



COLORADO CHAPTER
American College of Emergency Physicians
ADVANCING EMERGENCY CARE



COLORADO
MEDICAL SOCIETY

PLAINS TO PEAKS REGIONAL MEDICAL DIRECTION COMMITTEE
SOUTHERN AND SOUTHEASTERN REGIONAL MEDICAL DIRECTION COMMITTEE

**JOINT POSITION STATEMENT
REGARDING PROPOSED COLORADO GROUND AMBULANCE LICENSING RULES**

November 3, 2023

Dear Chairman Tim Dienst and Members of the State Emergency Medical and Trauma Advisory Council (SEMTAC):

On behalf of the Emergency Medical Services Association of Colorado (EMSAC) representing EMS providers and EMS agencies, the National Association of EMS Physicians Colorado Chapter (NAEMSP-CO) representing medical directors, researchers and agency leaders, the Colorado Chapter of the American College of Emergency Physicians (ACEP-CO) representing emergency medicine and emergency care providers, the Colorado Medical Society (CMS) representing 7,200 Colorado physicians, the Plains to Peaks Regional Medical Direction Committee, and the Southern & Southeastern Colorado Medical Direction Committee; we would like to thank the SEMTAC for considering our concerns related to the Draft Rules for Ground Ambulance Licensing at your last meeting on October 12, 2023. We would also like to thank the Colorado Department of Public Health and Environment's (CDPHE) Emergency Medical and Trauma Services (EMTS) Branch for their robust stakeholder process that addressed many of our concerns leading up to the final draft rules posted on October 9, 2023. We remain disappointed, however, that the final draft rules did not address our serious concerns with the scope, timelines, and detail of Sections 9 and 14. As such, we oppose recommendation of the rules as drafted to the Board of Health and respectfully submit alternate language for the entirety of those sections attached herein for your consideration.

It is important to reiterate that of all Colorado's ground ambulance services, over half run less than 600 calls per year and only 5% run more than 10,000 calls per year. As a result many services have limited administrative staff, often rely on volunteers, and simply do not have the funding or capacity to comply with overly detailed and burdensome regulations. While we favor consumer protection and accountability at the service level, we remain concerned with the proposed level of increased regulation that is orders of magnitude beyond what has existed in Colorado for decades.

Regarding Section 9 - Mandatory Reporting – Unlike any other regulated entity we are aware of, CDPHE receives over 400 data points of information from *every* ambulance call with a patient encounter, usually within 48 hours. As such we have suggested changes to Section 9 that focus on matters that are not contained within existing data sets already available to CDPHE. We have also proposed adjustments to this section to ensure that local medical direction and service leadership can conduct their critical oversight and peer review role in conjunction with state reporting.

Regarding Section 14 – Administrative and Operational Standards for Governance, Patient Records, Record Retention, Personnel and Policies and Procedures – We propose changes to effective dates to ensure ambulance services do not begin their initial licensing period out of compliance with the final draft rules. We also respectfully recommend that the rule detail be pared back to focus on more attainable and less burdensome requirements. These proposed changes strike a meaningful balance by meeting both the statutory requirements and the original intent of the section.

We recognize the concerns of some that think these changes eliminate necessary state oversight. To be clear, our focus resolutely remains on our patients and being responsible for providing them safe, quality care. These proposed changes support and enable that professional focus. We are convinced that ambulance services in Colorado continue to benefit from ongoing and effective local oversight. In particular, over 75% of ambulance services in the state are publicly owned and are responsible to local elected officials. Of the remaining 25%, a large majority provide services through governmental contracts. We have previously advocated for, and strongly support, the fingerprint-based background checks and arrest notification system that applies to 100% of our providers. Additionally, we believe strongly in the partnership between medical directors and service leaders who oversee EMS across our state on a daily basis in a responsible way. That is one of the reasons why we support Section 5 that overlays a robust state-level complaint investigation process that addresses what has been perhaps the largest gap in our previous county-based regulatory structure.

While these alternative sections may not be perfect, we argue they are substantially more reasonable than final draft rules proposed on October 9, 2023. We look forward to working with the EMTS Branch over time to improve these rules after initial implementation. We appreciate your careful consideration of these proposals and eagerly await the opportunity to respond to questions and gain your support for these changes. Our organizations will fully support the SEMTAC approved version of the proposed Rules if these recommended changes herein are accepted, and we will support the SEMTAC position to the Board of Health.

