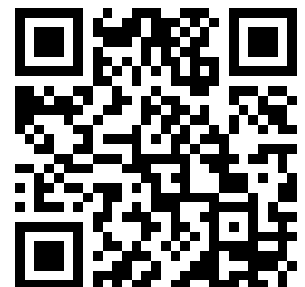


---

This is a reproduction of a library book that was digitized by Google as part of an ongoing effort to preserve the information in books and make it universally accessible.

Google<sup>TM</sup> books

<https://books.google.com>



# Emergency Medical Services (EMS)

## Coordination and Systems Improvement

ISSUE PAPER



U.S. DEPARTMENT OF TRANSPORTATION  
National Highway Traffic Safety Administration  
Traffic Safety Programs

Revised March 1980



## EMERGENCY MEDICAL SERVICES (EMS) COORDINATION AND SYSTEMS IMPROVEMENT

### Issue

The absence of State EMS program coordination and State EMS standards for training and equipment contributes to unnecessary suffering and even death to victims of automobile accidents and other medical emergencies. Improvement in existing EMS systems is essential if the goal of reducing pre-hospital medical emergency mortality and morbidity is to be attained.

### Discussion

**Coordination:** One intent of the Highway Safety Act of 1966 (amended) is to upgrade ambulance service nationwide by improving training, organization, and equipment. Certainly, administration is a vital link in the accomplishment of the objectives. Without administration the elements of the system will not be effectively brought to bear on the problem. To participate in the EMS program under the Highway Safety Act, States must develop a comprehensive plan which, among other things, identifies resources, deficiencies, area characteristics, and exhibits programmed implementation and standards achievement. Coordination of a statewide EMS program can best be accomplished through the use of State, Regional and Community EMS Advisory Councils. The role of these Councils is described as follows:

- The State EMS Advisory Council is the body of individuals appointed by the Governor with the advice and consent of the State Senate, organized and functioning to serve as the advisory body to the appropriate State agency in its administration of the statewide emergency medical services program.
- The Regional and Community EMS Advisory Council is a body or group of individuals, organized and functioning to serve as the policy-making body for its respective EMS entity.

**Trained Personnel:** Persons who provide emergency medical care following high-way crashes or other medical emergencies should be highly trained and skilled in both life-saving and life-sustaining techniques. To better enable them to carry out these responsibilities, the Department of Transportation --following through on a recommendation of the National Academy of Science's Committee on Emergency Medical Services -- has developed a series of training courses. These courses, divided into those relating to hands-on medical care and those providing a supporting function, include:

#### Hands-on Intervention

- o Emergency Medical Care - First Responder
- o Basic Training Program for Emergency Medical Techniques (Second Edition-1977)
- o Refresher Training Program the Basic EMT.

- o National Training Course for Emergency Medical Technician -- Paramedic
- o Crash Victim Extrication Training Course

WX  
215  
E526  
1980

#### Support Training and Material

- o Instructor Training
- o NEAR Monitor Training Program for CB Radio Emergency Monitors
- o EMS - Dispatcher Training Program
- o Training Program for Operation of Emergency Vehicles
- o EMS Program Administration Prototype Curriculum
- o Between Life and Death (film)
- o Highway Safety Program Manual Volume 11
  - Addendum I, NEAR Communications Manual
  - Addendum II, Citizens Band Communication Manual
  - Appendix P, Communication Planning
- o Emergency Action Guide for Selected Hazardous Materials
- o Motor Vehicle Trauma Slides (35 mm)
- o Patient Handling Manual

**Certification of Personnel:** States should adopt the practice of requiring that all personnel serving as ambulance attendants complete the DOT Basic EMT Training Course and pass the National certification. A system of recurrent evaluation and training should be established for continued certification. The National Registry examination can be used as a method of screening individuals who need further refresher training. Refresher training should include courses in emergency vehicle operation and crash victim extrication, as well as patient care. Emergency Medical Technicians serving as dispatchers should be required to complete the DOT Dispatcher Course prior to certification in this area. Only those personnel having met the above criteria should be authorized to wear the "Star of Life" patch on their uniforms.

**Communications:** The EMS communications system consists of two major elements: telephone and radio. Communications are required for EMS systems to permit: citizen access, mobilization of EMS resources, vehicle coordination, medical coordination, interface coordination, hospital security, and support of operational procedures.

- Telephone. The telephone will continue to be the primary means for entering the emergency medical services system. To be maximally effective, the system should be easily accessed. Therefore, a national emphasis has been placed on implementing an easily remembered universal emergency telephone number, "911." Full implementation of the "911" system is also expected to bring a marked increase in coordination among agencies providing emergency services.
- Radio. Radio telecommunication systems are distinguished by the frequency spectrum they employ. Public service agencies have long been assigned frequencies in the Very High Frequency (VHF) band



for operational communications. Initially, as the EMS System developed, a limited number of these VHF channels were designated for EMS communications. Because additional channels could not be provided in the VHF band for medical coordination, the Federal Communications Commission allocated a block of frequencies in the Ultra High Frequency (UHF) band for the exclusive use of the EMS system. To take advantage of the rapid growth in Citizen's Band (CB) radios in automobiles and trucks, the NHTSA sponsored the National Emergency Aid Radio (NEAR) program. This program promotes incident reporting in each State. These communications systems are more fully described in NHTSA's Communication Manuals and the Citizens Band Communication Manual.

**Ground Ambulances:** All ground ambulances should be built to conform with Federal Specification KKK-A-1822A, to insure that each vehicle is designed for the task it will perform. This specification is generally performance oriented, however, it also precisely defines the overall size, color, marking characteristics, and capabilities of ambulances used in Emergency Medical Services. The current list of essential ambulance equipment issued by the American College of Surgeons has been adopted as the standard for ambulances configured to meet Federal Specification KKK-A-1822A. In addition to this medical equipment, ambulances should carry an assortment of extrication tools unless the ambulance is escorted to every automobile accident by a rescue vehicle. The minimal tool list is contained in the Specification along with the essential equipment list.

