) A \$1,000,000 umbrella policy providing additional coverage to all underlying liability policies.
- (E) If an insurance policy required under this section:

- (a) is canceled during the policy's term;
- (b) lapses for any reason; or
- (c) has the policy's coverage fall below the required amount; the person or organization to whom the certification was issued shall immediately notify the Health Officer and must also immediately replace the policy with another policy that complies with this section.

(F) If the insurance policy for an emergency medical services provider vehicle that is required to be insured under this section is canceled, lapses for any reason, or has the policy coverage fall below the required amount, the use of the emergency medical services vehicle:

- (a) must immediately cease; and
- (b) shall not resume until approval to resume its use has been obtained in writing from the Health Officer.

SECTION 101.09: PERMIT REQUIRED.

(A) No person or organization, shall operate an ambulance service rendering pre-hospital care or transportation to ambulance patients unless that person or organization has obtained and currently holds a provider permit as determined in this section.

(B) No organization shall operate an ambulance for the provisions of emergency or non-emergency ambulance service to ambulance patients except as authorized hereunder by the Health Officer.

SECTION 101.10: TERM OF CERTIFICATIONS AND PERMITS; RENEWAL.

(A) All permits and certification issued pursuant to this sub-chapter shall be valid for a period of two (2) years from the date of issuance except as herein expressly provided.

(B) It shall be the responsibility of a permit or certificate holder to apply for a new permit or certificate no later than thirty (30) days prior to the expiration of the current permit or certificate.

(C) The Clark County Health Officer may, at his discretion, require renewal applicants to demonstrate knowledge and skills then currently required of a first time applicant.

SECTION 101.11: REVOCATION OR SUSPENSION OF PERMITS AND CERTIFICATION; COMPLIANCE.

(A) The Health Officer shall in his/her own capacity or by a designee named by the Health Officer enforce all provisions of the ordinance. Upon determining that a violation has occurred that does not meet the requirements for revocation or suspension below the Health Officer, or his/her designee shall issue a written letter to the party requiring compliance within 15 days. If the violation is not timely resolved by the date requested the Health Officer may issue a cease and desist order and assess a fine payable to the Safety Fund for each day of violation. (See Penalty Section)

(B) The Health Officer is authorized to recommend to the Board of Health revocation or suspension of any permit or certification issued pursuant to the provisions of this section if the ambulance driver, EMT-Basic, EMT Basic-Advanced, EMT-Intermediate, Paramedic, VRAP, Special Use provider, emergency medical service provider or non-emergency medical service provider (a) fail to maintain the qualifications or otherwise constitutes a danger to the safety and health of patients or (b) do not cure violations that are subject to the provisions of subsection A.

(C) Prior to revocation or suspension of a certificate, a medical audit shall be conducted by the Health Officer or his designee. The report shall be forwarded to the Board

of Health. The Board of Health shall notify the affected person of audit results and offer to hold an administrative hearing for him/her. The Board of Health then determines if revocation, suspension, or any other disciplinary action is warranted.

(D) If the Health Officer determines that the risk of harm to the public is substantial, the certification may be suspended without first providing a hearing. However, a hearing before the Board of Health shall be scheduled to convene within ten (10) working days of the suspension or disciplinary action to consider revocation of the certification or disciplinary action. The Health Officer may require a physical and mental examination be conducted prior to the hearing.

(E) The Health Officer, or an authorized representative, may issue a Citation to any person or organization which may be found to be in violation of this ordinance. The Citation will specify the nature of the violation of this Ordinance. The person(s) or organization receiving a Citation shall be required to appear, at a time designated, in any circuit or superior court in Clark County, Indiana for a hearing upon such Citation. The Court shall conduct a hearing upon the alleged violation of this Ordinance. The attorney for the Board of Commissioners, or any attorney appointed by it, is authorized to civilly prosecute said Citation in the name of the Clark County Health Department in such hearing. If the Court finds, at the conclusion of all the evidence, by a preponderance of evidence, that this Ordinance, has been violated, the Court shall impose the sanctions and penalties described below.

