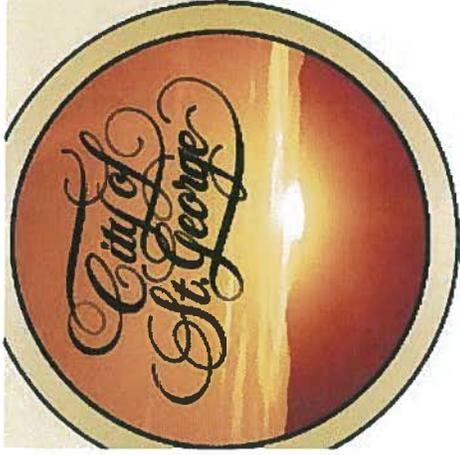


**ORDINANCE AMENDING
TITLE 3, CHAPTER 2,
ARTICLE F
AMBULANCES
October 30, 2014**



3-2F-1: DEFINITIONS

- Provides definitions used in this section of the City Code.



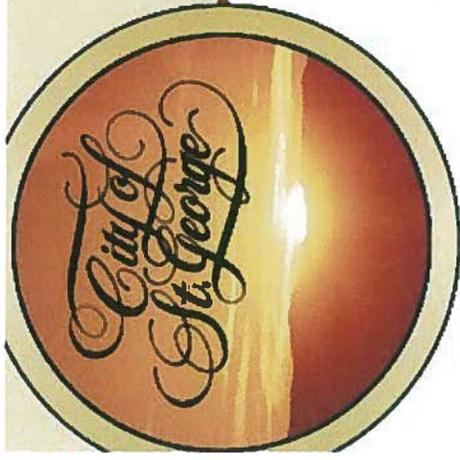
3-2F-2: APPLICABILITY

- Requires compliance with Title 3



3-2F-3: OPERATIONAL REQUIREMENTS

- **A. Excessive Rates**
- **B. Number of Ambulances**
- **C. Response to Calls**
- **D. Ambulance Services Provider Operating Procedures**
- **E. Ambulance Services Provider Supervisory and Management Personnel**
- **F. Ambulance Services Provider Medical Control**
- **G. Advertising of Service**



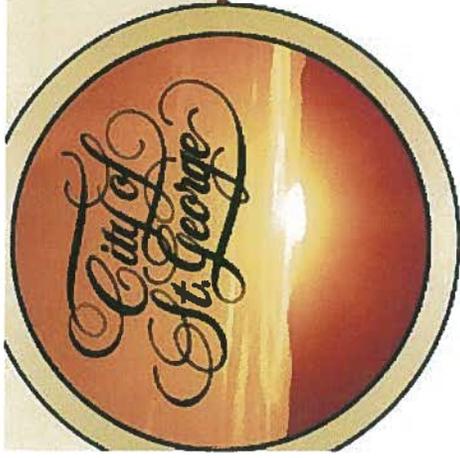
3-2F-4: PERSONNEL

- **A. Enforcement of Ambulance Services Provider Policies and Procedures, Filing with City Recorder**
- **B. Staffing of Ambulance Services Provider Ambulances**
- **C. Emergencies**
- **D. Ambulance Services Provider Employee Information**
- **E. Insignia Identification**



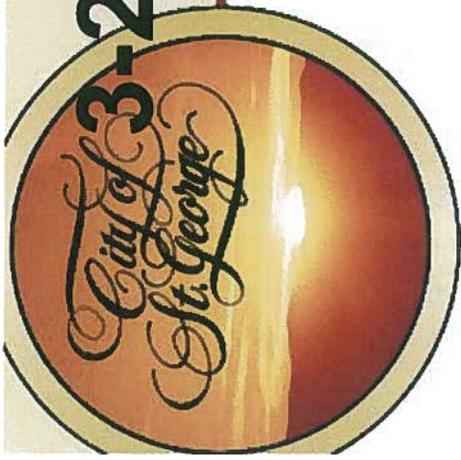
3-2F-5: FACILITIES

- A. Base Facility
- B. Facility Requirements



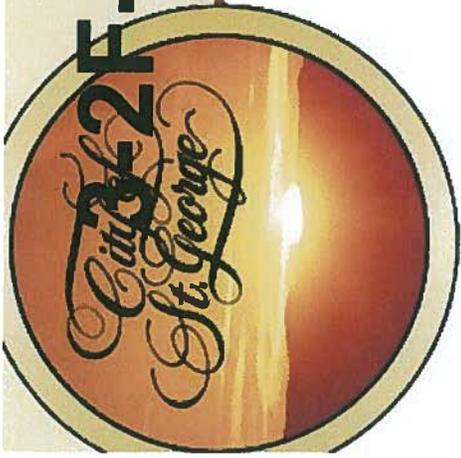
3-2F-6: AMBULANCES

- **A. Equipment**
- **B. Information**
- **C. Operation and Maintenance**
- **D. City Safety Inspection**



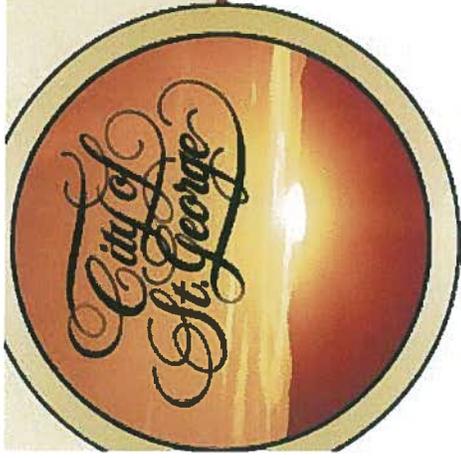
3-2F-7: RESPONSE TIME PERFORMANCE

- **A. Ambulance Services Provider Responsibilities**
- **B. Minimum Ambulance Response Time Standards**
- **C. Response-Time Measurement**
- **D. Response Time Exceptions and Exemption Requests**



2F-8 CUSTOMER SERVICE PERFORMANCE

- Requires ASP to have a customer service program.



