

**REPORT/RECOMMENDATION TO THE BOARD OF DIRECTORS
OF THE INLAND COUNTIES EMERGENCY MEDICAL AGENCY
AND RECORD OF ACTION**

April 18, 2017

**FROM: THOMAS G. LYNCH, EMS Administrator
Inland Counties Emergency Medical Agency**

**SUBJECT: ADOPTION OF ORDINANCE PERTAINING TO THE MEDICAL CONTROL OF
EMS AIRCRAFT SERVICES AND PROVIDERS WITHIN INYO, MONO, AND
SAN BERNARDINO COUNTIES**

RECOMMENDATION(S)

Acting as the governing body of the Inland Counties Emergency Medical Agency (ICEMA), adopt **ICEMA Ordinance No. 17-01** related to emergency medical services (EMS) Aircraft provider authorization and recovery of ICEMA's costs directly associated with the provision of medical control for EMS Aircraft providers within Inyo, Mono, and San Bernardino Counties, which was introduced on April 4, 2017, Item No. 56.

(Presenter: Thomas G. Lynch, EMS Administrator, 388-5823)

BACKGROUND INFORMATION

The ordinance establishing and incorporating, by reference, a revised permit policy and fee resolution related to EMS Aircraft provider authorization and recovery of ICEMA's costs directly associated with the provision of medical control for EMS Aircraft providers within Inyo, Mono, and San Bernardino Counties was introduced on April 4, 2017, Item No. 56. The recommendation before the Board of Directors today will adopt the ordinance on the Consent Calendar.

cc: w/ordinance
ICEMA-Lynch
County Counsel-Hardy
File - JPA/Inland Counties Emergency
Medical Agency w/attach

jr 4/20/17

ITEM 73

Record of Action of the Board of Directors

APPROVED (CONSENT CALENDAR)

**COUNTY OF SAN BERNARDINO
Inland Counties Emergency Medical Agency (ICEMA)**

MOTION	AYE	ABSENT	SECOND	MOVE	AYE
	1	2	3	4	5

LAURA H. WELCH, SECRETARY

BY _____

DATED: April 18, 2017

1 1797.212, 1797.213, 1798.164, and 101325, and Government Code section 6502 to
2 recover its expenses in providing oversight of ICEMA's EMS system and enforcing health
3 care laws;

4 **WHEREAS**, ICEMA is authorized under California Code of Regulations Title 22,
5 Division 9, Chapter 8 Prehospital EMS Aircraft Regulations, to establish minimum
6 standards for the integration of EMS Aircraft and personnel into the local EMS prehospital
7 patient transport system as a specialized resource for the transport and care of emergency
8 medical patients;

9 **WHEREAS**, ICEMA is authorized under Section 100300 of the California Code of
10 Regulations Title 22, Division 9, to integrate aircraft into its prehospital patient transport
11 system and develop a program which classifies EMS Aircraft, establishes policies, and
12 charges fees to cover the costs directly associated with the classification, authorization,
13 inspection, and provision of medical control of EMS Aircraft;

14 **WHEREAS**, in accordance with and under the authority of Health and Safety Code
15 sections 1797.220 and 1798, the policies and procedures to assure medical control of the
16 EMS system are approved by the medical director of ICEMA;

17 **WHEREAS**, it is ICEMA's desire to recover costs for providing medical control to
18 EMS Aircraft providers operating within ICEMA's Region by establishing a revenue neutral
19 medical control fee;

20 **WHEREAS**, it is ICEMA's further desire that such medical control fee for EMS
21 Aircraft providers be determined annually by using a pro-rata apportionment of ICEMA's
22 costs derived from annual data directly associated with EMS Aircraft.

23 **NOW THEREFORE**, be it ordained that:


24 **SECTION 1.**

25 A. The attached EMS Aircraft Medical Control Permit/Authorization Policy
26 and related Permit Application, as those may be amended from time to
27 time, are approved and hereby incorporated into this ordinance by
28 reference. Attached as Exhibit A.