Operators should work toward standardizing their vehicles and supplementing the list, as appropriate, based upon local conditions, requirements and levels of EMT competency. A vehicle to be considered satisfactorily equipped must have the equipment specified as well as two-way radio communications.

**Rescue Vehicles:** Often medical emergencies arise as a result of a motor vehicle accident, fire, explosion, building collapse, or cave-in. In such situations, specialized tools and equipment are needed to reach the victim(s) before medical care can begin. Frequently, these tools exceed those carried on ambulances in complexity and capability. Therefore, many political jurisdictions and volunteer organizations have vehicles specifically configured to carry emergency rescue tools and equipment. Rescue vehicles frequently respond with ambulances to motor vehicle accidents. At the scene of the emergency, rescue personnel relieve ambulance attendants of the extrication duties thus permitting the EMTs to devote full attention to the medical problems of the victim(s). Those rescue vehicles procured with approved funds must be manufactured in accordance with approved specifications.

### **State EMS Comprehensive Plans**

The Highway Safety Program Manual sets forth specific requirements covering the State Highway Safety Plan (HSP) for program implementation pursuant to 23 USC 402. It requires that highway safety problems be identified using accepted analytical processes and prioritized according to severity, impact, susceptibility to available countermeasures, as well as to resources of time, money, and personnel.



**ACCOMPANYING MATERIAL**





## MODEL LEGISLATION

*The law is the witness and external deposit of our moral life. It's history is the history of the moral development of the race.*

*— Oliver Wendell Holmes, Jr.*

### Section 1—Purpose

This Act establishes a comprehensive emergency medical services (EMS) program in the *(State agency)*. All responsibilities for this program shall be vested in the *(public official)* and such other officers, boards, agencies, organizations, entities, and commissions as shall be specified by law, rules, or regulations adopted pursuant to this Act.

This Act is to encourage and assist in the creation and operation of regional emergency medical services (EMS) entities, and to enable and assist providers of emergency medical services in the delivery of *(adequate) (appropriate) (effective) (quality)* emergency medical services for all the people of *(State)* and the provision of medical care during disaster situations.

### Section 2—Definitions

As used in this Act, or in rules and regulations promulgated pursuant to this Act:

*"Advanced life support"* shall mean an advanced level of pre-hospital and inter-hospital emergency care that includes basic life support functions (including cardiopulmonary resuscitation (CPR)), plus cardiac monitoring, cardiac defibrillation, telemetered electrocardiography, administration of antiarrhythmic agents, intravenous therapy, administration of specific medications, drugs, and solutions, use of adjunctive medical devices, trauma care, and other authorized techniques and procedures;

*"Advanced life support personnel"* shall mean persons other than physicians engaged in the provision of advanced life support, as defined and regulated by rules and regulations promulgated pursuant to this Act;

*"Ambulance"* shall mean any publicly or privately owned vehicle that is specifically designed, constructed or modified, and equipped, and is intended to be used for and is maintained or operated for the transportation upon the streets or highways of this State of persons who are sick, injured, wounded, or otherwise incapacitated or helpless.

*"Central communications system"* shall mean a radio and communications command and control center responsible for accepting calls from the public for emergency medical services, for dispatching emergency medical services personnel and vehicles, for radio coordination of emergency medical services vehicles and personnel, for coordination of medical communications between emergency medical services personnel and public safety agencies, for coordination and management of radio frequencies devoted to biomedical telemetry, and, where applicable, for hospital paging operations;

**"Consumer"** shall mean a resident of the State who is a recipient or potential recipient of the services provided by an emergency medical services system, who receives no direct or indirect personal, financial, or professional benefit as a result of association with health care or emergency services other than that generally shared by the public at large, and who is not otherwise considered a "provider" within the intent of this Act;

**"Disaster situation"** shall mean any condition or situation that could be described as "mass casualties," "major emergency," "natural disaster," or "national emergency;"

**"Emergency medical services"** shall mean the services utilized in responding to the perceived individual needs for immediate medical care in order to prevent loss of life or aggravation of physiological illness or injury;

**"Emergency medical technician—ambulance"** shall mean persons trained in emergency medical care in accordance with standards prescribed by this Act, or by rules and regulations pursuant to this Act, who provide emergency medical services in accord with their respective levels of training, which may range from basic life support to advanced life support;

**"Emergency medical technician—paramedic"** shall mean a person trained and authorized to provide advanced life support services;

**"Good faith"** shall mean (utilize adjudicated definition issued by highest State court);

**"Gross negligence"** shall mean (utilize adjudicated definition issued by highest State court);

**"Local government"** shall mean any county, city, (township, town, village) in this State;

**"Major emergencies"** shall mean any emergency events that cannot be resolved through the use of emergency resources that are locally available;

**"Mass casualties"** shall mean those emergency events that result in \_\_\_\_ or more persons being injured, incapacitated, made ill, or killed;

**"Medical community"** shall mean the aggregate physician and medical specialist resources located and available within a definable geographic area;

**"Medical control"** shall mean directions and advice provided from a centrally designated medical facility staffed by appropriate personnel, operating under medical supervision, supplying professional support through radio or telephonic communication for on-site and in-transit basic and advanced life support services given by field and satellite facility personnel;

**"Medical emergency"** shall mean an unforeseen event affecting an individual in such a manner that a need for immediate medical care (physiological or psychological) is created;

**"National emergencies"** shall mean any conditions that shall cause the President of the United States to declare a national emergency;

**"Natural disaster"** shall mean any natural condition or act of God that shall result in disorder, hazard, illness, injury, or death to large numbers of citizens, or that shall present a potential for such disorder, hazard, illness, injury, or death;

