

SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

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PREHOSPITAL PROVIDER STANDARDS

I. PURPOSE

- A. To establish standards for EMS providers that supports the seamless delivery of high quality prehospital care and ambulance transportation to the residents and visitors of San Francisco, from a patient's perspective.
- B. To define the roles of each category of participant within the EMS System and identify the parameters within which those providers will conduct their business.

II. AUTHORITY

- A. California Health and Safety Code, Division 2.5, Sections 1797.200, 1797.201, 1797.204, 1797.206, 1797.220, 1797.224, 1797.252, and 1798.
- B. California Code of Regulations, Title 22, Sections 100063 et seq., 100142, 100145, 100147, 100173, 100175, and 100254(f).
- C. City and County of San Francisco Health Code, Article 14

III. POLICY

A. General Requirements for all EMS providers:

1. EMS providers operating in San Francisco will comply with all Federal, State, and local laws pertaining to the operation of ambulances and emergency vehicles, and the delivery of prehospital care and medical transportation.
2. EMS providers shall comply with all EMS Agency Policies and Procedures and Protocols.
3. All EMS providers shall have and enforce a policy that prohibits employees from performing any ALS or BLS service under the influence of any alcoholic beverage, illegal drug, or narcotic. In addition, said policy shall prohibit employees from performing such services under the influence of any other substances, including prescription or non-prescription medications, which impairs their physical or mental performance.
4. Pursuant to 22 CCR 100254(f), all providers shall have policy requiring early notification for trauma patients being transported to an EMS designated trauma center
5. EMS providers responding to requests for service, delivering care, or transporting patients within the City and County of San Francisco shall have a permit issued by the San Francisco EMS Agency.

6. Managerial personnel with such authority necessary to act on behalf of the provider for all operational issues shall be available to the provider's personnel and the EMS system 24 hours a day.
7. EMS Providers will maintain such staffing, equipment, and vehicles as necessary to be available to respond at all times. Vehicles will be equipped as detailed in the *Vehicle Equipment and Supply* list.
8. EMS Providers will maintain or contract for services with a designated EMS Dispatch Center operating within the requirements of EMS Agency Policy. All responses shall be in accordance with the minimum required response associated with the AMPDS determinant assigned by the designated EMS Dispatch Center.
9. EMS Providers will maintain capability to communicate directly with the Emergency Communications Department, using the 800MHz radios, from any vehicle operating within the City and County of San Francisco.
10. Current EMS Agency Policy and Protocol manuals will be accessible by all employees at each station and in each permitted vehicle.
11. EMS Providers will allow periodic site visits and vehicle inspections by the EMS Agency Medical Director, or his/her designee, as part of the EMS Agency Compliance Verification Process.
12. All EMS providers shall have and enforce a written policy that requires employees to safely secure any durable medical equipment belonging to a patient about to be transported to any destination. Examples include wheel chairs, scooters, portable oxygen, and any other type of durable medical equipment owned by the patient. Each field provider, public or private, shall be responsible for the safekeeping of a patient's durable medical equipment. This does not apply to a patient's home, or other facility able to secure the item safely. Each field provider will give to the patient a written notice of how the item will be secured and how s/he can retrieve the item of durable medical equipment when s/he is released from the facility to which they were transported. Providers shall not charge the patient for this service or pass the cost along to the patient at a later time. Once a field provider has made patient contact, they will be financially liable for any lost durable medical equipment. Each field provider shall forward a copy of their policy to the EMS Agency by the effective date of this policy.

B. First Responder

1. No less than one certified EMT-1 shall, at all times, staff each apparatus used for first response.
 - a) SFFD and National Park Service Fire Department are also ALS providers and may, in accordance with other policies and agreements with the EMS Agency, staff first response apparatus with ALS equipment and at least one paramedic.
 - b) If an ambulance is used for ALS first response, the standards described under "On Viewed" incidents, V, C shall be used to determine if transport should be initiated.
2. SFFD will provide first response services for all presumptively defined life threatening emergency responses in San Francisco without regard to the ALS provider responding.

- a) SFFD will respond to all requests for on scene assistance made by ALS providers on emergency calls.
- b) If requested by a transporting unit, first responders will accompany the patient to the hospital to assist with patient care.
- c) SFFD, at its discretion, may choose to limit response to requests made by providers for non-emergency purposes, based on the operational needs of the Department.

