

Ordinances Governing  
**AMBULANCE SERVICE**  
in the  
CITY OF ARLINGTON  
TEXAS

Amended by Ordinance No. 08-069  
(August 19, 2008)

(Chapter Designator: AMBULANCE)

ORDINANCE HISTORY

<u>Number</u>	<u>Date of Adoption</u>	<u>Comments</u>
89-67	06/06/89	<b>Article III, Section 3.02</b> , allowing the operation of a pediatric/neonatal transport service without a certificate.
94-106	07/12/94	Repeal of existing Chapter and adoption of a new one.
<a href="#">98-02</a>	01/06/98	Amend <b>Article V, Section 5.02</b> , <u>Certificate Holder's Records and Reports</u> , relative to the certificate holder's annual statement; amend of <b>Article VII, Section 7.04</b> , <u>Permit Card - Renewal and Fee</u> , relative to renewal of permit card; amend of <b>Section 7.06</b> , <u>Suspension or Revocation of Ambulance Personnel Permit, Subsection (A)(3)</u> , relative to a requirement for ambulance personnel to remain continuously employed by an ambulance service having a certificate of public convenience and necessity.
<a href="#">99-105</a>	08/31/99	Amend <b>Article I, Definitions, Section 1.01</b> , <u>Definitions</u> , relative to the deletion of the definition of "Certificate"; Amend <b>Article III, Non-Emergency Ambulance Service Certificate of Public Convenience and Necessity</b> , relative to replacement of certificates with contract; Delete <b>Article IV, Non-Emergency Ambulance Service Permits</b> , and renumber remaining articles; Amend <b>Article V, Non-Emergency Ambulance Service Records</b> , relative to elimination of certificate reference; Amend <b>Article VI, Non-Emergency Ambulance Service Standards for Operation and Equipment, Section 6.01, Operating Regulations</b> , relative to ambulance staffing; Amend <b>Section 6.03</b> ,

ORDINANCE HISTORY

<u>Number</u>	<u>Date of Adoption</u>	<u>Comments</u>
		<p><u>Inspection of Equipment, Subsection (C)</u>, relative to a reference to Ambulance Chapter; Amend <b>Article VII, Emergency and Non-Emergency Ambulance Service Personnel, Section 7.04, Permit Card - Renewal and Fee, relative to elimination of references to certificates; Amend <b>Section 7.06, Suspension or Revocation of Ambulance Personnel Permit, Subsection (A)</b>, relative to removal of certificate reference; Amend <b>Article VIII, Emergency Ambulance Service General Rules and Regulations, Section 8.01, Radio Dispatch Procedures, Subsection (C)</b>, relative to change in article reference; Amend <b>Article IX, Emergency Ambulance Service, Section 9.01, Policy</b>, relative to addition of non-emergency ambulance service; <b>Section 9.02, Authorization Required</b>, relative to the addition of non-emergency; Amend <b>Section 9.03, Exceptions</b>, relative to elimination of the word emergency; Amend <b>Section 9.04, General Standards, Subsection (A)</b>, relative to deletion of emergency; Amend <b>Section 9.04, Subsection (B) (1)</b>, relative to the addition of non-emergency; Amend <b>Section 9.04, Subsection (B) (3)</b>, relative to elimination of the word emergency; Amend <b>Section 9.04, Subsection (B) (8)</b>, relative to penalties; Amend <b>Section 9.11, Insurance</b>, relative to increases in insurance requirements; Amend <b>Article X, Purpose</b>, relative to a more efficient system; Amend <b>Article XII, Violations; Penalties, Section 12.01, Unlawful Operations and Prohibited Acts, Subsection (A) (8)</b>, relative to chapter reference; Amend <b>Section 12.01, Subsection (A) (9)</b>, relative to</b></p>

ORDINANCE HISTORY

<u>Number</u>	<u>Date of Adoption</u>	<u>Comments</u>
		chapter reference; Amend <b>Section 12.01, Subsection (A)(10)</b> , relative to chapter reference.
<a href="#">00-125</a>	10/31/00	Amend <b>Chapter</b> providing for the appointment of an independent contractor medical director; providing for insurance coverage required for an ambulance provider.
<a href="#">01-063</a>	06/12/01	Amend <b>Article I, Definitions, Section 1.01, Definitions</b> , by the amendment of the definitions of "Life Threatening Emergency", "Non-Emergency Ambulance or Non-Emergency Ambulance Call", "Nonlife-Threatening Emergency", "Response Time", and "Unscheduled Non-Emergency"; Amend <b>Article IV, Ambulance Service, Subsection 4.03(B)</b> ; Amend <b>Article V, Emergency Medical Service Personnel, Subsection 5.09(B)</b> ; Amend <b>Article VIII, Violations; Penalties, Subsection 8.01 (A)(12)</b> .
<a href="#">04-040</a>	05/11/04	Amend <b>Article III, Emergency Physicians' Advisory Board, Section 3.02, Board, Qualifications</b> , relative to the appointment of board members.
<a href="#">08-069</a>	08/19/08	Amend <b>Article I, Definitions, Section 1.01, Definitions</b> , by the addition of the definitions of "Ambulance Patient" and "Urgent Pre-Hospital or Time Sensitive Hospital Transfer or Priority 3 Response," and by amending the definition of "Emergency Medical Services (EMS) Dispatch Center" to "City Dispatch Center;" amend <b>Article IV, Ambulance Service, Section 4.01, Policy; Section 4.03, Insurance; Section 4.05, Operating Standards, Subsection (B); Section 4.06, Operating Standards; Section 4.09,</b>

ORDINANCE HISTORY

<u>Number</u>	<u>Date of Adoption</u>	<u>Comments</u>
		<u>Base Station Physician, Subsection (B); Section 4.10, Communications Standards; Section 4.11, Dispatch Procedures; Section 4.12, Use of Emergency Warning Devices; Section 4.15, Provider Records and Reports; amend Article V, Emergency Medical Service Personnel, Section 5.01, Personnel Certification Standards, Subsections (B)(1)(2); Section 5.03, Qualification of Applicants for Ambulance Personnel Certification; Section 5.04, Applications for Emergency Medical Personnel Certification; Section 5.05, City Certification Card - Renewal and Fee; Section 5.06, Display of City Certification Card; Section 5.07, Rules for Ambulance Personnel, Subsections (H) and (J); Section 5.09, Patient and On-Scene Management; amend Article VI, Purpose, Subsection (F); amend Article VII, Assistance by Fire and Police Personnel, Section 7.01, Prior to Ambulance Service; Section 7.02, After Ambulance Arrival; amend Article VIII, Violations, Penalties, Section 8.01, Unlawful Operations and Prohibited Acts, Subsection (A)(6), (7).</u>

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**ARTICLE I**  
**DEFINITIONS**

**Section 1.01 Definitions**

For the purpose of this Chapter, the following words, terms, phrases and their derivations shall have the meanings as set out by this Article:

**"Air Ambulance"** means any aircraft providing ambulance transportation by an air-ambulance provider as defined by law.

