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| COUNTY OF VENTURA HEALTH CARE AGENCY | | EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES | |
| Policy Title: Advanced Life Support Service Provider Approval Process | | Policy Number 502 | |
| APPROVED: Administration: |  Steven L. Carroll, Paramedic | Date: January 3, 2023 | |
| APPROVED: Medical Director: |  Daniel Shepherd, M.D. | Date: January 3, 2023 | |
| Origination Date: | May 1984 | Effective Date: January 3, 2023 | |
| Date Revised: | January 10, 2008 | | |
| Date Last Reviewed: | September 8, 2022 | | |
| Review Date: | September 30, 2025 | | |

- I. PURPOSE: To define criteria by which an agency may be designated as an Advanced Life Support (ALS) Service Provider (SP) in Ventura County.
- II. POLICY: An agency wishing to become an ALS SP in Ventura County must meet Ventura County ALS SP Criteria and agree to comply with Ventura County regulations. An initial six-month review of all ALS activity will take place and subsequent program review will occur per Ventura County Emergency Medical Services (VC EMS) policies and procedures.
- III. PROCEDURE:
 - A. **Request for ALS SP Program Approval**
The agency shall submit a written request for ALS SP approval to Ventura County Emergency Medical Services (VC EMS), documenting the compliance of the company/agency with the Ventura County EMS Policy 501 or 508.
 - B. **Program Approval or Disapproval:**
Program approval or disapproval shall be made in writing by VC EMS to the agency requesting ALS SP designation within a reasonable period of time after receipt of the request for approval and all required documentation. This time period shall not exceed three (3) months.
VC EMS shall establish the effective date of program approval upon the satisfactory documentation of compliance with all the program requirements. All contracts or memorandum of understanding must be approved by the County Board of Supervisors prior to implementation.
 - C. **Initial Program Evaluation**
Review of all ALS activity for the initial 6 months of operation as an Advanced Life Support Ambulance Provider shall be done in accordance with VC EMS policies and procedures.

D. **Program Review**

Program review will take place at least every two years according to policies and procedures established by VC EMS.

E. **ALS SP Program Changes**

An approved ALS Service Provider shall notify VC EMS by telephone, followed by letter within 48 hours of program or performance level changes.

F. **Withdrawal, Suspension or Revocation of Program Approval**

Non-compliance with any criterion associated with program approval, use of non-licensed or accredited personnel, or non-compliance with any other Ventura County regulation or policy applicable to an ALS SP may result in withdrawal, suspension, or revocation of program approval by VC EMS.

G. **Appeal of Withdrawal, Suspension or Revocation of Program Approval**

An ALS SP whose program approval has been withdrawn, suspended, or revoked may appeal that decision in accordance with the process outlined in the Ventura County Ordinance Code,

**ADVANCED LIFE SUPPORT SERVICE PROVIDER APPROVAL PROCESS
CRITERIA COMPLIANCE STATEMENT**

| | |
|------------------|-------------|
| APPLICANT: _____ | DATE: _____ |
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The above named agency agrees to observe the following criteria as a condition of approval as an Advanced Life Support Provider in the Ventura County EMS system.

| | YES | NO |
|--|-----|----|
| 1. Provide ALS service on a continuous 24-hour per day basis. | | |
| 2. Provide appropriate transportation for ALS patients. | | |
| 3. Provide for electronic communication between the EMT-Ps and the BH, complying with VC Communications Department requirements. | | |
| 4. Provide and maintain ALS drugs, solutions and supplies per VC EMS policies and procedures. | | |
| 5. Assure that all personnel meet certification/accreditation and or training standards in VC EMS policies. | | |
| 6. Cooperate with data collection, QA and CQI programs. | | |
| 7. Provide BLS service when ALS in not indicated. | | |
| 8. Charge for ALS services only when rendered. | | |
| 9. Submit patient care and other documentation per VC EMS policies and procedures. | | |
| 10. Comply with all VC EMS policies and procedures. | | |

If any statements are checked as "NO", supply information stating the rationale for each "NO" answer. The information will be considered, but submission does not assure approval of the program.

Signature: _____

Title: _____

Date: _____