

1 10A NCAC 13P .0201 is proposed for amendment as follows:
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3 **SECTION .0200 – EMS SYSTEMS**
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5 **10A NCAC 13P .0201 EMS SYSTEM REQUIREMENTS**

6 (a) County governments shall establish EMS Systems. Each EMS System shall have:

- 7 (1) a defined geographical service area for the EMS System. The minimum service area for an EMS
8 System shall be one county. There may be multiple EMS Provider service areas within an EMS
9 System. The highest level of care offered within any EMS Provider service area shall be available
10 to the citizens within that service area 24 hours a day, seven days a week;
- 11 (2) a defined scope of practice for all EMS personnel functioning in the EMS System within the
12 parameters set forth by the North Carolina Medical Board pursuant to G.S. 143-514;
- 13 (3) written policies and procedures describing the dispatch, coordination, and oversight of all
14 responders that provide EMS care, specialty patient care skills, and procedures as set forth in Rule
15 .0301 of this Subchapter, and ambulance transport within the system;
- 16 (4) at least one licensed EMS Provider;
- 17 (5) a listing of permitted ambulances to provide coverage to the service area 24 hours a day, seven days
18 a week;
- 19 (6) personnel credentialed to perform within the scope of practice of the system and to staff the
20 ambulance vehicles as required by G.S. 131E-158. There shall be a written plan for the use of
21 credentialed EMS personnel for all practice settings used within the system;
- 22 (7) written policies and procedures specific to the utilization of the EMS System's EMS Care data for
23 the daily and on-going management of all EMS System resources;
- 24 (8) a written Infectious Disease Control Policy as defined in Rule .0102 of this Subchapter and written
25 procedures that are approved by the EMS System Medical Director that address the cleansing and
26 disinfecting of vehicles and equipment that are used to treat or transport patients;
- 27 (9) a listing of resources that will provide online medical direction for all EMS Providers operating
28 within the EMS System;
- 29 (10) an EMS communication system that provides for:
- 30 (A) public access to emergency services by dialing 9-1-1 within the public dial telephone
31 network as the primary method for the public to request emergency assistance. This number
32 shall be connected to the PSAP with immediate assistance available such that no caller will
33 be instructed to hang up the telephone and dial another telephone number. A person calling
34 for emergency assistance shall not be required to speak with more than two persons to
35 request emergency medical assistance;
- 36 (B) a PSAP operated by public safety telecommunicators with training in the management of
37 calls for medical assistance available 24 hours a day, seven days a week;

- 1 (C) dispatch of the most appropriate emergency medical response unit or units to any caller's
2 request for assistance. The dispatch of all response vehicles shall be in accordance with a
3 written EMS System plan for the management and deployment of response vehicles
4 including requests for mutual aid; and
- 5 (D) two-way radio voice communications from within the defined service area to the PSAP
6 and to facilities where patients are transported. The PSAP shall maintain all required FCC
7 radio licenses or authorizations;
- 8 (11) written policies and procedures for addressing the use of SCTP and Air Medical Programs resources
9 utilized within the system;
- 10 (12) a written continuing education program for all credentialed EMS personnel, under the direction of
11 a System Continuing Education Coordinator, developed and modified based on feedback from EMS
12 Care system data, review, and evaluation of patient outcomes and quality management peer reviews,
13 that follows the criteria set forth in Rule .0501 of this Subchapter;
- 14 (13) written policies and procedures to address management of the EMS System that includes:
- 15 (A) triage and transport of all acutely ill and injured patients with time-dependent or other
16 specialized care issues including trauma, stroke, STEMI, burn, and pediatric patients that
17 may require the bypass of other licensed health care facilities and that are based upon the
18 expanded clinical capabilities of the selected healthcare facilities;
- 19 (B) triage and transport of patients to facilities outside of the system;
- 20 (C) arrangements for transporting patients to identified facilities when diversion or bypass
21 plans are activated;
- 22 (D) reporting, monitoring, and establishing standards for system response times using system
23 data;
- 24 ~~(E) weekly updating of the SMARTT EMS Provider information;~~
- 25 ~~(F)~~(E) a disaster plan;
- 26 ~~(G)~~(F) a mass-gathering plan that includes how the provision of EMS standby coverage for the
27 public-at-large will be provided;
- 28 ~~(H)~~(G) a mass-casualty plan;
- 29 ~~(I)~~(H) a weapons plan for any weapon as set forth in Rule .0216 of this Section;
- 30 ~~(J)~~(I) a plan on how EMS personnel shall report suspected child abuse pursuant to G.S. 7B-301;
- 31 ~~(K)~~(J) a plan on how EMS personnel shall report suspected abuse of the disabled pursuant to G.S.
32 108A-102; ~~and~~
- 33 ~~(L)~~(K) a plan on how each responding agency is to maintain a current roster of its personnel
34 providing EMS care within the county under the provider number issued pursuant to
35 Paragraph (c) of this Rule, in the OEMS credentialing and information database; ~~and~~
- 36 ~~(L)~~ a plan on how each licensed hospital facility will use and maintain two-way radio
37 communication for receiving in coming patient from EMS providers;

1 (14) affiliation as defined in Rule .0102 of this Subchapter with a trauma RAC as required by Rule
2 .1101(b) of this Subchapter; and

3 (15) medical oversight as required by Section .0400 of this Subchapter.

4 (b) Each EMS System that utilizes emergency medical dispatching agencies applying the principles of EMD or
5 offering EMD services, procedures, or programs to the public shall have:

6 (1) a defined service area for each agency;

7 (2) appropriate personnel within each agency, credentialed in accordance with the requirements set forth
8 in Section .0500 of this Subchapter, to ensure EMD services to the citizens within that service area
9 are available 24 hours per day, seven days a ~~week; and~~ week, and a written policy describing how
10 the agency will maintain a roster of credentialed EMD personnel in the OEMS credentialing and
11 information database; and

12 (3) EMD responsibilities in special situations, such as disasters, mass-casualty incidents, or situations
13 requiring referral to specialty ~~hotlines.~~ hotlines; and

14 (4) EMD medical oversight as required in Section .0400 of this Subchapter.

15 (c) The EMS System shall obtain provider numbers from the OEMS for each entity that provides EMS Care within
16 the county.

17 (d) An application to establish an EMS System shall be submitted by the county to the OEMS for review. When the
18 system is comprised of more than one county, only one application shall be submitted. The proposal shall demonstrate
19 that the system meets the requirements in Paragraph (a) of this Rule. System approval shall be granted for a period of
20 six years. Systems shall apply to OEMS for reapproval no more than 90 days prior to expiration.

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22 *History Note: Authority G.S. 131E-155(1); 131E-155(6); 131E-155(7); 131E-155(8); 131E-155(9); 131E-*
23 *155(13a); 131E-155(15); 143-508(b); 143-508(d)(1); 143-508(d)(2); 143-508(d)(3); 143-*
24 *508(d)(5); 143-508(d)(8); 143-508(d)(9); 143-508(d)(10); 143-508(d)(13); 143-517; 143-518;*

25 *Temporary Adoption Eff. January 1, 2002;*

26 *Eff. August 1, 2004;*

27 *Amended Eff. January 1, 2009;*

28 *Readopted Eff. January 1, 2017;*

29 *Amended Eff. April 1, 2024; July 1, 2018.*