





**SAN MATEO COUNTY HEALTH  
EMERGENCY  
MEDICAL SERVICES**

<b>EMS POLICY</b>	<b>202</b>
Effective:	<b>April 2022</b>
Approval: EMS Director <b>Travis Kusman, MPH</b>	Signed: 
Approval: EMS Medical Director <b>Greg Gilbert, MD</b>	Signed: 

## **APPLICATION STANDARDS, CRITERIA, AND REVIEW MECHANISMS FOR ADVANCED LIFE SUPPORT PROVIDERS**

---

### **I. PURPOSE**

This policy defines the criteria for approval of an emergency medical service Advanced Life Support service provider and designation by the San Mateo County Emergency Medical Services Agency to provide Advanced Life Support services within the County of San Mateo. The San Mateo County Emergency Medical Service Agency shall not issue a letter of approval for any new Advanced Life Support Provider unless such Provider is found to be desirable in accordance with all required criteria.

### **II. AUTHORITY**

California Health and Safety Code, Division 2.5, Sections 1797.52, 1797.78, 1797.84, 1797.178, 1797.206, 1797.218, 1797.220, and Title 22, California Code of Regulations, Sections 100167 and 100144.

### **III. DEFINITIONS**

Advanced Life Support (“ALS”) Emergency Medical Responder Agency: An Emergency Medical Responder Agency authorized by LEMSA which provides paramedic personnel with ALS equipment to respond to medical emergencies with the capabilities to provide immediate ALS medical care prior to arrival of an ambulance.



Basic Life Support (“BLS”) Emergency Medical Responder Agency: An Emergency Medical Responder Agency authorized by LEMSA which provides Emergency Medical Technician (“EMT”) or Emergency Medical Responder (“EMR”) personnel with BLS equipment to respond to medical emergencies with the capabilities to provide immediate BLS medical care prior to the arrival of an ambulance.

Emergency Medical Services Agency (“LEMSA”) [or “Agency”]: The San Mateo County EMS Agency is designated as the Local Emergency Medical Services Agency (LEMSA) and is statutorily charged with primary responsibility for administration and medical control of emergency medical services in San Mateo County.

Limited Advanced Life Support (“LALS”) Emergency Medical Responder Agency: An Emergency Medical Responder Agency authorized by LEMSA which provides Advanced EMT personnel with LALS equipment to respond to medical emergencies with the capabilities to provide immediate LALS medical care prior to the arrival of an ambulance.



**SAN MATEO COUNTY HEALTH  
EMERGENCY  
MEDICAL SERVICES**

<b>EMS POLICY</b>	<b>202</b>
Effective:	<b>April 2022</b>
Approval: EMS Director <b>Travis Kusman, MPH</b>	Signed: 
Approval: EMS Medical Director <b>Greg Gilbert, MD</b>	Signed: 



#### **IV. APPLICATION CRITERIA**

##### **A. Criteria for Authorization**

1. No new ALS Provider shall be found to be desirable unless the applicant makes a substantial showing that all the following have been met:
  - a. Applicant shall demonstrate a community EMS need and submit a written commitment of support from a responsible local government agency (e.g., city or County). Applicant shall identify and mitigate any potential system impacts;
  - b. A commitment to respond, treat, and coordinate transport for any patient found within its service area;
  - c. A commitment to provide emergency service response on a continuous twenty-four (24) hour per day, seven (7) day per week basis. Included shall be a listing of the provider agency response capabilities, (e.g., the number of ALS units, number of paramedic assessment units, number of first responder units, and number of units with first responder defibrillation equipment);
  - d. A commitment to adhere to applicable sections of the California Health and Safety Code, California Code of Regulations and to LEMSA policies, procedures and protocols;
  - e. A list of all licensed and locally accredited paramedics affiliated with the Applicant service provider, identifying active or inactive status;
  - f. Information on geographical locations and primary response areas of proposed service units;
  - g. Applicant shall furnish a high-quality plan of pre-hospital care, in accordance with LEMSA policies including the following:
    - i. Prescribing physician;
    - ii. Training and Continuing Quality Improvement (CQI);
    - iii. Staffing; and
    - iv. Equipment;
  - h. The LEMSA's approval of an Applicant shall not decrease the accessibility or quality of pre-hospital care to any persons being served within the County;
  - i. The LEMSA's approval of an Applicant shall not further dilute the skills of paramedics operating within San Mateo County, ensuring that paramedics maintain



