

**CHAPTER 1021. ADMINISTRATION OF THE EMS SYSTEM**

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**Authority**

The provisions of this Chapter 1021 issued under the Emergency Medical Services System Act, 35 Pa.C.S. §§ 8101—8157, unless otherwise noted.

**Source**

The provisions of this Chapter 1021 adopted October 11, 2013, effective October 12, 2013, 43 Pa.B. 6093, unless otherwise noted.

**Subchapter A. GENERAL PROVISIONS**

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**§ 1021.1. Purpose.**

The purpose of this subpart is to facilitate improvement of the Statewide EMS system into a comprehensive and flexible system through coordination of the regional EMS systems, to synchronize the Statewide and regional systems with EMS systems in neighboring states and to otherwise implement the Department’s responsibilities under the act consistent with the Department’s rulemaking authority.

**§ 1021.2. Definitions.**

The following words and terms, when used in this subpart, have the following meanings, unless the context clearly indicates otherwise:

*ACLS course—Advanced cardiac life support course*—A course in advanced cardiac life support sanctioned by the American Heart Association.

*AEMT—Advanced emergency medical technician*—An individual who is certified by the Department as an advanced EMT.

*ALS*—Advanced life support.

*ALS ambulance—Advanced life support ambulance*—An ambulance that is staffed and equipped to provide EMS above the AEMT level and used in the transport of patients.

*ALS squad vehicle—Advanced life support squad vehicle*—

(i) A vehicle that is maintained or operated to transport EMS providers above the AEMT level, and equipment and supplies, to rendezvous with the crew of an ambulance for the purpose of providing advanced EMS to patients.

(ii) The vehicle is not used in the transport of patients.

*APLS course—Advanced pediatric life support course*—A course in advanced pediatric life support sanctioned by the American Academy of Pediatrics and the American College of Emergency Physicians.

*ATLS course—Advanced trauma life support course*—A course in advanced trauma life support sanctioned by the American College of Surgeons Committee on Trauma.

*Act*—35 Pa.C.S. §§ 8101—8157 (relating to Emergency Medical Services System Act).

*Advanced EMS—Advanced emergency medical services*—EMS exceeding the scope of practice of an EMT, as authorized by the Department.

*Advisory Board*—The State Advisory Board, which is the Board of Directors of the Pennsylvania Emergency Health Services Council.

*Air ambulance*—A rotorcraft specifically designed, constructed or modified and equipped, used or intended to be used and maintained or operated for the purpose of providing emergency medical care to and air transportation of patients.

*Ambulance*—A ground, water or air vehicle which is maintained or operated for the purpose of providing EMS to and transportation of patients.

*Ambulance crew*—EMS providers that staff an ambulance to provide emergency medical services.

*BLS*—Basic life support.

*BLS ambulance—Basic life support ambulance*—An ambulance that is equipped to provide EMS at or below the AEMT level and used in the transport of patients.

*BLS squad vehicle—Basic life support squad vehicle*—

(i) A vehicle that is maintained or operated to transport EMS providers, and equipment and supplies, to rendezvous with the crew of an ambulance for the purpose of providing to patients EMS at or below the AEMT level.

(ii) The vehicle is not used in the transport of patients.

*Basic EMS—Basic emergency medical services*—EMS included within, but not exceeding, the scope of practice of an EMT.

*Bureau*—

- (i) The Bureau of Emergency Medical Services of the Department.
- (ii) If the Department is reorganized, the office within the Department assigned primary responsibility for administering the act.

*CPR—Cardiopulmonary resuscitation*—Artificial circulation which is performed as a procedure when cardiac arrest occurs.

*CPR course—Cardiopulmonary resuscitation course*—A course of instruction in CPR meeting the Emergency Cardiac Care Committee National Conference on CPR and Emergency Cardiac Care standards. The course shall encompass one- and two-rescuer adult, infant and child CPR, and obstructed airway methods.

*Call-taker*—An EMS agency dispatch center employee who is responsible for taking calls from callers seeking EMS and gathering the essential information from callers to determine whether EMS is needed and, if required, the location to which EMS resources need to be sent.

*Call-taking*—The act of answering emergency calls from the public and obtaining the information necessary to dispatch EMS resources to the reported location of the emergency.

*Commonwealth EMS Medical Director—Commonwealth Emergency Medical Services Medical Director*—A physician who is approved by the Department to advise and formulate policy on matters pertaining to EMS.

*Continuing education*—Learning activities intended to build upon the education and experience of EMS providers and EMSVOs to enhance and strengthen the quality of services provided.

*Continuing education course*—A unit of continuing education for which the Department will grant an EMS provider or EMSVO continuing education credit.