**"Patient"** shall mean an individual who as a result of illness or injury needs immediate medical attention, whose physical or mental condition is such that he/she is in imminent danger of loss of life or significant health impairment, or who may be otherwise incapacitated or helpless as a result of a physical or mental condition;

**"Person"** shall mean any person, firm, partnership, association, corporation, company, or group of individuals acting together for a common purpose or organization of any kind, including any government agency, other than an agency of the United States government;

**"Policy direction"** shall mean generalized guidance over goals, objectives, strategies, and financial matters, but shall not extend to routine administration and supervision of personnel;

**"Pre-hospital care"** shall mean those emergency medical services rendered to emergency patients out of the hospital setting, administered for analytic, stabilizing, or preventive purposes, precedent to and during transportation of such patients to emergency treatment facilities;

**"Provider"** shall mean a person or the spouse of a person who, as an individual or member of a corporation or organization, whether profit making or nonprofit, on a regular basis gives or offers for sale any supplies, equipment, professional or nonprofessional services, or

is capable of giving or offering for sale supplies, equipment, or services vital or incidental to the functions of an emergency medical services system;

"*Public safety personnel*" shall mean police officers, firefighters, communications and dispatch specialists, and other public employees charged with maintaining the public safety;

"*Region*" shall mean, to the greatest extent possible, a geographical area to be of sufficient size, population, and economic diversity so that an efficient and economically feasible emergency medical services system can be established within the boundaries of the said area, taking into consideration existing medical service patterns and health planning areas;

"*Regional EMS Advisory Council*" shall mean a body or group of individuals, organized and functioning in accordance with Section 5 of this Act, to serve as the policy-making body for its respective regional EMS entity;

"*Regional EMS delivery system*" shall mean a single entity either private or governmental, either profit making or nonprofit, which possesses the authority and responsibility to organize, direct, administer, provide, and finance all or most of the emergency medical services functions within the entirety of its designated region;

"*Regional EMS entity*" shall mean a single agency or organization, being a unit of local government, or a public entity administering a compact, a consortium or other regional arrangement, or any other public or nonprofit private entity, which shall be chartered or incorporated by the State, which shall have the capacity and authority to receive and disburse public funds, which shall be organized to accommodate a Regional EMS Advisory Council as its policy-making body, which shall comply with all applicable provisions of this Act, and which shall successfully apply to the (*State official*) for designation as a regional EMS entity;

"*State EMS Advisory Council*" shall mean the body of individuals appointed by the Governor with the advice and consent of the State Senate, organized and functioning in accordance with Section 4 of this Act, to serve as the advisory body to the (*State agency*) in its administration of the statewide emergency medical services program authorized by this Act;

"*Voluntary*" shall mean services provided entirely by volunteer personnel;

"*Volunteer personnel*" shall mean persons who provide services without expectation of remuneration, who do not receive payment for services rendered other than reimbursement for expenses, and who do not depend in any on the provision of such services for their livelihood.

### **Section 3—Authority of (State agency)**

- A. The (*State agency*) shall establish and maintain a program for the planning, development, improvement, expansion, and upgrading of emergency medical services throughout the State. The (*State agency*) shall consolidate all State functions relating to emergency medical services, both regulatory and developmental, under the auspices of this program.
- B. The (*public official*) shall, after consulting with the State Emergency Medical Services (EMS) Advisory Council, and with such local governments as may be involved, seek the establishment of statewide, regional, and local emergency medical services operations in conformance with the standards established by this Act and by standards, rules, and regulations promulgated pursuant thereto.
- C. The (*public official*) shall have full and complete responsibility for supervising and directing the (*State agency*) in its conduct of the program provided for by this Act.
- D. Pursuant to the authority of this Act, and of (*other applicable laws*), the (*State agency*) shall:
  - (1) Assist in the creation and operation of regional emergency medical services (EMS) entities for the effective and efficient planning, development, coordination, supervision, regulation, monitoring, and/or provision of emergency medical services for all citizens of the States;
  - (2) In cooperation with State and regional health planning agencies, define the boundaries

- of EMS regions and regional EMS delivery systems, to the extent that all areas of the State shall be within defined EMS regions or EMS delivery systems;
- (3) In consultation with the State EMS Advisory Council, develop a standardized planning format for regional EMS planning activities;
  - (4) Review, evaluate, and integrate all regional EMS plans, developed by the regional EMS entities pursuant to this Act, prepare a Statewide EMS Plan, to be completed no later than *(date)*, and publish the said Statewide EMS Plan for distribution to all concerned agencies, entities, and individuals throughout the State. The Statewide EMS Plan, as a minimum, shall contain:
    - (a) An inventory of emergency medical services resources available within the State for purposes of determining the need for additional services and the effectiveness of existing services;
    - (b) A statement of goals and specific and measurable objectives for delivery of emergency medical services to all citizens of the State;
    - (c) Methods to be used in achieving the stated objectives;
    - (d) A schedule for achievement of the stated objectives;
    - (e) A method for evaluating the stated objectives; and
    - (f) Estimated and itemized costs for achieving each of the stated objectives;
  - (5) Update and republish the Statewide (comprehensive) EMS Plan at least every \_\_\_\_ years;
  - (6) Develop regional EMS plans for designated EMS regions in the event that no approved regional plan is developed by a regional EMS entity created pursuant to the authority of the Act; provided, that the regional EMS plans thus developed shall conform to the format adopted pursuant to Section 3,D(3) of this Act;
  - (7) Use all reasonable and lawful means to ensure that all EMS regions and regional EMS delivery systems include an adequate number of health professionals, allied health professionals, and other health personnel, including ambulance personnel, with appropriate training and experience, to provide emergency medical services on a 24-hour basis within the service areas of the regions or systems;
  - (8) Promulgate and enforce minimum training standards, including certification requirements, for all personnel, whether volunteer or paid, who provide emergency medical services within the State, including public safety personnel; provided, that such training standards shall meet or exceed current standards adopted by the U.S. Department of Transportation and the U.S. Department of Health, Education, and Welfare;
  - (9) Consistent with Rules of the Federal Communications Commission, design, develop, implement, and coordinate central communications systems to join the personnel, facilities, and equipment of an EMS region or system in a manner that will, as a minimum, provide for medical control of pre-hospital care rendered by ambulance personnel, advanced life support personnel, or other allied health professionals;
  - (10) Promulgate and enforce standards, rules, and regulations that will ensure all citizens access to emergency medical services through use of either the universal emergency telephone number 911 or a single seven-digit number that is common to an entire region prior to *(date)*;
  - (11) Use all reasonable and lawful means to ensure that all EMS regions and regional EMS delivery systems include an adequate but appropriate number of necessary ground, air, and water ambulance vehicles and other transportation facilities to meet the individual characteristics of the service areas of the regions or systems;