**SAN MATEO COUNTY HEALTH  
EMERGENCY  
MEDICAL SERVICES**

<b>EMS POLICY</b>	<b>202</b>
Effective:	<b>April 2022</b>
Approval: EMS Director <b>Travis Kusman, MPH</b>	Signed: 
Approval: EMS Medical Director <b>Greg Gilbert, MD</b>	Signed: 

sufficient high-quality skills training and performance for rendering care to persons being served within the County;

- j. Applicant's financial resources shall be sufficient to implement and continue the proposed ALS service and have the ability to maintain and update medical equipment and supplies as required by LEMSA policy;
- k. Applicant's service may be required by the LEMSA to promote fiscal economics of scale through measures that assure efficiency and effectiveness, which may include the operation of joint, or cooperative ventures and shared resources to optimize utilization of equipment and manpower;
- l. Applicant shall comply with all federal, state and local laws, policies, procedures and regulations;
- m. Applicant shall possess competent management, organizational skills and clinical oversight, both responsive to community needs and capable of implementing and operating within San Mateo County EMS system standards;
- n. As applicable, Applicant shall offer continuous services;
- o. Applicant shall demonstrate community support for the proposed ALS service;
- p. Applicant's proposed service shall integrate within the existing EMS system;
- q. Applicant's proposed service shall be rendered without negative fiscal impact to the County; and
- r. Applicant shall have General Liability, Automobile Liability and Professional Liability Insurance to include coverage for EMS personnel with a combined single limit coverage of at least one million (\$1,000,000.00) per occurrence. The County and its officers, agents, and employees shall be named as additional insured.

**V. PROPOSAL REQUIREMENTS FOR ALS PROVIDER APPLICATION**



A prospective ALS service provider shall submit a written application to the LEMSA. Any application received must include a description of the need and necessity Information gathered as part of the needs assessment study. The information shall include, and not be limited to the following:

**A. Need and Necessity**

- 1. Describe the system currently in place:
  - a. ALS;



**SAN MATEO COUNTY HEALTH  
EMERGENCY  
MEDICAL SERVICES**

<b>EMS POLICY</b>	<b>202</b>
Effective:	<b>April 2022</b>
Approval: EMS Director <b>Travis Kusman, MPH</b>	Signed: 
Approval: EMS Medical Director <b>Greg Gilbert, MD</b>	Signed: 



- b. BLS;
- c. Dispatch; and
- d. Direct and indirect medical control;
- 2. Description of need the application will address:
  - a. Currently accepted standards of pre-hospital care;
  - b. Documented study of current system with verifiable statistics which illustrate a given problem or concern; and
  - c. Prior attempts to correct within the current system;
- 3. Solution the application proposes:
  - a. Change in the current system as supported by medical literature; and
  - b. Describe how the proposal would address the need described in Section V(A)(2), with the solution proposed;
- 4. Description of proposed service:
  - a. Medical;
  - b. Medical oversight and prescribing services;
  - c. Training and Continuing Quality Improvement (CQI);
  - d. Staffing;
  - e. Transport capabilities, if applicable (9-1-1 ALS ambulances are provided for the entire county via two Exclusive Operating Areas (“EOA”));
  - f. Geographical area covered; and
  - g. Communications;
- B. Administrative
  - 1. Financial:

Describe the cost of providing the service and how the costs will be funded. Applicant may be required to furnish a copy of a certified audit conducted within the last six (6) months;
  - 2. Contract:

All contracts, sub-contracts, agreements and/or memorandums of understanding shall be disclosed, as well as the costs of these and any other written or informal agreements, pertaining to the provision of ALS services; and