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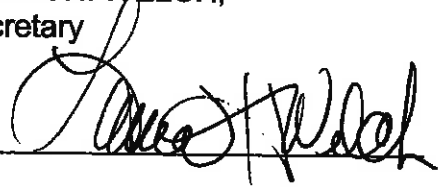
- B. The attached Fee Resolution, as may be amended from time to time, is adopted and hereby incorporated into this ordinance by reference. The annual EMS Aircraft Medical Control Permit/Authorization fee shall be determined by determining ICEMA's costs derived from annual data directly associated with the provision of medical control for EMS Aircraft providers. Fee Resolution attached as Exhibit B.
- C. For purposes of the EMS Aircraft Medical Control Permit/ Authorization fee methodology, EMS Aircraft providers will be apportioned ICEMA's costs pro rata amongst providers.

SECTION 2. This Ordinance shall take effect thirty (30) days from the date of final adoption.



ROBERT A. LOVINGOOD, Chairman
Board of Directors of Inland Counties Emergency
Medical Agency

SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD OF DIRECTORS



LAURA H. WELCH,
Secretary


1 STATE OF CALIFORNIA)
2) ss.
3 COUNTY OF SAN BERNARDINO)

4 I, LAURA H. WELCH, Secretary of the Board of Directors of the Inland Counties
5 Emergency Medical Agency, hereby certify that at a regular meeting of the Board of
6 Directors of said Agency, held on the 18th day of April, 2017, at which meeting were
7 present Directors: Robert A. Lovingood, James Ramos, Curt Hagman, Josie Gonzales,
8 and the Secretary, the foregoing ordinance was passed and adopted by the following vote,
9 to wit:

- 8 AYES: Robert A. Lovingood, James Ramos, Curt Hagman, Josie Gonzales,
9 NOES: None
10 ABSENT: Janice Rutherford

11
12 IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal
13 of the Board of Directors this 18th day of April, 2017.

14 LAURA H. WELCH,
15 Secretary
16 
17 Deputy
18 

19 APPROVED AS TO FORM:
20 JEAN-RENE BASLE, County Counsel

21 By: 
22 KENNETH C. HARDY
23 Deputy County Counsel

24 Date: 3/24/17

EXHIBIT A



EMS AIRCRAFT MEDICAL CONTROL PERMIT/AUTHORIZATION POLICY

A. PURPOSE

To exercise the provision of medical control over air transport services providing pre-hospital emergency medical services (EMS) and/or interfacility patient medical care in transport originating within San Bernardino, Inyo and Mono Counties.

B. DEFINITIONS

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.

Air Ambulance: Any aircraft specially constructed, modified or equipped, and used for the primary purposes of responding to emergency calls, providing EMS, and/or transporting critically ill or injured patients whose medical flight crew has a minimum two (2) attendants licensed in ALS.

Air Transport Service: Any public or private organization providing EMS and/or interfacility transport by EMS Aircraft.

ALS Rescue Aircraft: A rescue aircraft whose medical flight crew has at a minimum one (1) attendant certified or licensed in ALS.

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 EMS aircraft for medical dispatch, response, care, and patient transport; 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).

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.

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.

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).

Designated Air Dispatch Center (ADC): The ICEMA designated dispatch center which directly requests and coordinates EMS Aircraft direct response to the scene of a medical emergency within the ICEMA region.

Dispatch: For the purposes of this policy, refers to the call for EMS Aircraft response to a specific destination.

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 and medical air transport service.

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.

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.

Executive Officer: The Executive Officer of ICEMA.

ICEMA: Inland Counties Emergency Medical Agency is the local EMS agency for the Counties of San Bernardino, Inyo, and Mono.

ICEMA Region: ICEMA Region consists of the geographic area encompassed by San Bernardino, Inyo, and Mono Counties in which ICEMA exercises its jurisdiction pursuant to California Health and Safety Code, Sections 1797.200, et seq.

Medical Flight Crew: The individual(s), excluding the pilot and other non-medical flight crew, specifically assigned to care for the patient during aircraft transport.

Medical Service Delivery Plan (MSDP): A plan submitted to ICEMA by Provider that identifies the location of all EMS aircraft base operations, average speed of EMS aircraft, and average/approximate liftoff time.

Mobile 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.

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.

Permit: Shall refer to the EMS Aircraft Medical Control Permit which ICEMA shall require of all providers authorized to provide EMS aircraft services within the ICEMA region.

