

SUBJECT: **PREHOSPITAL CARE POLICY WAIVER
REQUEST FORM**

REFERENCE NO. 1142.1

EMS Provider/Hospital: _____

Date of Request: _____

Name Completing this Form: _____

Contact Information (Phone): _____

Contact Information (E-Mail): _____

POLICY WAIVERS: Check all that apply.

A.1. ALS Unit Staffing Waiver – Allow ALS Units to respond to ALS calls staffed with only one (1) paramedic and one (1) emergency medical technician (EMT).

Requested Start Date: / /

Anticipated End Date: / /

EMS Agency

Response:

Approved

Denied

EMS Agency

Representative:

Name

Signature

Comments:

B.1. ALS Unit Staffing Waiver for Private Providers – Allow ALS Units that are not authorized to use 1:1 Staffing Configuration to operate with only one (1) paramedic and one (1) emergency medical technician (EMT).

Requested Start Date: / /

Anticipated End Date: / /

EMS Agency

Response:

Approved

Denied

EMS Agency

Representative:

Name

Signature

Comments:

Requested Start Date:	/	/
Anticipated End Date:	/	/
EMS Agency Response:	Approved	Denied
EMS Agency Representative:		
	Name	Signature
Comments:		

Requested Start Date:	/	/
Anticipated End Date:	/	/
EMS Agency Response:	Approved	Denied
EMS Agency Representative:	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%; border-bottom: 1px solid black;"></div> <div style="width: 45%; border-bottom: 1px solid black;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Name Signature </div>	
Comments:		

Requested Start Date:	<hr/>	
Anticipated End Date:	<hr/>	
EMS Agency Response:	Approved	Denied
EMS Agency Representative:	<hr/>	
	Name	Signature
Comments:	<hr/>	

Requested Start Date:	/	/
Anticipated End Date:	/	/
EMS Agency Response:	Approved	Denied
EMS Agency Representative:	<div> <div></div> <div></div> </div>	
Comments:		

Requested Start Date:	/	/
Anticipated End Date:	/	/
EMS Agency Response:	Approved	Denied
EMS Agency Representative:	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%; border-bottom: 1px solid black;"></div> <div style="width: 45%; border-bottom: 1px solid black;"></div> </div>	
Comments:	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%; border-bottom: 1px solid black;"></div> <div style="width: 45%; border-bottom: 1px solid black;"></div> </div>	

Requested Start Date:	/	/
Anticipated End Date:	/	/
EMS Agency Response:	Approved	Denied
EMS Agency Representative:	<div> <div>Name</div> <div>Signature</div> </div>	
Comments:		

G.1. Out of County and Ambulance Operator License Exemption – Allow ambulance operators that are not licensed in Los Angeles County to operate within Los Angeles County.

Requested Start Date: / /
Anticipated End Date: / /
EMS Agency Response: Approved Denied
EMS Agency Representative: _____
Name Signature
Comments:

G.2. Out of County and Ambulance Operator License Exemption – Waive requirements that private ambulance operators must obtain consent from 9-1-1 jurisdictional provider to dispatch and provide transportation services within the jurisdictional provider's geographic area.

Requested Start Date: / /
Anticipated End Date: / /
EMS Agency Response: Approved Denied
EMS Agency Representative: _____
Name Signature
Comments:

H.1. Specialty Care (Nurse/RCP) Transport Unit Staffing Waiver – Allow Specialty Care Transport Units to operate with only one (1) EMT, and one (1) RN or one (1) Respiratory Care Practitioner.

Requested Start Date: / /
Anticipated End Date: / /
EMS Agency Response: Approved Denied
EMS Agency Representative: _____
Name Signature
Comments:

I.1. Waiver to Refer 9-1-1 Type Calls to the 9-1-1 Jurisdictional Provider –

Waive the requirement that private ambulance operators must refer any call that would normally be considered an emergency 9-1-1 call to the authorized emergency transportation provider for that geographical area.

Requested Start Date: / /

Anticipated End Date: / /

EMS Agency Response: Approved Denied
EMS Agency Representative: _____

Name Signature
Comments: _____

J.1. Emergency Response Request Waiver – Waive minimum response time requirements.

Requested Start Date: / /

Anticipated End Date: / /

EMS Agency Response: Approved Denied
EMS Agency Representative: _____

Name Signature
Comments: _____

K.1. Sponsorship Waiver – Waive the Los Angeles County Paramedic Accreditation requirement for paramedics licensed in California and practicing in a different county. Paramedics practicing under this waiver must adhere to the Los Angeles County Paramedic Scope of Practice.

Requested Start Date: / /

Anticipated End Date: / /

EMS Agency Response: Approved Denied
EMS Agency Representative: _____

Comments: _____

Prior to approval, the EMS Agency will contact the requesting EMS Provider/Hospital for additional requirements as each waiver request will be evaluated on a case-by-case basis.

Submit the completed Waiver Request Form to the EMS Agency:

Attention: Chief, Prehospital Care Section

FAX: (562) 941-2306

E-Mail: DWells@dhs.lacounty.gov and Cclare@dhs.lacounty.gov