



SAN MATEO COUNTY HEALTH EMERGENCY MEDICAL SERVICES

POLICY NO:	SYS2
DATE ISSUED:	Jan. 1, 2020
DATE REVISED:	n/a

Application Standards, Criteria, and Review Mechanisms for Advanced Life Support (ALS) Providers

I. PURPOSE

To define the criteria for approval of an emergency medical service advanced life support (ALS) service provider and designation by the San Mateo County Emergency Medical Service Agency (herein after referred to as "LEMSA") to provide ALS services within the County of San Mateo (herein after called "County"). The LEMSA shall not approve of any new Advanced Life Support (ALS) Provider unless such Provider is found to be desirable in accordance with the following review 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, 1798(a)(b) and Title 22, California Code of Regulations, Sections 100144, 100148, 100166, 100167, 100168 and 100170.

III. DEFINITIONS

Advanced Life Support (ALS) Emergency Medical Responder Agency – An Emergency Medical Responder Agency 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 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) – The San Mateo County EMS Agency.

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 of the following have been met:
 - a. Applicant shall demonstrate a community EMS need, corresponding community support 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 and fully integrate within the County-wide EMS system;
 - c. A commitment to provide ALS emergency service response on a continuous 24 hour per day basis. Included shall be a listing of the provider agency response capabilities, e.g., the number



SAN MATEO COUNTY HEALTH EMERGENCY MEDICAL SERVICES

POLICY NO:	SYS2
DATE ISSUED:	Jan. 1, 2020
DATE REVISED:	n/a

of ALS units, number of paramedic assessment units, number of first responder units, and number of units with first responder defibrillation equipment;

- d. Applicant shall comply with all federal, state and local laws, policies, procedures and regulations, including but not limited to a commitment to adhere to applicable sections of the California Health and Safety Code and to all 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, including comprehensive geo-spatial travel time modeling by each day of week and hour of day consistent with meeting or exceeding LEMSA's 90th percentile response time requirements on a fractile basis;
- g. Applicant shall furnish a high-quality plan of pre-hospital care, in accordance with LEMSA requirements 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 person(s) being served within the County;
- i. The LEMSA's approval of an Applicant shall not dilute the opportunity to perform high-risk / low frequency interventions, nor erode the overall competency of paramedics operating within San Mateo County;
- j. In the determination of the LEMSA, 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 proposed service shall be rendered without negative fiscal impact to the County; and;
- l. Applicant shall possess competent management, organizational skills and clinical oversight, both responsive to community needs and capable of implementing and consistently operating within San Mateo County EMS system standards; and



SAN MATEO COUNTY HEALTH
EMERGENCY
MEDICAL SERVICES

POLICY NO:	SYS2
DATE ISSUED:	Jan. 1, 2020
DATE REVISED:	n/a

m. Applicant shall demonstrate and maintain compliance with the Minimum Insurance Requirements immediately below. The County and its officers, agents, and employees shall be named as additional insured.

General Liability (Including operations, products and completed operations, as applicable.)	\$5,000,000 - per occurrence for bodily injury, personal injury and property damage. If Commercial General Liability Insurance or other form with a general aggregate limit is used, the general aggregate limit either must apply separately to this project or must be twice the required occurrence limit.
Automobile Liability	\$10,000,000 – Aggregate \$5,000,000 Motor Vehicle Liability Insurance per accident for bodily injury and property damage.
Workers’ Compensation	As required by the State of California
Employers’ Liability	\$1,000,000 - each accident, \$1,000,000 policy limit bodily injury by disease, \$1,000,000 each employee bodily injury by disease.
Professional Liability (Errors and Omissions)	\$5,000,000 - per occurrence.
Cyber Liability	\$5,000,000 per occurrence for Privacy and Network Security, \$1,000,000 per occurrence for Technology Errors and Omissions To be carried at all times during the term of the Contract and for three years thereafter.

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

POLICY NO:	SYS2
DATE ISSUED:	Jan. 1, 2020
DATE REVISED:	n/a

- 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 the given problem or concern within the current system.
3. Solution the application proposes:
- a. Proposed change to the current system and supporting evidence-based and peer-reviewed 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. Equipment;
 - f. Transport capabilities, if applicable. 911 ALS ambulances are provided for the entire County within two Exclusive Operating Areas;
 - g. Geographical area covered including information on geographical locations and primary response areas of proposed service units and corresponding comprehensive geo-spatial travel time modeling by each day of week and hour of day; and
 - h. Communications.

B. Administrative



SAN MATEO COUNTY HEALTH EMERGENCY MEDICAL SERVICES

POLICY NO:	SYS2
DATE ISSUED:	Jan. 1, 2020
DATE REVISED:	n/a

1. Financial:

Describe all costs of providing the service and how those costs will be funded. Applicant may be required to furnish a copy of a certified audit conducted within the most recent six (6) months;

2. Contract:

Disclose all contracts, sub-contracts, agreements and/or memorandum(s) of understanding as well as the associated cost(s) of each such written or informal agreement pertaining to the provision of ALS services; and

3. Organizational Structure:

Describe the organizational structure of the applicant's agency or company. Identify a "liaison" to be provided by the applicant and describe how this person will work with the LEMSA on administrative matters and serve on committees as requested by the LEMSA.

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 patient encounters and / or less use of high risk / low frequency medical knowledge, skills and abilities).

