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**HEALTH AND SAFETY CODE - HSC**

**DIVISION 2.5. EMERGENCY MEDICAL SERVICES [1797 - 1863]** ( *Division 2.5 added by Stats. 1980, Ch. 1260.*  )

**CHAPTER 9. Liability Limitation [1799.100 - 1799.115]** ( *Chapter 9 added by Stats. 1980, Ch. 1260.*  )

**1799.100.** In order to encourage local agencies and other organizations to train people in emergency medical services, no local agency, entity of state or local government, private business or nonprofit organization included on the statewide registry that voluntarily and without expectation and receipt of compensation donates services, goods, labor, equipment, resources, or dispensaries or other facilities, in compliance with Section 8588.2 of the Government Code, or other public or private organization which sponsors, authorizes, supports, finances, or supervises the training of people, or certifies those people, excluding physicians and surgeons, registered nurses, and licensed vocational nurses, as defined, in emergency medical services, shall be liable for any civil damages alleged to result from those training programs.

(*Amended by Stats. 2008, Ch. 363, Sec. 3. Effective January 1, 2009.*)

**1799.101.** (a) (1) A person may take any reasonable steps that are necessary to remove a child from a motor vehicle if the person holds a reasonable belief that the child's safety is in immediate danger from heat, cold, lack of adequate ventilation, or other circumstances that could reasonably be expected to cause suffering, disability, or death to the child.

(2) A person who removes a child from a vehicle in accordance with paragraph (1) is not criminally liable for actions taken reasonably and in good faith if the person does all of the following:

(A) Determines the vehicle is locked or there is otherwise no reasonable manner for the child to be removed from the vehicle.

(B) Has a good faith belief that forcible entry into the vehicle is necessary because the child is in imminent danger of suffering harm if it is not immediately removed from the vehicle, and, based upon the circumstances known to the person at the time, the belief is a reasonable one.

(C) Has contacted a local law enforcement agency, the fire department, or the "911" emergency service prior to forcibly entering the vehicle.

(D) Remains with the child in a safe location, out of the elements but reasonably close to the vehicle, until a peace officer or another emergency responder arrives.

(E) Used no more force to enter the vehicle and remove the child from the vehicle than was necessary under the circumstances.

(F) Immediately turns the child over to a representative from law enforcement or another emergency responder who responds to the scene.

(b) (1) This section does not prevent a peace officer, firefighter, or other emergency responder from removing a child from a motor vehicle if the child's safety appears to be in immediate danger from heat, cold, lack of adequate ventilation, or other circumstances that could reasonably be expected to cause suffering, disability, or death to the child.

(2) A peace officer, firefighter, or other emergency responder who removes a child from a motor vehicle, or who takes possession of a child who has been removed from a motor vehicle, shall arrange for the treatment and transport of the child according to the medical control policies of the local EMS agency. The parent of a child removed from a vehicle may be required to pay for charges that may accrue for the care or medical treatment of the child.

(3) A peace officer, firefighter, or other emergency responder may take all steps that are reasonably necessary for the removal of a child from a motor vehicle, including, but not limited to, breaking into the motor vehicle, after a reasonable effort is made to locate the owner or other person responsible.

(4) A peace officer, firefighter, or other emergency responder who removes a child from a motor vehicle or who receives a child rescued from a vehicle from another person shall, in a secure and conspicuous location on or within the motor vehicle, leave written notice bearing their name and office and the address of the location where the child will be treated.

(c) For purposes of this section, "child" means a child who is six years of age or younger.

*(Added by Stats. 2020, Ch. 352, Sec. 2. (AB 2717) Effective January 1, 2021.)*

**1799.102.** (a) No person who in good faith, and not for compensation, renders emergency medical or nonmedical care at the scene of an emergency shall be liable for any civil damages resulting from any act or omission. The scene of an emergency shall not include emergency departments and other places where medical care is usually offered. This subdivision applies only to the medical, law enforcement, and emergency personnel specified in this chapter.

(b) (1) It is the intent of the Legislature to encourage other individuals to volunteer, without compensation, to assist others in need during an emergency, while ensuring that those volunteers who provide care or assistance act responsibly.