Policy: An ICEMA developed and implemented procedure or protocol in conformance with State and Federal laws. Policies are a principle and/or rule to guide decisions to achieve important organizational decisions.

Provider: Any entity possessing a current ICEMA issued medical control permit to provide air ambulance/air rescue service within the ICEMA Region.

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.

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 EMS aircraft within ICEMA's area of authority, except in conformance with a valid medical control 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; or
2. Rescue aircraft operated by the California Highway Patrol, California Department of Forestry, California National Guard, or Federal Government.
3. 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 medical control requirements for EMS aircraft of the jurisdiction out of which it operates;

- b. Mutual aid providers submit an electronic patient care report (ePCR) for those patients provided EMS aircraft services within ICEMA's Region in compliance with the requirements of Section F. 7.

E. MEDICAL CONTROL PERMIT FEES

Medical Control Permit fees shall be in accordance with ICEMA's existing Ordinances and incorporated Policies and resolutions. All medical control permits shall be issued to expire on June 30 of each year, and no proration of the annual fee will occur.

F. APPLICATION FOR A MEDICAL CONTROL PERMIT OR RENEWAL OF A MEDICAL CONTROL PERMIT

In conformity with all laws and regulations, EMS Aircraft medical control permits shall be issued to all providers who meet ICEMA's minimal EMS requirements as outlined below.

In order for ICEMA to issue a new or renew an existing medical control 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 level, e.g., ALS or BLS, that the applicant is qualified to render during air ambulance/air rescue service(s).
6. Types of communications access and capabilities of the applicant for the purpose of providing EMS.
7. Statement agreeing to utilize California Emergency Medical Services Information System (CEMSIS) and National Emergency Medical Services Information System (NEMSIS) compliant electronic health record system software, when collecting and submitting data to ICEMA in conformity with CA Health & Safety Code section 1797.227.
8. Level and category of EMS which applicant proposes to provide.

9. Statement applicant owns or will have under its control required medical 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 equipment in a clean, sanitary and mechanically sound condition.
10. Statement to the fact that the applicant is in total compliance with the ICEMA EMS aircraft medical control permit/authorization policy.
11. Name, training and qualifications of the EMS aircraft medical director.
12. List, amended as required during the year for any changed, substituted, loaned, or leased EMS equipment to be used under the medical control permit.
13. Affirmation that each permitted EMS aircraft's medical equipment conform to all applicable provisions of this policy, and any other applicable State or local directives regarding medical equipment or services.
14. Statement that applicant will utilize medical personnel licensed in ALS.
15. 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 medically related certificate or license issued by a Federal, State, or local agency, establishing qualifications of such personnel in EMS aircraft patient care and patient transport operations. An initial applicant shall submit a list of medical personnel and their qualifications prior to attaining operational status.
16. Copy of the provider's MSDP must be submitted to ICEMA thirty (30) days prior to implementation.

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 EMS requirements, medical policies, and related regulations or ordinances, ICEMA will issue an EMS aircraft medical control permit.
2. The ICEMA Governing Board shall order the issuance of a medical control permit to conduct an EMS aircraft service if the applicant meets all EMS requirements of this policy.
3. The ICEMA Governing Board may order the denial or revocation of a medical control permit if the applicant or any partner, officer, or director thereof:
 - a. Was previously the holder of a medical control permit issued under the ordinance and policy, which medical control 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 medical control 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 medical control permit.
- 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 17 (b) allowing such person to withdraw his or her plea of guilty and to enter a plea of not guilty, or dismissing the accusation or information.

H. CONTENT OF MEDICAL CONTROL PERMIT

The medical control permit shall specify the dates of issuance and of expiration, the medical services it is authorized to provide, and any special conditions regarding communication, equipment, personnel, or waiver of requirements deemed appropriate by ICEMA for EMS purposes.

I. AMENDMENT OF MEDICAL CONTROL PERMITS

Upon request by the provider, ICEMA may amend the conditions specified in a medical control 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 medical control permit, nor shall it authorize a change in ownership from that specified in the original medical control permit.