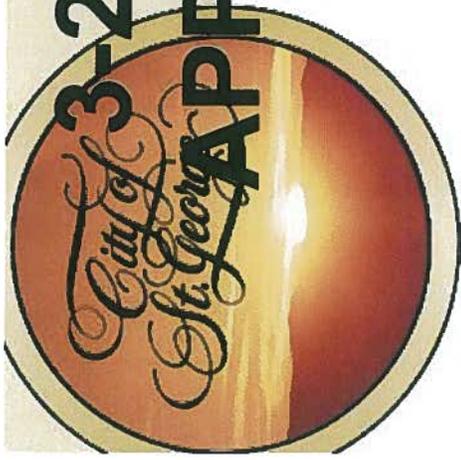
3-2F-9 ANNUAL REPORT

- Requires the ASP to prepare an annual report.



3-2F-10 DISPATCH COMMUNICATIONS

- **A. Dispatch**
- **B. Dispatch Procedures**
- **C. Radios and Pagers**
- **D. Notification of Status**
- **E. Priority Dispatch EMD**
- **F. AVL/GPS Devices**
- **G. Response Required**
- **H. Back-Up Requests**



3-2F-11 ENFORCEMENT, APPEALS AND PENALTIES

- A. Compliance Committee, Annual Review, and City Manager Determination
- B. Appeal
- C. Penalties for non-compliance may be one, or a combination of one or more of, the following

ORDINANCE NO. _____

AN ORDINANCE AMENDING TITLE 3, CHAPTER 2, ARTICLE F: AMBULANCES

WHEREAS, Utah Code Annotated 26-8a-408(7) states that “The role of local governments in the licensing of ground ambulance and paramedic providers that serve areas also served by the local governments is important. The Legislature strongly encourages local governments to establish cost, quality, and access goals for the ground ambulance and paramedic services that serve their areas”; and

WHEREAS, the Office of the Legislative Auditor General of the State of Utah reported in *A Performance Audit of the Bureau of Emergency Medical Services and Preparedness* completed in June, 2014, referring to the establishment of cost, quality, and access goals for ground ambulances and paramedic services by local governments, that the Bureau of Emergency Services “needs to ensure that local governments are holding providers accountable for meeting these goals because without such standards, providers have...no authoritative body to hold them accountable”; and

WHEREAS, the City Council, pursuant to State law, desires to establish ambulance cost, quality, and access goals by setting standards within the City to protect the health, safety and welfare of its citizens and for the efficient coordination and delivery of critical ambulance and paramedic services between the Ambulance Providers, the St. George City Police Department and the St. George City Fire Department; and

WHEREAS, the City Council has determined that changes to the ordinance are in the best interest of the health, safety, and welfare of the citizens of the City of St. George and are justified at this time.

NOW, THEREFORE, BE IT ORDAINED, by the St. George City Council, as follows:

Section 1. Repealer. Any provision of the St. George City Code found to be in conflict with this ordinance is hereby repealed.

Section 2. Enactment. Title 3, Chapter 2, Article F: AMBULANCES is hereby amended to read as follows:

3-2F-1: APPLICABILITY:

3-2F-2: LICENSE REQUIREMENTS:

3-2F-3: OPERATIONAL REQUIREMENTS:

3-2F-1: APPLICABILITY:

~~No ambulance business shall be operated in the city without first having obtained a license and meeting the requirements of subsection 3-1-7B1 of this title, and those set forth in this article.~~

3-2F-2: LICENSE REQUIREMENTS:

~~A. Information Required: Applicant shall provide all information required by subsection 3-1-4E of this title.~~

~~B. Additional Information And Requirements: Applicant shall submit evidence to the license officer that his vehicle and equipment comply with the ambulance design specifications and other requirements prescribed in the rules promulgated by the state and county boards of health, that the vehicles and business operations are covered by the minimum amounts of casualty insurance coverage prescribed by the rules and regulations of said boards of health, and that each ambulance vehicle is staffed by both an emergency medical technician (or paramedic) and a driver who is both an emergency medical technician and the holder of a valid chauffeur's license. The vehicles and equipment used in an ambulance business shall pass vehicle safety inspection by the city at any reasonable time that it may be requested by the chief of police.~~

3-2F-3: OPERATIONAL REQUIREMENTS:

~~A. Excessive Rates: No ambulance business shall charge rates in excess of those fixed and approved by the state board of health.~~

~~B. Inspections: The license officer may order periodic inspections from time to time to verify continued compliance by an ambulance licensee with all rules and regulations herein contained, as well as in the laws of the state.~~

ARTICLE F. AMBULANCES

- 3-2F-1: DEFINITIONS**
- 3-2F-2: APPLICABILITY**
- 3-2F-3: OPERATIONAL REQUIREMENTS**
- 3-2F-4: PERSONNEL**
- 3-2F-5: FACILITIES**
- 3-2F-6: AMBULANCES**
- 3-2F-7: RESPONSE TIME PERFORMANCE**
- 3-2F-8: CUSTOMER SERVICE PERFORMANCE**
- 3-2F-9: ANNUAL REPORT**
- 3-2F-10: DISPATCH COMMUNICATIONS**
- 3-2F-11: ENFORCEMENT, APPEALS AND PENALTIES**

3-2F-1: DEFINITIONS

AMBULANCE: A vehicle that transports patients, is used to provide emergency medical services and is required to obtain a permit under Utah Code Annotated section 26-8a-304 to be operated in the state.

AMBULANCE SERVICES PROVIDER: An emergency medical service provider that has been licensed by the state of Utah and the city to operate within the city to transport patients and provide emergency medical care to patients. Ambulance Services Provider does not mean an Inter-facility Ambulance Provider.

DISPATCH: The St. George Communications Center. The St. George Communications Center is the public safety answering point (PSAP) for the city.