(2) Except for those persons specified in subdivision (a), no person who in good faith, and not for compensation, renders emergency medical or nonmedical care or assistance at the scene of an emergency shall be liable for civil damages resulting from any act or omission other than an act or omission constituting gross negligence or willful or wanton misconduct. The scene of an emergency shall not include emergency departments and other places where medical care is usually offered. This subdivision shall not be construed to alter existing protections from liability for licensed medical or other personnel specified in subdivision (a) or any other law.

(c) Nothing in this section shall be construed to change any existing legal duties or obligations, nor does anything in this section in any way affect the provisions in Section 1714.5 of the Civil Code, as proposed to be amended by Senate Bill 39 of the 2009–10 Regular Session of the Legislature.

(d) The amendments to this section made by the act adding subdivisions (b) and (c) shall apply exclusively to any legal action filed on or after the effective date of that act.

*(Amended by Stats. 2009, Ch. 77, Sec. 1. Effective August 6, 2009. Note: As referenced in subd. (d), subds. (b) and (c) were added in the amendment by Stats. 2009, Ch. 77.)*

**1799.103.** (a) An employer shall not adopt or enforce a policy prohibiting an employee from voluntarily providing emergency medical services, including, but not limited to, cardiopulmonary resuscitation, in response to a medical emergency, except as provided in subdivisions (b) and (c).

(b) Notwithstanding subdivision (a), an employer may adopt and enforce a policy authorizing employees trained in emergency services to provide those services. However, in the event of an emergency, any available employee may voluntarily provide emergency medical services if a trained and authorized employee is not immediately available or is otherwise unable or unwilling to provide emergency medical services.

(c) Notwithstanding subdivision (a), an employer may adopt and enforce a policy prohibiting an employee from performing emergency medical services, including, but not limited to, cardiopulmonary resuscitation, on a person who has expressed the desire to forgo resuscitation or other medical interventions through any legally recognized means, including, but not limited to, a do-not-resuscitate order, a Physician Orders for Life Sustaining Treatment form, an advance health care directive, or a legally recognized health care decisionmaker.

(d) This section does not impose any express or implied duty on an employer to train its employees regarding emergency medical services or cardiopulmonary resuscitation.

*(Added by Stats. 2013, Ch. 591, Sec. 1. (AB 633) Effective January 1, 2014.)*

**1799.104.** (a) No physician or nurse, who in good faith gives emergency instructions to an EMT-II or mobile intensive care paramedic at the scene of an emergency, shall be liable for any civil damages as a result of issuing the instructions.

(b) No EMT-II or mobile intensive care paramedic rendering care within the scope of his duties who, in good faith and in a nonnegligent manner, follows the instructions of a physician or nurse shall be liable for any civil damages as a result of following such instructions.

*(Added by Stats. 1980, Ch. 1260.)*

**1799.105.** (a) A poison control center which (1) meets the minimum standards for designation and operation established by the authority pursuant to Section 1798.180, (2) has been designated a regional poison control center by the authority, and (3) provides information and advice for no charge on the management of exposures to poisonous or toxic substances, shall be immune from liability in civil damages with respect to the emergency provision of that information or advice, for acts or omissions by its medical director, poison information specialist, or poison information provider as provided in subdivisions (b) and (c).

(b) Any poison information specialist or poison information provider who provides emergency information and advice on the management of exposures to poisonous or toxic substances, through, and in accordance with, protocols approved by the medical director of a poison control center specified in subdivision (a), shall only be liable in civil damages, with respect to the emergency provision of that information or advice, for acts or omissions performed in a grossly negligent manner or acts or omissions not performed in good faith. This subdivision shall not be construed to immunize the negligent adoption of a protocol.

(c) The medical director of a poison control center specified in subdivision (a) who provides emergency information and advice on the management of exposures to poisonous or toxic substances, where the exposure is not covered by an approved protocol, shall be liable only in civil damages, with respect to the emergency provision of that information or advice, for acts or omissions performed in a grossly negligent manner or acts or omissions not performed in good faith. This subdivision shall neither be construed to immunize the negligent failure to adopt adequate approved protocols nor to confer liability upon the medical director for failing to develop or approve a protocol when the development of a protocol for a specific situation is not practical or the situation could not have been reasonably foreseen.