**"Ambulance"** means any motor vehicle constructed, reconstructed, arranged, equipped or used for the purpose of transporting patients.

**"Ambulance Call or Ambulance Response"** means the act of proceeding with an ambulance for the purpose of transporting any patient for compensation.

**"Ambulance Patient"** means a person requiring the transportation in a vehicle by a stretcher, gurney or other commonly found emergency medical patient packaging device and the attention and care by ambulance personnel. (Amend Ord 08-069, 8/19/08)

**"Ambulance Personnel"** means persons certified or licensed by the Texas Department of Health at the level of emergency medical technician (EMT), emergency medical technician-intermediate (EMT-I), or emergency medical technician-paramedic (EMT-P) who respond to life-threatening and nonlife threatening emergencies and unscheduled non-emergencies in an ambulance.

**"Ambulance Provider or Provider"** means a person engaged in business as the owner, manager, officer or proprietor of a company, firm or organization who uses ambulances to provide ambulance service.

**"Base Station Physician or On-Line Medical Director"** means a physician licensed to practice medicine in the State of Texas, knowledgeable in the applicable medical protocols, radio procedures and general operating policies of the Arlington, Texas emergency medical services system, and a person from whom emergency medical personnel shall, subject to the provisions of this Chapter, take medical direction in person, by radio or by remote communications device.

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**"City"** means all areas within the corporate limits of the City of Arlington, Texas, and its extraterritorial jurisdiction.

**"City Council"** means the Arlington City Council.

**"City Dispatch Center"** means the central communications center from which all ambulances operating in the City shall be dispatched and controlled. (Amend Ord 08-069, 8/19/08)

**"Driver"** means any individual who drives or attempts to drive any ambulance.

**"Emergency Call"** means any call, received through the 911 system, or by other means, in which the patient's condition is such that a prudent layperson may reasonably believe that an emergency condition may exist.

**"Emergency Medical Services Personnel Certification or City Certification or Emergency Medical Services System Certification"** means the written authorization issued by the License Officer for a designated person to provide medical care or service to any patient to the level approved by the Medical Director.

**"Emergency Medical Services (EMS) System"** means the City Emergency Medical Services System including but not limited to, an independent contractor ambulance provider, an independent contractor Medical Director, First Responders, Emergency Medical Services Dispatch Center, and Arlington hospitals that operate an emergency department.

**"Emergency Medical Technician (EMT)"** means a person certified by the Texas Department of Health as minimally proficient to perform basic life support and as further required by the Texas Health and Safety Code and relevant regulations.

**"Emergency Medical Technician-Intermediate (EMT-I)"** means a person certified by the Texas Department of Health as minimally proficient to provide emergency prehospital care by initiating under medical supervision certain procedures, as regulated by the Texas Health and Safety Code and relevant regulations.

**"Emergency Medical Technician-Paramedic (EMT-P)"** means a person certified by the Texas Department of Health as minimally proficient to provide advanced life support that includes initiation under medical supervision of certain procedures, as regulated by the Texas Health and Safety Code and relevant regulations.

**"Emergency Physicians Advisory Board (EPAB)"** means the Advisory Board empowered to recommend various standards, rules and regulations related to the medical and clinical aspects of ambulance service in Arlington, Texas.

**"Fire Chief"** means the Chief of the Fire Department or his authorized representative.

**"Fire Department"** means the Fire Department of the City of Arlington.

**"First Responder"** means Texas Department of Health certified or licensed emergency medical services personnel who, working under a formal agreement with an emergency medical services ambulance provider, provide immediate on-scene care to ill or injured persons but do not transport those persons.

**"License Officer"** means the Fire Chief or his designee. The person having responsibility for issuing, suspending and revoking EMS personnel certifications, according to standards specified by the Medical Director and consistent with law.

**"Life-Threatening Emergency or Priority 1 Response"** means a situation determined by the dispatcher, in strict accordance with Medical Director approved telephone protocols, which would likely result in the loss or quality of life without immediate intervention. (Amend Ord 01-063, 6/12/01)

**"Medical Audit"** means an official inquiry into the circumstances involving an ambulance run or request for service, conducted by the EPAB or licensed physician designated by the EPAB.

**"Medical Control"** means direction given ambulance personnel and first responders by a Texas licensed physician through direct voice contact or standing written orders.

**"Medical Director"** means the independent contractor licensed physician or independent contractor entity with designated licensed physician contracted by the City to serve as the officer in carrying out the duties and powers in accordance with this ordinance and the Medical Director contract.

**"Medical Protocol"** means any diagnosis-specific or problem-oriented written statement of standard procedure, or algorithm, approved by the Medical Director as the normal standard of prehospital care for a given clinical condition.

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**"Mutual Aid Call"** means a request for emergency ambulance service in accordance with a reasonable and effective mutual aid agreement with a contiguous municipality, corporation or other entity, provided, however, any mutual aid provider must provide for substantially medically equivalent services.

**"Non-emergency Ambulance or Non-emergency Ambulance Call"** means a non-emergency ambulance call in which the patient may require medical observation, monitoring and/or treatment during routine transportation. A determination that a transport is a non-emergency ambulance call may be made by a healthcare professional, based upon the medical needs of the patient and the exigency of the patient's condition. A determination that a transport is a non-emergency ambulance call may also be made by authorized dispatch personnel utilizing presumptive patient condition information and protocols approved by the Medical Director.

**"Non-emergency Ambulance Call or Scheduled Non-Emergency Transfer or Unscheduled Non-Emergency Transfer or Priority 4 or 5 Response"** means a situation determined by the dispatcher, in strict accordance with Medical Director approved telephone protocols, in which the patient is in a stable state of illness and is not acutely ill, requiring medical observation, monitoring and/or treatment during inter-facility transport or transport between a residence where the patient receives ongoing care and a medical facility, for the purpose of routine medical care or diagnostic services. (Amend Ord 01-063, 6/12/01)

**"Nonlife-Threatening Emergency or Priority 2 Response"** means a situation determined by the dispatcher, in strict accordance with Medical Director approved telephone protocols, which requires immediate medical attention but would not likely result in the loss or quality of life without immediate intervention. (Amend Ord 01-063, 6/12/01)

**"Patient"** means an individual who is ill, sick, injured, wounded, or otherwise incapacitated and is in need of or is at risk of needing medical care during transport to or from a health care facility.