EMERGENCY MEDICAL SERVICES: Medical services, transportation services, or both rendered to a patient.

INTER-FACILITY AMBULANCE SERVICES PROVIDER: An inter-facility ambulance service provider licensed by the state of Utah that is owned and operated by a hospital also licensed by the state of Utah.

PROVIDER: An Ambulance Services Provider and an Inter-facility Ambulance Services Provider collectively.

3-2F-2: APPLICABILITY:

No Provider shall operate or be operated in the city without first obtaining a license and meeting the requirements of subsections 3-1-4 and 3-1-7 of this title and those set forth in this article.

3-2F-3: OPERATIONAL REQUIREMENTS:

A. Excessive Rates: No Provider shall charge rates in excess of those fixed and approved by the state of Utah.

B. Number of Ambulances: Ambulance Services Providers shall maintain within the city at all times sufficient Ambulances to achieve compliance with this article, but in no case shall there be less than four (4) paramedic Ambulances, staffed by personnel with valid certification and licenses as required by the state of Utah and city ordinances. Ambulances staffed for non-emergency transports or staffed for non-emergency use, such as sports events, will not be counted as one (1) of the four (4) paramedic Ambulances required to be in service for purposes of this ordinance.

C. Response to Calls: Ambulance Services Providers shall respond to all calls for emergency and medically necessary non-emergency ambulance service. Ambulance Services Providers shall not refuse to transport any patient that meets any of the requirements of Utah Code Annotated section 26-8a-305.

D. Ambulance Services Provider Operating Procedures: All applicable operating procedures and policies of an Ambulance Services Provider shall comply with the National Incident Management System (NIMS).

E. Ambulance Services Provider Supervisory and Management Personnel: Ambulance Services Providers shall ensure that supervisory or management personnel are available at all times. Ambulance Services Providers shall designate a contact person who shall be authorized to make operational decisions, direct Ambulance Services Provider personnel, and commit Ambulance Services Provider resources for use. The contact person shall reside in Washington County and shall be the contact person for Dispatch, the city fire department, and the city police department when needed in cases of emergencies or for deployment of resources as needed.

F. Ambulance Services Provider Medical Control: Ambulance Services Providers shall employ the services of a licensed physician with a specialization in emergency care. The licensed physician shall practice within and have privileges at a hospital emergency room located within the city and practice in the city. The licensed physician shall:

1. Ensure that the Ambulance Services Provider is compliant with state regulations; and
2. Develop and evaluate protocols; and
3. Oversee training of Ambulance Services Provider personnel.

G. Advertising of Service: Providers shall not provide, market themselves as providing, or advertise the ability to provide a service that the Provider is not licensed and authorized to provide in this article or under Utah state law. Advertising any telephone number other than 911 on any ambulance or Provider vehicle is prohibited. Advertising or marketing in any way a telephone number other than 911 for emergency or transport services on any document or advertisement distributed or disseminated electronically or in print to the general public is prohibited.

3-2F-4: PERSONNEL:

A. Enforcement of Ambulance Services Provider Policies and Procedures, Filing with City Recorder: Ambulance Services Providers shall ensure that their personnel comply with their policies, procedures, protocols, rules, and regulations while on duty. A current copy of the Ambulance Services Provider's medical services policies and procedures and any subsequent amendments thereto shall be filed with the city recorder.

B. Staffing of Ambulance Services Provider Ambulances: Each Ambulance, when available for service, shall be staffed by personnel trained and certified in NIMS ICS 100 and ICS 200, and appropriately licensed and certified as specified below:

1. BLS Ambulance: One EMT driver and one EMT attendant.
2. AEMT Ambulance: One AEMT driver and one EMT attendant.
3. Paramedic Ambulance: One paramedic driver and one paramedic attendant.

C. Emergencies: The city may authorize deviation from this section during any state of emergency as declared by the governor of the state of Utah or local emergency as declared by the city.

D. Ambulance Services Provider Employee Information: Ambulance Services Providers shall maintain files on all certified or licensed EMT, AEMT, EMT-Paramedic and other clinical personnel employed on a full-time or part-time basis. Each file shall contain all information as required by law including valid copies of the employee's certification or licenses as required by the state of Utah and other city ordinances.

E. Insignia Identification: Provider's Ambulance personnel certified or licensed as EMT, AEMT, or Paramedic shall wear an insignia or label that clearly identifies his/her level of certification/licensure to the public and other first responder personnel.

3-2F-5: FACILITIES

A. Base Facility: The Ambulance Services Provider shall maintain a base facility or facilities of operation and administration within the city.

B. Facility Requirements: Ambulance Services Providers employing personnel on scheduled shifts greater than twelve (12) hours in duration shall provide crews quarters with food preparation, restroom, bathing and sleeping facilities, and heating and cooling.

3-2F-6: AMBULANCES

All ambulances operated by Providers shall comply with the following:

A. Equipment: All in-service Ambulances shall be equipped with the safety and emergency equipment required for Ambulances by the Utah Department of Health, Bureau of Emergency Medical Services. The city may conduct unannounced ambulance inspections at any time. The city may remove an Ambulance from service for noncompliance with city or state requirements.

B. Information: Each Provider shall have a photocopy or original copy of valid registration, valid insurance information, and valid ambulance identification card or ambulance inspection form indicating authorization from Utah Department of Health Bureau of Emergency Medical Services present on each Ambulance subject to call or service.

C. Operation and Maintenance: Each Ambulance shall be of adequate size, and properly equipped to conduct patient transport while allowing space for Provider’s personnel. The city may refuse to authorize use of an Ambulance that is not appropriately configured, supplied, or equipped. All Ambulances will at all times be operated within the design limitations specified by the manufacturer including applicable gross vehicle weight restrictions. Each Provider shall have a written preventive mechanical maintenance program for Ambulances so as to ensure compliance with Utah Department of Health, Bureau of Emergency Services regulations. Each Provider shall ensure that all Ambulances subject to call or service are mechanically sound and safe to operate at all times.

