

RESOLUTION NO. 25-002

**RESOLUTION OF THE SOLANO EMERGENCY MEDICAL SERVICES
COOPERATIVE REQUIRING OVERSIGHT OF BASE HOSPITALS, ALTERNATIVE
BASE STATIONS, HOSPITALS THAT HAVE RECEIVED SPECIALTY CENTER
DESIGNATION, AND AIR AMBULANCE SERVICES**

WHEREAS, the Solano Emergency Medical Services Cooperative (“SEMSC”) serves as the local emergency medical services (“EMS”) agency for Solano County; and

WHEREAS, pursuant to California Health & Safety Code §§ 1797.67 and 1797.90, as the local EMS agency (“LEMSA”) for Solano County, SEMSC, is responsible for the medical control of the Solano County EMS System, and

WHEREAS, exercising medical control of the Solano County EMS System means directing and managing the Solano County EMS System pursuant to the provisions of Chapter 5 of the California Health & Safety Code, commencing with California Health & Safety Code § 1798; and

WHEREAS, pursuant to California Health & Safety Code § 1798(a) and (b), the medical direction and management of the Solano County EMS System are under the control of the SEMSC Medical Director, which control must comply with minimum standards adopted by the California EMS Authority (“Authority”), as established and implemented by SEMSC; and

WHEREAS, SEMSC has, through a competitive process, awarded an exclusive agreement for all ALS ambulance services throughout an Exclusive Operating Area, including all 911 requests (but excluding those requests originating from within the City of Vacaville and Travis Air Force Base) and all ALS interfacility transport requests in Solano County and which prohibits any other person or entity from providing ALS ambulance service in the County, excluding critical care transports (“CCTs”)

WHEREAS, California Health & Safety Code §§ 1797.67 and 1798.100 authorize SEMSC to designate and contract with hospitals to serve as base hospitals, to designate and contract with facilities or services to serve as alternate base stations, and to designate hospitals to perform specified EMS system functions; and

WHEREAS, California Health & Safety Code §§ 1798.2 and 1798.100 require base hospitals and alternate base stations to implement policies and procedures established by SEMSC, as approved by the SEMSC Medical Director; and

WHEREAS, responsibilities of base hospitals and, generally alternate base stations, include, but are not limited to, supervising prehospital treatment, triage and transport, and ALS monitoring program compliance by direct medical supervision, and providing or causing to be provided, training and continuing education for prehospital personnel in accordance with SEMSC’s policies and procedures; and

WHEREAS, a hospital designated by SEMSC to perform specified EMS functions is to perform those functions pursuant to guidelines established by the Authority and medical management and direction through standards established and implemented by SEMSC; and

WHEREAS, SEMSC has implemented a trauma system and hospitals designated by SEMSC to serve as trauma facilities are to adhere to policies and procedures established by SEMSC which must be consistent with and may be more stringent than the minimum trauma system standards adopted by the Authority; and

WHEREAS, pursuant to Title 22 California Code of Regulations § 100300(b), SEMSC may establish a program for the integration of aircraft and their personnel into its prehospital EMS patient transport system, and in doing so adopt policies and procedures as authorized in Title 22 California Code of Regulations § 100304.

WHEREAS, on May 5, 2016, the SEMSC Board adopted Resolution No. 16-002 that required oversight of base hospitals, alternative base stations, hospitals that have received specialty center designation and air ambulance services; and

WHEREAS, SEMSC seeks to rescind Resolution 16-002 and in its place adopt Resolution 25-002 as set forth herein.

NOW, THEREFORE, IT IS RESOLVED that:

1. **Definitions.** For purposes of this Resolution the following words and terms have the following meanings unless the context clearly indicates otherwise:

Advanced Life Support (ALS). Special services designed to provide definitive prehospital emergency medical care, including, but not limited to, cardiopulmonary resuscitation, cardiac monitoring, cardiac defibrillation, advanced airway management, intravenous therapy, administration of specified drugs and other medicinal preparations, and other specified techniques and procedures administered by authorized personnel under the direct supervision of a Base Hospital as part of a local EMS system at the scene of an emergency, during transport to an acute care Hospital, during interfacility transfer, and while in the emergency department of an acute care Hospital until responsibility is assumed by the emergency or other medical staff of that Hospital.

