

OCEMS POLICIES- PUBLIC COMMENT RESPONSES

Comment Period from November 19, 2015 to January 8, 2016

OCEMS Policy #720.30- Ground Ambulance Design/Documentation/Equipment

Date	Contact	Organization	Comment	OCEMS Response
1/4/2016	Robert Williams	TES/Training Educational Services	<p>III. C. There needs to be clarification of the phrase (free from contaminants). What does this mean, specifically? Where do OSHA's responsibilities kick in versus the responsibility of the EMS agency.</p> <p>III. D. More units carry RT's vs. RN's does an ambulance that carries RT's need to be specially marked?</p> <p>III. E. If the CHP has already inspected the ambulance, and they're the regulatory agency why is the EMS agency attempting to re-regulate? Items 1-5 are under CHP purview,</p> <p>6; falls under OSHA and ANSI, furthermore what defines contamination?</p>	<p>Received. Section changed to reference policy 720.50. OCEMS Policy 720.50 identifies ambulance vehicle cleaning standards.</p> <p>Received. Policy meets current standard under California H&S Code Sections 1797.84 & 1797.180 - defines standards for advertising prehospital services</p> <p>Received. OCEMS ambulance vehicle inspection standards are identified in OCEMS Policy 720.50. OCEMS will not duplicate CHP inspections performed for Vehicle Code and CHP regulation compliance purposes.</p> <p>Received. 6- OSHA does not inspect ambulances. "furthermore what defines contamination?" & see previous response provided for same/similar comment.</p>

			<p>Number 7: "...readily legible during daylight hours..." We would like it to read that all lettering must be reflective to be seen from a distance of 50 feet in either daylight or darkness.</p> <p>IV. D. (INQUIRY) Do companies, or medi-care use odometer readings, or do they use computer mapping distance's?</p> <p>IV. G. (INQUIRY) Does GHS supersede ERG?</p> <p>V. g Arterial tourniquet. Remove the word arterial and replace it with adjustable.</p> <p>V. c Pulse oximeter units are approved for use by medi-care so if on an ambulance it should be mandatory equipment with proper training for usage. Right now EMT's supply their own so maintenance is not tracked.</p> <p>e. All ambulance's should be equipped with AED's. This should not be optional equipment especially since the premise is that all vehicles are prepared for a declared disaster.</p>	<p>Received. No change</p> <p>Received. No change</p> <p>Received. OCEMS recognizes ERG book as the acceptable standard</p> <p>Received. No change</p> <p>Received. No change</p> <p>Received. No change</p>
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			<p>V. 3 h-l: are the units out of service if they use that one piece of equipment? How do they restock? What if they use it during a long distance transport?</p> <p>V.3 t remove 'liquid glucose beverage'</p> <p>VII. D 2 If there is a declared disaster or MCI shouldn't all vehicles have gloves for the crew?</p> <p>VII. D 3 What ANSI rating does the ear protection have to meet. Is there a specific decibel rating?</p> <p>VII. D 5: We feel that this equipment should be mandatory for all 911 EMS provider's. Assigned to the employee with proper training on usage, not the vehicle.</p> <p>VII. D 7 SAFETY ISSUE: All EMT's should be assigned a hard hat with a reflective stripe, meeting ANSI standards with a adjustable chin strap to be worn when ever wearing the safety vest.</p> <p>VII. D 9 Duo Dote's should be carried by government agencies only in compliance with the training provided in the accreditation</p>	<p>Received. Ambulances should maintain minimum equipment standards to ensure safe patient transport.</p> <p>Received. Policy modified to “Oral Glucose Preparation”</p> <p>Received. OCEMS policy list item as “required for ambulance strike team participation”</p> <p>Received. OCEMS policy does not specify specific decibel rating.</p> <p>Received.</p> <p>Received.</p> <p>Received.</p>
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			<p>class.</p> <p>All of these changes have been reviewed by Dana Risher EMT-P TES Clinical coordinator.</p>	Received.
1/7/2016	Chad Druten	Ambulance Association of Orange County	Please reference the uploaded attachment, a letter prepared for, and submitted on behalf of the Ambulance Association of Orange County that discusses #720.30 - Ambulance Rules and Regulations - Ground Ambulance Design/Documentation/Equipment.	Received.
1/7/2016	Chad Druten	Ambulance Association of Orange County	<p>Attachment #1 Comment #1 Pages 2-4</p> <p>Comment #2 Pages 4-7 Section III.c</p> <p>Section III.H.10</p> <p>Section III.E.4</p>	<p>Received. OCEMS ambulance vehicle inspection standards are identified in OCEMS Policy 720.50. OCEMS will not duplicate CHP inspections performed for Vehicle Code and CHP regulation compliance purposes.</p> <p>Received. Section changed to reference OCEMS Policy 720.50. OCEMS Policy 720.50 identifies ambulance vehicle cleaning standards.</p> <p>Received. Section III.H.10 removed.</p> <p>Received. Language changed for clarification of requirement</p>

			<p>Section III.E.5</p> <p>Section III.E.11</p> <p>Section IV.D</p> <p>Section IV.D.</p> <p>Section VI.E.</p> <p>Section VII.D.4 and VII.D.6</p>	<p>Received. Language changed for clarification of requirement</p> <p>Received. Section III. E.11 changed to Section III.E.10. Odometer readings assist in verifying accuracy of data received by OCEMS</p> <p>See previous response provided for same/similar comment.</p> <p>Received. Language clarified to include documentation to be maintained in ambulance.</p> <p>Received. Unchanged</p> <p>Received. Section VII.D.6 Deleted</p>
1/8/2016	Bill Weston	Care Ambulance Service, Inc.	<p>January 7, 2016 Samuel Stratton, MD Orange County Emergency Medical Services 405 W Fifth Street, Suite 301A Santa Ana, CA 92701</p> <p>RE: Public Comments for OCEMS Policy Changes, 720.30 Dear Dr. Stratton: Thank you for the opportunity to provide comments on the proposed Orange County EMS Draft Policy 720.30 posted for public comment on November 19, 2015. Because emergency ambulance services play a pivotal role in Orange County's health care system, it is</p>	<p>Received.</p>

