

ARTICLE III. EMERGENCY MEDICAL SERVICES*

***Editor's note:** Ord. No. 2003-14, § I, adopted Aug. 21, 2003, repealed former Art. III, §§ 46-81--46-89. Section III of said ordinance enacted provisions designated as a new Art. III to read as herein set out. See the Code Comparative Table.

Charter references: Conflicts between county and municipal ordinances, § 1305.

Cross references: Businesses, ch. 26.

Special acts reference--Ambulances, § 218-31 et seq.

State law references: Medical telecommunications and transportation, F.S. ch. 401.

Sec. 46-81. Definitions

The following words, terms and phrases, when used in this article, shall have the meanings ascribed to them in section 1-7 and this section, except where the context clearly indicates a different meaning. Any other word, term and phrase used in this article shall have the meaning ascribed to them in F.S. § 401.23:

Alternative transportation services (ATS) means any privately owned service employing land, air or water vehicle that is designed, constructed, reconstructed, maintained, equipped or operated for, and is used for, or intended to be used for air, land or water transportation of persons who are confined to wheelchairs or stretchers, and whose condition is such that these persons do not need, nor are likely to need, immediate medical attention during transport. This service is also known as paratransit.

Certificate and *COPCN* means the certificate of public convenience and necessity to be required under this article and applicable state law.

Closest unit emergency medical response means the automatic dispatch of the closest available emergency medical services response vehicle to provide emergency medical services at an incident where an emergency medical condition exists, regardless of jurisdictional boundaries.

County means all incorporated or unincorporated areas within the territorial limits of Volusia County, Florida.

Credentialing means the process by which the medical director provides authorization to any person to act as a paramedic within the county emergency medical services system.

Emergency medical condition means a medical condition manifesting itself by acute symptoms of sufficient severity, such that the absence of immediate medical attention could reasonably be expected to result in any of the following:

- (1) Serious jeopardy to patient health.
- (2) Serious impairment to bodily functions.
- (3) Serious dysfunction of any bodily organ or part.

Emergency medical dispatch (EMD) means the medical director approved system of emergency call taking designed to determine appropriate response mode, dispatch the appropriate resources and level of services based on established criteria and provide pre-arrival emergency medical instructions to the caller until EMS arrives.

Emergency medical response means a response and arrival at the location of the incident to provide emergency medical services, as required by the responder's COPCN or this article, to any call type for which the emergency medical dispatcher determines that an emergency medical condition exists.

Emergency medical services division means the Volusia County Emergency Medical Services Division, a Division of the Department of Public Protection.

Emergency medical services (EMS) provider means any basic life support service, advanced life support service, or air ambulance service which engages in the business of providing emergency medical services.

Emergency medical services response vehicle means a vehicle equipped and staffed to meet the minimum requirements in accordance with F.S. ch. 401.

Emergency medical services system means the system in Volusia County which consists of all private and governmental basic life support services, advanced life support services, and 9-1-1 public safety answering points (PSAPs) which employ state certified emergency medical technicians, paramedics and emergency medical dispatchers who operate under the clinical supervision and direction of the county medical director.

Emergency medical technician (EMT) means a person certified by the department of health or the appropriate state agency who is authorized to perform basic life support, pursuant to the provisions of F.S. ch. 401.

Hospital means any establishment that is licensed under F.S. ch. 395 to:

- (1) Offer services more intensive than those required for room, board, personal services, and general nursing care, and offers facilities and beds for use beyond 24 hours by individuals requiring diagnosis, treatment, or care for illness, injury, deformity, infirmity, abnormality, disease or pregnancy; and
- (2) Regularly makes available at least clinical laboratory services, diagnostic X-ray services, and treatment facilities for surgery or obstetrical care, or other definitive medical treatment of similar extent.

Hospital campus means any continuous mass of land upon which commonly owned hospital buildings, that are used to provide hospital services, are situated and under the dominion and control of the licensed hospital facility.