- (12) Promulgate and enforce minimum standards, including inspection, operational, and licensing requirements, for all ambulance vehicles, whether operated by voluntary, commercial, or governmental agencies or organizations; provided, that such standards shall meet or exceed Federal specifications for emergency medical care vehicles (Federal Specification, Ambulance, Emergency Medical Care Vehicle, General Services Administration, KKK-A-1822, January 2, 1974, as amended) and the American College of Surgeons' current recommendations for ambulance equipment (entitled "Essential Equipment for Ambulances").
- (13) Promulgate and enforce minimum standards for transportation of both ambulatory and nonambulatory patients who do not need emergency care to appropriate destinations including health care, extended care, and rehabilitation facilities;
- (14) Use all reasonable and lawful means to ensure that emergency patients will in all cases be transported from the scene of the medical emergency to the nearest emergency treatment facility that possesses the structural equipment and staff resources to immediately attend to the particular patient's medical needs, with the understanding that in some cases it will be necessary to bypass the closest medical facility;
- (15) Use all reasonable and lawful means to ensure that emergency patients, where needed, will have access, including appropriate transportation, to specialized critical medical care units within the service areas of the regions or systems, or, if there are no such units or an inadequate number of them in such service areas, ensure that emergency patients, where needed, will have access to such units in neighboring areas if access is feasible in terms of time and distance;
- (16) Use all reasonable and lawful means to ensure that necessary emergency medical services are provided to all patients requiring such services without prior inquiry as to ability to pay;
- (17) Design, develop, implement, and coordinate systems that will ensure and provide for transfer of patients to facilities and programs that offer such follow-up care and rehabilitation as are necessary to effect the maximum recovery by the patient; provided, that such systems shall provide a method for ensuring that such transfers are consistent with accepted medical practice to serve the best interests of the patient and are not based on financial considerations alone;
- (18) Design, develop, implement, and coordinate a standardized emergency patient data collection system for use throughout the State that records and accumulates all relevant information concerning treatment and care of emergency patients, from initial entry into an EMS system to and including discharge from such system and that utilizes reporting, recording, and informational formats that are consistent with ensuing patient records used in follow-up care and rehabilitation of patients; provided, that all other provisions of applicable law regarding confidentiality shall be respected and preserved in the design, development, implementation, and coordination of the said standardized emergency patient data collection system;
- (19) Provide programs of public education and information for informing residents of and visitors to the State of the availability and proper use of emergency medical services, of the value and nature of programs to involve citizens in the administering of pre-hospital emergency care (including cardiopulmonary resuscitation (CPR)), and of the availability of training programs in emergency care for members of the general public;
- (20) Provide for ongoing or periodic comprehensive evaluation of the availability and quality of emergency medical services provided throughout the State, and report annually to the State EMS Advisory Council the content and conclusions of such comprehensive evaluation;

- (21) In cooperation with (*State agency with primary responsibility for disaster coordination*), develop, implement, and coordinate plans to ensure that emergency medical services will be provided at any time mass casualties, major emergencies, natural disasters, or national emergencies occur within the State or affect the people of the State;
- (22) In cooperation with appropriate agencies of all adjoining or neighboring States, develop, implement, and coordinate plans and arrangements that will ensure that all necessary emergency medical services, including transfers of patients, are provided without undue concern for State boundaries;
- (23) Where specifically authorized by an Act of the (*State Legislature*), and subject to the provisions of this Act and the Statewide EMS Plan, award grants and contracts to regional EMS entities for purposes of carrying out specific objectives delineated in regional EMS plans;
- (24) Within 45 days of their receipt, review and comment on all grant and contract applications for Federal, State, or private funds concerning emergency medical services or related activities, and forward those applications to appropriate agencies, organizations, or funding sources; provided, that an application not acted on by the (*State agency*) within 45 days shall be considered reviewed and favorably commented on.