**"Person"** means any individual, firm, association, partnership, corporation, or other group or entity or combination of individuals.

**"Police Department"** means the Police Department of the City of Arlington.

**"Response Time"** means the elapsed time from the moment an ambulance is documented in the City's CAD as assigned to a response (or time-stamped if using the manual system) until the dispatched ambulance has arrived at the specific address or location dispatched. In the instance of apartment or business complexes, the ambulance has arrived at the specific address or location when the ambulance actually arrives at the point closest to the specified apartment or business to which it can reasonably be driven. (Amend Ord 01-063, 6/12/01)

**"Senior Paramedic in Charge"** means that person 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.

**"Special Use Permit"** means a permit required, under applicable regulation promulgated by the City or the Medical Director, for the provision of specialized prehospital care.

**"Specialized Emergency Medical Services Vehicle"** means a vehicle designed for transporting the sick or injured by means of air, water or ground, that has sufficient equipment and supplies to provide for the specialized needs of the patient transported, and that is permitted as such by the Texas Department of Health and authorized by Special Use Permits as defined in this Chapter. This includes fixed-wing aircraft, helicopters, boats and ground vehicles.

**"Unscheduled Non-emergency or Urgent Transfer from Healthcare Facility or Priority 3 Response"** means a situation determined by the dispatcher, in strict accordance with Medical Director approved telephone protocols in which there is no emergency or danger that would result in the loss or quality of life without immediate medical intervention. The patient may require medical observation, monitoring and/or treatment during transportation. (Amend Ord 01-063, 6/12/01)

**"Urgent Pre-Hospital or Time Sensitive Hospital Transfer or Priority 3 Response"** situation determined by the dispatcher, in strict accordance with Medical Director approved telephone protocols, in which there is no emergency or danger that would result in the loss or quality of life without immediate intervention but which requires transport by ambulance, or the patient is at an acute care hospital where a physician has determined that the patient's condition warrants immediate transfer to another acute care hospital. (Amend Ord 08-069, 8/19/08)

**ARTICLE II**

**MEDICAL DIRECTOR**

**Section 2.01 Medical Director**

The City shall appoint an independent contractor Medical Director who shall be responsible for the day-to-day affairs of the Emergency Medical System in accordance with this Chapter, the Medical Director contract, and relevant federal, state and local law. The Medical Director shall be a licensed physician with training and experience as a practicing emergency physician or an entity with a designated Medical Director with training and experience as a practicing emergency licensed physician. The Medical Director shall serve for such period of time as shall be prescribed by the City Council by contract. The Medical Director shall be removable in accordance with the contract or in the event of absence or disability. Should the Medical Director be so removed the Fire Chief, with approval of the City Council, shall designate a similarly qualified physician to perform the duties of the Medical Director.

**Section 2.02 Medical Director Duties and Responsibilities**

- A. The Medical Director is an independent contractor and shall have responsibilities including but not limited to the following powers and duties:
1. To recommend medically appropriate response time standards to the Fire Chief;
  2. To establish standards for patient care for ambulances and first responder vehicles;
  3. To develop and revise clinical protocols for ambulance and first responder personnel with the advice and recommendation of the EPAB;
  4. To approve medical dispatch protocols for dispatching ambulances and first responder vehicles;
  5. To conduct medical audits;
  6. To oversee the development and administration of written and practical tests for the certification of ambulance personnel, first responders, and EMS

Dispatch Center personnel for the purpose of ensuring that all certified or licensed personnel who participate in pre-hospital patient care and emergency medical dispatch maintain knowledge and skill levels at least consistent with industry standards and with that needed to implement EMS System protocols and standing orders;

7. To develop and implement EMS System certification procedures for ambulance personnel, first responders, and EMS Dispatch Center personnel;
  8. To conduct inspections of vehicles, equipment and supplies, in cooperation with the Fire Chief, on both an announced and unannounced basis and to develop standards and procedures for such;
  9. To develop clinical standards regarding the use of air and ground critical care transportation vehicles including the standards limiting which types of patients may be transported by each and whether transports are ambulance transports or non-ambulance transports;
  10. To develop and periodically revise and administer educational material, programs and/or tests to ensure that base station physicians are appropriately knowledgeable of the local EMS System and to certify qualified physicians;
  11. To monitor response time performance;
  12. To periodically conduct intensive reviews of specific clinical types to analyze and improve EMS System performance; and
  13. To present written and oral reports regarding the performance of the EMS System.
- B. All powers not exclusively granted to EPAB or the Medical Director by this Chapter may also be performed by the City. The City Council may approve from time to time by resolution agreements between the City and EPAB further clarifying the role of each, provided such agreements do not conflict with the terms of this Chapter and relevant federal, state and local law as well as the Medical Director Independent Contractor Contract. (Amend Ord 00-125, 10/31/00)

**ARTICLE III**

**EMERGENCY PHYSICIANS' ADVISORY BOARD**

**Section 3.01 Emergency Physicians' Advisory Board Created**

There is hereby established an Emergency Physicians' Advisory Board (EPAB) which shall serve as an advisory body for the City Council in regard to medical control of the EMS System. EPAB may be created by contract or agreement with the local medical society at the discretion of the City Council, and may be formed as a separate corporate entity.

**Section 3.02 Board; Qualifications**

EPAB shall consist of an eleven (11) member board with nine (9) voting members. The Mayor and each Council member shall nominate a voting member with confirmation by majority vote of the City Council in accordance with the City of Arlington Boards and Commissions Policy Statement. Membership shall be composed of the Medical Director or his/her designee as an ex-officio non-voting member; and the medical director or his/her designee of each hospital emergency department which receives emergency patients by ambulance and which is located within the corporate limits of the City of Arlington. Each of the hospital emergency department positions has one vote in the governance of the affairs of the EPAB.

An additional seven (7) physicians shall be appointed by the City Council. Qualifications of these members shall include but not be limited to licensure as a physician in the State of Texas. Preference in filling these positions shall be given to Arlington residents who are emergency medical physicians at hospitals within the City. Qualified candidates may be considered who are nonresidents but primarily practice medicine in the City of Arlington. Each of these positions has one vote in the governance of the affairs of the EPAB.

The City's Fire Chief shall be an ex-officio, non-voting member of the EPAB.

All members shall serve for a term of two (2) years from the first day of July of the year of their appointment.