Incident means an emergency at a defined location that has been reported to a public safety answering point (PSAP), whether reported by telephone (including cellular telephone), radios, personal observation of an emergency service provider, or any other method.

Medical director means a licensed physician, or a corporation dedicated to the provision of emergency medical services as defined in F.S. ch. 401, employed or provided under a written contract by the county to supervise and accept responsibility for the medical performance of emergency medical technicians, paramedics and emergency medical dispatchers operating within the county's emergency medical services system.

The medical director shall perform such duties and responsibilities as may be assigned by the written contract of employment or position description. The medical director provides medical control through written protocols, on-line supervision, continuing education and quality assurance.

Medical advisory board means the board created by this article whose mission is to review and recommend regarding standards of care for the EMS system.

Operator means any person engaged in business as the owner, proprietor, or purchaser, of vehicles designed to transport nonemergency patients who are confined to a wheelchair or stretcher.

Paramedic means a person certified by the department of health or the appropriate state agency, who is authorized to perform basic and advanced life support, pursuant to the provisions of F.S. ch. 401.

Paratransit. See alternative transportation services (ATS).

Patient means any person who is in the need of emergency medical treatment and/or transportation as defined in the Volusia County Pre-hospital Standing Orders and Treatment Protocols.

Pre-hospital care means the out of hospital provision of ALS or BLS treatment and/or transport services to a patient.

Pre-hospital standing orders and treatment protocols means the orders and protocols approved by the medical director directing the assessment, treatment and transport of adult and pediatric patients from first contact by an EMS provider.

Principal of record means the chief executive official of an EMS provider or ATS operator.

Public safety agency means a functional division of a public agency which provides firefighting, law enforcement, emergency medical or other emergency services.

Public safety answering point means a communications center designated to receive 9-1-1 calls.

Run card means the dispatch configuration defining the sequence of emergency medical response vehicles into a service area.

Service area, closest unit emergency medical response means the response area of an EMS provider designed to provide a closest unit response to emergency medical conditions, regardless of jurisdiction in accordance with the COPCN issued to that EMS provider.

Service area, primary means the jurisdictional geographic boundary of the EMS provider, including a county taxing district within a municipality or an area where an EMS provider is contractually obligated to serve as the primary provider of emergency medical services.

Unit hour means one hour of service by a fully staffed and equipped emergency medical services vehicle assigned to a call, or available for dispatch.

Unit hour utilization or *UHU* means a measurement of the efficient use of ambulance and emergency medical service resources. The UHU is calculated by dividing the number of patient transports or responses initiated during a given period of time by the number of unit hours produced during the same time period.

Vehicle includes aircraft, landcraft and watercraft.

(Ord. No. 2003-14, § III, 8-21-03; Ord. No. 2009-26, § I, 11-5-09)

Sec. 46-82. Penalty.

Violations of this article are punishable as provided in section 1-7.

(Ord. No. 2003-14, § III, 8-21-03)

Sec. 46-83. Civil remedies.

The county council, or any aggrieved person, may have recourse to such remedies in law and in equity as may be necessary to insure compliance with the provisions of this article, including injunctive relief to enjoin and restrain any person from violating its provisions. If the county prevails in any such litigation, whether by judicial decree or by settlement, it shall be awarded all of its costs and expenses,

including a reasonable attorney's fee, in addition to any other relief awarded or obtained.

(Ord. No. 2003-14, § III, 8-21-03)

Sec. 46-84. Exemptions.

The following vehicles and services are exempt from the provisions of this article:

- (1) A privately owned vehicle not ordinarily used in the business of transporting patients or providing emergency medical services.
- (2) Any emergency vehicle owned or operated by the federal or state government or any of their military services.
- (3) An EMS provider responding and rendering services under a current, executed written mutual aid agreement at the request of a signatory to the agreement during a major catastrophe when vehicles based in the locality of the catastrophe are incapacitated or insufficient in number to render the services needed.
- (4) A vehicle under the direct supervision of a licensed physician and used as an integral part of a private industrial safety or emergency management plan within a privately owned and controlled area, which vehicle may from time to time be used to transport persons in need of medical attention, but which is not available to the public and which does not routinely transport patients.

