SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

PREHOSPITAL PROVIDER STANDARDS
PUBLIC COMMENT NOVEMBER 2026

EFFECTIVE DATE: xx/xx/xx *POLICY REFERENCE NO: 4000* *SUPERSEDES: 9/1/11*

1. DEFINITIONS

1.1. EMS personnel: A certified EMT able to provide basic life support (BLS) or licensed paramedic able to provide advance life support (ALS).

1.2. EMS provider agency: An employer or organization with the oversight and administration of certified EMTs and/or licensed paramedics for the delivery of emergency medical care to the sick and injured at the scene of an emergency, during transport, or during interfacility transfer. Both public and private EMS provider agencies must comply with EMS provider agency standards.

1.3. Exclusive, non-competitive Operating Area (EOA): As identified and described, under the state-approved San Francisco EMS Plan, the City and County of San Francisco is an EOA as defined in California Health and Safety Code §§ 1797.204 and 1797.224 of the California Health and Safety Code for 9-1-1 emergency response (level) with emergency ambulances (type). The entirety of the City and County of San Francisco is considered a metropolitan, urban area.

1.4. Defining types of EMS provider agencies operating within the San Francisco EMS System:

1.4.1. First Response ALS/BLS (Non-Transport): Intended for 9-1-1 EMS response.

1.4.2. Transport EMS Provider Agencies:

1.4.2.1. Ambulance Basic Life Support (BLS): Ambulance unit staffed with two (2) California state certified EMTs.

1.4.2.2. Ambulance Advanced Life Support (ALS): Ambulance unit staffed with a minimum of one (1) currently California state licensed and San Francisco accredited paramedic, and one (1) EMT.

1.4.3. Standby ALS (Non-Transport): Intended for non-9-1-1 system standby EMS response at an event footprint or standby services. See EMSA Policy # 7010 (Emergency Medical Services at Special Events).

2. PURPOSE

2.1. To establish standards for EMS provider agencies that support the seamless delivery of high-quality prehospital patient care.
Implement policy standards consistent with federal, state, and local laws including promulgated state regulations.

3. POLICY

3.1. Administrative requirements for all EMS provider agencies:

3.1.1. Comply with all Federal, State, and local laws pertaining to, but not limited to, the delivery of prehospital patient care and operation of ambulances and emergency vehicles.

3.1.2. Ensure insurance requirements are met and maintained under applicable EMS service provider agreements. EMS provider agencies shall submit proof of insurance coverage on an annual basis that meets or exceeds determined insurance minimums as determined by City and County of San Francisco Risk Manager.

3.1.3. Pay all associated fees within thirty (30) days of invoice.

3.1.4. Allow periodic site visits and vehicle inspections by EMSA.

3.1.5. Advertise itself for specific EMS service levels, only if the EMS provider agency meets all requirements and is designated by EMSA.

3.1.6. Report all incidents to EMSA that meet reporting criteria under EMSA Policy # 6020 (Incident Reporting) or EMSA Policy # 2070 (Certificate/License Discipline Process for Prehospital Personnel).

3.1.7. For Community Paramedicine and Triage to Alternate Destination EMS provider agency standards, see the San Francisco EMS Agency (EMSA) Policy # Section 13 (Community Paramedicine (CP) & Triage to Alternate Destination Programs).

3.2. Operational requirements for all EMS provider agencies:

3.2.1. Comply with all EMSA policies and protocols. Current versions must be accessible to all EMS personnel at fixed sites and within vehicles in a physical and/or electronic version.

3.2.2. Establish and enforce a policy that prohibits on-duty employees from directly performing or being expected to perform any prehospital care under the influence of alcohol, illegal drug, or narcotic. The policy shall include provisions prohibiting employees from performing or being expected to perform prehospital care under the influence of any other substances, including prescription or non-prescription medications, which impairs physical or mental performance.

3.2.3. Employ managerial personnel with authority to act on behalf of the EMS provider agency for all operational issues and be available to the EMS provider agency personnel and EMSA staff 24 hours per day.

3.2.4. Maintain staffing, equipment, and vehicles as detailed in EMSA Policy # 4001 (Vehicle Equipment & Supply List) and EMSA Policy # 4001a (Minimum Equipment Requirements for First Response and Ambulances).

3.2.5. Ensure EMS personnel maintain current and required EMS credentials prior to working an assignment in the field. EMS provider agencies shall maintain a database and regularly audit employees for compliance. Individual EMS personnel, not the EMS provider agency, are ultimately responsible to ensure required professional certifications, licenses, and accreditations are current and active prior to working in the field or providing prehospital care.

