

**ALLEN COUNTY CODE TITLE 8
PUBLIC SAFETY**

**ARTICLE 13
AN ORDINANCE, AS AMENDED
UNIFORM AMBULANCE ORDINANCE**

ESTABLISHING AND IMPLEMENTING A FULLY COORDINATED EMERGENCY AMBULANCE SYSTEM AND PROVIDING FOR PRODUCTION AND PERFORMANCE STANDARDS FOR THE PROVISION OF AMBULANCE SERVICE THROUGH THE THREE RIVERS AMBULANCE AUTHORITY

8-13-1 Chapter 1: Name and Purpose

8-13-1-1 Name

This ordinance may be cited as the “Uniform Ambulance Ordinance.”

8-13-1-2 Purpose

It is the purpose of this Ordinance to effect the orderly and gradual implementation of the Public Utility Model for the provision of ambulance services through the delegation of specific responsibilities to the major components of the Model, the Three Rivers Emergency Medical Service Ambulance Cooperative, the Three Rivers Ambulance Authority, and the Emergency Medical Service Foundation, Inc.

8-13-2 Chapter 2: Definitions

For the purposes of this Ordinance, the following definitions shall apply:

8-13-2-1 Ambulance Service System

An organized, fully coordinated, and legally established network of individuals and organizations capable of effecting a fully coordinated response to every emergency medical incident, 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, CPR training of the general public; single point termination telephone access to the system; fully centralized professional dispatching and system status management by medically trained dispatchers in direct radio contact with every authority and responsibility to manage system response under all circumstances; integrated team training and

compatible equipment inventories of first responders, basic life support units, volunteer units, and paramedic units; rapid first responder and paramedic unit response times to all life threatening emergencies; and continuous, orderly, and routine physician supervision, evaluation, and authoritative corrective action to ensure persistent upgrading of ambulance system performance.

8-13-2-2 Ambulance

Any motor vehicle equipped with facilities to convey infirm or injured persons in a reclining position.

8-13-2-3 Ambulance Patient

Any ill, infirm, or injured person transported in a reclining position in an ambulance to or from a hospital, physician's office, nursing home or other health care facility.

8-13-2-4 Base Station Physician

A physician licensed to practice medicine in the State of Indiana who had demonstrated to the satisfaction of the EMS Foundation knowledge in the medical protocols, radio procedure, medical audit process and procedure, and general operating policies of the Fort Wayne, Indiana emergency medical services system, and a person from whom ambulance attendants may take medical direction.

8-13-2-5 Emergency Medical Technician (EMT)

An ambulance driver or attendant licensed by the State of Indiana as an Emergency Medical Technician, and certified by the Medical Director.

8-13-2-6 EMS Control Center

A single facility designated by the Three Rivers Ambulance Authority as the central communications center from which all ambulance subject to regulations pursuant to this Ordinance, shall be dispatched and controlled at all times.

8-13-2-7 Emergency Medical Service Foundation, Inc. (EMS Foundation).

A professional and charitable organization formed by the Fort Wayne/Allen County Medical Society composed of licensed physicians who shall be responsible for clinical leadership, medical supervision, and regulatory quality control over all aspects of the EMS systems operation which may directly or indirectly affect patient care.

8-13-2-8 First Responder

Any person, fire department vehicle, police vehicle, volunteer unit, or nontransporting ambulance unit capable of providing appropriate emergency care, as evidenced by current certification as may be required for first-responder designation by the Medical Director.

8-13-2-9 Helicopter Rescue Unit

Any rotary wing aircraft providing basic or advanced emergency medical service and transportation.

8-13-2-10 Life Threatening Emergency

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.

8-13-2-11 Medical Audit

An official inquiry into the circumstances involving an ambulance run or request for service, conducted by a member of the EMS Foundation who is qualified by the EMS Foundation designated to conduct such an audit by the EMS Foundation Board. No physician medical audit. The medical audit procedure is intended to be educational and positive and not vindictive or punitive. Any individual whose actions are under review may not be excluded from the audit process and shall have the right to appear and be heard.

8-13-2-12 Medical Control

Direction given ambulance personnel by a Base Station Physician through direct voice contact, with or without vital sign telemetry, as required by applicable medical protocols approved by the Medical Director.

8-13-2-13 Medical Director

A licensed physician appointed and paid by the EMS Foundation whose duties are more fully described in Chapter 7 herein, who generally is charged with the responsibility of overseeing the ambulance system from a medical perspective. The Medical Director shall serve at the pleasure of the EMS Foundation Board of Directors.

8-13-2-14 Medical Protocol

Any diagnosis-specific or problem-oriented written statement of standard procedure, or algorithm, approved by the EMS Foundation as the normal standard of pre-hospital care for a given clinical condition.

8-13-2-15 Mutual Aid Call

Request for emergency ambulance service issued by an ambulance dispatcher or crew in one political jurisdiction to an ambulance dispatcher or ambulance crew normally operating in a neighboring political jurisdiction.

8-13-2-16 Operations Contractor

That person or organization which, after a public bid process, has contracted with the Ambulance Authority to operate and manage the non-volunteer portion of the ambulance system created by the Ordinance.

8-13-2-17 Paramedic

A person licensed by the State of Indiana as a Paramedic and certified by the Medical Director as knowledgeable of and competent to perform advanced life support procedures and the medical protocols established by the medical Director.

