

MESA COUNTY COLORADO

RESOLUTION NO MCM 2004-220

Mesa County Emergency Medical Services Resolution

A RESOLUTION PROVIDING FOR REGULATING AMBULANCES, AMBULANCE SERVICES, AND MEDICAL STANDBY PROVIDERS; ESTABLISHING MINIMUM REQUIREMENTS; CREATING PROCEDURES FOR LICENSING; ADOPTING PROVISIONS FOR MEDICAL OVERSIGHT OF THE EMS SYSTEM; CREATING AMBULANCE SERVICE AREAS; AND APPOINTING A DEPARTMENT TO COORDINATE AND OVERSEE THE EMS SYSTEM.

WHEREAS, the General Assembly of the State of the Colorado has enacted the Colorado Emergency Medical Services and Trauma Act, Title 25, Article 3.5, of the Colorado Revised Statutes, as amended from time to time; and

WHEREAS, the Emergency Medical Services and Trauma Act declares that the provision of adequate emergency medical and trauma services is a matter of statewide concern, and

WHEREAS the Colorado Emergency Medical and Trauma Services Act requires that the Board of County Commissioners enact standards, requirements, and procedures for providing emergency medical services within Mesa County, and

WHEREAS, said Act further authorizes the Board of County Commissioners to license ambulances and to impose regulations on ambulance services, and to regulate ambulances and emergency medical services personnel, and

WHEREAS, the Board of County Commissioners, with the input and advice of local city officials, emergency response agencies, and the medical community, have addressed and considered those factors that will have the best chance of improving outcomes for individuals who are sick, injured, or otherwise incapacitated or helpless, and

WHEREAS, the Board of County Commissioners believes that ongoing coordination and collaboration with local emergency response agencies and others will lead to improvements in medical care, response times, quality, and oversight, and

WHEREAS, the Board of County Commissioners believes that establishing ambulance service areas (ASAs) will benefit the public; and

WHEREAS, the intent of the ASAs are to provide citizens throughout Mesa County Countyline-to-Countyline coverage of Emergency Medical Services; and

WHEREAS, Mesa County, in conjunction with the City of Grand Junction-Grand Junction Fire Department, the City of Fruita, the Town of Palisade-Palisade Fire Department, Town of DeBeque-DeBeque Fire Department; Plateau Valley Fire Protection District, Palisade Rural Fire Protection District, East Orchard Mesa Fire Protection District, Central Orchard Mesa Fire Protection District, Lands End Fire Protection District, Clifton Fire Protection District, Glade Park Volunteer Fire Department, and Lower Valley Fire Protection District (collectively “the entities”) hired Emergency Services Consulting, Inc. (the “Consultant”) to evaluate the state of the Emergency Medical System and make recommendations for improvement of the Emergency Medical System.

WHEREAS, the Consultant discussed with every entity the Emergency Medical System and, based upon the discussions with the entities and the evaluation of the Emergency Medical System generally, drafted a document on March, 2004, titled, Fire and EMS Cooperative Effort Feasibility (the “Study”); and

WHEREAS, based upon the Study, this Resolution was drafted; and

WHEREAS, the Board of County Commissioners finds it to be in the best interest of citizens of and visitors to Mesa County to adopt the following resolution; and

WHEREAS, the Board has determined that a coordinated emergency medical services system is critical to the ensuring the health and welfare of those who live, work, attend school, worship, and visit Mesa County and the adoption of Mesa County Emergency Medical Services regulations is intended to improve patient outcomes and as such the Board has addressed and considered each of the subjects below in adopting this resolution; and

WHEREAS, in the Board’s judgment, the emergency medical services system established in the regulations will facilitate the efficient and effective provision of emergency medical services; and

WHEREAS, to the extent they are applicable; Mesa County has complied with Colorado Statutes, Title 25 Article 3.5, and with existing local ordinances and rules.

NOW, THEREFORE, BE IT RESOLVED, by the Board of County Commissioners of the County of Mesa, State of Colorado, that in order to preserve the public health, safety, and welfare, and in accordance with the law:

The Mesa County EMS Regulations, a copy of which are attached hereto, and incorporated herein as if fully set forth, is adopted. On, or before, June 15, 2005, Ambulance Service Area boundaries shall be reviewed by the Board of County Commissioners.

Resolution No. MCM 91-121 is hereby repealed, as well as prior resolutions appointing ambulance service directors or inspectors.

The Director of the Department of Emergency Management is hereby appointed Director of Emergency Medical Services, ambulance regulation and ambulance inspector. Such
Mesa County Ambulance and Emergency Medical Services

appointment shall continue until the earlier of revocation of appointment by the Board, or until the appointee no longer serves as the Mesa County Emergency Management Director.

DULY MOVED, SECONDED, AND ADOPTED THIS 6TH DAY OF DECEMBER, 2004.

BOARD OF MESA COUNTY
COMMISSIONERS, MESA COUNTY, CO

Doralyn B. Genova
Chairman

ATTEST:

Clerk & Recorder

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MESA COUNTY, COLORADO
AMBULANCE AND
EMERGENCY MEDICAL SERVICES
RESOLUTION

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ARTICLE I: DEFINITIONS.

1. "AMBULANCE" means any privately or publicly owned motor vehicle that is regularly provided or offered to be provided for the ground transportation of persons suffering from illness, injury or disability including any unit registered with the State of Colorado as an ambulance.
2. "AMBULANCE PERMIT" means a certificate issued for an Advanced Life Support Ground Ambulance unit or Basic Life Support Ground Ambulance in accordance with these regulations.
3. "AMBULANCE PROVIDER" or "AMBULANCE SERVICE PROVIDER" means any individual, partnership, corporation, association, political subdivision, governmental agency, special district, municipality, home rule municipality, public improvement district, general improvement district or other entity that either holds a Mesa County Ambulance Service License to provide emergency and non-emergency care and transportation to sick, injured or disabled persons or provides stationary, medical standby services using EMTs
4. "AMBULANCE SERVICE AREA" and/or "ASA" means a specific geographic area of Mesa County which is served by one ambulance service provider.
5. "BOARD" means the Mesa County Board of County Commissioners, Mesa County, Colorado.
6. "COUNCIL" or "EMS COUNCIL" means the Mesa County Emergency Medical Services Council, a committee appointed by the Board to advise the Board on matters related to EMS.
7. "COUNTY" means Mesa County, Colorado.
8. "COUNTY EMS MEDICAL DIRECTOR" ("EMSMD") means a licensed physician employed by or contracted to the County to serve as the Supervising Physician to Mesa County EMS providers.
9. "DIRECTOR" means the Director of the Mesa County Department of Emergency Management, or designee.
10. "DEPARTMENT" means the Mesa County Department of Emergency Management.
11. "DIVISION" means the Colorado Department of Public Health and Environment (CDPH&E), prehospital division.

12. "EMERGENCY AMBULANCE SERVICE" means the provision of advanced life support (ALS) or basic life support (BLS), and transportation by ground ambulance if appropriate, in response to medical or traumatic emergencies.
13. "EMERGENCY MEDICAL SERVICES" and/or "EMS" means those prehospital functions and services whose purpose is to prepare for and respond to medical and traumatic emergencies, including rescue and ambulance services, medical standby at public events, prehospital patient care, communications and evaluation.
14. "EMERGENCY MEDICAL SERVICES (EMS) PROVIDER" means a first response agency or licensed ambulance service.
15. "EMERGENCY MEDICAL TECHNICIAN" (EMT) An individual who holds a current and valid Emergency Medical Technician certificate at either the Basic, Intermediate, or Paramedic level, issued by the Colorado Department of Department Of Public Health And Environment
16. "EMERGENCY MEDICAL TECHNICIAN-BASIC (EMT-B)" - An individual who holds a current and valid Emergency Medical Technician-Basic certificate issued by the Colorado Department of Department of Public Health and Environment
17. "EMERGENCY MEDICAL TECHNICIAN-INTERMEDIATE (EMT-I)" - An individual who holds a current and valid Emergency Medical Technician-Intermediate certificate issued by the Colorado Department of Department of Public Health and Environment.
18. "EMERGENCY MEDICAL TECHNICIAN-PARAMEDIC (EMT-P)" - An individual who holds a current and valid Emergency Medical Technician-Paramedic certificate issued by the Colorado Department of Department of Public Health and Environment.
19. "EMS SYSTEM" means a comprehensive, coordinated arrangement of resources and functions which are organized to respond in a timely, staged manner to medical emergencies regardless of their cause.
20. "FIRST RESPONDER" means a person who provides emergency medical care to a sick, disabled or injured individual prior to the arrival of an ambulance and is authorized by the EMSMD to provide emergency medical care.
21. "FIRST RESPONSE AGENCY" means a person, firm, corporation, association or local government that employs paid or volunteer first responders to provide emergency medical care not including transport.