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

1. **Immediate Suspension:** ICEMA may order the immediate suspension of a provider's medical control 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's medical personnel will be cause for

suspension, and where appropriate, the ultimate revocation of a provider's medical control permit:

- a. Provider knowingly or continues to assign medical personnel 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 medical personnel are found, after hearing, to have acted in the manner set forth in Items 1)-4), above, the provider shall not have its medical control 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.
- 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 medical permit activities.
- c. Has misrepresented a material fact in obtaining a medical control permit, or is no longer adhering to the conditions regarding EMS specified in the provider's medical control permit.
- d. Aids or abets an unlicensed or uncertified person to evade the provisions of this policy.
- e. Fails to make and keep dispatch records and patient care reports for all transports, or fails to have such records/reports available for inspection by ICEMA for a period of not less than three (3) years after completion of any transport to which the records/reports refer, or refuses to comply with a written request of ICEMA to make such records/reports available for inspection.
- f. Accepts an emergency call when: (i) knowingly unable to provide the requested service, or (ii) intentionally 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 an EMS Aircraft unit's inactive status, or any interruption of service, of more than 36 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 MSDP, the provider shall notify ICEMA immediately by telephone, and follow-up in writing within five (5) days stating the facts and known duration 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 MSDP may, in ICEMA's discretion, result in the suspension and ultimate revocation of the provider's medical control permit.
4. **Temporary Variance:** Upon request by the provider, ICEMA may grant a temporary variance in writing from the conditions specified in the original medical control permit if it finds that such change is in substantial compliance with the provisions of this policy. If ICEMA finds that such change has occurred and is not in substantial compliance with this policy, it may suspend, revoke or amend the medical control permit by written notice. No medical control 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 Medical Control Permit Renewal, Suspension, or Revocation:** If ICEMA denies a medical control permit renewal, or if ICEMA suspends or revokes a medical control permit, ICEMA will 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 medical control permit. 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 Medical Control Permit Denial, Renewal, Suspension or Revocation:** If the renewal of a medical control permit is denied by ICEMA, or if ICEMA suspends or revokes a medical control permit, the provider may choose 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, subject to the California Office of Administrative Hearings availability. 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 in the form of a proposed decision to the ICEMA Governing Board whether to uphold or withdraw the denial, suspension or revocation of the provider's medical control 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. EMS 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.

M. 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 affecting patient care.
 - c. Changes in partial pressure of oxygen.
 - d. Other environmental factors affecting patient care.
 - e. EMS Aircraft medical operational systems.

- f. EMS Aircraft medical 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 medical 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 medical flight training that an EMS aircraft provider may require.
 3. Air ambulance service shall keep 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.
 4. Minimum EMS staffing standards are satisfied when an air ambulance service has a duty roster that identifies EMS staff who meet minimum EMS staff criteria and who have committed themselves as being available at the specified times, during the response, emergency medical treatment and medical transport of a patient in accordance with EMS aircraft entity's MSDP.

N. ANNUAL INSPECTION

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

O. STANDARDS OF OPERATION OF AN EMS AIRCRAFT

Each EMS aircraft service shall provide pre-hospital EMS and/or interfacility patient transportation services in accordance with ICEMA policies regulations established by State of California Emergency Medical Service Authority.

P. STANDARDS FOR EMS REQUESTS FOR SCENE RESPONSES

Solely for the provision of medical control, EMS Aircraft service shall be directly requested by the ADC for scene responses and operate in accordance with ICEMA EMS policies and its ADC as it exists today and may change from time to time with

respect to services provided within ICEMA's jurisdiction. Providers shall utilize ICEMA's ADC for all permitted EMS Aircraft direct responses initiated by ADC. In order to provide efficient and effective patient medical care and response, ADC may request real time EMS Aircraft AFF prior to scene response requests.

Q. EMS RESPONSE TIME REPORTING

EMS aircraft response times shall be consistently documented for accurate recording of all aspects of EMS 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.

R. EMS AIRCRAFT MEDICAL EQUIPMENT REQUIREMENTS

EMS aircraft medical equipment shall be maintained at all times in a clean and sanitary condition suitable for patient medical care.

1. Minimum Equipment: All EMS personnel shall have immediate access to all medical equipment required for EMS patient care and/or interfacility medical transport by ICEMA Protocol No. 7020 - EMS Aircraft Standard Drug & Equipment List as the same are now written, or hereafter amended.
2. Maintenance of Medical 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.