D. City Safety Inspection: Annual safety inspections may be performed by the city upon reasonable notice to Providers.

3-2F-7: RESPONSE TIME PERFORMANCE

A. Ambulance Services Provider Responsibilities: Ambulance Services Providers shall be responsible to meet or exceed the response time standards set forth below. The city, however, in its sole discretion, retains the right to vary the standards when circumstances arise that may cause the Ambulance Services Provider to be unable to meet the standards. An Ambulance Services Provider shall use its best effort to minimize variations or fluctuations in response-time performances according to time of day, day of the week, or week of the month.

B. Minimum Ambulance Response Time Standards:

1. Compliance is achieved when ninety (90) percent or more of calls for each priority in the city meets the specified response time criteria during the calendar month. For example, to be in compliance, an Ambulance Services Provider would place an Ambulance on the scene of each life-threatening emergency call within eight minutes not less than ninety (90) percent of the time for all Priority 1 calls for service within the city in any calendar month.

2. Ambulance Services Providers are required to meet the response times in the table below for each zone of the city. Zones shall be designated and agreed upon between the Ambulance Services Providers and Dispatch. Ambulance Services Providers will take precautions to assure that no zone is underserved.

3. Maximum Response Times:

Priority Code	Response Time	Dispatch Code
1	8 min	Echo Delta Charlie
2	12 min	Bravo Alpha

For purposes of determining compliance with the listed response times, the call is not considered late until sixty (60) seconds has elapsed beyond the listed response time. In other words, all maximum response times listed in the table above and referenced throughout this document include an additional fifty-nine (59) seconds of time before the call is deemed late. 0:00 indicates “On-time” performance with scheduled on scene time. Consideration will be given for Charlie codes that fit into another category.

Response Priority Code	Response Time Definition	EMD Response Level	Minimum Time Compliance Standard	Time Compliance Combination
1	Life-Threatening Pre-hospital Emergencies – All prehospital life-threatening emergency requests, as determined by the dispatcher in strict accordance with Department authorized EMD protocol.	- All Echo calls - All Delta calls -All Charlie calls	Not less than 90% per month by EOA.	Priority 1
2	Time-sensitive Pre-hospital Emergencies – All prehospital non-life-threatening emergency requests, including emergency standby requests, as determined by the dispatcher in strict accordance with Department authorized EMD protocol.	-All Bravo and Alpha calls where hot response is authorized.	Not less than 90% per month by EOA.	Priority 2

C. Response-Time Measurement:

1. Response time for Priority 1 and 2 calls will be calculated from dispatch time to arrive at scene time or cancellation time of the first transport-capable Ambulance. Authorized first responders may make cancellations in compliance with city Dispatch requirements.

2. Arrived at scene means the time the assigned Ambulance arrives at the requested call location or scene, wheels stopped, and Dispatch is notified. In situations where the Ambulance has responded to a location other than the scene (e.g., staging areas for hazardous scenes), arrived at scene shall be the time the Ambulance arrives at the designated staging location, wheels stopped and Dispatch is notified. For Priority 1 or 2 responses, the response time standard to staging area shall not be relaxed unless the public safety agency has instructed the Ambulance Services Provider to stage for law enforcement or fire, in order to ensure the scene is safe. If staging for such a purpose, the required response time shall be the same as a Priority 2 response. The response mode shall be in accordance with Dispatch policies and procedures.

3. Arrived at scene time is to be reported to Dispatch by a manual action of the ambulance crew. This requirement is typically satisfied by voice radio transmission or the use of a manually activated digital status reporting device. Arrival times automatically captured solely by automated vehicle locator AVL/GPS positioning reporting shall not be used.

4. For incidents requiring more than one Ambulance, the first Ambulance to arrive at the scene of an incident shall be used for calculation of response time standards. Ambulance Services Providers shall use their best efforts to place additional Ambulances on-scene expeditiously.

D. Response Time Exceptions and Exemption Requests:

1. Ambulance Services Providers shall use their best efforts to maintain mechanisms for reserve service capacity and to increase response service capability should temporary system

overload persist. However, it is understood that from time to time unusual factors beyond the Ambulance Services Provider's reasonable control affect the achievement of the specified response time standards. These unusual factors include, but are not limited to local emergencies, declared disasters, declared disasters in another county or state where Ambulance Services Provider's Ambulances are sent for mutual aid, severe weather, or periods of unusually high demand for ambulance services. Authorized categories for minimum response time standards exceptions are as follows:

(a) A local declared disaster involving mass casualties;

(b) If it can be demonstrated that providing emergency mutual aid into another Ambulance Services Provider's operating area caused a shortage of resources that is directly attributable for a late response within the city;

(c) During certain weather or roadway conditions that prohibit safe Ambulance operation to meet response time standards, or the specified call location is inaccessible by conventional ground Ambulances;

(d) During a period of unusually high demand. To request an exemption for a period of unusually high demand, Ambulance Services Providers must demonstrate that, at the moment the call was received, the number of emergency calls dispatched and being worked simultaneously caused an unexpected shortage of resources that was directly attributable to the late response within the city.

Any response time exceptions granted by the city shall be in the sole discretion of the city.

2. Equipment failures, traffic congestion, Ambulance failures, inability to staff units, and other similar causes will not be grounds for granting an exception to compliance with the response standards.

3. If an Ambulance Services Provider believes that any response or group of responses should be excluded from the calculation of the response time standards, the Ambulance Services Provider may request a review by the city. With its requests, the Ambulance Services Provider shall submit a detailed statement explaining why the response time should be excluded and all other available documentation that supports the request. The exclusion request must be made in writing. The city will review the request and issue a final determination.

