

Pg. 6128; §1021.8(b)
Duty to provide EMS data and records

All EMS personnel of _____

EMS Agency Name

(Address) _____

(City) _____ (State) _____ (Zip) _____

AFFILIATE #: _____

§ 1027.3. Licensure and general operating standards

(p) *Policies and procedures.* An EMS agency shall maintain written policies and procedures ensuring that each of the requirements imposed under this section, as well as the requirements imposed under § 1021.8(b), 1021.41, 1021.42, 1021.64 and 1027.5 and Chapter 1051 (relating to out-of-hospital do-not-resuscitate orders), are satisfied by the EMS agency and its staff. It shall also maintain written policies and procedures addressing infection control, management of personnel safety and the safe operation of EMS vehicles, storage and environmental control of medications, substance abuse in the workplace and the placement and operation of its resources, and ensure that appropriate staff is familiar with these policies and procedures.

§ 1021.8. EMS data collection.

(b) *Duty to provide EMS data and records.* Persons regulated by the Department under the act, as well as PSAPs and others dispatchers of EMS resources, shall provide data and access to records, including audio records, without charge, as reasonably requested by the Department, the regional EMS councils or the Advisory Board when they are acting for and on behalf of the Department, to aid the Department, the regional EMS councils and the Advisory Board in conducting the activities referenced in subsection (a) and engaging in an investigation authorized under the act and this subpart.

Signature of Principal Official

Printed Name of Principal Official

Date

Pgs. 6130 & 6157; §1021.41 & 1027.3(b)(2)
EMS Patient Care Report

All EMS personnel of _____

EMS Agency Name

(Address) _____

(City) _____ (State) _____ (Zip) _____

AFFILIATE #: _____

§ 1027.3. Licensure and general operating standards

(p) *Policies and procedures.* An EMS agency shall maintain written policies and procedures ensuring that each of the requirements imposed under this section, as well as the requirements imposed under §§ 1021.8(b), 1021.41, 1021.42, 1021.64 and 1027.5 and Chapter 1051 (relating to out-of-hospital do-not-resuscitate orders), are satisfied by the EMS agency and its staff. It shall also maintain written policies and procedures addressing infection control, management of personnel safety and the safe operation of EMS vehicles, storage and environmental control of medications, substance abuse in the workplace and the placement and operation of its resources, and ensure that appropriate staff are familiar with these policies and procedures.

§ 1021.41. EMS patient care reports.

(a) EMS agencies shall collect, maintain and electronically report complete, accurate and reliable patient data and other information as solicited on the EMS PCR form for calls for assistance in the format prescribed by the Department. An EMS agency shall file the report for calls to which it responds that result in EMS being provided. The report shall be made by completing an EMS PCR within the time prescribed by the EMS agency's written policies, no later than 72 hours after the EMS agency concludes patient care, and then submitting it, within 30 days, to the regional EMS council that is assigned responsibilities for the region in which the EMS agency is licensed. Upon request, the EMS agency shall provide a copy of the EMS PCR to the regional EMS council that is assigned responsibilities for the region in which the EMS agency encountered the patient. An entity located out-of-State, but licensed as an EMS agency by the Department, shall file its EMS PCRs with the regional EMS council with which it has been directed to file its EMS PCRs by the Department. The Department will publish a list of the data elements and the form specifications for the EMS PCR form in a notice in the *Pennsylvania Bulletin* and on the Department's web site. The reporting shall conform to the requirements in the notice published in the

Pennsylvania Bulletin. The Department will maintain a list of software it has determined to satisfy the requirements for electronic reporting.

(b) When an EMS provider relinquishes primary responsibility for the care of a patient to another EMS provider, the EMS provider relinquishing that responsibility shall provide the other EMS provider with the patient information that has been collected.

(c) When an EMS agency transports a patient to a receiving facility, before its ambulance departs from the receiving facility, the EMS agency having primary responsibility for the patient shall verbally and in writing, or other means by which information is recorded, report to the individual at the receiving facility assuming responsibility for the patient, the patient information that is essential for immediate transmission for patient care. The Department will publish a notice in the *Pennsylvania Bulletin* specifying the types of patient information that are essential for patient care. The EMS agency shall provide the completed EMS PCR to the receiving facility to which the patient was transported within 72 hours after the EMS agency concluded patient care. Upon request of any other facility that subsequently provides health care services to the patient related to the reason the patient was transported to the original receiving facility, the EMS agency shall provide the completed EMS PCR to that facility within 24 hours of the request or within 72 hours after the EMS agency concluded patient care, whichever is later. The EMS agency shall submit the data to the facility in a mutually acceptable manner to the facility and the EMS agency which ensures the confidentiality of information in the EMS PCR.

(d) The EMS provider who assumes primary responsibility for the patient shall complete an EMS PCR for the patient and ensure that the EMS PCR is accurate and complete and completed within the time prescribed by the EMS agency under subsection (a). When a patient is transported to a receiving facility, an EMS provider of the EMS agency having primary responsibility for the patient shall also ensure that before the ambulance departs from the receiving facility essential patient information is reported to the receiving facility as required under subsection (c).

(e) The EMS agency shall retain a copy of the EMS PCR for a minimum of 7 years.

§ 1027.3. Licensure and general operating standards

(b) *Documentation requirements after licensure.* An EMS agency shall have the following documents available for inspection by the Department or a regional EMS council when it applies for registration of its license and at all other times:

(2) EMS PCRs.

At inspection view Transfer of Care forms and Patient Care Reports

Signature of Principal Official

Printed Name of Principal Official

Date

Pg. 6131; §1021.42
Dissemination of Information

All EMS personnel of _____

EMS Agency Name

(Address) _____

(City) _____ (State) _____ (Zip) _____

AFFILIATE #: _____

§ 1027.3. Licensure and general operating standards

(p) *Policies and procedures.* An EMS agency shall maintain written policies and procedures ensuring that each of the requirements imposed under this section, as well as the requirements imposed under §§ 1021.8(b), 1021.41, 1021.42, 1021.64 and 1027.5 and Chapter 1051 (relating to out-of-hospital do-not-resuscitate orders), are satisfied by the EMS agency and its staff. It shall also maintain written policies and procedures addressing infection control, management of personnel safety and the safe operation of EMS vehicles, storage and environmental control of medications, substance abuse in the workplace and the placement and operation of its resources, and ensure that appropriate staff is familiar with these policies and procedures.

§ 1021.42. Dissemination of information.

(a) A person who collects, has access to or knowledge of information collected under § 1021.41 (relating to EMS patient care reports), by virtue of that person's participation in the Statewide EMS system, may not provide the EMS PCR, or disclose the information contained in the report or a report or record thereof, except:

(1) To another person who by virtue of that person's office as an employee of the Department or a regional EMS council is entitled to obtain the information.

(2) For research or EMS planning purposes approved by the Department, subject to strict supervision by the Department to ensure that the use of the data is limited to the specific research or planning and that appropriate measures are taken to protect patient confidentiality.

(3) To the patient who is the subject of the report or to a person who is authorized to exercise the rights of the patient with respect to securing the information, such as a person appointed as the patient's health care agent under a health care power of attorney.

(4) Under an order of a court of competent jurisdiction, including a subpoena when it constitutes a court order, except when the information is of a nature that disclosure under a subpoena is not authorized by law.

(5) For the purpose of quality improvement or peer review activities, with strict attention to patient confidentiality.

(6) For the purpose of data entry, data retrieval and billing, with strict attention to patient confidentiality.

(7) As authorized under § 1021.41.

(8) To a health care provider to whom a patient's medical record may be released under law.

(b) The Department or a regional EMS council may disseminate nonconfidential, statistical data collected from EMS PCRs to EMS agencies and other participants in the Statewide EMS system for improvement of services.

Signature of Principal Official

Printed Name of Principal Official

Date

Pgs. 6132 & 6158; §1021.64 & 1027.3 (l)
Participation in Statewide &
Regional Quality Improvement Programs
And
EMS Agency Quality Improvement and Safety Committees

All EMS personnel of _____

EMS Agency Name

(Address) _____

(City) _____ (State) _____ (Zip) _____

AFFILIATE #: _____

§ 1027.3. Licensure and general operating standards

(p) *Policies and procedures.* An EMS agency shall maintain written policies and procedures ensuring that each of the requirements imposed under this section, as well as the requirements imposed under §§ 1021.8(b), 1021.41, 1021.42, 1021.64 and 1027.5 and Chapter 1051 (relating to out-of-hospital do-not-resuscitate orders), are satisfied by the EMS agency and its staff. It shall also maintain written policies and procedures addressing infection control, management of personnel safety and the safe operation of EMS vehicles, storage and environmental control of medications, substance abuse in the workplace and the placement and operation of its resources, and ensure that appropriate staff are familiar with these policies and procedures.

