

AGENDA



SAN BERNARDINO COUNTY EMERGENCY MEDICAL CARE COMMITTEE



May 16, 2013

0900 - 1100

(Meeting may end early at the completion of all agenda items)

**ICEMA
Training Rooms A & B
1425 South "D" Street
San Bernardino, CA 92408**

Purpose: Information Sharing

Meeting Facilitator: Jim Holbrook

Timekeeper: Tom Lynch

Record Keeper: Jacquie Martin

	AGENDA ITEM	PERSON(S)	DISCUSSION/ACTION	TIME
I.	CALL TO ORDER	Jim Holbrook		0900 - 0901
II.	APPROVAL OF MINUTES	Jim Holbrook	Action	0901 - 0904
III.	DISCUSSION ITEMS			
	A. ICEMA Updates 1. EMS MISS II Status Report 2. Utilization of PBC Trust Fund	Tom Lynch	Discussion/Action	0904 - 0910
	B. ICEMA Medical Director Updates	Tom Lynch	Discussion	0910 - 0925
	C. RFP - Consultant for Ground Medical Transportation System Design	Tom Lynch	Discussion	0925 - 0930
	D. Bed Delay	Tom Lynch	Discussion	0930 - 0935
	E. EMS Aircraft Policy Endorsement	Tom Lynch	Action	0935 - 0945
	F. Community Paramedicine	Tom Lynch	Discussion	0945 - 0950
	G. Gurney Van Services	Diana McCafferty	Discussion	0950 - 0955
IV.	EMS SYSTEM MANAGEMENT REPORTS <ul style="list-style-type: none"> • Quarterly Trauma Hospital Reports • Base Hospital Quarterly Reports • Hospital Bed Delay Reports • Hospital Surveillance • STEMI Reports Reports available at: http://www.sbcounty.gov/ICEMA/sbcounty_reports.aspx		Information	0955 - 1000
V.	OTHER/PUBLIC COMMENT			1001 - 1006
VI.	REQUESTS FOR NEXT MEETING			1006 - 1007
VII.	NEXT MEETING DATE: July 18, 2013			1007 - 1008
VIII.	ADJOURNMENT			1008 - 1010

The San Bernardino County Emergency Medical Care Committee (EMCC) meeting facility is accessible to persons with disabilities. If assistive listening devices or other auxiliary aids or services are needed in order to participate in the public meeting, requests should be made through the Inland Counties Emergency Medical Agency at least three (3) business days prior to the EMCC meeting. The telephone number is (909) 388-5823, and office is located at 1425 South "D" Street, San Bernardino, CA.

MINUTES



SAN BERNARDINO COUNTY EMERGENCY MEDICAL CARE COMMITTEE



March 21, 2013

0900 to 1100

AGENDA ITEM		DISCUSSION/FOLLOW UP	RESPONSIBLE PERSON(S)
I.	CALL TO ORDER	Meeting was called to order at 0904.	
II.	APPROVAL OF MINUTES	The January 17, 2013, minutes were approved. MSC: Andres/Francis	
III.	DISCUSSION ITEMS		
	A. ICEMA Updates		
	1. EMS MISS II Status Report	EMS MISS I & II Report included in agenda packet for reference. EMSA approached ICEMA regarding possible contract with EMSA to provide the state-wide repository for all EMS and trauma data. Contract is not finalized but would mean ICEMA would receive state-wide data and eventually transmit the national data base. Dr. Backer announced that the State will utilize NEMSIS 3.0 effective January 1, 2014.	Mark Roberts/Ron Holk
	2. Utilization of PBC Trust Fund	Utilization of PBC Trust Fund included in agenda packet for reference. There was no request for endorsement.	May Wang
	B. ICEMA Medical Director Updates		
	1. Core Measures	The State is moving forward with a project identifying core measures that would be collected from all EMS providers to use as bench marks for QI across the State. There is going to be a significant challenge with some of these core measures. LEMSAs will be held accountable to the State and hospitals will have some role in data reporting (Stroke and STEMI registries). ICEMA does not anticipate being able to report 100% but is closer than other LEMSAs across the State due to our data reporting system. ICEMA's challenge will be to represent the entire EMS system and transitioning EMS providers onto the EMS data system. An example of data not being collected is Cardiac arrest patients and the rate of discharge from the ED. May have to fit it into one of our registries or identify a source to capture data.	Ron Holk

	2. Pediatric Intubation	Pediatric intubation is getting more notice and tends to be in the spotlight. ICEMA is the only LEMSA currently allowing unrestricted use in the prehospital setting. All the studies have come out against pediatric intubation by paramedics in the field, so ICEMA stands out in discussions. ICEMA has the most intense pediatric intubation education in the State to continue its use.	Ron Holk
	3. Drug Shortages	Continue to have issues with drug shortages with regards to Dextrose 50%, Calcium Chloride, Sodium Bicarbonate, and occasionally Atropine. Providers requesting waivers have been asked to report any perception of negative patient outcome. No report to date of any negative patient outcomes. Shortages are not only affecting EMS but healthcare as a whole.	Ron Holk
	4. State STEMI/Stroke Regulations	Pre-public comments is complete. EMSA is reviewing and will release for public comment.	Ron Holk
	5. Community Paramedicine	<p>EMSAAC and EMDAC are finalizing a combined position paper that supports the concept of exploring Community Paramedicine (CP). ICEMA staff attended a stakeholders meeting in Sacramento where OSHPD presented the concept of a trial study for CP.</p> <p>Dr. Backer spoke in support of the concept and laid out a timeline. There is support from the State to approve 10 - 12 programs. EMSA, California Healthcare Foundation and OSHPD agree that there needs to be parameters, training, and process approval at the local level with everyone involved. This will be a longer process than some had hoped for. Currently no direct or government funding.</p> <p>Chair requested continued discussion regarding an EMCC subcommittee to discuss the issue, with invitations extended to EMS Officers, EMS Nurses, transportation industry, public safety industry, hospital and physician groups.</p>	Tom Lynch
	C. RFP - Consultant for Ground Medical Transportation System Design	The Abaris Group is the selected contractor. Contract goes to the Governing Board on March 27, 2013. Contractor will arrange stakeholders meetings.	
	D. Bed Delay	<p>ICEMA held a meeting on January 24, 2013, with significant hospital participation to discuss issues and solutions. During the meeting, multiple causes and factors were identified.</p> <p>A subsequent meeting was held at ARMC on March 15, 2013, which continued the</p>	Ron Holk

