



San Joaquin County EMS Agency  
EMS Policy No. 4010A, Public Safety Agency Request for ALS  
Authorization Exhibit A: Proposed ALS Program Plan Forms

Instructions

1. All responses must be typed.
2. Use Arial font, size 12, black font color for all responses.
3. Attach additional pages and appendices as needed.
4. Fillable PDF forms are available on the San Joaquin County EMS Agency website:  
<https://www.sjgov.org/ems/>.

**Form 1: Contact Information**

Name of Public Safety Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*Street Address* *Suite/Unit #*  
\_\_\_\_\_  
*City* *State* *ZIP Code*

Phone: \_\_\_\_\_

Name and Title of Public Safety Agency's Point of Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*Street Address* *Suite/Unit #*  
\_\_\_\_\_  
*City* *State* *ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Name of Chief or Director: \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

## Form 2: Description of Proposed Service Area

Instructions: In detail, provide a description of the proposed service area. For example, the description should include the names of any cities within the area, and a brief description of the geographic boundaries for each major point of the compass. For example, "The northern boundary of the proposed service area is contiguous with the southern border of the city of Stockton." 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.
- f. Include clearly delineated markings that shows the border of the service area.

## Response

**Form 3: Description of Population to be Served**

Instructions: Provide a description of the population to be served.

**Response**

Empty response box for describing the population to be served.

**Form 4: Description of Community Benefit for Additional ALS Services**

Instructions: If a gap or need is identified:

- a. Explain why such gaps or needs cannot be addressed through the provision of BLS using enhanced EMT skills or optional EMT skills, or through the provision of LALS.
- b. Explain the estimated number of patient contacts within the proposed service area by day, month, and year that will require applicant's personnel to delivery ALS medications and skills that are beyond the EMT enhanced scope of practice.
- c. List the estimates and describe the method used to determine estimates.

**Response**

Empty response box for providing answers to the instructions above.

**Form 5: Description of Mitigation Strategies to Maintain Paramedic Competency**

Instructions: In detail, describe 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. Such mitigation strategies should include but not be limited to maintaining and improving such skills as BLS and ALS assessment, Oral Tracheal Intubation, and Intraosseous Access.

**Response**

## Form 6: Description of Methods for Demonstrating Compliance

Instructions: In detail, describe the processes and methods to achieve and demonstrate ongoing compliance with applicable state regulations, SJCEMSA policies and procedures. For example, provide a proposed 12-month curriculum that will include the number of hours of classroom training and skill labs on these topics.

### Response

**Form 7: Description of Coordinating Activities with EOA Ambulance Service Providers**

Instructions: Describe the coordinating activities with the EOA ambulance service provider(s) operating in the proposed service area. For example, describe the process to coordinate and communicate with ambulance services and provide dual training.

**Response**



**Form 8: Proposed Implementation Schedule**

Instructions: Provide a proposed implementation schedule. For example, provide the proposed dates to complete that application and approval process to provide ALS services, acquire the necessary equipment, and hire the minimum number of ALS personnel necessary to provide ALS services as described in the applicant's ALS Plan.

**Response**

Empty response box for providing the proposed implementation schedule.

**Form 9: Description of ALS Provision on a 24 Hours per Day**

Instructions: Describe 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. (Example: Paramedic rescue squad)

**Response**

## Form 10: Description of ALS Delivery Model

Instructions: Describe the public safety agency's ALS delivery model to include but not be limited to:

- a. Staffing configuration for ALS response resources. (e.g. minimum of 1 paramedic and 1 EMT per ALS response vehicle).
- 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.
- d. Applicant agrees to staff each ALS response resource with one (1) SJCEMSA accredited paramedic.
- e. Staffing and shift schedules (current at the time of the submission of the application).
- f. Proposed staffing and shift schedules for paramedics including number of hours per shift, number of shifts per week and month, and the scheduled length of time off between shifts.
- g. The proposed maximum number of consecutive shifts allowed for ALS personnel.

## Response

**Form 11: Description of EMS Response While Resources are Committed to non-EMS Operations**

Instructions: Describe how the public safety agency will provide EMS response in the service area when response resources are committed to non-EMS operations, such as fire suppression. For example, does the applicant intend to take steps to ensure a timely ALS response to EMS calls in applicants service area under these circumstances, and if so how?

**Response**

**Form 12: Description of the Process and Method for Dispatching EMS Resources**

Instructions: Provide a description of the process and method for dispatching EMS resources.

**Response**

Empty response box for describing the process and method for dispatching EMS resources.

**Form 13: Description of Process for Tracking Medications, Supplies, and Equipment**

Instructions: Describe the process for tracking and maintaining required medications, medical supplies, and equipment. Describe the security mechanisms and procedures for controlled substances including but not limited to:

- a. Controlled substance ordering and order tracking.
- b. Controlled substance receipt and accountability.
- c. Controlled substance master supply storage, security and documentation.
- d. Controlled substance labeling and tracking.
- e. Vehicle storage and security.
- f. Usage procedures and documentation.
- g. Reverse distribution.
- h. Disposal.
- i. Re-stocking procedures.

Describe the mechanisms for investigation and mitigation of tampering or diversion of controlled substances Including but not limited to:

- a. Controlled substance testing.
- b. Discrepancy reporting to SJCEMSA.
- c. Tampering, theft and diversion prevention and detection.
- d. Completion of quarterly controlled substance usage audits by employees, stations, and organization wide, with a copy of each quarterly audit report submitted to SJCEMSA within thirty (30) days of the end of each quarter i.e. January – March, April –June, July – September, October – December.