*(Added by Stats. 1988, Ch. 1192, Sec. 1.)*

**1799.106.** (a) In addition to the provisions of Section 1799.104 of this code, Section 2727.5 of the Business and Professions Code, and Section 1714.2 of the Civil Code, and in order to encourage the provision of emergency medical services by firefighters, police officers or other law enforcement officers, EMT-I, EMT-II, EMT-P, or registered nurses, a firefighter, police officer or other law enforcement officer, EMT-I, EMT-II, EMT-P, or registered nurse who renders emergency medical services at the scene of an emergency or during an emergency air or ground ambulance transport shall only be liable in civil damages for acts or omissions performed in a grossly negligent manner or acts or omissions not performed in good faith. A public agency employing such a firefighter, police officer or other law enforcement officer, EMT-I, EMT-II, EMT-P, or registered nurse shall not be liable for civil damages if the firefighter, police officer or other law enforcement officer, EMT-I, EMT-II, EMT-P, or registered nurse is not liable.

(b) For purposes of this section, "registered nurse" means a registered nurse trained in emergency medical services and licensed pursuant to Chapter 6 (commencing with Section 2700) of Division 2 of the Business and Professions Code.

*(Amended by Stats. 2012, Ch. 69, Sec. 2. (SB 1365) Effective January 1, 2013.)*

**1799.107.** (a) The Legislature finds and declares that a threat to the public health and safety exists whenever there is a need for emergency services and that public entities and emergency rescue personnel should be encouraged to provide emergency services. To that end, a qualified immunity from liability shall be provided for public entities and emergency rescue personnel providing emergency services.

(b) Except as provided in Article 1 (commencing with Section 17000) of Chapter 1 of Division 9 of the Vehicle Code, neither a public entity nor emergency rescue personnel shall be liable for any injury caused by an action taken by the emergency rescue personnel acting within the scope of their employment to provide emergency services, unless the action taken was performed in bad faith or in a grossly negligent manner.

(c) For purposes of this section, it shall be presumed that the action taken when providing emergency services was performed in good faith and without gross negligence. This presumption shall be one affecting the burden of proof.

(d) For purposes of this section, "emergency rescue personnel" means any person who is an officer, employee, or member of a fire department or fire protection or firefighting agency of the federal government, the State of California, a city, county, city and county, district, or other public or municipal corporation or political subdivision of this state, or of a private fire department, whether that person is a volunteer or partly paid or fully paid, while he or she is actually engaged in providing emergency services as defined by subdivision (e).

(e) For purposes of this section, "emergency services" includes, but is not limited to, first aid and medical services, rescue procedures and transportation, or other related activities necessary to insure the health or safety of a person in imminent peril.

*(Amended by Stats. 1998, Ch. 617, Sec. 1. Effective January 1, 1999.)*

**1799.108.** Any person who has a certificate issued pursuant to this division from a certifying agency to provide prehospital emergency field care treatment at the scene of an emergency, as defined in Section 1799.102, shall be liable for civil damages only for acts or omissions performed in a grossly negligent manner or acts or omissions not performed in good faith.

*(Amended by Stats. 1986, Ch. 248, Sec. 139.)*

**1799.109.** (a) The Legislature finds and declares all of the following:

- (1) California residents receive comfort and unconditional love on a daily basis from their household pets, particularly dogs and cats.
- (2) California residents benefit from the special support, comfort, guidance, companionship, and therapy provided by dogs and cats.
- (3) Pets provide critical support to many California residents with disabilities.
- (4) Pets provide assistance and aid in the official duties of military personnel, peace officers, law enforcement agencies, fire departments, and search-and-rescue agencies.
- (5) Personnel of some fire districts and other first responder agencies currently provide stabilizing, life-saving emergency care to dogs and cats, which violates the Veterinary Medicine Practice Act.
- (6) In enacting this section, it is the intent of the Legislature to authorize emergency responders to provide, on a voluntary basis, basic first aid to dogs and cats without exposure to criminal prosecution or professional discipline for the unlawful practice of veterinary medicine.

(b) Notwithstanding the Veterinary Medicine Practice Act, as set forth in Chapter 11 (commencing with Section 4800) of Division 2 of the Business and Professions Code, an emergency responder may provide basic first aid to dogs and cats to the extent that the provision of that care is not prohibited by the responder's employer, and the responder shall not be subject to criminal prosecution for a violation of Section 4831 of the Business and Professions Code.

(c) Civil liability for a person who provides care to a pet or other domesticated animal during an emergency is governed by the following:

- (1) Section 4826.1 of the Business and Professions Code governs care provided by a veterinarian.
- (2) Subdivision (a) of Section 1799.102 governs care provided by an emergency responder, or law enforcement and emergency personnel specified in this chapter.
- (3) Subdivision (b) of Section 1799.102 governs care provided by any person other than an individual described in paragraph (1) or (2).