§ 1021.64. Cooperation.

Each individual and entity licensed, certified, recognized, accredited or otherwise authorized by the Department to participate in the Statewide EMS system shall cooperate in the Statewide and regional EMS quality improvement programs and peer reviews conducted under the act and this subchapter and shall provide information, data, reports and access to records, including audio records, as reasonably requested by quality improvement and peer review committees to conduct reviews.

§ 1027.3. Licensure and general operating standards

(l) *Committees.* An EMS agency shall have a safety committee and a quality improvement committee that meet at least quarterly. If an EMS agency operates an

EMS agency dispatch center, the quality improvement committee shall also be responsible for the quality improvement of the EMS agency dispatch center and participate in the county PSAP quality assurance process.

At inspection view at least the quarterly minutes of the QI and Safety Committees meetings.

Signature of Principal Official

Printed Name of Principal Official

Date

**Pgs. 6155 & 6160; §1027.1(b)(3), 1027.3(a)(4)(p) & 1027.6
Staffing Plan & Statewide EMS response plan**

All EMS personnel of _____

EMS Agency Name

(Address) _____

(City) _____ (State) _____ (Zip) _____

AFFILIATE #: _____

§ 1027.1. General provisions.

(b) License requirements

(3) The applicant shall meet staffing standards for the vehicles it seeks to operate and the services it seeks to provide. Subject to the exceptions in § 1027.6 (relating to Statewide EMS response plan), this includes providing EMS services 24-hours-a-day, 7-days-a-week or participating in a county-level or broader-level EMS response plan approved by the Department.

§ 1027.3. Licensure and general operating standards

(a) Documentation requirements for licensure. An applicant for an EMS agency license shall have the following documents available for inspection by the Department or a regional EMS council:

(4) Its process for scheduling staff to ensure that the minimum staffing requirements as required by this chapter are met.

(p) Policies and procedures. An EMS agency shall maintain written policies and procedures ensuring that each of the requirements imposed under this section, as well as the requirements imposed under §§ 1021.8(b), 1021.41, 1021.42, 1021.64 and 1027.5 and Chapter 1051 (relating to out-of-hospital do-not-resuscitate orders), are satisfied by the EMS agency and its staff. It shall also maintain written policies and procedures addressing infection control, management of personnel safety and the safe operation of EMS vehicles, storage and environmental control of medications, substance abuse in the workplace and the placement and operation of its resources, and ensure that appropriate staff are familiar with these policies and procedures.

§ 1027.6. Statewide EMS response plan.

An EMS agency may provide an EMS service at a location through which it is licensed to provide that service, less than 24 hours-a-day, 7 days-a-week, as follows:

(1) Day or time requirements are not applicable to an EMS agency's operation of an air or water ambulance service.

(2) A tactical EMS response service shall be available at all times that a law enforcement service with which it is affiliated requests its participation in a tactical law enforcement operation.

(3) An EMS agency may operate any EMS service less than 24 hours-a-day, 7 days-a-week, out of any location through which it is licensed to provide the service, in accordance with a county-level or broader-level EMS response plan approved by the Department.

(4) An EMS agency may operate an intermediate ALS ambulance service less than 24 hours-a-day, 7 days-a-week if the EMS agency also operates a BLS ambulance service or an ALS ambulance service at the same location through which it is licensed to provide the intermediate ALS ambulance service.

Need copy of the Agency's staffing plan which may include county-level or broader-level response plan.

Signature of Principal Official

Printed Name of Principal Official

Date

**Various sections of EMS System Act
Satisfying Personnel Requirements -
Staffing Standards for Services (information)**

All EMS personnel of _____

EMS Agency Name

(Address) _____

(City) _____ (State) _____ (Zip) _____

AFFILIATE #: _____

§ 1027.32. Quick response service.

(c) *Staffing.* The minimum staffing for a QRS is one EMS provider. If the QRS responds to a call with a BLS squad vehicle, intermediate ALS squad vehicle or ALS squad vehicle, the minimum staff shall also include an EMSVO, except that only one person is required if the EMSVO is also the EMS provider.

§ 1027.33. Basic life support ambulance service.

(c) *Staffing.*

(1) The minimum staffing for a BLS ambulance crew when responding to a call to provide EMS and transporting a patient is an EMS provider at or above the EMR level, a second EMS provider at or above the EMT level and an EMSVO, except that only a two-person ambulance crew is required if the EMSVO is also one of the EMS providers and an EMS provider above the EMR level is available to attend to the patient during patient transport. Until April 11, 2016, an ambulance attendant who has not yet secured certification as an EMR may substitute for an EMR.

(2) Responding ambulance crew members may arrive at the scene separately, but the ambulance shall be fully staffed at or above the required minimum staffing level before transporting a patient.

§ 1027.34. Intermediate advanced life support ambulance service.

(b) *Staffing.* The minimum staffing for an intermediate ALS ambulance crew when responding to a call to provide EMS to a patient who requires EMS at the skill level of an AEMT is an EMS provider at or above the AEMT level, a second EMS provider at or above the EMR level and an EMSVO, except that only a two-person ambulance crew is required if the EMSVO is also one of the EMS providers and an EMS provider at or above the AEMT level is available to attend to the patient during patient transport. Responding ambulance crew members may arrive at the scene separately, but the ambulance shall be fully staffed at or above the minimum staffing level before transporting the patient.

§ 1027.35. Advanced life support ambulance service

(b) *Staffing.* The minimum staffing for an ALS ambulance crew when responding to a call to provide EMS to a patient who requires EMS above the skill level of an AEMT is an EMS provider at or above the EMT level, a second EMS provider above the AEMT level and an EMSVO, except that only a two-person ambulance crew is required if the EMSVO is also one of the EMS providers and an EMS provider above the AEMT level is available to attend to the patient during patient transport. Responding ambulance crew members may arrive at the scene separately, but the ambulance shall be fully staffed at or above the minimum staffing level before transporting a patient.

§ 1027.36. Basic life support squad service.

(b) *Staffing.* The minimum staffing for a BLS squad vehicle crew when responding to a call to provide EMS is an EMS provider at or above the EMT level and an EMSVO, except that only one person is required if the EMSVO is also the EMS provider.

§ 1027.37. Intermediate advanced life support squad service.

(b) *Staffing.* The minimum staffing for an intermediate ALS squad vehicle crew when responding to a call to provide EMS is an EMS provider at or above the AEMT level and an EMSVO, except that only one person is required if the EMSVO is also the EMS provider.

§ 1027.38. Advanced life support squad service.

(b) *Staffing.* The minimum staffing for an ALS squad vehicle crew when responding to a call to provide EMS is an EMS provider above the AEMT level and an EMSVO, except that only one person is required if the EMSVO is also the EMS provider.

§ 1027.39. Critical care transport ambulance service

(b) *Staffing.* The minimum staffing for a critical care transport crew when responding to a call to provide critical care transport is an EMSVO and two EMS providers above the AEMT level with at least one of the EMS providers being a paramedic, PHPE, PHRN or a PHP who has successfully completed a critical care transport educational program approved by the Department. Provided that one of the EMS providers is a paramedic, PHPE, PHRN or a PHP who has successfully completed a critical care transport educational program approved by the Department, another health care provider or providers may substitute for a second EMS provider above the AEMT level to attend to a patient with special medical needs if the EMS agency has submitted to the Department, and received the Department's approval, a plan that provides for substitution to attend to the needs of those patients in accordance with the Department-approved protocol the EMS agency has established for its critical care transport service. Responding crew members may arrive at the scene separately, but the ambulance shall be fully staffed at or above the minimum staffing level before transporting a patient.

§ 1027.40. Air ambulance service.

(b) *Staffing.* The minimum staffing for an air ambulance crew when responding to a call to transport a patient by air ambulance is a pilot and two EMS providers above the AEMT level, with at least one of the EMS providers being a paramedic, PHPE, PHRN or a PHP who has successfully completed an air ambulance transport educational program approved by the Department. Provided that one of the EMS providers is a paramedic, PHPE, PHRN or a PHP who has successfully completed an air ambulance transport educational program approved by the Department, another health care provider or providers may substitute for a second EMS provider above the AEMT level to attend to a patient with special medical needs if the EMS agency has submitted to the Department, and received the Department's approval of, a plan that provides for substitution to attend to the needs of those patients in accordance with the Department-approved protocol the EMS agency has established for its air ambulance service. Responding crew members may arrive at the scene separately, but the ambulance shall be fully staffed at or above the minimum staffing level before transporting a patient.

§ 1027.41. Special operations EMS services.

(c) *Tactical EMS service.*

(3) *Staffing.* An EMS agency that provides a tactical EMS service shall be staffed by at least six EMS providers who are above the AEMT level with a minimum of 2 years of experience as an EMS provider above the AEMT level, and who have completed an educational program approved by the Department on tactical EMS operations. The minimum staff when providing EMS support as a tactical EMS service is two EMS providers who meet these standards. All EMS providers who provide EMS for an EMS agency's tactical EMS service shall be 21 years of age or older.

