1	10A NCAC 13P	.0102 is amended with changes as published in 32:11 NCR 1026-1036 as follows:
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3	10A NCAC 13P	.0102 DEFINITIONS
4	In addition to the	definitions in G.S. 131E-155, the following definitions apply throughout this Subchapter:
5	(1)	"Affiliated EMS Provider" means the firm, corporation, agency, organization, or association
6		identified $\underline{\text{with}}$ a specific county EMS system as a condition for EMS Provider Licensing as
7		required by Rule .0204(b)(1) .0204 of this Subchapter.
8	(2)	"Affiliated Hospital" means a non-trauma center hospital that is owned by the Trauma Center or
9		there is a contract or other agreement to allow for the acceptance or transfer of the Trauma Center's
10		patient population to the non-trauma center hospital.
11	(3)	"Affiliate" or "Affiliation" means a reciprocal agreement and association that includes active
12		participation, collaboration, and involvement in a process or system between two or more parties.
13	(4)	"Alternative Practice Setting" means a clinical environment a practice setting that utilizes
14		<u>credentialed EMS personnel</u> that may not be affiliated with or under the oversight of the an EMS
15		System or EMS System Medical Director.
16	(5)	"Air Medical Ambulance" means an aircraft configured and medically equipped to transport patients
17		by air. The patient care compartment of air medical ambulances shall be staffed by medical crew
18		members approved for the mission by the Medical Director.
19	(6)	"Air Medical Program" means a SCTP or EMS System utilizing rotary-wing or fixed-wing aircraft
20		configured and operated to transport patients.
21	(7)	"Assistant Medical Director" means a physician, EMS-PA, or EMS-NP who assists the Medical
22		Director with the medical aspects of the management of an EMS System or SCTP. a practice setting
23		utilizing credentialed EMS personnel or medical crew members.
24	(8)	"Bypass" means a decision made by the patient care technician to transport a patient from the scene
25		of an accident or medical emergency past a receiving facility for the purposes of accessing a facility
26		with a higher level of care, or a hospital of its own volition reroutes a patient from the scene of an
27		accident or medical emergency or referring hospital to a facility with a higher level of care.
28	<u>(9)</u>	"Community Paramedicine" means an EMS System utilizing credentialed personnel who have
29		received additional training as determined by the EMS system Medical Director to provide
30		knowledge and skills for the community needs beyond the 911 emergency response and transport
31		operating guidelines defined in the EMS system plan.
32	(9) <u>(10)</u>	"Contingencies" mean conditions placed on a designation that, if unmet, may result in the loss or
33		amendment of a designation.
34	(10) <u>(11</u>) "Convalescent Ambulance" means an ambulance used on a scheduled basis solely to transport
35		patients having a known non-emergency medical condition. Convalescent ambulances shall not be

used in place of any other category of ambulance defined in this Subchapter.

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1	(11) (12) "Deficiency" means the failure to meet essential criteria for a designation that can serve as the basis
2	for a focused review or denial of a designation.
3	(12) (13) "Department" means the North Carolina Department of Health and Human Services.
4	(13) (14) "Diversion" means the hospital is unable to accept a patient due to a lack of staffing or resources.
5	(14) (15) "Educational Medical Advisor" means the physician responsible for overseeing the medical aspects
6	of approved EMS educational programs.
7	(15) (16) "EMS Care" means all services provided within each EMS System by its affiliated EMS agencies
8	and personnel that relate to the dispatch, response, treatment, and disposition of any patient.
9	(16) (17) "EMS Educational Institution" means any agency credentialed by the OEMS to offer EMS
10	educational programs.
11	(17) (18) "EMS Non-Transporting Vehicle" means a motor vehicle operated by a licensed EMS provider
12	dedicated and equipped to move medical equipment and EMS personnel functioning within the
13	scope of practice of an AEMT or Paramedic to the scene of a request for assistance. EMS
14	nontransporting vehicles shall not be used for the transportation of patients on the streets, highways,
15	waterways, or airways of the state.
16	(18) (19) "EMS Peer Review Committee" means a committee as defined in G.S. 131E-155(6b).