E. Aggregate Monthly Response Time Measurement:

1. All ambulance responses over each calendar month will be separated by priority code, and then analyzed for compliance with the minimum ninety (90) percent standard. The number of calls within standard for a specific priority code and response time zone shall be divided by the total number of calls for that priority code and response time zone to determine the aggregate percentage compliance within each zone. Monthly response times may be reported with decimals, but no rounding factor will be used in determining compliance.

2. Aggregate monthly response time performance will be applied to each priority code. Any priority code resulting in less than the ninety (90) percent response time performance is non-compliant with the response time. The city shall endeavor to respond to requests from an Ambulance Services Provider for information regarding response times as soon as is practical, but in no case shall it be less than ten (10) business days after the request is made.

3-2F-8 CUSTOMER SERVICE PERFORMANCE

Ambulance Services Providers shall provide a customer service program that addresses complaints or concerns raised either verbally or in writing from patients or families of patients, oversight agencies, hospitals, emergency department physicians or nurses, other healthcare facilities, fire service agencies, and law enforcement agencies. Ambulance Services Providers shall make initial contact with the agency or person expressing the complaint or concern within twenty-four (24) hours. Ambulance Services Providers shall investigate complaints or concerns in a timely manner. All verbal or written complaints or concerns shall be documented by the Ambulance Services Provider for completion and follow-through. The documentation shall note the nature of the complaint or concern and the resolution or proposed resolution of the complaint or concern by the Ambulance Services Provider. The documentation of any concerns or complaints shall be submitted to the city fire chief on a monthly basis. The Ambulance Services Provider shall allow the city to audit the customer service program upon request; however medical information may be withheld to the extent required by applicable federal or state law.

3-2F-9 ANNUAL REPORT

On or before April 15th of each year, each Ambulance Services Provider will prepare and submit to the city a report of contract compliance and achievement for the preceding year (January 1 through December 31). This report will be in a format acceptable to the city, and the report will indicate the extent of compliance with all performance provisions of the ordinance and state standards. Additional achievements may also be required or submitted

At a minimum the report must contain:

1. Call volume of responses by priority code and by time.
2. Response time compliance by month and by priority.
3. Volume of calls where service was requested and the Ambulance Services Provider failed to respond.
4. Volume of mutual aid given and received by the Ambulance Services Provider.
5. Listing of community service and public education events conducted by month, including multi-agency training, drills and exercises.
6. Any other information the city may need or request for use in preparing the annual report of contract compliance and achievement.

3-2F-10 DISPATCH COMMUNICATIONS

A. Dispatch: Dispatch shall be the sole dispatch for 911 emergency ambulance services, non-emergency transport services, and the paging/notification entity responsible for pre-alert and alerting Ambulance Services Provider's Ambulances of calls for services within the city. All calls for ambulance services provided by the Ambulance Services Provider shall be directed to call 911.

B. Dispatch Procedures: Ambulance Services Providers shall maintain dispatch procedures and protocols consistent with the policies and procedures established by Dispatch.

C. Radios and Pagers: Ambulance Services Providers will be responsible to maintain radio and paging communications with Dispatch. The city participates in the Utah Communications Authority (UCA). Ambulance Services Providers must have the appropriate UCA radio channels for EMS & Fire operations. The primary dispatch channel for EMS & Fire operations for the city is the UCA Channel "St George Fire Dispatch 1." All Ambulance Services Providers' personnel required by ordinance to staff an Ambulance must have a radio and pager with them at all times and be actively monitoring St George Fire Dispatch 1.

D. Notification of Status: Ambulance Services Providers will be responsible to notify Dispatch first of any status changes and updates including "en-route", "arrived", "en-route to the hospital," "arrived at the hospital," "clear," "available for calls" and "arrived at or en-route to a posting/staging location." Notifications made by the responding Ambulance to any other agency or dispatch center shall only be made after notification to Dispatch has been completed.

E. Priority Dispatch EMD: All pre-hospital calls shall be managed in accordance with the EMD/Priority Dispatch policies and procedures and coded accordingly.

F. AVL/GPS Devices: Ambulance Services Providers shall install and maintain AVL/GPS devices on all of their Ambulances operated within the city. The AVL/GPS system must be operational and compatible with the RMS/Mapping system utilized by Dispatch.

G. Response Required: Ambulance Services Providers shall not refuse to respond to any emergency call, any medically necessary interfacility transfer call, any paid special event stand-by, or any public safety agency stand-by call within the city.

H. Back-Up Requests: Ambulance Services Providers shall contact Dispatch and request back up Ambulance response of the next closest ambulance resource if the Ambulance Services Provider has exhausted all immediately available resources.

3-2F-11 ENFORCEMENT, APPEALS AND PENALTIES

A. Compliance Committee, Annual Review, and City Manager Determination: Compliance with the standards and requirements of this section shall be determined by a committee comprised of the city's police chief, fire chief, dispatch communications manager, medical control doctor for Dispatch, and attorney or their designees. Review for compliance with the standards and requirements of this section shall be on at least an annual basis, or as often as the committee determines is necessary to ensure compliance. The committee shall meet with each Ambulance Services Provider to review all information considered by the committee before making any recommendation. Any recommendation of the committee regarding compliance or non-compliance and any recommended penalties, along with supporting documentation, shall be made in writing to the city manager. The city manager shall make a determination in writing of compliance or non-compliance for each Ambulance Services Provider including, if needed, the imposition of any penalties.

B. Appeal: An Ambulance Services Provider may appeal in writing a determination of non-compliance or any penalty imposed by the city manager by filing the appeal with the city recorder within ten (10) business days of the determination of non-compliance or imposition of a penalty. The city manager shall hear the appeal of an Ambulance Services Provider within ten (10) business days of receipt of the appeal from the Ambulance Services Provider. The city manager shall issue a decision in writing within ten (10) business days of the appeal hearing with the Ambulance Services Provider.