Sincerely,

Emergency Medical Services Association of Colorado
National Association of EMS Physicians Colorado Chapter
American College of Emergency Physicians Colorado Chapter
Colorado Medical Society
Plains to Peaks Regional Medical Direction Committee
Southern & Southeastern Colorado Medical Direction Committee

PROPOSED SECTION 9

SECTION 9 – MANDATORY INCIDENT REPORTING REQUIREMENTS FOR LICENSEES

9.1 MANDATORY INCIDENT REPORTING BY HEALTH CARE PROVIDERS SERVES SEVERAL PURPOSES, NONE OF WHICH ARE INTENDED TO BE PUNITIVE. THE ULTIMATE GOAL IS TO IMPLEMENT SYSTEM IMPROVEMENTS THAT REDUCE THE FREQUENCY OF INCIDENTS, MITIGATE THEIR EFFECTS, AND POSSIBLY PREVENT THE OCCURRENCE OF INCIDENTS ALTOGETHER. CAPTURING INFORMATION ABOUT INCIDENTS HELPS HEALTH CARE PROVIDERS AND OVERSIGHT AGENCIES LEARN AND IMPROVE CONTINUOUSLY WHILE CREATING SAFER CARE FOR PATIENTS AND SAFER CONDITIONS FOR STAFF. REPORTING HELPS IDENTIFY TRENDS, ALLOWS THE DEPARTMENT TO COMMUNICATE INFORMATION TO LICENSEES ABOUT RECALLED OR DEFECTIVE EQUIPMENT, ALLOWS THE SERVICE TO CORRECT ISSUES WITHOUT FORMAL REGULATORY ACTION, AND ALLOWS THE INDUSTRY TO PREVENT SIMILAR INCIDENTS IN THE FUTURE.

9.2 REPORTING TIMEFRAME

9.2.1 AS SOON AS PRACTICABLE BUT NO LATER THAN NINETY (90) CALENDAR DAYS AFTER ANY OF THE FOLLOWING INCIDENTS ARE DISCOVERED, THE AMBULANCE SERVICE MEDICAL DIRECTOR AND/OR ADMINISTRATOR SHALL COMPLETE ITS REVIEW PROCESS IN ACCORDANCE WITH THE QUALITY ASSURANCE PROGRAM, IF ESTABLISHED, TO DETERMINE IF THE INCIDENT IS ONE OR MORE OF THE FOLLOWING REPORTABLE ACTS.

9.2.2. IF IT IS DETERMINED THROUGH THE QUALITY ASSURANCE PROGRAM OR OTHERWISE THAT THE INCIDENT IS ONE OR MORE OF THE FOLLOWING ACTS THE AMBULANCE SERVICE ADMINISTRATOR SHALL NOTIFY THE DEPARTMENT OF THE INCIDENT AS SOON AS PRACTICABLE, BUT NO LATER THAN SEVEN (7) CALENDAR DAYS FOLLOWING ITS DETERMINATION, IN THE FORM AND FORMAT SPECIFIED BY THE DEPARTMENT. THAT:

- A) DESCRIBES THE INCIDENT REVIEW;
- B) STATES WHETHER, AFTER REVIEW, THE AMBULANCE SERVICE HAS CONCLUDED THAT THE REPORTED INCIDENT IS A MANDATORY REPORTABLE INCIDENT AS SET FORTH IN THESE RULES;
- C) IF THE INCIDENT DOES CONSTITUTE A MANDATORY REPORTABLE INCIDENT, IDENTIFIES WHETHER ADDITIONAL CORRECTIVE MEASURES ARE NECESSARY TO PREVENT REOCCURRENCE OF THE REPORTED INCIDENT; AND
- D) IF APPLICABLE, SPECIFIES EACH CORRECTIVE MEASURE THAT WILL BE UNDERTAKEN TO PREVENT REOCCURRENCE OF THE REPORTED INCIDENT.

9.2.3 AN AMBULANCE SERVICE MAY REQUEST AN EXTENSION TO THE NINETY (90) CALENDAR DAY DETERMINATION DEADLINE IN SECTION 9.2.2. THE DEPARTMENT MAY GRANT EXTENSIONS NOT TO EXCEED A TOTAL OF NINETY (90) ADDITIONAL CALENDAR DAYS.