8-13-2-18 Public Utility Model

That strategy for the organization, financing, management, and regulation of ambulance service operation which employs the use of a single level advanced life support capability for the conducting of all emergency and non-emergency service within a geographical area, mechanisms of payment which neutralize the “fee-for-service incentive” to over-serve or under-serve any given patient or geographic area, optimum economies of scale to spread fixed costs of sophisticated ambulance service operations over a wider range of production, competitive procurement of “facilities management” services from a qualified private firm, financing strategies which minimize or allow minimization of local tax subsidy, ownership or direct control of all systems hardware by the public sector, and other features intended to promote clinical excellence, reliable response time performance, disaster readiness, long-range stability of service, and cost containment.

8-13-2-19 Response Time

The actual elapsed time between receipt of notification at the EMS Control Center that an ambulance is needed at a location and arrival of that ambulance at the location.

8-13-2-20 Senior Paramedic in Charge

That individual among the certified personnel assigned to an ambulance, not the Driver, who is a certified Paramedic designated as the individual in command of the ambulance, its operation, and any other persons assigned to the ambulance on a given shift. The employer of personnel in an ambulance shall designate the Senior Paramedic in charge of that ambulance.

8-13-2-21 Special Use Permit

A permit issued by the Medical Director to hospitals, and other institutions serving the public, for the provision of specialized mobile intensive care services and emergency care.

8-13-2-22 Three Rivers Emergency Medical Services Cooperative

A body jointly established by Allen County and the City of Fort Wayne for the purpose of establishing and implementing the ambulance system described in this Ordinance.

8-13-2-23 Three Rivers Ambulance Authority

The entity established by the Three Rivers Emergency Medical Services Cooperative to over see and manage the operations of the ambulance service system described in this Ordinance.

8-13-2-24 Volunteer Provider

Any non-profit organization except a township which provides ambulance service for ambulance patients; provided that a majority of the manpower furnished by the volunteer provider shall not receive any salary, wages or other pay for his or her work for the volunteer provider, and which provides only emergency work and does not provide routine patient transfer service.

- a. A township may contract with the Three Rivers Ambulance Authority to be a volunteer provider if the township agrees to be bound by the terms of this Ordinance, and therefore to become part of and served by the Ambulance Service System established by this Ordinance.
- b. The Authority may not enter into any contractual relationship with any township unless such contract includes provisions effecting a complete coordination and integration of that township into the Ambulance Service System.
- c. A township contracting with the Three Rivers Ambulance Authority may be called a participating Volunteer Provider.

8-13-2-25 Volunteer Providers' Advisory Council

The entity composed of individuals appointed by the volunteer providers who participate in the ambulance system, whose duty it shall be to advise the EMS Foundation on matters related to the development and enforcement of standards affecting volunteers and volunteer providers. Each volunteer provider who is a full participant in the EMS System may appoint one individual to the Advisory Council, which individual shall be the physician advisor for the provider. If the provider does not have a physician advisor it may apply to the Medical Director to appoint a substitute.

8-13-3 Chapter 3: Certificates, Permits License

8-13-3-1 Applicability

This chapter applies only to participants in the Ambulance Service System and those bound by the provisions of this Ordinance. Volunteer Providers operating directly under the auspices of a township are exempt from these provisions unless the township is a participant and has executed an agreement to be bound.

8-13-3-2 Certificates

No person, whether employed by or operating as a Volunteer Provider, Non-emergency Transfer or Advanced Life Support EMS Operator, shall be employed as an ambulance driver, attendant or dispatcher of ambulances regulated by this Ordinance, unless he holds a certification issued by the Medical Director, and has passed a physical examination approved by the Medical Director.

8-13-3-3 Permit and Certification Limitations

The Medical Director shall issue probationary certificates to all new applicants. Renewal applications shall be only issued to applicants with full certification.

8-13-3-4 Criteria

The Medical Director, subject to approval of the EMS Foundation Board, shall promulgate regulations setting forth the requirements to obtain a certificate as an ambulance driver, attendant (EMT or Paramedic), or dispatcher. The requirements shall include certification by the State of Indiana and an examination testing the applicant's knowledge of local medical protocol, special disaster procedures, the Three Rivers Ambulance System in general, and other matters appropriate to determining the applicant's fitness. A practical skills examination may also be required.

- a. Effective May 1, 1983, (or such other date as the Medical Director determines) all ambulance drivers must maintain certification under the National EMT and Paramedic Registry Program as an EMT or Paramedic depending on the level certification held.
- b. All new certificates shall be probationary and shall be for a period of six months. If the applicant has performed satisfactorily for the six month probationary period the Medical Director shall issue a full certification. If the applicant has not performed satisfactorily, the Medical Director may continue the probationary status for an additional six month term.

8-13-3-5 Application

Applications for certification as an ambulance driver, attendant or dispatcher shall be made on forms prepared or approved by the Medical Director and shall contain such information as required by the Medical Director. Each application shall be accompanied by a non-refundable application charge in the amount of \$30.00, payable annually to the EMS Foundation, except that no application fee shall be charged to unpaid members of volunteer providers. Nothing in this Article shall be construed as requiring the Authority or the EMS Foundation to be responsible for the cost of physical examination.

8-13-3-6 Ambulance and Helicopter Rescue Units

No ambulance regulated by this Ordinance, whether it be equipped for paramedic, advanced life support (ALS) or basic life support (BLS) and whether used for emergency or non-emergency purposes shall be used to provide ambulance service unless the ambulance has been issued a permit by the Medical Director.