22. "FIRST RESPONSE AREA" means the geographic area served by a medical responder intended to arrive first and provide immediate medical care and or rescue.
23. "FRONTIER AREA" means all areas of Mesa County that are neither Urban or Rural, as more particularly described on the ASA map attached as Appendix A.
24. "GROUND AMBULANCE" means any publicly- or privately-owned ground vehicle used for, or intended to be used for, the transportation of sick or injured persons who are expected to require skilled treatment or care while in the vehicle.
25. "GROUND AMBULANCE-ADVANCED LIFE SUPPORT" means a type of permit issued by Mesa County to a vehicle operated by a Ground Ambulance Service authorizing the vehicle to be used to provide ambulance service limited to the scope of practice of the Emergency Medical Technician-Intermediate or Emergency Medical Technician-Paramedic as defined in the Colorado Board of Medical Examiners rules.
26. "GROUND AMBULANCE-BASIC LIFE SUPPORT" means a type of permit issued by Mesa County to a vehicle operated by a Ground Ambulance Service authorizing the vehicle to be used to provide ambulance service limited to the scope of practice of the Emergency Medical Technician-Basic as defined in the Colorado Board of Medical Examiners rules.
27. "INCIDENT MANAGEMENT GROUP" A group of representatives from public safety agencies and other community partners throughout Mesa County that work together to provide incident management and coordination capabilities, designed to support agency(ies) having jurisdiction during a large scale event.
28. "LICENSE" means the authorization issued by the Board to operate an ambulance service in Mesa County.
29. "LICENSEE" means the person or entity that has been issued a License by the Board or its designee to provide ambulance service in Mesa County.
30. "MEDICAL STANDBY PROVIDER" means any public, private or volunteer entity providing on-site, out-of-hospital medical care at events or mass gatherings that are open to the public.
31. "MEDICAL STANDBY SERVICES" means the provision of on-site, out of hospital medical care at events or mass gatherings that are open to the public.
32. "NOTIFICATION INTERVAL" means the length of time between the initial receipt of the request for emergency medical service by either a provider or the Grand Junction Regional Communications Center (GJRCC), and the notification of responding emergency medical service providers.

33. "RESPONSE INTERVAL" or "RESPONSE TIME" means the length of time between the notification of each provider and the arrival of each provider's emergency medical service unit(s) at the incident scene. For the purposes of measurement, arrival at the scene means that the response vehicle has come to a complete stop at the location to which it was dispatched.
34. "RURAL AREA" means those areas of Mesa County that are 1) outside the Urban area, 2) are within the Lower Valley Fire Protection District, the Central Orchard Mesa Fire Protection District, the East Orchard Mesa Fire Protection District, or the Palisade Fire Department, or 3) are within 7 miles by road from the fire stations in the Land's End Fire Protection District or the Plateau Valley Fire Protection District. The Rural areas are more particularly described on the ASA map attached as Appendix A.
35. "STANDBY PERMIT" means a certificate issued to a qualified EMS provider allowing standby medical services in accordance with this Resolution.
36. "URBAN AREA" means those areas of Mesa County that are within the City of Grand Junction, the Grand Junction Rural Fire District and the Clifton Fire Protection District, as more particularly described on the ASA map attached as Appendix A.
37. Other terms shall be given plain meaning.

ARTICLE II: REGULATIONS

1. License Required. No person, firm, corporation, association or local government shall provide or operate an Ambulance Service, publicly or privately, in the County using any ambulance based in or outside Mesa County, unless that person, partnership, agency, or corporation holds a valid license to do so issued by the Board.
2. Ambulance Permit Required. No ambulance shall transport patients when transport originates in Mesa County unless the Ambulance Provider has been issued a license by Mesa County and possesses a current County Ambulance Permit.
3. Standby Permit Required. No person, firm, corporation, association or local government shall provide out-of-hospital medical standby services at mass gatherings unless that person, firm, corporation, association or local government possesses a valid permit to do so issued by the Board. A valid Ambulance Service License shall include the provision of standby services; however, the Board may establish rules for either annual or individual event standby permits for Medical Standby Providers who do not hold an Ambulance Service License in Mesa County.

4. Exceptions to Licensing and Permits Required. The provisions of paragraphs 1, 2, and 3 above shall not apply to the following:

- a. A rotor- or fixed-wing aircraft providing patient transportation.
- b. The exceptional, emergency use of a privately or publicly owned vehicle, including search and rescue vehicles of whatever type, not ordinarily used to transport patients.
- c. An ambulance that is owned and operated by an agency of the Federal Government.
- d. An ambulance that is not permitted, when used in case of a major catastrophe or emergency;
- e. An ambulance based outside Mesa County which is transporting a patient into or through Mesa County;
- f. An ambulance based outside Mesa County which is returning a patient home from a medical facility within Mesa County.
- g. Vehicles used solely for the transportation of intoxicated persons incapacitated by alcohol as defined in 25-1-301, C.R.S., as amended, but who would not be expected to require skilled treatment or care while in the vehicle.
- h. Vehicles used solely for the transportation of mentally ill persons who would not be expected to require skilled treatment or care while in the vehicle.

5. Ambulance Crew Members. No patient shall be transported in an ambulance permitted by the Board unless there are two or more authorized persons in the ambulance, except under extraordinary conditions when only one authorized person is available. Extraordinary conditions are defined as those times when personnel on the scene determine that the patient requires immediate transport and only one authorized person is available on the scene. The EMSMD will be notified within 24 hours of each event during which a patient is transported in an ambulance with less than two authorized persons aboard. Authorized person(s) must be certified according to standards established herein.

6. Standby Personnel. Standby Permittees shall be authorized to provide medical services as determined or directed by the EMSMD.

7. Insurance. Unless excepted in ARTICLE II: paragraph 4, above, no Ambulance Licensee shall operate in the County without insurance in the limits and with the coverages as set forth in this paragraph. Each Licensee shall maintain insurance coverage for each and every ambulance owned, operated or leased by the

ambulance service, providing coverage for injury to or death of persons in accidents resulting from any cause for which the Licensee or operator may be liable on account of any liability imposed by law, regardless of who was operating the ambulance. Coverage against damage claims to the property of another, including personal property, shall be insured in the following amounts.

- a. Motor vehicle insurance:
 - i) Bodily injury \$1,000,000 per occurrence.
 - ii) Property damage \$1,000,000 per occurrence.
- b. Statutory Workers' Compensation Insurance:
- c. General Liability and Property Damage Bodily Injury:
 - i) Each person \$1,000,000
 - ii) Each accident \$1,000,000
 - iii) Policy must be \$1,000,000 per occurrence and \$1,000,000 aggregate including bodily injury and property damage.
- d. Professional liability Coverage:
 - i) Per occurrence \$1,000,000
 - ii) Aggregate \$3,000,000

Proof of complying insurance shall be filed along with the application for an ambulance service license. Every insurance policy required shall contain a provision for continuing liability thereunder to the full amount thereof, notwithstanding any recovery thereon; that the liability of the insured shall not be affected by the insolvency or bankruptcy of the insured and that until a policy is revoked, the insurance company will not be relieved from liability on account of nonpayment of premiums, failure to renew license, or any act or omission of the named insured. At any time the insurance is required to be renewed, proof of renewal shall be provided to the Board, or its designee.

Any change(s) in the vehicles listed on the certificate of insurance (during the licensing cycle) shall be noted on a new certificate of insurance and forwarded to the Board or its designee within thirty days of the change(s).

The Licensee shall provide written notification of any changes in insurance to the Board or its designee within thirty days of such change(s) becoming effective. The Licensee shall provide an amended or changed certificate of insurance for each change.

EXCEPTION: The provisions of this paragraph 7a-d shall not apply to any ambulance operated directly by any political subdivision, governmental agency,

special district, municipality, home rule municipality, public improvement district, or general improvement district, which has otherwise complied with the requirements of law, except than any subcontract of the public entity shall include and comply with the provisions of paragraph 7a-d.

8. Ambulance Equipment. The Director shall prepare and make available an ambulance equipment list that specifies the equipment and supplies that shall be carried on each ambulance. At a minimum, each ambulance shall contain the following equipment which shall be operational and shall be maintained in good working order:

- a. Emergency lighting and audible warning equipment which complies with Colorado law for emergency vehicles.
- b. Safe tires and adequate snow tires or chains for use in adverse weather conditions.
- c. Capability of two-way radio communication with GJRCC; with one or more emergency facilities; and with law enforcement, ambulance, and first response agencies through “car-to-car” communications.
- d. Safety belts and other restraining devices for each patient and all personnel.
- e. A functioning fire extinguisher of the all-purpose-dry-chemical type, “ABC”, size as specified on the County ambulance equipment list available from the Department.
- f. Additional equipment as established by the most recent listing of the State Advisory Council on Emergency Medical Services and approved by the State Board of Health, and available from the Director.
- g. In addition to the above, ambulances shall carry the minimum equipment, supplies and medications specified in the Mesa County Prehospital Medical Protocols according to the permitted level of service, and available from the Director.

ARTICLE III: AMBULANCE SERVICE AREAS DEFINED

1. Ambulance Service Areas Established. Establishing ASAs is based on the following criteria:

- a. The overall advantage to the EMS system in terms of ensuring quality and cost performance.