#### **Section 4—State Emergency Medical Services (EMS) Advisory Council**

- A. Pursuant to Section 1 of this Act, there shall be a comprehensive emergency medical services (EMS) program. In the (*State agency*), all responsibility for this program shall be vested in the (*public official*) and such other officers, boards, agencies, organizations, entities, and commissions as shall be specified by law, rules, or regulations adopted pursuant to this Act.
- B. There shall be established with the (*State agency*) a State Emergency Medical Services (EMS) Advisory Council, composed of \_\_\_\_ members.
- C. Membership on the State EMS Advisory Council shall be by appointment of the Governor with the advice and consent of the State Senate.
- D. The State EMS Advisory Council shall include three (3) licensed practicing physicians with regular and frequent involvement in the provision of emergency care, and one representative from each of the following groups: (a) fire protection organizations; (b) law enforcement agencies; (c) hospitals; (d) ambulance service organization; (e) emergency care nurses; and (f) emergency medical technicians. There shall also be \_\_\_\_ members who are consumers, with at least one of said consumers to be appointed from Regional Emergency Medical Services (EMS) Councils established pursuant to Section 6 of this Act.
- E. State agencies and private, nonprofit service agencies may participate as non-voting exofficio members of the State EMS Advisory Council, subject to the discretion of the Chairperson of the said Council.
- F. At least one provider member of the State EMS Advisory Council shall be appointed from each Regional EMS Council. Provider members of the State EMS Advisory Council may be recommended to the Governor by their respective Regional EMS Councils, by provider groups, or both.
- G. Of the members first appointed to the State EMS Advisory Council by the Governor, \_\_\_\_ members shall be appointed for a term of two years, and \_\_\_\_ members for a term of three years. An equal number of consumer and provider members shall be selected for the first two year term. Subsequent appointees shall serve three year terms.
- H. Per diem allotments to members of the State EMS Advisory Council, and schedules for reimbursement of members' expenses, shall be established by the (*State legislature*).
- I. \_\_\_\_ members shall constitute a quorum for the transaction of business by the State EMS



Advisory Council, more than half of whom shall be consumers. The Chairperson shall be a consumer elected annually from the membership of the Council. The Council shall meet at least four times annually at the call of the Chairperson or the (*public official*).

- J. All meetings of the State EMS Advisory Council shall be conducted in open, public sessions, at such hours and in such locations, and subject to methods of notification, which will encourage and facilitate attendance by interested persons.
- K. The State EMS Advisory Council shall:
  - (1) Approve or disapprove a proposed Statewide EMS Plan, as prepared by the (*State agency*), pursuant to Section 3,D(4) of this Act; provided, that if any such proposed Statewide EMS Plan is not disapproved by the State EMS Advisory Council within 45 days of its submission to the Council in open meeting, it shall be considered approved;
  - (2) Approve or disapprove any proposed revisions to the Statewide EMS Plan, as prepared by the (*State agency*), pursuant to Section 3,D(5) of this Act; provided, that if any such proposed revision to the Statewide EMS Plan is not disapproved by the State EMS Advisory Council within 45 days of its submission to the Council in open meeting, it shall be considered approved;
  - (3) Advise the (*State agency*) on all aspects of its responsibilities pursuant to Section 3 of this Act, including the format and content of any standards, rules, or regulations promulgated by the (*State agency*);
  - (4) Serve as the Statewide focal point for discussion, inquiry, and investigation of any and all complaints and/or grievances concerning emergency medical services, or any aspect thereof, which are brought to the Council's attention from any source;
  - (5) Oversee the (*State agency*) in the conduct of its enforcement of this Act, or any standards, rules, and regulations promulgated pursuant thereto;
  - (6) Review and comment on all proposals to apply and/or applications for Federal, State, local, and private funds (under either grants or contracts) which may be prepared, developed, and submitted to funding sources or agencies by regional EMS entities within the State.

#### **Section 5—Regional Emergency Medical Services (EMS) Advisory Councils**

- A. Pursuant to Section 3,B of this Act, the (*public official*) shall, after consulting with the State Emergency Medical Services (EMS) Advisory Council, and with such local governments as may be involved, seek the establishment of Statewide, regional, and local emergency medical services operations in conformance with the standards established by this Act and by standards, rules, and regulations promulgated pursuant thereto.
- B. Pursuant to Section 3,D(1) of this Act, the (*State agency*) shall assist in the creation and operation of regional emergency medical services (EMS) entities for the effective and efficient planning, development, coordination, supervision, regulation, monitoring, and/or provision of emergency medical services for all citizens of the State.
- C. Regional entities are defined in Section 2 of this Act.
- D. Each regional EMS entity officially designated by the (*State official*) shall function under the policy direction of a Regional EMS Advisory Council
- E. Each Regional EMS Advisory Council shall:
  - (1) Be formally and officially established as the policy making body for its respective regional EMS entity;
  - (2) Be acknowledged by resolution of the elected representatives of at least two-thirds of the county and municipal governments located within the designated service area of its respective regional EMS entity;

- (3) Provide the opportunity for council membership to representatives of the following organizations, groups, professions, occupations, services, and/or disciplines, as well as consumers: (a) local governments; (b) fire protection organizations; (c) law enforcement agencies; (d) licensed practicing physicians with regular and frequent involvement in the provision of emergency care; (e) emergency care nurses; (f) mental health professionals; (g) emergency medical technicians and other allied health practitioners; (h) providers of ambulance services, including both paid and volunteer services; (i) hospitals; provided, that consumers shall comprise at least \_\_\_\_ percent of the total number of Council members.
- (4) Meet with adequate frequency to provide policy direction to the respective regional EMS entity, and to ensure that adequate information is transmitted from the regional EMS entity and the Regional EMS Advisory Council to the organizations, groups, professions, occupations, services, and/or disciplines, and consumers represented by the respective Council members;
- (5) Conduct all council meetings in open, public sessions, at such hours and in such locations, and subject to methods of notification, that will encourage and facilitate attendance by interested persons;
- (6) Cooperate with the respective regional EMS entity in the development of a regional EMS plan, and provide for public hearings on such a regional plan, with ample opportunity for public and professional response and contribution to the plan;
- (7) Formally adopt a regional EMS plan within one year of official designation of the respective regional EMS entity;
- (8) Cooperate with the regional EMS entity as it assists the (*State agency*) in the design, development, implementation, and coordination of the State's standardized emergency patient data collection system, and utilize information accumulated and reported through the said system for development and updating of the respective regional EMS plan, as well as maintenance or improvement of EMS services within the respective region;
- (9) Serve as the regional focal point for discussion, inquiry, and investigation of any and all complaints and/or grievances concerning emergency medical services, or any aspect thereof, within the respective region or service area;
- (10) Upon determination that corrective or punitive action is necessary or appropriate with regard to any matter related to emergency medical services within the respective region, direct a formal notice to the (*State agency*), stating the nature of the problem, a description of the inquiry undertaken by the Regional EMS Advisory Council, a summary of conclusions, and recommended corrective or punitive measures to be taken or initiated by the (*State agency*);
- (11) Review and approve all applications for Federal, State, local, and private funds (under either grants or contracts) which may be prepared, developed, and submitted to funding sources or agencies by the respective regional EMS entity.

