

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	2510.11
	<u>PROGRAM DOCUMENT:</u> Designation Requirements for Ground Based Advanced Life Support (ALS) Service Providers	Draft Date:	12/22/97
		Effective:	11/01/17
		Revised:	06/01/17
		Review:	07/01/19

 EMS Medical Director

 EMS Administrator

Purpose:

- A. To establish minimum standards for ambulance providers seeking ALS service provider designation from the Sacramento County EMS Agency (SCEMSA).

Authority:

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9
- C. Sacramento County Board of Supervisors, Resolution #2013-0478

Policy:

Before an ALS service provider shall be considered for ALS designation by SCEMS, the following items shall be submitted for review in the following order and format:

- A. Name and address of the organization.
- B. Narrative description of the ownership of the organization to include at a minimum, public or private ownership and the organizational structure.
- C. Narrative description of the tax status of the organization, profit, not-for-profit or governmental.
- D. Name of the organization’s liaison to Sacramento County. All questions and correspondence shall be directed to this person.
- E. Provide a narrative description of emergency, non-emergency ALS ambulance and related services currently provided by the organization, to include but not be limited to:
 - 1. The number of ALS transporting units.
 - 2. The number of ALS non-transporting units.
 - 3. The staffing of both transporting and non-transporting units.
- F. List at least three hospital emergency departments and three public safety agencies with which the organization has worked during the past year and which may serve as references.
- G. Describe the organization’s experience in providing ALS emergency and non-emergency ambulance service. Please specify areas and populations in area(s) your organization is presently serving and/or has served.
- H. Describe the organization’s method(s) of providing medical control.
- I. Describe the organization’s continuous quality improvement (CQI) process. At a minimum, your CQI process shall meet the requirements of the SCEMSA QI program document for ALS providers.

Once the provider has satisfactorily completed the above requirements the provider shall enter into a written ALS service provider designation agreement with SCEMSA.

Designated ALS service providers must keep payment of ALS service provider fee current to maintain ALS service provider designation.

Cross Reference: Quality Improvement Program PD# 7600