(d) *Wilderness EMS service*

(3) *Staffing.* An EMS agency that provides a wilderness EMS service shall be staffed by at least six EMS providers who have completed an educational program approved by the Department on wilderness EMS operations. The minimum staff when providing EMS as a wilderness EMS service is two EMS providers at or above the EMT level who meet these standards. EMS providers who provide EMS for a wilderness EMS service shall be 18 years of age or older.

(e) *Mass-gathering EMS service*

(3) *Staffing.* An EMS agency that provides mass gathering EMS service shall be staffed by at least six EMS providers. The minimum staff when providing EMS support as a mass-gathering EMS service is two EMS providers with at least one EMS provider at or above the EMT level.

(f) *Urban search and rescue EMS service*

(3) *Staffing.* An EMS agency that provides a USAR EMS service shall be staffed by at least six EMS providers above the level of AEMT who have completed an

educational program approved by the Department on USAR EMS operations. The minimum staff when providing EMS as a USAR EMS service is two EMS providers above the AEMT level who meet these standards. EMS providers who provide EMS for a USAR EMS service shall be 18 years of age or older.

§ 1027.42. Water ambulance service.

(c) *Specific provisions.*

(1) A BLS water ambulance service shall meet the requirements of § 1027.33 (relating to basic life support ambulance service).

(2) An intermediate ALS water ambulance service shall meet the requirements of § 1027.34 (relating to intermediate advanced life support ambulance service).

(3) An ALS water ambulance service shall meet the requirements of § 1027.35 (relating to advanced life support ambulance service).

(d) *EMSVOs.* Notwithstanding subsection (c), the minimum staffing standards for a water ambulance service do not include an EMSVO.

Signature of Principal Official

Printed Name of Principal Official

Date

Pgs. 6157-6159; §1027.3
Documentation requirements for licensure

All EMS personnel of _____

EMS Agency Name

(Address) _____

(City) _____ (State) _____ (Zip) _____

AFFILIATE #: _____

§ 1027.3. Licensure and general operating standards

(a) *Documentation requirements for licensure.* An applicant for an EMS agency license shall have the following documents available for inspection by the Department or a regional EMS council:

- (1) A roster of active personnel, including the EMS agency medical director, with certification and registration documentation including certification numbers and dates of registration expiration for each EMS provider and EMSVO.
- (2) A record of the age of each EMS provider and EMSVO and a copy of the driver's license for each EMSVO.
- (3) Documentation, if applicable, of the initial and most recent review of each EMS provider's competence by the EMS agency medical director and the EMS provider certification level at which each EMS provider is permitted to practice.
- (4) Its process for scheduling staff to ensure that the minimum staffing requirements as required by this chapter are met.
- (5) Identification of persons who are responsible for making operating and policy decisions for the EMS agency, such as officers, directors and other EMS agency officials.
- (6) Criminal, disciplinary and exclusion information for all persons who staff the EMS agency as required under subsection (f).
- (7) Copies of the Statewide and applicable regional EMS protocols.
- (8) Copies of the written policies required under this section.

(9) Copies of documents by which it agrees to manage another EMS agency or to be managed by another entity.

(b) *Documentation requirements after licensure.* An EMS agency shall have the following documents available for inspection by the Department or a regional EMS council when it applies for registration of its license and at all other times:

(1) The documents that are required to be available for inspection under subsection (a).

(2) EMS PCR.s.

(3) Call volume records from the previous year's operations. These records must include a record of each call received requesting the EMS agency to respond to an emergency, as well as a notation of whether it responded to the call and the reason if it did not respond.

(4) A record of the time periods for which the EMS agency notified the PSAP, under subsection (g)(1), that it would not be available to respond to a call.

(p) *Policies and procedures.* An EMS agency shall maintain written policies and procedures ensuring that each of the requirements imposed under this section, as well as the requirements imposed under §§ 1021.8(b), 1021.41, 1021.42, 1021.64 and 1027.5 and Chapter 1051 (relating to out-of-hospital do-not-resuscitate orders), are satisfied by the EMS agency and its staff. It shall also maintain written policies and procedures addressing infection control, management of personnel safety and the safe operation of EMS vehicles, storage and environmental control of medications, substance abuse in the workplace and the placement and operation of its resources, and ensure that appropriate staff are familiar with these policies and procedures.

Signature of Principal Official

Printed Name of Principal Official

Date

Pg. 6157; §1027.3(a)(9)
Management service contracts

All EMS personnel of _____

EMS Agency Name

(Address) _____

(City) _____ (State) _____ (Zip) _____

AFFILIATE #: _____

§ 1027.3. Licensure and general operating standards

(p) *Policies and procedures.* An EMS agency shall maintain written policies and procedures ensuring that each of the requirements imposed under this section, as well as the requirements imposed under §§ 1021.8(b), 1021.41, 1021.42, 1021.64 and 1027.5 and Chapter 1051 (relating to out-of-hospital do-not-resuscitate orders), are satisfied by the EMS agency and its staff. It shall also maintain written policies and procedures addressing infection control, management of personnel safety and the safe operation of EMS vehicles, storage and environmental control of medications, substance abuse in the workplace and the placement and operation of its resources, and ensure that appropriate staff are familiar with these policies and procedures.

§ 1027.3. Licensure and general operating standards

(9) Copies of documents by which it agrees to manage another EMS agency or to be managed by another entity.

Example

These contacts may include the following but not limited to;

1. Billing agreements
2. Bookkeeping agreements
3. EMS Provider
4. Medical Director Agreements
5. Other Administrative functions

Need to view contracts and agreements (agency medical director will need copy)

Signature of Principal Official

Printed Name of Principal Official

Date

Pg. 6157; §1027.3(b)(3)
Call volume records

All EMS personnel of _____

EMS Agency Name

(Address) _____

(City) _____ (State) _____ (Zip) _____

AFFILIATE #: _____

§ 1027.3. Licensure and general operating standards

(p) *Policies and procedures.* An EMS agency shall maintain written policies and procedures ensuring that each of the requirements imposed under this section, as well as the requirements imposed under §§ 1021.8(b), 1021.41, 1021.42, 1021.64 and 1027.5 and Chapter 1051 (relating to out-of-hospital do-not-resuscitate orders), are satisfied by the EMS agency and its staff. It shall also maintain written policies and procedures addressing infection control, management of personnel safety and the safe operation of EMS vehicles, storage and environmental control of medications, substance abuse in the workplace and the placement and operation of its resources, and ensure that appropriate staff are familiar with these policies and procedures.

§ 1027.3. Licensure and general operating standards

(b) *Documentation requirements after licensure.* An EMS agency shall have the following documents available for inspection by the Department or a regional EMS council when it applies for registration of its license and at all other times:

(3) Call volume records from the previous year's operations. These records must include a record of each call received requesting the EMS agency to respond to an emergency, as well as a notation of whether it responded to the call and the reason if it did not respond.

Need to view call volume records

Signature of Principal Official

Printed Name of Principal Official

Date

Pgs. 6157 & 6158; §1027.3(b)(4) & 1027.3(g)
Communicating With PSAPs

All EMS personnel of _____

EMS Agency Name

(Address) _____

(City) _____ (State) _____ (Zip) _____

AFFILIATE #: _____

§ 1027.3. Licensure and general operating standards

(p) *Policies and procedures.* An EMS agency shall maintain written policies and procedures ensuring that each of the requirements imposed under this section, as well as the requirements imposed under §§ 1021.8(b), 1021.41, 1021.42, 1021.64 and 1027.5 and Chapter 1051 (relating to out-of-hospital do-not-resuscitate orders), are satisfied by the EMS agency and its staff. It shall also maintain written policies and procedures addressing infection control, management of personnel safety and the safe operation of EMS vehicles, storage and environmental control of medications, substance abuse in the workplace and the placement and operation of its resources, and ensure that appropriate staff are familiar with these policies and procedures.

§ 1027.3. Licensure and general operating standards

(b) *Documentation requirements after licensure.* An EMS agency shall have the following documents available for inspection by the Department or a regional EMS council when it applies for registration of its license and at all other times:

(4) A record of the time periods for which the EMS agency notified the PSAP, under subsection (g)(1), that it would not be available to respond to a call.

(g) *Communicating with PSAPs.*

(1) *Responsibility to communicate unavailability.* An EMS agency shall apprise the PSAP in its area, in advance, as to when it will not be in operation due to inadequate staffing or for another reason and when its resources are committed in a manner that it will not be able to respond with an EMS vehicle, if applicable, and required staff, to a request to provide EMS.

