

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 an EMS System. The highest level of care offered within any EMS Provider service area shall be available to the citizens within that service area 24 hours a day, seven days a week;
- (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 set forth in Rule .0301 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 a day, seven days a week;
- (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 of this Subchapter and written procedures that 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 resources 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 to emergency services by dialing 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 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) a PSAP operated by public safety telecommunicators with training in the management of calls for medical assistance available 24 hours a day, seven days a week;
 - (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 PSAP and to facilities where patients are transported. The PSAP shall maintain all required FCC radio licenses or authorizations;
- (11) written policies and procedures for addressing the use of SCTP and Air Medical Programs resources utilized 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 EMS Care system data, review, and evaluation of patient outcomes and quality management peer reviews, that follows the criteria set forth in Rule .0501 of this Subchapter;
- (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 bypass of other licensed health care facilities and that 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 identified facilities when diversion or bypass plans are activated;

- (D) reporting, monitoring, and establishing standards for system response times using system data;
 - (E) a disaster plan;
 - (F) a mass-gathering plan that includes how the provision of EMS standby coverage for the public-at-large will be provided;
 - (G) a mass-casualty plan;
 - (H) a weapons plan for any weapon as set forth in Rule .0216 of this Section;
 - (I) a plan on how EMS personnel shall report suspected child abuse pursuant to G.S. 7B-301;
 - (J) a plan on how EMS personnel shall report suspected abuse of the disabled pursuant to G.S. 108A-102;
 - (K) a plan on how each responding agency is to maintain a current roster of its personnel providing EMS care within the county under the provider number issued pursuant to Paragraph (c) of this Rule, in the OEMS credentialing and information database; and
 - (L) a plan on how each licensed hospital facility will use and maintain two-way radio communication for receiving in coming patient from EMS providers;
- (14) affiliation as defined in Rule .0102 of this Subchapter with a trauma RAC as required by Rule .1101(b) of this Subchapter; and
 - (15) medical oversight as required by Section .0400 of this Subchapter.
- (b) Each EMS System that utilizes emergency medical dispatching agencies applying the principles of EMD or offering EMD services, procedures, or programs to the public shall have:
- (1) a defined service area for each agency;
 - (2) appropriate personnel within each agency, credentialed in accordance with the requirements set forth in Section .0500 of this Subchapter, to ensure EMD services to the citizens within that service area are available 24 hours per day, seven days a week, and a written policy describing how the agency will maintain a roster of credentialed EMD personnel in the OEMS credentialing and information database; and
 - (3) EMD responsibilities in special situations, such as disasters, mass-casualty incidents, or situations requiring referral to specialty hotlines; and
 - (4) EMD medical oversight as required in Section .0400 of this Subchapter.
- (c) The EMS System shall obtain provider numbers from the OEMS for each entity that provides EMS Care within the county.
- (d) 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 no more than 90 days prior to expiration.

History Note: Authority G.S. 131E-155(1); 131E-155(6); 131E-155(7); 131E-155(8); 131E-155(9); 131E-155(13a); 131E-155(15); 143-508(b); 143-508(d)(1); 143-508(d)(2); 143-508(d)(3); 143-508(d)(5); 143-508(d)(8); 143-508(d)(9); 143-508(d)(10); 143-508(d)(13); 143-517; 143-518; Temporary Adoption Eff. January 1, 2002; Eff. August 1, 2004; Amended Eff. January 1, 2009; Readopted Eff. January 1, 2017; Amended Eff. April 1, 2024; July 1, 2018.