Emergency Medical Care Committee

March 21, 2013

Page 3

		cooperative discussion. It was agreed to form three (3) task force groups to address locally 1) regulatory issues that effect EMS, hospitals, etc., 2) existing and best practices at hospitals, as well as EMS (i.e., emergency medical dispatch and throughput, and 3) surge plans. HASC will be arranging the members of the task force groups and getting the process started.	
	E. EMS Aircraft Policy Endorsement	Draft policy included in agenda packet for EMCC endorsement. After a lengthy discussion, it was decided that ICEMA will meet with the potential providers to discuss issues. Table item to next meeting. MSC: Cox/Henson	George Stone
	F. 2012 Annual Report - Second Reading	Approved submission to Board of Supervisors. MSC: Catalano/Andres	Jim Holbrook
	G. Gurney Van Services	Table item to next meeting.	
IV.	EMS SYSTEM MANAGEMENT REPORTS	<ul style="list-style-type: none"> • Quarterly Trauma Hospital Reports • Base Hospital Quarterly Reports • Hospital Bed Delay Reports • STEMI Reports Reports available at: http://www.sbcounty.gov/ICEMA/sbcounty_reports.aspx	Ron Holk
V.	ROUND TABLE/ ANNOUNCEMENTS	Art Andres thanked Mark Roberts and ICEMA staff for their hard work on the new data system.	All
VI.	FUTURE AGENDA ITEMS	Community Paramedicine	
VII.	NEXT MEETING	May 16, 2013	
VIII.	ADJOURNMENT	Meeting adjourned at 1005.	

Emergency Medical Care Committee

March 21, 2013

Page 4

Attendees:

MEMBER NAME	EMCC POSITION	ICEMA STAFF	TITLE
<input checked="" type="checkbox"/> Jim Holbrook	EMS Training Institution	<input checked="" type="checkbox"/> Reza Vaezazizi	Medical Director
<input type="checkbox"/> Diana McCafferty	Private Ambulance Provider	<input checked="" type="checkbox"/> Tom Lynch	EMS Administrator
<input checked="" type="checkbox"/> Margaret Peterson	Hospital Administrator	<input type="checkbox"/> Denice Wicker-Stiles	Assistant Administrator
<input type="checkbox"/> Stephen Miller	Law Enforcement	<input checked="" type="checkbox"/> George Stone	PBC Program Coordinator
<input type="checkbox"/> Michael Smith	Fire Chief	<input type="checkbox"/> Sherri Shimshy	EMS Nurse
<input checked="" type="checkbox"/> Troy Pennington	Physician -Level II	<input type="checkbox"/> Chris Yoshida-McMath	EMS Trauma Nurse
<input checked="" type="checkbox"/> Art Andres	EMT-P - Public Sector	<input checked="" type="checkbox"/> Ron Holk	EMS Nurse
<input checked="" type="checkbox"/> Rick Britt	Communication	<input checked="" type="checkbox"/> Mark Roberts	EMS Technical Consultant
<input checked="" type="checkbox"/> Allen Francis	Nurse - MICN	<input type="checkbox"/> Paul Easterling	EMS Specialist
<input checked="" type="checkbox"/> Roy Cox	Air Ambulance Provider	<input checked="" type="checkbox"/> John Mueller	EMS Specialist
<input checked="" type="checkbox"/> Art Rodriguez	EMT-P - Private Sector	<input checked="" type="checkbox"/> Jacquie Martin	Secretary
<input checked="" type="checkbox"/> Richard Catalano	Physician - Level I		
<input type="checkbox"/> Chris Hughes	City Manager		
<input type="checkbox"/> Vacant	Consumer Advocate		
<input checked="" type="checkbox"/> Travis Henson	Physician - ER		

GUEST	AGENCY
Jerry Boucher	Symons
Renee Colarossi	AMR
Barbara Coyne	HASC
Nancy Hernandez	LLUMC
Bernie Horak	SB City FD
Bill Jones	San Manuel FD
Ramon Lomeli	MBA
Pam Martinez	Ontario FD
Michael May	LLUMC
Erin Nash Fairfax	Cal Fire - Yucaipa
Wendy Summers	Symons
Ryan Tworek	MCLB - Barstow
Mike Wedell	Ontario FD

Staff Report - EMCC

EMS Management Information & Surveillance System - MISS II (ImageTrend)

IMAGETREND ePCR SOFTWARE - IMPLEMENTATION

Currently, 18 providers are live with ImageTrend software. ICEMA is working with an additional 6 departments at this time to migrate from HealthWare Solutions to ImageTrend and 3 new providers. ICEMA's next upgrade version 5.8 is scheduled for June 2013.

