1 2 10A NCAC 13P .0201 is proposed for readoption with substantive changes as follows:

3 10A NCAC 13P .0201 **EMS SYSTEM REQUIREMENTS** 4 (a) County governments shall establish EMS Systems. Each EMS System shall have: 5 (1)a defined geographical service area for the EMS System. The minimum service area for an EMS 6 System shall be one county. There may be multiple EMS Provider service areas within the service 7 area of an EMS System. The highest level of care offered within any EMS Provider service area 8 must be available to the citizens within that service area 24 hours per day; a day, seven days a 9 week; 10 a defined scope of practice for all EMS personnel, personnel functioning in the EMS System, (2)11 System within the parameters set forth by the North Carolina Medical Board pursuant to G.S. 143-12 514: 13 (3) written policies and procedures describing the dispatch, coordination coordination, and oversight 14 of all responders that provide EMS care, specialty patient care skills skills, and procedures as 15 defined in Rule .0301(a)(4) of this Subchapter, and ambulance transport within the system; 16 (4) at least one licensed EMS Provider; 17 a listing of permitted ambulances to provide coverage to the service area 24 hours per day; a day, (5) 18 seven days 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 written policies and procedures specific to the utilization of the EMS System's EMS Care data for (7)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(33) .0102(28) of this 25 Subchapter and written procedures which that are approved by the EMS System medical director 26 that address the cleansing and disinfecting of vehicles and equipment that are used to treat or 27 transport patients; 28 (9) a listing of facilities resources that will provide online medical direction for all EMS Providers 29 operating within the EMS System; 30 (10)an EMS communication system that provides for: 31 public access using the emergency telephone number to emergency services by dialing 9-(A) 32 1-1 within the public dial telephone network as the primary method for the public to 33 request emergency assistance. This number shall be connected to the emergency 34 communications center or PSAP with immediate assistance available such that no caller 35 will be instructed to hang up the telephone and dial another telephone number. A person 36 calling for emergency assistance shall not be required to speak with more than two 37 persons to request emergency medical assistance;

1		(B) an emergency communications system <u>a PSAP</u> operated by public safety
2		telecommunicators with training in the management of calls for medical assistance
3		available 24 hours per day; a day, seven days a week;
4		(C) dispatch of the most appropriate emergency medical response unit or units to any caller's
5		request for assistance. The dispatch of all response vehicles shall be in accordance with a
6		written EMS System plan for the management and deployment of response vehicles
7		including requests for mutual aid; and
8		(D) two-way radio voice communications from within the defined service area to the
9		emergency communications center or PSAP and to facilities where patients are routinely
10		transported. The emergency communications system PSAP shall maintain all required
11		FCC radio licenses or authorizations;
12	(11)	written policies and procedures for addressing the use of SCTP and Air Medical Programs
13		resources utilized within the system;
14	(12)	a written continuing education program for all credentialed EMS personnel, under the direction of
15		a System Continuing Education Coordinator, developed and modified based on feedback from
16		system EMS Care data, review, and evaluation of patient outcomes and quality management peer
17		reviews, that follows the guidelines of the: criteria set forth in Rule .0501 of this Subchapter;
18		(A) "US DOT NHTSA First Responder Refresher: National Standard Curriculum" for MR
19		personnel;
20		(B) "US DOT NHTSA EMT Basic Refresher: National Standard Curriculum" for EMT
21		personnel;
22		(C) "EMT P and EMT I Continuing Education National Guidelines" for EMT I and EMT F
23		personnel; and
24		(D) "US DOT NHTSA Emergency Medical Dispatcher: National Standard Curriculum" for
25		EMD personnel.
26		These documents are incorporated by reference in accordance with G.S. 150B 21.6, including
27		subsequent amendments and additions. These documents are available from NHTSA, 400 7th
28		Street, SW, Washington, D.C. 20590, at no cost;
29	(13)	written policies and procedures to address management of the EMS System that includes:
30		(A) triage and transport of all acutely ill and injured patients with time-dependent or other
31		specialized care issues including trauma, stroke, STEMI, burn, and pediatric patients that
32		may require the by-pass of other licensed health care facilities and which that are based
33		upon the expanded clinical capabilities of the selected healthcare facilities;
34		(B) triage and transport of patients to facilities outside of the system;
35		(C) arrangements for transporting patients to appropriate facilities when diversion or bypass
36		plans are activated;