- b. The economic impact and economic viability of the countywide EMS system.
- c. The ability to coordinate services between ASAs.
- d. The probable effect of changing ASA boundaries on municipal and governmental responders.
- e. The ability to gain economies of both scale and scope for agencies providing services in the county.
- f. The incremental cost and complexity of providing medical and regulatory oversight.

2. ASA Described. ASAs for optimal service in incorporated and unincorporated areas of the County are as follows:

- a. Clifton ASA. The area included within the boundaries of the Clifton Fire Protection District as well as those areas more particularly described on the ASA map in Appendix A.
- b. Debeque ASA. The area included within the boundaries of the Debeque Fire Protection District as well as those areas more particularly described on the ASA map in Appendix A.
- c. Grand Junction ASA. That area included within the boundaries of the City of Grand Junction, the Grand Junction Rural Fire Protection District, and the Glade Park Volunteer Fire Department as well as those areas more particularly described on the ASA map in Appendix A.
- d. Land's End ASA. That area included within the boundaries of the Land's End Fire Protection District as well as those areas more particularly described on the ASA map in Appendix A.
- e. Lower Valley ASA. That area included within the boundaries of the Lower Valley Fire Protection District as well as those areas more particularly described on the ASA map in Appendix A.
- f. Palisade ASA. That area included within the boundaries of the Palisade Fire Department as well as those areas more particularly described on the ASA map in Appendix A.
- g. Plateau Valley ASA. That area included within the boundaries of the Plateau Valley Fire Protection District as well as those areas more particularly described on the ASA map in Appendix A.

h. Gateway ASA. That area included within the boundaries of the Gateway Fire Protection District as well as those areas more particularly described on the ASA map in Appendix A.

3. Ambulance Service Area Boundary Changes. At any time, the Board may change the boundaries of these ASAs, or create other ASAs, or incorporate or remove non-emergency services in one or more ASAs in order to provide for the effective and efficient provision of Emergency Medical Services.

a. Prior to making changes to ASA boundaries, the Board shall receive advice and comment from the agency(ies) affected or claimed to be affected by the change, the EMS Council, the Department, and the EMSMD.

b. If local city or special district boundaries change through annexation or exclusion, the Board may authorize a change to the ASA boundary.

c. The Board shall consider impacts on other service providers and on the public prior to making boundary changes.

d. A provider serving an ASA may request a boundary change from the Board if serving the ASA within the existing boundary creates an economic or operational hardship on the provider.

4. Other Areas. Areas outside of Mesa County may be served as part of the Mesa County Ambulance System:

a. The Board may enter into joint services agreements with neighboring Counties to regulate areas that may be better served by Mesa County providers.

b. If the Board enters into an agreement with a neighboring county it may establish regulation for Mesa County Ambulance Licensees serving the neighboring County.

c. Licensees may request to serve areas outside the county, with which the county has established joint services agreements.

5. First Response Area Boundaries. To assist with the coordination of Emergency Medical Services, the Board has established attached map of first response area boundaries, attached as Appendix B.

ARTICLE IV: EMS SYSTEM ELEMENTS

1. *9-1-1 Dispatched Calls*

a. Dispatch Services Included in Reporting Process. 9-1-1 calls for emergency medical assistance are received at one Primary Public Safety Answering Point (PSAP), the Grand Junction's Regional Communications Center (GJRCC). Beginning in January 2005, the Director will work with GJRCC to employ methods to capture specific verifiable and auditable data elements, required for dispatch and performance evaluation. Specific data and reporting requirements shall be established through a contract between the Board and GJRCC.

b. Compliance with Dispatch Protocols Required. GJRCC participates in 9-1-1 emergency and non-emergency dispatch of EMS resources within the County. All EMS providers, including BLS Ground ambulance licensees, shall use and comply with methods for emergency medical dispatch or Priority Dispatch that have been approved by the County EMSMD and implemented by GJRCC. All ambulance services that receive seven-digit calls classified as emergency calls by the EMSMD priority dispatch protocols will be immediately forwarded, transferred or otherwise communicated, in accordance with protocols established by the EMSMD to GJRCC.

2. *Pre-arranged, Non-emergency Transfers and Inter-facility Transfers*

a. Regulation of Non-Emergency Ambulance Service Established. Through this EMS resolution, the Board establishes that all ambulance transportation is subject to regulation to ensure that appropriate clinical and operational performance is provided to the community. Regulation of ALS and BLS Ground Ambulance services, whether used for emergency or non-emergency services will occur on the effective date of this Resolution.

b. Non-dedicated ambulance allowed. County-licensed Ambulance Providers may specifically provide non-emergency and inter-facility ambulance transport and may use ambulances and personnel deployed to meet the Licensee's emergency responsibilities in non-emergency service.

c. Rules to be established. The Director of the County Department of Emergency Management shall adopt regulations for non-emergency services and for issuing non-emergency ambulance permits.

3. *Standby Services at High Risk Events or at Mass Gatherings.*

a. Standby Services Regulated. Through these regulations, the Board regulates Medical Standby Providers at high risk events and at mass gatherings within the County. The Regulations are to ensure the safety and availability of emergency medical services at mass gatherings and other events. Regulation of Medical Standby Permits will occur on the effective date of these regulations.

b. Ambulance Licensees and EMS Providers Authorized to Provide Standby Services. County-licensed Ambulance Services and EMS Providers may specifically provide standby services and may utilize ambulances and personnel deployed to meet other responsibilities. EMS and Ambulance Providers must comply with these regulations.

c. Rules to be Established. The Director shall adopt requirements for issuing standby Medical Standby Permits.

d. Standby Permits Required. Generally, a Medical Standby Permit is required if an entity provides on-site, out-of-hospital medical care at events or mass gatherings, either for hire or on a volunteer basis. The Board may require that an event organizer obtain services from Medical Standby Permittee if the Director determines that conditions exist that could lead to or magnify injuries or illnesses at the event, and the attendance at the event is sufficient to require separate medical considerations.

4. *Dispatch, Notification and Response Times*

a. Primary Public Safety Answering Point (PSAP). Ambulance Licensees in Mesa County shall use GJRCC for dispatching emergency calls in the County.

b. PSAP Reporting. The EMSMD shall, in concert with GJRCC, establish protocols for prioritizing emergency events, establish response guidelines to those events, create or approve pre-arrival instructions to callers, and reviewing the center's adherence to dispatch guidelines. Ambulance Licensees may use their own dispatch center to receive requests for non-emergency ambulance service; however, any center receiving seven-digit calls for ambulance service, shall

- i) employ identical emergency medical dispatch protocols as those used in GJRCC,
- ii) record all incoming telephone calls,
- iii) maintain copies of those recordings for a minimum of 90 days, and

iv) provide a copy of any voice recording to the EMSMD upon request.

c. GJRCC Reporting. The Board shall work closely with GJRCC to develop methods of reporting responses to emergency events. Each month, or on another schedule agreed upon by the EMSMD and GJRCC, GJRCC will provide data that allows the Department to evaluate the response performance of the County's EMS system. Those methods may include GJRCC developing a reporting process in concert with the Director and the EMSMD, or it may provide data so that the Director can determine response performance as follows:

i) A Response Performance Report that describes, at a minimum, the following:

(a) The name of the agency.

(b) The number of emergency events to which the agency responded in each of the response zones.

(c) The performance of the agency in each of the response zones using a fractal reporting method.

(d) An exception report that describes each event that exceeded the response time requirements for each zone.

d. Licensee review of response performance report. Each Licensee shall review its Response Performance Report by the 15th day of the month following its release. Any reply to the Response Performance Report will be submitted to the Department by the 20th of each month. Licensees may request exemptions to response requirements based on specific reasons described in ARTICLE IV: Paragraph 5 below.

e. Dispatch Performance Reporting. The Director shall review data, if available, that measures the performance of ambulance dispatch services, such as: call-answer intervals, notification intervals, total call processing intervals and compliance with emergency medical dispatch protocols. The Director will evaluate performance at the 90th percentile of reliability.

f. Referral required for all emergency events. A Licensee receiving a call for emergency ambulance service on a non-emergency telephone line shall immediately notify GJRCC and provide the telephone number of the caller, the nature of the event, and the address of the event. No more than 30 seconds may elapse before the Licensee notifies GJRCC.

g. Review of long response times. Each Ambulance Licensee will review its response times and will participate in a County-wide plan to reduce response times in the County.

