

	<b>COUNTY OF SACRAMENTO</b> EMERGENCY MEDICAL SERVICES AGENCY	Document #	2500.13
	<u>PROGRAM DOCUMENT:</u>  <b>EMS Aircraft Designation Requirements</b>	Initial Date:	12/10/97
		Last Approval Date:	07/11/19
		Effective Date:	07/01/20
		Next Review Date:	07/01/21

Signature on File

EMS Medical Director

Signature on File

EMS Administrator

**Purpose:**

- A. To establish minimum standards for emergency medical services (EMS) aircraft seeking advanced life support (ALS) 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 SCEMSA the following items shall be submitted for review and the organizational structure.

- A. Name and address of the sponsoring organization.
- B. Narrative description of the ownership of the sponsoring organization to include at a minimum, public or private ownership and the organizational structure.
- C. Narrative description of the tax status of the sponsoring organization, profit, not-for-profit or governmental.
- D. Name of the sponsoring 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 air ambulance and related services currently provided by the sponsoring organization, to include but not be limited to:
  - 1. The number and type of EMS aircraft
  - 2. The patient capacity of those EMS aircraft
  - 3. The level of patient care provided by EMS aircraft personnel
  - 4. Availability of EMS Aircraft
  - 5. List at least three hospital emergency departments and three public safety agencies with which the sponsoring organization has worked during the past year and which may serve as references.
  - 6. Describe the sponsoring organization's experience in providing ALS emergency and non-emergency air ambulance service. Please specify areas and populations in area(s) the sponsoring organization is presently serving and/or has served.
  - 7. Describe the sponsoring organization's method(s) of providing medical oversight.

8. Describe the sponsoring organization's continuous quality improvement (CQI) process. At a minimum, the sponsoring CQI process shall meet the applicable requirements of the SCEMSA CQI program document. Emergency Medical Technician - Paramedics are required to be accredited by SCEMSA and follow the applicable policies, procedures, and protocols.
  9. List the organization's electronic health record system that exports data in a format that is compliant with the current versions of the California Emergency Medical Services Information System (CEMSIS) and the National Emergency Medical Services Information System (NEMSIS) standards and includes those data elements that are required by SCEMSA and the California Health and Safety Code, Division 2.5 (1797.227).
    - Ensure that the electronic health record system can be integrated with the local EMS agency's data system, so that the local EMS agency may collect data from the provider.
  10. If Registered Nurses are utilized, submit a copy of the nurse's prehospital protocols and a list of medications carried for review by the SCEMSA Medical Director. All nurses' protocols and drug formularies applicable to the out-of-hospital setting require review by the SCEMSA Medical Director.
  11. Submit proof of current accreditation by the Commission on Accreditation of Medical Transport Systems or equivalent external evidence of compliance with the accreditation standards of the Commission for the Accreditation of Medical Transport Systems.
- F. Once the provider has satisfactorily completed the above requirements the provider shall enter into a written ALS service provider designation agreement with SCEMSA.
- G. Designated EMS Aircraft Service Providers must keep Payment of ALS Service Provider fee current to maintain EMS Aircraft designation.

**Cross Reference:** Quality Improvement Program PD# 7600  
Electronic Health Care Record and Data PD#2522