			<p>critically important that the proposed new and revised policies recognize and take into account these services. Thank you for consideration of our recommendations.</p> <p>Comments to Proposed Policy 720.30 Portions of Policy 720.30 are preempted by the California Vehicle Code, which prohibits the duplication of inspections by the California Highway Patrol ("CHP") for compliance with state requirements by local authorities, such as the Orange County EMS. The California Vehicle Code expresses the Legislature's intent for the provisions of the Vehicle Code, including those regulating ambulances, to be "applicable and uniform throughout the state and in all counties and municipalities therein". The California Vehicle Code further declares that "a local authority shall not enact or enforce any ordinance or resolution on the matters covered by this code". California Vehicle Code section 2512(c) expressly preempts the ability of local authorities to duplicate the inspections performed by CHP pursuant to Vehicle Code section 2510 to ensure compliance by ambulances with the Vehicle Code and CHP regulations: The code states "inspection of ambulances pursuant to subdivision (b) of Section 2510 shall not be duplicated by local authorities". Despite this, Policy 720.30, in its current form and as proposed, duplicated ambulance inspections</p>	<p>See previous response provided for same/similar comment.</p>
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			<p>already performed by officers of the CHP.</p> <p>Section III.c and III.H.10 would require that ambulances and medical equipment, supplies, solutions and medications be "free from contaminants." The term "free from contaminants" without any qualifiers establishes a standard that is prone to subjective interpretation and may give rise to selective enforcement. In addition, a prohibition against all potential "contaminants" is impossible since ambulances cannot achieve and have no need to be sterile environments.</p> <p>Section III.E.4 would require seat belts for all passengers in the drivers and patient compartment to be in "clean and good working order." Like the phrase "free of contaminants" discussed above, the cleanliness of seat belts are also subject to interpretation.</p> <p>Section III.E.5 would require that gaskets be "in good working condition". This statement provides no clear, objective standard as to what, beyond forming an appropriate seal, a gasket must do in order to be in "good working condition."</p> <p>Section III.E.11 would require that medical equipment and supplies be "securely stored." Like the examples above, this does not</p>	<p>See previous response provided for same/similar comment.</p> <p>See previous response provided for same/similar comment.</p> <p>See previous response provided for same/similar comment.</p> <p>See previous response provided for same/similar comment.</p>
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			<p>provided a clear, objective standard to meet.</p> <p>Section IV.D requires evidence of passage of a current odometer inspection. Given the state of GPS technology and GPS incorporation into OC-MEDS, this section can be deleted if ambulance operators utilize GPS data for tracking of loaded transport mileages and billings.</p> <p>The documentation requirements in section IV.H are internally inconsistent, not necessary and do not establish an attainable standard. As a preliminary matter, OCEMS has proposed that all documentation listed in section IV be "required to be present in the ambulance" as a condition of operation in Orange County. However, section IV.H states that every ambulance service provider must maintain a file with specific documentation for each ambulance. It is not feasible to include all of the documentation listed in IV.H in the actual ambulance as some of this documentation is voluminous and has no relationship to the actual operation of the ambulance vehicle. Proposed section VI.D and E would require inspection forms to be maintained for one year and that the supervisor's name be noted on every completed inspection sheet. It is not necessary to store these inspections for any longer than one month. Once the completed</p>	<p>See previous response provided for same/similar comment.</p> <p>See previous response provided for same/similar comment.</p>
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			<p>form is utilized to ensure the assigned ambulance is properly stocked, storing thousands of completed forms becomes problematic. It is also not necessary for the supervisor's name to be on each form, as the supervisor's name can be obtained from the daily work schedule.</p> <p>The requirement for apparel in section VII.D.4 and VII.D.6 fails to establish a clear standard as they contradict each other. Today's safety standards are moving away from blue jackets and moving towards high visibility jackets. Care Ambulance appreciates the opportunity to provide comments on the proposed policy changes.</p> <p>We look forward to working with you, not just now, but in the future for the betterment of the Orange County EMS System. Sincerely, Bill Weston “ Director of Operations</p>	<p>See previous response provided for same/similar comment.</p> <p>Received.</p>
1/8/16	Jim Karras	AmeriCare Ambulance Service	<p>Please see the attached public comment offered by AmeriCare regarding the draft revisions to OCEMS Policy No. 720.30.</p> <p>We believe many of the provisions set forth in draft Policy No. 720.30 are duplicative of items under the jurisdiction of the California Highway Patrol and/or that OCEMS may not have such authority to inspect such items that are outside of the scope of authority</p>	<p>See previous response provided for same/similar comment.</p>