Alternative Base Station. A facility or service operated and directly supervised by a physician and surgeon who is trained and qualified to issue advice and instructions to prehospital emergency medical care personnel, which has been approved by the SEMSC Medical Director to provide medical direction to ALS personnel responding to a medical emergency as part of the local EMS system, when no Base Hospital is available to provide that medical direction.

Air Ambulance. Any rotor 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 at a minimum two (2) attendants certified or licensed in ALS.

Air Ambulance Provider. A provider of air ambulance service that has been issued an Air Ambulance Provider permit by SEMSC.

Authority. The California Emergency Medical Services Authority.

Base Hospital. A Hospital which, upon designation by SEMSC and upon the completion of a written contractual agreement with SEMSC, is responsible for directing the ALS system and prehospital care system assigned to it by SEMSC.

County. The County of Solano.

Designated Facility. A Hospital which has been designated by SEMSC to perform specified EMS systems functions pursuant to guidelines established by the Authority and standards established by SEMSC.

Emergency Department Approved for Pediatrics (EDAP). A basic emergency department that is approved by SEMSC to receive pediatric patients from the 9-1-1 system by having met standards established by SEMSC through policies, procedures and protocols, for professional staff, quality improvement, education, support services, equipment, supplies and medications.

EMS. Emergency medical services.

Hospital. A health care facility licensed as a Hospital by the California Department of Public Health.

LEMSA. Local Emergency Medical Services Agency.

Level I Trauma Center. A Hospital accredited by the Joint Commission on Healthcare Organizations that has been designated as a Level I Trauma Center by a LEMSA pursuant to Articles 2 and 5 of the California Health & Safety Code and Title 22 California Code of Regulations § 100254. Verification of Level I trauma center status by the American College of Surgeons does not constitute designation by a LEMSA as a Level I trauma center.

Level II Trauma Center. A Hospital accredited by the Joint Commission on Healthcare Organizations that has been designated as a Level II Trauma Center by a LEMSA pursuant to Articles 2 and 5 of the California Health & Safety Code and Title 22 California Code of Regulations § 100254. Verification of Level II trauma center status by the American College of Surgeons does not constitute designation by a LEMSA as a Level II trauma center.

Level III Trauma Center. A Hospital accredited by the Joint Commission on Healthcare Organizations that has been designated as a Level III Trauma Center by a LEMSA pursuant to Articles 2 and 5 of the California Health & Safety Code and Title 22 California Code of Regulations § 100254. Verification of Level III trauma center status by the American College of Surgeons does not constitute designation by a LEMSA as a Level III trauma center.

Level IV Trauma Center. A Hospital accredited by the Joint Commission on Healthcare Organizations that has been designated as a Level IV Trauma Center by a LEMSA pursuant to Articles 2 and 5 of the California Health & Safety Code and Title 22 California Code of Regulations § 100254. Verification of Level IV trauma center status by the American College of Surgeons does not constitute designation by a LEMSA as a Level IV trauma center.

Level I or II Trauma Patient. A Trauma Patient who the Solano County Prehospital Trauma Triage Plan and Solano County Prehospital Trauma Triage Algorithm, as they may be amended from time to time, direct to be transported to the closest Level I or Level II Trauma Center.

Pediatric Patient. A patient less than fifteen (15) years of age.

Pediatric Trauma Center. A Trauma Center designated as a Level I or II pediatric trauma center by a LEMSA.

SEMSC. The Solano Emergency Medical Services Cooperative.

STEMI (ST-Elevation Myocardial Infarction). A clinical syndrome defined by characteristic symptoms of myocardial infarction or acute myocardial infarction, commonly known as a heart attack.

STEMI Alert. A report from an SRH or a paramedic with 12-lead ECG indicating a STEMI that notifies an SRC as early as possible that a patient has a specific computer-interpreted cardiac rhythm, alerting the SRC to initiate the internal procedures to provide appropriate and rapid intervention.

STEMI Receiving Center (SRC). An acute care Hospital which has been designated as an SRC by SEMSC.

STEMI Referral Hospital (SRH). An acute care Hospital other than an SRC.

STEMI System of Care. An integrated prehospital and Hospital program that is intended to direct patients with field-identified STEMIs directly to Hospitals with specialized equipment to promptly treat these patients.

Trauma Center. A Hospital, accredited by the Joint Commission on Accreditation of Healthcare Organizations, which has been designated as a Level I, II, III, or IV trauma center and/or Level I or II pediatric trauma center by a LEMSA.

