

## SECTION .0200 – EMS SYSTEMS

### 10A NCAC 13P .0201 EMS SYSTEM REQUIREMENTS

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

- (1) a defined geographical service area for the EMS System. The minimum service area for an EMS System shall be one county. There may be multiple EMS Provider service areas within the service area of an EMS System. The highest level of care offered within any EMS Provider service area must be available to the citizens within that service area 24 hours per day;
- (2) a defined scope of practice for all EMS personnel, functioning in the EMS System, within the parameters set forth by the North Carolina Medical Board pursuant to G.S. 143-514;
- (3) written policies and procedures describing the dispatch, coordination and oversight of all responders that provide EMS care, specialty patient care skills and procedures as defined in Rule .0301(a)(4) of this Subchapter, and ambulance transport within the system;
- (4) at least one licensed EMS Provider;
- (5) a listing of permitted ambulances to provide coverage to the service area 24 hours per day;
- (6) personnel credentialed to perform within the scope of practice of the system and to staff the ambulance vehicles as required by G.S. 131E-158. There shall be a written plan for the use of credentialed EMS personnel for all practice settings used within the system;
- (7) written policies and procedures specific to the utilization of the EMS System's EMS Care data for the daily and on-going management of all EMS System resources;
- (8) a written Infectious Disease Control Policy as defined in Rule .0102(33) of this Subchapter and written procedures which are approved by the EMS System medical director that address the cleansing and disinfecting of vehicles and equipment that are used to treat or transport patients;
- (9) a listing of facilities that will provide online medical direction for all EMS Providers operating within the EMS System;
- (10) an EMS communication system that provides for:
  - (A) public access using the emergency telephone number 9-1-1 within the public dial telephone network as the primary method for the public to request emergency assistance. This number shall be connected to the emergency communications center or PSAP with immediate assistance available such that no caller will be instructed to hang up the telephone and dial another telephone number. A person calling for emergency assistance shall not be required to speak with more than two persons to request emergency medical assistance;
  - (B) an emergency communications system operated by public safety telecommunicators with training in the management of calls for medical assistance available 24 hours per day;
  - (C) dispatch of the most appropriate emergency medical response unit or units to any caller's request for assistance. The dispatch of all response vehicles shall be in accordance with a written EMS System plan for the management and deployment of response vehicles including requests for mutual aid; and
  - (D) two-way radio voice communications from within the defined service area to the emergency communications center or PSAP and to facilities where patients are routinely transported. The emergency communications system shall maintain all required FCC radio licenses or authorizations;
- (11) written policies and procedures for addressing the use of SCTP and Air Medical Programs within the system;
- (12) a written continuing education program for all credentialed EMS personnel, under the direction of a System Continuing Education Coordinator, developed and modified based on feedback from system EMS Care data, review, and evaluation of patient outcomes and quality management peer reviews, that follows the guidelines of the:
  - (A) "US DOT NHTSA First Responder Refresher: National Standard Curriculum" for MR personnel;
  - (B) "US DOT NHTSA EMT-Basic Refresher: National Standard Curriculum" for EMT personnel;
  - (C) "EMT-P and EMT-I Continuing Education National Guidelines" for EMT-I and EMT-P personnel; and

- (D) "US DOT NHTSA Emergency Medical Dispatcher: National Standard Curriculum" for EMD personnel.

These documents are incorporated by reference in accordance with G.S. 150B-21.6, including subsequent amendments and additions. These documents are available from NHTSA, 400 7<sup>th</sup> Street, SW, Washington, D.C. 20590, at no cost;

- (13) written policies and procedures to address management of the EMS System that includes:
  - (A) triage and transport of all acutely ill and injured patients with time-dependent or other specialized care issues including trauma, stroke, STEMI, burn, and pediatric patients that may require the by-pass of other licensed health care facilities and which are based upon the expanded clinical capabilities of the selected healthcare facilities;
  - (B) triage and transport of patients to facilities outside of the system;
  - (C) arrangements for transporting patients to appropriate facilities when diversion or bypass plans are activated;
  - (D) reporting, monitoring, and establishing standards for system response times using data provided by the OEMS;
  - (E) weekly updating of the SMARTT EMS Provider information;
  - (F) a disaster plan; and
  - (G) a mass-gathering plan;
- (14) affiliation as defined in Rule .0102(4) of this Subchapter with the trauma RAC as required by Rule .1101(b) of this Subchapter; and
- (15) medical oversight as required by Section .0400 of this Subchapter.

(b) An application to establish an EMS System shall be submitted by the county to the OEMS for review. When the system is comprised of more than one county, only one application shall be submitted. The proposal shall demonstrate that the system meets the requirements in Paragraph (a) of this Rule. System approval shall be granted for a period of six years. Systems shall apply to OEMS for reapproval.

*History Note: Authority G.S. 131E-155(1), (6), (8), (9), (15); 143-508(b), (d)(1), (d)(2), (d)(3), (d)(5), (d)(8), (d)(9), (d)(10), (d)(13); 143-509(1), (3), (4), (5); 143-517; 143-518;  
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