

**AMBULANCE RULES AND REGULATIONS  
GROUND AMBULANCE VEHICLE INSPECTIONS AND PERMITS****I. AUTHORITY:**

*California Code of Regulations, Title 22, Division 9, Chapter 12. California Code of Regulations, Title 13, Division 2, Chapter 5. California Health and Safety Code, Division 2.5, Sections 1797.200, 1797.204, & 1798. County of Orange Ambulance Ordinance. Policy sets minimum acceptable standards, any exemptions for public providers allowed by law.*

**II. APPLICATION:**

This policy establishes the standard for inspections and issuance of ambulance vehicle permits for ground ambulance vehicles conducted by OCEMS staff members.

**III. PROCEDURE:**

- A. Ambulance service entities shall not provide any ambulance patient transport services unless a valid ambulance permit has been issued by the OCEMS Medical Director or OCEMS designee to this entity.
- B. An ambulance vehicle permit is valid from the date of issue until December 31 of the same calendar year.
- C. Ambulance permits are renewed annually and part of the ambulance service license renewal process.
- D. Ambulance vehicle permits are non-transferrable. If the ambulance service provider permanently removes a permitted vehicle from service during the term of the permit, it shall immediately notify OCEMS and return the ambulance decal and permit to OCEMS. (Ambulance decals/permits are the property of OCEMS and must always be returned when removed from a decommissioned ambulance).
- E. Pay the established fee. (Reference OCEMS Policy #470.00).

**IV. FREQUENCY:****A. Initial ambulance vehicle inspection:**

1. Initial application for ambulance permit applies to vehicles not currently permitted to operate in Orange County.
2. All ambulances shall undergo an initial inspection prior to providing ambulance patient transport services.

**B. Renewal ambulance inspection:**

1. Applications for annual renewal ambulance inspections and permits apply to ambulances currently permitted to operate in Orange County.
2. Random ambulance field audits can apply to annual ambulance permit inspections at the discretion of OCEMS.

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**C. Other ambulance inspections:**

1. Other ambulance vehicle inspections apply to ambulance compliance with OCEMS policies and procedures and CHP regulatory inspections.
2. OCEMS may inspect any ambulance operating in Orange County at any time to ensure compliance with the Health and Safety Code and OCEMS policies. OCEMS inspections will not interfere with ambulance services to a patient.

**V. ELEMENTS OF INSPECTION:****A. OCEMS shall inspect an ambulance for:**

1. Required documentation and adherence to OCEMS policies,
2. Required and optional medical equipment,
3. Required and optional non-medical equipment,
4. Acceptability of supplies and equipment for medical use,
5. Operational status of all equipment, and
6. Cleanliness of ambulance, equipment, and supplies as outlined in Section VIII. Cleaning Standards and Maintenance for Ambulances and Ambulance Equipment.

**VI. RECORD OF INSPECTION:**

- A. All ambulance inspections shall be documented on an OCEMS ambulance inspection form.
- B. Any item of non-compliance with any OCEMS policies and procedures and/or CHP regulatory inspections shall be documented.
- C. OCEMS shall review all noted items of non-compliance with the ambulance service provider at the time of inspection.
- D. OCEMS shall provide a copy of the inspection documentation to the ambulance service provider.

**VII. NON-COMPLIANCE:****A. Initial ambulance vehicle inspection:**

1. No ambulance shall be issued an ambulance permit or be allowed to operate until all items of non-compliance identified are corrected by the ambulance service provider and re-inspected by OCEMS.

**B. Renewal ambulance inspection:**

1. No ambulance permit shall be renewed until all items of non-compliance, identified by OCEMS during the annual inspection, are corrected by the ambulance service provider and re-inspected by OCEMS.
2. Ambulances deemed as "Non-Compliant" during a renewal inspection may continue to operate, if permitted to by OCEMS, and they have a current annual OCEMS ambulance permit as described in section C below.

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C. Items of non-compliance identified by OCEMS during any inspection shall be corrected by the ambulance service provider and can require re-inspection by OCEMS. Items of non-compliance are categorized as follows:

1. Mechanical and Parts

- a. Items that qualify under this category shall include, but not be limited to: Air conditioning/heating, any dashboard warning light, worn tires, door latches and gaskets, torn seats and damaged surfaces in driver or patient compartment, or anything that falls under the California Highway Patrol Ambulance Inspection Report.

2. Medical Supplies

- a. Medical supplies used to treat a patient shall be acceptable for medical use.
- b. Medical supplies shall have intact packaging, not expired, and will be assessed for integrity by OCEMS.

3. Durable Medical Equipment

- a. Equipment shall be properly maintained, tested for functionality, and inspected for all components.
- b. Refer to Section VIII: Cleaning Standards, of this policy.

4. Cleanliness

- a. Refer to Section VIII: Cleaning Standards, of this policy.