Providers currently on ImageTrend ePCR:

- AMR - Redlands
- AMR - Rancho
- AMR - Victorville
- Barstow Fire
- Big Bear City Fire
- Crest Forest Fire Protection District
- Desert Ambulance
- Fort Irwin Fire
- Marine Corps Logistics Base (MCLB) Fire - Barstow
- Morongo Basin Ambulance
- Morongo Valley Fire
- Running Springs Fire
- San Bernardino City Fire
- San Manuel Fire
- Sheriff's Aviation
- Sierra LifeFlight - Bishop (Inyo County)
- Upland Fire
- Yucaipa City Fire

Implementation/training dates for additional providers are as follows:

- Baker Ambulance (Needles and Baker) - Pending
- Big Pine Fire (Inyo County) - Pending
- Chino Valley Fire - June/July Training
- Lone Pine Fire (Inyo County) - Pending
- Mono County Paramedics (Mono County) - May/June 2013
- Mammoth Lakes Fire (Mono County) - July 2013
- Ontario Fire - Live Date July 1, 2013
- Rancho Cucamonga Fire - June Training, Live Date July 1, 2013
- Symons Ambulance (San Bernardino) - June/July Training

CAD INTERFACES ePCR IMPLEMENTATION

AMR - Completed
Barstow Fire - Pending
Confire - Completed
Desert Ambulance - Pending
Ontario Fire - Completed
San Bernardino City Fire - Completed
Symons Ambulance - Pending

IMAGETREND ePCR SOFTWARE

The purchase of ImageTrend Software was approved by the ICEMA's Governing Board in November 2011. ICEMA conducted training for hospital users in the deployment of the Hospital Dashboard. This allows users to view inbound patients and review ePCRs of patients (by hospital) based on security and permissions.

Patient Registry - ICEMA has completed the testing importing Trauma records from its two trauma hospitals. Currently, ICEMA is receiving data from its Trauma, Stroke and STEMI registries.

Rescue Bridge - Fire Reporting is available for any department who would like to combine both EMS and Fire into one system. ICEMA is working with departments as requested to help with the configuration and deployment process.

Critical Care Module - ICEMA has deployed the Critical Care module to providers who provide this level of service. These providers include AMR, Upland Fire, Sierra LifeFlight and Morongo Basin Ambulance. As other air providers come onto the ePCR system they will also have access to the Critical Care module.

Disaster Recovery (DR) Site - ICEMA took part in a Countywide exercise starting May 1, 2013, and ending May 10, 2013, to test the DR Site in the High Desert. The purpose of the DR site is in the event our main servers go off line for an extended period of time we can activate the DR site and bring our systems back online. The next scheduled exercise is November 2013.

Mark Roberts
5/16/13

Staff Report - EMCC

UTILIZATION OF PBC TRUST FUND (LIQUIDATED DAMAGES)

<i>Request for increase to the amount for Additional Expenses:</i>	<i>\$8,000</i>
Purchase of printer paper and toner, and travel expenditure exceeded the amount anticipated for the current FY 2012-13.	
<i>Request for FY 2013-14 Additional Expenses:</i>	<i>\$70,000</i>
Purchase of paper, toner and travel expenditures for the FY 2013-14.	

Current Trust Fund Balance (as of May 10, 2013): \$587,048.63

Incidental Expenses:

During the January 2013 meeting, the EMCC endorsed the use of liquidated damages for incidental expenses related to the MISS projects not to exceed \$5,000. Expenditures are shown below. Unspent funding will be carried over into FY 2013-14.

APPROVED INCIDENTAL BUDGET			\$5,000.00
Expenses:	Vendor	Date	Amount
Technical staff cell phone charger power protection, etc.	Verizon	4/12/2013	135.10
Subtotal			
Balance Remaining			\$4,864.90

Additional Expenses for FY 2012-13:

During the July 2012 meeting, the EMCC endorsed expenditures up to \$55,000 for the costs associated with paper and toner. Through budget reconciliation, travel expenditures associated with MISS projects was included at the March 2013 meeting. Expenses for FY 2012-13 are listed below.

APPROVED ADDITIONAL BUDGET			\$55,000.00
	Vendor	Amount	
Expenses (July-April):			
Paper	Staples	\$6,868.51	
Toner	Daisy Wheel	\$23,431.57	
Travel Expenses FY 2007-13 (up-to Q2):		\$21,232.61	
Additional travel (Jan to April):		\$3,515.91	
Subtotal			\$55,048.60
Balance Remaining			(\$48.60)

Electronic Patient Care Record Data System Expenses:

During the July 2011 meeting, the EMCC endorsed a not-to-exceed \$750,000 amount for the purchase of the new EMS data system from ImageTrend. On November 15, 2011 the ICEMA Governing Board approved the MISS project (ePCR) with the initial three (3) year term at a cost of \$717,546.

Additional Expenses for Ground Medical Transportation System Consultant:

During the May 2012 meeting, EMCC endorsed expenditure of \$150,000 for the Ground Medical Transportation System consultant. The ICEMA Governing Board approved a contract with The Abaris Group following a Request for Proposal process in accordance with County policy and procedures, beginning March 27, 2013 through September 30, 2013. Expenditures will be reported as project proceeds.

Trust Fund Utilization History

September 2009	Printer Paper and Toner	\$28,000
January 2010	150 Ruggedized Flash Drives	\$5,000
May 2010	FY 2010-11 Printer Paper and Toners (ePCR printing @ hospitals)	\$25,000
July 2010	(7) Printers for hospitals	\$5,177
October 2010	Incidental expenses	\$5,000
January 2011	FY 2010-11 Printer Paper and Toners Increase	\$15,000
May 2011	(16) Printers add or replace for hospitals	\$12,500
July 2011	FY 2011-12 Printer Paper and Toners (ePCR printing @ hospitals)	\$40,000
July 2011	ePCR Data System - ImageTrend	\$750,000*
May 2012	Ground Medical Transportation System Consultant	\$150,000*
July 2012	Incidental expenses	\$5,000
July 2012	FY 2012-13 Printer Paper and Toners (ePCR printing @ hospitals)	\$55,000*
January 2013	Incidental expenses	\$5000*
January 2013	Additional ePCR Data System - ImageTrend	\$99,700

* Endorsed amounts not fully exhausted to-date. Trust fund balance reflects all amount remain available.