(2) *Responsibility to communicate delayed response.* An EMS agency shall apprise the PSAP, as soon as practical after receiving a dispatch call from the PSAP, if it is not able to have an appropriate EMS vehicle, if applicable, or otherwise provide the

requested level of service, including having the required staff en route to an emergency within the time as may be prescribed by a PSAP for that type of dispatch.

(3) *Responsibility to communicate with PSAP generally.* An EMS agency shall provide a PSAP with information, and otherwise communicate with a PSAP, as the PSAP requests to enhance the ability of the PSAP to make dispatch decisions.

(4) *Response to dispatch by PSAP.* An EMS agency shall respond to a call for emergency assistance as communicated by the PSAP, provided it is able to respond as requested. An EMS agency is able to respond as requested if it has the staff and an operational EMS vehicle, if needed, capable of responding to the dispatch. An EMS agency may not refuse to respond to a dispatch based upon a desire to keep staff or an EMS vehicle in reserve to respond to other calls to which it has not already committed.

This agency will supply the Regional EMS Office/DOH with monthly reports for each call it was unavailable to respond to during the previous month. This will included but not be limited to the following.

- 1. Insufficient Staffing**
- 2. Vehicle in garage for maintenance**
- 3. Crew unable to get to station because of weather**
- 4. Communications radio/minitors not working**

This notification will be emailed/mailed to the Regional office by the 10th of each month for the previous month. If no calls were missed we will also notify the Region/DOH by the 10th of the month that no calls were missed for the previous month. These reports also comply with Regional Quality Improvement Committee.

All records of EMS activations, communications, responses, etc. with the PSAP centers are available to the inspector.

Signature of Principal Official

Printed Name of Principal Official

Date

Pg. 6157; §1027.3(c)
EMS vehicles, equipment and supplies.

All EMS personnel of _____

EMS Agency Name

(Address) _____

(City) _____ (State) _____ (Zip) _____

AFFILIATE #: _____

§ 1027.3. Licensure and general operating standards

(p) *Policies and procedures.* An EMS agency shall maintain written policies and procedures ensuring that each of the requirements imposed under this section, as well as the requirements imposed under §§ 1021.8(b), 1021.41, 1021.42, 1021.64 and 1027.5 and Chapter 1051 (relating to out-of-hospital do-not-resuscitate orders), are satisfied by the EMS agency and its staff. It shall also maintain written policies and procedures addressing infection control, management of personnel safety and the safe operation of EMS vehicles, storage and environmental control of medications, substance abuse in the workplace and the placement and operation of its resources, and ensure that appropriate staff are familiar with these policies and procedures.

§ 1027.3. Licensure and general operating standards

(c) *EMS vehicles, equipment and supplies.* The Department will publish in the *Pennsylvania Bulletin*, and update as necessary, vehicle construction, and equipment and supply requirements for EMS agencies based upon the types of services they provide and the EMS vehicles they operate. Required equipment and supplies shall be carried and readily available in working order.

Signature of Principal Official

Printed Name of Principal Official

Date

Pg. 6157; §1027.3(d)
Use of persons under 18 years of age

All EMS personnel of _____

EMS Agency Name

(Address) _____

(City) _____ (State) _____ (Zip) _____

AFFILIATE #: _____

§ 1027.3. Licensure and general operating standards

(p) *Policies and procedures.* An EMS agency shall maintain written policies and procedures ensuring that each of the requirements imposed under this section, as well as the requirements imposed under §§ 1021.8(b), 1021.41, 1021.42, 1021.64 and 1027.5 and Chapter 1051 (relating to out-of-hospital do-not-resuscitate orders), are satisfied by the EMS agency and its staff. It shall also maintain written policies and procedures addressing infection control, management of personnel safety and the safe operation of EMS vehicles, storage and environmental control of medications, substance abuse in the workplace and the placement and operation of its resources, and ensure that appropriate staff are familiar with these policies and procedures.

§ 1027.3. Licensure and general operating standards

(d) *Use of persons under 18 years of age.* The EMS agency shall comply with the Child Labor Act (43 P. S. §§ 40.1—40.14), or a successor act, and regulations adopted under the Child Labor Act when it is using persons under 18 years of age to staff its operations. The EMS agency shall also ensure that an EMS provider under 18 years of age, when providing EMS on behalf of the EMS agency, is directly supervised by an EMS provider who is at least 21 years of age who has the same or higher level of EMS provider certification and at least 1 year of active practice as an EMS provider.

Within personnel files, agency needs confirmation of all providers age – Driver's license can be used.

Signature of Principal Official

Printed Name of Principal Official

Date

**Pg. 6158; §1027.3(f)
Responsible Staff**

All EMS personnel of _____

EMS Agency Name

(Address) _____

(City) _____ (State) _____ (Zip) _____

AFFILIATE #: _____

§ 1027.3. Licensure and general operating standards

(p) *Policies and procedures.* An EMS agency shall maintain written policies and procedures ensuring that each of the requirements imposed under this section, as well as the requirements imposed under §§ 1021.8(b), 1021.41, 1021.42, 1021.64 and 1027.5 and Chapter 1051 (relating to out-of-hospital do-not-resuscitate orders), are satisfied by the EMS agency and its staff. It shall also maintain written policies and procedures addressing infection control, management of personnel safety and the safe operation of EMS vehicles, storage and environmental control of medications, substance abuse in the workplace and the placement and operation of its resources, and ensure that appropriate staff are familiar with these policies and procedures.

§ 1027.3. Licensure and general operating standards

(f) *Responsible staff.* An EMS agency shall ensure that persons who staff the EMS agency, including its officers, directors and other members of its management team, EMS providers and EMSVOs, are responsible persons. In making that determination, it shall require each person who staffs the EMS agency to provide it with the information and documentation an EMS provider is required to provide to the Department under § 1023.21(b) (relating to general rights and responsibilities) and require each EMSVO to provide it with the information and documentation an EMSVO is required to provide to the Department under § 1023.21(b), and to update that information if and when additional convictions, disciplinary sanctions and exclusions occur. The EMS agency shall consider this information in determining whether the person is a responsible person. An EMS agency shall also provide the Department with notice, at least 30 days in advance, of any change in its management personnel to include as a new member of its management team a person who has reported to it information required under this subsection.

Within personnel files, agency needs information and documentation that is the same that is required under § 1023.21(b) which is sent to the Department. Also the agency will ensure they have responsible person as employee and management team members. This could be in the form of a background check including children.

Signature of Principal Official

Printed Name of Principal Official

Date

**Pg. 6158; §1027.3(h)
Patient Management**

All EMS personnel of _____

EMS Agency Name

(Address) _____

(City) _____ (State) _____ (Zip) _____

AFFILIATE #: _____

§ 1027.3. Licensure and general operating standards

(p) *Policies and procedures.* An EMS agency shall maintain written policies and procedures ensuring that each of the requirements imposed under this section, as well as the requirements imposed under §§ 1021.8(b), 1021.41, 1021.42, 1021.64 and 1027.5 and Chapter 1051 (relating to out-of-hospital do-not-resuscitate orders), are satisfied by the EMS agency and its staff. It shall also maintain written policies and procedures addressing infection control, management of personnel safety and the safe operation of EMS vehicles, storage and environmental control of medications, substance abuse in the workplace and the placement and operation of its resources, and ensure that appropriate staff are familiar with these policies and procedures.

§ 1027.3. Licensure and general operating standards

(h) *Patient management.* All aspects of patient management are to be handled by an EMS provider with the level of certification necessary to care for the patient based upon the condition of the patient.

Signature of Principal Official

Printed Name of Principal Official

Date

Pgs. 6158 & 6159; §1027.3(i)(p)
Use of Lights and Other Warning Devices &
Safe Operation of EMS Vehicles

All EMS personnel of _____

EMS Agency Name

(Address) _____

(City) _____ (State) _____ (Zip) _____

AFFILIATE #: _____

§ 1027.3. Licensure and general operating standards

(p) *Policies and procedures.* An EMS agency shall maintain written policies and procedures ensuring that each of the requirements imposed under this section, as well as the requirements imposed under §§ 1021.8(b), 1021.41, 1021.42, 1021.64 and 1027.5 and Chapter 1051 (relating to out-of-hospital do-not-resuscitate orders), are satisfied by the EMS agency and its staff. It shall also maintain written policies and procedures addressing infection control, management of personnel safety and the safe operation of EMS vehicles, storage and environmental control of medications, substance abuse in the workplace and the placement and operation of its resources, and ensure that appropriate staff are familiar with these policies and procedures.

§ 1027.3. Licensure and general operating standards

(i) *Use of lights and other warning devices.* Ground EMS vehicles may not use emergency lights or audible warning devices unless they do so in accordance with the standards imposed under 75 Pa.C.S. (relating to Vehicle Code) and are transporting or responding to a call involving a patient who presents, or is in good faith perceived to present, a combination of circumstances resulting in a need for immediate medical intervention. Emergency lights and audible warning devices may be used on an ambulance when transporting a patient only when medical intervention is beyond the capabilities of the ambulance crew using available supplies and equipment.

