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Ord. No. O-06-33

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**ORDINANCE NO. O-06-33**

**AN ORDINANCE CLARIFYING PROCEDURES FOR AMBULANCE SERVICE D.C. IN THE CITY OF CONWAY; CONFIRMING THE AWARD OF AN EXCLUSIVE FRANCHISE TO METROPOLITAN EMERGENCY MEDICAL SERVICE (MEMS) TO PROVIDE ADVANCED LIFE SUPPORT (ALS) AND BASIC LIFE SUPPORT (BLS) AMBULANCE SERVICE ON A FEE FOR SERVICE BASIS IN THE CITY OF CONWAY; REPEALING ANY OTHER ORDINANCES IN CONFLICT, INCLUDING CHAPTERS 4.08 AND 4.09 OF THE CONWAY MUNICIPAL CODE; DECLARING AN EMERGENCY; AND FOR OTHER PURPOSES**

WHEREAS, the City of Conway is authorized, pursuant to A.C.A. § 14-43-601 and A.C.A. § 14-266-105, to enact and establish standards, rules, or regulations concerning emergency medical services, emergency medical technicians, ambulances, and ambulance companies; and

WHEREAS, the City of Conway is authorized pursuant to A.C.A. § 14-266-102(b) to contract exclusively or otherwise, using competitive procurement methods, for the provision of emergency medical services and ambulance services for the city and to provide continuing supervision of those services; and

WHEREAS, A.C.A. § 14-266-102 grants cities of the first class broad authority regarding emergency and nonemergency medical services; and

WHEREAS, on January 19, 2004, the City Council for the City of Conway adopted Resolution No. R-04-02, in which it awarded an exclusive franchise to MEMS to provide an advanced life support (ALS) ambulance service on a fee for service basis in the City of Conway for a term of five (5) years.

**NOW, THEREFORE BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF CONWAY, ARKANSAS, THAT:**

**SECTION ONE: Ambulance Service. Definitions:**

The following words, terms and phrases, when used in this article, shall have the meanings ascribed to them in this section, except where the context clearly indicates a different meaning:

*Advanced Life Support (ALS)* means a level of emergency services provided by an emergency Medical Technician-Paramedic (EMT-P) trained at the level of Advanced Life Support, including resuscitation techniques such as intubations, intravenous access and cardiac monitoring.

*Ambulance* means any motor vehicle equipped with facilities to convey infirm or injured persons in a reclining position.

*Ambulance authority or the authority* means the city council for the City of Conway. The ambulance authority includes the Metropolitan Emergency Medical Service, or "MEMS".

*Ambulance contractor or contractor* means the private ambulance company, if any, that contracts with the authority to provide ambulance services to the city operating alone or pursuant to any interlocal agreements approved by the mayor and/or city council with the county, adjoining counties and other municipalities within the counties.

*Ambulance control center* means the facility designated by the authority from which all ambulance are dispatched and controlled.

*Ambulance district* means any of the geographic subdivisions of the city and other contracted areas established for ambulance service planning and evaluation purposes by the ambulance authority.

*Ambulance patient* means any person who is ill, infirm, injured or otherwise incapacitated, bedridden or helpless and requires or requests ambulance service or helicopter rescue service to or from a hospital, physician's office, nursing home or other health care facility.

*Ambulance personnel* mean paramedics and emergency medical technicians.

*Ambulance run* means a patient transport by ambulance on a for-hire fee for service or prepaid capitation basis

*Ambulance service* means any business or service established to transport patients from one (1) place to another within the city or other contracted areas by an ambulance.

*Ambulance service area* means that area which is contained within the boundaries of the municipal limits of the city and the area of those jurisdictions participating by interlocal agreement in the MEMS' System.

*Arkansas Emergency Physicians I Foundation or AEPF, Inc.* means the nonprofit professional and charitable organization composed of licensed Physicians, a majority of whom are regularly engaged in the full-time professional practice of emergency medicine. This term may apply to this organization, or any similar organization, or a separate board created by the city.

*Base station physician* means a physician licensed under the Arkansas Medical Practices Act (A.C.A. § 17-93-201, et seq.), and certified by the AEPF, Inc., or the American College of Emergency Physicians, or operating under the suspension of such a physician.

*Basic Life Support (BLS)* means a level of emergency service provided by an Emergency Medical Technician (EMT) that includes basic techniques such as bleeding control, simple airway maneuvers and administration of oxygen.