5. *Response Times*

a. Framework for Reviewing Response Times Established. There are many barriers to timely EMS response. Those include distance, rural population density, and transportation infrastructure. By creating maximum response times based on Urban, Rural and Frontier categories, establishing a procedure that monitors response time performance, and developing a system of reporting methods, the Board has established the framework from which EMS providers can operate to provide appropriate response time performance in the community.

b. Providers Encouraged to Improve Response Performance. EMS Providers shall use their best expert and professional judgment in determining various methods of achieving and maintaining the level of service performance required. Methods may include, but are not limited to, compensation programs, shift schedules, personnel policies, supervisory structure, vehicle deployment techniques and other internal matters which, taken together, comprise strategies for responding in the most effective and efficient manner possible.

c. Integrated Services Authorized. A well-designed, effective partnership between First Response agencies and Ambulance Licensees may allow a reduction in ambulance response times in the county. Ambulance Licensees shall work closely with advanced life support and other first response agencies to develop programs that will deliver medical care as rapidly as possible while enhancing countywide service or reducing response times.

d. Maximum emergency response times established. Response times for emergency calls must be within the response time limits established herein.

e. Monthly response time compliance required. Ambulance Licensees shall meet the aggregate response time requirements listed below for emergency calls in each response zone, see Appendix C.

i) Urban Areas: Maximum response time of 8 minutes for 90 percent of all emergency calls.

ii) Rural Areas: Maximum response time of 20 minutes for 90 percent of all emergency calls.

iii) Frontier Areas: Maximum response time of 1 hour for 90 percent of all emergency calls.

f. Limits established for individual calls. Each Urban, Rural, and Frontier zone shall have, in addition to the 90-percent standard, a maximum response time limit for every call. The following maximum response intervals will apply to all emergency calls.

i) Urban area individual responses. No single response shall exceed 12 minutes in the urban response zone.

ii) Rural area individual responses. No single response shall exceed 40 minutes in the rural response zone.

iii) Frontier area individual responses. No single response shall exceed two hours in the frontier response zone.

iv) Plan established to reduce response times. For every emergency call where the licensee fails to arrive within the maximum time, the Licensee will review the reasons for that extended response interval and shall establish methods to reduce response intervals through changes in deployment, adding resources, mutual aid, a quality assurance program or other methods.

g. Response time monitoring. The Director will review response interval reports monthly. If the Director finds that more than 10 percent of emergency calls in any type of response zone do not meet required maximum response intervals during any calendar month, the Director may take steps to ensure that improvements are made in the EMS system including; enhancing response intervals through county assistance programs, grant solicitation, recommending deployment changes, mutual or automatic aid, or other methods to make improvements.

h. Exceptions for areas with low call volume. If an Ambulance Licensee responds to less than 100 events per month, the response time reporting requirements shall be waived for that month. Instead, when the Licensee has accumulated 100 consecutive events, or when a calendar year has passed, the Licensee will report its response performance.

i. Response interval modification. The Board may modify the response time requirements detailed above, to ensure efficient and appropriate responses to emergency and non-emergency calls. The Director and EMSMD will recommend all modified requirements, after considering issues including, but not limited to, the following:

i) The level of acuity of each call, using modern emergency medical dispatch and priority dispatch capabilities,

ii) Clinical evidence that another standard is more effective,

- iii) More efficient use of system resources,
 - iv) Alternative delivery systems including approved advanced life support first response,
 - v) The projected economic impact of any proposed change,
 - vi) Requests from local cities or special districts.
- j. Method of response interval calculation. Emergency response time will be calculated from the time that a call is received by the EMS Licensee until the time that the Licensee's first appropriately staffed vehicle comes to a complete stop on the scene.
- k. Response interval exemptions allowed. Unusual circumstances beyond an EMS Provider's reasonable control can cause response intervals to exceed County's standards. The following responses will be exempted from response time performance.
- i) Downgraded calls. If GJRCC or a First Responder Agency downgrades a call from emergency status, the maximum response times will not apply, so long as the downgrade takes place within the maximum response interval for that zone. EMS Providers shall be responsible for responding to each downgraded call within the specified response interval, if any, for the downgraded priority. Specific rules may be adopted to govern calculation of response interval performance in cases of upgrades and downgrades of response priorities.
 - ii) Calls originating outside the county. Responses to emergency calls outside the County will not be counted in the number of total calls dispatched used to determine compliance.
 - iii) Multiple responses to the same event. Multiple responses to an incident, such as a multiple patient scene or mass casualty incident, will be counted as only one call dispatched, no matter how many units respond to the incident. Calls that require multiple unit responses because of vehicle failure or breakdown will not be exempted under this Resolution.
 - iv) Mass casualty incidents. The Director may exempt response interval requirements during mass casualty incidents.
 - v) Severe weather. The Director may exempt response-time requirements during periods of inclement weather during which meeting response times will place public safety at risk.

vi) Inaccessible areas. The Director may exempt response time requirements in areas that are inaccessible by road or during periods during which roads, bridges or other transportation routes are impassable.

vii) Factors outside the Licensee's reasonable control. Other factors not now known may limit a Licensee's ability to respond within the maximum response intervals established herein. The Licensee may request an exemption and the Director may, at its sole option, grant that exemption; however, equipment failure, traffic accidents, dispatcher error, labor disputes, or lack of a nearby response unit shall not be grounds for release from general response interval standards.

6. *Response Time Reporting*

a. Reporting required. Each month, Ambulance Licensees shall document in writing, in a manner established by the Director and approved by the Board, each dispatched call to which the Licensee did not respond within the maximum allowable response interval for the response zone of the call.

i) If, during the previous month, more than 10 percent of the emergency calls in any response zone are not responded to within the required maximum response times, the Ambulance Licensee shall document its efforts to eliminate repetitions of the causes of the failed response-time performance.

ii) When an Ambulance Licensee uses mutual aid from outside the County to respond to a call, the Licensee shall report that event and the response time of the event, however, the response shall not be counted as a late response.

b. Exemptions requested. An Ambulance Licensee may request that certain calls be exempted from response interval performance calculations and any penalties for substandard performance. If the Director concurs, the Director will allow such exemptions in calculating overall response time performance.

c. Failure to Meet Response Time/Performance Criteria. For those months that the Licensee fails to respond to 90 percent of all emergency calls within a time period specified under the specified Response Times, the Licensee shall conduct a quality management review of the response interval failures. As part of the review, the Licensee shall articulate reasons that the response time performance fell below standards and shall take steps to improve performance.

i) The Director shall report to the Board a Licensee's continual failure to meet response performance.

(a) Continual failure to meet response performance criteria means that a Licensee fails to meet four consecutive months of response performance or fails to meet response performance in six months in a single calendar year, or

(b) Failure to take adequate steps to improve performance.

ii) The Board may direct the Licensee to make performance improvements in order to maintain eligibility for a future ground ambulance license.

d. For monitoring purposes, each zone (Urban, Rural and Frontier) shall have, in addition to the 90-percent standard, a maximum response time limit for every call. For each emergency call where the Licensee fails to arrive within the maximum time limit specified under Response Times above, the Licensee shall articulate reasons that the response time performance fell below standards and take steps to make improvements in the time performance.

e. Calls referred to another Licensee will be included as part of the response-time requirements.

f. Failure to report "on-scene" times for calls will be considered a response that exceeds the response standards, but such on-scene times may be established from appropriate data, including radio transmissions identifying the scene time, or from First Responder reports.

g. Implementation Date. Licensees shall begin reporting on response performance no later than September 1, 2005.

7. *Levels of Care*

a. All Ambulance Licensees shall provide services according to these regulations and the requirements of the ground ambulance license and permit.

b. Ambulances permitted at the advanced life support (ALS) level shall:

i) Be staffed by paramedics or EMT-Is as described in ARTICLE IV:, Paragraph 8 below, and provide ALS services when necessary.

ii) ALS ambulances staffed with one or more volunteers and responding in the rural or frontier areas shall be staffed to meet or exceed minimum State standards.

iii) The County encourages all Licensees to be available for 24 hours at the level of service authorized by the license. However, Licensees serving rural areas may not be able to provide ALS services 100 percent of the time. The EMSMD may authorize BLS response under conditions authorized by the EMSMD. Licensees offering these combined services must report to the county the times that they are not available to respond to the highest level required.

c. Ambulances permitted at the “basic life support” (BLS) level shall:

i) Be staffed by Emergency Medical Technicians as described in ARTICLE IV: Paragraph 8 below, and provide BLS services when necessary.

ii) BLS Ambulances staffed with one or more volunteers and responding in the rural frontier areas shall be staffed to meet or exceed minimum State standards.

d. Providers permitted as Medical Standby Providers shall,

i) Be staffed by at least one Emergency Medical Technician authorized by the County EMS Medical Director.

e. All Licensees shall:

i) Ensure that vehicles and equipment conform with the standards, requirements, and maintenance provisions of the Department. The Department shall develop rules which, at a minimum, conform to the minimum requirements of the State of Colorado;

ii) Maintain and make available, upon request of the EMSMD, patient care records for quality assurance purposes, in a form approved by the EMSMD;

iii) Prohibit the performance of EMT activities by any paramedic, EMT, or EMT trainee that is suspended, revoked, or has had his or her EMT certificate cancelled or denied by the State of Colorado; and

iv) Prohibit the performance of EMT activities by any paramedic, EMT, or EMT trainee whose EMT scope of practice is limited, suspended, or revoked by the EMSMD.