Staff Recommendations:

EMCC endorsement of an additional \$8,000 expenditure for remainder of FY 2012-13 and \$70,000 for FY 2013-14 for the costs associated with paper, toner and travel related to MISS project.

May Wang
5/16/2013



EMS AIRCRAFT PERMIT POLICY

A. PURPOSE

To establish a policy for the permitting for Emergency Medical Services (EMS) Aircraft to provide emergency 9-1-1 or emergency interfacility transportation services within San Bernardino County.

B. DEFINITIONS

1. **Advanced Life Support (ALS):** Any definitive prehospital emergency medical care role approved by ICEMA, in accordance with State regulations, which includes all of the specialized care services listed in California Health and Safety Code, Section 1797.52.
2. **Air Ambulance:** Any aircraft specially constructed, modified or equipped, and used for the primary purposes of responding to emergency calls and transporting critically ill or injured patients whose medical flight crew has a minimum two (2) attendants licensed in ALS.
3. **ALS Rescue Aircraft:** A rescue aircraft whose medical flight crew has at a minimum one (1) attendant certified or licensed in ALS.
4. **Automated Flight Following (AFF):** AFF is the method of agency flight following by which ICEMA and ICEMA's Air Dispatch Center (ADC) monitor provider's aircraft; since the aircraft N-number/identifier, position, speed, and heading of each AFF-equipped aircraft is graphically depicted every two (2) minutes or less. The ability to resume radio flight following will be maintained and utilized in the event the AFF system ceases to function (e.g., agency network internet connection failure or aircraft AFF transmitter failure).
5. **Auxiliary Rescue Aircraft:** A rescue aircraft which does not have a medical flight crew, or whose medical flight crew does not meet the minimum requirements specified in the California Code of Regulations, Title 22.
6. **Basic Life Support (BLS):** Those procedures and skills contained in the EMT scope of practice as specified in the California Code of Regulations, Title 22, Section 100063.

7. **BLS Rescue Aircraft:** A rescue aircraft whose medical flight crew has at a minimum one (1) attendant certified as an EMT within the State of California as specified in Title 22, California Code of Regulations, Section 100074 (c).
8. **Designated Air Dispatch Center (ADC):** The ICEMA designated dispatch center which dispatches and coordinates air ambulance and/or rescue aircraft response to the scene of a medical emergency within the ICEMA region.
9. **Dispatch:** For the purposes of this policy, refers to the call for EMS Aircraft response to a specific destination.
10. **Emergency Medical Services (EMS) Aircraft:** Any aircraft utilized for the purpose of prehospital emergency patient response and transport. EMS aircraft includes air ambulances and all categories of rescue aircraft.
11. **Emergency Medical Technician (EMT):** An individual trained in all facets of BLS according to standards specified by the California Health and Safety Code, Section 1797.50 - 1797.97, and who has a valid certificate pursuant to same.
12. **Emergency Medical Technician - Paramedic (EMT-P):** An individual whose scope of practice to provide ALS is according to standards specified in the California Health and Safety Code, Section 1797.50 - 1797.97, and who has a valid certificate/license and ICEMA accreditation.
13. **ICEMA:** Inland Counties Emergency Medical Agency is the local EMS agency for the County of San Bernardino.
14. **Medical Flight Crew:** The individuals(s), excluding the pilot, specifically assigned to care for the patient during aircraft transport.
15. **Mobil Intensive Care Nurse (MICN):** A registered nurse who is functioning pursuant to the Business and Professions Code, Section 2725, and who has been authorized by the ICEMA Medical Director to provide prehospital ALS or to issue instructions to prehospital emergency medical care personnel within an EMS system according to standardized procedures developed by ICEMA consistent with statewide guidelines.
16. **Mobile Intensive Care Nurse - Flight (MICN-F), "Flight Nurse":** An ICEMA authorized MICN who has applied for, completed, and met all ICEMA requirements for "flight" designation and qualifies to provide prehospital ALS during flight operations aboard air ambulance and/or air rescue aircraft.
17. **Policy:** An ICEMA developed and implemented procedure or protocol. Policies are a principle and/or rule to guide decisions to achieve important organizational decisions.

18. **Provider:** Any entity possessing a current ICEMA issued permit to provide air ambulance/air rescue service within the County.
19. **Rescue Aircraft:** An aircraft whose usual function is not prehospital emergency patient transport but which may be utilized, in compliance with local EMS policy, for prehospital emergency patient transport when use of an air or ground ambulance is inappropriate or unavailable. Rescue aircraft includes ALS rescue aircraft, BLS rescue aircraft and auxiliary rescue aircraft.
20. **Service Delivery Plan (SDP):** A plan submitted to ICEMA by provider that identifies the following:
 - a. Location of all EMS aircraft base(s) operation(s).
 - b. List of projected Estimated Time of Arrivals (ETAs) to specific locations within the county based on their base(s) of operation(s). (ETAs shall include the time necessary for all Part 135 flight plans and administrative action items that are required to occur before an EMS aircraft can take off.)
 - c. Provider must identify flight and performance capabilities of each aircraft in their permitted fleet, and shall not substitute aircraft or location of deployment without prior ICEMA approval.

C. REQUIRED

It shall be unlawful for any person, either as owner, provider or otherwise, to operate, conduct, maintain, advertise, engage in or profess to engage in the business or service of the transportation of patients by aircraft within ICEMA's area of authority, except in conformance with a valid permit issued by ICEMA.