			<p>granted to OCEMS under Ambulance Ordinance No. 3517, and therefore presumably not within the scope of authority for OCEMS to inspect. We believe the AAOC is providing comment with respect to this subject matter, so we will not offer additional comment but AmeriCare does hereby affirm that we agree with and support AAOC's positions as presented by its legal counsel related to this subject matter in their public comments pursuant to this comment period opportunity.</p> <p>Specifically, we also offer the following comments of various sections of Policy 720.30: " Section III.c and III.H.10 would require that ambulances and medical equipment, supplies, solutions and medications be "free from contaminants." The use of the term "free from contaminants" without any qualifiers establishes a standard that is prone to subjective interpretation, which is likely to give rise to selective enforcement. In addition, a prohibition against all potential "contaminants" is impossible since ambulances cannot achieve and have no need to be sterile environments. There will inevitably be germs, dirt and other contaminants in an ambulance. Without increased specificity of which contaminants an ambulance of which should be free, an ambulance operator has no way of having the</p>	<p>See previous response provided for same/similar comment.</p>
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			<p>requisite notice under due process of what standards it must meet. In light of these concerns, AmeriCare suggests that OCEMS delete this phrase altogether or in the alternative, that OCEMS replace the phrase "free of contaminants" with the term "free of visible contaminants likely to adversely affect the health of the average passenger." </p> <p>Section III.E.4 would require seat belts for all passengers in the drivers and patient compartment to be in "clean and good working order." Further, the California Vehicle Code governs the seat belt requirements in ambulances and we believe inspection of seat belts falls under the jurisdiction of the California Highway Patrol. In the alternative, perhaps if such inspections of seat belts are performed by OCEMS, the standard might be reflected with similar language as other surfaces within the ambulance suggested in our earlier comments, such as using a phrase like "free of visible contaminants likely to adversely affect the health of the average passenger." AmeriCare therefore recommends the deletion of this provision or at minimum if it is found that it is legally permissible for OCEMS to inspect seat belts in an ambulance that the suggested alternate phrasing above be utilized.</p>	<p>See previous response provided for same/similar comment.</p>
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			<p>â€¢ Section III.E.5 would require that gaskets be "in good working condition[.]" This statement provides no clear, objective standard as to what beyond forming an appropriate seal a gasket must do in order to be in "good working condition." Therefore, AmeriCare requests the deletion of the term "in good working condition."</p> <p>Section III.E.11 would require that medical equipment and supplies be "securely stored." Like the examples above, this wording doesn't provide a clear, objective standard for an operator to meet. Therefore, AmeriCare requests the deletion of this provision.</p> <p>Section IV.D requires evidence of passage of a current odometer inspection. However, with the advent of many payors requiring mileage for ambulance billing to now performed/based upon the utilization of GPS tracking or internet mapping software, AmeriCare requests the deletion of this provision.</p> <p>The documentation requirements in section IV.H are internally inconsistent, not necessary and do not establish an attainable standard. As a preliminary matter, OCEMS has proposed that all documentation listed in section IV be "required to be present in the ambulance" as a condition of operation in</p>	<p>See previous response provided for same/similar comment.</p> <p>See previous response provided for same/similar comment.</p> <p>See previous response provided for same/similar comment.</p> <p>See previous response provided for same/similar comment.</p>
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			<p>Orange County. However, section IV.H states that every ambulance service provider must maintain a file with specific documentation for each ambulance, but does not specify that this file be located in the ambulance itself. It is not feasible to include all of the documentation listed in IV.H in the actual ambulance as some of this documentation is voluminous and has no relationship to the actual operation of the ambulance vehicle. For example, some of these documents may degrade in an ambulance if stored for long periods of time. Accordingly, AmeriCare recommends that the phrase "to be present in the ambulance" be deleted from section IV.H.</p> <p>Proposed section VI.E would require the supervisor's name be noted on every completed inspection sheet. This is not reasonably necessary as the supervisor's name can be obtained from the daily work schedule. Moreover, California law prescribes that the responsibility for the ambulance inspection lies with the ambulance driver/attendant. AmeriCare requests the deletion of this provision. ¶</p> <p>The requirement for apparel in section VII.D.4 and VII.D.6 fail to establish a clear standard as they contradict each other. Today's safety standards are moving away from blue jackets and moving towards high visibility jackets.</p>	<p>See previous response provided for same/similar comment.</p> <p>See previous response provided for same/similar comment.</p>
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			<p>AmeriCare therefore requests the deletion of section</p> <p>VII.D.6. AmeriCare appreciates this opportunity to share our comments and we thank OCEMS for its consideration of such comments.</p>	<p>Received.</p>
1/8/16	Chad Druten	Emergency Ambulance Service, Inc.	<p>1) Please review Sections III. C and III.H.10 of Policy 720.30 which state ambulances and medical equipment, supplies, solutions and medications shall be "free from contaminants." We feel that "free from contaminants" is an overly broad statement. It creates a standard that could be interpreted subjectively versus objectively. In addition, a ban against all potential "contaminants" is impossible to enforce, since ambulances are not aseptic environments. Predictably, microorganisms, soil and other kinds of contaminants are present in all ambulances from the time they are built. Without specifics of which contaminants an ambulance should be free of, an ambulance provider has no way of knowing what standards it must meet. Would it be possible for OCEMS replace the phrase "free of contaminants" with "free of any visible contaminants"?</p> <p>2) Please look at Section III. E. 4, which says "Each ambulance shall have --- Seat belts for all passengers in the driver's</p>	<p>See previous response provided for same/similar comment.</p> <p>See previous response provided for same/similar comment.</p>

			<p>compartment and patient compartment in clean and good working order." Assuming a strict definition of the word "clean," the policy could establish a standard that we could never fully meet because like we have said above, ambulances are not aseptic environments. Also, the Vehicle Code already governs the seat belt requirements for ambulances and the CHP is the agency tasked with inspecting them. We recommend deleting the reference to seatbelts since they are already inspected by the CHP.</p> <p>3) There is overlap between the requirements of Section V "Ambulance Medical Equipment" and many of the CHP requirements. OCEMS is duplicating some of the inspections performed by the CHP. We would therefore request that OCEMS delete any ambulance medical equipment listed in the policy that is already monitored by the CHP so that the inspections are not duplicated. The ambulance equipment inspection should be for any equipment identified in the Policy that has not already been inspected by the CHP under the California Code of Regulations, Title 13, Division 2, Chapter 5, Article 1, sections 1103 and 1103.2.</p>	<p>See previous response provided for same/similar comment.</p>
1/8/16	Jonathan Schaeffer	Liberty Ambulance	<p>While Liberty Ambulance appreciates the efforts of the EMS Agency to protect the public and support effective delivery of emergency services, we support the position</p>	<p>See previous response provided for same/similar comment.</p>

			of the Orange County Ambulance Association in the belief that this matter is addressed at the state level by the CA Highway Patrol regulations and should remain so.	
1/8/2016	Kay Kearney	Shoreline Ambulance Company, LLC	<p>Attachment #3 Pages 1-3 Section III. a., b., d.</p> <p>Section III. c, e.4., f.5., e.10., e.11.</p> <p>Section IV. a., b., c., e., f., g., h.2, h.4.</p> <p>Section IV. d., h.1., h.3., i.5.</p> <p>Section V.1.b.</p> <p>Section VI.d.</p> <p>Section VI.e.</p> <p>Section VII.d.</p>	<p>Received.</p> <p>See previous response provided for same/similar comment.</p> <p>Received.</p> <p>See previous response provided for same/similar comment.</p> <p>Received. Section revised to reflect recommendation</p> <p>Received. No change- shift inspection sheets maintained for current permitting year for compliance monitoring.</p> <p>See previous response provided for same/similar comment.</p> <p>See previous response provided for same/similar comment.</p>
1/8/2016	Kay Kearney	AmbuServe Ambulance	<p>Attachment #4 Pages 1-3 Section III. a., b., d.</p> <p>Section III. c, e.4., f.5., e.10., e.11.</p>	<p>See previous response provided for same/similar comment.</p> <p>See previous response provided for same/similar comment.</p>

			<p>Section IV. a., b., c., e., f., g., h.2, h.4.</p> <p>Section IV. d., h.1., h.3., i.5.</p> <p>Section V.1.b.</p> <p>Section VI.d.</p> <p>Section VI.e.</p> <p>Section VII.d.</p>	<p>See previous response provided for same/similar comment.</p> <p>See previous response provided for same/similar comment.</p> <p>See previous response provided for same/similar comment.</p> <p>See previous response provided for same/similar comment.</p> <p>See previous response provided for same/similar comment.</p>
1/8/2016	Ambulance Association of Orange County	Ambulance Association of Orange County	<p>Attachment #5 Comment 1 Pages 3-6</p> <p>Comment 2 Pages 6-8 Sections III.c., H.10., E.4., E.5.,E.11, Section IV.D, Section VI.E., Section VII.D.4 and VII.D.6</p> <p>Comment 3 Page 8</p> <p>Attachment #5 pages 16-22 Comments1, 2 & 3</p>	<p>See previous response provided for same/similar comment.</p> <p>See previous response provided for same/similar comment.</p> <p>See previous response provided for same/similar comment.</p> <p>See previous response provided for same/similar comment.</p>