5. Unsecured Equipment

- a. Medical equipment and supplies shall be securely stored to prevent loose flying objects in case of an ambulance collision and shall be readily accessible for immediate use.

6. Required Documentation

- a. Documents required to be present in the ambulance include: County of Orange ambulance permit decal and letter, completed cleaning checklist, CHP inspection and permit, weights & measures inspection, CA DMV registration, proof of insurance, and a MED-9 radio inspection.

D. Ambulance Non-Compliance Inspections

- 1. Ambulances requiring re-inspections due to non-compliance will be required to be re-inspected within 15 days of identification.
- 2. Ambulance providers will be required to pay re-inspection fees in the amounts found in OCEMS Policy #470.00
- 3. Ambulances inspected at any time that are found to be non-compliant with this policy can have their ambulance permit revoked.

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4. Ambulances found to be non-compliant may not require re-inspection at the discretion of OCEMS. As such, any non-compliant ambulances not requiring re-inspection will be required to submit requested documentation to OCEMS within 30 days of identification.
5. Ambulance service providers not meeting the 15 or 30 day requirements related to non-compliance will have ambulance permit revoked and require an initial inspection with all applicable fees.

**VIII. CLEANING STANDARDS AND MAINTENANCE FOR AMBULANCES AND AMBULANCE EQUIPMENT**

- A. **Cleaning Schedule-** Each ambulance shall maintain a monthly checklist following the cleaning schedule identified in sections C, D and E below.
- B. **Cleaning Frequency-** The cleaning frequency describes cleaning requirements beyond that identified within the minimum standards in the cleaning schedule in sections C, D and E below.
  1. Hospital Grade cleaning products and disinfectants will be used to clean ambulance patient and EMS crew compartments.

## C. Vehicle Equipment: Patient Contact

Equipment	Standard	Cleaning Schedule	Cleaning Frequency	Considerations
Stretchers	All parts should be visibly clean with no blood, body substances, dust, dirt, debris, adhesive tape or spillages.	Daily	Cleaning shall be done daily and after every patient use.	
Spinal boards/flats /head blocks	All parts should be visibly clean with no blood, body substances, dust, dirt, debris, adhesive tape or spillages.	Daily	Cleaning shall be done daily and after every patient use.	
Transport chair and other manual patient transfer equipment	All parts should be visibly clean with no blood, body substances, dust, dirt, debris, adhesive tape or spillages.	Daily	Cleaning shall be done daily and after every patient use.	
All reusable medical equipment (e.g. cardiac monitor, defibrillators, resuscitation equipment, etc.)	All parts should be visibly clean with no blood, body substances, dust, dirt, debris, adhesive tape or spillages.	Daily	Cleaning shall be done daily and after every patient use.	

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Medical packaging (e.g. one time use items such as: gauze, suction tubing, oxygen masks/cannulas, etc.)	All parts should be visibly clean with no blood, body substances, dust, dirt, debris, adhesive tape or spillages with packaging intact and uncompromised.	Daily	Packaging shall be inspected, and cleaning shall be done, daily and after every patient use.	
Stretcher mattresses	Cover should be damage free  All parts should be visibly clean with no blood, body substances, dust, dirt, debris, adhesive tape or spillages.	Daily	Cleaning shall be done daily and after every patient use.	
Pillows	Should be visibly clean with no blood, body substances, dust, dirt, debris, adhesive tape or spillages.	Daily	Cleaning shall be done daily and after every patient use.	Unused supplies that have damaged or open packaging shall be discarded.
Linens	Should be visibly clean with no blood, body substances, dust, dirt, debris, adhesive tape or spillages.	Daily	Cleaning shall be done daily and after every patient use.	
Driver, passenger and all seats in patient compartment-Upholstered	All parts, including seatbelt and the underneath, should be visibly clean with no blood, body substances, dust, dirt, stains, debris, adhesive tape or spillages	Daily	Cleaning shall be done daily and after every patient use	Replace seatbelts if contaminated with blood or body fluids.  Torn or damaged seat covers shall be replaced.  Vacuum for dirt or debris and shampoo for blood or body substances or spillages.

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Driver, passenger and all seats in patient compartment-Vinyl/Leather	Cover should be damage free.  All parts, including seatbelt and the underneath, should be visibly clean with no blood, body substances, dust, dirt, stains, debris, adhesive tape or spillages.	Daily	Cleaning shall be done daily and after every patient use.	Replace seatbelts if heavily soiled.  Torn or damaged seat covers shall be replaced.
Medical Gas Equipment	All parts should be visibly clean with no blood, body substances, dust, dirt, stains, debris, adhesive tape or spillages.	Daily	Cleaning shall be done daily and after every patient use.	Replace single use items after each use.
Computer Equipment	All parts should be visibly clean with no blood, body substances, dust, dirt, stains, debris, adhesive tape or spillages.	Daily	Daily and after each use.	