1		(D)	reporting, monitoring, and establishing standards for system response times using $\frac{data}{data}$				
2			provided by the OEMS; data;				
3		(E)	weekly updating of the SMARTT EMS Provider information;				
4		(F)	a disaster plan; and				
5		(G)	a mass-gathering plan;				
6		<u>(H)</u>	a mass-casualty plan;				
7		<u>(I)</u>	a weapons plan for any weapon as set forth in Rule .0216 of this Section;				
8		<u>(J)</u>	a plan on how EMS personnel shall report suspected child abuse pursuant to G.S. 7B-				
9			<u>302;</u>				
10		<u>(K)</u>	a plan on how EMS personnel shall report suspected abuse of the elderly or disabled				
11			pursuant to G.S. 108A-102; and				
12		<u>(L)</u>	a plan on how each responding agency is to maintain a current roster of its personnel				
13			providing EMS care within the county under the provider number issued pursuant to				
14			Paragraph (c) of this Rule, in the OEMS credentialing and information database;				
15	(14)	affiliatio	on as defined in Rule .0102(4) .0102(3) of this Subchapter with the a trauma RAC as				
16		required	by Rule .1101(b) of this Subchapter; and				
17	(15)	medical	oversight as required by Section .0400 of this Subchapter.				
18	18 (b) Each EMS System that utilizes emergency medical dispatching agencies applying the principles of EMD or						
19	offering EMD se	rvices, pi	ocedures, or programs to the public shall have:				
20	(1)	a define	d service area for each agency;				
21	(2)	appropriate personnel within each agency, credentialed in accordance with the requirements set					
22		forth in	Section .0500 of this Subchapter, to ensure EMD services to the citizens within that				
23		service	area are available 24 hours per day, seven days a week; and				
24	(3)	EMD re	sponsibilities in special situations, such as disasters, mass-casualty incidents, or situations				
25		<u>requirin</u>	g referral to specialty hotlines.				
26	(c) The EMS Sy	stem sha	ll obtain provider numbers from the OEMS for each entity that provides EMS Care within				
27	the county.						
28	(b) (d) An applic	cation to	establish an EMS System shall be submitted by the county to the OEMS for review. When				
29	the system is comprised of more than one county, only one application shall be submitted. The proposal shall						
30	demonstrate that the system meets the requirements in Paragraph (a) of this Rule. System approval shall be granted						
31	for a period of size	x years.	Systems shall apply to OEMS for reapproval.				
32							
33	History Note:	Authori	ty G.S. 131E 155(1), (6), (8), (9), (15); <u>131E-155(1); 131E-155(6); 131E-155(7); 131E-</u>				
34		<u>155(8);</u>	131E-155(9); 131E-155(13a); 131E-155(15); 143 508(b), (d)(1), (d)(2), (d)(3), (d)(5),				
35		(d)(8), ($(d)(9)$, $(d)(10)$, $(d)(13)$; <u>143-508(b)</u> ; <u>143-508(d)(1)</u> ; <u>143-508(d)(2)</u> ; <u>143-508(d)(3)</u> ; <u>143-508(d)(3)}; <u>143-508(d)(3)</u>; <u>143-508(d)(3)}; <u>143-508(d)(3)</u>; <u>143-508(d)(3)}; <u>143-508(d)(3)</u>; <u>143-508(d)(3)}; <u>143-508(d)(3)}; <u>143-508(d)(3)}; </u><u>143-508(d)(3)}; <u>143-508(d)(3)}; </u><u>143-508(d)(3)}; <u>143-508(d)(3)}; <u>143-508(d)(3)}; </u><u>143-508(d)(3)}; <u>143-508(d)(3)}; <u>143-508(d)(3)</u>; <u>143-508(d)(3)}; <u>143-508(d)(3)</u>; <u>143-508(d)(3)}; 143-508(d)(3)}; <u>143-508(d)(3)</u>; <u>143-508(d)(3)}; 143-508(d)(3)}; 143-508(d)</u></u></u></u></u></u></u></u></u></u></u></u></u>				
36		<u>508(d)(</u>	5); 143-508(d)(8); 143-508(d)(9); 143-508(d)(10); (d)(13); 143-509(1), (3), (4), (5); 143-				
37		517; 14	3-518;				

1	Temporary Adoption Eff. January 1, 2002;
2	Eff. August 1, 2004;
3	Amended Eff. January 1, 2009. 2009;
4	<u>Readopted Eff. January 1, 2017.</u>