

**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

**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.

**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

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.

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

AYES: 6

NOES:

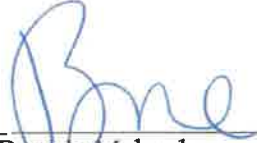
ABSENT: 1

ABSTAIN:



Bill Emlen  
Chair of the SEMSC Board

Attest:



Brenda Melendez  
Clerk of the SEMSC Board