**SAN MATEO COUNTY HEALTH  
EMERGENCY  
MEDICAL SERVICES**

<b>EMS POLICY</b>	<b>202</b>
Effective:	<b>April 2022</b>
Approval: EMS Director <b>Travis Kusman, MPH</b>	Signed: 
Approval: EMS Medical Director <b>Greg Gilbert, MD</b>	Signed: 

3. Organizational Structure:

Describe organizational structure of the applicant's agency or company shall be delineated and describe how the applicant will assign a "liaison" to work with the LEMSA on administrative matters and to serve on committees as requested by LEMSA Director or LEMSA Medical Director;

C. System Integration

1. Applicant shall identify how areas immediately adjacent to applicant's proposed response area shall be served with the addition of applicant services and include:
  - a. Response times to adjacent areas; and
  - b. Paramedic experience (Explain how existing and proposed paramedics shall receive experience in lieu of fewer and/or lower call volumes);
2. Interagency Actions
  - a. Move-up/ Mutual Aid; and
  - b. Interfacility transfers and back-up;
3. LEMSA  
Identify how new ALS provider will:
  - a. Meet Continuing Quality Improvement (CQI) requirements; and
  - b. Furnish LEMSA with required data, paramedic care reports by full integration with LEMSA data collection and monitoring systems and provide other information as specified by LEMSA or its Medical Director.

**VI. OPERATIONAL REQUIREMENTS**

- A. Enter into a written ALS Provider agreement with LEMSA;
- B. Provide dedicated ALS service twenty- four (24) hours a day, seven (7) days a week;
- C. Provide service with a minimum of one (1) San Mateo County accredited paramedic and one (1) certified emergency medical technician (EMT) per ALS unit. Paramedics and EMTs must adhere to LEMSA policies, procedures and protocols;
- D. Each paramedic and emergency medical technician (EMT) shall maintain certifications as required by LEMSA;



**SAN MATEO COUNTY HEALTH  
EMERGENCY  
MEDICAL SERVICES**



<b>EMS POLICY</b>	<b>202</b>
Effective:	<b>April 2022</b>
Approval: EMS Director <b>Travis Kusman, MPH</b>	Signed:
Approval: EMS Medical Director <b>Greg Gilbert, MD</b>	Signed:

- E. Limit primary paramedic service advertising to the geographic area that will be served, as approved by the LEMSA. No Provider shall represent itself as an ALS service provider unless it is designated by the LEMSA to provide such service;
- F. Addition or relocation of ALS units to a geographic area(s) other than the agency's existing approved jurisdiction requires the prior written approval of the LEMSA;
- G. Provide visible identification of paramedic personnel and vehicles, the overall appearance of which shall be subject to LEMSA approval;
- H. Comply with the LEMSA's requirements for uniform record keeping and data collection as required by LEMSA;
- I. Provider shall be subject to periodic visits and inspections of operational and administrative functions and records by LEMSA's designated staff to ensure compliance with local, state, and federal laws, rules and regulations;
- J. Provide representation on any and all committees as required by LEMSA;
- K. Assure continuity of care by requiring that the paramedic rendering care accompanies the patient to the hospital and remains with the patient until qualified emergency department personnel assumes responsibility for the patient's care or with mutual agreement transfers patient care to the transporting paramedic;
- L. Maintain a paramedic program coordinator who will be the liaison person with LEMSA and the assigned Base Hospital.
- M. Notify LEMSA's designated staff of all paramedic operational problems or changes in a timely manner including:
  - 1. Changes in number of units (requires prior written LEMSA approval);
  - 2. Complaints of any nature, which include, but are not limited to: Patient complaints; Base Hospital complaints; Applicant service provider agency complaints; and violations of LEMSA or State medical policies, protocols, rules and regulations;
  - 3. Major agency personnel changes, (i.e., Chief, Operations Manager, Paramedic Coordinator, etc.);
  - 4. Changes in status of accredited personnel;
  - 5. Permanent unit location (requires prior written LEMSA approval); and
  - 6. Radio frequency interference;