Equipment – Vehicles:

Applicant attests to owning or having under control, in good mechanical condition, required equipment and vehicles to ALS non-transport service. Applicant attests to having suitable facilities, resources, and procedures for maintaining medical equipment and vehicles in a clean and sanitary condition including the post use decontamination prior to a return to service. Applicant agrees be solely responsible for all expenses related to participation in the County’s EMS system to include but not be limited to: expendable and non-expendable equipment, supplies, and medications; staffing and operations; training; compliance and monitoring.

**Response**

## Form 14: Description of ALS Program Personnel

Instructions: Describe the 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.

## Response

## Form 15: ALS Program Personnel

Instructions: Describe the 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.

## Response



**Form 16: Description of Mitigating Fatigue with EMS Personnel**

Instructions: Describe 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. Submit documentation demonstrating a minimum of six (6) months of compliance with applicant's fatigue management policy.

**Response**

Empty response box for providing details on fatigue management.

**Form 17: Description of ALS Focused EMS Continuing Education**

Instructions: Describe the process to provide paramedic personnel with ALS focused EMS continuing education.

**Response**

[Empty response box]

**Form 18: Description of Process to Ensure Knowledge of SJCEMSA Policies, Procedures, and Protocols**

Instructions: Describe the process to ensure paramedic personnel have the knowledge of and ability to apply and follow SJCEMSA policies, procedures, and protocols. For example, will the applicant provide a combination of on-line, in-classroom training and testing? Please describe.

**Response**

## Form 19: Description of ePCR System

Instructions: Describe 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. The ePCR system shall be:

- a. Compliant with the current version of the National EMS Information System (NEMSIS).
- b. Compliant with the current version of the California EMS Information System (CEMSIS).
- c. Compliant with Health Level Seven International (HL7).
- d. Compatible with and capable of integrating with the SJCEMSA electronic health information system.
- e. Compliant with SJCEMSA patient documentation requirements.
- f. Agree to provide SJCEMSA staff with remote access to applicant's ePCR viewer.

## Response

## Form 20: Description of Incorporation of ALS into EMSQI Program

Instructions: Describe how the public safety agency will incorporate ALS into its EMS quality improvement (EMSQI) program. The Plan must include as an exhibit an EMSQI plan incorporating the ALS program. Include with the application a description of the applicant's Continuous Quality Improvement (CQI) Program. This program must demonstrate the applicant's ability to utilize process improvement strategies to identify and resolve problems, and to track and trend outcomes as they are related to process and structure prospectively, concurrently and retrospectively and meet requirements of EMS policy No. 6620 Continuous Quality Improvement Process and California Code of Regulations, Title 22, Division 9, Section 100402. Describe the proposed method to ensure that ALS personnel have and maintain clinical competency and mastery of SJCEMSA policies and procedures. Submit documentation demonstrating twelve (12) months of continuous compliance with applicant's current QI plan. Description of the number of hours per week and month dedicated to EMS QI.

## Response

**Form 21: Description of Clinical, Operational, and Training Performance Metrics**

Instructions: Describe 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 90<sup>th</sup> percentile – reported bi-monthly. (Response time compliance is measured from the moment the call is received at Dispatch Center to the moment the ambulance arrives on scene.)
  - ii. Chute time compliance measured to the 90<sup>th</sup> percentile – reported bi-monthly. (Chute time is measured from the time when the unit is notified by dispatch, until the time when an emergency vehicle is en route to the scene.)
  - iii. Criteria used to determine successful completion of an ePCR for each patient contact measured to 100<sup>th</sup> percentile – reported bi-monthly. (Public Safety prehospital care personnel should complete one PCR for each patient on each EMS incident for which Public Safety department personnel provide treatment or assistant in providing treatment including but not limited to patient movement and patient extraction. The PCR should be written and completed by the lead Public Safety department attendant.)
  - iv. Completion of an ePCR within 45 minutes of transfer of care measured to the 90<sup>th</sup> percentile – reported bi-monthly. Please describe reasons to claim exemptions.
  - 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.

**Response**

Empty response box for providing details on the performance metrics.

**Form 22: Description of Mutual Aid Request Response Plan**

Instructions: Describe 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. For example, does the applicant intend to provide either ALS or BLS mutual aid to areas outside its operating area either within or outside of San Joaquin County? If yes, under what circumstance?

**Response**

**Form 23: Chairperson's Signed Statement**

An applicant is required to attest to its commitment to comply with all applicable laws, regulations, and SJCEMSA policies and procedures including participation in the SJCEMSA EMSQI program. An applicant's inability, unwillingness or refusal to accept and meet this condition is grounds for plan disapproval.

No proposed changes to or reservations to this commitment will be considered.

Submit with this form a copy of a resolution or order approved by the 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.

I, \_\_\_\_\_ a duly authorized representative of  
(State name here)

\_\_\_\_\_  
(Name of Public Safety Agency)

hereby attest 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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Organization

\_\_\_\_\_  
By: Signature (authorized representative)

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Title



**Form 24: Legislative Body's Signed Statement**

An applicant is required to enter into an agreement with the San Joaquin County EMS Agency to be authorized to provide advance life support service. The standard terms and conditions of this agreement are specified in EMS Policy No. 4010, Public Safety Agency Request for ALS Authorization Exhibit B: Advanced Life Support Authorization Agreement Standard Terms and Conditions. An applicant's inability, unwillingness or refusal to accept and meet these terms and conditions is grounds for plan disapproval.

No proposed changes to these terms and conditions will be considered.

Submit with this form a copy of a resolution or order approved by the public safety agency's legislative body accepting the 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.

I, \_\_\_\_\_ a duly authorized representative of  
(State name here)

\_\_\_\_\_  
(Name of Public Safety Agency)

hereby affirm my organization's acceptance of the 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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Organization

\_\_\_\_\_  
By: Signature (authorized representative)

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Title