8. *Personnel*

- a. Unless otherwise authorized, advanced life support (ALS) ambulances, when in service, must have a minimum staff of two persons.
 - i) One of the persons must be certified as an Emergency Medical Technician Intermediate or higher.
 - ii) The second person must be certified as an EMT Basic or as a First Responder.
 - iii) Medical equipment, supplies and pharmaceuticals must be provided to ambulance personnel to perform to their levels of certification.
 - iv) Volunteer EMTs, with the minimum certifications required by this paragraph may be utilized when available.
- b. Unless otherwise authorized, basic life support (BLS) ambulances in service must have a minimum staff of two attendants.
 - i) One of the attendants must be certified as an Emergency Medical Technician.
 - ii) The second attendant must be certified at least as an EMT Basic or as a First Responder.
 - iii) Proper medical equipment supplies and pharmaceuticals must be provided to ambulance personnel to perform to their levels of certification.
 - iv) Volunteer EMTs, with the minimum certifications required by this paragraph may be utilized when available.
- c. All Emergency Medical Technicians responding to emergency or non-emergency calls in Mesa County, or participating at standby events, must be certified by the State of Colorado.
- d. Emergency Medical Technicians used to staff ambulances or participate at standby events in Mesa County must be properly credentialed, certified and authorized to provide Basic or Advanced Life Support by the EMSMD.
- e. The County EMS Medical Director is authorized to review the staffing requirements of EMS providers in the County and make recommendations to the Director concerning staffing of ambulance services and coordination for other EMS services.

9. Medical Oversight

- a. The Board shall appoint a County EMS Medical Director (EMSMD) to serve as the medical advisor to the County on EMS matters. The EMSMD will also serve as the supervising physician for First Responders, ALS and BLS Ground Ambulance Licensees, Medical Standby Providers, emergency medical dispatch programs, and County-provided Automated External Defibrillator (AED) programs.
- b. Clinical performance of all EMS Providers must be consistent with EMSMD approved medical standards and protocols.
- c. The County EMSMD shall advise the Board and the Director about matters of clinical significance.
- d. Prior to the Board appointing an EMSMD, the EMS council may recommend to the Board the desired knowledge, skills and abilities of an EMSMD.
- e. The EMSMD may suspend or limit the scope of practice of any EMT or paramedic, or may refuse to authorize the practice of any EMT or paramedic.
- f. The County EMSMD may suspend or limit the provision of services by a Licensee if the EMSMD believes that the Licensee's services may constitute a risk to the public.
- g. Ground Ambulance Licensees and Medical Standby Providers may be assessed a prorated fee for services, as established herein, based on the cost of the EMSMD's activities and annual transport volume. Additional fees may be assessed if an agency requests additional EMSMD services.

10. Vehicles and Equipment

- a. Patient Care Equipment is addressed in ARTICLE IV:, Paragraph 7, and ARTICLE II: of this Resolution.
- b. All Ambulance Licensees shall meet the minimum standards for ambulance equipment and maintenance as established by this Resolution and by the Colorado Law.
 - i) Ambulance Licensees shall supply a sufficient number of vehicles outfitted with necessary equipment and supplies as required by Colorado statutes and rules.

ii) Ambulance Licensees shall report annually to the Department the type, age and mileage of each ambulance.

iii) Ambulance Licensees shall report all financial details regarding ownership, lien holders or other obligations relating to ambulances.

iv) Ambulance Licensees shall report within three business days of the change, any change in ownership, lien holder or other obligations relating to any of the provider's vehicles.

v) Ambulance Licensees shall report to the Department within three business days of the change any additions, deletions or any status, including repairs that will remove a vehicle from service for longer than one week.

c. Each Ambulance Licensee shall provide to the Department a written description of its program of vehicle and equipment maintenance and inventory control. Licensees may modify such maintenance and inventory control programs, from time to time, as necessary to improve performance or contain costs.

11. Training

a. Licensees shall ensure that EMS personnel meet Colorado certification standards, are certified or licensed by the appropriate State agency to participate in medical audit processes, and receive special training and support as needed to ensure medical standards adopted by the EMSMD.

b. EMS Licensees shall ensure that the Emergency Medical Technicians employed by it and utilized in EMS responses, meet the initial, recurrent and competency based training standards established by the County EMSMD.

c. As part of its continuing role to assist the County and EMS Providers in improving services, the EMSMD may, as part of his or her regular duties, review and evaluate the continuing training needs of EMS providers and personnel, and establish requirements concerning EMS services training.

12. Quality Improvement

a. The EMSMD shall establish standards for each Licensee's Quality Improvement Programs and for a Countywide Quality Improvement Program.

- b. The EMSMD shall ensure that each Licensee participates in the Quality Improvement Programs individually and countywide.
- c. Each Licensee shall designate a person to manage the Licensee's Quality Improvement program. That person shall be the Licensee's primary contact in matters related to clinical quality.
- d. The County shall provide coordination and resources to assist Licensees in making improvements in their local Quality Improvement programs.
- e. The County Quality Improvement Program shall be integrated to include Emergency Medical and Priority Dispatch, first response agencies, Ground Ambulance Licensees, Medical Standby Providers, and other related agencies and programs.
- f. EMS Providers shall:
 - vi) Supervise the services provided by them;
 - vii) Participate actively in the medical audit process, provide special training and support to personnel in specific skills or knowledge areas, and provide additional clinical leadership by maintaining a current and extensive knowledge of developments in EMS equipment and procedures;
 - viii) Attend monthly quality improvement meetings;
 - ix) Maintain State and local vehicle permits and personnel certifications;
 - x) Cause all official EMS policies and protocols to be properly implemented. EMS providers shall ensure that knowledge gained during the medical audit process is routinely translated into improved field performance by way of training, amendments to the operating procedures, bulletins, and any other method necessary to ensure it becomes standard practice.
 - xi) Utilize the services of the EMSMD, to review the quality of care provided.

13. Medical Monitoring.

- a. EMS Providers shall participate in a medical reporting system to improve patient safety by reducing the risk of serious adverse events occurring in the County's Emergency Medical Services System and by encouraging a culture of patient safety in Mesa County. The EMS Providers shall:
 - i) Establish quality improvement techniques to reduce errors contributing to serious adverse events;
 - ii) Disseminate evidence-based prevention practices to improve patient outcomes, and
 - iii) Report incidents based on the list of reportable events established by the EMSMD.
- b. Nothing in this section shall reduce or eliminate the EMS Provider's responsibility to protect patient privacy as established by federal and state law.

14. Problem Resolution

- a. The County EMSMD shall produce and implement procedures for addressing and resolving quality assurance problems.
- b. Sanctions: The EMSMD may at any time in its sole discretion institute sanctions for noncompliant personnel and make reports of noncompliant providers. The Board may establish sanctions to be applied in the event of a major breach by an Ambulance Licensee.

ARTICLE V: RATES AND FEES

1. County Regulation of Maximum Rates. The Director shall recommend a schedule of maximum ambulance rates that can be charged for ambulance transports that originate in Mesa County. The maximum rates shall be set by resolution of the Board. The Director may recommend changes to the initial maximum rates, or may recommend temporary variances. Rates set by resolution of the Board shall apply throughout the County, except as otherwise provided by the Board in its resolution establishing those rates.

- a. Maximum rates that are set by resolution or by variance may be increased annually by notice given by the Director to the ambulance providers pursuant to this Resolution.

b. The Board may set maximum rates for ambulance categories used by the U.S. Center for Medicare and Medicaid Services (CMS), or it may set rates according to a maximum average patient charge (APC).

2. Rate Established for Non-Transport. For those services that do not require a transport, the Board may authorize a “first aid” fee. A “first aid” fee may be applied only when

- a. An ambulance remains on the scene for at least 30 minutes, or
- b. Ambulance personnel use advanced life support interventions, or
- c. An ambulance provider uses an extraordinary amount of supplies and equipment.

3. Annual Increases. Each year, the Director may adjust for inflation the maximum ambulance rates established under this Resolution, for Ambulance Licensees. The inflation adjustment shall become effective on the date specified in a notice given by the Director to such Ambulance Licensees. The Director shall endeavor to give such notice not later than March 1 of each year. The Director shall consider a percentage increase for the inflation adjustment based on the following National Consumer Price Index (CPI) factors, and according to the following ratios, over the most recent 12-month period for which published figures are then available.

- a. The CPI-Transportation Index (40 percent); and
- b. The CPI-Health Care Index (40 percent); and
- c. The CPI All Components (20 percent).

4. Rate Adjustment in Extraordinary Circumstances. In the event of circumstances beyond an Ambulance Licensee’s control which cause substantial and unforeseen increases in costs (not including increased personnel and labor costs), the Licensee may ask the Board to adjust the maximum rates set pursuant to this section. The request shall be set forth in writing, shall be filed with the clerk of the Board, and shall include a written explanation of and justification for the proposed adjustment(s).

- a. The Board may require that the Licensee furnish a financial audit to verify its request for an increase in the ambulance rates.
- b. The Director shall recommend that the Board grant, modify, or deny the requested adjustments.
- c. The Board shall determine, by resolution, any rate adjustments under this section. Rate adjustments granted pursuant to this section will apply County-wide and may be given for a limited period of time.