8-13-3-7 Helicopter Rescue Unit

No helicopter rescue unit regulate by this Article shall be used to provide any emergency medical service unless it has been issued a permit by the Medical Director.

8-13-3-8 Criteria

- a. The Medical Director, subject to approval of the EMS Foundation Board, shall promulgate regulations setting forth the requirements to obtain a permit for any ambulance or helicopter rescue unit regulated by this Chapter and including special use permits.
 - (1) Permits shall be of five (5) types: Volunteer, Non-Emergency, Emergency, Helicopter, and Special.
 - (2) Helicopter rescue units shall be subject to regulation of on-board equipment or personnel.
 - (3) Helicopter rescue units shall agree to submit to control by the EMS Control Center when operating within any jurisdiction subject to regulation under this Ordinance.
 - (4) Helicopter rescue units and their personnel shall be subject to medical audits.
- b. The Medical Director shall not issue a permit to any ambulance that does not meet the requirements set forth in this Ordinance for the type of permit applied for.
 - (1) Only ambulances meeting minimum state requirements and any additional requirements imposed by Rules and Regulations adopted by the EMS Foundation may receive any permit.
 - (2) Only ambulances meeting the requirements for Emergency Ambulances promulgated by the Medical Director shall receive and Emergency permit.

8-13-3-9 Applications

Applications for vehicle or helicopter permits shall be made on forms prepared and approved by the Medical Director and contain such information as required by the Medical Director. Each applications shall be accompanied by a non-refundable application fee in the amount of \$50.00 payable to the EMS Foundation, except that no charge shall be made for vehicles operated by Volunteer Providers.

8-13-3-10 Licenses Required

8-13-3-11 Providers

No person or organization, except a township which has not contracted with Three Rivers Ambulance Authority, shall operate an ambulance service rendering prehospital care or transportation to ambulance patients unless that person organization has obtained an currently holds a provider license as determined in this Chapter; and provided further, that the exemption to a township shall be limited to provision of services by a volunteer, not for profit organization operated directly under the auspices of the township and not by way of contract, and shall extend only to the delivery of emergency ambulance service originating within the boundaries of the township, or mutual aid assistance provided by such township volunteer service to a neighboring jurisdiction at the request of that jurisdiction.

8-13-3-12 Non-Volunteer Ambulance Providers

- a. It is legislatively determined that ambulance operations when subjected to competitive practices of multiple companies simultaneously serving the same city, operate under precarious financial conditions and that this type of competition is harmful to the health, safety, and welfare of residents. However, it is also determined that periodic competition among companies for the right to provide ambulance services offers a safe and effective means of encouraging fair and equitable private sector participation.
- b. Therefore, no non-volunteer person or organization shall operate an ambulance for the provisions of emergency or non-emergency ambulance service to ambulance patients except the Three Rivers Ambulance Authority shall be perpetually licensed to provide full service ambulance operation, and shall be required to subcontract with the Operations Contractor for operation and management of the Ambulance Service System.
- c. The City of Fort Wayne EMS Department shall be the Operations Contractor until such time as a competitively selected operator is retained and commences operations.

8-13-3-13 Competitive Bidding Process

Not more than 18 months after the adoption of this Ordinance the Three Rivers Ambulance Authority shall utilize a competitive bidding process to contract with an

Operations Contractor. Said competitive bidding process shall be designed to attract nation wide competition and to that end the bidding process shall, in addition to complying with state law, include but not be limited to the following procedures:

- a. Advertisements for bids shall include national circulation in one or more ambulance industry periodicals;
- b. The Three Rivers Ambulance Authority may not allow the Operations Contractor to engage directly in billing and collection activities;
- c. The Three Rivers Ambulance Authority must remain the owner or primary lessee of all equipment essential to its operations, except that Volunteer Providers may own their own equipment;
- d. The Three Rivers Ambulance Authority shall conduct a publicized pre-bid conference which shall be open to the public;
- e. A pre-bid screening process shall be employed to exclude consideration of bids from any company which cannot demonstrate financial stability, reputability, and a proven track record as a full service provider of advanced life support ambulance operations in one or more metropolitan areas of similar or greater population as Fort Wayne;
- f. A broad investigative release form must be executed by all bidders, owners, operators and key personnel;
- g. A substantial bid deposit in the form of cash, bond, irrevocable letter of credit or other form acceptable to the City Attorney in an amount not to exceed 10% of the contract price must be required;
- h. The bid request document shall provide fully detailed definitions and performance standards governing clinical performance, response time performance, maintenance requirements, and other operational standards so that, assuming all bidders are pre-qualified to participate, bid price shall be the principal remaining consideration in the award of the contract. However, where bid prices are not more than 10% apart, the Three Rivers Ambulance Authority may consider corporate experience, salary schedules, and such other factors to select the lowest responsible and responsive bidder.
- i. Nothing in this section shall be construed as preventing the City of Fort Wayne Department of EMS from bidding provided they otherwise qualify and provided further that the department's full cost of providing said services shall be reflected in the department's bid price, and any subsidation of ambulance services by the City shall be in the form of money payments to the Three Rivers Ambulance Authority so as to benefit equally any bidder who may choose to participate.