Midterm vacancies on the EPAB shall be filled in the same manner as herein above prescribed, and vacancy appointments shall be for the duration of the term of the position being vacated. (Amend Ord 04-040, 5/11/04)

**Section 3.03 EPAB Responsibilities and Relationship to City Council**

- A. EPAB shall have the following responsibilities:
1. To advise the City Council and Fire Chief about the clinical performance of the Emergency Medical System (EMS);
  2. To review protocols and make recommendations to the Medical Director;
  3. To make recommendations to the Medical Director about clinical standards for patient care including those for ambulances, first responder vehicles, on-board equipment and non-emergency transports;
  4. To represent the interests of the medical community and providers by making recommendations for improvement of the EMS System;
  5. To promote the EMS System to the medical community;
  6. To serve as an advisory appeals board for certification actions of the Medical Director;
  7. To serve as an Advisory Medical Experimentation Resource to recommend or review research conducted within the EMS System;
  8. To review and comment on the Medical Director's contract.
- B. All responsibilities not exclusively granted to EPAB by this Chapter may also be performed by the City. The City Council may approve from time to time by resolution agreements between the City and EPAB further clarifying the role of each, provided such agreements do not conflict with the terms of this Chapter.

**Section 3.04 May Be Aided By Other Committees**

The EPAB may be aided by other committees. The EPAB may establish such other EPAB committees as may be necessary in order to aid it in the performance of its responsibilities. Such EPAB committees shall be comprised of persons experienced in the delivery of emergency care or the treatment of major trauma in an emergency situation.

**Section 3.05 Conflict of Interest**

- A. No person shall serve as a voting member of the EPAB, nor as Medical Director, if such person is an officer, director, employee, or is otherwise affiliated with, directly or indirectly, any ambulance operator whose activities are regulated hereunder.
- B. No person shall serve as a voting member of the EPAB, nor as Medical Director, if such person is an officer, director, employee, or otherwise affiliated with, directly or indirectly, a hospital, health services provider, or any other organization which is affiliated with, directly or indirectly, any ambulance operator whose activities are regulated hereunder.
- C. Upon the written request of any hospital in the City, the Medical Director in consultation with EPAB shall investigate any alleged impropriety in regard to the selection of hospitals or other facilities as destinations for ambulance runs. (Amend Ord 00-125, 10/31/00)

**ARTICLE IV**  
**AMBULANCE SERVICE**

**Section 4.01 Policy**

To lessen congestion caused by emergency vehicles on the public streets, safeguard the public health and well-being and to facilitate the prompt dispatch of appropriately equipped and staffed ambulances when needed to protect life and health, it is hereby determined that the City Council may designate one ambulance provider to provide all ambulance service, including special event and standby ambulance services. No other ambulance service provider shall operate an ambulance within the City of Arlington except in the situations described in this Chapter or upon consent of the Fire Chief or his designee. It is the intent of this policy that no ambulance patient be transported by ground transportation unless in compliance with this ordinance and the Texas Health & Safety Code. (Amend Ord 08-069, 8/19/08)

**Section 4.02 Contract Required**

No person shall operate an ambulance for hire on any street of the City without first having obtained a contract from the City Council, except as provided below:

- A. Renders assistance during any catastrophe or major emergency when the ambulances authorized to operate in the City by contract are either insufficient in number or inadequate for any other reason, as determined by the EMS Dispatch Center;
- B. Operates from a location outside the City and transports any patient from a point of origin outside the City to a destination inside the City;
- C. Operates an ambulance brought into the City solely for the purpose of a drill or training exercise;
- D. Operates any ambulance rendering requested assistance to ambulances currently authorized by the City in cases of disaster or major emergency pursuant to provisions of a "mutual aid agreement" approved by the City;

- E. Operates a hospital operated pediatric/neonatal transport service with ambulances modified for pediatric/neonatal transport and staffed at least by registered nurses.

**Section 4.03 Insurance**

No ambulance shall be operated in the City unless there is at all times in full force and effect at least the minimum insurance coverage as follows:

- A. Commercial General Liability: Coverage for claims for damages because of bodily injury, sickness or disease or death of any person other than ambulance service provider's employees, claims insured by usual bodily injury liability coverages, and claims for damages because of injuries to or destruction of tangible property, including loss of use resulting therefrom in an amount of not less than One Million Dollars (\$1,000,000) per occurrence;
- B. Automobile Liability: Coverage for claims for damages resulting from an automobile accident resulting in property damage and/or personal injury or death in an amount of not less than One Million Dollars (\$1,000,000) per occurrence Combined Single Limit. Such coverage is to include Uninsured/Underinsured Motorist Coverage in an amount of not less than One Million Dollars (\$1,000,000) per occurrence;
- C. Professional Liability: Coverage for claims for damages resulting from professional malpractice liability in an amount of not less than Ten Million Dollars (\$10,000,000.00) per occurrence and Ten Million Dollars (\$10,000,000.00) annual aggregate. If coverage is provided on a "claims made" basis, extended period or "tail" coverage shall be provided for a minimum of four years after the expiration date of the period the ambulance provider is authorized to operate in the City;
- D. Excess Liability Umbrella Insurance: Coverage in an amount not less than Five Million Dollars (\$5,000,000.00) over all underlying liability policies;
- E. Workers' Compensation and Employers' Liability: Statutory. Coverage for claims for Employers' Liability with a policy limit of One Million Dollars

(\$1,000,000.00) for each accident, and One Million Dollars (\$1,000,000.00) for Disease; and

- F. Other Insurance Requirements: The City, its officials, employees and volunteers shall be named as an additional insured on all applicable policies and each policy shall be endorsed with a waiver of subrogation in favor of the City and EPAB. Required endorsements shall be signed by a person authorized by that insurer to bind coverage on its behalf.

Each insurance policy required by this clause shall be endorsed to state that coverage shall not be suspended, voided, canceled, reduced in coverage or in limits except after thirty (30) days prior written notice has been provided to the City. If the policy is cancelled for non-payment of premium, only ten (10) days notice is required.

Insurance is to be placed with insurers having a Best rating of no less than A:VII. The company must also be duly authorized to transact business in the State of Texas.

Certificate of Insurance. At all times during the period the ambulance provider is authorized to operate in the City, the provider shall file with the City License Officer valid Certificates of Insurance acceptable to the City, naming the City and the EPAB as additional insureds in the amounts and coverages stated above and providing a waiver of all rights of subrogation as listed above.

In the event that purchasing an "occurrence" malpractice policy is not possible or commercially reasonable, the ambulance provider may purchase "claims made" coverage upon the condition that it also purchases coverage for the four (4) years next following the termination or expiration of the period it is authorized to operate in the City which covers claims made during those four (4) years for actions which occurred during the period it operated in the City.