#### **Section 6—Regional Emergency Medical Services (EMS) Entities**

- A. Pursuant to Section 3,B of this Act, the (*public official*) shall, after consulting with the State Emergency Medical Services (EMS) Advisory Council, and with such local governments as may be involved, seek the establishment of statewide, regional, and local emergency medical services operations in conformance with the standards established by this Act and by standards, rules, and regulations promulgated pursuant thereto.
- B. Pursuant to Section 3,D(1) of this Act, the (*State agency*) shall assist in the creation and operation of regional emergency medical services (EMS) entities for the effective and ef-

efficient planning, development, coordination, supervision, regulation, monitoring, and/or provision of emergency medical services for all citizens of the State.

- C. Regional EMS entities are defined in Section 2 of this Act.
- D. Eligible regional EMS entities may apply to the *(State agency)* for official designation on forms or in a format approved by that *(agency)*. The intent of such application is to determine the fitness and ability of the applicant entities to serve in accord with the definition in Section 2 of this Act.
- E. Official designation of regional EMS entities, or denial of any application for designation, shall be made by the *(public official)* and shall be communicated in writing to applicants within ninety (90) days of application.
- F. Official designation of regional EMS entities shall be made by *(public official)* after appropriate evaluation and investigation of applicants, including an evaluation of staff and organizational resources and competencies, a determination of the applicant's ability to function appropriately within the entire area previously defined as an EMS region or regional EMS delivery system service area, and after consultation with the State EMS Advisory Council and with such local governments as may be involved.
- G. Pursuant to the authority of this Act, and of *(other applicable laws)*, regional EMS entities shall:
  - (1) Seek and obtain official designation as a regional EMS entity;
  - (2) Function under the policy direction of a Regional EMS Advisory Council, as authorized by Section 4 of this Act;
  - (3) Within one year of official designation, develop a regional EMS plan that addresses, as a minimum, all EMS system components enumerated in Federal Emergency Medical Services Systems published criteria, and that contains, as a minimum: (a) an inventory of emergency medical services resources available within the EMS region or regional EMS delivery system service area for purposes of determining the need for additional services and the effectiveness of existing services; (b) a statement of goals and specific and measurable objectives for delivery of emergency medical services to all citizens of the EMS region or regional EMS delivery system services area; (c) methods to be used in achieving the stated objectives; (d) a schedule for achievement of the stated objectives; (e) a method for evaluating the stated objectives; and (f) estimated and itemized costs for achieving each of the stated objectives;
  - (4) Apply for and receive Federal, State, local, and private funds (under either grants or contracts) for planning, development, coordination, supervision, monitoring, improvement, and/or provision of emergency medical services within the designated area of the respective regional EMS entity;
  - (5) Assist the *(State agency)* in the design, development, implementation, and coordination of the State's standardized emergency patient data collection system, including the distribution of report forms, supervision of data collection, accumulation and auditing of reported information, cooperation with the *(State agency)* in statewide assimilation of reported information, distribution of periodic reports developed by the *(State agency)*, and use of the reported information for development and updating of the regional EMS plan, as well as maintenance or improvement of emergency medical services;
  - (6) Cooperate with the *(State agency)* in its efforts to carry out the authority and responsibility defined and enumerated in Section 3,D of this Act;
  - (7) Provide necessary and reasonable staff services for the respective Regional EMS Advisory Council;

- (8) Provide an authorized delegate to all meetings of the State EMS Advisory Council;
  - (9) Provide convenient and appropriate office facilities that can serve as a regional focal point for EMS planning, development, and coordination functions.
- H. Where deemed appropriate, the *(State agency)*, after consultation with the respective Regional EMS Advisory Council, may assign one or more employees of the *(State agency)* to serve as staff to the regional EMS entity for purposes of carrying out the intent and provisions of this Act.
- I. Where deemed appropriate, competitive applications for designation as a regional EMS entity may be solicited by the *(public official)*.
- J. Where deemed appropriate, the *(public official)*, after consultation with the State EMS Advisory Council, and subject to conditions and provisions of grants and contracts, may discontinue the official designation of a regional EMS entity where the best interests of emergency medical services in the respective region or regional EMS delivery system service area would be served by such action.

### Section 7—Advanced Life Support Services

In authorizing the promulgation and enforcement of rules and regulations pursuant to this Section, it is the intent of this Act to respond to a critical shortage of professionally trained medical and nursing personnel for the delivery of fast and efficient life support skills to the ill and injured at the scene of medical emergencies, and during transport to a health care facility. Improved emergency medical services are required to reduce mortality during the first critical minutes immediately following an accident or the onset of a serious medical condition, and to reduce morbidity among survivors of medical emergencies. Within the goals of this Act, in authorizing the *(State agency) (Board) (Commission) (Medical authority) (etc.)* to promulgate and enforce rules and regulations, is the provision of the best and most effective emergency medical care, and compliance with national standards for advanced life support.