(d) Notwithstanding any other law, this section does not impose a duty or obligation upon an emergency responder or any other person to transport or provide care to an injured pet or other domesticated animal during an emergency.

(e) For purposes of this section, the following definitions apply:

- (1) "Cat" means a small domesticated feline animal that is kept as a pet. "Cat" does not include nondomesticated wild animals.
- (2) "Dog" means a domesticated canine animal owned for companionship, service, therapeutic, or assistance purposes.
- (3) "Emergency responder" means a person who is certified or licensed to provide emergency medical services.
- (4) "Employer" means an entity or organization that employs or enlists the services of an emergency responder.
- (5) "Basic first aid to dogs and cats" means providing immediate medical care to a dog or cat by an emergency responder, in an emergency situation to which the emergency responder is responding, that is intended to stabilize the dog or cat so that the dog or cat can be transported by the owner as soon as practical to a veterinarian for treatment and which is provided through the following means:

- (A) Administering oxygen.
- (B) Managing ventilation by mask.
- (C) Manually clearing the upper airway, not including tracheal intubation or surgical procedures.
- (D) Controlling hemorrhage with direct pressure.

(E) Bandaging for the purpose of stopping bleeding.

(f) This section does not require or authorize the provision of emergency services to dogs or cats in response to a telephone call to the 911 emergency system and is not a basis for liability for the failure to provide emergency services to dogs or cats in response to a telephone call to the 911 emergency system.

*(Added by Stats. 2018, Ch. 900, Sec. 1. (SB 1305) Effective January 1, 2019.)*

**1799.110.** (a) In any action for damages involving a claim of negligence against a physician and surgeon arising out of emergency medical services provided in a general acute care hospital emergency department, the trier of fact shall consider, together with all other relevant matters, the circumstances constituting the emergency, as defined herein, and the degree of care and skill ordinarily exercised by reputable members of the physician and surgeon's profession in the same or similar locality, in like cases, and under similar emergency circumstances.

(b) For the purposes of this section, "emergency medical services" and "emergency medical care" means those medical services required for the immediate diagnosis and treatment of medical conditions which, if not immediately diagnosed and treated, could lead to serious physical or mental disability or death.

(c) In any action for damages involving a claim of negligence against a physician and surgeon providing emergency medical coverage for a general acute care hospital emergency department, the court shall admit expert medical testimony only from physicians and surgeons who have had substantial professional experience within the last five years while assigned to provide emergency medical coverage in a general acute care hospital emergency department. For purposes of this section, "substantial professional experience" shall be determined by the custom and practice of the manner in which emergency medical coverage is provided in general acute care hospital emergency departments in the same or similar localities where the alleged negligence occurred.

*(Added by Stats. 1983, Ch. 1246, Sec. 41.)*

**1799.111.** (a) Subject to subdivision (b), a licensed general acute care hospital, as defined in subdivision (a) of Section 1250, that is not a county-designated facility pursuant to Section 5150 of the Welfare and Institutions Code, a licensed acute psychiatric hospital, as defined in subdivision (b) of Section 1250, that is not a county-designated facility pursuant to Section 5150 of the Welfare and Institutions Code, licensed professional staff of those hospitals, or any physician and surgeon, providing emergency medical services in any department of those hospitals to a person at the hospital is not civilly or criminally liable for detaining a person if all of the following conditions exist during the detention:

(1) The person cannot be safely released from the hospital because, in the opinion of the treating physician and surgeon, or a clinical psychologist with the medical staff privileges, clinical privileges, or professional responsibilities provided in Section 1316.5, the person, as a result of a mental health disorder, presents a danger to themselves, or others, or is gravely disabled. For purposes of this paragraph, "gravely disabled" has the same definition as in paragraph (1) of subdivision (h) of Section 5008 of the Welfare and Institutions Code.

(2) The hospital staff, treating physician and surgeon, or appropriate licensed mental health professional, have made, and documented, repeated unsuccessful efforts to find appropriate mental health treatment for the person.

(A) Telephone calls or other contacts required pursuant to this paragraph shall commence at the earliest possible time when the treating physician and surgeon has determined the time at which the person will be medically stable for transfer.

(B) The contacts required pursuant to this paragraph shall not begin after the time when the person becomes medically stable for transfer.