8-13-3-14 System Status Management Plan

The Ambulance Authority and EMS Control Center shall adopt a system status management plan which shall have as its goal the placement of EMS ambulances so as to meet the response times criteria set forth in Chapter 8 herein. The plan shall state the minimum safe level of emergency response capacity which shall be maintained in the system at all times. This minimum level may differ by hours of day or day of week depending on the anticipated demand for EMS, but the plan shall ensure minimum safe

response levels at all times. All providers shall be required to tape record all telephone and radio transmissions and maintain for 90 days the tapes of said transmissions. The providers must make said tapes available for medical audits or for the medical Director at his discretion.

8-13-3-15 Removal from Service

No Provider ambulance may be removed from emergency service by the operator during the times designated in Chapter 8 of this Article without first advising and obtaining the permission of the EMS Control Center. The EMS Control Center shall, upon request, allow a Provider ambulance to be removed from the system unless such removal will bring the number of paramedic units remaining in the system below the minimum necessary to maintain the response levels stated in the system status management plan, or unless unusual conditions exist which would reasonably necessitate maintaining a higher level emergency response capability than would normally be required at that time.

8-13-3-16 Volunteer Providers

No person or organization except a township which has not contracted with Three Rivers Ambulance Authority shall operate an ambulance for the provisions of ambulance service as a volunteer provider unless that person or organization has first obtained a Volunteer Provider License issued by the Medical Director. The Director shall issue a Volunteer Provider License to any person or organization that qualifies as a volunteer provider as defined by Chapter 9 of this Article, and that meets the rules and regulations for Volunteer Providers adopted by the Medical Director on advice of the EMS Foundation and the Volunteer Providers' Advisory Council.

8-13-3-17 Revocation of Permits and Certification

Medical Director, subject to approval by the EMS Foundation Board, is authorized to revoke or suspend any permit or certification issued pursuant to the provisions of this Article if the driver, attendant, dispatcher, ambulance or helicopter rescue unit fails to maintain the basic qualifications for issuance or otherwise constitutes a danger to the safety and health of patients.

- a. Prior to revocation or suspension of a certificate, a medical audit shall be conducted by the medical Director or his designee.
- b. If the audit results in a recommendation that the driver, attendant or dispatcher certificate should be revoked or suspended, the report shall be forwarded to the EMS Foundation Board of Directors.
- c. The EMS Foundation shall notify the affected person of the audit results and invite him to provide any information, in writing or personally, for the Foundation's consideration.
- d. The EMS Foundation recommends revocation or suspension, the reported to the Medical Director.

- e. The Medical Director shall provide a hearing to any person certified pursuant to this Article or ambulance or helicopter rescue unit owner or operator, at which time reasons for revocation or suspension shall be explained. The affected party may present information relevant to the issue of permit revocation or suspension.
- f. If the Medical Director determines that the risk of harm to the public is substantial, the certification may be suspended without first providing a hearing. However, a hearing shall be scheduled to convene within seven (7) days of the suspension to consider revocation of the certification the Medical Director may require a physical and mental examination be conducted prior to the hearing.
- g. In lieu of suspension or revocation, the Medical Director may return the nonprobationary certificate holder to probationary status, reduce the level of certification, or otherwise restrict the participation of the individual as necessary to protect to public health and safety.

8-13-3-18 Term of Licenses and Permits and Renewal

- a. All permits and certifications issued pursuant to this Article shall be valid for a period of one year from 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 30 days prior to expiration of the current permit or certification.
- c. All renewal applications for permits or certifications shall contain the same information as original applications, and shall be accompanied by the same application fee made payable to the EMS Foundation as required for an original application.
- d. The EMS Foundation may at its discretion require renewal applicants to demonstrate knowledge and skills then currently required of an original applicant.

8-13-3-19 Appeals

Adverse decisions of a Medical Audit may be appealed to the Medical Director. If a resolution of the appeal is unsatisfactory, the person adversely affected by the decision of the Medical Director may appeal to the Board of Directors of the EMS Foundation whose determination shall be final.

8-13-4 Chapter 4: Standards for Ambulance Service Permit – Liability Insurance

8-13-4-1 Insurance Coverage Required

No ambulance service permit shall be issued under this act, nor shall such permit be valid for issuance, nor shall any ambulance be operated in the City unless there is at all times in force and effect insurance coverage as follows:

- a. Automobile liability insurance in an amount not less than \$1000,000 for injury to, or death of, one person, by reason of the carelessness or negligence of the driver of such ambulance, and \$300,000 for injury to, or death of, more than one person, resulting from a single accident, by reason of carelessness or negligence of the driver of such ambulance, issued by an insurance company licensed to do business in the State of Indiana, for each and every ambulance owned and/or operated by or for the applicant or licensee, providing for the payment of damages:
 - (i) For injury to or death of individuals in accidents resulting from any cause for which the owner of said vehicle would be liable on account of liability imposed in him by law, regardless of whether the ambulance was being driven by the owner or his agent; and
 - (ii) For the loss of or damage to the property of another under like circumstances.
- b. Uninsured motorist coverage in an amount equal to the bodily injury liability limits as set forth in Item “a” above;
- c. Malpractice insurance to provide for limitation of each claim of not less than \$500,000;
- d. A \$1,000,000 umbrella policy providing additional coverage to all underlying liability policies.

8-13-4-2 Approval Required Prior to License Issuance

Said insurance policies shall be submitted to the Medical Director for approval prior to the issuance of each ambulance license. Satisfactory evidence that such insurance is at all times force and effect shall be furnished to the medical Director, in such for as he may specify, by all licensees required to provide such insurance under provisions of this act.