9.2.4 THE DEPARTMENT MAY REQUEST FURTHER SUPPLEMENTAL INFORMATION CONCERNING ANY MANDATORY REPORTING INCIDENT IF IT DETERMINES SUCH INFORMATION IS NECESSARY.

9.3 REPORTABLE INCIDENTS INCLUDE THE FOLLOWING:

9.3.1 ANY INCIDENT DURING RESPONSE OR WHILE PROVIDING PATIENT CARE IN WHICH AN EMPLOYEE, CONTRACTOR, OR VOLUNTEER OF THE AMBULANCE SERVICE KNOWINGLY:

- A) COMMITS PHYSICAL ASSAULT AGAINST ANOTHER PERSON PURSUANT TO ARTICLE 3 OF TITLE 18, C.R.S.; OR
- B) COMMITS SEXUAL ASSAULT, PURSUANT TO ARTICLE 3 OF TITLE 18, C.R.S. AS USED HERE, "SEXUAL ASSAULT" INCLUDES:
 - 1) ANY IMPROPER SEXUAL CONTACT, TOUCHING, INTRUSION, OR PENETRATION THAT AN AMBULANCE SERVICE EMPLOYEE, CONTRACTOR, OR VOLUNTEER INFLECTS UPON ANOTHER PERSON; OR
 - 2) ANY INSTANCE IN WHICH AN EMS PROVIDER, WHILE PURPORTING TO OFFER A MEDICAL SERVICE, ENGAGES IN TREATMENT OR EXAMINATION OF A PATIENT FOR OTHER THAN A BONA FIDE MEDICAL PURPOSE OR IN A MANNER SUBSTANTIALLY INCONSISTENT WITH REASONABLE MEDICAL PRACTICES.

9.3.2 ANY INCIDENT INVOLVING THE COMMISSION OF PATIENT ABUSE, INCLUDING THE WILLFUL INFLICTION OF INJURY, UNREASONABLE CONFINEMENT, INTIMIDATION, OR PUNISHMENT, WITH RESULTING PHYSICAL HARM, PAIN, OR MENTAL ANGUISH; OR PATIENT NEGLECT, INCLUDING THE FAILURE TO PROVIDE GOODS AND SERVICES NECESSARY TO ATTAIN AND MAINTAIN PHYSICAL AND MENTAL WELL- BEING BY THE AMBULANCE SERVICE OR ITS EMPLOYEES, CONTRACTORS, OR VOLUNTEERS.

9.3.3 ANY UNAUTHORIZED APPROPRIATION OR POSSESSION OF MEDICATIONS, SUPPLIES, EQUIPMENT, MONEY, OR PERSONAL ITEMS.

9.3.4 A PREVENTABLE SUICIDE OR HOMICIDE THAT OCCURS DURING THE PROVISION OF PATIENT CARE BY THE AMBULANCE SERVICE AND RESULTS IN DEATH.

9.3.5 THE RESPONSE TO AN INCIDENT, OR TREATMENT OF A PATIENT, BY AMBULANCE SERVICES EMPLOYEES, CONTRACTORS, OR VOLUNTEERS WHILE IMPAIRED BY THE USE OF ALCOHOL OR DRUGS

9.3.6 ANY INSTANCE OF CARE PROVIDED BY SOMEONE IMPERSONATING A LICENSED HEALTHCARE PROVIDER, INCLUDING SOMEONE PRACTICING WITHOUT A VALID CERTIFICATION, LICENSE, OR PRIVILEGE TO PRACTICE.

9.3.7 THE FOLLOWING INCIDENTS RESULTING IN PATIENT DEATH WHICH OCCURS WHILE THE AMBULANCE SERVICE IS PROVIDING PATIENT CARE CAUSED BY:

- A) A MEDICATION ERROR OR MEDICAL ACT ERROR.
- B) AN INVASIVE PROCEDURE PERFORMED ON THE WRONG SITE.
- C) THE USE OR FUNCTION OF A DEVICE IN WHICH THE DEVICE IS USED IN A MANNER OTHER THAN AS INTENDED OR APPROVED BY MEDICAL DIRECTION.
- D) THE USE OF PHYSICAL RESTRAINTS OR CHEMICAL RESTRAINT.

9.3.8 ANY FINAL AGENCY ACTION AGAINST THE AMBULANCE SERVICE BY ANY FEDERAL OR STATE ENTITY RELATED TO SUBSTANDARD PATIENT CARE, HEALTH CARE FRAUD, OR THE AMBULANCE SERVICE'S DRUG ENFORCEMENT AGENCY (DEA) LICENSE.

