

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

**The North Carolina Medical Care Commission
701 Barbour Drive
Raleigh, North Carolina**

MINUTES

**CALLED MEETING OF THE EXECUTIVE COMMITTEE
CONFERENCE TELEPHONE MEETING ORIGINATING
FROM THE COMMISSION'S OFFICE**

**May 14, 2010
1:00 P.M.**

Members of the Executive Committee Present:

Lucy Hancock Bode, Chairman
Joseph D. Crocker, Vice-Chairman
George H.V. Cecil
Gerald P. Cox
Charles T. Frock
Mary L. Piepenbring

Members of the Executive Committee Absent:

Gerald P. Cox
Dr. Robert Schaaf

Members of Staff Present:

Jeff Horton, DHSR Acting Director/MCC Acting Secretary
Christopher B. Taylor, CPA, Assistant Secretary
Drexal Pratt, Chief, Office of Emergency Medical Services
Nadine Pfeiffer, Assistant Chief, Office of Emergency Medical Services/DHSR Rule Making Coordinator
Gloria Hale, EMSC Program Manager/DHSR Rule Making Coordinator in Training
Donnie Sides, Operations Manager, Office of Emergency Medical Services

Others Present:

None

1. **Purpose of Meeting**

To consider Office of Emergency Medical Services' Rules for medical ambulance/evacuation buses.

2. **10A NCAC 13P .0217 is proposed for adoption as follows:**

Executive Committee Action: A motion was made by Mr. Joe Crocker, seconded by Mr. George H.V. Cecil and unanimously approved with minor changes incorporated.

10A NCAC 13P .0217-MEDICAL AMBULANCE/EVACUATION BUS: VEHICLE AND EQUIPMENT REQUIREMENTS

(a) A Medical Ambulance/Evacuation bus is a multiple passenger vehicle configured and medically equipped for emergency and non-emergency transport of at least three stretcher bound patients with traumatic or medical conditions.

(b) To be permitted as a Medical Ambulance/Evacuation Bus, a vehicle shall have:

- (1) a non-light penetrating sliding curtain installed behind the driver from floor-to-ceiling and from side-to-side to keep all light from reaching the driver's area during vehicle operation at night;
- (2) patient care equipment and supplies as defined in the "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection," which is incorporated by reference, including subsequent amendments and editions. This document is available from the OEMS, 2707 Mail Service Center, Raleigh, North Carolina 27699-2707, at no cost. The equipment and supplies shall be clean, in working order, and secured in the vehicle;
- (3) five pound fire extinguishers mounted in a quick release bracket located inside the patient compartment at the front and rear of the vehicle that are either a dry chemical or all-purpose type and has a pressure gauge; and
- (4) monitor alarms installed inside the patient compartment at the front and rear of the vehicle to warn of unsafe buildup of carbon monoxide.
- (5) the name of the EMS Provider permanently displayed on each side of the vehicle;
- (6) reflective tape affixed to the vehicle such that there is reflectivity on all sides of the vehicle;
- (7) emergency warning lights and audible warning devices mounted on the vehicle as required by G.S. 20-125 in addition to those required by Federal Motor Vehicle Safety Standards. All warning devices shall function properly;
- (8) no structural or functional defects that may adversely affect the patient, the EMS personnel, or the safe operation of the vehicle;
- (9) an operational two-way radio that:

- (A) is mounted to the ambulance and installed for safe operation and controlled by the ambulance driver;
- (B) has sufficient range, radio frequencies, and capabilities to establish and maintain two-way voice radio communication from within the defined service area of the EMS System to the emergency communications center or PSAP designated to direct or dispatch the deployment of the ambulance;
- (C) is capable of establishing two-way voice radio communication from within the defined service area to the emergency department of the hospital(s) where patients are routinely transported and to facilities that provide on-line medical direction to EMS personnel;
- (D) is equipped with a radio control device mounted in the patient compartment capable of operation by the patient attendant to receive on-line medical direction; and
- (E) is licensed or authorized by the FCC;
- (10) permanently installed heating and air conditioning systems; and
- (11) a copy of the EMS System patient care treatment protocols.

(c) A Medical Ambulance/Evacuation Bus shall not use a radiotelephone device such as a cellular telephone as the only source of two-way radio voice communication.

(d) Communication instruments or devices such as data radio, facsimile, computer, or telemetry radio shall be in addition to the mission dedicated dispatch radio and shall function independently from the mission dedicated radio.

(e) The EMS System medical director shall designate the combination of medical equipment as required in Subparagraph (b)(2) of this Rule that is carried on a mission based on anticipated patient care needs.

History Note: Authority G.S. 131E-157(a); 143-508(d)(8);

Eff. January 1, 2011.