The minimum coverages required by this section may be increased from time to time as approved by the risk manager for the City. (Amend Ord 08-069, 8/19/08)

**Section 4.04 Other State Laws and Regulations**

No portion of this Chapter shall be construed in a manner inconsistent with state laws and regulations, including but not limited to Chapter 773 of the Texas Health and Safety Code and any other relevant state and federal law.

**Section 4.05 Operating Standards**

The Medical Director in consultation with EPAB is authorized to establish standards which are more stringent or cover more areas of operation than the minimum standards listed below, which may be adopted from time to time by resolution of the City Council. Provider and Ambulance Personnel shall comply with the following standards:

- A. Ambulances and all patient care equipment and supplies shall be clean and decontaminated according to relevant health care industry standards.
- B. Each ambulance shall be staffed with no fewer than two (2) persons. At the minimum, one person shall be certified at the level of Emergency Medical Technician and one person shall be certified or licensed at the level of Emergency Medical Technician-Paramedic by the Texas Department of State Health Services or staffing as approved by the Medical Director in consultation with EPAB in accordance with this Chapter. One of the Emergency Medical Technicians shall remain in attendance to the patient being transported at all times. (Amend Ord 08-069, 8/19/08)
- C. Be licensed as an Emergency Medical Services Provider according to the Texas Health and Safety Code, as amended.

**Section 4.06 Standards for Vehicles and Equipment**

The Medical Director, in consultation with EPAB, is authorized to establish standards which are more stringent or cover more areas of operation than the minimum standards listed below, which may be adopted from time to time by resolution of the City Council:

- A. All motor vehicles used for the purpose of providing ambulance service hereunder shall be in compliance with

the Texas Health & Safety Code and rules promulgated thereunder.

- B. All motor vehicles used for the purpose of providing ambulance service hereunder except as otherwise provided in this Chapter shall be equipped and supplied according to the list approved by the Medical Director. The Medical Director may inspect motor vehicles used for providing ambulance service to ensure that vehicles meet these standards. Providers shall be solely responsible for maintaining these standards.
- C. All mechanical, safety and special equipment shall be subject to inspection at any time by the Fire Chief, Medical Director or their designee. Provider shall be solely responsible for maintenance of all mechanical, safety and special equipment. (Amend Ord 08-069, 8/19/08)

#### **Section 4.07 General Standards**

- A. Provider must meet or exceed all state standards for staffing and equipment in regard to ambulance services and, in addition, meet all standards which are stricter than state standards which are required herein.
- B. A Provider shall meet the following standards:
  - 1. Provider shall respond to all calls for ambulance service within the City and shall not engage in any form of screening calls except as specified by the Medical Director or Ambulance Contract.
  - 2. Provider shall not refuse transport of any patient to any hospital equipped for emergency service within the City. The City may, however, promulgate reasonable procedures and regulations for dealing with the abuse or potential abuse of the system by any person and allow exceptions to this requirement in conformance therewith.
  - 3. Provider shall serve all parts of the City in an equitable manner. In this regard, provider shall furnish and manage its resources in such manner as to provide ambulance service throughout the City and shall take any and all actions which are reasonably necessary to minimize any differences

in response time performance among the various parts of the City.

4. Provider must transport all patients whose medical condition is such that transportation by ambulance is necessary for the maintenance of health and well-being, without regard to their ability to pay for such service.
5. Provider shall make no collections during any calls for which the point of origin and the point of destination are within the City.
6. All vehicles operated as ambulances shall meet or exceed standards as prescribed by applicable state law or regulation and shall, in addition, meet or exceed any vehicular, staffing and equipment standards prescribed by the Medical Director.
7. Provider shall meet all response time standards set by the City.
8. Provider shall be subject to any late-run penalties or any other fines, penalties or reimbursements established by the City.
9. Provider shall meet all personnel certification or licensure standards established in writing by the Medical Director which may be more strict than those in this Chapter.

**Section 4.08 Air Ambulance and Special Licensure Provisions**

Helicopters and other air ambulances operating from locations outside the City may be brought into the City:

- A. To render assistance during any catastrophe or major emergency when the ambulances authorized to operate in the City are either insufficient in number or inadequate for any other reason, as determined by the Incident Commander or EMS Dispatch Center;
- B. To transport any patient from a point of origin outside the City to a destination inside the City;
- C. Solely for the purpose of a drill or training exercise;

- D. To render requested assistance to ambulances currently authorized by the City in cases of disaster or major emergency pursuant to provisions of a "mutual aid agreement" approved by the City;
- E. For the purpose of transporting patients from medical facilities which have permanent landing accommodations for air ambulances when a physician deems that a patient's condition merits transport by air ambulance;
- F. To transport any patient from an airport to any destination outside the City; and/or
- G. In situations pre-approved by the Medical Director in consultation with the Emergency Physicians' Advisory Board.

#### **Section 4.09 Base Station Physician**

- A. Standards For Certification As Base Station Physician: The Medical Director in consultation with EPAB shall promulgate standards for certification as a base station physician and standards for certification of the facilities to be used by base station physicians, including but not limited to communication equipment, telemetry equipment and recording equipment.
- B. Medical Supervision and Control by Base Station Physician: The personnel employed by an ambulance provider hereunder shall only accept on-line medical supervision and control by means of radio or other remote communications equipment from a base station physician certified by the Medical Director. (Amend Ord 08-069, 8/19/08)

#### **Section 4.10 Communications Standards**

Standards for Communications: The Medical Director in consultation with EPAB shall promulgate standards and protocols for effective dispatch of all ambulances and first responder vehicles, including but not limited to, telephone protocols, pre-arrival instructions, phone patch procedures, response priorities, and ambulance and first responder alert standards. (Amend Ord 08-069, 8/19/08)

**Section 4.11 Dispatch Procedures**

The Medical Director in consultation with EPAB shall promulgate dispatch standards and protocols, including but not limited to telephone protocols.