3.2.6. Maintain communications directly with the Division of Emergency Communications and Base Hospital, using the 800MHz radios.

3.2.7. Adhere to dispatch and response procedures under EMSA Policy # 4010 (Integrated Response Plan).

3.2.8. If staffing special events, comply with all requirements under EMSA Policy # 7010 (Emergency Medical Services at Special Events).

3.3. Clinical requirements for all EMS provider agencies:

3.3.1. EMS provider agencies must ensure that EMS personnel provide prehospital care:

3.3.1.1. Under local medical control of the EMSA Medical Director

3.3.1.2. Within their scope of practice - EMSA Policy # 2000 (Prehospital Personnel Standards & Scope of Practice)

- During training
- While at the scene of an emergency
- During transport of the sick or injured (if EMS Transport personnel)
- During interfacility transfer (if EMS Transport personnel)
- Within a state approved Community Paramedicine program (if applicable)

3.3.1.3. Under defined roles and responsibilities – EMSA Policy # 4044 (Scene Management)

3.3.1.4. Using standardized documentation methods and fields – EMSA Policy # 6050 (Documentation of Prehospital Care)

3.3.2. Ensure new employees receive initial EMS system policy and protocol training followed by, at minimum, two (2) bi-annual training updates per year. EMS provider agency shall have a documented procedure for EMS personnel to receive refresher training who return to work after extended leaves prior to being released to work back in the field.

3.3.3. Employ an EMS provider agency medical director under EMSA Policy # 2080 (Provider Agency Medical Director).

3.3.4. Participate in the county-wide Quality Improvement program under EMSA Policy # 6000 (Quality Improvement Program) and employ sufficient staff to support EMS provider agency Quality Improvement review.

3.3.5. Comply with all local and state requirements pertaining to Ambulance Patient Offload Times (APOT) consistent with EMSA Policy # 4000.1 (Ambulance Turnaround Time Standard).

3.4. Reporting requirements for all EMS providers agencies:

3.4.1. Use an electronic health record system that exports data in a format that is compliant with the current version of the California Emergency Medical Services Information System (CEMSIS) and the National Emergency Medical Services Information System (NEMSIS) standards. The electronic health record system must have functionality to connect to the EMSA data system. Data must be submitted within 72 hours after a patient encounter.

3.4.2. Must submit all EMS Plan annual requirements, which includes, but not limited to:

- Annual standardized data and metrics
- Quality improvement plan

3.4.3. Compile reports for Quality Improvement as requested by EMSA.

4. FIRST RESPONSE ALS/BLS

4.1. Comply with all requirements under Section 3.

4.2. At all times, the minimum staffing requirements for apparatus intended for first response are:

4.2.1. BLS shall have no less than one (1) California state certified EMT.

4.2.2. ALS shall have a minimum of one (1) California state licensed and San Francisco accredited paramedic to qualify as an authorized ALS resource.

4.3. The San Francisco Fire Department (SFFD) will provide first response services for all presumptively defined life-threatening emergency responses in San Francisco regardless of transporting EMS provider agency:

4.3.1. SFFD will respond to all requests for on-scene assistance made by EMS personnel on emergency calls.

4.3.2. If requested by a transporting unit, first responders will accompany the patient to the general acute care hospital (GACH) to assist with patient care.

4.3.3. SFFD, at its discretion, may choose to limit response to requests made by EMS personnel for non-emergent purposes.

5. AMBULANCE TRANSPORT REQUIREMENTS

5.1. Comply with all requirements under Section 3.

5.2. Have a valid and current Certificate of Operation and ambulance permit when transporting patients in an ambulance point-to-point within the City and County of San Francisco. No Certificate of Operation or ambulance permit is required if either the origin or destination of the transport is outside the City and County of San Francisco.

5.3. Have a current Service Provider Agreement.

5.4. Maintain or contract for services with a designated dispatch center operating within the requirement of EMSA Policy # 3000 (Medical Dispatch Center Standards). All responses shall be in accordance with the minimum required response associated with the call type determinant code.

5.5. Respond to all requests for service in accordance with response patterns determined and approved by the EMSA Medical Director. This requirement pertains to all emergent, urgent, immediate, and/or unscheduled requests for service received by any means.

5.6. Have and enforce a written policy that requires employees to safely secure any durable medical equipment belonging to a patient when transporting.

5.7. Document all patient encounters on a NEMSIS/CEMSIS compliant electronic health record platform with data submission to EMSA and/or state.