9.3.9 ANY CIVIL JUDGMENT OR CRIMINAL CONVICTION IN A CASE BROUGHT BY FEDERAL, STATE, OR LOCAL AUTHORITIES THAT INVOLVES THE OPERATION, MANAGEMENT, OWNERSHIP OF AN AMBULANCE SERVICE AND CONTAINS ALLEGATIONS RELATED TO SUBSTANDARD PATIENT CARE, HEALTH CARE FRAUD, OR MORAL TURPITUDE. A GUILTY VERDICT, A PLEA OF GUILTY OR A PLEA OF NOLO CONTENDERE (NO CONTEST) ACCEPTED BY THE COURT IS CONSIDERED A CONVICTION.

9.3.10 ANY INSTANCE IN WHICH AN EMS PROVIDER IS TERMINATED OR SUSPENDED BY THE AMBULANCE SERVICE BASED ON THE GOOD CAUSE RULES SET FORTH IN 6 CCR 1015-3, CHAPTER ONE.

9.3.11 ANY ADMINISTRATION OF AN ADULTERATED OR CONTAMINATED DRUG, DEVICES, OR BIOLOGIC PROVIDED BY THE AMBULANCE SERVICE.

9.3.12 THE DEATH OR INJURY OF AN OCCUPANT OF AN AMBULANCE THAT IS LICENSED AND PERMITTED BY THE DEPARTMENT AND IS A DIRECT RESULT OF A MOTOR VEHICLE COLLISION OCCURRING DURING RESPONSE OR TRANSPORT BY THE AMBULANCE SERVICE.

9.4 ALL RECORDS, DOCUMENTS, TESTIMONY, OR EVIDENCE OBTAINED BY THE DEPARTMENT PURSUANT TO THIS SECTION REMAINS CONFIDENTIAL, EXCEPT AS PROVIDED IN SECTION 25-3.5-317(6), C.R.S.,.

PROPOSED SECTION 14

SECTION 14 – ADMINISTRATIVE AND OPERATIONAL STANDARDS FOR GOVERNANCE, PATIENT RECORDS AND RECORD RETENTION, PERSONNEL, AND POLICIES AND PROCEDURES

14.1 ADMINISTRATIVE AND OPERATING STANDARDS – LICENSEES SHALL MAINTAIN ADMINISTRATIVE POLICIES, PROCEDURES AND/OR OPERATING STANDARDS NECESSARY TO COMPLY WITH THESE RULES AND IN ACCORDANCE WITH ORGANIZATIONAL GOVERNANCE REQUIREMENTS.

14.2 PERSONNEL

14.2.1 GENERAL PERSONNEL STANDARDS - AT A MINIMUM, EACH AMBULANCE SERVICE SHALL OPERATE WITH QUALIFIED PERSONNEL, INCLUDING: AN ADMINISTRATOR, A MEDICAL DIRECTOR, AND EMS PROVIDERS.

14.2.2 ROLE-SPECIFIC PERSONNEL STANDARDS

- A) ON AND AFTER JULY 1, 2026, EACH AMBULANCE SERVICE SHALL DEVELOP A JOB DESCRIPTION FOR THE ADMINISTRATOR APPROVED BY THE OWNER OR OPERATOR INDICATING REQUIRED EDUCATION KNOWLEDGE AND EXPERIENCE.
- B) EACH AMBULANCE SERVICE SHALL HAVE A MEDICAL DIRECTOR WHO IS RESPONSIBLE FOR MEDICAL OVERSIGHT OF THE SERVICE AND ITS EMS PROVIDERS AS PROVIDED IN SECTION 11 AND 6 CCR 1015-3, CHAPTER TWO.
- C) ALL EMS PROVIDERS HIRED BY, CONTRACTED WITH, OR VOLUNTEERING FOR THE SERVICE AS AN EMS PROVIDER SHALL:
 - 1) HAVE A CURRENT LICENSE OR CERTIFICATION FROM THE STATE OF COLORADO PURSUANT TO 6 CCR 1015-3, CHAPTER ONE, OR HAVE A VALID EQUIVALENT PRIVILEGE TO PRACTICE AS AN EMS PROVIDER UNDER THE EMS COMPACT;
 - 2) BE CREDENTIALLED TO PRACTICE BY THE AMBULANCE SERVICE'S MEDICAL DIRECTOR.
- D) ON AND AFTER JULY 1, 2026, ANY EMPLOYEE, CONTRACTOR OR VOLUNTEER WHO WILL BE OPERATING A MOTOR VEHICLE FOR THE AMBULANCE SERVICE SHALL:
 - 1) BE AT LEAST EIGHTEEN (18) YEARS OF AGE;
 - 2) HAVE A CURRENT, VALID, UNRESTRICTED DRIVERS' LICENSE WITH APPROPRIATE ENDORSEMENTS FOR THE VEHICLE CLASS;