*Dispatcher* means any person who works in the ambulance control center and dispatches ambulances.

*Driver* means any person who is certified by the license officer to drive ambulances in the city.

*Emergency medical technician or EMT* means any person certified by the state as an emergency medical technician.

*Exclusive franchise* means the exclusive right to engage in all emergency and non-emergency intracity patient transports and intercity and intracounty patient transports originating from within the city. This definition also includes the authority's operating area as established by interlocal agreement.

*First responder* means any person capable of providing qualified first responder emergency services required by the AEPF, Inc.

*Intercity patient transport* means an ambulance run which transports a patient from a point within the city to another city, or from another city to a point inside the city.

*Intracity patient transport* means an ambulance run which transports a patient from one point to another within the city.

*License officer* means the authorized agent of the city.

*Life-threatening emergency* means any situation posing immediate threat to human life as determined in accordance with AEPF, Inc. protocols.

*Medical audit* means an official inquiry into the circumstances involving an ambulance run or request for service.

*Medical control* means medical direction given ambulance personnel by a base station physician through direct voice contact.

*Medical protocol* means any diagnosis-specific or problem-oriented written statement of standard procedure, or algorithm, approved by the AEPF, Inc. as the normal standard used to determine level of response, pre-arrival instruction, and of pre-hospital care for that given clinical condition.

*Non-life threatening emergency* means an emergency situation which does not pose an immediate threat to human life as determined in accordance with AEPF, Inc. protocols.

*Operations contractor* means the person, if any, granted an exclusive contract by the ambulance authority to operate the city ambulance service system.

*Paramedic* means a person certified by the slate as a paramedic.

*Response time* means the actual elapsed time between receipt of notification at the EMS control center that an ambulance is needed at an identifiable location and the arrival of an ambulance at that location.

*Run Code 1-Presumptive designation* means any ALS ambulance service request designated as a time critical, life-threatening emergency situation by a dispatcher as designated in accordance with AEPF, Inc. telephone and dispatch protocols.

*Run Code 2-Presumptive designation* means any ALS ambulance service request designated by the dispatcher as an emergency medical condition for which prompt response is appropriate for medical and humanitarian reasons, but which apparently involves no immediate threat to human life of a time-critical nature as designated in accordance with AEPF, Inc. telephone and dispatch protocols.

*Run Codes, other-Presumptive designation* means any ambulance service request for ambulance transportation of a person whose apparent condition cannot appropriately be designated as either code 1 or 2 as designated in accordance with AEPF, Inc. telephone and dispatch protocols. This includes routine non-emergency transports. The response to this ambulance service request may be either ALS or BLS, as designated in accordance with AEPF, Inc. telephone and dispatch protocols.

*Senior paramedic in charge* means that individual among the certified personnel on board an ambulance unit who is not the driver and who is a paramedic currently certified under state law, and who is designated by his employer or immediate supervisor as the individual in command of the ambulance and its operation.

*Special use permit* means a permit issued by the license officer to hospitals serving the public for the provision of specialized mobile intensive care services to clinically defined patient populations (such as neonatal transport), and permits issued pursuant to Section 21, subsection (c).

*System status management* means the formal and orderly process of continuously locating ambulance units available for dispatch among post locations throughout the geographic area being served to maintain the best possible readiness configuration at all times.

**SECTION TWO:** Exclusive franchise recognized.

By resolution adopted by the city council on January 19, 2004, the City of Conway has awarded an exclusive franchise to MEMS to provide an advanced life support (ALS) ambulance service on a fee for service basis in the City of Conway for a term of five (5) years. Said resolution is hereby ratified and confirmed in all respects.

**SECTION THREE: Purpose and general intent.**

(a) Purpose. It is the purpose of this article to establish a regulated ambulance service system that can provide each ambulance patient with the best possible chance of survival without disability or preventable complication.

(b) General intent. It is the intent of the city council of the city that:

(1) Exclusivity is mandatory because it is neither fair nor financially feasible require a high level of emergency performance from one (1) ambulance company while simultaneously allowing other ambulance companies to select certain preferred non-emergency business.

(2) Substantive regulation requiring clinical excellence and citywide lifesaving response time performance cannot reasonably be imposed on an unsubsidized ambulance company without simultaneously granting that ambulance company an exclusive contract to furnish all ambulance service, both emergency and nonemergency, to residents of the city.