(Ord. No. 2003-14, § III, 8-21-03)

Sec. 46-85. Volusia County Emergency Medical Services Division.

- (a) The Volusia County Emergency Medical Services Division (division) is created within the county department of public protection. The primary function of the division is to provide oversight to the operations of county emergency medical services system according to policies and procedures promulgated by the county council. The division will act as the county contract administrator for applicable contracts as assigned by the county manager or his/her designee. Further, the division shall seek compliance by all parties with all applicable contracts and interlocal agreements.
- (b) The division shall regulate the alternative transportation services and promulgate rules for this service delivery level.
- (c) The division shall require compliance of all providers within the county emergency medical services system, their employees and contractors, with the provisions of all pertinent statutes, Florida Administrative Code provisions, interlocal agreements, county rules and regulations and applicable contracts dealing with the provision of emergency medical services and alternative transportation services operating within Volusia County.
- (d) The division shall perform such additional duties and/or assume such other responsibilities as may be assigned to it by the county manager or his/her designee.
- (e) The division shall include the county EMS medical director.
- (f) The EMS manager shall act as the EMS liaison between the county EMS division and the EMS system stakeholders, including, but not limited to, the general public, the various EMS system providers, the Volusia County Medical Advisory Board, the Volusia County Fire Chief's Association and the Volusia County's other EMS providers.
- (g) No later than August 31, 2010, the division shall prepare an analysis of the data submitted by providers pursuant to subsection 46-89(b) for any imbalance between jurisdictions of closest

unit emergency medical response provided by each provider and recommend to the council whether a fee schedule should be established which requires the compensation of providers by recipient local government jurisdictions. If the division recommends the establishment of a fee schedule, it shall propose the criteria for compensation and methodology to establish the amount of compensation.

(Ord. No. 2003-14, § III, 8-21-03; Ord. No. 2009-26, § II, 11-5-09)

Sec. 46-86. Medical director.

There shall be a medical director either employed or contracted by the county to promulgate clinical protocols, provide clinical supervision and provide appropriate quality assurance for daily operations and training pursuant to this article and pursuant to F.S. ch. 401. The medical director shall supervise and assume direct responsibility for the clinical performance of the EMD's, EMTs, and paramedics operating as part of the county emergency medical services system. All county EMS system providers granted a COPCN shall be required to fall under the authority of, and shall abide by, all medical protocols authorized by the county medical director.

(Ord. No. 2003-14, § III, 8-21-03)

Sec. 46-87. Credentialing.

(a) No person shall be permitted to function as a paramedic within the emergency medical services system without first being credentialed by the medical director. The purpose of credentialing is to provide the medical director with continuous information regarding persons who desire to operate within the emergency medical services system to determine if such persons meet all requirements as provided for in F.S. ch. 401, and rules and regulations of the department of health or other applicable regulatory agency.

(b) Any person operating as an EMT or paramedic within the emergency medical services system shall meet the requirements set forth by the medical director.

(c) The county medical director shall establish a process by which paramedics are credentialed.

(d) If such person has met all requirements as set forth in F.S. ch. 401, and the rules and regulations of the state agency having jurisdiction, the medical director may credential such an individual to serve within the emergency medical services system when, in the opinion of the medical director, the paramedic or EMT meets the standards of performance required by the medical director.

(e) Credentials shall be valid for a period of time not to exceed two years. The credential holder shall agree to any conditions specified by the medical director.

(f) If the medical director has reasonable belief that conduct by an EMD, EMT or paramedic, or any EMS provider may constitute one or more grounds for discipline, the medical director shall have the authority to suspend the credentials of said EMD, EMT or paramedic, or any EMS provider while an investigation is conducted by the state department of health, bureau of EMS.

