

	<b>COUNTY OF SACRAMENTO</b> <b>OFFICE OF EMERGENCY MEDICAL SERVICES</b>	Document #	2500.06
	<u>PROGRAM DOCUMENT:</u> <b>EMS Aircraft Designation Requirements</b>	Page:	1 of 2
		Draft Date:	12/10/97
		Effective:	12/01/07
		Revised:	07/12/07
		Review:	07/01/09

---

EMS Medical Director

---

Chief, Emergency Medical Services

**I. INTENT:**

To establish minimum standards for EMS aircraft seeking advanced life support (ALS) designation from the Sacramento County EMS Agency (SCEMS).

**II. AUTHORITY:**

A. Health and Safety Code, Division 2.5, Ch. 2, §1797.78; Ch. 3, Art. 5, §1797.178; Ch. 4, Art.1, §1797.206, §1797.218 & §1797.220.

B. California Code of Regulations, Title 22, Division 9, Ch. 8.

**III. 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 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.

	<b>COUNTY OF SACRAMENTO</b>	Document #	2500.06
	<b>OFFICE OF EMERGENCY MEDICAL SERVICES</b>	Page:	2 of 2
	<b>PROGRAM DOCUMENT:</b>	Draft Date:	12/10/97
	<b>EMS Aircraft Designation Requirements</b>	Effective:	12/01/07
		Revised:	07/12/07
		Review:	07/01/09

2. The patient capacity of those EMS aircraft.
  3. The level of patient care provided by EMS aircraft personnel.
  4. Availability of EMS aircraft.
- F. 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.
- G. 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.
- H. Describe the sponsoring organization's method(s) of providing medical oversight.
- I. Describe the sponsoring organization's continuous quality improvement (CQI) process. At a minimum, the sponsoring CQI process shall meet the applicable requirements of the SCEMS CQI program document. Paramedics are required to be accredited by SCEMS and follow the applicable policies, procedures, and protocols.
- J. If registered nurses are utilized, submit a copy of the nurse's prehospital protocols and a list of medications carried for review by the SCEMS Medical Director. All nurses' protocols and drug formularies applicable to the out-of-hospital setting require review by the SCEMS Medical Director.
- K. 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.

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