An Ambulance Services Provider may appeal a non-compliance decision or the imposition of a penalty by the city manager to the mayor and council by filing a notice of appeal with the city recorder within ten (10) business days of the issue date of the decision of the city manager. The mayor and council shall hear the appeal of the Ambulance Services Provider within thirty (30) days of the receipt of the notice of appeal by the city recorder. The mayor and city council shall issue a determination in writing within thirty (30) days after the hearing. The decision of the mayor and council is final.

C. Penalties for non-compliance may be one, or a combination of one or more of, the following:

1. Written warning with a written improvement plan which includes action items needed to comply with the standards and requirements of this section;
2. Probation period for up to twelve (12) months in addition to the written warning. Any violations by an Ambulance Services Provider within the probationary period may result in a recommendation for revocation of the Ambulance Services Provider's business license.
3. Revocation of the Ambulance Services Provider's business license.

Gold Cross Ambulance

Prepared for the
City of St George

26-8a-401(1) State regulation of emergency medical services market.

To ensure emergency medical service quality and minimize unnecessary duplication, the department shall regulate the emergency medical service market after October 1, 1999, by creating and operating a statewide system that:

26-8a-408(7)

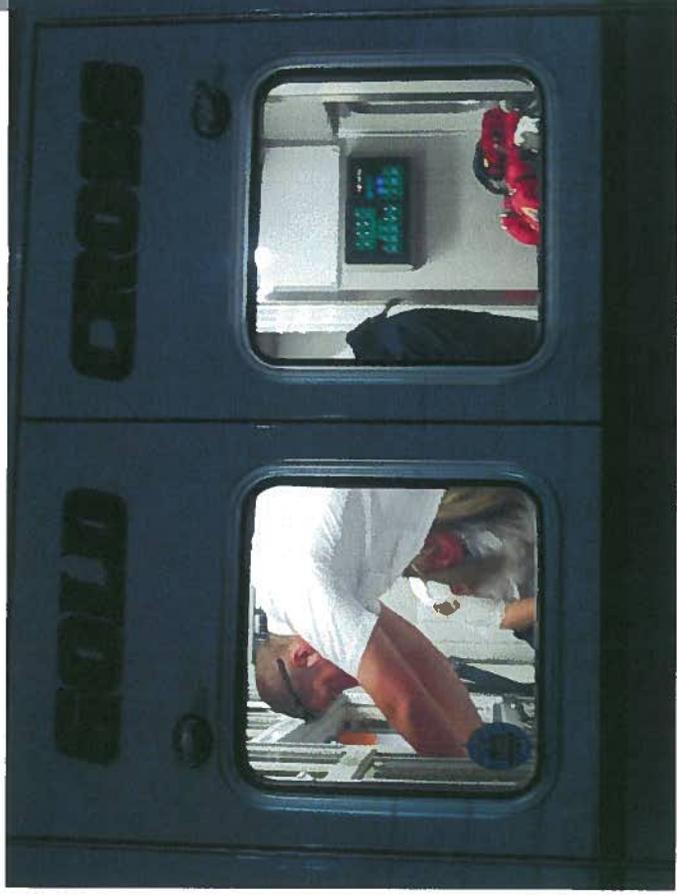
The Legislature strongly encourages local governments to establish cost, quality, and access goals for the ground ambulance and paramedic services that serve their areas.