(3) The ambulance authority may select a private ambulance company for an exclusive contract to provide ambulance personnel to operate the ambulance service in the city. The ambulance company shall provide the ambulance personnel necessary to operate the equipment owned by the authority and to provide those management functions delegated to it under contract by the ambulance authority. The ambulance authority shall own, or serve, as a primary lessee of all ambulance and communication equipment, do all billings and collections and shall provide all administrative oversight for the ambulance service system. Nothing in this paragraph shall prevent the ambulance authority from operating the ambulance service and providing its own personnel.

(4) This article will:

- (a) Furnish bona fide monitoring and medical control of present ambulance operations.
- (b) Allow the city to contract with Arkansas Emergency Physicians' Foundation to develop written medical standards, protocols, controls, audits, and system evaluation and to provide complete medical control over and evaluation of the city ambulance service system.
- (c) Require the development of a first responder program.

(5) The ambulance authority shall be required to:

- a) Designate a single EMS control center in the city or county from where all ambulance dispatching shall take place.
- b) Purchase an appropriate complete communication and recording system
- c) Design the communication system and control center operation to allow for full time recording of all ambulance-related radio and telephone traffic.

**SECTION FOUR:** Operation on fee or for-hire basis.

Except as provided herein, no person, or entity, public or private, shall operate an ambulance to transport the sick, injured or infirm on a fee or for-hire basis, regardless of whether an emergency or routine nonemergency patient transport, upon any street within the city or other contracted areas.

**SECTION FIVE:** Exemptions.

An ambulance service license shall not be required for ambulance services which are:

- (1) Owned and operated by an agency of the United States government.
- (2) Rendering requested assistance to ambulance currently licensed in cases of disaster or major emergency too great for local resources, or in response to provisions of a written mutual aid agreement approved by the ambulance authority.
- (3) Engaged in intercounty or intercity patient transport to or from facilities within the city and its franchise area extended by interlocal agreement but which ambulance run begins and ends anywhere outside the city and its franchise area.
- (4) Rendering ambulance services under contract with the authority.
- (5) Private companies which use an ambulance solely for the transportation of their employees for illness or injury sustained while performing their work.
- (6) Operating a privately owned ambulance designed especially for the transportation of the infirm or physically handicapped where the ambulance is used solely for the benefit of the owner and not for hire on a fee for service or prepaid basis.
- (7) Ambulances owned and operated by a licensed hospital and used exclusively for specialized mobile intensive care or for institutional transfers of their own admitted patients, or residents, provided such hospital shall apply for and receive a special use mobile intensive care license or be eligible for grandfather licensing, as provided for herein. Such special use permit is non-transferable by the hospital.

**SECTION SIX:** Medical director generally.

The medical director shall be a licensed physician selected by the AEPF, Inc., or a similar organization. He or she shall serve at the pleasure of same.

**SECTION SEVEN:** Intracity ambulance service.

It shall be unlawful for any person, or entity public or private, to operate an intracity ambulance service which provides emergency or nonemergency prehospital care or patient transports except as specifically allowed pursuant to the provisions of this article.

**SECTION EIGHT:** Deviation from medical protocol.

Base stations physicians may, for cause, deviate from approved medical protocol in a specific case where authorized deviation is warranted by special circumstances.

**SECTION NINE:** Control by the city council.

The authority is authorized to operate the city ambulance service system under the supervision and control of the city council.

**SECTION TEN:** Management options and mandatory requirements

(a) Mandatory requirements for exclusive contract method are as follows:

(1) The ambulance authority shall operate, or cause to be operated, a licensed ambulance service system for the city, and for neighboring areas, if appropriate contractual relationships can be developed with those neighboring areas for the equitable sharing of equipment costs, operating costs, medical costs, control and audit costs and management costs. The service operated by the authority shall have the following characteristics:

a. The services rendered must at all times be in compliance with the provisions of this article.

b. All emergency equipment utilized in this service must be owned by or leased to the authority as primary lessee.

c. All billing or collection functions, including but not limited to all legal proceedings which are necessary, shall be performed by the authority.

The authority shall own, or be the primary lessee of, all ambulance and communication equipment, do all billings and collections and shall provide administrative oversight for the ambulance service system. The AEPF, Inc. shall provide all medical advice, medical control, medical audit and medical oversight.