(F) Penalties - Any person or organization convicted of a violation of this ordinance shall be punished by a fine of not less than Twenty-five and No/100 Dollars (\$25.00) and not more than Two Thousand Five Hundred and No/100 Dollars

(\$2,500.00) for each such violation [See I.C. 36-1-3-8(10)]. Each day, or part of a day, that each violation occurs shall constitute a distinct and separate offense punishable by said fine. Each fine hereunder shall be in addition to, and not in substitution of, any other penalties which may be set forth under any chapter, section, or provision of this ordinance and nothing contained herein shall be construed as preventing the enforcement of the ordinance by injunction or any other equitable or legal relief as provided by I.C. 36-1-6, et I.C. 16-1-4-13 or any other applicable law.

SECTION 101.12: ADDITIONAL CERTIFICATION AND PERMIT REQUIREMENTS.

(A) All books and records of any provider shall be available to the Clark County Health Officer or his designee within limits of patient confidentially restrictions.

(B) All providers under the terms of this section shall report to the Health Officer and provide the following information:

(1) On a monthly basis the number of calls received by the provider per month and the response time for each call and in addition thereto the type of transport emergency or non-emergency.

(2) All permitted providers shall file an annual audited financial statement. They shall also file an annual report specifically showing the number of calls, the type of transport (emergency or non-emergency), response times and any other information as required or requested by the Health Officer.

STANDARDS OF OPERATION

SECTION 101.13: RESPONSE TIME.

This section shall apply to Primary Providers and VAPs

(A) An ambulance shall be on the scene of each life-threatening emergency call within eight (8) minutes on 80% of all calls originating within the service area, and 95% within ten (10) minutes of all calls originating within the service area. For all presumptively designated life-threatening emergencies best efforts will be made to place a first responder unit on the scene within five (5) minutes. These response times shall be recorded by CCEOC.

(B) For each life-threatening emergency response exceeding twelve (12) minutes, the contracted provider shall generate within ten (10) days a summary of the run and the action it has taken to reduce the number of long responses. This report shall be sent to the Health Officer.

(C) To provide prompt initial care, a first responder program shall be promoted by the Health Officer with assistance of other agencies and parties providing emergency care. This system shall have a goal of on-scene response within five (5) minutes.

SECTION 101.14: PATIENT AND SCENE MANAGEMENT.

(A) The senior paramedic in charge at the scene of an emergency shall have authority for patient management.

(B) Authority for management of the emergency scene, exclusive of medical control over patients, shall rest with public safety officials.

(C) In the event an Indiana licensed physician appears on the scene and desires to assume direction and control of patient care, he/she shall do so by presenting credentials or having his licensure verified by CCOEC, with the Indiana Professional Licensing Agency, using information from a

valid drivers license. It is also expected that the physician would accompany the patient to their final destination.

SECTION 101.15: DESTINATION DETERMINATION.

(A) For all life-threatening emergency calls, the patient shall be taken to the nearest appropriate facility for that clinical condition in accordance with approved medical protocols, unless otherwise directed by an emergency room physician.

(B) For all non-life-threatening emergency calls, the patient shall be taken to the destination of the patient's choice, or in cases where the patient is incompetent or unable to make such a judgment, the patient shall be delivered to the destination requested by the appropriate party acting on behalf of the patient. If no person is available to act for the patient, he shall be delivered to the nearest available emergency receiving facility.

SECTION 101.16: REMOVAL OF AMBULANCE FROM SERVICE

This section shall apply to Primary Providers and VRAPS

No Emergency Medical Services Ambulance or Paramedic Non-Transport Vehicle may be removed from service without first advising the CCOEC and recorded into the permanent record.

SECTION 101.17: OBEDIENCE TO TRAFFIC LAWS.

All ambulance providers and their employees shall comply with all applicable laws of the State of Indiana relating to operation of an emergency vehicle.

SECTION 101.18: DISPATCHING; RULES AND REGULATIONS.

This section shall apply to Primary Providers, VAPS and VRAPS

(A) This ordinance envisions all ambulance services to be provided by a limited number of single providers. However, Clark County government recognizes the valuable role that VRAPS may play in the system. To that end, the system adopted herein shall include a role for volunteer providers.

(B) Other provisions. (1) No rule relating to VRAP and adopted by the Health Officer shall be inconsistent with anything in this section. All VRAPS subject to regulation in this sub-chapter shall comply with all communications and dispatching standards and with all rules and regulations as may be adopted pursuant to this Ordinance.

(2) The Health Officer will carefully examine and consider historical, suggested, and legally required dispatch practices and protocols. Dispatch protocols shall be utilized in operations of the ordinance: (a) to the extent of available funding through the Enhanced Emergency Telephone System Fund or (b) other funds as provided by Clark County Government and (c) as required by statute.