D. EXCEPTIONS

1. Aircraft operated as air ambulances at the request of local authorities during any "state of war emergency," duly proclaimed "state of emergency" or "local emergency," as defined in the California Emergency Services Act (Government Code Chapter 7 of Division I of Title 2), as amended;
2. Rescue aircraft operated by the California Highway Patrol, Department of Forestry, National Guard, or Federal Government.
3. Fixed wing aircraft utilized to transport patients to destinations in other counties or states.

4. EMS aircraft based in neighboring counties, and the States of Arizona and Nevada, may provide emergency services within such adjacent border areas as may be designated by ICEMA subject to the following requirements that:
 - a. Out-of-county EMS aircraft must conform to the regulatory requirements for EMS aircraft of the jurisdiction out of which it operates;
 - b. The operator of the out-of-county EMS aircraft enters into an agreement with ICEMA, which describes the area to be serviced.

E. PERMIT FEES

Permit fees shall be in accordance of ICEMA Policy #5090 (fee schedule). All permits shall be issued to expire on June 30 of each year, and the annual fee therefore may be prorated on a quarterly basis for the first year.

F. APPLICATION FOR A PERMIT OR RENEWAL OF A PERMIT

In order for ICEMA to issue a new or renew an existing permit for operation as an EMS aircraft provider, the applicant shall first file an application in writing on a form to be furnished by ICEMA, which shall provide the following minimum information:

1. Name and description of applicant.
2. Business and residential address of the applicant.
3. Trade or firm name, or doing business as recorded.
4. If a corporation, a joint venture or a partnership or limited partnership, the names of all partners, or the names of corporate officers, their permanent addresses and their percentage of participation in the business.
5. Statement of facts for new applicants showing the past experience of the applicant in the operation of an air ambulance/air rescue service and at what level, e.g., ALS or BLS, and that the applicant is qualified to render efficient air ambulance/air rescue service(s).
6. FAA certification number of the aircraft operator.
7. Photocopy of the Part 135 Certificate issued by the FAA, if applicable.
8. Types of communications access and capabilities of the applicant.
9. Statement agreeing to provide real-time AFF data to ICEMA and/or its designee as per ICEMA specifications.

10. Statement agreeing to utilize ICEMA's ImageTrend ePCR software as is now approved, or ICEMA's designated ePCR software as may change in the future.
11. Service which applicant proposes to provide, and the aircraft classification as determined by the ICEMA.
12. Statement applicant owns or will have under its control required equipment to adequately conduct an EMS aircraft service which meet the requirements established by ICEMA, and that the applicant owns or has access to suitable and safe facilities for maintaining its EMS aircraft in a clean, sanitary and mechanically sound condition.
13. Statement to the fact that the applicant is in total compliance with all ICEMA EMS aircraft service regulations.
14. The intended emergency medical service area and the location and description of the base(s) of operation(s) from which EMS aircraft will operate.
15. Name, training and qualifications of the EMS aircraft medical director.
16. List, amended as required during the year for any changed, substituted, loaned, or leased EMS aircraft including operational specifications and Part 135 FAA certificate.
17. Affirmation that each permitted EMS aircraft and its appurtenances conform to all applicable provisions of this policy, and any other applicable State or local directives.
18. Statement that the applicant will employ sufficient medical personnel adequately trained and available to deliver EMS aircraft services at all times during operational hours as provided for in Service Delivery Plan (SDP), permit application and/or as communicated to ICEMA's ADC.
19. List, amended as required, during the year for any medical personnel changes, giving a description of the level of training and a copy of each certificate or license issued by the Federal, State, county, or ICEMA establishing qualifications of such personnel in EMS aircraft operations. An initial applicant shall submit a list of medical personnel and their qualifications prior to attaining operational status.
20. Proposed schedule of any rates to be charged by the provider for EMS aircraft services. Additionally, any increase in rates charged must be provided to ICEMA thirty (30) days prior to becoming effective.

21. Copy of the provider's SDP must be submitted to ICEMA for review and approval by ICEMA thirty (30) days prior to implementation.
22. Applicant must agree to indemnify, defend, and hold harmless San Bernardino County, ICEMA and its officers, employees, agents, and volunteers from any and all claims, actions, losses, damages and/or liability arising out of this contract from any cause whatsoever, including the acts, errors, or omissions of any person and for any costs or expenses incurred by San Bernardino County and/or ICEMA on account of any claim, therefore, except where such indemnification is prohibited by law. This indemnification provision shall apply regardless of the existence or degree of fault of indemnities.
23. Such other facts or information as ICEMA may require.

G. ISSUANCE OR DENIAL APPLICATION REVIEW

1. Upon receipt of an application, ICEMA will conduct a review to ensure compliance with this policy. Upon successful review and completion of all requirements, ICEMA will provide a recommendation and contract between ICEMA and the applicant to its Governing Board.
2. The ICEMA Governing Board may order the issuance of a permit to conduct an EMS aircraft service if the applicant meets all requirements of this policy.
3. The ICEMA Governing Board may order the denial or revocation of a permit if the applicant or any partner, officer, or director thereof:
 - a. Was previously the holder of a permit issued under the ordinance which permit has been revoked or not reissued and the terms or conditions of the suspension have not been fulfilled or corrected.
 - b. Has committed any act, which, if committed by any provider or any partner, officer or director, would be grounds for the suspension or revocation of a permit issued pursuant to this policy.
 - c. Has committed any act involving dishonesty, fraud, or deceit whereby another is injured or where the applicant has benefitted.
 - d. Has acted in the capacity of a permitted provider, or any partner, officer or director, under this policy without having a permit therefore.
 - e. Has entered a plea of guilty to, or been found guilty of, or been convicted of a felony, or a crime involving moral turpitude, and the time for appeal has elapsed or the judgment or conviction has been affirmed on appeal, irrespective of an order granting probation

following such conviction suspending the imposition of sentence, or of a subsequent order under the provisions of Penal Code § 1203.4 or 179 (b) allowing such person to withdraw his or her plea of guilt and to enter a plea of not guilty, or dismissing the accusation of information.