- A. Notwithstanding any other provision of law, advanced life support personnel may be authorized to provide advanced life support services as defined by rules and regulations promulgated by the *(State agency) (Board) (Commission) (Medical authority) (etc.)*. Rules and regulations promulgated pursuant to this authority shall, as a minimum:
- (1) Provide descriptive titles and define minimum prerequisites for advanced life support personnel;
  - (2) Define and authorize training programs for advanced life support personnel; provided, that all such training programs shall meet or exceed the performance requirements of the Training Program for the Emergency Medical Technician Paramedic, developed for the U.S. Department of Transportation under Contract No. DOT-HS-5-01207 (April 1976);
  - (3) Define and authorize appropriate advanced life support functions to be performed by advanced life support trainees and personnel;
  - (4) Specify minimum operational requirements that will ensure medical control over all advanced life support services;
  - (5) Specify minimum testing and certification requirements and provide for certification of all advanced life support personnel;
  - (6) Specify continuing education and periodic recertification requirements for all advanced life support personnel;
  - (7) Provide for the decertification of advanced life support personnel under specified circumstances and where it is determined that the best interests of the public would be served by such action;

7850-9

5-37

C -

B--T

**(8) Require cooperation and compliance with regional and statewide standardized emergency patient data collection systems.**

- B. Advanced life support personnel, trained, certified, and functioning pursuant to the rules and regulations authorized by this Section, and agencies, organizations, institutions, corporations, or entities of State or local government, sponsoring, authorizing, supporting, financing, or supervising the functions of advanced life support personnel, shall be subject to all other provisions of this Act, and all other rules and regulations promulgated pursuant to the authority of this Act.**

#### **Section 8—Immunity from Liability**

- A. No person, certified and authorized pursuant to this Act or rules and regulations promulgated pursuant to this Act, shall be liable for any civil damages for any act or omission in connection with their training or in connection with services rendered outside a hospital where the life of a patient(s) is in immediate danger, unless the act or omission is inconsistent with the said person's training, and unless the act or omission was the result of gross negligence or willful misconduct.**
- B. No agency, organization, institution, corporation, or entity of State or local government that sponsors, authorizes, supports, finances, or supervises the functions of emergency medical services personnel certified and authorized pursuant to this Act, including advanced life support personnel, shall be liable for any civil damages for any act or omission in connection with sponsorship, authorization, support, finance, or supervision of such emergency medical services personnel, where the act or omission occurs in connection with their training or with services rendered outside a hospital and where the life of a patient(s) is in immediate danger, unless the act or omission is inconsistent with the training of the said emergency medical services personnel, and unless the act or omission was the result of gross negligence or willful misconduct.**
- C. No principal, agent, contractor, employee, or representative of an agency, organization, institution, corporation, or entity of State or local government that sponsors, authorizes, supports, finances, or supervises any functions of emergency medical services personnel certified and authorized pursuant to this Act, or rules and regulations promulgated pursuant to this Act, including advanced life support personnel shall be liable for any civil damages for any act or omission in connection with such sponsorship, authorization, support, finance, or supervision of such emergency medical services personnel, where the act or omission occurs in connection with their training, or occurs outside a hospital where the life of a patient(s) is in immediate danger, unless the act or omission is inconsistent with the training of the said emergency medical services personnel, and unless the act or omission was the result of gross negligence or willful misconduct.**
- D. No physician who in good faith arranges for, requests, recommends, or initiates the transfer of a patient from a hospital to a critical medical care facility in another hospital, shall be liable for any civil damages as a result of such transfer where sound medical judgment indicates that the patient's medical condition is beyond the care capability of the transferring hospital, or the medical community in which that hospital is located, and where the physician has confirmed that the transferee facility possesses a more appropriate level of capability for treating the patient's medical needs, and where the physician has secured a prior agreement from the transferee facility to accept and render necessary treatment to the patient.**

#### **Section 9—General Provisions**

- A. All standards, rules, and regulations promulgated pursuant to this Act shall be promulgated (and enforced) in compliance with *(any applicable statutory or Constitutional provision concerning promulgation (and enforcement) of standards, rules, and regulations)*.**

- B. A local government may contract to obtain ambulance services for the use and benefit of its residents and may pay for the entire cost or any part thereof from funds that may be available. A local government that is a party to its share of the cost by special (*taxes*) (*assessments*) created, levied, collected, and annually determined in accord with procedures set forth in (*applicable State laws*).
- C. Authority for patient management in a medical emergency shall be vested in that licensed or certified person at the scene of the emergency who has the highest degree of training and/or certification specific to the provision of emergency medical care. If a licensed or certified person is not available at the scene of the emergency, the authority shall be vested in the most appropriately trained representative of other public safety agencies at the scene, and shall be effective until relieved by a person with a higher and more appropriate degree of training and certification specific to the provision of emergency medical care.
- D. Authority for the management of the scene of a medical emergency shall be vested in appropriate public safety agencies. The scene of a medical emergency shall be managed in a manner designed to minimize the risk of death or health impairment to the patient and to other persons who may be exposed to the risks as a result of the emergency condition, and priority shall be placed upon the interests of those persons exposed to the more serious risks to life and health. Public safety personnel shall ordinarily consult emergency medical services personnel or other authoritative medical professionals at the scene in the determination of relevant risks.
- E. Neither this Act nor rules and regulations promulgated pursuant to this Act shall apply to emergency medical services vehicles or personnel from another State or nation that render requested assistance in this State in a disaster situation, or that operate from a location outside this State and occasionally transport patients into this State for needed medical care. No emergency medical services vehicles nor personnel from another State or nation may be utilized to pick up and transport patients within this State without first complying with this Act and all standards, rules, and regulations promulgated pursuant to this Act.
- F. The driver of an emergency medical services vehicle, when operating such vehicle under emergency conditions or a reasonable belief that an emergency condition does in fact exist, may exercise the privileges and be subject to the constraints prescribed by (*applicable State law*).
- G. The (*State agency*) may revoke any license, certificate, or other authorization provided for by this Act, or by rules and regulations promulgated pursuant to this Act, for failure to comply with, or for violation of, any of the provisions of this Act, or rules and regulations promulgated thereunder, but only after appropriate warning has occurred and reasonable time has been allowed for compliance in accord with procedural standards to be established by the (*State agency*). Any person who wishes to appeal such a revocation must appeal to the (*State agency*) within \_\_\_\_ days of the revocation. Hearing shall thereafter be held in accord with (*applicable State law, or procedural standards to be established by the State agency*). Within \_\_\_\_ days after conclusion of the hearing, the (*State agency*) shall issue a written decision that shall include a statement of findings as to the revocation. The written decision shall be promptly transmitted to the appellant by the (*State agency*).
- H. Upon revocation of any license, certificate, or other authorization provided for by this Act, or by rules and regulations promulgated pursuant to this Act, the person whose license, certificate, or other authorization has been revoked shall immediately cease to engage in the activity for which the license, certificate, or other authorization was issued.
- I. No employer shall employ nor permit any employee to perform any services for which a license, certificate or other authorization is required by this Act, or by rules and regulations promulgated pursuant to this Act, unless and until the person so employed possesses all licenses, certificates, or authorizations that are so required.