(3) The person is not detained beyond 24 hours.

(4) There is probable cause for the detention.

(b) If the person is detained pursuant to subdivision (a) beyond eight hours, but less than 24 hours, both of the following additional conditions shall be met:

(1) A discharge or transfer for appropriate evaluation or treatment for the person has been delayed because of the need for continuous and ongoing care, observation, or treatment that the hospital is providing.

(2) In the opinion of the treating physician and surgeon, or a clinical psychologist with the medical staff privileges or professional responsibilities provided for in Section 1316.5, the person, as a result of a mental health disorder, is still a danger to themselves, or others, or is gravely disabled, as defined in paragraph (1) of subdivision (a).

(c) In addition to the immunities set forth in subdivision (a), a licensed general acute care hospital, as defined in subdivision (a) of Section 1250, that is not a county-designated facility pursuant to Section 5150 of the Welfare and Institutions Code, a licensed acute psychiatric hospital, as defined by subdivision (b) of Section 1250, that is not a county-designated facility pursuant to Section 5150 of the Welfare and Institutions Code, licensed professional staff of those hospitals, or a physician and surgeon, providing emergency medical services in any department of those hospitals to a person at the hospital shall not be civilly or criminally liable for the actions of a person detained up to 24 hours in those hospitals who is subject to detention pursuant to subdivision (a) after that person's release from the detention at the hospital, if all of the following conditions exist during the detention:

(1) The person has not been admitted to a licensed general acute care hospital or a licensed acute psychiatric hospital for evaluation and treatment pursuant to Section 5150 of the Welfare and Institutions Code.

(2) The release from the licensed general acute care hospital or the licensed acute psychiatric hospital is authorized by a physician and surgeon or a clinical psychologist with the medical staff privileges or professional responsibilities provided for in Section 1316.5, who determines, based on a face-to-face examination of the person detained, that the person does not present a danger to themselves or others and is not gravely disabled, as defined in paragraph (1) of subdivision (a). In order for this paragraph to apply to a clinical psychologist, the clinical psychologist shall have a collaborative treatment relationship with the physician and surgeon. The clinical psychologist may authorize the release of the person from the detention, but only after the clinical psychologist has consulted with the physician and surgeon. In the event of a clinical or professional disagreement regarding the release of a person subject to the detention, the detention shall be maintained unless the hospital's medical director overrules the decision of the physician and surgeon opposing the release. Both the physician and surgeon and the clinical psychologist shall enter their findings, concerns, or objections in the person's medical record.

(d) Notwithstanding any other law, an examination, assessment, or evaluation that provides the basis for a determination or opinion of a physician and surgeon or a clinical psychologist with the medical staff privileges or professional responsibilities provided for in Section 1316.5 that is specified in this section may be conducted using telehealth.

(e) This section does not affect the responsibility of a general acute care hospital or an acute psychiatric hospital to comply with all state laws and regulations pertaining to the use of seclusion and restraint and psychiatric medications for psychiatric patients. Persons detained under this section shall retain their legal rights regarding consent for medical treatment.

(f) A person detained under this section shall be credited for the time detained, up to 24 hours, if the person is placed on a subsequent 72-hour hold pursuant to Section 5150 of the Welfare and Institutions Code.

(g) The amendments to this section made by Chapter 308 of the Statutes of 2007 do not limit any existing duties for psychotherapists contained in Section 43.92 of the Civil Code.

(h) This section does not expand the scope of licensure of clinical psychologists.

*(Amended by Stats. 2023, Ch. 637, Sec. 1. (SB 43) Effective January 1, 2024.)*

**1799.112.** (a) EMT-P employers shall report in writing to the local EMS agency medical director and the authority and provide all supporting documentation within 30 days of whenever any of the following actions are taken:

(1) An EMT-P is terminated or suspended for disciplinary cause or reason.

(2) An EMT-P resigns following notice of an impending investigation based upon evidence indicating disciplinary cause or reason.

(3) An EMT-P is removed from paramedic duties for disciplinary cause or reason following the completion of an internal investigation.

(b) The reporting requirements of subdivision (a) do not require or authorize the release of information or records of an EMT-P who is also a peace officer protected by Section 832.7 of the Penal Code.

(c) For purposes of this section, "disciplinary cause or reason" means only an action that is substantially related to the qualifications, functions, and duties of a paramedic and is considered evidence of a threat to the public health and safety as identified in subdivision (c) of Section 1798.200.