H. CONTENT OF PERMIT

The permit shall specify the dates of issuance and of expiration, the service it is authorized to provide, the number of EMS aircraft permitted, and any special conditions regarding communication, equipment, personnel, or waiver of requirements deemed appropriate by ICEMA.

I. AMENDMENT OF PERMITS

Upon request by the provider, ICEMA may amend the conditions specified in a permit if it finds such changes in substantial compliance with the provisions of this policy. Such amendment shall not affect the expiration date of the existing permit, nor shall it authorize a change in ownership from that specified in the original permit.

J. SUSPENSION, REVOCATION, CONDITIONAL OPERATION, AND TEMPORARY VARIANCE OF PERMITS

1. Immediate Suspension: ICEMA may order the immediate suspension of a provider's permit when it determines, in its sole discretion, that the conduct of the provider threatens immediate harm to the public's health, safety and/or welfare.
2. Grounds for Revocation or Suspension: Commission of any one or more of the following acts by a provider or its partners, officers, directors, and/or employees will be cause for suspension, and where appropriate, the ultimate revocation of a provider's permit:
 - a. Provider knowingly or continues to assign partners, officers, directors, senior administrative staff, pilots and/or medical staff to the ICEMA region who:
 - 1) Is convicted of any felony.
 - 2) Is convicted of any misdemeanor involving moral turpitude.
 - 3) Is convicted of any offense relating to the use, sale, possession, or transportation of narcotics or habit-forming drugs.

- 4) Commits any act involving dishonesty, fraud, or deceit whereby another is injured, or whereby the provider or any partner, officer, or director has benefitted.
 - 5) If any of the provider's partners, officers, directors, senior administrative staff, pilots and/or medical staff are found, after hearing, to have acted in the manner set forth in Items i-iv, above, the provider shall not have its permit suspended or revoked unless it failed, for more than 15 days after the completion of said hearing, to have terminated its relationship with the person or persons found to have so acted.
 - 6) ICEMA reserves the right throughout the life of provider's permit to deny or cause to be removed, any individual(s) of provider's staff to hold position, operate, or work for provider within ICEMA's region.
- b. Violates any section of this policy or the EMS Plan, or any polices, rules or regulations that are promulgated by ICEMA which relates to permit activities.
 - c. Has misrepresented a material fact in obtaining a permit, or is no longer adhering to the conditions specified in the provider's permit.
 - d. Aids or abets an unlicensed or uncertified person to evade the provisions of this policy.
 - e. Fails to make and keep records showing transactions as a provider, or fails to have such records available for inspection by ICEMA for a period of not less than three (3) years after completion of any transaction to which the records refer, or refuses to comply with a written request of ICEMA to make such records available for inspection.
 - f. Accepts an emergency call when knowingly unable to provide the requested service or fails to inform the person requesting such service of any delay and fails to obtain the consent of such person before causing an EMS aircraft to respond from a location with a longer estimated time of arrival than the one to which the request was directed.
 - g. Fails to pay required fees or penalties.
3. Interruption of Service: In the event of any interruption of service of more than 24 hours in duration, or any substantial change in the EMS aircraft service, which causes, or threatens to cause, the EMS aircraft service to be carried out differently from that specified in the current permit, the provider

shall notify the ICEMA immediately by telephone and in writing within five (5) days stating the facts of such change. Failure to immediately notify ICEMA of such interruption of service or changes in the manner in which results in EMS aircraft service to be carried out differently from that specified in the current permit may, at ICEMA's discretion, result in the suspension and ultimate revocation of the provider's permit.

4. Temporary Variance: Upon request by the provider, ICEMA may grant a temporary variance in writing from the conditions specified in the original permit if it finds that such change is in substantial compliance with the provisions of this policy. If ICEMA finds that such change is not in substantial compliance with this policy, it may suspend, revoke or amend the permit by written notice. No permit shall be transferred to another person except upon prior approval of the ICEMA Governing Board after timely review and report thereon by ICEMA.

K. RIGHT OF APPEAL SUSPENSION OR REVOCATION, APPLICABLE PROCEDURE

1. Notice of Denial of Permit Renewal, Suspension, or Revocation: If ICEMA denies a permit renewal, or if ICEMA suspends or revokes a permit, ICEMA give written notice specifying the action taken, and the effective date thereof. Such notification shall be by registered or certified mail with an additional copy by general delivery to the notice address provided in provider's permit agreement. If ICEMA deems immediate suspension or revocation of services to be necessary, it may provide verbal notice by telephone and/or e-mail to the provider, with written notice to follow within no more than five (5) business days. Notice of immediate suspension, by whatever means, shall be effective immediately on receipt of the provider.
2. Notice of Appeal of Permit Denial, Renewal, Suspension or Revocation: If the renewal of a permit is denied by ICEMA, or if ICEMA suspends or revokes a permit, the provider may chose to appeal the denial, suspension or revocation. In such cases, the provider shall give written notice of its appeal to ICEMA specifying the action being appealed from, and the effective date thereof. Such notification shall be by registered or certified mail. The provider shall, upon written request, be entitled to a hearing. Except in cases of immediate suspension or revocation, the provider's notice of appeal and request for hearing shall be made within ten (10) days of receiving ICEMA's notice of denial, revocation, or suspension. The provider shall then be afforded a hearing prior to the effective date of denial, suspension, or revocation.
3. Appeal Hearing Procedure and Deadlines: Upon receipt of a provider's notice of appeal and request for hearing, ICEMA shall contact the California Office of Administrative Hearings, and schedule the matter for hearing as soon as reasonably possible, but not more than 60 days following receipt of

the provider's written notice of appeal and request for hearing. ICEMA shall give notice to the provider of the date, time and location for the hearing. Upon completion of the hearing, the administrative law judge who presided at the hearing shall make his or her recommendation to the ICEMA Governing Board whether to uphold or withdraw the denial, suspension or revocation of the provider's permit, and the ICEMA Governing Board shall act on that recommendation within a reasonable time frame of ICEMA's receipt of that recommendation, and provide written notice to the provider of the appeal's outcome.