S. COMPLIANCE

1. All EMS aircraft personnel shall comply with all State, County and ICEMA EMS 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.

T. 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 EMS equipment, facilities, and personnel as requested by ICEMA.

U. 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.

V. 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.

W. REQUIREMENTS FOR AIR AMBULANCE/AIR RESCUE DESIGNATION

1. Automated Flight Following (AFF): Air Rescue providers shall obtain, install, and maintain real time AFF data link between providers’ EMS Aircraft, ICEMA, and ICEMA’s designated ADC. AFF component and data link must meet 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, concerning EMS.

3. **Response Times:** EMS aircraft shall apprise the ADC as soon as practical after receiving a request for a response, its estimated time of arrival at the scene or requested location. While its EMS aircraft is en-route to the scene or requested location, if an EMS aircraft believes that it will not be able to have an EMS aircraft and required medical 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. Upon receiving a request for a response, permitted EMS Aircraft shall immediately notify ADC if out of service. Medical equipment and supplies required for an EMS aircraft must be on the EMS aircraft and in working order prior to start of shift and takeoff for patient transport.
4. **EMS Air Ambulance Patient/Medical Flight 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, ICEMA observer (for EMS Continuous Quality Improvement (CQI) purposes), and a minimum of two (2) ALS medical flight personnel.
5. Provider shall provide a copy of provider's EMS CQI plan for review and approval as part of ICEMA's medical control permit process.

X. SURRENDER OF PERMIT FOR CONVENIENCE

The Provider may surrender a Permit upon fourteen (14) days written notice to ICEMA.

Y. SEVERABILITY

If any portion, provision, clause, sentence or paragraph of this Policy or the application thereof to any person or circumstances shall be held by a court of competent jurisdiction to be invalid, such decision shall not affect the validity of the other provisions of this Policy which can be given effect without the invalid provision or application, and to this end, the provisions of this Policy are hereby declared to be severable. The ICEMA Board of Directors hereby declares that it would have adopted this Policy and each portion, provision, clause, sentence and paragraph herein, irrespective of the fact that any one or more portions, provisions, clauses, sentences or paragraphs be declared invalid.

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J.	SUSPENSION, REVOCATION, CONDITIONAL OPERATION, AND TEMPORARY VARIANCE OF MEDICAL CONTROL PERMITS	6
K.	RIGHT OF APPEAL: SUSPENSION OR REVOCATION, APPLICABLE PROCEDURE	8
L.	EMS COMMUNICATIONS REQUIREMENTS	9
M.	EMS AIR AMBULANCE STAFFING	9
N.	ANNUAL INSPECTION	10
O.	STANDARDS OF OPERATION OF AN EMS AIRCRAFT	10
P.	STANDARDS FOR EMS REQUESTS FOR SCENE RESPONSES	10
Q.	EMS RESPONSE TIME REPORTING	10
R.	EMS AIRCRAFT MEDICAL EQUIPMENT REQUIREMENTS	11
S.	COMPLIANCE	11
T.	EMERGENCY AND DISASTER OPERATIONS	12
U.	MUTUAL AID REQUIREMENTS	12
V.	USER COMPLAINT PROCEDURE	12
W.	REQUIREMENTS FOR AIR AMBULANCE/AIR RESCUE DESIGNATION	12
X.	SURRENDER OF PERMIT FOR CONVENIENCE	13
Y.	SEVERABILITY	13



INLAND COUNTIES EMERGENCY MEDICAL AGENCY

Serving San Bernardino, Inyo and Mono Counties

**1425 SOUTH "D" STREET
 SAN BERNARDINO, CA 92415-0060
 (909) 388-5823 FAX: (909) 388-5825**

**EMS AIRCRAFT
 PROVISION OF MEDICAL CONTROL
 PERMIT APPLICATION FY 2016-17**

- New Permit**
- Renewal**

1. PROVIDER INFORMATION

Name: _____

Doing Business As: _____

Address: _____

Mailing Address: _____

Business Phone: _____ Fax: _____

2. ADMINISTRATION/STAFFING

CEO: _____ E-mail: _____

EMS Coordinator: _____ E-mail: _____

Medical Director: _____ E-mail: _____

If a corporation, joint venture, partnership or limited partnership board, list names of all partners, board members and/or names of corporate officers, their permanent addresses and their percentage of participation in the business. Not Applicable

Name	Mailing Address	Position (i.e., Board Member, Partner, President)	% of Participation

3. LEVEL OF SERVICE

Check the category of service to be provided.