8-13-4-3 Continuing Liability of Insurer

Every insurance policy required hereunder shall contain a provision for a continuing liability thereunder to the full amount thereof, notwithstanding any recovery thereon, that the liability of the insurer shall not be affected by the insolvency or the bankruptcy of the assured, and that until the policy is revoked or expires the insurance company will not be relieved from liability on account of nonpayment of premium, failure to renew license at the end of the year, or any act or omission of the named assured. Such policy of insurance shall be further conditioned for the payment of any judgement up to the limits of said policy recovered against any person other than the owner, his agent or employee, who may operate the same with the consent or acquiescence of the owner.

8-13-4-4 Policy Must Extend Through License Period

Every insurance policy required hereunder shall extend for the period to be covered by the license applied for and the insurer shall be obligated to give not less than 30 days written notice to the Medical Director and to the assured before any cancellation or

termination thereof earlier than its expiration date and the cancellation or other termination of any such policy shall automatically revoke and terminate the permits issued for the ambulances covered by such policy, unless another insurance policy complying with the provisions of this section shall be provided and be in effect at the time of such cancellation or termination.

8-13-4-5 Additional Insured

Each insurance policy described and required herein shall name as additional insureds the City of Fort Wayne, Allen County, the Three Rivers Ambulance Authority, and the EMS Foundation, in addition to the operator of the vehicle.

8-13-4-6 Volunteer Providers Insurance

Participating Volunteer Providers shall have reasonable insurance coverage and the policy shall name as additional insureds the City of Fort Wayne, Allen County, the Three Rivers Ambulance Authority, and the EMS Foundation, in addition to the operator of the vehicle.

8-13-5 Chapter 5: Duties of the EMS Foundation and Medical Director

8-13-5-1 Authority to Make Regulations, Standards and Rules

- a. The EMS Foundation Board of Directors shall have the authority to promulgate regulations, standards and rules necessary to implement the policy and intent of this Article. They shall constitute one volume to be filed in the Office of the City Clerk.
- b. The EMS Foundation Board of Directors shall consider but not be limited to, the following factors when promulgating regulations, standards and rules:
 - (1) The protection of the safety and health of the inhabitants of Fort Wayne, adopting townships, and neighboring participating political subdivisions;
 - (2) Accepted standards of practice for emergency care;
 - (3) Accepted requirements for equipment and supplies to provide advanced life support services;
 - (4) Federal and state requirements;
 - (5) Standards and recommendations of federal, state and local professional organizations interested in the provision of quality emergency medical care; and
 - (6) Recommendations of the Medical Director
- c. The EMS Foundation Board of directors shall promulgate standards controlling the following segments of the ambulance service system:

- (1) Production standards related directly or indirectly to clinical performance and patient care; including response time consistent with the provisions of Chapter 8;
- (2) Diagnosis-specific and problem-oriented medical protocols to serve as the required standard prehospital emergency care;
- (3) Procedures governing the reliable provision of 24-hour medical control;
- (4) Procedures and protocols for the operation of the EMS Control Center, which may include but not be limited to, radio protocols, telephone protocols, and other operating standards; and
- (5) Procedures for the provisions of medical control over the delivery of advanced life support procedures by ambulance personnel, which may include but not be limited to, medical control standards, radio equipment standards, radio protocol, medical protocol, qualifications of base station physicians or emergency department nurses from whom ambulance personnel may take direction.
- (6) In-service training for ambulance personnel, EMT's and dispatchers as recommended by the EMS Foundation.
- (7) Standards, rules and regulations governing volunteer providers

8-13-5-2 Responsibility for Compliance

The Medical Director shall be responsible for compliance with the Regulations, Standards and Rules promulgated under this section.

8-13-5-3 Narcotics and Controlled Drugs

The Medical Director shall have the duty to prescribe and procure narcotics and controlled drugs used within the system.

8-13-5-4 Medical Advisor

The Medical Director shall also serve as the Medical Advisor for the Authority as regulated by State Law.

8-13-5-5 Disaster Planning and Protocol Development

- a. The Medical Director, subject to approval of the EMS Foundation Board, shall develop a plan for the rescue and medical care of persons in disaster situations.
- b. After a government proclamation has established the existence of a disaster situation whether resulting from tornado, fire, wind, flood, enemy action or any other common disaster or catastrophe, the EMS Control Center shall be authorized to control all ambulances, helicopter rescue units, mutual aid responders, and special use vehicles.

8-13-5-6 Approvals – Communications Systems

The EMS Foundation Board of Directors shall approve the dispatch communications system and the medical control communications system established by the Three Rivers Ambulance Authority. In revising the medical control communications system, the EMS Foundation shall be consulted. Nothing herein shall prevent the Medical Director from promulgating regulations or standards controlling communications systems.

8-13-5-7 Licenses, Permits and Certificates

The Medical Director shall issue licenses, permits and certificates consistent with the provisions of Chapter 3 herein.

8-13-5-8 Annual Report

The Chairman of the Board of the Ambulance Authority shall include, but not be limited to the financial condition of the Ambulance Authority, the subsidy supplied by the City, medical case audits, recommendations for improvements and regulations promulgated during the year. The report shall incorporate the reports of the EMS Foundation and the Ambulance Authority made to the Medical Director.

8-13-6 Chapter 6: Duties of the Three Rivers Ambulance Authority

8-13-6-1 Generally

It shall be the duty of the Ambulance Authority to oversee and manage the Ambulance Service System created by this Ordinance in order to provide quality ambulance service to all residents of and visitors to Fort Wayne and Allen County, as well as other jurisdictions which may join the Ambulance Service System.