- 3) HAVE DOCUMENTATION OF SUCCESSFUL COMPLETION OF AN EMERGENCY VEHICLE OPERATOR COURSE (EVOC) OR EQUIVALENT TRAINING.

14.2.3 TRAINING AND ORIENTATION

- A. ON AND AFTER JULY 1, 2026, ALL EMPLOYEES, CONTRACTORS, VOLUNTEERS, SHALL NOT PROVIDE PATIENT CARE PRIOR TO RECEIVING ORIENTATION THAT SPECIFICALLY ADDRESSES THE FOLLOWING:
 - 1) MATTERS OF CONFIDENTIALITY, SAFETY AND APPROPRIATE BEHAVIOR;
 - 2) THE INDIVIDUAL'S SPECIFIC DUTIES AND RESPONSIBILITIES PRIOR TO ASSUMING THE ROLE;
 - 3) THE SERVICE'S POLICIES, PROCEDURES, AND APPLICABLE STATE AND FEDERAL LAWS;
 - 4) AN OVERVIEW OF STATE REGULATORY OVERSIGHT AND, IF APPLICABLE, LOCAL REQUIREMENTS THAT APPLY TO THE AMBULANCE SERVICE AND EMS PROVIDER;
 - 5) REPORTING REQUIREMENTS, INCLUDING MANDATORY INCIDENT REPORTING PROCEDURES SET FORTH IN SECTION 9; AND

14.2.4 PERSONNEL RECORDS - AMBULANCE SERVICES SHALL MAINTAIN APPROPRIATE AND CURRENT PERSONNEL FILES FOR EACH EMPLOYEE, CONTRACTOR, AND VOLUNTEER THAT SHALL BE RETAINED FOR A MINIMUM OF THREE (3) YEARS, OR LONGER IF OTHERWISE REQUIRED, FOLLOWING AN EMPLOYEE'S, CONTRACTOR'S, OR VOLUNTEER'S SEPARATION FROM SERVICE.

14.3 PATIENT RECORDS AND RECORDS RETENTION

14.3.1 PATIENT RECORDS - ON AND AFTER JULY 1, 2026, THE AMBULANCE SERVICE SHALL DEVELOP AND IMPLEMENT POLICIES AND PROCEDURES THAT ESTABLISH ITS PATIENT RECORDS RETENTION REQUIREMENTS IN ACCORDANCE WITH STATE AND FEDERAL REQUIREMENTS.

14.3.2 PATIENT ACCESS TO RECORDS - ON AND AFTER JULY 1, 2026, THE AMBULANCE SERVICE SHALL DEVELOP AND IMPLEMENT POLICIES AND PROCEDURES TO ALLOW PATIENT ACCESS TO THE PATIENT'S MEDICAL RECORDS. THE POLICIES MUST INCLUDE AND IDENTIFY, AT A MINIMUM, THE METHOD BY WHICH THE PATIENT OR THEIR LEGAL REPRESENTATIVE MAY ACCESS THE PATIENT'S MEDICAL RECORDS UPON REQUEST.

14.4 EQUIPMENT AND MEDICATION RECORDS - ON AND AFTER JULY 1, 2026, THE AMBULANCE SERVICE SHALL REQUIRE ITS EMPLOYEES, CONTRACTORS, OR VOLUNTEERS TO CONDUCT AND

RECORD ROUTINE MEDICAL EQUIPMENT AND MEDICATIONS CHECKS, THE RECORDS OF WHICH MUST BE MAINTAINED FOR A PERIOD OF TWO (2) YEARS.