This policy also refers directly to Protocol #123 EMS Vehicle Operation /Safety in its entirety.

Signature of Principal Official

Printed Name of Principal Official

Date

Pgs. 6158 & 6169; §1027.3(j) & 1027.41(c)(4)
Weapons and Explosives Policy

All EMS personnel of _____

EMS Agency Name

(Address) _____

(City) _____ (State) _____ (Zip) _____

AFFILIATE #: _____

§ 1027.3. Licensure and general operating standards

(p) *Policies and procedures.* An EMS agency shall maintain written policies and procedures ensuring that each of the requirements imposed under this section, as well as the requirements imposed under §§ 1021.8(b), 1021.41, 1021.42, 1021.64 and 1027.5 and Chapter 1051 (relating to out-of-hospital do-not-resuscitate orders), are satisfied by the EMS agency and its staff. It shall also maintain written policies and procedures addressing infection control, management of personnel safety and the safe operation of EMS vehicles, storage and environmental control of medications, substance abuse in the workplace and the placement and operation of its resources, and ensure that appropriate staff are familiar with these policies and procedures.

§ 1027.3. Licensure and general operating standards

(j) *Weapons and explosives.* Weapons and explosives may not be worn by EMS providers or EMSVOs or carried aboard an EMS vehicle. This subsection does not apply to law enforcement officers who are serving in an authorized law enforcement capacity.

§ 1027.41. Special operations EMS services.

(c) *Tactical EMS service.*

(4) *Weapons.* Notwithstanding § 1027.3(j) (relating to licensure and general operating standards), when an EMS provider is responding to a tactical law enforcement operation as part of a tactical EMS service, the EMS provider may carry weapons and other tactical items as otherwise permitted by law and approved by the affiliated law enforcement agency.

Signature of Principal Official

Printed Name of Principal Official

Date

Pg. 6158; §1027.3(k)
Accident, injury and fatality reporting

All EMS personnel of _____

EMS Agency Name

(Address) _____

(City) _____ (State) _____ (Zip) _____

AFFILIATE #: _____

§ 1027.3. Licensure and general operating standards

(p) *Policies and procedures.* An EMS agency shall maintain written policies and procedures ensuring that each of the requirements imposed under this section, as well as the requirements imposed under §§ 1021.8(b), 1021.41, 1021.42, 1021.64 and 1027.5 and Chapter 1051 (relating to out-of-hospital do-not-resuscitate orders), are satisfied by the EMS agency and its staff. It shall also maintain written policies and procedures addressing infection control, management of personnel safety and the safe operation of EMS vehicles, storage and environmental control of medications, substance abuse in the workplace and the placement and operation of its resources, and ensure that appropriate staff are familiar with these policies and procedures.

§ 1027.3. Licensure and general operating standards

(k) *Accident, injury and fatality reporting.* An EMS agency shall report to the appropriate regional EMS council, in a form or electronically, as prescribed by the Department, an EMS vehicle accident that is reportable under 75 Pa.C.S. and an accident or injury to an individual that occurs in the line of duty of the EMS agency that results in a fatality or medical treatment by a licensed health care practitioner. The report shall be made within 24 hours after the accident or injury. The report of a fatality shall be made within 8 hours after the fatality.

Signature of Principal Official

Printed Name of Principal Official

Date

Pg. 6158; §1027.3(m)
EMS provider credentialing

All EMS personnel of _____

EMS Agency Name

(Address) _____

(City) _____ (State) _____ (Zip) _____

AFFILIATE #: _____

§ 1027.3. Licensure and general operating standards

(p) *Policies and procedures.* An EMS agency shall maintain written policies and procedures ensuring that each of the requirements imposed under this section, as well as the requirements imposed under §§ 1021.8(b), 1021.41, 1021.42, 1021.64 and 1027.5 and Chapter 1051 (relating to out-of-hospital do-not-resuscitate orders), are satisfied by the EMS agency and its staff. It shall also maintain written policies and procedures addressing infection control, management of personnel safety and the safe operation of EMS vehicles, storage and environmental control of medications, substance abuse in the workplace and the placement and operation of its resources, and ensure that appropriate staff are familiar with these policies and procedures.

§ 1027.3. Licensure and general operating standards

(m) *EMS provider credentialing.* The EMS agency shall maintain a record for 7 years of the EMS agency medical director's assessments and recommendations provided under § 1023.1(a)(1)(vi)—(viii) (relating to EMS agency medical director). An EMS agency may not permit an EMS provider at or above the AEMT level to provide EMS at the EMS provider's certification level if the EMS agency medical director determines that the EMS provider has not demonstrated the knowledge and skills to competently perform the skills within the scope of practice at that level or the commitment to adequately perform other functions relevant to an EMS provider providing EMS at that level. Under these circumstances, an EMS agency may continue to permit the EMS provider to provide EMS for the EMS agency only in accordance with the restrictions as the EMS agency medical director may prescribe. The EMS agency shall notify the Department within 10 days after it makes a decision to allow an EMS provider to practice at a lower level based upon the assessment of the EMS provider's skills and other qualifications by the EMS agency medical director, or a decision to terminate the EMS agency's use of the EMS provider based upon its consideration of the EMS agency medical director's assessment.

Within personnel files, agency needs information from agency medical director on knowledge and skills assessment and recommendations for at or above the AEMT level.

Signature of Principal Official

Printed Name of Principal Official

Date

**Pgs. 6158-59; §1027.3(o)
Monitoring Compliance**

All EMS personnel of _____

EMS Agency Name

(Address) _____

(City) _____ (State) _____ (Zip) _____

AFFILIATE #: _____

§ 1027.3. Licensure and general operating standards

(p) *Policies and procedures.* An EMS agency shall maintain written policies and procedures ensuring that each of the requirements imposed under this section, as well as the requirements imposed under §§ 1021.8(b), 1021.41, 1021.42, 1021.64 and 1027.5 and Chapter 1051 (relating to out-of-hospital do-not-resuscitate orders), are satisfied by the EMS agency and its staff. It shall also maintain written policies and procedures addressing infection control, management of personnel safety and the safe operation of EMS vehicles, storage and environmental control of medications, substance abuse in the workplace and the placement and operation of its resources, and ensure that appropriate staff are familiar with these policies and procedures.

§ 1027.3. Licensure and general operating standards

(o) *Monitoring compliance.* An EMS agency shall monitor compliance with the requirements that the act and this part impose upon the EMS agency and its staff. An EMS agency shall file a written report with the Department if it determines that an EMS provider or EMSVO who is on the staff of the EMS agency, or who has recently left the EMS agency, has engaged in conduct not previously reported to the Department, for which the Department may impose disciplinary sanctions under § 1031.3 or § 1031.5 (relating to discipline of EMS providers; and discipline of EMS vehicle operators). The duty to report pertains to conduct that occurs during a period of time in which the EMS provider or EMSVO is functioning for the EMS agency.

Signature of Principal Official

Printed Name of Principal Official

Date

Pg. 6159; §1027.3(p)
Infection Control Policy

All EMS personnel of _____

EMS Agency Name

(Address) _____

(City) _____ (State) _____ (Zip) _____

AFFILIATE #: _____

§ 1027.3. Licensure and general operating standards

(p) *Policies and procedures.* An EMS agency shall maintain written policies and procedures ensuring that each of the requirements imposed under this section, as well as the requirements imposed under §§ 1021.8(b), 1021.41, 1021.42, 1021.64 and 1027.5 and Chapter 1051 (relating to out-of-hospital do-not-resuscitate orders), are satisfied by the EMS agency and its staff. It shall also maintain written policies and procedures addressing **infection control**, management of personnel safety and the safe operation of EMS vehicles, storage and environmental control of medications, substance abuse in the workplace and the placement and operation of its resources, and ensure that appropriate staff are familiar with these policies and procedures.

Example –

1.0 Purpose:

To outline procedures to eliminate or minimize employees' and volunteers' exposure to potentially infectious blood, bodily fluids & airborne pathogens.

2.0 Scope:

All field staff will use Universal Precautions when contact with blood or bodily fluids is inevitable or even possible. Respiratory protection will be utilized when airborne infection is inevitable or even possible.

3.0 Requirements:

All employees and volunteers are required to strictly adhere to this policy.

4.0 Policy:

- Hand washing with soap and water is recommended before and after contact with any patient or potentially contaminated object.
- Universal precautions will be utilized in the care of all patients. Universal precautions include, but are not limited to, the following procedures:
- GLOVES must be worn during all patient contact. Gloves must be changed when they are torn and after contact with each patient.