**SECTION ELEVEN:** Physician supervision and medical quality control

(a) Advisory contract. The mayor may contract with AEPF, Inc. or any similar organization to provide medical advice to the authority and physician supervision and medical quality control over the city ambulance service system.

(b) AEPF Inc. generally.

(1) Powers and duties. The powers and duties of the AEPF, Inc. are generally to provide the authority with information about the necessary elements of the city ambulance service system and to:

- a. Establish reasonable standards of production and patient care, including standards for vehicles and on-board equipment.
- b. Make official recommendations to the authority and to the city council.
- c. Establish medical protocols.
- d. Establish standards, procedures and protocols for the operations of the EMS control center.
- e. Establish procedures and protocols for first responder medical care.
- f. Establish standards and procedures governing the reliable provision of twenty-four-hour medical control.

(2) Medical audits.

- a. The AEPF, Inc., or similar organization, shall perform medical audits when requested by the license officer, at the request of the authority, the mayor, any member of the city council, any certified paramedic, any licensed physician, or any member of the authority in accordance with the terms and conditions of its contract with the city.
- b. A medical audit performed upon the request of an authorized party and which is related to a particular incident, rather than to a concern about a general protocol or system procedure, shall be initiated by a review of all tape recordings, dispatch records, patient report forms, and hospital records related to that incident. If, in the opinion of the auditing physician, additional inquiry or action is appropriate, an oral review of the matter shall be conducted by the auditing physician. The person whose performance is the subject of such audit shall be notified of the time and place of such oral review, and the person whose performance is the subject of the audit may not be excluded for the oral review.
- c. 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.

(3) Medical director. The medical director shall implement the policy established by the AEPF, Inc. and upon approval of the AEPF, Inc. and the authority, may appoint an assistant to the medical director who shall serve in that capacity at the pleasure of the medical director.

(4) Annual report. The medical director and the chairman of the authority shall make a written report to the board of directors on January 1 of each year detailing the status of the ambulance service system.

(c) Radio communication.

(1) The ambulance authority shall ensure that at all times its field personnel have direct access by reliable radio communications to medical consultation and direction concerning the care of patients in the field. To ensure that reliable medical communications exist at all times and to ensure that all medical communications are appropriately monitored for backup purposes, the ambulance authority shall furnish or otherwise acquire reliable medical communications system.

(2) All medical control radio traffic shall be continuously recorded by the ambulance control center. All tapes shall be retained for one hundred twenty (120) days and may then be recycled.

(d) Run reports and audits. A copy of the approved run report form, approved by the ambulance authority, shall be left with the emergency receiving facility to which each patient is delivered. The receiving facility physician may request a medical audit to be performed relative to the prehospital or interhospital care of that patient. Ambulance personnel involved directly in the handling of an audited case after notification from the medical director shall attend the audits of that case. Failure to attend the medical audit proceedings without good cause is grounds for disciplinary action by the executive director.

(e) Appeals. The AEPF shall make their findings and recommendations to the director of operations, who shall be responsible for any disciplinary action taken against ambulance personnel. Such action may be appealed to the executive director. In the case of fire department first responders, the AEPF shall make their findings and recommendations to the fire chief, who shall be responsible for any disciplinary action taken against fire department personnel, in accordance with the city personnel policy and departmental rules and regulations.

**SECTION TWELVE:** Standards of production and performance.

The ambulance authority shall follow the following as minimum standards:

(1) Equipment and management capability. Each and every ambulance and all onboard equipment utilized by the authority in performing services which are the subject of this article shall comply with applicable standards required for licensure. The authority shall maintain the equipment and shall employ sufficient backup equipment to ensure that a safe level of reserve equipment capacity is available to provide peak period ambulance coverage even at times when unusual occurrences of equipment breakdown and routine equipment maintenance coincide.

(2) Personnel. The authority shall ensure:

- a. That two (2) persons certified under state law are on board each ambulance on ALS (code 1 or 2) ambulance runs or available for dispatch, at least one (1) of which is certified as a paramedic, and the other of which is certified as a paramedic or emergency medical technician (EMT).
- b. If only one (1) person on board is a certified paramedic, that person shall not function as the driver while the patient is on board. Every BLS ambulance subject to regulation under this article is required to have on board two (2) EMT's, one to drive and the other to attend. The authority shall establish and maintain sufficient management capability to ensure that equipment and personnel utilized are managed in an efficient and effective manner to produce the desired clinical performance and response time performance on a routine basis.