3. 10A NCAC 13P .0218 is proposed for adoption as follows:

**10A NCAC 13P .0218-PEDIATRIC SPECIALTY CARE GROUND AMBULANCE:
VEHICLE AND EQUIPMENT REQUIREMENTS**

(a) A Pediatric Specialty Care Ground Ambulance is an ambulance used solely to transport patients 18 years old or younger with traumatic or medical conditions or for whom the need for specialty care or emergency or non-emergency medical care is anticipated during an inter-facility or discharged patient transport.

(b) To be permitted as a Pediatric Specialty Care Ground Ambulance, a vehicle shall have:

- (1) a patient compartment that meets the following interior dimensions:

- (A) the length, measured on the floor from the back of the driver's compartment, driver's seat or partition to the inside edge of the rear loading doors, is at least 102 inches; and
 - (B) the height is at least 48 inches over the patient area, measured from the approximate center of the floor, exclusive of cabinets or equipment.
- (2) patient care equipment and supplies as defined in the "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection," which is incorporated by reference, including subsequent amendments and editions. This document is available from the OEMS, 2707 Mail Service Center, Raleigh, North Carolina 27699-2707, at no cost. The equipment and supplies shall be clean, in working order, and secured in the vehicle;
- (3) one fire extinguisher mounted in a quick release bracket that is either a dry chemical or all-purpose type and has a pressure gauge;
- (4) the name of the EMS Provider permanently displayed on each side of the vehicle;
- (5) reflective tape affixed to the vehicle such that there is reflectivity on all sides of the vehicle;
- (6) emergency warning lights and audible warning devices mounted on the vehicle as required by G.S. 20-125 in addition to those required by Federal Motor Vehicle Safety Standards. All warning devices shall function properly;
- (7) no structural or functional defects that may adversely affect the patient, the EMS personnel, or the safe operation of the vehicle;
- (8) an operational two-way radio that:
 - (A) is mounted to the ambulance and installed for safe operation and controlled by the ambulance driver;
 - (B) has sufficient range, radio frequencies, and capabilities to establish and maintain two-way voice radio communication from within the defined service area of the EMS System to the emergency communications center or PSAP designated to direct or dispatch the deployment of the ambulance;
 - (C) is capable of establishing two-way voice radio communication from within the defined service area to the emergency department of the hospital(s) where patients are routinely transported and to facilities that provide on-line medical direction to EMS personnel;
 - (D) is equipped with a radio control device mounted in the patient compartment capable of operation by the patient attendant to receive on-line medical direction; and
 - (E) is licensed or authorized by the FCC;
- (9) permanently installed heating and air conditioning systems; and
- (10) a copy of the EMS System patient care treatment protocols.

(c) Pediatric Specialty Care Ground ambulances shall not use a radiotelephone device such as a cellular telephone as the only source of two-way radio voice communication.

(d) Communication instruments or devices such as data radio, facsimile, computer, or telemetry radio shall be in addition to the mission dedicated dispatch radio and shall function independently from the mission dedicated radio.

(e) The Specialty Care Transport Program medical director shall designate the combination of medical equipment as required in Subparagraph (b)(2) of this Rule that is carried on a mission based on anticipated patient care needs.

History Note: Authority G.S. 131E-157(a); 143-508(d)(8);

Eff. January 1, 2011.

4. 10A NCAC 13P .0219 is proposed for adoption as follows:

**10A NCAC 13P .0219-STAFFING FOR MEDICAL AMBULANCE/EVACUATION
BUS VEHICLES**

Medical Ambulance/Evacuation Bus Vehicles are exempt from the requirements of G.S. 131E-158(a). The EMS System Medical Director shall determine the combination and number of EMT, EMT-Intermediate, or EMT-Paramedic personnel that are sufficient to manage the anticipated number and severity of injury or illness of the patients transported in the Medical Ambulance/Evacuation Bus vehicle.

History Note: Authority G.S. 131E-158(b);

Eff. January 1, 2011.

5. 10A NCAC 13P .0220 is proposed for adoption as follows:

**10A NCAC 13P .0220-STAFFING FOR PEDIATRIC SPECIALTY CARE GROUND
AMBULANCES**

Pediatric Specialty Care Ground Ambulances operated within the approved Specialty Care Transport Program dedicated for inter-facility transport of non-emergent, emergent, and critically ill or injured or discharged Neonatal and Pediatric patients are exempt from the requirements of G.S. 131E-158(a). The Specialty Care Program Medical Director shall determine the staffing that is sufficient to manage the severity of illness or injury of the patients transported in the Pediatric Specialty Care Ground Ambulance.

History Note: Authority G.S. 131E-158(b);

Eff. January 1, 2011.

6. Adjournment

There being no further business, the meeting was adjourned at 1:40 p.m.

Respectfully submitted,

Christopher B. Taylor, CPA, Assistant Secretary