2. Interagency Actions

- a. Applicant shall identify, describe and provide written plans and agreements for all medical Move-up / Mutual Aid services to be provided and / or received; and

3. Data

- a. Applicant shall describe how it will fully integrate with LEMSA data collection and monitoring systems and furnish the LEMSA with all patient care reports, data and other information as specified by the LEMSA.

VI. OPERATIONAL REQUIREMENTS

- A. Applicant shall enter into a written ALS Provider agreement with the LEMSA;
- B. Applicant shall provide dedicated ALS service 24 hours a day, 7 days a week;
- C. Applicant shall provide service with a minimum of one (1) accredited paramedic and one (1) certified emergency medical technician (EMT) per ALS unit. Paramedics and EMTs must adhere to LEMSA Policies, Procedures and Protocols;



SAN MATEO COUNTY HEALTH
EMERGENCY
MEDICAL SERVICES

POLICY NO:	SYS2
DATE ISSUED:	Jan. 1, 2020
DATE REVISED:	n/a

- D. Each of Applicant's paramedics and/or emergency medical technicians (EMTs) shall maintain certification and / or accreditation as required by the LEMSA;
- E. Applicant shall limit primary paramedic service advertising to the geographic area that will be served and 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, relocation or deletion of ALS units by the Applicant within the geographical area(s) it serves requires the prior written approval of the LEMSA;
- G. Applicant shall provide visible identification of paramedic personnel meeting LEMSA specifications;
- H. Applicant shall comply with the LEMSA's requirements for uniform record keeping and data collection;
- I. Applicant shall be subject to periodic visits by the LEMSA's designated staff to ensure compliance with local, state, and federal laws, rules and regulations;
- J. Applicant shall provide representation on any and all committees as required by the LEMSA;
- K. Applicant shall 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 assume responsibility for the patient's care or a LEMSA approved transporting paramedic assumes patient care responsibility;
- L. Applicant shall maintain a paramedic program coordinator who will be the liaison person with the LEMSA and the assigned Base Hospital;
- M. Applicant shall notify the LEMSA's designated staff of all ALS 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 changes or interference.



SAN MATEO COUNTY HEALTH
EMERGENCY
MEDICAL SERVICES

POLICY NO:	SYS2
DATE ISSUED:	Jan. 1, 2020
DATE REVISED:	n/a

- N. Applicant shall comply with all LEMSA policies, protocols and procedures;
- O. Applicant shall follow emergency direction provided by the LEMSA Director or County Health Officer in accordance with their respective authority and / or that of their designee as it relates to their shared responsibility as the Medical Health Operational Area Coordinator (MHOAC);
- P. Applicant shall maintain drugs and accountability for drugs as required by the LEMSA;
- Q. Applicant shall cooperate with the LEMSA as stipulated during any investigation and when evaluating paramedic or EMS equipment associated with medical care or intervention;
- R. Applicant shall notify the LEMSA when any of its personnel who are accredited and/or certified by a LEMSA are suspended from duty and/or terminated by the Applicant, or licensure action is imposed by California Emergency Medical Services Authority upon such personnel for cause;
- S. Applicant shall provide Basic Life Support Services if ALS services are not indicated;
- T. Applicant shall not charge for emergency medical services unless such charges are approved by the County Board of Supervisors;
- U. Applicant shall complete a pre-hospital field report for each call;
- V. Applicant's clinical personnel shall make base hospital contact in accordance with LEMSA policy; and
- W. Applicant shall participate in the LEMSA 's quality improvement program and demonstrate an internal quality assurance process compliant with all LEMSA requirements.

VII. APPLICATION PROCEDURE

- A. Pre - Application
 - 1. Applicant may notify the 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 the LEMSA may request a "Pre-Application Conference" on the proposed application.
- B. Application Procedure
 - 1. Applicant shall submit, via certified mail, registered mail or by hand delivery, one (1) original complete paper application, including supporting documents and either six (6) additional complete paper copies or one (1) digital copy of the application to the LEMSA Director. Said application shall address all criteria and conform to all requirements of this Policy.



SAN MATEO COUNTY HEALTH
EMERGENCY
MEDICAL SERVICES

POLICY NO:	SYS2
DATE ISSUED:	Jan. 1, 2020
DATE REVISED:	n/a

2. The LEMSA shall make a determination as to whether the application is complete and shall notify the Applicant, in writing, via certified mail, registered mail or by hand delivery, advising the provider if additional information is required.
3. If a notice that the application is incomplete is not provided to the Applicant, the application shall be deemed complete and the LEMSA shall proceed with the review.
4. The LEMSA may solicit comments from the Emergency Medical Care Committee (EMCC) and/or hold a public hearing relative to the application.
5. The LEMSA Director shall serve as Chair for a public hearing and shall be accompanied by the staff who reviewed the application.
6. Within 90 days of receipt of application, the LEMSA will issue a decision to Applicant.

VIII. HEARING/SUSPENSION/REVOICATION

The LEMSA may periodically review its agreement with each ALS service provider. Each such agreement may be changed, renewed, cancelled, or otherwise modified in accordance with its terms and conditions.

The LEMSA may deny, suspend, or revoke the approval of an ALS service provider for failure to comply with any federal, state and local laws, policies, and/or regulations, including but not limited to LEMSA policies, procedures and protocols.

APPROVED

Travis Kusman, MPH, EMS Director

Greg Gilbert, MD, EMS Medical Director