- **HANDS and other skin surfaces must be washed immediately and thoroughly if contaminated with blood or other body fluids.**
- **GOWNS or plastic aprons are indicated if blood splattering is likely. The employees' uniform is considered to be personal protective equipment in the pre-hospital environment.**
- **MASK AND PROTECTIVE GOGGLES must be worn if splattering is likely to occur. This equipment is available on all ambulances. Eyeglasses are acceptable protection if side shields are attached.**
- **Used needles must not be bent, broken, or unnecessarily handled. They should be discarded intact immediately after use into a needle disposal box. **RECAPPING IS STRICTLY FORBIDDEN.** If recapping is absolutely necessary, hemostats *must* be used.**
- **Stretchers must be wiped down after each patient use with an approved disinfectant (i.e., rubbing alcohol).**
- **The floor of the ambulance must be cleaned daily as part of the routine cleaning process. In the event that blood, oral secretions, vomits, fecal and wound drainage becomes uncontained the following steps must be followed:**
 1. **Spills must be cleaned as soon as possible with a Clorox (bleach) water solutions (four parts water to one part Clorox) to eliminate a chance of spreading contamination to the rest of the ambulance.**
 2. **The solution must be applied and allowed to contact the spill for several minutes. Only freshly made solution should be used. Discard solution after twenty-four hours.**
 3. **Apply disposable gloves and clean the treated spill.**
- **The following steps must be followed to contain and dispose of Biohazardous waste:**
 1. **All waste classified, as infectious waste will be placed in a red plastic bag and closed with tape or a "twist-tie" wire enclosure.**
 2. **The closed bag will be placed in appropriately marked containers in the soiled utility room or an area specifically designated for infectious waste as appropriate to the hospital or receiving facility.**
 3. **"Infectious waste" bags will not be placed in any trash chute or regular garbage cans. Any sharps that have been contaminated by blood or potentially infectious material must be disposed of in an approved container available in each ambulance. Full boxes must be disposed of at the receiving facility**
 4. **Contaminated linen must be disposed of at the receiving facility.**
 5. **If uniforms are contaminated, they must be washed at the base or at the hospital at least once before being taken home to wash.**
 6. **Following safe transfer of a patient with suspected or known communicable disease that can be transmitted by air, the ambulance must be aired for several minutes. Opening the side and rear doors provides the optimum means of ventilating the ambulance. Usually, the time it takes to unload and prepare the ambulance for its next mission is sufficient for the fulfilling of this criterion. If the patient has an unfamiliar disease and it is not clear how to decontaminate the ambulance/aircraft, contact the supervisor on duty.**
 7. **The following steps must be taken when cleaning non-disposable equipment (i.e., blades, Magill forceps, and lighted stylettes). Gloves must be worn by personnel while cleaning equipment.**
 - (a) **Clean the equipment of gross contamination with soap/water or alcohol.**
 - (b) **Soak in high level disinfectant (Cidex, Matricide or Sporidien) for ten (10) minutes.**
 - (c) **Rinse with hot water.**
 - (d) **Store dry**
 - (e) **Use of surgical masks is indicated for patients if they are suspected of having a disease transmitted via airborne vectors (e.g., TB). If such**

patients are intubated, then surgical masks must be worn by all crewmembers on the call, and a biofilter placed on the ETT.

- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited onboard any ambulance.
- If potentially infectious materials such as blood penetrates a garment(s) the garment(s) shall be removed immediately or as soon as feasible. The supervisor must be contacted immediately and notified that the unit is out of service for decontamination of personnel, equipment, or clothing. NOTE: Uniforms soiled with blood or bodily fluids may *not* be taken home for laundering. They are to be laundered at the base or the receiving hospital.
- Chlorine bleach is not to be mixed with other products, especially those containing ammonia, as chlorine gas could be produced.

Need to view infection control plan.

Signature of Principal Official

Printed Name of Principal Official

Date

Pg. 6159; §1027.3(p)
Management of Personnel Safety
Suggested
Latex Allergies Policy Part (1) Of (4)

All EMS personnel of _____

EMS Agency Name

(Address) _____

(City) _____ (State) _____ (Zip) _____

AFFILIATE #: _____

§ 1027.3. Licensure and general operating standards

(p) *Policies and procedures.* An EMS agency shall maintain written policies and procedures ensuring that each of the requirements imposed under this section, as well as the requirements imposed under §§ 1021.8(b), 1021.41, 1021.42, 1021.64 and 1027.5 and Chapter 1051 (relating to out-of-hospital do-not-resuscitate orders), are satisfied by the EMS agency and its staff. It shall also maintain written policies and procedures addressing infection control, **management of personnel safety** and the safe operation of EMS vehicles, storage and environmental control of medications, substance abuse in the workplace and the placement and operation of its resources, and ensure that appropriate staff are familiar with these policies and procedures.

Example

1.0 Purpose:

To identify all patients and staff that may have or have reported previous sensitivity or allergic reaction to latex so that alternative latex-free equipment can be utilized by the EMS crew.

2.0 Scope:

All crewmembers are responsible to strictly adhere to this policy when encountering patients.

3.0 Requirements:

- If the patient indicates or develops a sensitivity or allergy to latex, the crew chief must relay this information to the next caregiver and chart this on the patient care report under the “allergies” section.
- If the allergic reaction is severe, refer to the appropriate clinical protocol dealing with allergic reaction or anaphylaxis.
- The crew chief is responsible to assure that all gloves, equipment, medications, fluids, and other supplies used on and around the patient is latex free.

- All staff members that indicates or develops a sensitivity or allergy to latex must take all necessary precautions to eliminate their exposure to latex.
- If equipment, medications, or fluids containing latex must be used, i.e., BP cuffs, stethoscope, etc., a barrier must be placed between the item and the patient or caregiver. This includes the use of a .22 micron filter for administering or drawing medications/fluids if necessary. Draw the medication into a syringe without a filter, then apply the filter when administering the medication to the patient through a clean needle;
- Use “interlink” IV tubing whenever possible. If none is available, apply a filter at the end of the administration set. Apply a “cap” to the injection port of NSS and premixed Lidocaine and Dopamine if necessary to prevent injections through the port. Do not use this port unless absolutely necessary (then apply a filter).

4.0 Policy:

- The crew chief on each call is responsible to ask the patient while taking a history if the patient is allergic to latex, or sensitive to latex. Patients who exhibit latex allergy symptoms from eating nuts or fruits may be predisposed to latex allergy; minimize contact with latex.
- If the patient responds “yes” to allergy or sensitivity the crew chief is responsible to communicate this information to the next caregiver during report and on the patient care report.
- Any patient that is unable to answer questions, does not have a medic alert bracelet or tag, or indicates that they are unsure of a latex sensitivity or allergy, shall be treated under normal treatment protocols.

If at any time during the care of the patient, a patient begins to exhibit signs and/or symptoms of a latex sensitivity or allergy, the patient care shall be altered to assume a latex allergy and the procedure outlined in section 3.0 shall be implemented.

Need to view management of personnel safety plan and all parts

Signature of Principal Official

Printed Name of Principal Official

Date

Pg. 6159; §1027.3(p)
Management of Personnel Safety
Suggested
Sexual Harassment Policy Part 2 of 4

All EMS personnel of _____

EMS Agency Name

(Address) _____

(City) _____ (State) _____ (Zip) _____

AFFILIATE #: _____

§ 1027.3. Licensure and general operating standards

(p) *Policies and procedures.* An EMS agency shall maintain written policies and procedures ensuring that each of the requirements imposed under this section, as well as the requirements imposed under §§ 1021.8(b), 1021.41, 1021.42, 1021.64 and 1027.5 and Chapter 1051 (relating to out-of-hospital do-not-resuscitate orders), are satisfied by the EMS agency and its staff. It shall also maintain written policies and procedures addressing infection control, **management of personnel safety** and the safe operation of EMS vehicles, storage and environmental control of medications, substance abuse in the workplace and the placement and operation of its resources, and ensure that appropriate staff are familiar with these policies and procedures.

Example

The definition of sexual harassment within this agency is as follows:

- 1. Unwelcome sexual advances**
- 2. Requests for sexual acts or favors**
- 3. Insulting or degrading sexual remarks**
- 4. Threats, demands, or suggestions that an member/employee's work is contingent upon toleration of or acquiescence to sexual advance**
- 5. Retaliation against employees for complaining about behaviors**
- 6. Any other unwelcome statements or actions based on sex that are sufficiently severe or pervasive so as to unreasonably interfere with an individual's work performance or create an intimidating, hostile or offensive working environment**

Each case will be promptly and thoroughly investigated in the strictest confidence. Any member/employee who is found guilty of sexual harassment in any form will be disciplined. This could include suspension or termination from this organization.