1/8/2016	Bill Weston	Care Ambulance	Attachment #6 Comment page 1 paragraph 1 and 2. Page 1-3 Section III.c., H.10., E.4., E.5., E.11., Section IV.D., IV.H. Section VI.D. and E., Section VII.D.4 and D.6.	See previous response provided for same/similar comment. See previous response provided for same/similar comment.
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OCEMS Policy #720.50- Ground Ambulance Vehicle Inspection

Date	Contact	Organization	Comment	OCEMS Response
1/4/2016	Robert Williams	TES/Training Educational Services	720.50 III. A. Since the CHP, California Highway Patrol, is the regulatory agency for ambulances' this statement needs to be in line with state regulations and the authority of the LEMSA. III. A The designee of the Medical Director should be more specific. III. D. If a service provider removes a Orange County permitted ambulance from service for more than 10 day's they must surrender the vehicle's decal to the EMS agency. Furthermore when a unit is taken out of service for major repairs the EMS Agency requires a 'new' CHP inspection of that vehicle prior to it going back into service in	See previous response provided for same/similar comment. Received. The designee is a person who has been selected or designated to carry out a duty or role. Received. No comment

			<p>Orange County.</p> <p>VI. (Point of Clarification) Are all of the personnel doing ambulance inspections trained to look for the same issues, or how does the agency maintain consistency from one inspector to the next?</p> <p>VI. D We request that the within 24 hours be deleted. The staff should be able to do paperwork and issue a permit on site. What if the inspector misplaces or even loses an inspection form? The other option, is to give the provider a copy of the inspection form showing that the specific vehicle passed and the ambulance can operate with that receipt acting as a temporary decal.</p> <p>VII. B 1 please insert, ...corrected and the ambulance is re-inspected by OCEMS.</p> <p>VII. B 1 (Please add) This ambulance must be put out of service until the time that it passes inspection.</p> <p>VII. C 1. With the suggested changes, that makes this redundant and it should be removed.</p>	<p>Received. OCEMS staff undergo orientation and training. OCEMS policy and procedures established standards for inspections.</p> <p>See previous response provided for same/similar comment.</p> <p>Received. Current language requires correction and re-inspection.</p> <p>Received. Criteria for non-compliance correction addressed in section VII.D.</p> <p>Received. No change, section addresses inspections other than initial or renewal inspections</p>
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			<p>VII. D 1 Change Type to Violation type 1,2,3, etc.</p> <p>VII. D 1. Please add, and must be operated with visible out of service labels.</p> <p>VII. D 2; Type II: this contradicts VII B1.</p> <p>All of these changes have been reviewed by Dana Risher EMT-P TES Clinical coordinator.</p>	<p>Received.</p> <p>Received. Ambulance vehicles may operate in more than one county which would preclude OCEMS from requiring out of service labels.</p> <p>Received. Language clarified in Section VII.D. and Section VII B.</p> <p>Received.</p>
1/7/16	Chad Druten	Ambulance Association of Orange County	Please reference the uploaded attachment, a letter prepared for, and submitted on behalf of the Ambulance Association of Orange County that discusses #720.50 Ambulance Rules and Regulations - Ground Ambulance Vehicle Inspection.	Received.
1/7/16	Chad Druten	Ambulance Association of Orange County	ATTACHMENT #2 Comment 1 Page 3	<p>Authority to conduct ambulance vehicle inspections is under the following authorities:</p> <p>Sec. 4-9-14. - Rules and regulations.</p> <ul style="list-style-type: none"> • <i>“The Health Officer or the Fire Chief or their designee(s) may inspect the records, facilities, transportation units, equipment and method of operation of each licensee whenever necessary and, by the Health Officer, at least annually.”</i>