- J.** Standards, rules, regulations, or requirements promulgated by the (*State agency*) pursuant to Section 3,D of this Act shall, as a minimum:
- (1) Provide a fee structure for application and/or licenses, permits, certificates, or authorizations that may be required; provided, that agencies of State or local governments shall be exempt from paying fees;
  - (2) Require provider of emergency medical services to obtain and maintain policies of insurance, or acceptable means of self-insurance, in amounts and types of coverage as shall be deemed necessary by the (*State agency*);
  - (3) Provide for all licenses, permits, certificates, or authorizations to be renewed and re-issued annually, except that certification of (*specified classes of emergency medical services personnel*) shall be subject to renewal every \_\_\_\_ years;
  - (4) Provide that all licenses, permits, certificates, or authorizations issued by the (*State agency*) shall not be transferable;
  - (5) Provide for semiannual inspections of all emergency medical services vehicles and ambulance service facilities where said vehicles and/or facilities are subject to regulations by the (*State agency*);
  - (6) Provide minimum equipment, maintenance, and operational standards for vehicles routinely used, or designated as available for use in providing pre-hospital emergency care and life support, but that are not designed for, nor capable of, transporting emergency patients;
  - (7) Provide for minimum staffing requirements for all emergency care vehicles, including the requirement that no ambulance vehicle shall be allowed to operate while transporting a patient or patients unless at least one certified emergency medical technician is attending to the patient(s);
- K.** Pursuant to the authority of Section 3,D(12) of this Act, the (*State agency*) may set standards for regulate the use of descriptive words, phrases, symbols, and/or emblems that represent or denote that a service is available or may be provided. The authority of the (*State agency*) to regulate the use of such descriptive devices shall specifically extend but not be limited to their use of the purpose of advertising, promoting, or selling the services rendered by an emergency services operation or emergency medical services personnel, including advanced life support personnel.
- L.** No person shall furnish, operate, conduct, maintain, advertise, or otherwise be engaged in or profess to be engaged in the provision of any form of emergency medical services which is regulated by this Act, or by rules and regulations promulgated pursuant to this Act, until and unless the said person is fully licensed, permitted, certified, and/or authorized by the (*State agency*) to engage in the provision of emergency medical services for which a valid and current license, permit, certificate, and/or authorization is issued.
- M.** No person or agency, public or private, shall advertise or disseminate information leading the public to believe that the person or agency provides emergency medical services, including advanced life support services, unless that person or agency does in fact provide such services in compliance with the provisions of this Act, or rules and regulations promulgated pursuant to this Act, and unless such services are provided on a continual basis of 24 hours per day, 7 days per week.
- N.** Any vehicle subject to licensing, permit, certificate, or authorization pursuant to this Act, or by rules and regulations promulgated pursuant to this Act, may be impounded where it is determined that the said vehicle is being used without the required license, permit, certificate, or authorization. Authority for impoundment and release of any vehicle so impounded shall be vested in the (*State agency*). At the request of the (*State agency*), the (*police agencies*) shall assist in impounding any vehicle which shall be deemed subject to this



provision. The registered owner(s) of any vehicle so impounded shall be liable for any fees and charges accrued as a result of the impoundment of said vehicle.

- O. Any vehicle that is licensed, permitted, certified or authorized pursuant to this Act, or by rules and regulations promulgated pursuant to this Act, shall not be required to meet subsequently modified vehicle design standards or specifications as long as the said vehicle is continuously used in accordance with the said license, permit, certificate, or authorization, or until the said vehicle's title of ownership shall be transferred.
- P. Nothing in this Act, nor in rules and regulations promulgated pursuant to this Act, shall be construed to authorize any medical treatment or transportation of a person who objects thereto on religious grounds.
- Q. Any person who shall violate this Act, or rules and regulations promulgated pursuant to this Act, shall be guilty of a misdemeanor.
- R. If any provision of this Act, or rules and regulations promulgated pursuant to this Act, or the application of any such provision to any person or circumstance, shall be held invalid for any reason, the remainder of this Act, or of the said rules and regulations, shall not be affected thereby.
- S. This Act shall become effective (\_\_\_\_\_).

★ U.S. GOVERNMENT PRINTING OFFICE: 1980— 311-586:15









WX 215 E526 1980



3 5558 000 639 795

WX  
215  
E526  
1980

Emergency Medical Services.  
Coordination and systems improve-

II

WX  
215  
E526  
1980

Emergency Medical Services.  
Coordination and systems improve-  
ment issue paper.

AUG 15 85

M14960

**THE ARCHIBALD CHURCH LIBRARY**  
**NORTHWESTERN UNIVERSITY MEDICAL SCHOOL**

303 East Chicago Avenue  
Chicago -:- Illinois