Signature of Principal Official

Printed Name of Principal Official

Date

Pg. 6159; §1027.3(p)
Management of Personnel Safety
Suggested
Immunization Plan Part 3 of 4

All EMS personnel of _____

EMS Agency Name

(Address) _____

(City) _____ (State) _____ (Zip) _____

AFFILIATE #: _____

§ 1027.3. Licensure and general operating standards

(p) *Policies and procedures.* An EMS agency shall maintain written policies and procedures ensuring that each of the requirements imposed under this section, as well as the requirements imposed under §§ 1021.8(b), 1021.41, 1021.42, 1021.64 and 1027.5 and Chapter 1051 (relating to out-of-hospital do-not-resuscitate orders), are satisfied by the EMS agency and its staff. It shall also maintain written policies and procedures addressing infection control, **management of personnel safety** and the safe operation of EMS vehicles, storage and environmental control of medications, substance abuse in the workplace and the placement and operation of its resources, and ensure that appropriate staff are familiar with these policies and procedures.

Example

All members/ employees are urged to make arrangement with their family physician or a local facility to have their Hepatitis (B) immunization completed as soon as possible after becoming an active member/employee of this agency.

All members/employees will be reimbursed for the cost of the vaccine & for the cost of administering this vaccine.

- 1. Member/employee must provide a copy of cancelled check**
- 2. Or an invoice stamped paid by the physician or facility**
- 3. Or he family physician or the facility can invoice this organization direct to receive payment**

Any member/employee that wishes not to receive this immunization must sign a release form stating that they have been asked and that they have declined to receive this vaccination for Hepatitis (B).

If member/employee decides later to receive this vaccination he/she may do so at no cost to them as described above.

Signature of Principal Official

Printed Name of Principal Official

Date

Pg. 6159; §1027.3(p)
Management of Personnel Safety
Suggested
Crew Work Rest Cycles Part 4 of 4

All EMS personnel of _____

EMS Agency Name

(Address) _____

(City) _____ (State) _____ (Zip) _____

AFFILIATE #: _____

§ 1027.3. Licensure and general operating standards

(p) *Policies and procedures.* An EMS agency shall maintain written policies and procedures ensuring that each of the requirements imposed under this section, as well as the requirements imposed under §§ 1021.8(b), 1021.41, 1021.42, 1021.64 and 1027.5 and Chapter 1051 (relating to out-of-hospital do-not-resuscitate orders), are satisfied by the EMS agency and its staff. It shall also maintain written policies and procedures addressing infection control, **management of personnel safety** and the safe operation of EMS vehicles, storage and environmental control of medications, substance abuse in the workplace and the placement and operation of its resources, and ensure that appropriate staff are familiar with these policies and procedures.

Example

Crewmembers at this agency are not permitted to work longer than 24 hours without at least an 8 hour rest period.

- **This rest period is required even if the member/employee worked the previous 24 hours for another agency.**
- **All members/employees must notify their immediate supervisor for this service as soon as possible when they know they will be working 24 hours without an 8 hour rest period.**
- **It will be the responsibility of this supervisor to secure a replacement for this member/employee.**
- **If member/employee fails to notify his supervisor that he/she has not had at least an 8 hour rest period after working 24 hours disciplinary actions will be taken.**

Signature of Principal Official

Printed Name of Principal Official

Date

Pg. 6159; §1027.3(p)
Substance Abuse in the Work Place

All EMS personnel of _____

EMS Agency Name

(Address) _____

(City) _____ (State) _____ (Zip) _____

AFFILIATE #: _____

§ 1027.3. Licensure and general operating standards

(p) *Policies and procedures.* An EMS agency shall maintain written policies and procedures ensuring that each of the requirements imposed under this section, as well as the requirements imposed under §§ 1021.8(b), 1021.41, 1021.42, 1021.64 and 1027.5 and Chapter 1051 (relating to out-of-hospital do-not-resuscitate orders), are satisfied by the EMS agency and its staff. It shall also maintain written policies and procedures addressing infection control, management of personnel safety and the safe operation of EMS vehicles, storage and environmental control of medications, **substance abuse in the workplace** and the placement and operation of its resources, and ensure that appropriate staff are familiar with these policies and procedures.

Example

- **The following definition will be used to define substance abuse.**

Using a drug, medication or substance not prescribed by a physician that will alter the mind or physical motion/ability of the user.

- **Substance abuse by a member/employee of this agency will not be tolerated in any form on or off the premises of this agency. This agency must demonstrate a positive & professional image in our community.**
- **The following prohibited substances include but are not limited to the following.**
 1. **Alcohol**
 2. **Amphetamines**
 3. **Barbiturates**
 4. **Cocaine/Crack**

5. Heroin

6. Marijuana

- **No member/employee may respond on an EMS call while taking any prescribed medication that may prohibited them from performing all of their required functions as an EMS provider.**
- **Any member/employee violating any of the above will be disciplined up to and including being dismissed permanently from the agency.**
- **Potential use of an employee assistance program**

Need to view Substance Abuse in the Work Place plan

Signature of Principal Official

Printed Name of Principal Official

Date

**Pgs. 6157, 6159, 6163; §1027.1(b)(3), 1027.31(7), 1027.6,
1027.2(d), & 1027.3(p)
Placement & Operation of Agency Resources**

All EMS personnel of _____

EMS Agency Name

(Address) _____

(City) _____ (State) _____ (Zip) _____

AFFILIATE #: _____

§ 1027.3. Licensure and general operating standards

(p) *Policies and procedures.* An EMS agency shall maintain written policies and procedures ensuring that each of the requirements imposed under this section, as well as the requirements imposed under §§ 1021.8(b), 1021.41, 1021.42, 1021.64 and 1027.5 and Chapter 1051 (relating to out-of-hospital do-not-resuscitate orders), are satisfied by the EMS agency and its staff. It shall also maintain written policies and procedures addressing infection control, management of personnel safety and the safe operation of EMS vehicles, storage and environmental control of medications, substance abuse in the workplace and the **placement and operation of its resources**, and ensure that appropriate staff are familiar with these policies and procedures.

§ 1027.1. General provisions.

(b) *License requirements*

(3) The applicant shall meet staffing standards for the vehicles it seeks to operate and the services it seeks to provide. Subject to the exceptions in § 1027.6 (relating to Statewide EMS response plan), this includes providing EMS services 24-hours-a-day, 7-days-a-week or participating in a county-level or broader-level EMS response plan approved by the Department.

§ 1027.31. General standards for providing EMS.

(7) Except as otherwise provided in this subpart, an EMS agency shall operate 24 hours-a-day, 7 days-a-week, each type of service it is licensed to provide at each location it is licensed to operate that service.

§ 1027.6. Statewide EMS response plan.

An EMS agency may provide an EMS service at a location through which it is licensed to provide that service, less than 24 hours-a-day, 7 days-a-week, as follows:

(1) Day or time requirements are not applicable to an EMS agency's operation of an air or water ambulance service.

(2) A tactical EMS response service shall be available at all times that a law enforcement service with which it is affiliated requests its participation in a tactical law enforcement operation.

(3) An EMS agency may operate any EMS service less than 24 hours-a-day, 7 days-a-week, out of any location through which it is licensed to provide the service, in accordance with a county-level or broader-level EMS response plan approved by the Department.

(4) An EMS agency may operate an intermediate ALS ambulance service less than 24 hours-a-day, 7 days-a-week if the EMS agency also operates a BLS ambulance service or an ALS ambulance service at the same location through which it is licensed to provide the intermediate ALS ambulance service.

§ 1027.2. License and registration applications.

(d) *Amendment of license.*

(1) An EMS agency shall apply for and secure an amendment of its license prior to changing the location of any of its operations, the days or hours of the services it provides or the types of services it provides, or prior to arranging for an entity to exercise operational or managerial control over the EMS agency or to conduct the day-to-day operations of the EMS agency.

(2) An EMS agency shall submit its application for amendment of its license on a form or through an electronic process, as prescribed by the Department, to the regional EMS council responsible for the EMS region in which the EMS agency maintains its primary operational headquarters. That regional EMS council shall process the application for amendment as set forth in subsections (b) and (c).

Signature of Principal Official

Printed Name of Principal Official

Date

Pgs. 6159 & 6160; §1027.3(p) & 1027.5
Medication use, control and security
& Storage and environmental control of medication

All EMS personnel of _____

EMS Agency Name

(Address) _____

(City) _____ (State) _____ (Zip) _____

AFFILIATE #: _____

§ 1027.3. Licensure and general operating standards

(p) *Policies and procedures.* An EMS agency shall maintain written policies and procedures ensuring that each of the requirements imposed under this section, as well as the requirements imposed under §§ 1021.8(b), 1021.41, 1021.42, 1021.64 and **1027.5** and Chapter 1051 (relating to out-of-hospital do-not-resuscitate orders), are satisfied by the EMS agency and its staff. It shall also maintain written policies and procedures addressing infection control, management of personnel safety and the safe operation of EMS vehicles, **storage and environmental control of medications**, substance abuse in the workplace and the placement and operation of its resources, and ensure that appropriate staff are familiar with these policies and procedures.