				<p>Sec. 4-9-8(a) - Rules and regulations.</p> <ul style="list-style-type: none"> • <i>“The health officer may suspend or revoke a license for failure by the licensee to comply, and maintain compliance with, or for the violation of, any applicable provisions, standards or requirements of State law or regulation, of this Division, or of any regulations promulgated hereunder”</i> <p>Health & Safety Code</p> <p>§1797.204 EMS System Responsibilities: <i>The local EMS agency shall plan, implement, and evaluate an emergency medical services system, in accordance with the provisions of this part, consisting of an organized pattern of readiness and response services based on public and private agreements and operational procedures.</i></p> <p>§1797.220: Local Medical Control Policies, Procedures: <i>The local EMS agency, using state minimum standards, shall establish policies and procedures approved by the medical director of the local EMS agency to assure medical control of the EMS system. The policies and procedures approved by the medical director may require basic life support emergency medical transportation services to meet any medical control requirements including dispatch, patient destination policies, patient care guidelines, and quality assurance requirements.</i></p> <p>§1797.222 Adoption of Local Ordinances for Patient Transport: <i>A county, upon the recommendation of its local EMS agency, may adopt ordinances governing the transport of a patient who is receiving care in the field from</i></p>
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				<p><i>prehospital emergency medical personnel, when the patient meets specific criteria for trauma, burn, or pediatric centers adopted by the local EMS agency. The ordinances shall, to the extent possible, ensure that individual patients receive appropriate medical care while protecting the interests of the community at large by making maximum use of available emergency medical care resources.</i></p> <p>1798.0 (a) <i>The medical direction and management of an emergency medical services system shall be under the medical control of the medical director of the local EMS agency. This medical control shall be maintained in accordance with standards for medical control established by the authority.</i></p> <p>California Vehicle Code Division 2. Chapter 2.5 Article 2. Section 2512 (c) <i>“This section shall not preclude the adoption of more restrictive regulations by local authorities.....”</i></p> <p>California Code of Regulations Title XXII, EMS Quality Improvement Plan</p> <p>§ 100400. Emergency Medical Services System Quality Improvement Program. <i>“Emergency Medical Services System Quality Improvement Program” or EMS QI Program means methods of evaluation that are composed of structure, process, and outcome evaluations which focus on improvement efforts to identify root causes of problems, intervene to reduce or eliminate these causes, and take steps to correct the process and recognize excellence in performance and delivery of care.</i></p>
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				<p><u>§ 100402. EMS Service Provider Responsibilities.</u></p> <p><i>An EMS service provider shall:</i></p> <p><i>(1) Develop and implement, in cooperation with other EMS system participants, a provider-specific written EMS QI program, as defined in Section 100400 of this Chapter. Such programs shall include indicators, as defined in Section III and Appendix E of the Emergency Medical Services System Quality Improvement Program Model Guidelines, which address, but are not limited to, the following:</i></p> <p><i>(A) Personnel</i></p> <p><i>(B) Equipment and Supplies</i></p> <p><i>(C) Documentation</i></p> <p><i>(D) Clinical Care and Patient Outcome</i></p> <p><i>(E) Skills Maintenance/Competency</i></p> <p><i>(F) Transportation/Facilities</i></p> <p><i>(G) Public Education and Prevention</i></p> <p><i>(H) Risk Management</i></p> <p><u>OCEMS Policy #385.00 Continuous Quality Improvement Plan</u></p> <p><i>OCEMS shall maintain a system-wide continuous quality improvement (CQI) program to monitor review, evaluate, and improve the delivery of prehospital and trauma care services. The following shall involve all system participants and shall include but not be limited to, the following activities: Section IV.A.2.3.5.; B.1: OCEMS Concurrent Activities: Participate in ongoing audits and studies with base hospitals and provider agencies including committee discussions, site visits, field observations and ongoing monitoring.</i></p>
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			<p>Comment 2 Pages 3-4</p> <p>Comment 3 Page 4</p> <p>Comment 4 Pages 4-6</p>	<p>See previous response provided for same/similar comment.</p> <p>Received. Deleted “within 24 hours” added “at the time...”</p> <p>Received. <u>County of Orange Ordinance 3517 Section 4-9-8 (a)</u> related to Ambulance Service Provider Licenses. OCEMS Policy 720.50 updated to “Ground Ambulance Vehicle Inspections and Permits” to distinguish Ambulance Service Provider License from Ambulance Vehicle Permit. Language clarified in Sections VII.A, B., C. & D. to ensure consistency in application of expectations.</p>
1/8/2016	Jim Karras	AmeriCare Ambulance Service	<p>Please see the attached public comment offered by AmeriCare regarding the draft revisions to OCEMS Policy No. 720.50. We believe certain provisions set forth in draft Policy No. 720.50 are duplicative of items under the jurisdiction of the California Highway Patrol and/or that OCEMS may not have such authority to inspect such items that are outside of the scope of authority granted to OCEMS under Ambulance Ordinance No. 3517, and therefore presumably not within the scope of authority for OCEMS to inspect. We believe the AAOC is providing comment with respect to this subject matter, so we will not offer additional comment but AmeriCare does hereby affirm that we agree with and support AAOC's</p>	<p>See previous response provided for same/similar comment.</p>

			<p>positions as presented by its legal counsel related to this subject matter in their public comments pursuant to this comment period opportunity.</p> <p>Specifically, we also offer the following comments of various sections of Policy</p> <p>720.50:  AmeriCare disagrees with the amendment to Section VI.D. This amendment would change the provision of a copy of the inspection documentation to the ambulance service operator or his/her/its representative from immediately to within 24 hours. An ambulance provider cannot wait 24 hours on a non-compliance matter as we need to determine the level of non-compliance and if we need to remove the vehicle from service immediately. Therefore, AmeriCare requests that this amendment be withdrawn.</p> <p>OCEMS should also delete proposed section VII.C because it conflicts with Orange County Ordinances section 4-9-8 with respect to suspension or revocation of licenses. The application of that proposed section VII.C would result in either a revocation or suspension of an ambulance's license that is subject to Orange County Ordinance section 4-9-8. However, any such suspension or revocation must provide sufficient notice and hearing prior to the revocation or suspension.</p>	<p>See previous response provided for same/similar comment.</p> <p>See previous response provided for same/similar comment.</p>
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			<p>In other words, upon a finding of non-compliance, OCEMS could not apply proposed section VII.C until after notice and a hearing. Since Orange County Ordinances already establish sufficient due process protections around the suspension and revocation of licenses and because Orange County Ordinance section 4-9-8(c) allows OCEMS to withdraw a suspension or revocation based on a finding that the ambulance is in compliance, AmeriCare requests that section VII.C. be deleted. â€¢</p> <p>AmeriCare also requests an amendment of proposed section VII.B to allow for notice and a hearing following the procedure in section 4-9-8 prior to refusing to grant a license due to any alleged non-compliance. â€¢</p> <p>Section VII.D classifies non-compliance with requirements into three levels: Type 1, Type II and Type III. While these Types are not defined, we presume that Type III are for less serious instances of non-compliance while Type I are for the most egregious non-compliance. A provider receiving a Type III non-compliance would be required to submission of documentation of the correction of the non-compliance, but would not require a re-inspection. However, proposed sections VII.A, VII.B, and VII.C state that all items of non-compliance may affect a provider's license until "corrected and re-</p>	<p>See previous response provided for same/similar comment.</p> <p>See previous response provided for same/similar comment.</p>
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			<p>inspected by OCEMS." This is confusing as providers receiving a Type III non-compliance are not required to undergo re-inspection. It is thus unclear whether Type III non-compliance is not subject to the licensure revocation / suspension / denial in proposed sections VII.A, VII.B, and VII.C or if they are subject to the licensure revocation/suspension/denial, how the licensure action will come to an end as there is no re-inspection. AmeriCare believes that such licensure action should only apply to Type I and II non-compliance as Type III non-compliance issues are relatively minor and easily remedied. Therefore, AmeriCare requests that sections VII.A, VII.B and VII.C (if not deleted) be amended to exclude Type III non-compliance. AmeriCare appreciates this opportunity to share our comments and we thank OCEMS for its consideration of such comments.</p>	
1/8/16	Chad Druten	Emergency Ambulance Service, Inc.	<p>We suggest that Section V. B. 2 not be removed from the policy, but rather be renumbered as V. B. 1 and revised to read "OCEMS shall not inspect for those items required by Title 13, Division 2, Chapter 5, Article 1, sections 1103 and 1103.2."</p>	<p>Received. Language revised to: OCEMS ambulance inspections shall not duplicate Vehicle Code and California Highway Patrol (CHP) regulatory inspections performed by CHP. Ambulances in possession of a valid and current California Highway Patrol ambulance inspection report shall be deemed in compliance with Vehicle Code and regulations adopted by the California Highway Patrol Commissioner.</p> <ol style="list-style-type: none"> 1. OCEMS may perform its inspections in