4. The decision of the ICEMA Governing Board upon any such appeal shall be final.

L. LIABILITY INSURANCE

1. Provider shall obtain and keep in force during the term of said permit comprehensive general liability insurance issued by a company authorized to do business in the State of California, insuring the owner, and also naming the County and ICEMA as an additional insured of such aircraft against loss by reason of injury or damage that may result to persons or property. Said policy shall be in a sum determined annually by San Bernardino County Risk Management for personal injury to or death of any one person in any single accident; or destruction of property in any one accident. Workers Compensation insurance shall be carried covering all employees of the permit holder. ICEMA shall issue a permit, certified copies of the policies and certificates evidencing such policies shall be filed with ICEMA. All policies shall contain a provision requiring a 30-day notice be given to ICEMA prior to cancellation, modification, or reduction in limits. All policies shall be primary and noncontributory with any insurance held by the County.
2. Public providers shall show evidence of liability protection in the form of copies of insurance policies, official action of their governing body or other legal documents evidencing a self-insured program.

M. COMMUNICATIONS REQUIREMENTS

1. Each permitted EMS aircraft service operating in ICEMA's region shall establish and maintain radio contact with ICEMA'S ADC via the San Bernardino County's 800 MHz system utilizing ADC approved equipment capable of same as it exists now or may change from time to time. Radio procedures prescribed by ICEMA's ADC shall be utilized.
2. Each EMS aircraft must be equipped with an AFF data link between provider's aircraft ICEMA and ICEMA's designated ADC. AFF must be operational within 90 days of written notification by ICEMA. AFF component and data link must meet automated flight following requirements

as outlined at www.AFF.gov. Reference the National Interagency Mobilization Guide, Chapter 20, for specific direction regarding AFF.

N. EMS AIR AMBULANCE STAFFING

1. Provider shall staff all responding air ambulances with at least (2) ICEMA accredited/authorized ALS personnel serving as the Medical Flight Crew. Personnel shall receive flight designation from ICEMA after receiving training in aeromedical transportation as specified and approved by ICEMA. Training shall include, but not be limited to:
 - a. General patient care in-flight.
 - b. Changes in barometric pressure, and pressure related maladies.
 - c. Changes in partial pressure of oxygen.
 - d. Other environmental factors affecting patient care.
 - e. Aircraft operational systems.
 - f. Aircraft emergencies and safety.
 - g. Care of patients who require special consideration in the airborne environment.
 - h. EMS system and communications procedures.
 - i. The prehospital care system(s) within which they operate including local medical and procedural protocols.
 - j. Use of onboard medical equipment.
 - k. Continuing education as required by their licensure or certification. Additional continuing education in aeromedical transportation subjects may be required by ICEMA.
2. Registered nurses must be authorized by ICEMA as Mobil Intensive Care Nurse - Flight (MICN-F) personnel, in addition to any additionally required flight training that an EMS aircraft provider may require.
3. On-site shift schedules/scheduling are not to routinely exceed 24 hours in any 36 hour time period. EMS flight personnel are required to have at least 8 hours of (uninterrupted by employer work) rest.

4. Air ambulance service shall keep a pilot and two (2) prehospital personnel staff as set forth above available for EMS aircraft at all times when in service to assure immediate response to emergency calls.
5. Minimum staffing standards are satisfied when an air ambulance service has a duty roster that identifies staff who meet minimum staff criteria and who have committed themselves as being available at the specified times, during the response, emergency medical treatment and transport of a patient in accordance with EMS aircraft entity's SDP.

O. ANNUAL INSPECTION

Each EMS aircraft used in the delivery of patient care shall be inspected annually by ICEMA for compliance with requirements set forth in this policy. Provider shall pay an annual inspection fee per aircraft which shall be used to off-set the cost of inspection(s).

P. STANDARDS OF OPERATION OF AN EMS AIRCRAFT

Each EMS aircraft service shall operate in accordance with ICEMA policies regulations established by State of California Emergency Medical Service Authority.

Q. STANDARDS FOR DISPATCH

EMS aircraft service shall be directly dispatched by the ADC and operate in accordance with ICEMA policies and its ADC as it exists today and may change from time to time with respect to services provided within ICEMA's jurisdiction. Provider further agrees to contract with and utilize ICEMA's ADC for all permitted aircraft dispatches.

R. RESPONSE TIME REPORTING

EMS aircraft response times shall be consistently documented for accurate recording of all aspects of flight. The following items are required for inclusion:

1. Patient arrived at destination date / time: The date / time the responding unit arrived with the patient at the destination or transfer point.
2. Type of response delay: The response delay, if any, of the unit associated with the patient encounter.
3. Type of scene delay: The scene delay, if any, of the unit associated with the patient encounter.
4. Type of transport delay: The transport delay, if any, of the unit associated with the patient encounter.

5. Type of turn-around delay: The turn-around delay, if any, associated with the EMS unit associated with the patient encounter.
6. Ready for departure date / time: The date / time the EMS provider unit is ready to depart from the scene towards its destination.
7. Arrived at care unit date / time: The date / time of arrival at specific facility care unit.
8. Transfer of care at destination facility date / time: The date / time the EMS provider unit transfers care to a health professional at the destination facility.

