

PURPOSE:

The purpose of this policy is to establish a process for the SJCEMSA to evaluate for approval or denial each public safety agency's Proposed ALS Program Plan to provide non-transport non-exclusive advanced life support (ALS) services within San Joaquin County. Any proposed ALS programs are in addition to the ALS services provided universally to all patients by the County's exclusive emergency ALS ambulance provider(s). SJCEMSA has determined that the delivery of ALS services by emergency ambulance service provider(s) through exclusive operating area agreements is the most appropriate and efficient manner for delivering ALS services, and for fulfilling the County's obligations and exercising SJCEMSA's authority, for the administration and medical control of emergency medical services as contained in Welfare & Institutions Code 17000, Health & Safety Code Section 1797 et seq., and California Code of Regulations, Title 22, Division 9.

SJCEMSA shall use the process outlined in this policy to evaluate whether a Proposed ALS Program Plan achieves all of the following: identifies a community benefit for ALS services in addition to the ALS services currently provided by the exclusive emergency ambulance service provider; contains sufficient detail describing the services to be performed, method of delivery, evaluation metrics, realistic and achievable implementation, and the ability to integrate into the existing EMS system in a manner that benefits patient care and does not disrupt the delivery of existing services; and contains sufficient mitigation strategies to maintain paramedic competency due to infrequent ALS patient contact and limited amount of time spent by non-transport paramedics in providing direct ALS care to patients.

AUTHORITY:

Health and Safety Code, Division 2.5, Sections 1797.3, 1797.52, 1797.60, 1797.84, 1797.92, 1797.94, 1797.178, 1797.200, 1797.204, 797.206, 1797.214, 1797.218, 1797.220, 1797.223, 1797.224, 1797.227, 1798.0, 1797.8; California Code of Regulations, Title 22, Division 9, Chapter 4, Sections 100145, 100148, 100168, 100170, 100171, Title 2, Division 3, Chapter 5 (commencing with Section 11500), and Welfare & Institutions Code 17000.

DEFINITIONS:

- A. "Advanced life support" or "ALS" means special services designed to provide prehospital emergency medical care including the use of medications and invasive procedures in accordance with the paramedic scope of practice and other policies, procedures and protocols established by the SJCEMSA.

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- B. "Basic life support" or "BLS" means emergency first-aid and cardiopulmonary resuscitation procedures meant to maintain life without invasive techniques in accordance with the emergency medical technician (EMT) scope of practice and other policies, procedures and protocols established by the SJCEMSA.
- C. "Exclusive operating area" or "EOA" means an EMS area or subarea defined in SJCEMSA's EMS Plan that restricts operations to one or more emergency ambulance services or providers of ALS or LALS.
- D. "Limited advanced life support" or "LALS" means special services designed to provide prehospital emergency medical care limited to techniques and procedures that exceed the BLS scope of practice but are less than ALS scope of practice in accordance with the advanced emergency medical technician (AEMT) scope of practice and other policies, procedures and protocols established by the SJCEMSA.
- E. "SJCEMSA" means the San Joaquin County Emergency Medical Services (EMS) Agency, which is the designated local EMS agency (LEMSA) for San Joaquin County pursuant to California's EMS Act.

POLICY:

- I. SJCEMSA authorization is required to provide ALS services in San Joaquin County. No person or organization shall provide ALS or LALS in San Joaquin County without authorization from SJCEMSA.
- II. A public safety agency desiring to provide ALS services shall submit to SJCEMSA a Proposed ALS Program Plan (Plan) pursuant to this Policy to provide ALS services utilizing SJCEMSA accredited paramedic personnel for the delivery of emergency medical care to the sick and injured at the scene of an emergency.
- III. The approval of a public safety agency's Plan is contingent upon a determination by SJCEMSA that the Plan meets all of the requirements of this Policy.
- IV. SJCEMSA may deny ALS service authorization to a public safety agency if the public safety agency's Plan does not meet the requirements of this Policy or if the Plan proposes to provide ALS services in conflict with an exclusive operating area for ALS services.
- V. SJCEMSA may suspend or revoke the ability of a public safety agency to perform ALS services for failure of the public safety agency to comply with their approved Plan; SJCEMSA policies, procedures, and protocols; or the terms of the public safety agency's ALS authorization agreement.