5.8. For new applicants, see Appendix B.

6. BLS TRANSPORT PROVIDER AGENCY REQUIREMENTS

6.1. Comply with all requirements under Section 3 and 5.

6.2. Be staffed with two (2) California state certified EMTs consistent with the established personnel and training standards in EMSA Policy # 2000 (Prehospital Personnel Standards & Scope of Practice).

6.3. BLS Transport Providers may respond to the following requests for service:

6.3.1. Interfacility transfers

6.3.2. Service requests that have a response determinant approved for BLS response by the EMSA Medical Director

6.3.3. Prearranged medical transportation from a residence or sub-acute facility to a clinic, medical office, sub-acute facility, or GACH for non-urgent care of a preexisting medical condition

6.3.4. Under immediate or pre-authorized mutual aid/assistance approval including but not limited to multi-casualty/disaster response, pre-planned events, or EMS system surge events

6.3.5. Pilot programs as approved by EMSA and/or under the EMS Plan

7. ALS TRANSPORT PROVIDER AGENCY REQUIREMENTS

7.1. Comply with all requirements under Section 3 and 5.

7.2. Be staffed with a minimum of one (1) currently California state licensed and San Francisco accredited paramedic, and one (1) EMT consistent with the personnel and training standards in EMSA Policy # 2000 (Prehospital Personnel Standards & Scope of Practice). A second licensed and San Francisco accredited paramedic may replace the EMT on an ambulance, at the discretion of the EMS provider agency.

7.3. Have a current Paramedic Service Provider Agreement with EMSA to operate as an authorized ALS Provider.

7.4. Provide ALS coverage on a continuous twenty-four (24) hour basis, unless otherwise specified by EMSA.

7.5. Staff Paramedic Field Supervisors as required by EMSA Policy # 2052 (Paramedic Field Supervisor).

7.6. Comply with all provisions under EMSA Policy # 4002 (Controlled Substances), which include mechanisms for investigation and mitigation of suspected tampering or diversion.

7.7. Respond with an appropriately staffed and equipped ALS vehicle to the following requests for service:

7.7.1. Service requests that have a required ALS or BLS response determinant. ALS Providers shall dispatch two (2) paramedics, who may be responding in separate vehicles, to all determinants requiring a two (2) paramedic response by the EMSA Medical Director.

7.7.2. Interfacility transfers via 9-1-1

7.7.3. Non-9-1-1 interfacility transfers at the EMS provider agency's discretion

7.7.4. Non-9-1-1 prearranged medical transportation from a residence or sub-acute facility to a clinic, medical office, sub-acute facility, or GACH for non-urgent care of a preexisting medical condition at the EMS provider agency's discretion

7.7.5. Under immediate or pre-authorized mutual aid/assistance approval including but not limited to multi-casualty/disaster response, pre-planned events, or EMS system surge events

7.7.6. Pilot programs as approved by EMSA and/or under the EMS Plan

8. ALS NON-TRANSPORT PROVIDER REQUIREMENTS

8.1. Comply with all requirements under Section 3.

8.2. Comply with the following ALS Transport Provider provisions:

8.2.1. Section 7.3 Paramedic Service Provider Agreement

8.2.2. Section 7.6 Controlled Substances

8.3. Document all patient encounters on a NEMSIS/CEMSIS compliant electronic health record platform with data submission to EMSA and/or state.

8.4. For new applicants, see Appendix C.

9. COMPLIANCE VERIFICATION

9.1. For new EMS provider agency applicants, EMSA will perform a document review and site survey through a standardized review process as outlined in Appendix B and C.

9.2. To verify continuing compliance with EMSA Policy, EMSA will periodically perform site surveys for the purposes of inspection and evaluation of EMS provider agency's policies and practices.

9.3. The EMS Agency shall maintain written criteria for standards evaluated during EMS provider agency site surveys to include scoring methodology, passing thresholds, critical findings, and classification of deficiencies.

9.4. If an EMS provider agency fails to attain a passing score on any site survey, EMSA shall notify that agency in writing of deficiencies including nature, severity, recurrence, and operational significance of the deficiency. Administrative or technical deficiencies that do not present an immediate risk to public safety and health should be addressed through correction actions.

9.5. An EMS provider agency may submit responsive documentation and identify factual inaccuracies of an adverse compliance finding.