Trauma Patient. A seriously injured person who requires timely diagnosis and treatment of actual or potential injuries by a multidisciplinary team of health care professionals, supported by appropriate resources, to diminish or eliminate the risk of death or permanent disability.

Trauma System. An organized, coordinated effort in a defined geographic area that is integrated with the local medical and public health systems and delivers the full range of care to all injured patients.

Trauma Triage Criteria. The criteria SEMSC establishes for determining the most appropriate destination Hospital for a Trauma Patient.

2. **Designated Facilities.** A Hospital seeking designation by SEMSC as a Designated Facility shall satisfy the designation standards established by SEMSC for that type of Designated Facility.

A. Base Hospitals and Alternative Base Stations.

1. **Policies and procedures.** A Base Hospital and an Alternative Base Station shall implement SEMSC's policies and procedures for medical direction of prehospital personnel.
2. **Base Hospital supervision, monitoring and training.** Specific responsibilities of a Base Hospital include supervising prehospital treatment, triage, transport and the delivery of ALS, monitoring program compliance by direct medical supervision, reviewing patient care reports and providing, or causing to be provided, prehospital personnel training and continuing education in accordance with SEMSC's policies and procedures.
3. **Alternative Base Station responsibilities.** An Alternative Base Station has the same responsibilities as a Base Hospital unless SEMSC excuses it from undertaking those responsibilities. Responsibilities that an Alternative Base Station may be excused from performing include, but are not limited to, providing or causing to be provided prehospital personnel training and continuing education, and reviewing patient care reports.
4. **EMS quality improvement program.** A Base Hospital and an Alternative Base Station shall develop and implement, in cooperation with other EMS system participants, a Hospital-specific written EMS quality improvement program in accordance with the Emergency Medical Services Quality Improvement Program Model Guidelines (Rev. 3/04).

B. STEMI Receiving Facilities.

1. **STEMI Alert early notification.** Upon receiving a positive STEMI finding on a 12-lead ECG monitor, a paramedic shall immediately contact an SRC and issue a STEMI Alert. The paramedic will send the 12-lead ECG report to the Hospital's emergency department if capable of doing so. Transport shall be in accordance with County policy.
2. **STEMI peer review committee.** An SRC shall establish a multi-disciplinary peer review committee which audits the STEMI System of Care, and makes recommendations for system improvements and functions as an advisory committee to SEMSC's STEMI Quality Improvement Committee.
3. **STEMI quality improvement committee.** SEMSC shall establish a STEMI Quality Improvement Committee which audits the STEMI System of Care and serves as an advisory committee to SEMSC to make

recommendations for system improvements.

4. **Interfacility transfers.** SRCs shall enter into transfer agreements with other receiving Hospitals for the transfer of STEMI patients to them.

C. **Trauma Centers.**

1. **Medical direction.** When assessing, treating or transporting a Level I or II Trauma Patient, prehospital emergency medical care personnel shall follow SEMSC's protocols if such protocols require securing medical direction or if prehospital emergency medical care personnel otherwise determine they need medical direction.
2. **Interfacility transfers.** Trauma Centers shall enter into transfer agreements with other receiving Hospitals for the transfer of patients that meet the Trauma Triage Criteria
3. **Trauma Registry meetings.** Trauma Centers shall send representatives to attend Trauma Registry meetings as scheduled by SEMSC.
4. **Mass Casualty Incidents (MCIs).** MCIs shall be handled in accordance with County MCI policies and protocols.

D. **EDAPs.** Ambulance transportation of Pediatric Patients shall be as follows:

1. **Critically injured Pediatric Patients.** These Pediatric Patients shall be transported to the closest Pediatric Trauma Center, except as provided in the Solano County Prehospital Trauma Triage Plan and the Solano County Prehospital Trauma Triage Algorithm, as they may be amended from time to time.
2. **Critically ill Pediatric Patients.** These Pediatric Patients shall be transported to the closest EDAP, except as provided in the Solano County Prehospital Trauma Triage Plan and the Solano County Prehospital Trauma Triage Algorithm, as they may be amended from time to time.
3. **Pediatric Patients who are not critically ill or injured.** These Pediatric Patients shall be transported to the closest EDAP unless a parent or guardian requests otherwise and signs a statement to that effect.

E. **Other Designated Facilities.** SEMSC may designate facilities to perform specified EMS systems functions other than those set forth in this Resolution pursuant to guidelines established by the Authority and standards established by SEMSC.