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- VI. A public safety agency shall not initiate, commence nor engage in the provision of ALS; nor advertise itself as, nor hold itself out as providing ALS unless it has a valid ALS authorization agreement with SJCEMSA.
- VII. Upon request, SJCEMSA will provide technical assistance and guidance to a public safety agency to clarify the requirements of this Policy.
- VIII. Submission of a Proposed ALS Program Plan.
- A. A public safety agency shall submit its Plan to SJCEMSA for approval.
 - B. The Plan shall include all of the following on forms adopted by SJCEMSA:
 - 1. Name and contact information of the public safety agency submitting a Plan.
 - 2. Description of the proposed service area. The Plan must include as an exhibit a map of the proposed service area. The map must:
 - a. Be of sufficient scale to reveal necessary details.
 - b. Have a minimum scale of 1:96,000.
 - c. Have a minimum map size of 11"x17".
 - d. Have a minimum paper size of Arch C 18"x24".
 - e. Include a north arrow and printed scale.
 - 3. Description of the population to be served.
 - 4. Description of the community benefit for additional ALS services.
 - 5. Description of the mitigation strategies to maintain paramedic competency due to infrequent ALS patient contact by paramedics and the limited amount of time spent by non-transport paramedics in providing direct ALS care to patients.
 - 6. Description of the processes and methods to achieve and demonstrate ongoing compliance with applicable state regulations, SJCEMSA policies and procedures.
 - 7. Description of coordinating activities with the EOA ambulance service provider(s) operating in the proposed service area.
 - 8. Description of the implementation schedule.
 - 9. Description of the provision of ALS on a continuous 24 hours per day basis. If less than a continuous 24 hours per day basis, include adequate justification.
 - 10. Description of the public safety agency's ALS delivery model to include but not be limited to:
 - a. Staffing configuration for ALS response resources.
 - b. ALS response and coverage plan and the role and integration of the public safety agency's BLS services.
 - c. Location of stations and unit posting locations.

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11. Description of how the public safety agency will provide EMS response in the service area when response resources are committed to non-EMS operations.
12. Description of the process and method for dispatching EMS resources.
13. Description of the process for tracking and maintaining required medications, medical supplies, and equipment.
14. Description of ALS program personnel to include but not be limited to:
 - a. Proposed number of SJCEMSA accredited paramedics in the ALS program.
 - b. Estimated number of monthly ALS patient contacts per accredited paramedic.
15. Description of key ALS program personnel with responsibility for but not limited to the following:
 - a. ALS program.
 - b. Paramedic orientation.
 - c. Paramedic preceptors.
 - d. EMS continuing education.
 - e. EMS quality improvement.
 - f. Electronic patient care record (ePCR) system.
 - g. Prescribing physician name, license number, DEA number, and contact information. The prescribing physician is responsible for the issuance and oversight of the public safety agency's use of controlled substances and scheduled drugs as authorized by SJCEMSA's medical director.
16. Description of the how the public safety agency will manage and mitigate fatigue with EMS personnel, to include but not be limited to, ensuring that no EMS personnel will be utilized to respond to EMS incidents when that person's ability to provide EMS care is, or could be, adversely affected by fatigue, illness, or any other cause.
17. Description of the process to provide paramedic personnel with ALS focused EMS continuing education.
18. Description of the process to ensure paramedic personnel have the knowledge of and ability to apply and follow SJCEMSA policies, procedures, and protocols.
19. Description of the provider's electronic patient care record (ePCR) system and mechanism for ensuring the ePCR system can be integrated into SJCEMSA's data system allowing for the collection of required data from the public safety agency.
20. Description of how the public safety agency will incorporate ALS

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into its EMS quality improvement (EMSQI) program. The Plan must include as an exhibit an EMSQI plan incorporating the ALS program.