5. Discounts. Discounts based on volume of business or group membership for ambulance transports are prohibited, unless specifically authorized by the Board for service to a group at least 50 percent of whose members have incomes below the Federal Labor Market Index (LMI) level. The Board may approve other payment arrangements, so long as unacceptable "cost shifting" does not result.

a. Discounts based on residential status are allowed so long as they comply with CMS rules for discounting by municipal agencies and special districts.

b. Subscription programs for ambulance services are allowed so long as those programs comply with state and federal law.

6. Medical Standby Services. Rates, if any, for standby services shall be determined by the Licensee providing the service.

7. Regulatory Fee Required. A regulatory fee of five dollars (\$5) for each ambulance transport that originates in Mesa County, and a fee of five percent for each dedicated EMS Medical Standby is hereby established.

a. The regulatory fee shall apply to both emergency and non-emergency transports, and to "first-aid" events.

b. Licensees shall not include the regulatory fee as an additional line item on ambulance invoices.

c. Fees shall be paid semi-annually by licensees, no more than 30 days following the end of the second and fourth calendar quarter.

d. If requested by a Licensee, the Board may waive Medical Standby Service fees for events conducted by public agencies and schools.

e. If requested by Licensee, the Board may, at its option, waive regulatory fees for municipal and special district providers of ambulance service that use volunteers to provide services.

f. Revenues from regulatory fees shall be used to fund regulatory oversight and to enhance the Mesa County EMS system.

ARTICLE VI: COORDINATION

1. Oversight. The Board hereby establishes that the Department will oversee EMS, ambulance service licensing, ambulance permits, EMS regulation, and rules promulgated under this Resolution.

a. EMS Oversight Established. The Director of the Mesa County Department of Emergency Management or his/her designee shall be responsible for administering this Resolution. The Director shall develop rules consistent with this plan to enforce and oversee services regulated hereunder, for approval by the Board.

i) Prior to adopting rules pursuant to this section, the Director shall accept comments on the proposed rules for no less than 30 days.

ii) Within 30 days after rules are adopted, a person may object to the rules by petitioning the Board to review the adopted rules. The Board shall hold a public hearing and issue a decision within 30 days.

b. EMS Resolution and Policy Changes. The Board shall revise this Resolution from time to time as required to further the public interest. The EMS Council shall provide input and advice to the Board for the purposes of amending this Resolution and for the purposes of determining the qualifications of the EMSMD.

2. Process for Input and Complaint Review Established.

a. Service, price and other complaints shall be reported to the Director or his/her designee for investigation.

b. Complaints arising out of patient care and those that may have clinical component(s) shall be referred to the EMSMD for investigation. The EMSMD may require immediate investigations and interventions for urgent issues and complaints of an egregious clinical nature.

3. EMS Council Established. The Board shall appoint an Emergency Medical Services Council (“Council”) to advise the Board on matters related to EMS. The Council shall be composed of eleven members as follows:

a. One representative of a commercial ambulance service that is licensed as an Ambulance Services Provider, if there is such a provider;

b. One representative from a governmental agency that is licensed as an Ambulance Services Provider, if there is such an agency;

c. One representative from a fire agency serving, primarily a rural area;

d. One person with patient care privileges from a hospital within Mesa County.

e. The EMSMD;

- f. One representative from Mesa County government;
 - g. One Advanced Life Support Emergency Medical Technician providing prehospital emergency medical care in Mesa County at the time of his/her appointment;
 - h. One Basic Life Support Emergency Medical Technician providing prehospital emergency medical care in Mesa County at the time of his/her appointment;
 - i. One representative of a city/town in Mesa County.
 - j. One citizen representative.
 - k. One representative of GJRCC.
 - l. Selection. At least one Council member shall represent the city of Grand Junction. No more than three of the Council members shall be from one agency. The Board will attempt, when possible, to select representatives from all of the ASAs.
 - m. Term. Except for the first appointments to the Council, the Board shall appoint representatives to a term of three years. Terms will be staggered to ensure that the terms of no more than four representatives expire in the same year. The Board may revoke an appointment at any time.
 - n. Rules of Procedure. The Council shall adopt bylaws to govern the operations of the Council.
 - o. Coordination with RETAC (Regional Emergency Medical and Trauma Advisory Council). The Council and the Director shall coordinate with the RETAC. The Council shall, at a minimum, prioritize potential grant requests, assist with planning and reporting requirements, and participate in other coordinating activities to most appropriately meet the needs of the County.
 - p. The Council shall advise the Board and the Director in all matters relating to this resolution, to matters relating to pre-hospital emergency medical services, and will provide consultation or make recommendations as may be requested by the Board or the Director.
4. Mutual Aid and Assistance.
- a. The Director and Council shall develop and implement a mutual aid plan to ensure the availability of ambulance service throughout the County.

b. EMS Providers and Ambulance Licensees shall use their best efforts to respond to all requests for mutual aid from neighboring jurisdictions.

c. If an Ambulance Licensee believes that mutual aid services to a neighboring jurisdiction are excessive, the Licensee providing that assistance shall so inform the Director. The Director may seek changes such as adjustments of the ASA boundaries, or may develop other alternatives to ensure adequate EMS services throughout the County.

d. Mutual aid responses shall be reviewed by the Director at least annually, or sooner if problems or deficiencies occur. If the Director determines that an Ambulance Licensee is relying on mutual aid to mask coverage deficiencies, the Ambulance Licensee may be required to take steps to cure deficiencies.

e. Ambulance Licensee shall not be held responsible for response-time performance on any emergency call originating outside its primary ASA.

5. Disaster Response.

a. Mass-Casualty Incident Plan. The Director shall establish, in consultation with the Department of Emergency Management, the local Incident Management Group, law enforcement agencies, the medical community, neighboring jurisdictions, and other agencies as may be appropriate, a Mass Casualty Plan to be used in any mass casualty incident. Provisions for mass casualty response shall be included in ambulance service mutual aid agreements.

b. County Inventory of Resources Other than Ambulances. The Director shall establish, in consultation with the Incident Management Group, the EMSMD, law enforcement agencies the medical community, and other agencies as may be appropriate, an inventory of County resources which may be available to assist in any disaster response.

c. Response to Terrorism. The Director will establish, in consultation with the Incident Management Group, law enforcement agencies the medical community, neighboring jurisdictions, and other agencies as may be appropriate, a plan for responding to terrorism incidents including weapons of mass destruction, chemical, and bio-terrorism incidents. The County Public Health Department shall be the lead health agency in determining the appropriate health agency(ies) response. The Public Health Director shall be the lead physician at the agency and the County Emergency Manager shall coordinate EMS resources.

d. All Ambulance Licensees shall cooperate in rendering emergency assistance to its citizens and to other communities during disasters and other extraordinary events.

e. During a disaster or mass casualty incident, and upon authorization from the Director, Ambulance Providers shall be exempted from responsibilities for response-time performance until notified that the assistance within the County or to other communities is no longer required.

f. At the scene of a disaster or other emergency, the Ambulance Licensee's personnel shall perform in accordance with local emergency management procedures and protocols established by the affected County or municipality.

g. When an Ambulance Licensee is notified that disaster assistance is no longer required, it shall return all of its resources to the primary area of responsibility, and shall resume all operations in a timely manner.

h. Ambulance Licensees shall participate in Department-authorized disaster planning and training exercises.

6. Command and Control at Emergency Scenes

a. The Department of Emergency Management, in consultation with local fire chiefs, local law enforcement agencies, and the Incident Management Group, shall adopt and formalize an Incident Management System for use at all emergency medical incidents.

b. All Ambulance Licensees shall be trained in the incident management system adopted by the Department.

c. Ambulance Licensees shall use the adopted countywide incident management and personnel accountability systems.

i) A unified command system may be used on large, multi-agency events.

ii) Ambulance Licensees shall comply with the established command structure.

iii) Post incident reviews of the command system in large-scale events may be conducted by the Department.

iv) Ambulance Licensees shall provide specialized training to their employees regarding the Incident Management System.

7. Personnel and Equipment Resources

a. Non-Transporting EMS Providers. The EMSMD may recommend standards for certification, equipment, standards of care, clinical protocols and patient hand-off procedures for non-transporting EMS providers.

b. Hazardous Materials Training. All EMS Providers shall train their personnel to the hazardous materials first responder (awareness) level as defined by the Occupational Safety and Health Administration.

c. Search and Rescue. The Mesa County Sheriff's Office shall be the lead agency for Search and Rescue.

d. Specialized Rescue. Specialized rescue services may vary with location. The lead specialized rescue agency shall be identified through the incident command system.