S. EMS AIRCRAFT SAFETY AND EMERGENCY EQUIPMENT REQUIREMENTS

EMS aircraft shall be maintained at all times in good mechanical condition according to FAA regulations and in a clean and sanitary condition.

1. Minimum Equipment: All EMS aircraft shall be equipped with all safety and emergency equipment required for EMS aircraft by the FAA and ICEMA Protocol No. 7020 - EMS Aircraft Standard Drug & Equipment List as the same are now written, or hereafter amended.
2. Maintenance of Emergency Equipment and Supplies: Dressings, bandaging, instruments, and other medical supplies used for care and treatment of patients shall be protected so they are suitable for use from a medical standpoint.

T. COMPLIANCE

1. All EMS aircraft personnel shall comply with all Federal, State, County and ICEMA laws, regulations, guidelines, and policies.
2. This Section shall not apply during any “state of emergency” or “local emergency” as defined in the Government Code of the State of California.

U. EMERGENCY AND DISASTER OPERATIONS

During any “state of war emergency,” “state of emergency,” or “local emergency,” as defined in the California Emergency Services Act (Government Code Chapter 7 of Division I of Title 2), as amended, each permitted EMS aircraft service shall within reason provide equipment, facilities, and personnel as requested by ICEMA.

V. MUTUAL AID REQUIREMENTS

Whenever ICEMA or its designee determines that EMS aircraft resources within the County are inadequate to respond to a County emergency/disaster, a request for

EMS aircraft mutual aid may be made to any county's Medical Health Operational Area Coordinator (MHOAC), Regional Disaster Medical Health Coordinator (RDMHC), or their designee within any county of the State or adjoining states. Whenever the MHOAC or their designee receives a request involving EMS aircraft mutual aid from any county MHOAC or their designee, such resources shall respond, if available.

W. USER COMPLAINT PROCEDURE

Any user or subscriber to an EMS aircraft service contending that user/subscriber has received unsatisfactory service may file a written complaint with ICEMA setting forth such allegations. ICEMA shall notify the EMS aircraft service of the details of such complaint, and shall investigate the matter to determine the validity of the complaint. If the complaint is determined to be valid, ICEMA shall take reasonable and proper actions to secure compliance.

X. REQUIREMENTS FOR AIR AMBULANCE/AIR RESCUE DESIGNATION

1. Automated Flight Following (AFF): Provider shall obtain, install, and maintain real-time AFF data link between provider's aircraft, ICEMA and ICEMA's designated ADC. AFF component and data link must meet www.AFF.gov minimum requirements in addition to specifications available through ICEMA.
2. Provider Policies and Procedures: Provider shall furnish copies of written policies and procedures that govern, continuous quality improvement, human resources, operations, purchasing and risk management.
3. Response Times: EMS aircraft shall apprise the ADC as soon as practical after receiving a dispatch, its estimated time of arrival at the scene or requested location. While its EMS aircraft is enroute to the scene or requested location, if an EMS aircraft believes that it will not be able to have an EMS aircraft and required staff arrive at the scene or required location within the estimated time of arrival previously given, the EMS aircraft shall contact the ADC and provide its new estimated time of arrival. The ADC may select an alternate EMS aircraft at its sole discretion. A determination by the EMS aircraft crew to accept the flight is based on availability, safety procedures and weather conditions at the pilot's discretion. The EMS aircraft proceeds expeditiously and as directly as possible to the flight destination, considering the weather, appropriate safety rules, flight path and altitude clearances. Permitted EMS aircraft shall be ready for flight at all times when the EMS aircraft service has not reported to the ADC that the EMS aircraft is unavailable to respond. Equipment and supplies required for an EMS aircraft flight are on the EMS aircraft and in working order prior to start of shift and takeoff for patient transport.

4. EMS Air Ambulance Patient/Crew Carrying Capacity: EMS aircraft providers may provide EMS aircraft with a patient compartment configured to carry two (2) or more supine patient(s) with sufficient access to all of the patient(s) extremities in order to begin and maintain ALS and other treatment modalities, pilot, ICEMA observer (for Continuous Quality Improvement (CQI) purposes and flight familiarization), and a minimum of two (2) ALS medical flight personnel.
5. Provider shall provide a copy of provider's CQI plan for review and approval as part of ICEMA's permit approval process.

INDEX

A.	PURPOSE.....	1
B.	DEFINITIONS.....	1
C.	REQUIRED	3
D.	EXCEPTIONS	3
E.	PERMIT FEES.....	4
F.	APPLICATION FOR A PERMIT OR RENEWAL OF A PERMIT	4
G.	ISSUANCE OR DENIAL APPLICATION REVIEW.....	6
H.	CONTENT OF PERMIT	7
I.	AMENDMENT OF PERMITS.....	7
J.	SUSPENSION, REVOCATION, CONDITIONAL OPERATION, AND TEMPORARY VARIANCE OF PERMITS	7
K.	RIGHT OF APPEAL SUSPENSION OR REVOCATION, APPLICABLE PROCEDURE	9
L.	LIABILITY INSURANCE	10
M.	COMMUNICATIONS REQUIREMENTS	10
N.	EMS AIR AMBULANCE STAFFING	11
O.	ANNUAL INSPECTION	12
P.	STANDARDS OF OPERATION OF AN EMS AIRCRAFT	12
Q.	STANDARDS FOR DISPATCH.....	12
R.	RESPONSE TIME REPORTING	12
S.	EMS AIRCRAFT SAFETY AND EMERGENCY EQUIPMENT REQUIREMENTS.....	13
T.	COMPLIANCE.....	13
U.	EMERGENCY AND DISASTER OPERATIONS	13
V.	MUTUAL AID REQUIREMENTS	14
W.	USER COMPLAINT PROCEDURE	14
X.	REQUIREMENTS FOR AIR AMBULANCE/AIR RESCUE DESIGNATION	14