9.6. The EMS provider agency will develop a corrective action plan and submit it to EMSA within thirty (30) days of notification. Plans must:

9.6.1. Address all noted deficiencies.

9.6.2. Include timeframe for correction.

9.7. The corrective action plan must be approved by the EMSA Medical Director.

9.7.1. If determined as necessary by the EMSA Medical Director, EMSA shall resurvey the provider in no less than ninety (90) days from the date of notification.

9.7.2. If determined by the EMSA Medical Director, there exist circumstances that present an immediate threat and jeopardize public health and safety, the EMSA Medical Director may:

9.7.2.1. Require that the EMS provider agency suspend all operations until such time that corrections are made and verified; and

9.7.2.2. Resurvey the EMS provider agency in less than ninety (90) days

9.8. Failure to correct noted deficiencies shall result in any or all of the following actions:

9.8.1. Revocation of the EMS provider agency's Certification of Operation and/or Paramedic Service Provider agreement.

9.8.2. Placing the EMS provider agency on probation during which time the EMS provider agency will follow an approved corrective action plan and be closely monitored for compliance.

9.8.3. When probation, suspension, or revocation is imposed, written determination shall identify the basis for the action and the conditions that must be satisfied for modification or removal of the action.

10. RESPONSE STANDARDS

10.1. The standardized measurements are:

10.1.1. Incident Created Time: Incident created in 9-1-1 or EMS provider agency computer aided dispatch (CAD)

10.1.2. Dispatch Time: Response vehicle is notified.

10.1.3. On-Scene Time: Response vehicle arrives and stops at the scene.

10.1.4. Dispatch Interval: Incident Created Time to Dispatch Time

10.1.5. Response Interval: Dispatch Time to On-Scene Time

10.1.6. Code 3: Response using lights and siren, emergent.

10.1.7. Code 2: Response not using lights and siren, non-emergent.

10.2. The standardized Response Time Intervals (Appendix A) are:

10.2.1. BLS with AED on scene: Call Created to On-Scene

10.2.1.1. 5 minutes

10.2.2. ALS on scene: Call Created to On-Scene

10.2.2.1. 10 minutes

10.2.3. ALS Transport: Call Created to On-Scene

10.2.3.1. 12 minutes

10.2.4. Dispatch Interval: Call Created to Dispatch

10.2.4.1. 2 minutes, 90th percentile

10.2.5. BLS with AED on scene: Dispatch to On-Scene

10.2.5.1. 4 minutes, 30 seconds, 90th percentile

10.2.6. ALS on scene: Dispatch to On-Scene

10.2.6.1. 7 minutes, 90th percentile

10.2.7. ALS Transport on scene (Code 3, emergent): Dispatch to On-Scene

10.2.7.1. 10 minutes, 90th percentile

10.2.8. ALS Transport on scene (Code 2, emergent): Dispatch to On-Scene

10.2.8.1. 20 minutes, 90th percentile

10.2.9. 9-1-1 and EMS transport provider agency dispatch centers shall ensure

10.3. Additional notes for standardized Response Time Intervals:

10.3.1. For 10.2.3, 10.2.7, and 10.2.8 (ALS Transport On-Scene), if BLS Transport is authorized by EMSA, the BLS Transport On-Scene time will be used as the On-Scene time for the response interval.

10.3.2. EMS Transport provider agencies may request SFFD First Response to respond in order to comply with BLS and ALS response intervals or based on call determinant response pattern if processed by the EMS provider agency's non-9-1-1 dispatch center.

10.3.3. If a response is changed from Code 2 to Code 3, 10.2.7 applies (Code 3 interval).

10.3.4. If a response is changed from Code 3 to Code 2, 10.2.8 applies (Code 2 interval).

10.3.5. The response interval applies to the first unit of each type arriving on-scene (e.g. Non-transport, Transport).

10.3.6. For dispatch and response procedures, see EMSA Policy # 4010 (Integrated Response Plan).

10.3.7. EMSA shall publicly report and publish response interval metrics on a monthly basis on the EMSA website.

10.4. Card 33A – Transfer/Interfacility/Palliative Care

10.4.1. Card 33A is intended for non-emergency patients under the care of a physician or Registered Nurse (RN) who are requesting transport to an Emergency Department or for direct GACH admission. See EMSA Policy # 3000 (Medical Dispatch Center Standards).