§ 1027.5. Medication use, control and security.

(a) An EMS agency may stock medications as approved by the Department and shall store medications in a temperature-controlled environment, secured in conformance with the Statewide EMS protocols and the EMS agency's policy and procedures on the storage and environmental control of medications. Additional medications may be stocked by an EMS agency as approved by the EMS agency medical director and the Department if the EMS agency uses PHPEs, PHRNs or PHPs.

(b) The Department will publish at least annually by notice in the *Pennsylvania Bulletin* a list of medications approved for use by EMS agencies, by EMS provider certification level and a list of medications that an EMS agency is required to stock based upon the type of EMS service it is licensed to provide.

(c) An EMS agency may procure and replace medications from a hospital, pharmacy or from a medical supply company, if not otherwise prohibited by law.

(d) EMS providers, other than a PHP, may administer to a patient, or assist the patient to administer, medications previously prescribed for that patient, as specified in the Statewide EMS protocols or as authorized by a medical command physician. A PHP

may administer to a patient, or assist the patient to administer, medications that were previously prescribed for the patient.

(1) An EMS provider, other than a PHPE, PHRN or PHP, is restricted to administering medications, not previously prescribed for a patient, as permitted by the Statewide EMS protocols.

(2) A PHPE or PHRN may administer medications, not previously prescribed for a patient, in addition to those permitted by the Statewide EMS protocols, provided the PHPE or PHRN has received approval to do so by the EMS agency medical director, and has been ordered to administer the medication by the medical command physician. A PHP may administer any medication that the PHP has authority to administer by virtue of the PHP's license to practice medicine or osteopathic medicine.

(e) The EMS agency shall adequately monitor and direct the use, control and security of medications provided to the EMS agency. This includes:

(1) Ensuring proper labeling and preventing adulteration or misbranding of medications, and ensuring medications are not used beyond their expiration dates.

(2) Storing medications as required under The Controlled Substance, Drug, Device and Cosmetic Act (35 P. S. §§ 780-101—780-144), and as otherwise required to maintain the efficacy of medications and prevent misappropriation.

(3) Including in the EMS PCR information as to the administration of medications by patient name, medication identification, date and time of administration, manner of administration, dosage, name of the medical command physician who gave the order to administer the medication and name of person administering the medication.

(4) Maintaining records of medications administered, lost or otherwise disposed of and records of medications received and replaced.

(5) Providing the pharmacy, physician or hospital that is requested to replace a medication with a written record of the use and administration or loss or other disposition of the medication, which identifies the patient and includes any other information required by law.

(6) Ensuring, in the event of an unexplained loss or theft of a controlled substance, that the dispensing pharmacy, physician or hospital has contacted local police or State Police and the Department's Drugs, Devices and Cosmetics Office and has filed a DEA Form 106 with the Federal Drug Enforcement Administration.

(7) Disposing of medications as required under The Controlled Substance, Drug, Device and Cosmetic Act.

(8) Arranging for the original dispensing pharmacy, physician or hospital, or its EMS agency medical director, to provide it consultation and other assistance necessary to ensure that it meets the requirements in this section.

(9) Securing medications in a manner so that only those EMS providers authorized to administer the medications in providing EMS have access to those medications.

At time of inspection, medication reconciliation by vehicle for the last 3 years will be reviewed and Chain of Control.

Signature of Principal Official

Printed Name of Principal Official

Date

Chapter 1051

Out of Hospital Do Not Resuscitate Orders

All EMS personnel of _____

EMS Agency Name

(Address) _____

(City) _____ (State) _____ (Zip) _____

AFFILIATE #: _____

§ 1027.3. Licensure and general operating standards

(p) *Policies and procedures.* An EMS agency shall maintain written policies and procedures ensuring that each of the requirements imposed under this section, as well as the requirements imposed under §§ 1021.8(b), 1021.41, 1021.42, 1021.64 and 1027.5 and **Chapter 1051 (relating to out-of-hospital do-not-resuscitate orders)**, are satisfied by the EMS agency and its staff. It shall also maintain written policies and procedures addressing infection control, management of personnel safety and the safe operation of EMS vehicles, storage and environmental control of medications, substance abuse in the workplace and the placement and operation of its resources, and ensure that appropriate staff are familiar with these policies and procedures.

EMS PROVIDER RESPONSIBILITIES

§ 1051.51. Implementation of out-of-hospital DNR order.

(a) *Display of order, bracelet or necklace.* An EMS provider may not provide CPR to a patient who is experiencing cardiac or respiratory arrest if an out-of-hospital DNR order, bracelet or necklace is displayed with the patient or the patient's surrogate presents the EMS provider with an out-of-hospital DNR order for the patient, and neither the patient nor the patient's surrogate acts to revoke the order at that time. When an EMS provider observes an out-of-hospital DNR order without also observing an out-of-hospital DNR bracelet or necklace, the EMS provider shall implement the out-of-hospital DNR order only if it contains original signatures.

(b) *Discovery after CPR initiated.* If after initiating CPR an EMS provider becomes aware of an out-of-hospital DNR order that is effective under subsection (a), the EMS provider shall discontinue CPR.

(c) *Prehospital practitioner uncertainty.* If a prehospital practitioner is uncertain as to whether an out-of-hospital DNR order has been revoked for a patient who is

experiencing cardiac or respiratory arrest, the prehospital practitioner shall provide CPR to the patient subject to the following:

(1) If the prehospital practitioner is in contact with a medical command physician prior to initiating CPR, the prehospital practitioner shall initiate or not initiate CPR as directed by the medical command physician.

(2) If the prehospital practitioner is in contact with a medical command physician after initiating CPR, the prehospital practitioner shall continue or not continue CPR as directed by the medical command physician.

(d) *Discontinuation of CPR not initiated by prehospital practitioner.* If CPR had been initiated for the patient before a prehospital practitioner arrived at the scene, and the prehospital practitioner determines that an out-of-hospital DNR order is effective under subsection (a), the prehospital practitioner may not discontinue the CPR without being directed to do so by a medical command physician.

(e) *AED good Samaritan.* If an individual who is given good Samaritan civil immunity protection when using an automated external defibrillator (AED) under 42 Pa.C.S. § 8331.2 (relating to good Samaritan civil immunity for use of automated external defibrillators) is uncertain as to whether an out-of-hospital DNR order has been revoked for a patient who is experiencing cardiac arrest, the individual may provide CPR to the patient as permitted by 42 Pa.C.S. § 8331.2, but shall discontinue CPR if directed by a medical command physician directly or as relayed by a prehospital practitioner.

(f) *Providing comfort and alleviating pain.* When a prehospital practitioner complies with an out-of-hospital DNR order, the prehospital practitioner, within the practitioner's scope of practice, shall provide other medical interventions necessary and appropriate to provide comfort to the patient and alleviate the patient's pain, unless otherwise directed by the patient or the prehospital practitioner's medical command physician.

§ 1051.52. Procedure when both advance directive and out-of-hospital DNR order are present.

If a patient with cardiac or respiratory arrest has both an advance directive directing that no CPR be provided and an out-of-hospital DNR order, an EMS provider shall comply with the out-of-hospital DNR order as set forth in § 1051.51 (relating to implementation of an out-of-hospital DNR order).

EMS Providers shall follow Protocol #324 as well.

Signature of Principal Official

Printed Name of Principal Official

Date

Pgs. 6155, 6159; §1027.1(b)(6), 1027.3(p)
Agency ensures

All EMS personnel of _____

EMS Agency Name

(Address) _____

(City) _____ (State) _____ (Zip) _____

AFFILIATE #: _____

§ 1027.1. General provisions.

(b) *License requirements*

(6) The applicant satisfies the regulatory requirements relating to making its application for a license and has adopted policies and procedures adequate to ensure compliance with the requirements in the act, this part and notices the Department publishes in the *Pennsylvania Bulletin* that are applicable to its operations.

§ 1027.3. Licensure and general operating standards

(p) *Policies and procedures.* An EMS agency shall maintain written policies and procedures ensuring that each of the requirements imposed under this section, as well as the requirements imposed under §§ 1021.8(b), 1021.41, 1021.42, 1021.64 and 1027.5 and Chapter 1051 (relating to out-of-hospital do-not-resuscitate orders), are satisfied by the EMS agency and its staff. It shall also maintain written policies and procedures addressing infection control, management of personnel safety and the safe operation of EMS vehicles, storage and environmental control of medications, substance abuse in the workplace and the placement and operation of its resources, and ensure that appropriate staff are familiar with these policies and procedures.

Signature of Principal Official

Printed Name of Principal Official

Date