**D. Vehicle Equipment: Non Patient Contact**

Equipment	Standard		Cleaning Frequency	Considerations
Response Kits and Bags	All surfaces, including underside, should be visibly clean with no blood, body substances, dust or dirt	Daily	Bags regularly taken into patient care areas must be wiped clean after every use, with special attention given if contaminated with blood or body fluid  Heavily used bags should be laundered weekly or monthly  Lesser used bags should be cleaned every other month	All bags placed on ambulances should be made of wipe able material  Any bag heavily contaminated with blood or body fluids should be disposed

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Hand Sets (e.g. radios and mobile phones)	All parts should be visibly clean with no blood, body substances, dust, dirt, debris, adhesive tape or spillages	Daily	Daily and when contaminated	
Sharps Containers	The external surfaces should be visibly clean with no blood, body substances, dust, dirt, debris, adhesive tape or spillages	Weekly	Weekly and when contaminated	

**E. Vehicle Internal and External Fixed Features**

Equipment	Standard	Cleaning Schedule	Cleaning Frequency	Considerations
Overall Appearance-Exterior	The vehicle exterior should be clean at all times. Any presence of blood or body substances is unacceptable	Weekly	Routine cleaning should be performed weekly, or as necessary due to weather conditions	If operational pressures prevent thorough cleaning of the exterior, the minimum cleaning standards to comply with health and safety laws should be met (i.e. windows, lights, reflectors, mirrors and license plates)
Overall Appearance-Interior	<p>The area should be tidy, ordered and uncluttered, with well-maintained seating and workspace appropriate for the area being used.</p> <p>All surfaces should be visibly clean with no blood, body substances, dust, dirt, debris, adhesive tape or spillages</p>	Daily	Daily, clean between patients and deep clean weekly	<p>Clean all surfaces in contract with the patient and that may have been contaminated</p> <p>Crews should routinely clean the vehicle floor</p> <p>Remove all detachable equipment and consumables</p>
Ceiling	All surfaces should be visibly clean with no blood, body substances, dust, dirt, debris, adhesive tape or spillages	Daily	Daily and when contaminated	

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Ambulance Equipment Storage Areas	All parts, including the interior, should be visibly clean with no blood, body substances, dust, dirt, debris, adhesive tape or spillages	Weekly	Weekly and when contaminated	
Product Dispensers	All parts of the dispenser including the underside, should be visibly clean with no blood, body substances, dust, dirt debris, adhesive tape or spillages	Daily	Daily and as soon as possible if contaminated	Liquid dispenser nozzles should be free of product buildup, and the surround areas should be free from splashes of the product
Electrical Switches, Sockets and Thermostats	All surfaces, including the undersides, should be visibly clean with no blood, body substances, dirt, dust, or adhesive tape	Weekly	Weekly and as soon as possible if contaminated	All items under this category must be functional and intact.
Equipment Brackets	All parts of the bracket, including the undersides, should be visibly clean with no blood, body substances, dirt, dust or adhesive tape	Weekly	Weekly and as soon as possible if contaminated	
Fire Extinguisher	All surfaces, including the undersides, should be visibly clean with no blood, body substances, dirt, dust or adhesive tape	Weekly	Weekly and as soon as possible if contaminated	
Floor	The entire floor, including all edges, corners and the main floor spaces, should be visibly clean with no blood, body substances, dirt, dust or adhesive tape	Daily	Daily and when heavily soiled or contaminated with blood and/or body fluids	

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Floor Mounted Stretcher Locking Device/Chair Mounting	All surfaces, including the undersides, should be visibly clean with no blood, body substances, dirt, dust or adhesive tape	Weekly	Weekly and as soon as possible if contaminated	
Hand Rails	All parts of the rail, including the undersides, should be visibly clean with no blood, body substances, dirt, dust or adhesive tape	Daily	Clean rails that have been touched after every patient  Clean all rails weekly	
Heating Ventilation Grills	The external part of the grill should be visibly clean with no blood, body substances, dirt, dust, spillages or adhesive tape	Weekly	Weekly and as soon as possible if contaminated	
Walls	All wall surfaces should be visibly clean with no blood, body substances, dirt, dust or adhesive tape	Daily	Daily and as soon as possible if contaminated	
Windows	All interior glazed surfaces should be visibly clean and smear free with no blood, body substances, dust, dirt, debris or adhesive tape.  A uniform clean appearance should be maintained	Weekly	Weekly and as soon as possible if contaminated	
Work Surfaces	All surfaces should be visibly clean with no blood, body substances, dirt, dust, spillages or adhesive tape	Daily	After every patient	

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Waste Receptacles	The waste receptacle, including the lid, should be visibly clean with no blood, body substances, dirt, dust, stains, spillages or adhesive tape	Daily	Daily and as soon as possible if contaminated	
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**Approved:**Carl H. Schultz, MD  
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OCEMS Assistant Director

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