10.4.2. The standardized Response Time Intervals for Card 33A Level 1 (Appendix A) are:

10.4.2.1. Dispatch Interval: Call Created to Dispatch

- 2 minutes, 90th percentile

10.4.2.2. BLS or ALS Transport on scene: Dispatch to On-Scene

- 60 minutes, 90th percentile

10.4.3. The standardized Response Time Intervals for Card 33A Level 2 or 3 (Appendix A) are:

10.4.3.1. BLS or ALS Transport on scene: Dispatch to On-Scene

- 4 hours, 90th percentile

10.5. Documentation of Response Standards

10.5.1. See Appendix A.

11. AUTHORITY

11.1. California Health and Safety Code, Division 2.5, §§ 1797.200, 1797.201, 1797.204, 1797.206, 1797.218, 1797.220, 1797.224, 1797.227, 1797.252, and 1798.

11.2. California Code of Regulations, Title 22, §§ 1000066.02, 1000091.01-1000091.02, 1000091.04, 100094.02 1000096.01-1000096.03, and 1000097.01.

11.3. City and County of San Francisco Health Code, Article 14

APPENDIX A: RESPONSE STANDARDS

	Dispatch Interval (in minutes)	Response Interval (in minutes)		
Response Determinant		BLS On-Scene	ALS On-Scene	Transport On-Scene
Code 3 (emergent)	2:00	4:30	7:00	10:00
Code 2 (non-emergent)	2:00	-	20:00	20:00
Card 33A Level 1	2:00	-	-	60:00
Card 33A Level 2 + 3	-	-	-	240:00

Required Documentation Elements:

	First Response ALS Non-Transport	ALS/BLS Transport	NEMSIS/CEMSIS Value
Call Created Time	x	x	eTimes.01
Dispatch Time	x	x	eTimes.03
En-Route Time	x	x	eTimes.05
On-Scene Time	x	x	eTimes.06
At Patient Time	x	x	eTimes.07
Transfer of Care Time	x	-	eTimes.08
Transport Time	-	x	eTimes.09
Arrive Destination Time	-	x	eTimes.11
Destination Transfer of Care	-	x	eTimes.12
Clear Time	x	x	eTimes.13
Response Code	x	x	eResponse.23
Destination/Disposition	x	x	eDispostion.30
Response Code to Destination	-	x	eDisposition.17

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APPENDIX B: INITIAL APPLICATION PROCESS FOR NEW TRANSPORT AMBULANCE EMS PROVIDER AGENCY

(ALS, BLS, CCT)

Procedure			
Step	**Initial Certificate of Operation**	**Responsible Party**	**Est Completion Timeline**
1	Contact EMSA to schedule a meeting for a :30 minute Orientation	Applicant	14 days
2	Applicant signs Goals and Purpose Form	Applicant	1 day
3	Application Form provided	EMSA	7 days
4	Application submitted and Initial EMS provider agency fee paid	Applicant	30 days
5	Application reviewed. If approved, Applicant receives Exhibit B-G.	EMSA	14 days
6	Applicant completes Exhibit B-G.	Applicant	6 months – 1 year
7	Applicant submits Exhibit B-G, EMSA reviews. If findings need remediation, Step 6. If approved, Step 8.	EMSA	60 days
8	Applicant and EMSA select a Site Visit date with 30 days notice.	Applicant/EMSA	30 days
9	Site Visit completed. Ambulances inspected.	Applicant/EMSA	1 day
10	Site Visit findings provided to Applicant within 45 days. If findings need remediation, Step 8. If approved, Step 11.	EMSA	45 days
11	EMS Service Provider Agreement signed. Ambulance Permit fees paid.	Applicant/EMSA	30 days
12	Certificate of Operation and Ambulance Permits Issued. Must pay renewal fees on	Transport EMS provider agency	Ongoing

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	annual basis. EMSA follows up with site visits to assess compliance.		

APPENDIX C: APPLICATION PROCESS FOR NEW NON-TRANSPORT ALS PROVIDER

Procedure			
Step	**Non-Transport ALS EMS Provider Agency Approval**	**Responsible Party**	**Est Completion Timeline**
1	Contact EMSA to schedule a meeting for a :30 minute Orientation. Application Form provided.	Applicant	14 days
2	Application submitted and Initial EMS provider agency fee paid.	Applicant	30 days
3	Application reviewed. If approved, Applicant receives Exhibit H.	EMSA	14 days
4	Applicant completes Exhibit H.	Applicant	6 months
5	Applicant submits Exhibit H, EMSA reviews. If findings need remediation, Step 4. If approved, Step 6.	EMSA	60 days
6	EMS Service Provider Agreement signed.	Applicant/EMSA	30 days
7	Non-Transport ALS EMS provider agency approval. EMSA follows up with site visits to assess compliance.	Non-Transport ALS EMS provider agency	Ongoing

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