(3) All ambulance dispatching will be performed by the CCOEC. The CCOEC shall as much as possible monitor the status of all emergency resources available in the Clark County and the current demand upon those resources. All providers shall advise the CCOEC as to the status of the Emergency Medical Ambulance Service Providers' ambulances at all times. All providers shall use radio frequencies approved by CCOEC.

(4) Public Safety Officials, who receive a request for emergency ambulance service, shall immediately transfer the requests to the CCOEC, but may obtain enough information to

dispatch an ambulance before making such transfer. This transfer should be made in such a manner as to allow the CCOEC dispatcher to talk directly with the caller, so that the most accurate possible assessment of the situation can be made, and so that appropriate direction can be given the caller concerning procedures to be taken prior to arrival of the ambulance or First Responder. If there is an ambulance request for emergency service within a non-participating service area, The non-participating township, district, or municipality shall notify the CCOEC that an ambulance has been dispatched.

(5) In all calls originating within a service area, the CCOEC shall dispatch the primary provider in that township, and in addition, may dispatch a VRAP. Rules concerning patient transport shall be defined in a mutual aid agreement between both services and approved by the Health Officer.

SECTION 101.19: GENERAL STANDARDS OF OPERATION:

The following general terms of operation, procedures and protocol shall apply:

- (1) EMT-B Ambulances may provide convalescent transport.
- (2) Ambulances must be strategically stationed throughout their service area subject to approval by the Health Officer.
- (3) An ambulance should be no more than two (2) miles from its station unless it is making a run.
- (4) A Paramedic Non-transport Vehicle should not be outside of its service area unless it is making a run.
- (5) No station shall be left uncovered for more than two (2) hours. CCOEC shall be notified of station coverage changes that last more than one (1) hour.
- (6) Convalescent runs should not significantly interfere with the ability to provide emergency medical transport.

- (7) The CCOEC shall provide Emergency Medical Dispatching (pre-arrival instructions) as much as possible.
- (8) All Emergency Medical Services protocols for the county will be standardized among the services and must be approved by the Board of Health and Health Officer.
- (9) Copies of all reports for or audits sent to the State of Indiana or Federal officials shall be sent to the Health Department within ten (10) days after final action, review by the Board of Health within the limits of patient confidentiality restrictions.
- (10) The Health Department shall be able to perform random inspection of records within the limit of patient confidentiality restrictions and also equipment and supplies of the ambulance services related to their operations in Clark County.
- (11) Ambulance personnel will cooperate fully with properly trained and certified First Responders.
- (12) The primary providers shall have a mutual aid agreement with at least one other primary provider.
- (13) The primary providers, in cooperation with the fire departments, police departments and the Health Department, will coordinate protocols for utilization of air ambulances.
- (14) The Health Officer shall recommend rules and regulations for VRAP. These rules and regulations may include on-board equipment and communication standards.
- (15) The rules and regulations covering VRAPs may require periodic local certification of volunteer crew members.
- (16) All provider personnel shall maintain certification by the National Incident Management System appropriate for their position.

(17) CCOEC First Responder dispatch protocols, when practical, shall be reviewed and suggested changes offered by the participating agencies before the protocols are adopted.

ADMINISTRATION

SECTION 102.01: STANDARDS, PROTOCOLS AND AUDITS:

The Health Officer shall oversee the following elements of the public safety plan:

- (A) Provisions: (1) Criteria for the issuance, renewal, suspension and revocation of permits and certifications.
- (2) Production standards related directly or indirectly to clinical performance and patient care.
- (3) Diagnosis-specific and problem-oriented medical protocols to serve as the required standards of pre-hospital emergency care.
- (4) Procedures governing the relative provision of 24 hour medical control.
- (5) Procedures and protocols for the CCOEC Emergency Medical Dispatching.
- (6) Procedure for the provision of medical control over the delivery of advance life support procedures by ambulance personnel.
- (7) Standards for the medical control communications system.
- (8) Elements of a disaster plan designed to provide prompt quality care and rescue of persons in disaster situations.
- (9) Standards, rules and regulations governing VRAPs.

(B) There will be medical audits performed when it is determined that a specific incident merits

FISCAL BODY ACTION

AYE

NAY

ATTEST:

DECEMBER 8TH, 2008

Keith Groth, Auditor of
Clark County, Indiana