(3) Clinical performance. The clinical performance of the authority and its personnel shall be consistent with and shall conform to the operating procedures and medical protocols adopted by the AEPF, Inc. Where clinical performance deficiencies are discovered, the authority shall demonstrate an aggressive and effective effort to correct the deficiencies in a timely manner.

(4) Response time performance. Response time performance standards are as follows:

- a. *Code 1 calls (life threatening emergencies).*
  - i. The fire department shall furnish a diligent good faith effort to manage all available resources to achieve a four-minute maximum response time for a trained first responder to a code 1.
  - ii. The authority shall furnish a diligent good faith effort to maintain an eight-minute (8:59) maximum response time for an advanced life support paramedic ambulance. The authority shall employ enough personnel, acquire enough equipment and manage its resources in the manner necessary to meet the eight-minute

response time standard on not less than ninety (90) percent of all presumptively designated code 1 calls originating each month from within the city limits.

iii. Where an ambulance unit is dispatched from a nontransporting first-response-only status its response time may be counted as the authority ambulance response time even though the patient was transported by a different ambulance. In addition, the response time of a neighboring ambulance service responding by mutual aid request may also be counted as the authority's ambulance response time, provided the level of life support capability furnished by the neighboring ambulance service is comparable to that required under this article, as determined by the AEPF, Inc., and provided that reliance upon neighboring ambulance service operators is only an occasional event and not a routine method of operation of the authority.

- b. *Code 2 calls (non-life threatening emergencies).* The authority shall establish a 12-minute (12:59) advanced life support paramedic ambulance response time standard for code 2 calls on not less than ninety (90) percent of all presumptively designated code 2 calls originating each month from within the city limits.
- c. *Other run codes (non-life threatening).* The authority's response to other run codes shall be reasonable, but in every case where a conflicting demand for resources occurs, response to code 1 and code 2 calls shall take precedence over requests for other service requests. Furthermore, the authority shall display sound judgment in developing its system status management plans to preserve a safe level of emergency response capability at all times by delaying response to requests for nonemergency service until additional ambulance units become available whenever the number of remaining ambulance units available for dispatch falls below a reasonably established safe level of emergency reserve capacity, as determined by historical demand analyses.
- d. *Retrospective designation.* For purposes of this subsection, the designation of a run as code 1, code 2, or other shall be made by the authority's system status management personnel at the point of dispatch on a presumptive basis and no retrospective alteration of such designation shall be allowed. However, runs originally designated as code 2, or other maybe retrospectively redesignated upward by the executive director, if the executive director disputes the original designation, and the authority board requests a determination from the AEPF who then reviews and determines that the original designation was improper, given the information available to the EMS control center personnel at the time of the presumptive designation of the run code type.

- e. *Exempt calls.* Certain types of calls may be excluded as specified by the medical director and the executive director on a standard form signed by both. Such records are maintained in the office of the operations manager.
- f. *Community response time.* In addition to the response time performance standard required under this section for run code 1 and run code 2 calls, the authority shall furnish and manage its resources in the manner necessary to provide reliable emergency and nonemergency ambulance service throughout the entire city and shall perform its system status management and system status planning operations so as to minimize the differences in the respective average emergency-response-time performances among the various ambulance districts of the city to the greatest practical extent. In addition, the authority shall take such steps as necessary to reduce or eliminate any continuing pattern of apparent discrimination in the average response time performance to any given ambulance district or portion thereof.

(5) Continuous physician medical control required. The authority shall be responsible for ensuring that its field personnel at all times have access to qualified medical control and direction concerning the care of patients in the field by a base station physician or nurse. All medical control and direction shall be available by reliable radio communications, according to the communications standards and other standards of medical control set forth herein.

(6) Data systems and reporting. The ambulance authority shall comply at all times with the data system and reporting standards required by the AEPF, Inc. and applicable statutes.

(7) In-service training program required. The authority is required to furnish or otherwise make available without charge to its employees an in-service training program which conforms to the standards for in service training adopted by the AEPF, Inc. All ambulance personnel are required to attend these in-service training programs in accordance with the guidelines promulgated by the AEPF, Inc.