8. Emergency Communication and System Access.

a. Telephone. 9-1-1 shall be the recognized telephone method for accessing the Emergency Medical System. No Ambulance Licensee shall advertise for ambulance transportation unless the words, "In an Emergency, Dial 9-1-1", are included in the Licensee's advertisement.

i) "In an Emergency, Dial 9-1-1" shall be in bold letters, a larger font, colored red or otherwise made to stand out more than the advertised non-emergency number.

ii) This paragraph shall apply to all forms of advertising, print and electronic, including telephone stickers, notepads, and novelty items distributed by a Licensee.

b. Dispatch Procedures. EMS and Ambulance Licensees shall comply with the emergency medical dispatch protocols established by the EMSMD and GJRCC. A fire or police officer or other public official may upgrade or downgrade the response if deemed necessary to protect the public health or welfare or to protect the safety of responders.

c. Radio System. Ambulance Licensees shall report their unit's status by radio or by other means as appropriate. GJRCC will keep the official record and timestamps of all status changes for emergency events. Licensees may use proprietary dispatch centers to keep status of non-emergency events.

i) The geography of the County creates challenges to emergency radio communications. In the absence of radio or telephone, responding personnel shall make every attempt to record the times of their unit's change in status.

ii) Ambulance Licensees shall provide radio equipment capable of communicating with GJRCC; with one or more emergency facilities; and with law enforcement, ambulance, and first response agencies through “car-to-car” communications.

iii) Ambulance Licensees shall meet requirements for communicating with on-line medical control and receiving hospitals established by the County EMSMD.

d. Emergency Medical Services Dispatcher Training. All Communication Centers handling emergency and non-emergency EMS calls shall operate under Emergency Medical Dispatch (EMD) and Priority Dispatch procedures approved by the County EMSMD and GJRCC.

9. Additional Collaborative Activities Encouraged. The County has determined that reducing fragmentation in the Emergency Medical Services system will benefit the public health and welfare. The Director shall therefore investigate the feasibility of establishing methods to reduce fragmentation in the EMS system.

a. The Director will evaluate the feasibility of aggregating ambulance service billing, either by contract or by other means, in order to improve efficiency, increase cash flows for providers, and legally comply with health-care billing requirements.

b. The Director shall evaluate the feasibility of standardizing emergency medical supply selection, purchasing, and distribution.

c. The Director, in concert with the EMS council and the EMSMD, shall establish methods to standardize training and competence of personnel, either through a unified training program or through other methods.

d. The Director, in concert with the EMS council and the EMSMD shall establish methods to improve EMS public information, education, and relations throughout the County.

ARTICLE VII: LICENSES, PERMITS AND INSPECTIONS

1. Application for Ambulance Service Licenses and Permits. An application for an Ambulance Service License and for Ambulance Permits shall be submitted through the Director to the Board.

2. An Ambulance License shall authorize a Licensee to provide emergency services, non-emergency services, and Medical Standby Services using advanced or basic life support protocols as authorized by the EMSMD.

3. An applicant may apply for either an ALS or BLS Ground Ambulance Permit for each ambulance.
4. An applicant for an ALS Ambulance Permit may provide ALS services less than 24 hours per day, providing that it meets the equipment and all other ALS standards.
5. The EMSMD shall establish standards and authorize emergency ambulance service personnel to provide ALS or BLS services.
6. An applicant for a Ground Ambulance Service License shall submit to the Department a complete application form and the required application fee, if any. The Director shall provide an application form that shall, at a minimum, contain the following information and necessary supporting documents.
 - a. The name, address, and owner of the ambulance service, and of each ambulance.
 - b. The name and address of the person applying for the license, hereinafter referred to as “applicant”.
 - c. The name and address of the person who will be in charge of the operation of the ambulances.
 - d. The training and experience of the person who will be in charge of the ambulance service.
 - e. The trade or other name, if any, under which the applicant does business or proposes to do business.
 - f. The Ambulance Service Area (ASA) which the applicant proposes to serve.
 - g. A description of each ambulance, including make, model, year of manufacture, vehicle identification number, Colorado State License number for the current year, mileage, and the color scheme, insignia, name, monogram, and other distinguishing characteristics used to designate the ambulance. A photograph or other visual depiction may be required.
 - h. The location and description of the place(s) from which the Applicant intends to operate the ambulance service.
 - i. An attestation by the Applicant that the Applicant will:
 - i) Comply with quality assurance methods, medical protocols, and other rules established by the County EMSMD;

- ii) Comply with reporting requirements, dispatch protocols, and performance standards established by the County;
 - iii) Comply with incident command policies, procedures, and protocols established by the Department of Emergency Management. (Emergency Management Department); and
 - iv) Provide copies of the ground ambulance service's written policy and procedure manual, operational or medical protocols, or other documentation the County may deem necessary.
- j. Evidence of the Applicant's performance and compliance with requirements during the previous year, if any.
- k. A current roster of personnel, in a form approved by the EMSMD, who may provide service, including documentation of Colorado Department of Health EMT certificates or First Responder Course completion certificates, and documentation each person's Colorado driver's license.
- l. A current list of the radio frequencies on which the licensee proposes to operate.
- m. Original certificate of insurance evidencing insurance coverage required in ARTICLE II:.
- n. A statement by the Director that the physical inspection of the ambulance, equipment, and location of the ambulance(s) were found to be in compliance with the provisions of this resolution.
- o. Payment of a fee in the amount of \$100 for the Ambulance Service License, and \$20 for each ambulance, by check or money order, made payable to the County shall be attached to the application.
- p. Changes to information submitted in the application shall be submitted to the director within thirty days of such change(s), unless otherwise provided herein.

7. Additional Ambulance Service Requirements within Each ASA. The Board shall consider licensing an applicant for an ASA based on the applicant's likely ability to serve that ASA as required by this Resolution and other applicable law. The Board shall consider the following prior to issuing any Ambulance Service License

- a. An applicant wishing to serve an ASA, other than the Grand Junction ASA, must first demonstrate that the Applicant will house one or more dedicated ambulances within the boundaries of the ASA. A non-governmental

Applicant must demonstrate how it will coordinate with First Responders, law enforcement, and the Department.

b. An applicant wishing to serve an ASA, other than the Grand Junction ASA, must demonstrate that it will not use the resources dedicated to that ASA for regular services within another ASA.

c. In the event that no applicant requests a license to serve a particular ASA, the Director may:

i) Authorize one or more Licensees to provide Emergency Ambulance Services to that area.

ii) Request that the Board adjust boundaries on the ASA map so that all areas of the County have at least one designated Licensee.

8. City of Grand Junction Authorized to Develop a Provider Selection Process in Grand Junction ASA. The City of Grand Junction (City) may, at its option, develop a process to recommend one or more Licensees to serve the Grand Junction ASA, provided that;

a. The City's process does not conflict with this Resolution.

b. The Licensee in the Grand Junction ASA must maintain Licenses and Permits required herein.

c. The selected provider(s) agree to serve entire ASAs or other areas outside the Grand Junction ASA if the Board determines that those ASAs or areas are underserved.

d. The Board shall accept, amend, or reject the recommendation by the City of Grand Junction based upon the criteria in this Resolution, and make findings regarding the decision. If the City's recommendations are not approved, the City will be granted a hearing, if requested.

9. Application for Standby Medical Services Permit. The Director shall develop an application process for a Medical Standby Services permit. The application shall be submitted by applying to the Director and shall contain appropriate information and necessary supporting documents as required by the Board.

a. A Medical Standby Permit is required for all events at which trained First Responders, state-certified EMTs, or licensed nurses, physician's assistants, or physicians are used to provide service.

i) The Director may waive the permit requirements for events conducted by public agencies or schools.

ii) A Medical Standby Permit may be issued by the Director for each event, or may be issued on an annual basis.

iii) Medical Standby Permits are not required for a Licensed Ambulance Provider in Mesa County.

b. The application for a Medical Standby Permit shall include:

i) The name and address of the applicant.

ii) The name and address of the person who will oversee the service.

iii) A description of the event(s), and the date(s) for which the permit is requested, including the location and description of the place or places from which the Applicant intends to operate the standby service.

iv) A certification by the Applicant that the Applicant will comply with medical protocols, and other rules established by the County EMSMD, and that personnel have been authorized to provide Emergency Medical Services by the EMSMD. Application will include an attestation signed by the EMSMD of the above requirements.

v) A certification by the Applicant that Applicant's personnel are trained in and will comply with mass-casualty and disaster management reporting requirements, dispatch protocols, and performance standards.

vi) A certification by the Applicant that the Applicant will comply with established incident command policies, procedures, and protocols.

vii) A list of radio call-numbers and radio frequencies used by the Applicant in the performance of the standby event(s).

c. Payment of a standby fee in the amount of five percent of the fee charged by the provider for the event, or \$50, whichever is greater, for each event. The fee shall be paid by check or money order, made payable to the County and be attached to the application. The Board may waive payment of fees for Medical Standby for events of municipalities or special districts. Request for waiver will be processed in the same manner as a new or renewal application.