The economies of scale realized from multi-jurisdictional operations of the Three Rivers Ambulance Authority are expected to benefit the taxpayers and residents of all political jurisdictions served by the Authority; however, in contracting with each political jurisdiction, the Three Rivers Ambulance Authority shall make such financial arrangements as necessary and appropriate to effect a fair sharing of costs and benefits among the various jurisdictions served.

8-13-6-2 Ownership of Equipment

The Ambulance Authority shall own, or be the primary lessee of all emergency equipment used in supplying ambulance services, except equipment utilized by Volunteer Provider Organizations, which may own their own equipment.

8-13-6-3 Rates, Billing and Collections

- a. Generally the Ambulance Authority shall determine reasonable rates for its service.
- b. The Ambulance Authority may permit the operations contractor to collect accounts representing long distance inter-city transfer work, but the operations contractor may not engage on any other collection activity.

The Ambulance Authority shall not bill townships under any applicable statutes for any service to an individual.

- c. Non-Emergency Rates. The Ambulance Authority shall have the authority to determine its own rates charged for non-emergency rates shall not exceed rates charged in other metropolitan areas for similar services.

8-13-6-4 In-Service Training

- a. The Ambulance Authority shall assure that appropriate in-service training is provided to employees of the operations contractor by to provide the in-service training program.
- b. The Ambulance Authority shall require that all employees of the operations contractor attend in-service training programs.
 - (i) In-service training programs shall be attended not less than once every month; each session shall be not less than two (2) hours in duration.
 - (ii) In-service training programs shall include system orientation and management issues, medical audit findings and review, and clinical skill development.
 - (iii) In-service training shall be scheduled to permit all employees to fulfill their mandatory obligations to attend.
 - (iv) The Ambulance Authority shall include in its annual report to the Medical Director the extent of the in-service training accomplished. The Ambulance Authority shall maintain accurate records of attendance at in-service training which shall be provided to the Medical Director for use in considering certificate suspension or revocation and permit renewal.
 - (v) If a certificate holder fails to attend in-service training during any two (2) month period, the Medical Director shall inquire of the reasons and may in his discretion and only for good cause waive the requirement. In any event, a report of the failure to attend shall be made to the Medical Director by the Ambulance Authority.
 - (vi) When appropriate, personnel of participating Volunteer Providers shall be notified in advance and invited to attend in-service training sessions sponsored by the Operations Contractor.

8-13-6-5 Records and Premises Open to Inspection

The Ambulance Authority shall maintain its records and premises open to inspection by the Medical Director.

8-13-6-6 Recommendations to the Medical Director

The Ambulance Authority shall provide recommendations to the Medical Director for the following elements of the ambulance service system:

- a. Dispatch communication system;
- b. Medical control communication system;
- c. Any other matter requested by the Medical Director relative to the operation and status of the ambulance service system.

8-13-6-7 The Ambulance Authority as Operation Contractor

In the event of an emergency in which the public health and safety are threatened by the inadequate performance of an existing operations contractor, or by the absence of qualified bids at reasonable costs for the performance of the required services, the Ambulance Authority may act as operations contractor for the duration of the emergency but in no event longer than one (1) year.

8-13-6-8 Mutual Aid and Shared Services

The Ambulance Authority may contract for services from neighboring providers. Such contractors shall be subject to medical audit by the EMS Foundation. Consideration for such services may be financial or in kind. Nothing in this Article shall be construed as prohibiting the Ambulance Authority from receiving or rendering emergency mutual aid without formal agreement.

8-13-7 The Emergency Medical Services Foundation

8-13-7-1 Appointments

The Emergency Medical Services Foundations (EMS Foundation) is a not for profit corporation organized and existing under the laws of the State of Indiana. Appointments to the Foundation shall be handled as described in the Foundation's Articles of Incorporation and Bylaws.

8-13-7-2 Recommendations

The Medical Director shall provide to the EMS Foundation Board of Directors recommendations concerning the following elements of the ambulance service system:

- a. Criteria for the issuance, renewal, suspension and revocation of permits and certifications;
- b. Production standards related directly or indirectly to clinical performance and patient care;

- c. Diagnosis-specific and problem oriented medical protocols to serve as the required standard of pre-hospital emergency care;
- d. Procedures governing the relative provision of 24-hour medical control;
- e. Procedures and protocols for the operation of the EMS Control Center;
- f. Procedures for the provision of medical control over the delivery of advance life support procedures by ambulance personnel;
- g. Standards for the medical control communications system;
- h. Elements of disaster plan designed to provide prompt quality care and rescue of persons in disaster situations;
- i. Standards, rules and regulations governing Volunteer Providers.

8-13-7-3 Medical Audits

- a. The EMS Foundation shall perform medical audits when requested by the Medical Director or a designated base station physician, by any physician on his own patient, by any doctor involved in the case, chairman of the Ambulance Authority, Medical Director, a certified paramedic, the Volunteer Advisory Council or when in the Foundation's discretion it is determined that a specific incident merits investigation or an element of the ambulance service system any be improved and study is warranted.
- b. Audits shall be performed on a diagnosis specific basis to determine if the exists areas for improvement of treatment.
- c. An audit shall be primarily problem solving and educational in nature although from time to time punitive action as a result of audit findings may be necessary and appropriate.