17	(19) (20) "EMS Performance Improvement Self-Tracking and Assessment of Targeted Statistics" means one
18	or more reports generated from the State EMS data system analyzing the EMS service delivery,
19	personnel performance, and patient care provided by an EMS system and its associated EMS
20	agencies and personnel. Each EMS Performance Improvement Self-Tracking and Assessment of
21	Targeted Statistics focuses on a topic of care such as trauma, cardiac arrest, EMS response times,
22	stroke, STEMI (heart attack), and pediatric care.
23	(20) (21) "EMS Provider" means those entities defined in G.S. 131E-155(13a) that hold a current license
24	issued by the Department pursuant to G.S. 131E-155.1.
25	(21) (22) "EMS System" means a coordinated arrangement of local resources under the authority of the
26	county government (including all agencies, personnel, equipment, and facilities) organized to
27	respond to medical emergencies and integrated with other health care providers and networks
28	including public health, community health monitoring activities, and special needs populations.
29	(22) (23) "Essential Criteria" means those items that are the requirements for the respective level of trauma
30	center designation (I, II, or III), as set forth in Rule .0901 of this Subchapter.
31	(23) (24) "Focused Review" means an evaluation by the OEMS of corrective actions to remove contingencies
32	that are a result of deficiencies following a site visit.
33	(24) (25) "Ground Ambulance" means an ambulance used to transport patients with traumatic or medical
34	conditions or patients for whom the need for specialty eare care, or emergency emergency, or non-
35	emergency medical care is anticipated either at the patient location or during transport.

1	(25) (26) "Hospital" means a licensed facility as defined in G.S. 131E-176. 131E-176 or an acute care in-
2	patient diagnostic and treatment facility located within the State of North Carolina that is owned and
3	operated by an agency of the United States government.
4	(26) (27) "Immediately Available" means the physical presence of the health professional or the hospital
5	resource within the trauma center to evaluate and care for the trauma patient.
6	(27) (28) "Inclusive Trauma System" means an organized, multi-disciplinary, evidence-based approach to
7	provide quality care and to improve measurable outcomes for all defined injured patients. EMS,
8	hospitals, other health systems, and clinicians shall participate in a structured manner through
9	leadership, advocacy, injury prevention, education, clinical care, performance improvement, and
10	research resulting in integrated trauma care.
11	(28) (29) "Infectious Disease Control Policy" means a written policy describing how the EMS system will
12	protect and prevent its patients and EMS professionals from exposure and illness associated with
13	contagions and infectious disease.
14	(29) (30) "Lead RAC Agency" means the agency (comprised of one or more Level I or II trauma centers)
15	that provides staff support and serves as the coordinating entity for trauma planning.
16	(30) (31) "Level I Trauma Center" means a hospital that has the capability of providing guidance, research,
17	and total care for every aspect of injury from prevention to rehabilitation.
18	(31) (32) "Level II Trauma Center" means a hospital that provides trauma care regardless of the severity of
19	the injury injury, but may lack the comprehensive care as a Level I trauma center center, and does
20	not have trauma research as a primary objective.
21	(32) (33) "Level III Trauma Center" means a hospital that provides assessment, resuscitation, emergency
22	operations, and stabilization, and arranges for hospital transfer as needed to a Level I or II trauma
23	center.
24	(33) (34) "Licensed Health Care Facility" means any health care facility or hospital licensed by the
25	Department of Health and Human Services, Division of Health Service Regulation.
26	(34) (35) "Medical Crew Member" means EMS personnel or other health care professionals who are licensed
27	or registered in North Carolina and are affiliated with a SCTP.
28	(35) (36) "Medical Director" means the physician responsible for the medical aspects of the management of
29	an EMS System, Alternative Practice Setting, SCTP, a practice setting utilizing credentialed EMS
30	personnel or medical crew members, or a Trauma Center.