(8) Fully centralized dispatch required. All dispatching movements of ambulance units subject to regulation under this article shall be directed from the designated EMS control center. It is unlawful to dispatch or control any ambulance unit subject to regulation under this article from any location other than the designated EMS control center. At all times, the EMS control center shall have full authority to direct the positioning, movements and run responses of all manned ambulance units, and to activate on-call crews following the then current system status management procedures.

(9) Refusal to render emergency care prohibited. It is a violation of this article to fail to respond to a call to provide emergency ambulance service, to render first-aid treatment as is necessary, or to otherwise refuse to provide any emergency ambulance services within

the scope of the ambulance operations, provided that these services are not required if the patient refuses to consent to treatment.

**SECTION THIRTEEN:** First responder program.

(a) The city will continue to provide "emergency first responder" program and personnel, provided this service shall maintain at least EMT certification, as certified by the state health department.

(b) The ambulance authority's communication center personnel shall request first responder units provided by the city. The fire department will maintain control over the use of fire apparatus as first responders, and shall be advised by the ambulance system dispatch personnel as to the need for such "first responder" response. The director of operations or his designee shall be advised by the Conway Fire Department's officer in charge or their designee of the nonavailability and resumption of availability of first responders. The fire department shall retain control over the decision to divert fire apparatus from first responder activity in the event such units are needed for fire purposes.

(c) The ambulance authority shall make its training program available to first responder programs. The city will use its best efforts to have its first responder personnel avail themselves of this training.

(d) The ambulance authority, at the option of the city, will bill its patients for the first responder expendable use and replace such expendables on a one-for one basis.

(e) The ambulance authority will fully cooperate with the city's communication center in establishing radio monitoring capability of the ambulance service system's activities and all necessary communication linkages between the various emergency provider organizations' operations.

**SECTION FOURTEEN:** Vehicle permits.

(a) It shall be unlawful for any person subject to regulation by this article to operate an ambulance or helicopter service unless a currently valid state vehicle permit has been issued.

**SECTION FIFTEEN:** Ambulance and dispatch personnel certification, etc., required.

(a) General requirements for ambulance personnel. Every ALS ambulance subject to regulation under this article is required to have on-board each ambulance unit at least two (2) personnel certified under these regulations. At least one (1) person must be certified

as a paramedic and the other person must be certified as both driver and as either a paramedic or an emergency medical technician (EMT). If an ambulance unit is manned by one (1) paramedic and one (1) EMT, the EMT shall serve as driver even if both persons possess ambulance driver certifications. In such cases, the paramedic shall be responsible for directing patient care and ambulance operations in general at all times. If two (2) paramedics serve on the same unit, one (1) shall be designated as senior paramedic in charge, by the director of operations or the shift supervisor. Every BLS ambulance subject to regulation under this article is required to have on board two (2) EMT's, one to drive and the other to attend. No person shall be employed or otherwise permitted to drive or attend ambulances subject to this chapter, unless he shall hold a currently valid state certification and is nationally registered as a paramedic, or EMT. It shall be unlawful for any person to serve on an ambulance or helicopter rescue unit as ambulance personnel unless that person has in his possession a currently valid state license and is approved for work by the AEPF, Inc.

(b) Dispatchers.

(1) General responsibilities for dispatcher. Any person employed for the purpose of receiving telephone or other requests for ambulance service and for dispatching ambulances in the city ambulance service system is required to receive emergency medical dispatch training as provide by or equal to that provided by the authority.

**SECTION SIXTEEN:** Insurance.

(a) The authority shall maintain the following insurance:

(1) Automobile liability insurance in an amount not less than one hundred thousand dollars (\$100,000.00) for injury to or death of, one (1) person, by reason of the carelessness or negligence of the driver of such ambulance, and three hundred thousand dollars (\$300,000.00) for injury to, or death of, more than one (1) person, resulting from any single accident, by reason of the carelessness or negligence of the driver of such ambulance, and fifty thousand dollars (\$50,000.00) for damage to property resulting from any single accident, by reason of the carelessness or negligence of the driver of such ambulance, issued by an insurance company licensed to do business in the state for each and every ambulance owned or operated, or both owned and operated by the ambulance authority, providing for the payment of damages:

a. For injury to or death of individuals in accidents resulting from any cause for which the owner of the vehicle would be liable on account of liability imposed on him by law, regardless of whether the ambulance was being driven by the owner or his agent; and

b. For the loss or damage to the property of another under like circumstances.