- A. When the City Dispatch Center receives a request for emergency ambulance service, the most appropriate ambulance shall be authorized and dispatched on the response in accordance with Medical Director approved telephone protocols.
- B. In the event an ambulance or air ambulance provider receives a request for ambulance service in any way other than via the public 9-1-1 system, the provider shall immediately report the request to the City Dispatch Center, giving the location and nature of the call, if known. The City Dispatch Center shall then dispatch the most appropriate ambulance in accordance with Medical Director approved telephone protocols.
- C. It shall be unlawful for an ambulance driver or provider to make an emergency ambulance call on the public streets of the City unless exempted or authorized by this Chapter, or unless after initiating non-emergency transport of a patient, the patient's condition unexpectedly deteriorates so that emergency transport is required and is in accordance with the ambulance provider's medical treatment protocols. This determination shall be communicated to the City Dispatch Center and the instructions of the City Dispatch Center shall be obeyed. (Amend Ord 08-069, 8/19/08)

**Section 4.12 Use of Emergency Warning Devices**

- A. An ambulance may proceed, after directly receiving a request for service from a citizen, on a response using siren and flashing overhead lights provided the City Dispatch Center is first notified of the driver's intent to use such warning equipment on the City streets and the City Dispatch Center has authorized said driver to operate under emergency conditions.
- B. After an ambulance has responded to a call and arrived at the point of pickup, it shall be unlawful for the ambulance to proceed to the hospital or other destination with such emergency warning equipment in

operation except in the case of life-threatening emergencies or nonlife-threatening emergencies or without notifying the City Dispatch Center of the intent to use such equipment.

- C. When an ambulance is authorized by the City Dispatch Center to operate under emergency conditions, the ambulance driver shall operate the vehicle in compliance with state and municipal traffic laws governing emergency vehicles. (Amend Ord 08-069, 8/19/08)

**Section 4.13 Fees Required**

A fee for each ambulance in which a patient is transported shall be charged and collected by the provider, which sum shall be paid to the City to defray the costs of medical regulation of the system. Payments shall be made monthly or as otherwise directed by the Fire Chief in consultation with the EPAB and the City Council. The fee shall be set from time to time by resolution of the City Council consistent with provisions in the provider ambulance contract.

**Section 4.14 Central Place of Business**

Provider shall maintain a central place of business with at least one listed telephone number for receiving all inquiries regarding bills for service where the provider may be reached during business hours, Monday through Friday. Provider shall, in writing, immediately notify the License Officer of any change of the business address or telephone number.

**Section 4.15 Provider Records and Reports**

Provider shall maintain a daily manifest upon which shall be recorded the time, date, place of origin, patient's name and address, destination, and charges for each trip; and a complete patient care report for each patient treated at or transported from a location within the City. The provider shall retain and preserve all daily manifests for at least eighteen (18) months after the close of its fiscal year, and such manifests shall be available for inspection by the Fire Chief, Medical Director or their duly authorized representatives upon request. Provider shall keep accurate

records of the receipts and expenses from operations and such other operating information as may be required by the Fire Chief. Provider shall maintain such records at a place readily accessible for examination by the Fire Chief or Medical Director. Upon request by the Medical Director or his/her designee, the provider shall make available patient care reports for purposes of maintaining and ensuring quality of medical care in the City.

The provider shall provide to the Fire Chief an annual statement which includes, at a minimum, the following:

- (1) An annual Profit/Loss Statement;
- (2) A list of claims and lawsuits pending, and a list of lawsuits or claims settled or resolved during the previous year;
- (3) A statement showing the number of calls made during the previous year for which the points of origin were within the City;
- (4) A statement showing the number of calls made during the previous year for which the points of origin and termination were within the City;
- (5) A statement showing the total amount billed and the total amount collected for calls made during the previous year for which the points of origin and termination were within the City;
- (6) A list, current as of November 1, and received by the License Officer by December 1 of each year, that includes the names of all personnel who staff field units, their Texas Department of State Health Services EMS certification levels and certification expiration dates; and for all personnel who staff dispatch centers, their Texas Department of Health certification levels and expiration dates, if any, and their emergency medical dispatch certification levels and certification expiration dates. (Amend Ord 08-069, 8/19/08)

**Section 4.16 Destination Procedures**

The Medical Director in consultation with EPAB shall formulate policies and protocols for determining patient

destination, considering the capabilities of area medical facilities in regard to injury and illness types, but without regard to whether or not the destination facility is located in the City. (Amend Ord 00-125, 10/31/00)

**ARTICLE V**

**EMERGENCY MEDICAL SERVICE PERSONNEL**

**Section 5.01 Personnel Certification Standards**

- A. Minimum Standards Required: All personnel, including but not limited to drivers, attendants, First Responders and dispatch personnel, shall meet all standards for certification under applicable state law or regulations as well as all standards for City certification which are prescribed by the Medical Director.
- B. Standards to be Prescribed by Medical Director in Consultation with EPAB
1. The Medical Director shall prescribe standards for the City Certification of all ambulance and first responder personnel, including but not limited to persons who staff field units and the City Dispatch Center.
  2. Prior to awarding City Certification, the Medical Director may require examinations testing the applicant's knowledge of the local EMS system in general, medical protocols, disaster procedures, and other matters appropriate to determining the applicant's medical knowledge and ability to work in the City. (Amend Ord 08-069, 8/19/08)
  3. The Medical Director may require a physician's statement that the applicant has no condition which would impair his/her ability to safely operate a motor vehicle or attend patients.
  4. The Medical Director shall establish standards for the revocation or suspension of any City Certification authorized hereunder.
  5. Applications for City Certification shall be made on forms approved by the Medical Director and accompanied by a nonrefundable application fee which may be set from time to time by resolution of the City Council. Nothing in this Article shall be construed as requiring the City or EPAB to be responsible for the cost of any required physical examination.

**Section 5.02 City Certification Required**

No person shall drive, manage or control any ambulance on any public street or thoroughfare in the City, attend or render any care to any patient for compensation without having been issued City Certification by the License Officer of the City except as otherwise provided in this Chapter. The License Officer shall issue a certification card to any person meeting the standards in this ordinance and approved by the Medical Director.

**Section 5.03 Qualifications of Applicants for Ambulance Personnel Certification**

The Medical Director in consultation with EPAB is authorized to recommend regulations which are more stringent or cover more areas of operation than the minimum standards listed below, which may be approved from time to time by resolution of the City Council. Applicants shall meet the following minimum requirements:

- A. Each applicant for a City Ambulance Personnel Certification must hold a current Class C driver license issued by the Department of Public Safety of the State of Texas.
- B. Each applicant must possess a valid EMT, EMT-Intermediate or EMT-Paramedic certification or license issued by the Texas Department of State Health Services.
- C. If requested by the Medical Director, applicants must submit a physician's statement that the applicant has no condition which would impair his/her ability to safely operate a motor vehicle or attend patients.  
(Amend Ord 08-069, 8/19/08)

**Section 5.04 Applications for Emergency Medical Services Personnel Certification**

All applications for Emergency Medical Services Personnel certification hereunder shall be made upon forms approved by the Medical Director, which shall be signed and sworn to by the applicant.

