

	18-0104	Reduction or Closure of Prehospital Emergency Medical Services
Nor-Cal EMS Policy & Procedure Manual	Administration	
Effective Date: 10/01/2020	Next Revision: 10/01/2023	
Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR	SIGNATURE ON FILE	

Authority

Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9.

Purpose

To establish the requirements and process for closure or reduction of prehospital medical services within the Nor-Cal EMS region.

Definition

An Advanced Life Support (ALS) provider is defined as any prehospital entity (public, private, or volunteer) offering ground, air, or any other emergency medical care under the policies and protocols set by Nor-Cal EMS.

Policy

Emergency Medical Services (EMS) Provider Responsibility

1. Any ALS providers planning to reduce, or close emergency medical services must advise Nor-Cal EMS at a minimum of sixty (60) days prior to implementation.
2. A requesting ALS provider must submit written notification to Nor-Cal EMS administration, including the following information:
 - A. The effective date of reduction or closure.
 - B. The reason(s) for proposed change(s).
 - C. Description of the affected community and surrounding facilities.
 - D. Average annual call volume of requesting provider.
 - E. A public health impact summary with pre/post comparison resulting from diminution or loss of EMS resources.

Nor-Cal EMS Responsibility

1. Upon receipt of written notification requesting the reduction or closure of prehospital emergency services, Nor-Cal EMS will promptly notify all affected EMS providers, agencies, and facilities accepting emergency patients of the change.
2. Nor-Cal EMS will additionally submit a written impact evaluation to the County Board of Supervisors, County Health Officer, Emergency Medical Care Committee (EMCC), and affected hospital(s) and other prehospital providers within forty-five (45) days of formal notification by an EMS provider. This evaluation will include the following considerations:
 - A. Geography of the region affected, including changes in response times due to proposed changes, and distance from the nearest facility offering care equate to those being reduced or removed.
 - B. Facilities, agencies, and other providers capacity to accept the burden of increased volume.
 - C. Comments and/or concerns gathered from the public and emergency service providers.
 - D. Potential compensatory strategies for the reduction or loss of prehospital EMS services.
 - E. The effective date of closure or reduction.