C. BLS Provider

1. BLS ambulances will be staffed with two certified EMT-1s consistent with the established personnel and training standards in EMS Agency Policy.
2. BLS ambulances shall be equipped with an AED and providers shall meet the requirements of 22 CCR 100063.1.
3. BLS ambulances may respond to the following requests for service:
 - a) Interfacility transfers;
 - b) Service requests that have an AMPDS response determinant approved for BLS response by the EMS Agency Medical Director;
 - c) Prearranged medical transportation from a residence or sub-acute facility to a clinic, medical office, sub-acute facility, or hospital for non-urgent care of a pre-existing medical condition; and
 - d) Multi-Casualty Incidents as described in the *Integrated Response Plan*.
4. BLS personnel may provide emergency care within their scope of practice in the following situations:
 - a) When they come across medical emergencies during the normal course of business (on view) and until relieved by ALS personnel;
 - b) When a patient's clinical condition suddenly deteriorates during transport;
 - c) As requested by ALS personnel present on the same emergency scene.
 - d) BLS providers will not actively seek out, shadow, or be dispatched to emergency calls.
 - e) BLS providers and personnel may not accept a patient from ALS providers or personnel for the purposes of unsupervised care and/or transport from an emergency scene, except during a disaster or MCI when approved by the EMS Agency Medical Director.

D. ALS Providers

1. The City and County of San Francisco is an Exclusive Operating Area (EOA) as defined in Section 1797.204 of the California Health and Safety Code.
2. Each Advanced Life Support Provider must have a current Paramedic Service Provider Agreement with the San Francisco EMS Agency to operate as an authorized ALS Provider.
3. ALS Providers will staff Paramedic Field Supervisors as required by EMS Agency Policy.
4. ALS Providers shall dispatch, or require to be dispatched, 2 California licensed and San Francisco accredited paramedics, who may be responding in separate vehicles, to all AMPDS Response Determinants identified as requiring a dual paramedic response by the EMS Medical Director.

5. ALS transport vehicles will be staffed with a minimum of one currently licensed and San Francisco accredited paramedic, and one EMT-1 consistent with the personnel and training standards in EMS Agency Policy.
 - a) A second licensed and San Francisco accredited paramedic may replace the EMT-1 on a transport vehicle, at the discretion of the provider.
 - b) ALS apparatus intended for response only will have a minimum of one currently licensed and San Francisco accredited paramedic in order to qualify as an authorized ALS resource.
6. ALS providers will respond to all requests for service in accordance with response patterns determined by AMPDS and approved by the EMS Agency Medical Director. This requirement pertains to all emergent, urgent, immediate, and/or unscheduled requests for service received by any means.
7. ALS providers will respond an appropriately staffed and equipped ALS vehicle to the following requests for service:
 - a) All service requests assigned an AMPDS determinant that requires ALS response;
 - 1) Those requests with an Echo determinant must be assigned to the closest ALS response and transport vehicles without preference to any particular provider.
 - b) All requests for assistance made by a First Response, Law Enforcement, or BLS provider;
 - 1) This provision applies to private ALS providers when they are available in accordance with the Integrated Response Plan.
8. At the provider's discretion, an ALS ambulance may be assigned to requests for interfacility transports requiring a paramedic in attendance;
9. At the provider's discretion, an ALS ambulance may be assigned to any or all requests outlined in C, 3, a-d.

E. Quality Improvement & Training

1. All EMS providers shall prepare and submit to the EMS Agency, a Quality Improvement plan that complies with State law and EMS Agency Policy.
2. Providers shall employ a registered nurse, a physician, or a paramedic knowledgeable in prehospital care and quality improvement who is responsible for the QI oversight in accordance with EMS Agency Policy.
 - a) ALS providers shall employ a physician knowledgeable in prehospital care and quality improvement to act as a provider Medical Director.
3. Providers will compile and submit all reports and data as required by Policy and as requested by the EMS Agency.
4. Training programs, with mandatory attendance requirements for all employees, structured from information gained through QI activities will be presented to all employees not less than 4 times per year.
5. All employees will receive training, with mandatory attendance requirements, on all EMS Agency Policy, Procedure, and Protocols.
 - a) EMS personnel who are working as professional responders in San Francisco and fail to attend training mandated by the EMS Medical Director, may, at the direction of the EMS Medical Director, have their certification or accreditation suspended and be subject to disciplinary action, up to an including revocation of

their certification or accreditation for failing to attend training mandated by the EMS Medical Director.

6. Providers will develop a new employee training process that meets the current personnel and training standards in EMS Agency Policy.