(Ord. No. 2003-14, § III, 8-21-03; Ord. No. 2009-26, § III, 11-5-09)

Sec. 46-88. Levels of service.

There shall be five levels of medical care or transportation services in the county. These are as follows:

(1) *Level 1.* Alternative transportation services (ATS) are providers who routinely transport persons who are confined to wheelchairs or stretchers and whose condition is such that these persons do not need nor are likely to need, immediate medical attention during transport. This service is also known as paratransit. A certificate of public convenience and necessity shall be obtained from the county before engaging in this level of transportation service.

(2) *Level 2.* Basic life support nontransport (BLS nontransport) are providers authorized to provide BLS first-response assistance to the patient requiring emergency medical care. These providers do not transport patients

(3) *Level 3.* Advanced life support nontransport (ALS nontransport) are providers authorized to provide nontransport ALS. A certificate of public convenience and necessity shall be obtained from the county before engaging in this level of service.

(4) *Level 4.* Advanced life support transport (ALS transport) are providers authorized to provide ALS medical services and who routinely transport their patients to a medical facility. A certificate of public convenience and necessity shall be obtained from the county before engaging in this level of medical care. Certified providers who respond to requests for transportation will respond with an ALS staffed and equipped vehicle only.

(5) *Level 5.* Pre-hospital air ambulance service is any publicly or privately owned service which operates rotary-winged aircraft in conjunction with Volusia County's Emergency Medical Services System. A certificate of public convenience and necessity shall be obtained from the county before engaging in this level of medical service.

(Ord. No. 2003-14, § III, 8-21-03)

Sec. 46-89. Data reporting.

(a) *Minimum data set.* All providers authorized to provide emergency medical services within Volusia County shall comply with the collection and reporting of a minimum data set (MDS) as required by the EMS division. The MDS shall consist of clinical and operational data necessary in order to maximize the performance of the EMS system, including, but not limited to, call volume, response times and clinical skills proficiency.

(b) *Closest unit emergency medical response data.* The EMS division shall promulgate a reporting methodology that includes the following data for each closest unit emergency medical response: The time of release by an emergency medical dispatcher, the time of arrival at the incident scene and other information deemed relevant by the EMS division. All providers shall maintain and submit data to the EMS division consistent with this methodology on a schedule established by the EMS division.

(Ord. No. 2003-14, § III, 8-21-03; Ord. No. 2009-26, § IV, 11-5-09)

Sec. 46-90. Medical advisory board.

(a) The county council shall create by resolution an advisory board to be known as the "Volusia County Medical Advisory Board" whose mission is to review and recommend regarding standards of care for the EMS system.

(b) The medical advisory board shall advise the county medical director and the EMS division on issues pertaining to the EMS system, including but not limited to, EMS system pre-hospital patient care protocols, research initiatives, hospital emergency department interface issues, and/or new technologies and clinical procedures.

(c) The medical advisory board may establish standing committees to provide recommendations regarding clinical quality management and enhancement concerning the provision of emergency medical services in conjunction with the EMS division.

(d) The medical advisory board shall be chaired by the county medical director and shall include the following members:

- (1) The county medical director;
- (2) The emergency department physician director from each hospital emergency department in the county and the Central Florida Regional Hospital in Sanford, Florida;
- (3) The physician medical director of the Volusia County Health Department;
- (4) A physician representative of the county medical examiner's office; and
- (5) A physician representative of the Volusia County Medical Society.

(Ord. No. 2003-14, § III, 8-21-03)

Sec. 46-91. Automated external defibrillation (AED) policy and procedures.

Pursuant to F.S. § 401.2915:

- (1) Any person or entity in possession of an automated external defibrillator is encouraged to register with the local emergency medical services medical director the existence and location of the automated external defibrillator; and
- (2) Any person who uses an automated external defibrillator is required to activate the emergency medical services system as soon as possible upon use of the automated external defibrillator.

(Ord. No. 2003-14, § III, 8-21-03)

Sec. 46-92. Certificate of public convenience and necessity (COPCN).

