



ALS UNIT APPROVAL/REACTIVATION- CHECKLIST



CRITERIA	MET	NOT MET	COMMENTS
<p>AUTHORITY:</p> <p><i>Health and Safety (HS) Code 1797.178: No person or organization shall provide advanced life support or limited advance life support unless that person or organization is an authorized part of the emergency medical services system of the local EMS agency.</i></p> <p><i>HS 1797.204. The local EMS agency shall plan, implement, and evaluate the emergency medical services system.</i></p>			
<p>APPLICATION:</p> <p>This policy defines the process for an Orange County Emergency Medical Services (OCEMS) approved EMT-P service provider agency to request authorization to add a new advanced life support (ALS) unit or to reactivate a previously approved but inactive ALS unit to meet increased medical service requests.</p>			
<p>NEW ALS UNIT CRITERIA:</p> <p>An approved/designated EMT-P service provider agency seeking ALS unit approval shall submit a written application to the OCEMS which shall include:</p> <p>A. Justification for an additional ALS unit(s) guidelines.</p>			
<p>B. Description of the geographical location and boundaries for the proposed service.</p>			
<p>C. Justification for variances (if any) from the applicant's plan for adhering to the Board of Supervisors Resolution 79-240: One unit for every 64,000 population; or one unit per 16 square miles; or an average of five minutes or less response time; or adjacent units are at or above 300 total responses/month (Policy 700.00).</p>			

Approved:



ALS UNIT APPROVAL/REACTIVATION- CHECKLIST



CRITERIA	MET	NOT MET	COMMENTS
D. A workload analysis of the impact on contiguous ALS units.			
E. Proposed time frame for implementation.			
F. Commitment to utilize and maintain telecommunications as specified by the OCEMS.			
G. Commitment to maintain a drug and solution inventory and basic and ALS medical equipment and supplies as specified by the OCEMS.			
H. Training needs for meeting OCEMS staffing requirements of two EMT-Ps per ALS unit.			
<p>ALS UNIT/BASE HOSPITAL ASSIGNMENT:</p> <p>The OCEMS shall determine the ALS unit assignment to a base hospital (BH) based upon on the following considerations:</p> <p>A. The average volume of responses of ALS units as well as the total number of units assigned to specific BHs shall be equitably distributed.</p> <p>B. Multiple units of an EMT-P service provider will be assigned to the same respective BH, when feasible.</p> <p>C. The ALS unit's area of response is geographically contiguous to the BH.</p> <p>D. Where possible the ALS units in an assigned fire communication net will be assigned to a single BH.</p>			
<p>PROCESSING NEW UNIT APPLICATION:</p> <p>Upon receipt of a written application for a new unit or full time reactivation from an approved EMT-P service provider agency, OCEMS shall:</p>			

Approved:



ALS UNIT APPROVAL/REACTIVATION- CHECKLIST



CRITERIA	MET	NOT MET	COMMENTS
<ul style="list-style-type: none"> Review the application for completeness and accuracy. Agendize the application for review by the Emergency Medical Care Committee (EMCC). Notify the service provider agency in writing of the date the application is to be presented to the EMCC. Notify contiguous ALS service provider agencies of receipt of the application, and the date and location of review by the EMCC. 			
<p>The Medical Director will review the EMCC's recommendation regarding the application and will advise the applicant service of the approval or disapproval of an additional ALS unit or full time reactivation of an ALS unit.</p>			
<p>UNIT REACTIVATION CRITERIA:</p> <p>ALS unit reactivation may be for: 1) temporary service to meet a specific need (e.g., seasonal influx of population, special event), or 2) full time service.</p>			
<p>A. Temporary Reactivation:</p> <p>Time permitting, the EMT-P service provider agency shall notify the OCEMS Program Director or his/her designee in writing or by direct voice contact of its need to place (an) additional unit into service. Notification shall include:</p> <ul style="list-style-type: none"> The event and anticipated demand for the temporary service. The time frame for the temporary reactivation. The ALS unit identifier. 			

Approved:

Ben Hyman

Dalme J. J. J. J.



ALS UNIT APPROVAL/REACTIVATION- CHECKLIST



CRITERIA	MET	NOT MET	COMMENTS
OCEMS will notify all BHs of the intent to temporarily reactivate an ALS unit, the event, the time frame, and the ALS unit identifier.			
<p>B. Full Time Reactivation:</p> <p>An EMT-P service provider agency requesting full time reactivation of an ALS unit shall follow the procedure for new ALS unit approval.</p>			

Approved:

Ben Hyman

Dalme Sobell