21. Description of the clinical, operational, and training performance metrics to be used to comprehensively evaluate all aspects of the public safety agency's ALS program and reported to SJCEMSA on not less than a quarterly basis. Performance metrics must be detailed, measurable, and based on established standards. Examples of established standards or recognized sources include but are not limited to: EMS Authority System Standards and Guidelines, SJCEMSA policy, SJCEMSA emergency ambulance contract performance standards, National Association of EMS Physicians (NAEMSP), National Fire Protection Association (NFPA), ASTM International, Commission on Fire Accreditation International (CFAI), or standards established by another recognized source.
 - a. As part of its comprehensive evaluation a public safety agency shall adopt and include as part its Plan the following performance metrics:
 - i. Response time compliance measured to the 90th percentile – reported bi-monthly.
 - ii. Chute time compliance measured to the 90th percentile – reported bi-monthly.
 - iii. Criteria used to determine successful completion of an ePCR for each patient contact measured to 100th percentile – reported bi-monthly.
 - iv. Completion of an ePCR within 45 minutes of transfer of care measured to the 90th percentile – reported bi-monthly.
 - v. Tracking and measuring compliance with infrequently used skills competency demonstrations as specified in EMS Policy No. 2541, Paramedic Infrequently Used Skills for each paramedic – reported quarterly.
22. Description of the public safety agency's plan for responding to requests for medical-health mutual aid within San Joaquin County and outside of San Joaquin County.
23. Statement signed by the chairperson of public safety agency's legislative body, attesting to the public safety agency's commitment to comply with all applicable laws, regulations, and SJCEMSA policies and procedures including participation in the SJCEMSA EMSQI program.

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24. Statement signed by the chairperson of public safety agency's legislative body accepting the standard terms and conditions specified in EMS Policy No. 4010, Public Safety Agency Request for ALS Authorization Exhibit B: Advanced Life Support Authorization Agreement Standard Terms and Conditions.

IX. Evaluation of Submitted Plans:

- A. SJCEMSA will perform an initial review of the Plan to confirm that the Plan meets the following requirements and can be deemed complete:
 1. The Plan is on the required SJCEMSA forms and includes all required information.
 2. The Plan meets applicable laws, regulations, ordinances, and SJCEMSA policies, procedures, and protocols.
- B. If the Plan is incomplete, SJCEMSA will reject the Plan within ten (10) business days of receipt of the Plan. SJCEMSA will notify the public safety agency in writing of the reasons for the rejection.
- C. If the Plan is deemed complete SJCEMSA will evaluate the Plan pursuant to this Policy and the following goals: to determine whether the Plan identifies a community benefit for ALS services in addition to the ALS services currently provided by the exclusive emergency ambulance service provider, contains sufficient detail describing the services to be performed, method of delivery, evaluation metrics, realistic and achievable implementation, compliance with state statutes and regulations, compliance with SJCEMSA policies and procedures, and the ability to integrate into the existing EMS system in a manner that benefits patient care and does not disrupt the delivery of existing services; and contains sufficient mitigation strategies to maintain paramedic competency due to infrequent ALS patient contact and limited amount of time spent by non-transport paramedics in providing direct ALS care to patients
- D. As part of its evaluation SJCEMSA may:
 1. Meet with representatives of the public safety agency to discuss the proposed Plan and obtain clarifying information.
 2. Discuss the Plan with other public and private EMS system providers, public safety agencies, local jurisdictions, base and receiving hospitals, and SJCEMSA advisory committees.
 3. Convene a public meeting to discuss and obtain public comment on the Plan.

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- E. SJCEMSA will within ninety (90) calendar days of deeming the Plan complete, issue a written determination of acceptance or denial of the Plan.
- F. If SJCEMSA approves the Plan, the Plan will go into effect upon execution of the ALS authorization agreement.
- G. If SJCEMSA denies the Plan the public safety agency has the right to appeal as set forth in Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

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