10. Issuance of Ambulance Service License, Ambulance Permits, and Medical Standby Permits. Upon receipt of an application for an Ambulance License, Ambulance Permit(s), or Medical Standby Permit(s), the Director shall review the application(s) and

the Applicant's record. The Director shall advise the Board on issuing the Applicant a license to operate an Ambulance Service, or a Permit to provide Medical Standby Services. Based upon the recommendations of the Director and any evidence presented in the public hearing, the Board shall approve or deny the issuance of a license. If the application is approved by the Board, the Ambulance Service License or Standby Permit shall be issued. Following the issuance of an Ambulance Service License, the Director shall issue Ambulance Service Permits to the ambulance(s) which have met the inspection requirements. Ambulance Licenses and Permits shall be valid for a period of twelve months following the date of issue, providing that:

- a. The provision of Emergency Ambulance Service shall be an express condition of the license. Unreasonable or unjustified refusal of such calls may be grounds for revocation.
- b. The Ambulance or Medical Standby Service staff, vehicle, equipment, and location comply with the requirements of this resolution.
- c. The Ambulance or Medical Standby Service personnel are certified or possess at least the minimum qualifications set forth in this resolution.
- d. The Ambulance or Medical Standby Service's record is consistent with the requirements described in this Resolution.

11. Inspections. The Board shall appoint and direct inspectors to inspect each ambulance in the County once a year or more often if deemed appropriate by the Director. Such inspection shall determine that each permitted ambulance is being properly maintained and contains the equipment specified in these regulations. Maintenance records shall be made immediately available upon the inspector's request. Such inspections shall be in addition to other safety or motor vehicle inspections required to be made under Colorado law and shall not excuse compliance with any requirements of any other applicable Colorado laws. Following issuance of an Ambulance Service License and meeting the inspection requirements, a Permit may be issued for that ambulance. Such permit shall be carried in the ambulance at all times.

- a. The Director may conduct or cause to be conducted unannounced inspections to ensure compliance with equipment, maintenance, personnel, or other requirements.
- b. Ambulance Licensees shall not assert that unannounced inspections create an extraordinary burden.

12. Ambulance Service License and Ambulance Permit Renewal. Any such license or permit, unless revoked by the Board, may be renewed by filing an application for renewal. Application for renewal shall be filed annually, but not less than thirty days before the date the License or Permit expires. Renewal notices shall be sent by the Director, to all Licensees and Permittees, sixty days prior to expiration; however, failure

to receive such notice shall not release the Licensee or Permittee from its responsibility for renewal of its License or Permit(s). If any renewal application is not received at least thirty days prior to expiration, and applicant's License expires, applicant shall cease operation until a License is re-issued.

The procedure for approval or disapproval of applications for renewal of License and Permits, requirements and fees shall be the same as for new applications.

13. Transfer of License or Permits. No License or Permit issued by the Board shall be sold, assigned, or otherwise transferred. Change of ownership shall require a new fee, application and approval for any License or Permit. Any sale or exchange of an ownership interest of more than twenty-five percent of the total ownership shall be deemed a change of ownership for the purposes of this Resolution. An "ownership interest" includes, but is not limited to stock, partnership interests, or real and personal property ownership or interests therein, used in the business. Any change of ownership or any transfer of stock ownership of ten percent or more shall be reported in writing to the Director within thirty days of such change or transfer.

ARTICLE VIII: REVOCATION & SUSPENSION PROCEDURES

1. On its own motion or on complaint, the Board may temporarily suspend any License or Permit issued pursuant to this Resolution. Such temporary suspension shall not exceed thirty days. If such temporary suspension is invoked, the Licensee shall receive a written notice of such temporary suspension. A hearing shall be held not later than ten business days after such temporary suspension order is issued. Such hearing may be continued at any time for good cause shown to the Board.

2. The Board, upon its own motion or upon complaint, may commence investigation of any violation of this Resolution. A hearing date shall be set within thirty days of the commencement of the action. Such hearing date may be continued for good cause shown to the Board.

3. The Licensee shall be issued a notice of the alleged violations or charges for which the temporary suspension has issued or of which the investigation is being conducted. Service of Notice of Violation or suspension and of hearing dates shall be by certified mail, return receipt requested, or personal delivery to the Licensee or Permit holder at the address contained in such License or Permit application.

4. At the hearing, the Licensee shall be afforded an opportunity to be heard. The hearing shall be open to the public and every vote and official act of the Board shall be public.

a. Upon determining that the Licensee, its employees, agents, representatives or contractors failed to comply with any provision of Part 3 of Article 3.5, Title 25.5, Volume 11A of the Colorado Revised Statutes, as amended

from time to time, or of this Resolution, the Board may suspend, cancel, or revoke any License or Permit, for any portion of or for the remainder of its life. At the end of such period, the Licensee whose License or Permit was suspended may apply for a new License or Permit as an original application

b. Upon a second violation or failure to comply with any provision of Part 3 of Article 3.5, Title 25.5, Volume 11A of the Colorado Revised Statutes, as amended from time to time, or of this Resolution, the Board may permanently revoke such license or permit.

5. Hearings pursuant to this Article shall follow rules established pursuant to this resolution.

6. As a condition of the License or Permit issued, the holder thereof shall provide any records necessary to the determination of any issue at any hearing conducted by the Board pursuant to this ARTICLE VIII:

7. Temporary revocation of a Permit for the operation of any individual ambulance may be made in writing at any time upon inspection by the individual appointed to perform such inspection. Written notice shall be given by the Director to correct the deficiency(ies) within a reasonable amount of time before a hearing to revoke the permit. The Board shall conduct the hearing within ten business days of the temporary revocation. A reinstatement inspection must be conducted prior to resuming operations. The reinstatement inspection may be made by the Director prior to such hearing. Upon a finding by the Director that the ambulance fully complies with the provisions of this Resolution, the Director may reinstate the Permit. Upon issuance of a reinstated Permit, no hearing is necessary.

8. Upon revocation of an Ambulance Service License, all Ambulance Permits issued to the Ambulance Service will be revoked. The License and all Permits must be returned to the Director within forty-eight hours of revocation.

9. The Director shall notify local law enforcement authorities, fire departments, hospitals, and the EMSMD of revocation or suspension.

ARTICLE IX: IMPLEMENTATION

1. Implementation Date. This Resolution is effective, January 1, 2005, except as specified herein.

2. EMS Council. The Board shall make initial appointments to the EMS Council on or before March 1, 2005.

3. Applications. The Director will make application forms for Licenses and Permits available to prospective Licensees by April 30 of each year.

4. Ambulance Licenses and Permits. The initial deadline for Ambulance License and Permit applications will be May 31, 2005.
 - a. ASA assignments will be made on or before June 15, 2005.
 - b. Licenses and Permits will be effective on July 1, 2005.
5. Reporting. Performance reporting will be effective on September 1, 2005.
6. Grand Junction Provider Selection Process. Grand Junction, if it elects to conduct a provider selection process, will conduct a selection process and submit a recommendation and application on or before May 31, 2005.
 - a. The Director may extend the deadline for the application process in the Grand Junction ASA to November 30, 2005.
 - b. If the Director extends the deadline, initial License and Permits will expire on June 30, 2007.

ARTICLE X: MISCELLANEOUS

1. Alleged Negligence.
 - a. In any action against a Licensee or Permittee in which it is alleged that injury, illness or incapacity was aggravated by or was otherwise caused by the negligence of the Licensee or Permittee, no negligence shall be presumed because of such allegations.
 - b. If a judgment is entered against a Licensee or Permittee, it shall, within thirty days, file a copy of such findings and Order of the Court with the Board.. The Board shall take appropriate action if there appears to be any violation of this Resolution, or of any Colorado law or ordinance or regulation of any municipality in the County.
 - c. The Licensee shall notify the Director in writing of any pending claims against the Licensee in reference to the above Sections a and b.
2. Remedies. This Resolution creates no private remedy for the breach of any provision of this Resolution. The penalties set forth herein are the sole and exclusive penalties set forth for the breach of any provision of this Resolution.
3. Severability. If any of the provisions of this Resolution are determined to be invalid, such determination shall not affect the remaining provisions of this Resolution.

4. No Liability. The activities taken by the County pursuant to this Resolution, and promulgation of regulations authorized hereby are intended to provide services to protect the public health and safety; however, undertaking such duties and activities shall not be deemed to be an assumption of duty of care by performance of a service or act of assistance for the benefit of any person. The enforcement of or failure to enforce any law, policy or regulation, and the mere fact of inspection in the course of enforcing this Resolution and regulations shall not give rise to a duty of care. By enactment of this Resolution and regulations thereunder, Mesa County or any of the benefited or burdened governments do not waive sovereign immunity.

5. Appeals. Any determination made by the Director charged with administering any part of this Resolution may be appealed to the Board within 30 days from the date of the decision to be appealed.

6. Falsifying Information. Furnishing false information on any matter relating to the administration of this Resolution shall be a violation of this Resolution and may result in suspension or revocation of the Ambulance License or Permit.

APPENDIX A: AMBULANCE SERVICE AREAS (ASAs)

APPENDIX B: FIRST RESPONSE AREA BOUNDARIES.

APPENDIX C: AMBULANCE PERFORMANCE ZONES