31	(36) (37) "Medical Oversight" means the responsibility for the management and accountability of the medical
32	care aspects of an EMS System, Alternative Practice Setting, or SCTP. a practice setting utilizing
33	credentialed EMS personnel or medical crew members. Medical Oversight includes physician
34	direction of the initial education and continuing education of EMS personnel or medical crew
35	members; development and monitoring of both operational and treatment protocols; evaluation of
36	the medical care rendered by EMS personnel or medical crew members; participation in system or

1	program evaluation; and directing, by two-way voice communications, the medical care rendered
2	by the EMS personnel or medical crew members.
3	(38) "Mobile Integrated Healthcare" means utilizing credentialed personnel who have received
4	additional training as determined by the Alternative Practice Setting medical director to provide
5	knowledge and skills for the healthcare provider program needs.
6	(37) (39) "Off-line Medical Control" means medical supervision provided through the EMS System Medical
7	Director or SCTP Medical Director who is responsible for the day-to-day medical care provided by
8	EMS personnel. This includes EMS personnel education, protocol development, quality
9	management, peer review activities, and EMS administrative responsibilities related to assurance of
10	quality medical care.
11	(38) (40) "Office of Emergency Medical Services" means a section of the Division of Health Service
12	Regulation of the North Carolina Department of Health and Human Services located at 1201
13	Umstead Drive, Raleigh, North Carolina 27603.
14	(39) (41) "On-line Medical Control" means the medical supervision or oversight provided to EMS personnel
15	through direct communication in-person, via radio, cellular phone, or other communication device
16	during the time the patient is under the care of an EMS professional.
17	(40) (42) "Operational Protocols" means the administrative policies and procedures of an EMS System or
18	that provide guidance for the day-to-day operation of the system.
19	(41) (43) "Participating Hospital" means a hospital that supplements care within a larger trauma system by
20	the initial evaluation and assessment of injured patients for transfer to a designated trauma center if
21	needed.
22	(42) (44) "Physician" means a medical or osteopathic doctor licensed by the North Carolina Medical Board
23	to practice medicine in the state of North Carolina.
24	(43) (45) "Regional Advisory Committee" means a committee comprised of a lead RAC agency and a group
25	representing trauma care providers and the community, for the purpose of regional trauma planning,
26	establishing, and maintaining a coordinated trauma system.
27	(44) (46) "Request for Proposal" means a State document that must be completed by each hospital seeking
28	initial or renewal trauma center designation.
29	(45) (47) "Significant Failure to Comply" means a degree of non-compliance determined by the OEMS
30	during compliance monitoring to exceed the ability of the local EMS System to correct, warranting
31	enforcement action pursuant to Section .1500 of this Subchapter.
32	(46) (48) "State Medical Asset and Resource Tracking Tool" means the Internet web-based program used by
33	the OEMS both daily in its daily operations and during times of disaster to identify, record record,
34	and monitor EMS, hospital, health eare care, and sheltering resources statewide, including facilities,
35	personnel, vehicles, equipment, and pharmaceutical and supply caches.
36	(47) (49) "Specialty Care Transport Program" means a program designed and operated for the transportation
37	of a patient by ground or air requiring specialized interventions, monitoring monitoring, and staffing

1	by a paramedic who has received additional training as determined by the program Medical Director
2	beyond the minimum training prescribed by the OEMS, or by one or more other healthcare
3	professional(s) qualified for the provision of specialized care based on the patient's condition.
4	(48) (50) "Specialty Care Transport Program Continuing Education Coordinator" means a Level I EMS
5	Instructor within a SCTP who is responsible for the coordination of EMS continuing education
6	programs for EMS personnel within the program.
7	(49) (51) "Stretcher" means any wheeled or portable device capable of transporting a person in a recumbent
8	position and may only be used in an ambulance vehicle permitted by the Department.
9	(50) (52) "Stroke" means an acute cerebrovascular hemorrhage or occlusion resulting in a neurologic deficit.
10	(51) (53) "System Continuing Education Coordinator" means the Level I EMS Instructor designated by the
11	local EMS System who is responsible for the coordination of EMS continuing education programs.