(d) Pursuant to subdivision (i) of Section 1798.24 of the Civil Code, upon notification to the paramedic, the authority may share the results of its investigation into a paramedic's misconduct with the paramedic's employer, prospective employer when requested in writing as part of a preemployment background check, and the local EMS agency.

(e) The information reported or disclosed in this section shall be deemed in the nature of an investigative communication and is exempt from disclosure as a public record by Article 1 (commencing with Section 7923.600) of Chapter 1 of Part 5 of Division 10 of Title 1 of the Government Code.

(f) A paramedic applicant or licensee to whom the information pertains may view the contents, as set forth in subdivision (a) of Section 1798.24 of the Civil Code, of a closed investigation file upon request during the regular business hours of the authority.

(Amended by Stats. 2021, Ch. 615, Sec. 239. (AB 474) Effective January 1, 2022. Operative January 1, 2023, pursuant to Sec. 463 of Stats. 2021, Ch. 615.)

**1799.113.** (a) (1) A person who, in good faith and not for compensation, renders emergency treatment at the scene of an opioid overdose or suspected opioid overdose by administering an opioid antagonist shall not be liable for civil damages resulting from an act or omission related to the rendering of the emergency treatment.

(2) A person who, in good faith and not for compensation, furnishes an opioid antagonist to a person for use at the scene of an opioid overdose or suspected opioid overdose shall not be liable for civil damages resulting from an act or omission related to the furnishing of the opioid antagonist.

(b) This section does not apply to an act or omission related to the rendering of emergency treatment at the scene of an opioid overdose or suspected opioid overdose by means of an opioid antagonist that constitutes gross negligence or willful or wanton misconduct.

(c) For purposes of this section, both of the following apply:

(1) A person who renders emergency treatment by means of an opioid antagonist, or who furnishes an opioid antagonist at the scene of an opioid overdose or suspected opioid overdose, and who is not compensated for doing so, but receives compensation for other actions as a result of their unrelated employment, is not "rendering emergency medical care or furnishing opioid antagonist for compensation."

(2) "Opioid antagonist" means naloxone hydrochloride or any other opioid antagonist that is approved by the United States Food and Drug Administration for the treatment of an opioid overdose.

(Added by Stats. 2023, Ch. 97, Sec. 1. (AB 1166) Effective January 1, 2024.)

**1799.115.** (a) A private provider of ambulance services licensed by the California Highway Patrol and any employees of that provider, when operating in accordance with the standards, regulations, policies, and protocols of local emergency medical services agencies, shall not be criminally or civilly liable for the continued detainment of a person when that detainment is requested by a peace officer, facility staff, or other professionals authorized to detain persons in any of the following circumstances:

(1) Transportation, and continuing the detainment, of a person properly detained in accordance with Section 5150, 5250, or 5260 of the Welfare and Institutions Code to a facility designated by the county for evaluation and treatment.

(2) Transportation, and continuing the detainment, of a person who is detained for evaluation and treatment in a hospital or other facility to a designated facility for psychiatric treatment in accordance with Section 5150, 5250, or 5260 of the Welfare and Institutions Code.

(3) Transportation, and continuing the detainment, of a person who is in an acute care hospital, medical clinic, or other psychiatric evaluation facility to a designated facility for psychiatric treatment, if so ordered by the attending physician, a professional staff person in charge of a facility designated by the county for evaluation and treatment, a member of the attending staff, or a professional staff person designated by the county, in accordance with Section 5250 or 5260 of the Welfare and Institutions Code.

(b) A private provider of ambulance services requested to provide transportation of persons consistent with this section shall provide care according to the policies and procedures established by the local emergency medical services agency in the county that the provider operates and the policies of the California Emergency Medical Services Authority.

(c) This section does not relieve the provider of ambulance services, or any of its employees, from liability for injuries caused by negligence, gross negligence, recklessness, or willful misconduct on the part of the provider or its employees while transporting a person to a designated facility.

(d) A private provider of ambulance services that provides transportation to a designated facility, as defined in Section 5008 of the Welfare and Institutions Code, shall not require a person who is voluntarily agreeing to transport to be placed on an involuntary hold as a precondition to that transport.

(Added by Stats. 2023, Ch. 474, Sec. 1. (AB 1376) Effective January 1, 2024.)