(a) *Application.* An application for any COPCN required by state law or regulation for the operation of any advanced life support service or ATS operator, shall be filed with the EMS division on such forms as the division may require, together with such fee as the county council by resolution may establish. All applications shall be signed by the duly authorized chief administrative officer of the applicant.

(b) *Applications for a nontransport COPCN* shall include:

- (1) The names and addresses of all principals of the proposed provider, including the chief administrative officer, EMS manager and fire chief, if applicable;
- (2) The trade or other name, if any, under which the applicant does business and proposes to do business;
- (3) The boundaries the applicant proposes to serve for each of the following categories:
 - i) primary service area; and
 - ii) closest unit emergency medical response service area for each fire station of the applicant to include a map in a format deemed acceptable by the EMS division.
- (4) The level and nature of the services proposed, in specific detail;
- (5) A description of all vehicles and equipment the applicant proposes to use to supply the service, including make, model, year of manufacture, vehicle identification number,

- vehicle type, current state license number (if applicable) and a listing if all medical equipment to be utilized in the provision of emergency medical services under the certificate;
- (6) Proof that the applicant has employed an adequate number of state-certified and credentialed personnel, and possesses all required federal or state licenses and permits;
 - (7) A notarized statement that the applicant agrees to utilize the services of the county medical director for the duration of the certificate;
 - (8) A notarized statement by the applicant that it shall provide a closest unit emergency medical response to each emergency medical condition within its service area;
 - (9) Proposed EMD plan;
 - (10) Proof that the applicant is in compliance with all applicable federal, state and local requirements, protocols, policies and directives;
 - (11) A summary of the training and experience of the applicant in the provision of nontransport advanced life support services;
 - (12) The address of the intended headquarters and any substations, and the address to which the public may have access in person during normal business hours;
 - (13) The applicant has furnished evidence of adequate insurance coverage for claims arising out of injury to or death of persons and damage to the property of others resulting from any cause for which the owner of such business or service would be liable. The applicant must provide insurance in such sums and under such terms as required by the Florida Department of Health, Bureau of EMS. In lieu of such insurance, the applicant may furnish a certificate of self-insurance evidencing that the applicant has established an adequate self-insurance plan to cover such risks and that the plan has been approved by the department of insurance; and
 - (14) Such other information as the county council, county manager, or their designee may deem necessary and relevant.
- (c) *Applications for an ambulance COPCN* shall include:
- (1) The names and addresses of all principals of the proposed provider, including the chief administrative officer, EMS manager and fire chief, if applicable;
 - (2) The trade or other name, if any, under which the applicant does business and proposes to do business;
 - (3) The boundaries of the territory to be served;
 - (4) The level and nature of the services proposed, in specific detail;
 - (5) A description of all vehicles and equipment the applicant proposes to use to supply the service, including make, model, year of manufacture, vehicle identification number, vehicle type, current state license number (if applicable) and a listing if all medical equipment to be utilized in the provision of emergency medical services under the certificate;
 - (6) Proof that the applicant has employed an adequate number of state-certified and credentialed personnel, and possesses all required federal or state licenses and permits;
 - (7) A notarized statement that the applicant agrees to utilize the services of the county medical director for the duration of the certificate;
 - (8) Proposed EMD plan;
 - (9) Proof that the applicant is in compliance with all applicable federal, state and local requirements, protocols, policies and directives;