- Air Ambulance
- Air Rescue

4. HOURS OF SERVICE

- 24 hours per day, 365 days per year
- Other

If other, please specify: _____

5. MUTUAL AID AND EMERGENCY OPERATIONS

Does applicant agree to provide mutual aid and Emergency Medical Services (EMS) at the request of ICEMA's EMS Administrator, or designee, in accordance with ICEMA policy? Yes No

6. EMS AIRCRAFT

Provide a complete list of EMS aircraft patient and maximum gross weight capacities that will be in service during permit's term. This list must be amended throughout the permit's term to reflect changes or substitutions. If additional space is needed, attach a separate page.

Tail #	Location of Dispatch Origin	Total Patient	2-Patient Capacity (Yes or No)	Maximum Gross Weight Capacity (lbs)

7. PERSONNEL/NUMBER OF EMPLOYEES

Does applicant employ sufficient EMS medical flight personnel adequately trained and available to deliver EMS aircraft medical service of good quality at all times? Yes No

List the number of employees/volunteers below:

Type	Full-time	Part-time	Volunteer	Expiration Date
AEMT				
EMT				
EMT-P				
MICN				

12. PERMIT FEES

Application will not be processed without payment of fees, as established by ordinance or approved fee resolution as incorporated.

13. STATEMENT OF FACT (INITIAL APPLICATION ONLY)

Please provide a statement of fact showing the level, e.g., ALS or BLS, that the applicant is qualified to render during air ambulance/air rescue service(s).

14. SIGNATURE FOR SUBMISSION

This permit application is to be signed and verified by the owner/applicant/officer, or in a partnership, by each partner. In the case of a corporation the signature of an authorized officer and the accompanying corporation seal are required. Add signature page as needed.

The above information and statements are true and correct to the best of my knowledge.

Applicant/Owner/Officer Signature

Applicant/Owner/Officer Signature

Print Name

Print Name

Date

Date

EXHIBIT B

1 **WHEREAS**, ICEMA is authorized under Health and Safety Code sections
2 1797.212, 1797.213, 1798.164, and 101325, and Government Code section 6502 to
3 recover its expenses in providing oversight of ICEMA's EMS system and enforcing health
4 care laws;

5 **WHEREAS**, ICEMA is authorized under California Code of Regulations Title 22,
6 Division 9, Chapter 8 Prehospital EMS Aircraft Regulations, to establish minimum
7 standards for the integration of EMS Aircraft and personnel into the local EMS prehospital
8 patient transport system as a specialized resource for the transport and care of emergency
9 medical patients;

10 **WHEREAS**, ICEMA is authorized under Section 100300 of the California Code of
11 Regulations Title 22, Division 9, to integrate aircraft into its prehospital patient transport
12 system and develop a program which classifies EMS Aircraft, establishes policies, and
13 charges fees to cover the costs directly associated with the classification, authorization,
14 inspection, and provision of medical control of EMS Aircraft;

15 **WHEREAS**, it is ICEMA's desire to recover costs for providing medical control to
16 EMS Aircraft providers operating within ICEMA'S Region by establishing a revenue neutral
17 medical control fee;

18 **WHEREAS**, it is ICEMA's further desire that such medical control fee for EMS
19 Aircraft providers be determined annually by using a pro-rata apportionment of ICEMA's
20 costs derived from annual data directly associated with EMS Aircraft, and

21 **WHEREAS**, ICEMA is adopting the following EMS Aircraft Medical Control Fees to
22 supplement its EMS System Fees adopted by resolution on May 3, 2016, effective July 1,
23 2016, and incorporates the EMS System Fees herein;

24 **NOW THEREFORE**, be it resolved that:

25 The fees for the Inland Counties Emergency Medical Agency, State of California,
26 shall be:

27
28