			<p>Section VI. D. says that "OCEMS shall provide a copy of the inspection documentation to the ambulance service operator or ambulance service operator's representative within 24 hours at the time of inspection." An ambulance provider cannot wait 24 hours on a non-compliance matter, as we need to determine the level of non-compliance and if we need to remove the vehicle from service immediately. We request that the amendment be retracted. If not, what is the Agency's recommendation that a provider do in the interim 24 hour period while awaiting the results?</p>	<p>conjunction with inspections performed by the CHP.</p> <p>See previous response provided for same/similar comment.</p>
1/8/16	Jonathan Schaeffer	Liberty Ambulance	<p>While Liberty Ambulance appreciates the efforts of the EMS Agency to protect the public and support effective delivery of emergency services, we support the position of the Orange County Ambulance Association in the belief that this matter is addressed at the state level by the CA Highway Patrol regulations and should remain so.</p>	Received.
1/8/2016	Kay Kearney	Shoreline Ambulance	Attachment #3 pages 3-5	

		Company, LLC	Section IV C.1 Section VI.d Section VII d.1, d.2, d.3	See previous response provided for same/similar comment. See previous response provided for same/similar comment. See previous response provided for same/similar comment.
1/8/2016	Kay Kearney	AmbuServe Ambulance	Attachment #4 pages 3-4 Section IV C.1 Section VI.d Section VII d.1, d.2, d.3	See previous response provided for same/similar comment. See previous response provided for same/similar comment. See previous response provided for same/similar comment.
1/8/2016	Ambulance Association of Orange County	Ambulance Association of Orange County	Attachment #5 Comment 4 pages 8-9 Comment 5 pages 9-10 Comment 6 page 10 Attachment #5 pages 27-32 Comments 1, 2, 3 & 4	See previous response provided for same/similar comment. See previous response provided for same/similar comment. See previous response provided for same/similar comment. Submission Duplicated within same attachment - See previous response provided for same/similar

				comment.
1/8/2016	Bill Weston	Care Ambulance	Attachment #7 Comment on Section VI.D. Page 1 Comment on Section VII.D. Pages 1-2	See previous response provided for same/similar comment. See previous response provided for same/similar comment.

OCEMS Policy #720.60- Ground Ambulance Provider Policies, Procedures and Documentation

Date	Contact	Organization	Comment	OCEMS Response
1/5/2016	Robert Williams	TES/Training Educational Services	720.60 III A 1: (Point of clarification) what are the counties standards for an approved OCEMS approved driver training program? CEVO III, EVOC, a CHP driving program? What requirements have to be met? Who is approved to teach said course? What are the guidelines to approve a driver's training program? III A 5: (Point of clarification) we, (TES), feel the language needs to be cleaned up. It's not clear. 7 and ii. (Point of clarification) what is an approved equivalent?	Received. Providers submit ambulance driver training programs to OCEMS for approval during the ambulance service provider application process. Received. Received. Remove "or approved equivalent"

			<p>B. c i. (Point of clarification) is near real-time 30 minutes, 60 minutes, the next day?</p> <p>B c ii. (Point of clarification) if the facility isn't able to accept a electronically generated PCR, does this mean the crew has to also write a PCR? What are the legal concerns if the written PCR doesn't match the handwritten one?</p> <p>B e. (Point of Clarification) This section is not clear.</p> <p>C 1 f please remove the (s's) after EMT, Paramedic, and RN.</p> <p>C h TES believes that this section should also indicate how often the provider is required to update vehicle status in a 24 hour period.</p> <p>D Operations: b. (point of clarification) an internal disaster? A countywide disaster? A state or Federal disaster?</p>	<p>Received. Near real time is "as soon as technologically feasible."</p> <p>Received. Policy currently states "Receiving facilities without OC-MEDS access shall be provided with a verbal report and a company contact from which the receiving personnel can request a copy of the Prehospital care report."</p> <p>Received.</p> <p>Received. policy updated</p> <p>Received.</p> <p>Received.</p>
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			<p>g. Remove 'Companies approved before January 1, 2014', etc.</p>	<p>Received. No change, current providers have until January 1, 2017 to meet requirement.</p>
			<p>g. Add ...five years of ambulance operations supervisory experience in EMS non-emergency transportation or 911 transportation.</p>	<p>Received. No change</p>
			<p>l Add...'professional EMS style uniform; a collar shirt with the company's name and employee name first initial and last name (this is for safety), company patch or logo on both shoulder's, (no badges...safety issue). Standard uniform pants and slip resistant steel toed boots in good condition. (no tears or rips to the top of the boot, and no worn soles). All other outer wear must be company issued and have reflective tape on them for employee visibility. Any head gear must be clean and professional with company logo on the front and employee last name on rear. Supervisory personnel must adhere to these same standards.</p>	<p>Received. No change</p>
			<p>j. Furthermore the company policy needs to ensure that drug and alcohol testing will be done randomly for all OCEMS accredited EMT's and Paramedics' between January 1 and December 31 as long as they are employed including any employee working on or in an OCEMS decaled ambulance. In</p>	<p>Received. No change</p>

			<p>case of any accident injury or non injury drug testing will be conducted with results being reported to the EMS Agency.</p> <p>l. TES would like to see the qualifications of anyone working on a ambulance be ASE certified, Diesel certified, and has training and certification for the ambulance they're working on. Ie... not all mechanics are trained to work on sprinter type ambulances. Furthermore we'd like to see a requirement for all mechanics to receive continuing education on a yearly basis, as well as companies with in house mechanics following OSHA guidelines on hours that mechanics can work per day.</p> <p>TES would like a policy requiring company participation in sub committees to be returned to the regulations for a company to be licensed in this county. (If you have the same, you'll get the same; but if you introduce new blood to the community then new ideas will be presented and growth will occur. If not the same stale recycled ideas will continue to rule the day).</p> <p>m. (Spelling correction) blood born to bloodborne.</p> <p>q. the EMS agency will be notified within 24 hours via e-mail or fax only. (The agency will</p>	<p>Received. No change</p> <p>Received. No change</p> <p>Received. Policy updated</p> <p>Received. No change</p>
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			<p>need to provide a recipient for all e-mails and a fax number).</p> <p>r. (Point of clarification) Should r actually be iii?</p> <p>All of these changes have been reviewed by Dana Risher EMT-P TES Clinical coordinator.</p>	<p>Received.</p> <p>Received.</p>
1/7/2016	Chad Druten	Ambulance Association of Orange County	No changes have been requested by the members of the Ambulance Association of Orange County.	Received.
1/8/16	Jim Karras	AmeriCare Ambulance Service	Please see the attached public comment offered by AmeriCare regarding the draft	