- (10) A summary of the training and experience of the applicant in the provision of ambulance services;
 - (11) The address of the intended headquarters and any substations, and the address to which the public may have access in person during normal business hours;
 - (12) The applicant has furnished evidence of adequate insurance coverage for claims arising out of injury to or death of persons and damage to the property of others resulting from any cause for which the owner of such business or service would be liable. The applicant must provide insurance in such sums and under such terms as required by the Florida Department of Health, Bureau of EMS. In lieu of such insurance, the applicant may furnish a certificate of self-insurance evidencing that the applicant has established an adequate self-insurance plan to cover such risks and that the plan has been approved by the department of insurance;
 - (13) A proposed detailed budget, and if public funds will be needed for operation;
 - (14) A written analysis and evaluation of the activity level of the proposed service, including an evaluation of the unit hour utilization (UHU) of ambulances to be operated under the terms of the COPCN;
 - (15) A schedule of the applicant's intended rates, if any, and the length of time they will remain in effect. Any changes to the rate structure will require prior approval by the county council; and
 - (16) Such other information as the county council or county manager, or their designee may deem necessary and relevant.
- (d) *Applications for an alternative transport service COPCN* shall include:
- (1) The names and addresses of all principals of the proposed operator, including the chief administrative officer;
 - (2) The trade or other name, if any, under which the applicant does business and proposes to do business;
 - (3) The boundaries of the territory to be served;
 - (4) A description of all vehicles and equipment the applicant proposes to use to supply the service, including make, model, year of manufacture, vehicle identification number, vehicle type and a listing if all equipment to be utilized in the provision of ATS services under the certificate;
 - (5) A notarized statement that the applicant agrees to comply with the clinical guidelines for ATS services promulgated by the county medical director for the duration of the certificate;
 - (6) Proof that the applicant is in compliance with all applicable federal, state, and local requirements, protocols, policies and directives;
 - (7) A summary of the experience of the applicant in the provision of ATS services;
 - (8) The address of the intended headquarters and any substations, and the address to which the public may have access in person during normal business hours;
 - (9) The applicant has furnished evidence of adequate insurance coverage for claims arising out of injury to or death of persons and damage to the property of others resulting from any cause for which the owner of such business or service would be liable. The applicant must provide insurance in such sums and under such terms as required by the Florida Department of Health, Bureau of EMS. In lieu of such insurance, the applicant may furnish a certificate of self-insurance evidencing that the applicant has established an adequate self-insurance plan to cover such risks and that the plan has been

approved by the department of insurance;

(10) A proposed detailed budget, if public funds will be needed for operation;

(11) A schedule of the applicant's intended rates, if any, and the length of time they will remain in effect. Any changes to the rate structure will require prior approval by the county council; and

(12) Such other information as the county council or county manager, or their designee may deem necessary and relevant.

(e) *Fees.* Applications for new COPCNs shall require a nonrefundable application fee of \$1,500.00, or one-half of the total cost of evaluating the COPCN application, whichever is greater, to cover the cost of processing the application. This provision shall not apply to an application for a COPCN from existing providers which is necessary to become compliant with the changes to this article.

(f) *Notice.* The county council, at a regularly scheduled meeting within 60 days after receipt of an application deemed to be complete by the EMS division, shall set a public hearing date for the application and authorize notice thereof, which shall be published in a newspaper of general paid circulation in the county at least 21 days prior to the date of the hearing.

(g) *Medical director review.* Within ten days of receipt of an application deemed to be complete by the EMS division under this article, a complete copy thereof shall be forwarded by the EMS division to the county medical director for review and recommendations. The medical director shall prepare a written report within 30 days of his receipt of the application, unless an extension of time is agreed to be all interested parties or is granted by the county council for good cause.

(h) *Municipal review.* Within ten days of receipt of an application deemed to be complete by the EMS division under this article, a complete copy thereof shall be forwarded by the EMS division to the chief administrative officer of each municipality where the service is to be provided for the municipality's review and recommendation. The municipality may submit its recommendation to the county council in writing or in person at the public hearing.

(i) *Provider review.* Within ten days of receipt of an application deemed to be complete by the EMS division under this article, a complete copy thereof shall be forwarded by the EMS division to the principal of record of each provider or operator within the proposed service area for the provider's or operator's review and comment. The provider may submit its comments to the county council in writing or in person at the public hearing.