12	(52) (54) "System Data" means all information required for daily electronic submission to the OEMS by all
13	EMS Systems using the EMS data set, data dictionary, and file format as specified in "North
14	Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection,"
15	incorporated herein by reference including subsequent amendments and editions. This document is
16	available from the OEMS, 2707 Mail Service Center, Raleigh, North Carolina 27699-2707, at no
17	cost and online at www.ncems.org at no cost.
18	(53) (55) "Trauma Center" means a hospital designated by the State of North Carolina and distinguished by
19	its ability to manage, on a 24-hour basis, the severely injured patient or those at risk for severe
20	injury.
21	(54) (56) "Trauma Center Criteria" means essential criteria to define Level I, II, or III trauma centers.
22	(55) (57) "Trauma Center Designation" means a process of approval in which a hospital voluntarily seeks to
23	have its trauma care capabilities and performance evaluated by experienced on-site reviewers.
24	(56) (58) "Trauma Diversion" means a trauma center of its own volition declines to accept an acutely injured
25	patient due to a lack of staffing or resources.
26	(57) (59) "Trauma Guidelines" mean standards for practice in a variety of situations within the trauma system.
27	(58) (60) "Trauma Minimum Data Set" means the basic data required of all hospitals for submission to the
28	Trauma Registry.
29	(59) (61) "Trauma Patient" means any patient with an ICD-CM discharge diagnosis as defined in the "North
30	Carolina Trauma Registry Data Dictionary," incorporated herein by reference in accordance with
31	G.S.150B-21.6, including subsequent amendments and editions. This document is available from
32	the OEMS, 2707 Mail Service Center, Raleigh, North Carolina 27699-2707, at no cost and online
33	at https://www.ncdhhs.gov/dhsr/EMS/trauma/traumaregistry.html at no cost.
34	(60) (62) "Trauma Program" means an administrative entity that includes the trauma service and coordinates
35	other trauma-related activities. It shall also include the trauma Medical Director, trauma program
36	manager/trauma coordinator, and trauma registrar. This program's reporting structure shall give it

1		the ability to interact with at least equal authority with other departments in the hospital providing
2		patient care.
3	(61) <u>(63</u>	3) "Trauma Registry" means a disease-specific data collection composed of a file of uniform data
4		elements that describe the injury event, demographics, pre-hospital information, diagnosis, care,
5		outcomes, and costs of treatment for injured patients collected and electronically submitted as
6		defined by the OEMS. The elements of the Trauma Registry can be accessed at
7		https://www.ncdhhs.gov/dhsr/EMS/trauma/traumaregistry.html at no cost.
8	(62) <u>(64</u>	1) "Treatment Protocols" means a document approved by the Medical Directors of the local EMS
9		System, Specialty Care Transport Program, Alternative Practice Setting, or Trauma Center and the
10		OEMS specifying the diagnostic procedures, treatment procedures, medication administration, and
11		patient-care-related policies that shall be completed by EMS personnel or medical crew members
12		based upon the assessment of a patient.
13	(63) <u>(65</u>	(i) "Triage" means the assessment and categorization of a patient to determine the level of EMS and
14		healthcare facility based care required.
15	(64) <u>(66</u>) "Water Ambulance" means a watercraft specifically configured and medically equipped to transport
16		patients.
17		
18	History Note:	$Authority \ G.S. \ 131E-155(6b); \ 131E-162; \ 143-508(b), \ 143-508(d)(1); \ 143-508(d)(2); \ 143-508(d)($
19		$508(d)(3); \ 143-508(d)(4); \ 143-508(d)(5); \ 143-508(d)(6); \ 143-508(d)(7); \ 143-508(d)(8); \ 143-508($
20		508(d)(13); 143-518(a)(5);
21		Temporary Adoption Eff. January 1, 2002;
22		Eff. April 1, 2003;
23		Amended Eff. March 3, 2009 pursuant to E.O. 9, Beverly Perdue, March 3, 2009;
24		Pursuant to G.S. 150B-21.3(c), a bill was not ratified by the General Assembly to disapprove this
25		rule;
26		Readopted Eff. January 1, 2017. <u>2017:</u>
27		Amended Eff. July 1, 2018.