			<p>revisions to OCEMS Policy No. 720.60.</p> <p>We request that the text in Section C.1.e. be amended to read: "All dispatchers shall, at a minimum, be certified/licensed as California EMT's, paramedics or RNs, or have a National Association of Emergency Medical Dispatchers (NAEMD), Emergency Medical Dispatch (EMD) or Emergency Telecommunicator Course (ETC) certification, or approved equivalent. All dispatchers shall maintain CPR certification through AHA or American Red Cross within six (6) month of appointment to the position of dispatcher." This will allow ambulance providers to provide this specialized training to its staff which is not readily available on an ongoing basis. The revised wording we are requesting is consistent with a similar ambulance service dispatch personnel policy requirement adopted by the Los Angeles County EMS Agency and already in place in that neighboring jurisdiction without adverse effect to the public safety or welfare. AmeriCare appreciates this opportunity to share our comments and we thank OCEMS for its consideration of such comments.</p>	<p>Received. No change</p>
1/8/16	Chad Druten	Emergency Ambulance Service, Inc.	No comments.	Received.
1/8/16	Jonathan Schaeffer	Liberty Ambulance	While Liberty Ambulance appreciates the efforts of the EMS Agency to protect the	Received.

			public and support effective delivery of emergency services, we support the position of the Orange County Ambulance Association in the belief that this matter is addressed at the state level by the CA Highway Patrol regulations and should remain so.	
1/8/2016	Kay Kearney	Shoreline Ambulance Company, LLC	Attachment #3 Page 5	Received.
1/8/2016	Kay Kearney	AmbuServe Ambulance	Attachment #4 Page 4	Received.

OCEMS Policy #720.70- Ground Ambulance Communication Equipment

Date	Contact	Organization	Comment	OCEMS Response
1/5/2016	Robert Williams	TES/Training Educational Services	720.70 II A. Change the word 'shall' to must. II E. Spell out 'IC' II E. Remove the word 'they' in the last sentence.	Received. No change Received. Policy updated Received. No change

			<p>IV A. Orange County EMS Agency will conduct random ground ambulance MED-9 communication equipment tests. Companies will be selected on a random basis via lottery to determine companies and vehicles to be tested. (all tests will be unannounced).</p> <p>IV B. All OCEMS licensed ground ambulance providers shall participate in the random MED-9 radio test as determined by lottery and conducted by OCEMS.</p> <p>IV D. Each ambulance that does not meet the compliance standards for the MED-9 radio check conducted by OCEMS will be required to have the vehicle radio or base station radio re-checked by OCC (Orange County Communications), at the ambulance provider's expense. Non-compliance is defined as failing to respond to two random radio checks in one 90 day period.</p> <p>V. A. 1 DELETE</p> <p>V .A. 2 . DELETE</p> <p>V. B. 1: Each ambulance provider is responsible that all company Med-9 radios are on continuously when the unit is in operation.</p>	<p>Received. No change. The standards for Med-9 communication equipment testing meet the current objectives to ensure Med-9 radio functionality.</p> <p>See previous response provided for same/similar comment.</p> <p>See previous response provided for same/similar comment.</p> <p>See previous response provided for same/similar comment.</p> <p>See previous response provided for same/similar comment.</p> <p>See previous response provided for same/similar comment.</p>
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			<p>V. B. 2: Each ambulance provider will supply OCEMS with a list of current ambulance unit numbers daily , (via e-mail by 0700 hours) for all in service ambulances on that day. Ambulance units will use their ambulance provider name and unit number to identify themselves on MED-9 when conducting the radio test with OCEMS.</p> <p>V. B. 3: DELETE</p> <p>V. B. 4: DELETE</p> <p>V. C. 2: DELETE</p> <p>V. D. 1: ...' random ambulance tests'.</p> <p>VI. G All OCEMS approved 911 transportation units must have an operating 800 MHz radio with trained personnel. Any unit without an 800 MHz radio must be put out of service for 911 purposes only.</p> <p>All of these changes have been reviewed by Dana Risher EMT-P TES Clinical coordinator.</p>	<p>See previous response provided for same/similar comment.</p> <p>See previous response provided for same/similar comment.</p> <p>See previous response provided for same/similar comment.</p> <p>See previous response provided for same/similar comment.</p> <p>See previous response provided for same/similar comment.</p> <p>Received. No change</p> <p>Received.</p>
1/7/2016	Chad Druten	Ambulance Association of Orange County	No changes have been requested by the members of the Ambulance Association of Orange County.	Received.
1/7/2016	Chad Druten	Emergency Ambulance	No comments.	Received.

		Service, Inc.		
1/8/2016	Jonathan Schaeffer	Liberty Ambulance	While Liberty Ambulance appreciates the efforts of the EMS Agency to protect the public and support effective delivery of emergency services, we support the position of the Orange County Ambulance Association in the belief that this matter is addressed at the state level by the CA Highway Patrol regulations and should remain so.	Received.
1/8/2016	Kay Kearney	Shoreline Ambulance Company, LLC	Attachment #3 Page 5	Received.
1/8/2016	Kay Kearney	AmbuServe Ambulance	Attachment #4 Page 4	Received.

OCEMS Policy #330.70- Paramedic Assessment Unit (PAU)

Date	Contact	Organization	Comment	OCEMS Response
1/7/16	Chad Druten	Ambulance Association of Orange County	No changes have been requested by the members of the Ambulance Association of Orange County.	Received.
1/8/16	Chad Druten	Emergency Ambulance Service, Inc	No comments.	Received.
1/8/16	Jonathan Schaeffer	Liberty Ambulance	While Liberty Ambulance appreciates the efforts of the EMS Agency to protect the public and support effective delivery of emergency services, we support the position of the Orange County Ambulance Association in this matter.	Received.

OCEMS Policy #xxx.xx (new)- Pediatric Emergency Receiving Center (PERC)

Date	Contact	Organization	Comment	OCEMS Response
1/7/16	Chad Druten	Ambulance Association of Orange County	No changes have been requested by the members of the Ambulance Association of Orange County.	Received.
1/8/16	Chad Druten	Emergency Ambulance Service, Inc	No comments.	Received.
1/8/16	Jonathan Shaeffer	Liberty Ambulance	While Liberty Ambulance appreciates the efforts of the EMS Agency to protect the public and support effective delivery of emergency services, we support the position of the Orange County Ambulance Association in this matter.	Received.