(j) *Standards.* Before taking action on an application under this article, the county council shall consider, where applicable, the following criteria:

(1) The extent to which the applicant, and all proposed equipment and personnel, conform to the standards of F.S. ch. 401, any amendments thereto, and any rules promulgated thereunder;

(2) The extent to which the applicant and all proposed equipment and personnel conform to this article, any amendments thereto, and any rules, resolutions or policies adopted thereunder;

(3) The extent to which the proposed services are needed to improve the overall capability of the emergency medical services within the county;

(4) The effect of the proposed services on the quality and cost of any existing provider or operator;

(5) The effect of the proposed services on the overall cost of medical transportation or rescue services within the county;

(6) The financial ability of the applicant to provide and maintain the proposed services

at the levels of performance proposed;

(7) The effect of the proposed services on existing hospitals and other health care facilities;

(8) The recommendations of the county's medical director;

(9) The recommendations of any affected municipality;

(10) The recommendations of any effected provider or operator;

(11) The experience and training of the applicant and its personnel, and the quality of its proposed equipment and vehicles;

(12) The past performance of the applicant in this or other jurisdictions;

(13) The ability of the applicant to comply with all applicable laws, ordinances, rules and regulations of federal, state and local governments, including, closest unit emergency medical response; and

(14) The applicant's rate schedule, if any, and the length of time such schedule is to remain in effect.

(k) *Disposition of the application.* At the close of the public hearing on the application, the county council shall approve, approve with conditions, or deny such application. Approval of the application shall result in the issuance of a COPCN which shall include the conditions upon which the COPCN was approved. The terms of the COPCN shall incorporate the boundaries of the service area and be conditioned on the representations set forth in the application. The COPCN shall be issued within 21 calendar days after the close of the public hearing.

(l) *Suspension or revocation.* The county council may suspend or revoke any certificate granted under this article for good cause, after a hearing upon reasonable notice to the holder of the certificate, and to any affected municipality. Good cause shall be deemed to include, but not be limited to one or more of the following circumstances:

(1) The certificate holder has failed or refused to provide full and satisfactory service to the area covered by the certificate;

(2) The certificate holder or any principal of the certificate holder fails to comply with the reporting requirements under the terms of the COPCN issuance;

(3) The certificate holder or any principal of the certificate holder fails to comply with the terms or conditions of the COPCN, or any requirement of this article, including the standards and policies implemented by the medical director or the EMS division;

(4) The certificate holder or any principal of the certificate holder has been convicted of or entered a plea of no contest to a felony or other offense involving moral turpitude;

(5) False statements of material fact in the application, or the intentional omission of material facts from the application;

(6) Failure to correct any deficiencies in the operations permitted by the certificate, following reasonable notice of such deficiencies;

(7) Failure to comply with any applicable federal, state or local laws, ordinances, regulations, resolutions or policies;

(8) The certificate holder or any principal of the certificate holder has been found guilty of negligence in the operation of his service by any court of competent jurisdiction;

(9) Any material change in the ownership, management or operations of the certificate holder; or

(10) Failure to provide EMD services or utilize the services of the medical director.

(m) *Rights and duties granted by certification.*

(1) Each COPCN issued in accordance with this article will expire automatically two years after the date of issuance. The requirements for renewal of any COPCN issued under this part are the same as the requirements in effect at the time of renewal for an original COPCN. The EMS division will prepare an abbreviated renewal application from which shall assure that the applicant meets the requirements of this article for a COPCN and include, at a minimum: i) the organization's name; ii) the name, telephone number, email address and signature of the provider's chief administrative officer; iii) the name, telephone number, email address and signature of the provider's EMS manager; iv) a copy of the provider's current license issued by the department of health; and v) any change in required information provided on the application for the currently approved COPCN of the applicant.

(2) The certificate shall not be transferable or assignable, either voluntarily or by operation of law, without the prior written approval of the county council, upon a finding of conformance with all requirements of this article.