Vehicles



Employees

- Current Staffing is 43 employees
 - 31 Full time
 - 12 Part time

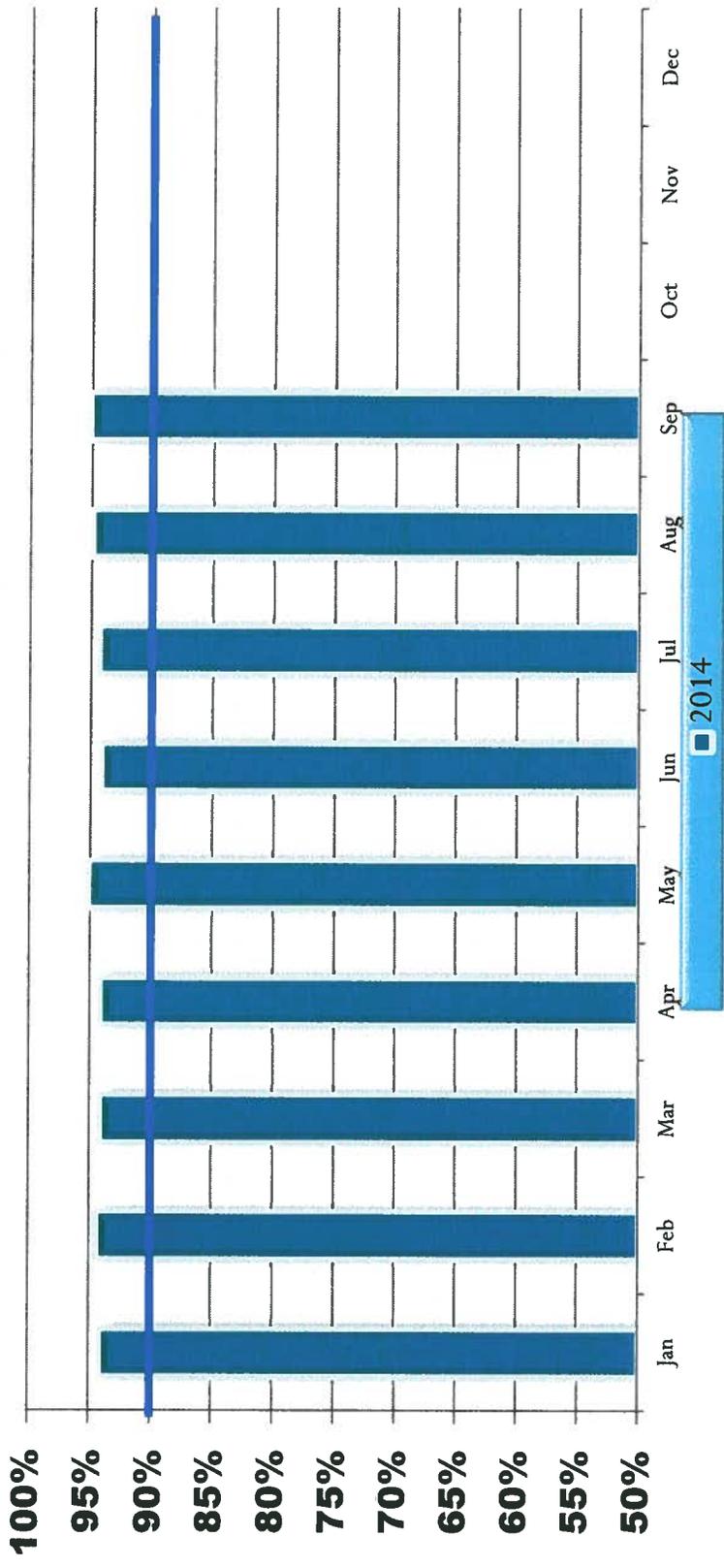


Overall Combined Compliance



**GOLD CROSS
AMBULANCE**

Combined Compliance

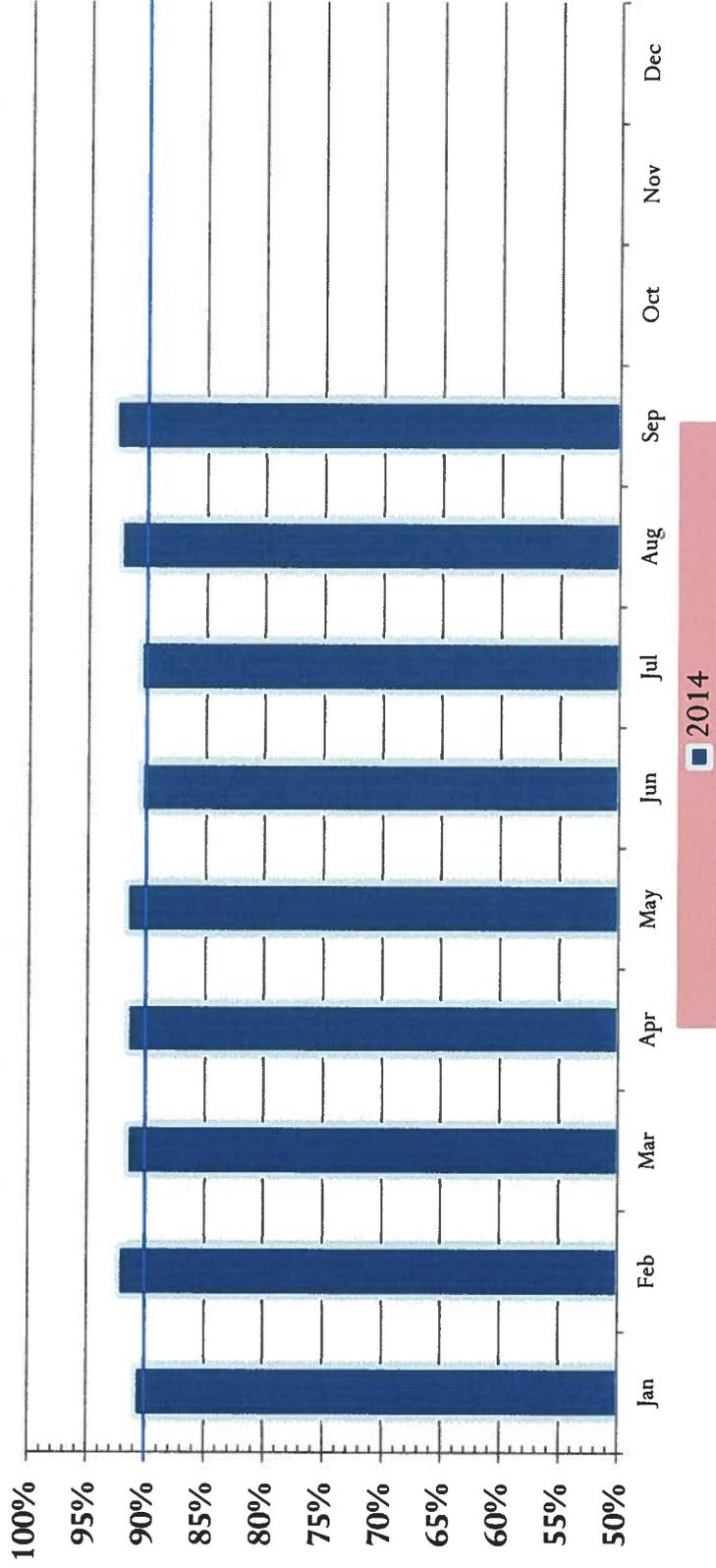


Hot Responses (Lights & Siren)