**SAN MATEO COUNTY HEALTH  
EMERGENCY  
MEDICAL SERVICES**

<b>EMS POLICY</b>	<b>202</b>
Effective:	<b>April 2022</b>
Approval: EMS Director <b>Travis Kusman, MPH</b>	Signed: 
Approval: EMS Medical Director <b>Greg Gilbert, MD</b>	Signed: 

- N. Comply with all policies, protocols and field procedures approved by LEMSA and LEMSA Medical Director;
- O. Maintain drugs and accountability for drugs as outlined in LEMSA Policy and Procedure Manual;
- P. Work in conjunction with LEMSA when evaluating paramedic or EMS equipment that can be used in the field for definitive medical care or intervention;
- Q. Use only equipment authorized by the LEMSA in the delivery of patient care.
- R. Notify the LEMSA when personnel who are accredited and/ or certified by LEMSA Medical Director are terminated by the agency for cause;
- S. Provide BLS services if ALS services are not indicated;
- T. Charge ALS rates no more than those that are approved by the San Mateo County Board of Supervisors;
- U. Initiate and complete a pre-hospital electronic health record for each call;
- V. Make base hospital contact in accordance with LEMSA policy; and
- W. Participate in the LEMSA 's quality improvement program and demonstrate an internal quality assurance process as approved by LEMSA Medical Director.



The LEMSA may deny, suspend or revoke the approval of an ALS Provider for failure to comply with applicable policies, procedures, and regulations.

**VII. APPLICATION PROCEDURE**

- A. Pre-application
  - 1. At least 45 calendar days prior to the filing of an application, Applicant shall notify LEMSA Director, in writing, via certified mail, registered mail or by hand delivery, of its intent to apply for ALS Provider status.
  - 2. Applicant or LEMSA may request a "Pre-Application Conference" on the proposed application.
- B. Application Procedure
  - 1. Applicant shall submit a nonrefundable service charge payment in the amount of \$50,000.00 to the LEMSA at the time of application delivery. Failure of funds to clear within seven (7) business day shall stay review of the application.



**SAN MATEO COUNTY HEALTH  
EMERGENCY  
MEDICAL SERVICES**

<b>EMS POLICY</b>	<b>202</b>
Effective:	<b>April 2022</b>
Approval: EMS Director <b>Travis Kusman, MPH</b>	Signed: 
Approval: EMS Medical Director <b>Greg Gilbert, MD</b>	Signed: 

2. Applicant shall submit, via certified mail, registered mail or by hand delivery, an application and six (6) copies to LEMSA Director. Said application shall address all criteria and conform to the proposed requirements.
3. The LEMSA shall make a determination as to whether the application is complete and shall notify the provider within thirty (30) calendar days, in writing, via certified mail, registered mail or by hand delivery, advising the provider if additional information is required.
4. If a notice that the application is incomplete is not provided to the Applicant within thirty (30) calendar days of submission, the application shall be deemed complete, and the LEMSA shall proceed with the review.
5. Within sixty (60) days after deeming the application complete, LEMSA staff will have analyzed the application. The LEMSA Medical Director shall solicit comments from the Medical Advisory Committee (MAC), and a public hearing may be held.
6. The analysis and EMS staff recommendations will be sent to the Applicant provider ten days prior to the public hearing.
7. The LEMSA Director shall serve as Chair for the public hearing and shall be accompanied by the staff who reviewed the application.
8. The LEMSA Director will render his/her decision within 10 calendar days after the public hearing. The LEMSA Director will forward his/her decision to the Board of Supervisors for ratification.
9. The Applicant may, within thirty (30) calendar days, appeal to the Administrative Law Judge and cover all cost associated, the LEMSA Director's decision.

**VIII. HEARING/SUSPENSION/REVOICATION**

The LEMSA shall review its agreement plan with each ALS service provider at least every two years. Such agreement may be changed, renewed, cancelled, or otherwise modified when necessary.

The LEMSA may deny, suspend, or revoke the approval of an ALS service provider for failure to comply with applicable policies.