(3) The holder of a COPCN, regardless of date of issuance, shall:

- a. Provide continuous and uninterrupted services in the manner and for those areas authorized by the certificate;
- b. Provide services authorized by the certificate to adjacent areas or routes, when requested to do so by a public safety agency or EMS provider;
- c. Keep such records as may be required by the federal or state government, or by the county council, pursuant to any rules and regulations adopted by resolution under this article, and furnish or make such records available to the county manager or designee for inspection at reasonable times and places;
- d. Operate in conformance with all federal, state or local laws or ordinances, and all rules and regulations, resolutions or policies thereunder, and any conditions or limitations imposed by the county council upon issuance of the certificate;
- e. File an application for renewal of its certificate, or a notice of its intent not to seek renewal of its certificate, at least 120 days prior to its expiration;
- f. Maintain liability insurance in such amounts and with such coverages as the county council may require upon issuance of the certificate;
- g. In the case of a nontransport or ambulance certificate holder, utilize emergency medical dispatch, or enter into an agreement with an agency to provide said service, authorized by the medical director;
- h. In the case of a nontransport certificate holder, establish, implement and maintain run cards which achieve closest unit emergency medical response in the manner and for those areas authorized by the certificate. The EMS director shall have the authority to review these run cards periodically to determine that closest unit emergency response is being functionally achieved. Upon determination that closest unit emergency medical response is not being functionally achieved, the EMS director shall notify the certificate holder(s) of the failure and consult with the applicable agency fire chief(s) to change the run card (s) to achieve functional closest unit emergency medical response. The EMS director shall have the final authority to resolve each run card discrepancy to achieve functional closest unit emergency response. The applicable certificate holder shall direct the agency's dispatch center to change the run card(s) in the manner and within the time period determined by the EMS director; and

i. In the case of a nontransport certificate holder, maintain closest unit emergency medical response at all times without charge, unless authorized by resolution of the council in accordance with section 46-93. Under no circumstances may a certificate holder withhold or condition closest unit emergency medical response.

(4) The county council may modify the terms and conditions of any certificates issued hereunder, at any time, after a public hearing upon reasonable notice to all interested persons.

(n) *Status of any current COPCN.* Any valid COPCN in force on the effective date of this article shall remain in full force and effect until its current expiration date unless the COPCN is suspended or revoked by the county council. Provision of services under a valid COPCN shall conform to this article, regardless of date of issuance. A closest unit response service area established by interlocal agreement between a certificate holder and other local government in effect on or before August 1, 2009 is incorporated by reference and made a part of the certificate holder's COPCN in effect on said date until the expiration of the interlocal agreement or COPCN, whichever occurs first. Any renewal of a valid COPCN shall comply with the application requirements in section 46-92.

(Ord. No. 2003-14, § III, 8-21-03; Ord. No. 2009-26, § V, 11-5-09)

Sec. 46-93. Fee for closest unit emergency medical response.

The council may adopt by resolution a fee schedule to compensate providers of closest unit emergency medical response by the recipient local government jurisdiction. The payment of a fee enacted under this section shall be the duty of the recipient local government jurisdiction.

(Ord. No. 2009-26, § VIII, 11-5-09)

Sec. 46-94. Rules and regulations.

The county council is hereby authorized to adopt by resolution such forms, rules, regulations, and policies as may be necessary or proper to implement this article, including, but not limited to, requirements and criteria for levels of service and training, for standards of medical operations, and for personnel, vehicles, record keeping, financial responsibility, notices and hearings, modifications and renewals, and appropriate fees.

(Ord. No. 2003-14, § III, 8-21-03; Ord. No. 2009-26, § VI, 11-5-09)

Note: Formerly § 46-93, which was renumbered as set out herein by Ord. No. 2009-26, § VI.

Sec. 46-95. Effect on other ordinances.

The provisions of this article shall prevail in the event of conflict with any other provisions of any ordinance in the existing Code of Ordinances of the County of Volusia.

(Ord. No. 2003-14, § III, 8-21-03; Ord. No. 2009-26, § VII, 11-5-09)

Note: Formerly § 46-94, which was renumbered as set out herein by Ord. No. 2009-26, § VII.

Secs. 46-96--46-120. Reserved.