8-13-7-4 Medical Director

- a. The Medical Director shall be appointed by the EMS Foundation Board and shall serve at the pleasure of the EMS Foundation Board. The Medical Director may be a member of the EMS Foundation, but he shall resign from the Foundation Board upon his appointment as Medical Director.
- b. The Medical Director shall be compensated by the EMS Foundation.
- c. The Medical Director may delegate duties to qualified base station physicians or others whose expertise is necessary for complete and thorough medical audits.
- d. The Medical Director may appoint an Assistant to the Medical Director who shall be at least a certified paramedic, or have equivalent training and experience.

8-13-8 Chapter 6: Response Time

8-13-8-1 Life Threatening Emergency Call

A paramedic ambulance shall be on the scene of each life threatening emergency call as determined by the dispatcher at the time of the call in accordance with regulations, with eight minutes on 90% of all calls originating within the metropolitan area the best efforts shall be made to arrive on the scene within eight minutes. For all presumptively

designated life threatening emergencies, through notification of the Fire or Police Department, best efforts will be made to place a first responder unit on the scene within four minutes.

8-13-8-2 General Summary

For each presumptively defined life threatening emergency call exceeding eight (8) minutes, the Ambulance Authority shall provide a general summary and the action it has taken to reduce the number of responses beyond eight (8) minutes in similar circumstances in its annual report.

8-13-8-3 First-Responder Program

To Provide prompt initial care, a first-responder programs shall be developed by the Medical Director with the assistance of the EMS Foundation, the Ambulance Authority and other agencies and parties providing emergency care. This system shall have a goal of on-scene response within four (4) minutes.

8-13-8-4 Equitable Response Times

The ambulance service system shall be operated to reduce to the lowest figure reasonably attainable any discrepancies in response times throughout the City and County.

8-13-8-5 Contractual Response Times

The Ambulance Authority shall contractually establish response times for all non-life threatening emergency calls, but they shall not be more stringent than that required for life-threatening emergency calls.

8-13-9 Chapter 9: Rules and Regulations Relating to Volunteer Providers and Dispatching

8-13-9-1 In General

The Public Utility Model envisions all ambulance service be provided by a single operator. However, the Common Council and the County Commissioners recognize the valuable role that volunteer ambulance providers may play in the system adopted herein shall include a role for volunteer providers.

8-13-9-2 Rules for Dispatching of Participating Volunteer Providers

- a. The rules and regulations contained in this Section shall be in addition to those for volunteer providers adopted by EMS Foundation Board of Directors. No rule relating to volunteer providers adopted by the EMS Foundation Board of Directors shall be inconsistent with anything in this section. All volunteer

providers subject to regulation under this ordinance shall comply with all communications and dispatching standards and with all rules and regulations as may be adopted pursuant to this Ordinance.

- b. All ambulance dispatching in the City of Fort Wayne, and after adoption of this Ordinance by the County City Commissioners all ambulance dispatching originating on calls from participating townships, shall be performed by a single EMS Control Center, staffed by ambulance dispatchers certified in accordance with standards set forth in appropriate rules and regulations. The dispatchers shall monitor continuously the status of all emergency resources available in the Allen County EMS System, and the current demands upon those resources. All providers shall advise the EMS Control Center as to the status of the providers' ambulances at all times.
- c. Persons answering telephone requests for ambulance service, if such call originates from within the City of Fort Wayne or a participating township, whether received in the Allen County Communications Center, the City of Fort Wayne Communications Center, shall immediately upon discovering that the call is requesting ambulance service in an area served by the Three Rivers EMS System, transfer the request to the certified ambulance dispatcher at the authorized EMS Control Center. This transfer should be made in such a manner as to allow the ambulance 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. Ambulance requests originating from a non participating township shall be handled entirely by the Communications Center without referral to the EMS Control Center. Furthermore, should the EMS Control Center receive an emergency call originating within a non-participating township said call shall be referred to the County Communications Center.
- d. In all calls originating within a participating township the EMS Control Center shall dispatch the participating Volunteer Provider in that township and in addition shall dispatch such other vehicles as deemed necessary and appropriate pursuant to this Ordinance and medical protocols. Where the dual dispatching or other dual utilization of both a participating volunteer ambulance unit and a paramedic emergency vehicle are involved, the following rules concerning patient transport shall apply:
 - (i) If both a paramedic and a volunteer unit are simultaneously dispatched on a call, and if the volunteer unit arrives first and determines, in accordance with approved medical protocols, that paramedic service is not required, the volunteer crew shall have the right to cancel the paramedic unit before the arrival of the paramedic unit at the scene.
 - (ii) In the event both a paramedic unit and volunteer provider unit appear at the scene of an emergency, the volunteer crew shall retain the right to transport the patient except of the patient, in accordance with approved medical protocols, is defined as being in need or likely to be in need of paramedic unit, or if the volunteer crew requests that the patient be transported by the paramedic crew.

- (iii) Any request for paramedic service by a participating volunteer crew shall be given the highest priority possible by the ambulance dispatch center.