(2) Uninsured motorist coverage in an amount equal to the bodily injury liability limits asset forth in paragraph (1) above.

(3) Malpractice insurance providing a limitation on each claim of not less than five hundred thousand dollars (\$500,000.00)

(4) A one-million-dollar umbrella policy providing additional coverage to all underlying liability policies.

(b) The insurance policies shall be submitted to the city attorney for approval. Satisfactory evidence that such insurance is all times in force and effect shall be furnished to the city attorney, in such form as he may specify.

(c) 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 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 name assured. Such policy of insurance shall be further conditioned for the payment of any judgments up to the limits of the 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.

(d) Every insurance policy shall extend for the period to be covered by the license applied for, and the insurer shall be obligated to give not less than thirty (30) days' written notice to the insured before any cancellation or termination thereof earlier than its expiration date. 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 is provided and in effect at the time of such cancellation or termination.

(e) Each insurance policy shall name the city, and AEPF, Inc., in addition to the operator of the vehicle.

**SECTION SEVENTEEN: Fees.**

The city and AEPF, Inc., or other similar organization, shall negotiate the fees to be paid for the services provided by AEPF in this article. The city may assess this amount as a fee to be assessed the authority from revenues.

**SECTION EIGHTEEN: Patient management and management of scene.**

Authority for patient management in a medical emergency shall be invested in the senior paramedic. Authority for the management of the scene of a medical emergency shall be vested in the senior paramedic until appropriate public safety officials arrive on the scene and take control. The scene of a medical emergency shall be managed in a manner described to minimize the risk of death or health impairment to the patient and to other persons who may be exposed to the risks as a result of the emergency condition, and priorities shall be placed upon the interests of those persons exposed to the more serious risks to life and health. Public safety officials shall ordinarily consult the senior paramedic in charge at the scene in the determination of relevant risk factors. In the event a licensed physician appears on the scene and desires to assume direction and control of patient care, the licensed physician may do so if the base station physician releases the paramedic from responsibility for directing patient care and the physician who is on scene continues care in the ambulance to the hospital.

**SECTION NINETEEN:** Protocol for determining destination facility.

(a) For all calls designated as other than code 1 or 2, the patient shall be delivered to the destination of the patient's choice. However, in case where the patient is incompetent or unable to make a choice, the patient shall be delivered to the destination requested by the appropriate party acting on behalf of the patient.

(b) For all calls designated as code 1 or code 2 calls, or which, during the course of a transfer become a code 1 call, the patient shall be delivered to the destination of the patient's choice. However, if the patient is incompetent or unable to make a choice, the patient shall be delivered to the destination requested by the appropriate person acting on behalf of the patient. If no requested destination can be determined, the patient shall be delivered to the nearest medically appropriate emergency receiving facility.

(c) No code 1 or code 2 patients shall be delivered to an emergency receiving facility when that facility has informed the EMS control center that its emergency receiving capabilities are then temporarily overloaded or are for any reason temporarily inappropriate for receipt of code 1 or code 2 patients. The EMS control center shall maintain sufficient communications with all hospitals so that all overload conditions are known to the control center and shall communicate this information to the paramedic operating in that general area, prior to the occurrence of an emergency incident where this information will be needed.

(d) No code 1 or code 2 type patients shall be delivered to an emergency receiving facility which does not have twenty-four-hour physician coverage of emergency services.

(e) Other provisions of this section notwithstanding, for calls retrospectively designated as code 1, the patient shall be delivered to the appropriate emergency receiving facility in conformance with disease-specific or problem-specific transport protocols then currently in effect and approved by the AEPF, Inc.

**SECTION TWENTY:** Medical audit and investigation of consumer complaints.



(a) The medical audit process shall be conducted under the supervision of the medical director and each medical audit hearing shall be directly supervised by a physician appointed by the medical director pursuant to the terms and conditions of the contract between the city and AEPF, Inc., or other similar organization. A medical audit shall be performed at the request of the executive director, the chairman of the authority, the mayor, any member of the city council, any certified paramedic, any licensed physician, or any member of the ambulance authority board.