OCEMS Policy #310.10- Determination of Transport to Appropriate Facility

Date	Contact	Organization	Comment	OCEMS Response
11/20/2015	API Weinert	Laguna Beach Fire Department	Under II. Application you now say that besides the Pt, a caretaker or law enforcement officer can consider destination. But here: IV. CRITERIA: A. A BLS or ALS transported patient not expressing a facility preference (section IV) shall be transported from the scene of the incident to the closest (within the shortest transport time) appropriate hospital showing open on ReddiNet® you do not also say caretaker/PD.	Received. Policy revised accordingly.
12/22/2015	Virg Narbutas	Hospital Association of Southern California	Attachment #9	Received. A revised policy 310.10 is being released for a

				second public comment phase
1/7/2016	Chad Druten	Ambulance Association of Orange County	<p>310.10 - Determination of Transport to an Appropriate Facility The ambulance transport of persons detained on 5150 Welfare and Institutions Code ("WIC") holds are increasing and EMTs are being asked to transport these detained persons longer distances. In the past, persons detained on a 5150 WIC hold were regularly transported to the closest hospital emergency department. The practice is shifting to transporting them to specific hospitals. This is being done to allow detaining law enforcement officers to leave detained persons in the custody of specific hospital security staff versus remaining with the detained person until they are medically cleared. This presents challenges to ambulance companies and the EMTs employed by them, since they have no legal authority to detain these persons against their will. While some law enforcement agencies do encourage their officers to follow the ambulance in their patrol vehicle, this is not always the case. Equally challenging is that many of these detained persons have no identifiable medical complaint that warrants transportation by an emergency ambulance. As such, the transport by ambulance is not a covered benefit by many insurance companies, including Medicare and/or Medi-Cal. Ambulance transportation is only a covered Medicare / Medi-Cal benefit when</p>	<p>Received.</p> <p>The following is an excerpt from California Welfare and Institutions Code, Section 5150: <i>“When a person, as a result of a mental health disorder, is a danger to others, or to himself or herself, or gravely disabled, a peace officer, professional person in charge of a facility designated by the county for evaluation and treatment, member of the attending staff, as defined by regulation, of a facility designated by the county for evaluation and treatment, designated members of a mobile crisis team, or professional person designated by the county may, upon probable cause, take, or cause to be taken, the person into custody for a period of up to 72 hours for assessment, evaluation, and crisis intervention, or placement for evaluation and treatment in a facility designated by the county for evaluation and treatment and approved by the State Department of Health Care Services.”</i></p> <p>Considering the above, the following can be said: 1. The California Code requires “placement for evaluation in a facility designated by the county for evaluation and treatment”; about ¼ of acute care hospitals in Orange County have requested such designation and are “designated” facilities. If a patient is taken to the closest receiving facility and that facility is not designated, the 5150 is no longer valid.</p>

			<p>the use of any other method of transportation is contraindicated due to the beneficiary's condition. Most persons being detained on a 5150 WIC hold, can be safely transported by a law enforcement officer using transportation methods other than an ambulance. The singular need for patient restraint is therefore not a justification for ambulance utilization. While we certainly understand that most persons experiencing a behavioral health episode that requires their detainment under a 5150 WIC hold are not criminals and all action should be taken to ensure their dignity during any transport, we are not confident that transport by EMTs in an emergency ambulance is always the appropriate solution.</p>	<p>To address the second concern: 2. Patients that are being transported for acute behavioral health problems under a 5150 are most often transported by contracted 9-1-1 emergency transport providers or ambulance providers contracted with Orange County Behavioral Health. As such, those contracted ambulance companies should honor the terms of the specific contracts. Public 9-1-1 ambulance providers are considered "public safety" providers and are performing transport under public safety requirements which generally require integration of law and safety.</p>
1/8/16	Jim Karras	AmeriCare Ambulance Service	<p>AmeriCare policy comment on OCEMS Policy No.310.10: Please see the attached public comment offered by AmeriCare regarding the draft revisions to OCEMS Policy No. 310.10. We are concerned that text in Section V requires that patient or caregiver requests REQUIRE the ambulance operator to honor requests beyond the nearest appropriate receiving facility without respect to reimbursement provisions for such service beyond the nearest appropriate receiving facility. In fact, such wording is inconsistent with 13 CCR Â§ 1105 (c) which reads: "Destination Restriction. In the absence of decisive factors to the contrary, an ambulance driver shall transport emergency</p>	<p>Received. In reply, OCEMS has, for years, considered that the most appropriate emergency health facility for a patient who has established medical records and medical care at a particular facility is that particular facility. This is also in line with Federal law as required by the Patient Protection and Affordable Care Act.</p>

			<p>patients to the most accessible emergency medical facility equipped, staffed, and prepared to administer care appropriate to the needs of the patients." Therefore we request that first sentence in Section V. be amended to read: "ERC destination preference expressed by a patient or a patient's legal guardian or other persons lawfully authorized to make health care decisions for the patient may be honored unless:" AmeriCare appreciates this opportunity to share our comments and we thank OCEMS for its consideration of such comments.</p>	
1/8/16	Chad Druten	Emergency Ambulance Service, Inc	<p>Please consider revising Policy 310.10. We are concerned because the text in Section V requires that when a patient or caregiver requests transport other than to the closest most appropriate facility, the ambulance provider has to honor those requests within a 20 minute drive time. This is without respect to the reimbursement provisions of Medicare and Medi-Cal, and many private insurers. They will only cover ambulance transportation to the nearest appropriate medical facility that's able to give a patient the care they need. Payment is almost always based on the charge to the closest appropriate facility. If no local facilities are able to give a patient the care they need, only then will insurers pay for transportation to the nearest facility outside the area where the patient is picked up from that's able to</p>	<p>Received. As noted in the reply above to a similar comment, OCEMS, among other types of facilities, defines an appropriate facility as one with which a patient has an established relationship in the form of a personal physician on staff, prior medical records, or insurance program. Other types of appropriate facilities include those with specialty services as identified in OCEMS policies and procedures as well as specific trauma, cardiovascular, and stroke-neurology centers. In addition a designated mental health emergency receiving center is appropriate for 5150 patients as described above.</p>

			give them necessary care.	
1/8/16	Jonathan Schaeffer	Liberty Ambulance	While Liberty Ambulance appreciates the efforts of the EMS Agency to protect the public and support effective delivery of emergency services, we support the position of the Orange County Ambulance Association in this matter.	See previous response provided for same/similar comment.
1/8/2016	Kay Kearney	Shoreline Ambulance Company, LLC	ATTACHMENT #3	See previous response provided for same/similar comment.
1/8/2016	Kay Kearney	AmbuServe Ambulance	ATTACHMENT #4	See previous response provided for same/similar comment.
1/8/2016	Bill Weston	Care Ambulance	ATTACHMENT #8	See previous response provided for same/similar comment.