

**COUNTY OF SACRAMENTO
EMERGENCY MEDICAL SERVICES AGENCY**



Program Document: **Designation Requirements for Ground-Based
Advanced Life Support (ALS) Service Providers**

Policy Number: 2510.16

Initial Date: 12/22/97

Effective Date: 05/01/26

Last Approved Date: 09/11/25

Next Review Date: 09/01/27

Signature on File

EMS Medical Director

Signature on File

EMS Administrator

Purpose:

- A. To establish minimum standards for ambulance providers seeking Advanced Life Support (ALS) service provider designation from the Sacramento County Emergency Medical Services 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 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 the emergency, non-emergency ALS ambulance, and related services currently provided by the organization, including but not 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 the 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.
- J. 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).
1. 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.
- K. Once the provider has satisfactorily completed the above requirements, the provider shall enter into a written ALS service provider designation agreement with SCEMSA.
- L. Designated ALS service providers must keep payment of the ALS service provider fee current to maintain ALS service provider designation.

Cross Reference:

PD# 7600 – Quality Improvement Program
PD# 2522 – Electronic Health Care Record and Data
PD# 2030 – Advanced Life Support Inventories