**Section 5.05 City Certification Card - Renewal and Fee**

City Certification cards for Emergency Medical Services Personnel shall be valid until the expiration of any Texas Department of Health EMT, EMT-Intermediate or EMT-Paramedic license or certification. All such cards shall remain the property of the City and shall be returned promptly when no longer valid in accordance with this article.

The fee for a certification card shall be set from time to time by resolution of the City Council. Such fee shall accompany the application and be nonrefundable. No fee shall be collected for certification cards automatically extended. (Amend Ord 08-069, 8/19/08)

**Section 5.06 Display of City Certification Card**

It shall be the duty and responsibility of all Ambulance Personnel issued City Certification hereunder to display their certification cards upon demand to the Fire Chief, Medical Director or to their duly authorized representatives. All Ambulance Personnel shall display their certification card on their person at all times while on duty. (Amend Ord 08-069, 8/19/08)

**Section 5.07 Rules for Ambulance Personnel**

No Ambulance Personnel required to be certified hereunder shall:

- A. Refuse to promptly transport or attend any sick or injured person after responding to a call, without good cause;
- B. Demand or receive compensation other than established and advertised rates, or fail to give a receipt for monies received;
- C. Without good cause induce, or seek to induce a change in destination to or from a hospital or other place specified by the person engaging the ambulance;
- D. Induce or seek to induce any person engaging an ambulance to patronize or retain the services of any hospital, convalescent home, attorney, private accident investigator, nurse, or any person that could benefit financially as a result of said inducement except

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- situations of medical necessity as specifically defined by the Medical Director;
- E. Fail to keep clean and presentable while on duty;
  - F. Use abusive or obscene language, or fail to use professional conduct;
  - G. Release a patient from ambulance service until care of that patient has been expressly transferred to another health care professional capable of providing care necessary for the health and well-being of the patient; or the patient has been examined, advised of the seriousness of his/her condition and been offered ambulance transportation to a health care facility or other direction as established by the Medical Director;
  - H. Use a siren or flashing overhead lights of any color or configuration, other than a single strobe light, on a City street for the purpose of clearing traffic, unless on an emergency response authorized by the City Dispatch Center;
  - I. Disobey the lawful orders of a Fire or Police Officer at the scene of an accident, or other similar emergency;
  - J. Smoke or use any tobacco product while driving an ambulance or while attending a patient; or
  - K. Fail to comply with applicable state and municipal laws. (Amend Ord 08-069, 8/19/08)

**Section 5.08      Professional Conduct**

All personnel employed by the Provider including all persons involved in billing and collection activities, shall, at all times, conduct themselves in a professional manner.

**Section 5.09      Patient and On-Scene Management**

- A. The Arlington Fire Department is responsible for overall scene safety and management of all responders and patients. The Provider is included in standard operating procedures within the incident command system and has command responsibilities prior to the arrival

of the Fire Department. Once the Fire Department arrives on scene, the command responsibilities for scene safety and management are transferred to the ranking Fire officer who shall function as the Incident Commander.

The Incident Commander shall implement the incident command system. The incident command system means the on scene management of an emergency incident and the structure and organization of responding resources within a standard hierarchy. All resources, including resources of the Provider and its subcontractors, are subject to the direct orders and assignments of the Incident Commander and sector officers in order to affect the timely and orderly mitigation of the emergency.

- B. Patient care and medical control issues are controlled by policies issued by the City through its Medical Director. Generally, the first arriving advanced life support provider with the highest level of certification shall control patient care unless patient care responsibility is transferred to and accepted by another provider of at least equal level of certification.
- C. The determination regarding management of patient care and medical control should consider the following:
  - 1. The scene of an emergency medical incident shall be managed by the Fire Department in a manner calculated to maximize the life safety of all responders while simultaneously minimizing the risk of death or health impairment to the patient and other persons who may be exposed to risk as a result of the emergency condition.
  - 2. Police Emergency: In the event that the senior officer of the Police Department present at the scene determines that a police emergency condition exists, the officer shall inform the Arlington EMS provider in charge that such condition exists. Upon such notification, the Arlington EMS provider at the scene shall defer to the command of the Police Officer.
  - 3. Arlington Fire Department First Responders shall ordinarily consult with the Provider Paramedic in

charge at the scene in determining relevant risk factors.

4. Because all City EMS personnel, both Fire Department First Responders and Provider personnel have met requirements specified by the City Medical Director and thus hold City EMS certification, they have medical authority over non-Arlington first responders and ambulance personnel not holding City EMS certification (not to exceed State credentials), and law enforcement personnel.
5. All City providers have a duty to act and must continue to provide appropriate care to patients within the scope of their certification or licensure.
6. Medical authority over patient care shall rest solely upon the first arriving City provider until such time as that authority is passed to a Provider Paramedic or hospital physician. That transition is mandatory when an Arlington First Responder assumes initial medical authority. The Provider Paramedic assumes that responsibility during transport of the patient.

Transition of medical authority from first responders to transporting Paramedics occur only after a verbal patient report is conveyed and the provider-patient relationship has been relinquished. The Provider assuming patient care must have a full understanding of the patient's condition and the treatments and interventions that have been performed or are still needed.

7. City First Responders and Providers may allow properly identified medical personnel to assist with patient care, but shall maintain medical authority prior to the arrival of an ambulance.
8. In the event a physician licensed to practice medicine in Texas or authorized under Federal law is present and desires to assume direction and control of patient care and issue medical orders which conflict with those of the Medical Control physician, he/she may do so only after communicating with the Medical Control physician by radio and if he/she accompanies the patient to

the hospital in the ambulance. The physician who assumes medical direction and control at the scene thus releases the on scene ambulance personnel from responsibility for directing patient care.

9. In cases where conflict regarding patient care exists between City Paramedics on scene and there is a belief that a negligent act or policy deviation that will harm the patient is about to, or has occurred, then the Paramedic with that belief shall initiate conflict resolution procedures approved by the Fire Chief and Medical Director. (Amend Ord 08-069, 8/19/08)

**Section 5.10 Suspension or Revocation of Ambulance Personnel Certification**

The Medical Director or License Officer, as appropriate, shall have the power to suspend, alter or revoke the certification of Ambulance Personnel for the following:

1. Failure to meet the requirements in this Chapter;
2. Failure to pay the City Certification fee;
3. Failure to remain continuously employed by provider;
4. Violation of rules in this Chapter; or
5. Failure to comply with rules and regulations established by the Fire Chief, Medical Director, or City Council.