(b) In addition to medical audits performed upon request, the AEPF, Inc. shall also conduct additional selected audits chosen on a diagnosis specific or problem-oriented basis to periodically assess the ambulance service system's ability to deal effectively with specific clinical conditions. These audits shall be periodically performed by reviewing random selection of cases of each type desired. Furthermore, AEPF, Inc. physicians may periodically ride as observers on ambulances to directly observe care rendered, and such observations shall be a form of medical audit for evaluation purposes.

(c) The executive director and the AEPF, Inc. shall establish procedures for formal investigation of consumer complaints. The authority and its employees shall cooperate fully with all investigations, and shall answer, in writing, if requested, any inquiries by the AEPF, Inc. concerning such investigations. The chairman of the authority or the executive director may instruct the staff of the authority to conduct an investigation on their behalf.

(d) If, as a result of findings from a medical audit process, the AEPF, Inc. believes that a certified paramedic or EMT should have his state certification revoked, suspended, or subjected to special restrictions as necessary to protect the public health and safety, a written recommendation shall be made to the executive director. He shall make any additional necessary investigation and shall then determine and implement any necessary and appropriate action.

#### **SECTION TWENTY-ONE: Provision for special use licensure.**

(a) Upon application to and approval by the AEPF, Inc. special use licenses may be issued to licensed hospitals for provision of specialized mobile intensive care services, and to private companies for purposes restricted to the emergency care and transport of the company's own employees.

(b) Applicants for specialized mobile intensive care licensure must be hospitals, departments of hospitals or the ambulance authority.

(c) Central Arkansas Radiation Therapy Institute (CARTI) is granted a limited special use permit for purposes of continuing their transportation of CARTI patients from, and returning to, CARTI facilities. Such permits for this medically necessary transportation may be restricted under this article depending upon the extent of future expansion of these services.

(d) Applications for such specialized licensure shall be made on such forms as may be described, prepared, or prescribed by the license officer, and shall contain the information as is necessary and appropriate to all an informed judgment on the request by the AEPF, Inc. No fee shall be required for the processing of application for such special licensure.

(e) The AEPF, Inc. shall not arbitrarily or without cause withhold its authorization for the issuance of a special license, provided, however, that licenses so issued shall be clearly restricted to the special purposes defined herein, and provided there exists a clinical necessity for the special service to be offered, and provided that in the case of such special licensure for purposes other than specialized mobile intensive care, the applicant is able to demonstrate compelling reasons for allowing the draining off of fee for service revenues which would otherwise be available to support advanced life support production capacity to serve the city and other contracted areas. However, because the population served by the city ambulance service system is, at best, too small to optimize advanced life support service economies of scale, the mere presence of a desire to operate a transfer service which does not provide specialized mobile intensive care shall not, by itself, constitute a compelling reason to allow the draining off of needed financial resources to support essential advanced life support production capacity.

**SECTION TWENTY-TWO:** Conflict of interest.

It shall be unlawful to be employed or act as a paramedic, EMT, EN, dispatcher, or an ambulance driver while simultaneously being employed by or representing any other person engaged in the provision of the usual services of a funeral home, mortuary, or undertaking concern.

**SECTION TWENTY-THREE:** Penalty.

Any person convicted of a violation of any of the provisions of this article shall be fined not less than fifty (\$50.00) nor more than five hundred (\$500.00) dollars. Each day that any violation of, or failure to comply with, this article is committed or permitted to continue shall constitute a separate and distinct offense under this section and shall be punishable as such hereunder. Each ambulance run unlawfully performed shall be considered a separate offense. Each hour of illegally rendered standby services shall be considered a separate offense. Each incident of willful falsification of data by a licensee shall be considered a separate offense. Each ambulance run for which records are willfully omitted shall be considered a separate offense. Each instance of willful participation in the committing of an offense by an individual working as a paramedic, EMT, or dispatcher shall also be considered a separate offense.

**SECTION TWENTY-FOUR:** That any ordinances in conflict herewith, including Chapters 4.08 and 4.09 of the Conway Municipal Code, are hereby repealed to the extent of that conflict.

**SECTION TWENTY-FIVE:** That this ordinance is necessary for the protection of the peace, health and safety of the citizens of Conway, and therefore, an emergency is

declared to exist, and this ordinance shall go into effect from and after its passage and approval.

**PASSED** this 28<sup>th</sup> day of March, 2006.



**Mayor Tab Townsell**

**ATTEST:**



**Michael O. Garrett**  
**City Clerk/Treasurer**