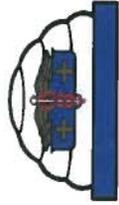


**GOLD CROSS
AMBULANCE**

St George City "HOT"
9-1-1 Responses

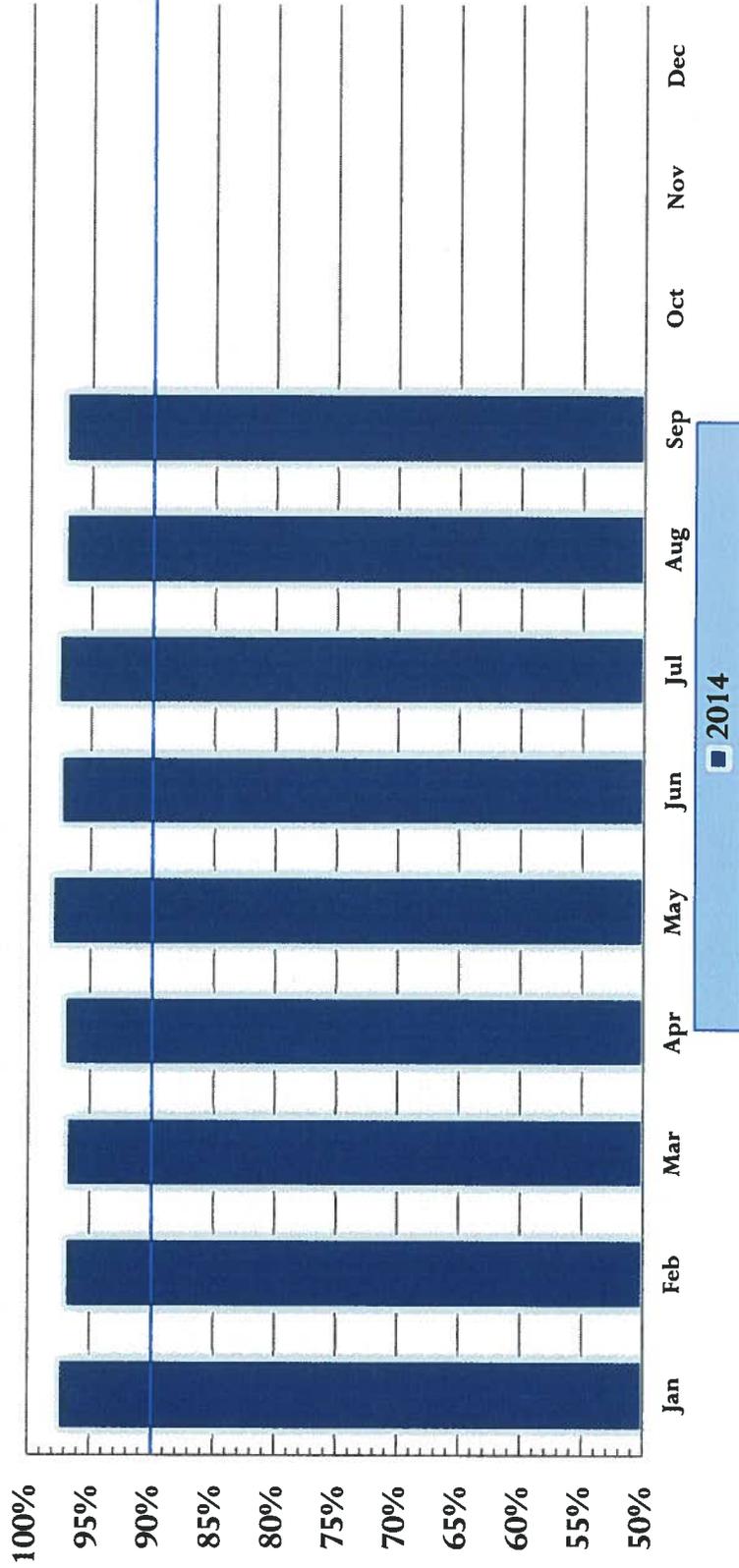


Cold Responses (Normal Traffic)



**GOLD CROSS
AMBULANCE**

St George City "COLD"
9-1-1 Responses



26-8a-102

- (1)
 - (a) "911 ambulance or paramedic services" means:
 - (i) either:
 - (A) 911 ambulance service;
 - (B) 911 paramedic service; or
 - (C) both 911 ambulance and paramedic service; and
 - (ii) a response to a 911 call received by a designated dispatch center that receives 911 or E911 calls.
 - (b) "911 ambulance or paramedic service" does not mean a seven or ten digit telephone call received directly by an ambulance provider licensed under this chapter.
- (14) "Non-911 service" means transport of a patient that is not 911 transport under Subsection

RV Accident

- 8 ambulances on duty
- Four 911 ambulances
- One Inter-facility ambulance
- **Three additional ambulances staffed**
- First report 05:36, 6 ambulances on duty by 05:44
- 7 ambulances by 05:50
- 8 ambulances by 06:03
- 8 patients transported



Ironman Competition (May 2014)



Standby Events Include

- Color Me Rad 5K
- Midnight 5K
- Millies Princess Foundation
- Thunder Over Utah Air Show
- St George Marathon
- St George Relay
- Huntsman Senior Games
- (upcoming)National Guard event



Hazmat Drill

News Opinion Arrests Lifestyle Announcements Obituaries



Hazmat technicians practice helping an injured patient in a simulated environment, Dixie Regional Medical Center, St. George, Utah, Oct. 16, 2014 | Photo by Brett Brostrom, St. George News

Southwest Regional Hazmat Team practices for accidents

Written by [Brett Brostrom](#) on October 17, 2014 in [News](#) - [No comments](#)

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ST. GEORGE – The Southwest Regional Hazmat Team held a drill at Dixie Regional Medical Center in St. George Thursday night to practice responding to hazardous material spills and similar situations.

The process involved several different agencies, all working hand in hand to contain hazmat spills and help any patients who may have come in contact with the spilled materials. The St. George Fire, Colorado City/Hildale and Santa Clara fire departments, Gold Cross Ambulance, and nurses from Dixie Regional Medical Center all participated in the activity.

Near-drowning



Man in critical condition after near-drowning at Gold's Gym

Written by [Cami Cox-Jim](#) on August 28, 2014 in [News](#) - [16 Comments](#)

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ST. GEORGE – A man in his 70s was in critical condition Thursday night after a near-drowning incident at Gold's Gym in St. George Thursday afternoon.

Gold Cross Ambulance and the St. George Fire Department additionally responded to the scene. Williams said the harmony and teamwork of all responders on this incident was impressive, and they were able to work seamlessly to revive, stabilize and transport the man.

"Medics on scene said it was CPR that brought him around – good CPR by the first responders," Williams said.

It was CPR that brought him around – good CPR by the first responders

12 Lead ECG transmission

- The Philips 12-Lead Algorithm offers a number of significant clinical benefits, which add up to lower costs, improved efficiency, and ultimately, superior patient care.