The Medical Director may recommend suspension and/or revocation of the certification to the License Officer who shall cause an investigation to be made into the circumstances surrounding the proposed suspension and/or revocation. The License Officer may at any time give notice in writing to the certification holder that the certification has been revoked. The notice shall outline the reason or reasons for revocation. The notice of revocation shall become a final revocation after the expiration of three (3) days from the date of the service of same, unless on or before the expiration of such three days the certification holder shall file with the Medical Director a written appeal of such revocation. The appeal

shall operate as a stay of revocation of the certification issued until such time as the Medical Director shall grant a hearing and make a final adjudication. Provided, however, the License Officer may require immediate suspension of the certification for public safety purposes. If this requirement is made, the certification shall be suspended during the period in which the appeal is pending. The hearing shall be held within thirty (30) days after the date of filing of the appeal, and such action and judgment of the Medical Director, after hearing all the evidence and facts, shall be final and conclusive as to all parties.

**Section 5.11 Miscellaneous Provisions**

When the driver 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 provisions of law, ordinance or regulations;
- B. Proceed past a red or stop signal or stop sign, but only after slowing down as may be necessary for safe operation;
- C. Exceed the maximum speed limits permitted by law, ordinance or regulation; provided, however, that any governing directives issued by the Chief of Police are obeyed and that life and property are not endangered thereby; or
- D. Disregard laws, ordinances and regulations governing directions or movements or turning in specified directions.

Provided, however, that any exemption herein granted shall apply only when such ambulance is operating with siren or flashing overhead lights and when such audible and visual signals meet the requirements of law, ordinance or regulation; and provided further, that the foregoing provision shall not operate to relieve the driver of any ambulance from the duty to drive with due regard for the safety of all persons, nor shall such provisions protect the driver from the consequences of his reckless disregard for the safety of others. (Amend Ord 00-125, 10/31/00)

**ARTICLE VI**

**PURPOSE**

**Section 6.01 Purpose**

- A. The regulation of ambulances and emergency ambulances as herein established has been made in the exercise of the sound discretion of the City Council, and the City Council finds that such regulations are necessary for the purpose of promoting the health, safety and general welfare of the community; that such regulations have been designed to lessen congestion by emergency vehicles on the public streets and to secure safety to pedestrians and vehicles using the public streets and thoroughfares; that such regulations are necessary to protect health, life and property; that such regulations apply to all providers of ambulances as a whole operating for hire under emergency conditions, or otherwise, on the streets and public thoroughfares in such a manner as to minimize the hazards and dangers inherent in the operations of ambulances under emergency conditions; and that public necessity requires that such regulations be adopted to preserve and enforce the health, safety and welfare, and the good order and security of the City and its inhabitants.
- B. To establish a regulated ambulance service system which can provide state-of-the-art clinical quality of care, with reasonable, reliable response time standards, and with the goal of furnishing the best possible chance of survival, without disability or preventable complication, to each ambulance user.
- C. To establish a sole-provider ambulance system, because it is unreasonable to have unnecessarily high rates or public subsidy to make needed improvements to ambulance service in Arlington, when a more efficiently designed system can achieve the same results at lower cost. The most efficient design to achieve the goals of high-quality service at the lowest cost consistent with the quality of care required, is the implementation of the system described herein.
- D. To provide more effective system performance through the provision of services by a competitively selected ambulance provider.

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- E. To establish minimum requirements for non-emergency ambulance transportation. (Amend Ord 00-125, 10/31/00)
- F. To ensure that pre-hospital emergency medical care provided throughout the City, regardless of the setting or provider, is compatible with that authorized by the Medical Director for the City ambulance contractor. (Amend Ord 08-069, 8/19/08)

**ARTICLE VII**

**ASSISTANCE BY FIRE AND POLICE PERSONNEL**

**Section 7.01 Prior To Ambulance Arrival**

Members of the Arlington Fire and Police Departments are hereby authorized to render all emergency medical treatment which they are qualified to perform when they arrive at the scene of an emergency situation prior to the arrival of an authorized ambulance. (Amend Ord 08-069, 8/19/08)

**Section 7.02 After Ambulance Arrival**

Members of the Arlington Fire and Police Departments are authorized to render all medical treatment which they are qualified to perform if assistance is required at an emergency situation. (Amend Ord 08-069, 8/19/08)

**ARTICLE VIII**  
**VIOLATIONS; PENALTIES**

**Section 8.01 Unlawful Operations and Prohibited Acts**

- A. It shall be unlawful for any person to intentionally or knowingly:
1. Follow any police car, ambulance or fire apparatus which is responding to an emergency call on the streets of the City.
  2. Solicit on the streets of the City the business of transporting injured or sick persons.
  3. Intercept any communication concerning traffic accidents on the streets of the City and divulge or publish the existence, contents, substance, purpose, effect or meaning of such intercepted communication and no such solicitor, owner or person, not being entitled thereto, shall receive or assist in receiving any such message emanating through the radio medium of the Police or Fire Department for his own benefit or for the benefit of another solicitor, owner, operator or person in the business of furnishing ambulance service.
  4. Use on a vehicle a siren and/or flashing overhead light(s) other than strobe lights without prior authorization by the EMS Dispatch Center.
  5. Use a uniform, insignia, badge, title, identification card, or vehicle marking for the purpose of identification to the public or others as an authorized provider of emergency medical services without prior approval from the Fire Chief.
  6. Operate or cause to be operated an ambulance on any street of the City or provide ambulance standby services at any location within the City without first having obtained a valid permit therefore in accordance with this Article or unless exempted therefrom by the provisions of this Chapter.
  7. To sell or attempt to sell any plan including subscription to provide any ground ambulance

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services within the City limits which are not allowed by this Chapter or the Texas Health & Safety Code. (Amend Ord 08-069, 8/19/08)

8. Request the services of any ambulance which is not permitted in accordance with the provisions of this Chapter or exempted therefrom by the provisions of this Chapter.
9. Perform duties as an ambulance driver, attendant or dispatcher without current certification issued by the Licensing Officer in accordance with this Chapter.
10. Permit or allow a person to perform duties as an ambulance driver, attendant or dispatcher without current certification issued by the Licensing Officer in accordance with this Chapter.
11. Give false information to induce the dispatch of an ambulance or helicopter rescue unit.
12. Give false information on applications for personnel certification. (Amend Ord 01-063, 6/12/01)

**Section 8.02 Penalties**

- A. Any person who violates any of the provisions of this Chapter shall be guilty of a misdemeanor and each day the violation continues shall be a separate offense. Each offense shall be punishable by a fine not to exceed Two Thousand (\$2,000.00) Dollars.
- B. Each day that any violation of this Chapter is committed or permitted to continue shall constitute a separate offense.
- C. This section shall not serve to limit any other remedies available to the City in law or equity. (Amend Ord 00-125, 10/31/00)