F. Response Standards and Goals

1. The entire EOA of the City and County of San Francisco is defined as a “metropolitan and urban” area.
2. The dispatch interval will be measured from the time an incident is created in the provider’s computer aided dispatch computer until a response vehicle is notified of the call.
3. Response intervals will be measured from the time assigned vehicle is notified of an incident until the responding vehicle stops at the scene.
4. While recognizing that the current San Francisco EMS System is not yet capable of meeting them, the EMS Agency has identified that the EMDAC recommended Response Time Intervals are a worthy goal, and will evaluate and improve the San Francisco EMS System by using the following Response Call Intervals, as recommended by EMDAC, as benchmarks:
 - a) BLS with AED on scene – 5 minutes from time of first ring at primary PSAP to vehicle arrival at the scene with the wheels stopped.
 - b) ALS – 10 minutes from time of first ring at primary PSAP to vehicle arrival at the scene with the wheels stopped.
 - c) Patient Transport Vehicle – 12 minutes from time of first ring at primary PSAP to vehicle arrival at the scene with the wheels stopped.
5. Emergency Dispatch Centers shall ensure that an appropriate AMPDS response determinant is assigned and the approved response vehicles for that determinant are notified of the assignment within 2 minutes, 0 seconds 90 percent of the time for all presumptively defined life threatening emergencies.
6. The SFFD shall ensure that responders capable of performing Basic Life Support and Defibrillation are on scene of all presumptively defined life-threatening emergencies within 4 minutes and 30 seconds, 90 percent of the time as measured each month within the Emergency Response Districts. The SFFD shall be responsible for complying with this response interval requirement for all presumptively defined life-threatening emergencies, including those calls responded to by other Emergency Ground Ambulance Providers on a mutual aid or IRP request.
7. Providers shall ensure that responders capable of performing Advanced Life Support are on the scene of all presumptively defined life threatening emergencies within 7 minutes and 0 seconds, 90 percent of the time as measured each month within the Emergency Response Districts.
 - a) Private ALS Providers may request the SFFD to assign an ALS First Response Company as needed to comply with this requirement.
 - b) The SFFD shall respond an ALS First Response Company when requested by other Emergency Ground Ambulance Providers on a mutual aid or IRP request.
 - c) All time intervals shall be indexed from the time the incident was created at the initiating agency.

- 1) Each involved agency will reference the index time but report their response separately.
8. Providers shall ensure that a Patient Transportation Capable Vehicle, staffed by at least 2 personnel including one paramedic and permitted as an ALS ambulance by the EMS Agency, is on the scene of all presumptively defined life threatening emergencies within 10 minutes, 0 seconds 90 percent of time as measured each month within the Emergency Response Districts.
9. Providers shall ensure that a Patient Transport Capable Vehicle, staffed by at least 2 people including one paramedic and permitted as an ALS ambulance by the EMS Agency is on the scene of all Code 2 dispatches within 20 minutes, 0 seconds 90 percent of the time as measured each month within the Emergency Response Districts.
10. If a response is appropriately changed from code 3 to code 2 enroute to the scene, the entire response time interval shall be calculated against the standard for a code 2 response, except in those cases in which the response has been reduced to code 2 after exceeding the code 3 response time standard.
11. If a response is changed from code 2 to code 3 enroute to the scene, the entire response time shall be calculated against the standard for a code 3 response.
 - a) Providers shall file an exception report, and these incidents shall not be included in the response time standards calculations.
12. The response interval standard applies only to the first unit of each category to arrive on scene. The response unit categories are 1) responder capable of performing BLS and Defibrillation, 2) responder capable of performing ALS and, 3) patient transportation capable vehicle.
13. For non-emergency patients being cared for by a physician or RN requesting transport to an ED or for direct hospital admit the call taker may use Card 33A – Transfer/Interfacility/Palliative Care under the following rules:
 - a) If the call taker is not able to speak directly with someone who is physically with the patient and is not able to verify that a physician or RN has examined the patient, then the call taker shall switch to another appropriate card for a Code 2 or 3 dispatch;
 - b) That the physician or RN confirms that for Card 33A Acuity Level I responses, that a 60-minute response time is appropriate.
 - c) That the physician or RN confirms that for Card 33A Acuity Level II responses, that a 4 hour response time is appropriate.
 - d) For non-emergency calls originating from a third party who is not at the patient location, such as a transport hub or institutional security, Card 33 cannot be used unless the call taker is provided with a phone number for contacting the RN or MD on scene with the patient;
 - e) The call taker does not need permission from the physician or RN to upgrade the response to Code 2 or 3.
 - f) If a private ambulance provider cannot respond within 60-minutes to a Card 33 Alpha, Acuity I, the ambulance provider shall attempt to transfer the call to another permitted private provider. Only if another provider is unavailable, the call shall be transferred to the San Francisco 911 Center;