8-13-9-3 Standards for Participating Volunteer Providers

- a. The Medical Director, in consultation with the Volunteer Providers Advisory Council, shall recommend to the EMS Foundation Board reasonable rules and regulations for volunteer providers. These rules and regulations may include onboard equipment and communications standards; provided however, that no standard shall be imposed that would reasonable be expected to make it financially impossible for a volunteer provider to operate.
- b. The rules and regulations covering volunteer providers may require periodic local certification of volunteer crew members, provided that all skill, knowledge or training requirements in excess of those required for State certification us be determined by the EMS Foundation Board to be reasonable and practical.
- c. The Medical Director and the EMS Foundation may require in-service training of volunteers in the areas of basic life-support skill maintenance, new procedures adopted in medical protocols, use of new equipment which may be required on BLS ambulances, diagnosis-specific refresher training found necessary as a result of medical audits performed and paramedic assistance training. The and kind of in-service training required of any participating volunteer shall be as reasonably necessary to insure and demonstrate that volunteer's competence in the performance of his or her duties as a volunteer. No training requirements shall be made mandatory until such training has been available to volunteers for a period of 60 days.

8-13-9-4 Participating in Record Keeping System and Medical Audits Required

Participating volunteer providers shall be subject to participation in any medical audit performed on cases in which the volunteer crew was involved. To facilitate such audits, volunteer providers shall comply with all data system reports standards, including approved by the EMS Foundation. Failure by a volunteer provider to cooperate with a medical audit may result in a penalty set by the Medical Director, which may include suspension or revocation of the volunteer provider's license; provided, however, that no volunteer provider shall be penalized because of a volunteer crew member's inability to be present at a medical audit if such inability is reasonably beyond the individual's control. Any physician conducting a medical audit should use his best efforts to schedule the audit at a time and place convenient to any volunteer (s) who may be involved.

8-13-10 Chapter 10: Provision for Collection of Fees

8-13-10-1 EMS Foundation Fee

The Three Rivers Ambulance Authority shall be required to pay to the EMS Foundation a fee of three and no/100 (\$3.00) dollars per ambulance run during which a patient was transported. Such payments shall be made on a monthly basis. All such money received by the EMS Foundation shall be used to fund physician supervision, medical audits, equipment inspections, personnel testing and development and study and enforcement of standards, rules and regulations, in accordance with provisions of a contract between EMS Foundation and the Three Rivers Interlocal Cooperative.

8-13-10-2 Volunteer Provider Responsibility

Every participating volunteer provider of emergency ambulance service in the system provided for by this Ordinance shall include in billing statements, if any, such three dollar fee, as a separate item, to be paid directly to the EMS Foundation, and the volunteer provider shall have no obligation or responsibility for collection of said fee.

8-13-11 Chapter 11: Obedience of Traffic Laws

8-13-11-1 Exemptions to Traffic Laws

When the senior Paramedic in charge of an ambulance has reasonable grounds to believe that an emergency exists, the driver of the ambulance may:

- a. Park or stand, irrespective of the otherwise applicable rules of law established by ordinance;
- b. Proceed past a red or stop signal or stop sign, but only after slowing as may be necessary for safe operation;
- c. Exceed maximum speed limits permitted by the City so long as life or property is not endangered; or
- d. Disregard ordinances or regulations of the City governing the direction of movement or turning in specified directions.

8-13-11-2 Audible and Visual Signals Required

The exemptions listed in 8-13-11-1 do not relieve the driver from the duty with regard for the safety of all persons.

8-13-12 Chapter 12: Patient and Scene Management

8-13-12-1 Patient Management

The Senior Paramedic in charge shall have the authority for patient management at the scene of an emergency.

8-13-12-2 Emergency Scene Management

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

8-13-12-3 Licensed Physician Responsibility Form

In the event a licensed physician appears on the scene and desires to assume direction and control of patient care, he shall execute a form which declares he has assumed responsibility for patient care.

8-13-13 Chapter 13: Destination Determination

8-13-13-1 Life Threatening Emergencies

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 a base station physician.

8-13-13-2 Non-Life Threatening Emergencies

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 competent 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.

8-13-14 Chapter 14: Exceptions

8-13-14-1

The provisions of this Article shall not apply to helicopter rescue units, 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 EMS Control Center in cases of disaster or major emergency too great for Ambulance Authority resources, or in response

- to the provisions of a written mutual aid agreement signed by the Ambulance Authority;
- c. Engage in the process of an inter-city transfer originating outside the area served by the Three Rivers EMS System;
 - d. Private businesses using a company owned and operated ambulance solely for the transportation of their employees for injury or illness sustained while performing their work;
 - e. Privately owned and designed for the transportation of the chronically infirm or physically handicapped, and used solely for the benefit of its owner and family, and is not for hire.

8-13-14-2

An owner or operator of an ambulance not exempted by the provisions of 8-13-14-1 may request exemption from the Medical Director. The Medical Director 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. Appeals of this decision may be taken as provided in Section of this Ordinance.

8-13-15 Chapter 15: Violations

8-13-15-1 Violations

It shall be unlawful:

- a. To perform duties as an ambulance driver, attendant (EMT or Paramedic), or dispatcher without a current certificate issued by the Medical Director;
- b. To permit a person to work as an ambulance driver, attendant or dispatcher without a current certificate issued by the Medical Director;
- c. To use or cause to be used any ambulance service other than that established by this Ordinance unless exempted by the provisions of Chapter 14;
- d. To provide ambulance services, emergency or non-emergency, within the area served by the Three Rivers EMS System unless authorized by this Ordinance or exempted by the provisions of Chapter 14;
- e. To knowingly give false information to induce the dispatch of an ambulance or helicopter rescue unit.

8-13-15-2 Penalties

- a. Any person convicted of violating the provisions of this Article shall be fined not less than \$100 nor more than \$500 dollars. This does not serve to limit any other remedies available to the City in law or equity.
- b. Each day that any violation of this Article is committed or permitted to continue shall constitute a separate offense.