14.5 PERMANENT CLOSURES - WITH REGARD TO ANY INDIVIDUAL PATIENT RECORDS THAT THE AMBULANCE SERVICE IS LEGALLY OBLIGATED TO MAINTAIN, EACH LICENSEE THAT SURRENDERS ITS LICENSE SHALL:

- A. INFORM THE DEPARTMENT IN WRITING OF THE SPECIFIC PLAN PROVIDING FOR THE STORAGE OF AND PATIENT ACCESS TO INDIVIDUAL PATIENT RECORDS WITHIN TEN (10) CALENDAR DAYS PRIOR TO CLOSURE.
- B. INSURE THAT THE DISPOSITION OF ALL PATIENT RECORDS IS IN ACCORDANCE WITH APPLICABLE STATE AND FEDERAL LAW.

14.6 ADDITIONAL POLICIES - ON AND AFTER JULY 1, 2026, EACH AMBULANCE SERVICE SHALL DEVELOP AND IMPLEMENT POLICIES AND PROCEDURES FOR THE FOLLOWING MATTERS THAT ARE NOT ELSEWHERE DESCRIBED IN THESE RULES:

14.6.1 THE AMBULANCE SERVICE'S MANNER OF RESPONDING TO, INVESTIGATING, AND RESOLVING COMPLAINTS RECEIVED.

14.6.2 THE AMBULANCE SERVICE'S POLICY OR PROCEDURE FOR DECOMMISSIONING OF AMBULANCES TO PROTECT THE INTEGRITY OF THE EMS SYSTEM.

14.7 POLICIES AND PROCEDURES - FOR THE CONVENIENCE OF LICENSEES, THIS SECTION CONTAINS 1) A COMPILATION OF POLICIES THAT ARE SET FORTH IN OTHER PARTS OF THIS RULE, AND 2) A LISTING OF POLICIES THAT ARE NOT ELSEWHERE SET FORTH IN THIS RULE.

14.7.1 ON AND AFTER JULY 1, 2026, EACH AMBULANCE SERVICE SHALL DEVELOP IN WRITING AND IMPLEMENT THESE POLICIES AND PROCEDURES THAT ARE REFERENCED ELSEWHERE IN THIS RULE, AND SHALL MAKE THEM AVAILABLE FOR DEPARTMENT INSPECTION. AT A MINIMUM, THE POLICIES AND PROCEDURES SHALL ADDRESS:

- A) THE PREVENTATIVE MAINTENANCE POLICY FOR VEHICLES AND DURABLE MEDICAL EQUIPMENT, AND MECHANICAL SAFETY INSPECTION REQUIREMENTS, AS SET FORTH IN SECTIONS 3.5.2.D, 3.7.2.D, 3.11.1.B.
- B) THE MINIMUM EQUIPMENT REQUIREMENTS FOR EACH PERMITTED AMBULANCE AS REQUIRED BY SECTION 13, SECTIONS 3.5.2.D AND 3.7.2.F, MEDICAL PROTOCOLS, CURRENT EMERGENCY MEDICAL CARE STANDARDS, AND ANY APPLICABLE SCOPE OF PRACTICE WAIVERS;
- C) STAFF TRAINING REGARDING MANDATORY INCIDENT REPORTING AND OBLIGATION TO REPORT TO THE AMBULANCE SERVICE ADMINISTRATOR AS SET FORTH IN SECTION 9;

- D) THE MANNER IN WHICH THE AMBULANCE SERVICE WILL ENSURE THE AVAILABILITY OF PATIENT CARE REPORTS TO ALL FACILITIES THAT CANNOT OTHERWISE ACCESS THESE REPORTS, AS SET FORTH IN SECTION 10.1.1.B;
- E) THE REQUIREMENTS OF THE AMBULANCE SERVICE'S QUALITY ASSURANCE PROGRAM (QA), AS SET FORTH IN SECTION 11.3;
- F) THE AMBULANCE SERVICE'S STAFFING PATTERN AND SAFETY CONSIDERATIONS AS SET FORTH IN SECTION 12.2.1;
- G) COMMUNICATIONS EQUIPMENT THAT MEET THE MINIMUM STANDARDS SET FORTH IN SECTION 13.2.3;
- H) REQUIREMENTS FOR EMPLOYEES, CONTRACTORS, AND VOLUNTEERS AS SET FORTH IN SECTIONS 14.2;
- I) ACCESS TO PATIENT RECORDS AS SET FORTH IN SECTION 14.3.2
- J) INTERNAL COMPLAINTS PROCEDURE AS SET FORTH IN SECTION 14.6.1
- K) POLICY FOR DECOMMISSIONING OF AMBULANCES SET FORTH IN SECTION 14.6.2