- g) San Francisco ALS providers may refer 33A, Acuity Level II calls to a permitted BLS provider for service;

14. The following summarizes the Response Time Requirements described above:

Vehicle Response	Dispatch Interval	Response Time Interval		
		BLS & AED On Scene	ALS On Scene	Transport On Scene
(AMPDS determinants are representative only and subject to modification on approval of EMS Medical Director)				
Code 3 (Red lights and siren) AMPDS Echo, Delta, some Charlie, and some Bravo determinants	2 minutes	4 minutes, 30 seconds	7 minutes, 0 seconds	ALS 10 minutes, 0 seconds
Code 2 (no red lights or siren) AMPDS Alpha, some Bravo, and some Charlie determinants	2 minutes	NA	20 minutes, 0 seconds	ALS 20 minutes, 0 seconds
Code 1 Only for Card 33A Acuity LI	2 minutes	NA	60 minutes ALS responds only if any question exists or BLS unavailable	60 minutes BLS or ALS if BLS unavailable
NonUrgent Only for Card 33A Acuity LII	NA	NA	4 hours ALS responds only if any question exists or BLS unavailable. ALS providers may refer caller to permitted BLS provider.	4 hours BLS

15. Response time and interval reporting

- a) Providers shall report all response time data to the EMS Agency through an “incident based reporting system,” by which the response of first responders and ambulances and other vehicles are recorded, as indexed to a request for service.
- b) For each request for emergency medical service, Providers shall record or cause to be recorded the incident location and the times for each responding unit at each of the stages of a response:
 - 1) For each ALS or BLS First Response vehicle the SFFD shall record:
 - (a) Time incident created in CAD;
 - (b) Time unit notified;
 - (c) Time response unit was mobile;
 - (d) Time vehicle stopped at scene;
 - (e) Time arrived at patient’s side;
 - (f) Scene departure time; and
 - (g) Available time.

- 2) For each responding ambulance, the provider shall record:
 - (a) Time incident created in CAD;
 - (b) Time unit notified;
 - (c) Time response unit was mobile;
 - (d) Time vehicle stopped at scene;
 - (e) Time arrived at patient's side;
 - (f) Scene departure time;
 - (g) Destination arrival time; and
 - (h) Available time.
- 3) Providers shall also record the response code to the incident location, the destination/disposition of each vehicle, and the response code to the destination for transported patients.
- 4) Response times shall be measured and reported by the geographic boundaries of each Emergency Response District. Response times shall also be measured and reported in the aggregate.
- 5) All response times and interval measurements shall be measured and reported monthly in an electronic format approved by the EMS Agency.

IV. PROCEDURE

A. Ambulance Permit Process

1. Obtain the Application for Ambulance Permit from the EMS Agency offices and submit the completed application and required documentation.
2. Pay the required fee.
3. Make the ambulance(s) and operations facilities available for inspection by the EMS Agency.
4. No ambulance shall be operated within San Francisco without a permit from the EMS Agency

B. Compliance Verification

1. In order to verify continuing compliance with EMS Agency Policy, the EMS Agency will periodically perform site surveys for the purposes of inspection and evaluation of a providers policies and practices. If a provider agency fails to attain a passing score on any site survey, the EMS Agency shall notify that agency in writing of deficiencies.
2. The provider agency will develop a corrective action plan submit it to the EMS Agency within 30 days of notification
 - a) Plan will address all noted deficiencies;
 - b) Plan will include proposed timeframe for correction; and
 - c) Plan must be approved by the EMS Agency Medical Director.
3. If determined as necessary by the EMS Agency Medical Director, the EMS Agency shall resurvey the provider in no less than 90 days from the date of notification.
4. If, as determined by the EMS Agency Medical Director, there exist circumstances deemed to jeopardize public health and safety, the EMS Agency Medical director may:
 - a) Require that the provider agency suspend all operations until such time that corrections are made and verified; and

- b) Resurvey the provider agency in less than 90 days
- 5. Failure to correct noted deficiencies shall be cause for any or all of the following actions:
 - a) Revocation of the provider agencies ambulance permit and/or Paramedic Service Provider agreement.
 - b) Placing the provider agency on a probationary status during which time the provider agency will follow an approved corrective action plan and be closely monitored for compliance.