

SUBJECT: **PREHOSPITAL CARE POLICY WAIVER  
REQUEST FORM**

REFERENCE NO. 1142.1

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EMS Provider/Hospital: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Name Completing this Form: \_\_\_\_\_

Contact Information (Phone): \_\_\_\_\_

Contact Information (E-Mail): \_\_\_\_\_

POLICY WAIVERS: Check all that apply.

- A.1. ALS Unit Staffing Waiver** – Allow ALS Units to respond to ALS calls staffed with only one (1) paramedic and one (1) emergency medical technician (EMT).

Requested Start Date: \_\_\_\_\_

Anticipated End Date: \_\_\_\_\_

EMS Agency Response:	Approved	Denied
EMS Agency Representative:	Name	Signature

Comments: \_\_\_\_\_

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- B.1. ALS Unit Staffing Waiver for Private Providers** – Allow ALS Units that are not authorized to use 1:1 Staffing Configuration to operate with only one (1) paramedic and one (1) emergency medical technician (EMT).

Requested Start Date: \_\_\_\_\_

Anticipated End Date: \_\_\_\_\_

EMS Agency Response:	Approved	Denied
EMS Agency Representative:	Name	Signature

Comments: \_\_\_\_\_

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**C.1. Patient Destination Waiver** – Allow EMTs to transport ALS patients.

Requested Start Date: \_\_\_\_\_  
Anticipated End Date: \_\_\_\_\_  
EMS Agency Response: 

Approved	Denied
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EMS Agency Representative: \_\_\_\_\_  
NameSignature  
Comments: \_\_\_\_\_

**C.2. Patient Destination Waiver** – Allow BLS Units to bypass the most accessible receiving facility (MAR) when the MAR has requested diversion provided the next closest facility has not requested diversion. BLS Units shall provide prehospital notification to the receiving hospital.

Requested Start Date: \_\_\_\_\_  
Anticipated End Date: \_\_\_\_\_  
EMS Agency Response: 

Approved	Denied
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EMS Agency Representative: \_\_\_\_\_  
NameSignature  
Comments: \_\_\_\_\_

**C.3. Patient Destination Waiver** – Allow EMS provider (ALS and BLS) to transport to an emergency department located greater than 15 minutes from incident location.

Requested Start Date: \_\_\_\_\_  
Anticipated End Date: \_\_\_\_\_  
EMS Agency Response: 

Approved	Denied
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EMS Agency Representative: \_\_\_\_\_  
NameSignature  
Comments: \_\_\_\_\_

- C.4. Patient Destination Waiver** – Allow transport to designated alternate sites (other than the emergency department) located on the hospital’s campus.

Requested Start Date: \_\_\_\_\_

Anticipated End Date: \_\_\_\_\_

EMS Agency Response: Approved Denied

EMS Agency Representative: \_\_\_\_\_

Name Signature

Comments: \_\_\_\_\_

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- D.1. Hospital Designated Service Area Boundary Waiver** – Suspend Service Area Boundaries of hospitals with designated service areas.

Requested Start Date: \_\_\_\_\_

Anticipated End Date: \_\_\_\_\_

EMS Agency Response: Approved Denied

EMS Agency Representative: \_\_\_\_\_

Name Signature

Comments: \_\_\_\_\_

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- E.1. Internal Disaster Directive** – The Medical Alert Center may place hospitals on Internal Disaster when hospitals report via ReddiNet that their Service Level is “Black”. All other hospital request for Internal Disaster diversion must be approved by the EMS Agency AOD.

Requested Start Date: \_\_\_\_\_

Anticipated End Date: \_\_\_\_\_

EMS Agency Response: Approved Denied

EMS Agency Representative: \_\_\_\_\_

Name Signature

Comments: \_\_\_\_\_

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- F.1. 30-Minute Specialty Care Center Transport Waiver (i.e., Trauma, STEMI, Stroke, Pediatric)** – Allow ALS and BLS Units to transport to a more distant specialty care center that exceeds the 30-minute maximum transport time.

Requested Start Date: \_\_\_\_\_

Anticipated End Date: \_\_\_\_\_

EMS Agency  
Response:

Approved

Denied

EMS Agency  
Representative:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

Comments:

- G.1. Out of County and Ambulance Operator License Exemption** – Allow ambulance operators that are not licensed in Los Angeles County to operate within Los Angeles County.

Requested Start Date: \_\_\_\_\_

Anticipated End Date: \_\_\_\_\_

EMS Agency  
Response:

Approved

Denied

EMS Agency  
Representative:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

Comments:

- G.2. Out of County and Ambulance Operator License Exemption** – Waive requirements that private ambulance operators must obtain consent from 9-1-1 jurisdictional provider to dispatch and provide transportation services within the jurisdictional provider's geographic area.

Requested Start Date: \_\_\_\_\_

Anticipated End Date: \_\_\_\_\_

EMS Agency  
Response:

Approved

Denied

EMS Agency  
Representative:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

Comments:

- H.1. Specialty Care (Nurse/RCP) Transport Unit Staffing Waiver** – Allow Specialty Care Transport Units to operate with only one (1) EMT, and one (1) RN or one (1) Respiratory Care Practitioner.

Requested Start Date: \_\_\_\_\_

Anticipated End Date: \_\_\_\_\_

EMS Agency

Response:

Approved

Denied

EMS Agency

Representative: \_\_\_\_\_

Name

Signature

Comments:

- I.1. Waiver to Refer 9-1-1 Type Calls to the 9-1-1 Jurisdictional Provider** – Waive the requirement that private ambulance operators must refer any call that would normally be considered an emergency 9-1-1 call to the authorized emergency transportation provider for that geographical area.

Requested Start Date: \_\_\_\_\_

Anticipated End Date: \_\_\_\_\_

EMS Agency

Response:

Approved

Denied

EMS Agency

Representative: \_\_\_\_\_

Name

Signature

Comments:

- J.1. Emergency Response Request Waiver** – Waive minimum response time requirements.

Requested Start Date: \_\_\_\_\_

Anticipated End Date: \_\_\_\_\_

EMS Agency

Response:

Approved

Denied

EMS Agency

Representative: \_\_\_\_\_

Name

Signature

Comments:

- K.1. Sponsorship Waiver** – Waive the Los Angeles County Paramedic Accreditation requirement for paramedics licensed in California and practicing in a different county. Paramedics practicing under this waiver must adhere to the Los Angeles County Paramedic Scope of Practice.

Requested Start Date: \_\_\_\_\_

Anticipated End Date: \_\_\_\_\_

EMS Agency Response: \_\_\_\_\_  
Approved Denied  
EMS Agency Representative: \_\_\_\_\_

Name

Signature

Comments:

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Prior to approval, the EMS Agency will contact the requesting EMS Provider/Hospital for additional requirements as each waiver request will be evaluated on a case-by-case basis.

**Submit the completed Waiver Request Form to the EMS Agency:**  
**Attention: Chief, Prehospital Care Section**  
**FAX: (562) 941-2306**  
**E-Mail: [JTelmos@dhs.lacounty.gov](mailto:JTelmos@dhs.lacounty.gov) and [Rtadeo@dhs.lacounty.gov](mailto:Rtadeo@dhs.lacounty.gov)**