3. **Air Ambulance Providers.**

- A. **Air Ambulance Provider permit.** No person shall furnish, operate, conduct, maintain or otherwise provide or offer or profess to provide air ambulance service originating in the County unless the person has a currently valid Air

Ambulance Provider permit. To secure an Air Ambulance Provider permit the applicant shall complete and submit an application for the permit to the County's Permit Officer and provide such information and documentation as SEMSC shall require by policy.

- B. **Policies and procedures.** SEMSC shall establish policies and procedures that apply to medical control of Air Ambulance Providers and medical flight crews, and that apply to Air Ambulance Provider record keeping and data reporting, and continuous quality improvement.
- C. **Availability.** An Air Ambulance Provider shall have adequate resources to provide Air Ambulance Service in the County on a continuous basis 24 hours a day, 7 days a week.
- D. **Federal Aviation Administration.** Nothing in this section supersedes or negates compliance with Federal Aviation Administration regulations.

4. **Performance Standards and Data Collection and Reporting.**

- A. **Performance standards.** Designated Facilities and Air Ambulance Providers shall comply with performance standards applicable to them established by SEMSC policy.
- B. **Data collection and reporting.** Designated Facilities and Air Ambulance Providers shall satisfy data collection and reporting requirements applicable to them established by SEMSC policy.
- C. **Duplicate reporting.** SEMSC shall make every effort to utilize existing data sets in any policies requiring the reporting of data by a Designated Facility or Air Ambulance Provider, so as not to create additional data reporting responsibilities by Designated Facilities and Air Ambulance Providers apart from data they may already be required by any State or Federal government agency or any private accrediting body to collect and/or report.

5. **Disciplinary policy and procedures applicable to Designated Facilities and Air Ambulance Providers.** If SEMSC staff finds a Designated Facility to be deficient in meeting the designation criteria, or a Designated Facility or Air Ambulance Provider to be deficient in satisfying a SEMSC performance standard, or any policy, procedure or other standard mandated by local, state or federal law, the following shall apply:

- A. SEMSC staff will give the Designated Facility or Air Ambulance Provider written notice, setting forth with reasonable specificity, the nature of the deficiency.
- B. Within fifteen (15) calendar days of receipt of such notice, the Designated Facility or Air Ambulance Provider must provide SEMSC staff, in writing, a statement that the deficiency has been cured and an explanation of how it was cured, a plan to cure the deficiency, or a statement of the reasons why it disagrees with the written notice of deficiencies.

- C. The Designated Facility or Air Ambulance Provider shall have thirty (30) days to cure the deficiency unless a lesser period of time to cure is stated in the notice of deficiencies.
 - D. If the Designated Facility or Air Ambulance Provider chooses to challenge the written notice of deficiencies, in addition to the written statement it provides to SEMSC staff under Paragraph 5.B, it must also file an appeal with the County Public Health Officer as set forth in Resolution 23-001, Paragraph 10. The provisions of Resolution 23-001, Paragraph 10 shall then apply.
 - E. If the Designated Facility or Air Ambulance Provider does not timely appeal the validity of the deficiency and fails to cure the deficiency within the allowed time, SEMSC will either terminate its designation as a Designated Facility or its Air Ambulance Provider permit or impose such other sanction as specified in SEMSC's policies.
- 6. **Regulations.** The SEMSC Board of Directors delegates to its Medical Director and the EMS Agency Administrator the power and authority to make rules and regulations consistent with this Resolution.
 - 7. **Savings clause.** If any paragraph, subparagraph, sentence, clause, phrase or word of this Resolution is held to be invalid for any reason, such decision shall not affect the validity of the remainder of the Resolution. The SEMSC Board of Directors hereby declares that it would have passed the Resolution, and each paragraph, subparagraph, sentence, clause, phrase or word of this Resolution other than the one or more paragraphs, subparagraphs, sentences, clauses, phrases or words declared to be invalid.
 - 8. **Resolution 23-001.** Resolution 23-001 and this Resolution shall be read in *pari materia* so as to give full force and effect to the provisions of both.
 - 9. **County Policies.** Any reference in this Resolution to County policies, procedures, protocols and algorithms are for reference purposes only and do not imply that such documents were presented to the Board for approval or endorsement.

Passed and adopted by the Solano County Emergency Medical Services Cooperative Board on January 9, 2025, by the following votes:

AYES:

NOES:

ABSENT:

ABSTAIN:

Bill Emlen
Chair of the SEMSC Board

Attest:

Isabella Lim
Clerk of the SEMSC Board