*Continuing education sponsor*—An entity or institution that is accredited by the Department as a sponsor of continuing education courses.

*Conviction*—A judgment of guilt, a plea of guilty or a plea of nolo contendere.

*Department*—The Department of Health of the Commonwealth.

*Dispatcher*—An EMS agency dispatch center employee who is responsible for taking the information gathered by the call-taker and determining the appropriate EMS response and dispatching the EMS resources needed to respond to the EMS needs of the patient.

*Dispatching*—The act of alerting and directing the response of EMS resources to the desired locations.

*EMR—Emergency medical responder*—An individual who is certified by the Department as an emergency medical responder.

*EMS—Emergency medical services*—Either of the following:

(i) The medical care, including medical assessment, monitoring, treatment, transportation and observation, which may be provided to a person in responding to an actual or reported emergency to either of the following:

(A) Prevent or protect against loss of life or a deterioration in physiological or psychological condition.

(B) Address pain or morbidity associated with the person's condition.

(ii) The transportation of an individual with medical assessment, monitoring, treatment or observation of the individual who, due to the individual's condition, requires medical assessment, monitoring, treatment or observation during the transport.

*EMS agency—Emergency medical services agency*—An entity that engages in the business or service of providing EMS to patients within this Commonwealth by operating one or more of the following:

(i) An ambulance service.

(ii) An air ambulance.

(iii) An ALS ambulance.

(iv) An ALS squad vehicle.

(v) An intermediate ALS ambulance.

(vi) An intermediate ALS squad vehicle.

(vii) A BLS ambulance.

(viii) A BLS squad vehicle.

(ix) A QRS.

(x) An ALS water ambulance.

(xi) An intermediate ALS water ambulance.

(xii) A BLS water ambulance.

(xiii) An EMS agency dispatch center.

(xiv) A special operations EMS service, which includes a tactical EMS service, a wilderness EMS service, an urban search and rescue service, and a mass-gathering EMS service.

(xv) Another vehicle or service that provides EMS outside of a health care facility as prescribed by the Department by regulation.

*EMS agency dispatch center—Emergency medical services agency dispatch center*—

(i) A communications center owned, operated or controlled by an EMS agency that dispatches EMS resources due to a PSAP routing emergency callers to it for that purpose or due to the EMS agency receiving calls through an EMS agency provided telephone number through which the EMS agency invites persons to request the EMS agency's response to an emergency.

(ii) This term does not include a communications center licensed by the Pennsylvania Emergency Management Agency under 35 Pa.C.S. Chapter 53 (relating to emergency telephone service).

*EMS agency medical director—Emergency medical services agency medical director*—A physician who is employed by, contracts with or volunteers with an EMS agency either directly or through an intermediary to evaluate the quality of patient care provided by the EMS providers utilized by the EMS agency and to provide medical guidance and advice to the EMS agency.

*EMS agency medical director course—Emergency medical services agency medical director course*—A course adopted by the Department for EMS agency medical directors which provides education in EMS medical direction.

*EMS educational institute—Emergency medical services educational institute*—An institute accredited by the Department to provide education required for the certification of an EMS provider by the Department.

*EMS PCR—Emergency medical services patient care report*—A report that provides standardized data and information relating to patient assessment and care.

*EMS provider—Emergency medical services provider*—The term includes the following:

- (i) An EMR.
- (ii) An EMT.
- (iii) An AEMT.
- (iv) A paramedic.
- (v) A PHRN.
- (vi) A PHPE.
- (vii) A PHP.

(viii) An individual prescribed by regulation of the Department to provide specialized EMS.

*EMS provider educational course*—An educational course approved by the Department, other than a CPR course, the successful completion of which is a requirement for securing an EMS provider certification.

*EMS system—Emergency medical services system*—The arrangement of personnel, facilities and equipment for the delivery of EMS in a geographic area to prevent and manage emergencies.

*EMS vehicle—Emergency medical services vehicle*—A ground EMS vehicle, a water ambulance or an air ambulance.

*EMS vehicle crew—Emergency medical services vehicle crew*—EMS providers that staff an EMS vehicle to provide emergency medical services.

*EMSOF—Emergency Medical Services Operating Fund*—Moneys appropriated to the Department under section 8153(a) of the act (relating to support of emergency medical services) and which are not assigned to the Catastrophic Medical and Rehabilitation Fund.

*EMSVO—Emergency medical services vehicle operator*—An individual who is certified by the Department to operate a ground EMS vehicle.

*EMT—Emergency medical technician*—An individual who is certified by the Department as an emergency medical technician.

*EVOC*—Emergency vehicle operator’s course.

*Emergency*—A physiological or psychological illness or injury of an individual so that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate EMS to result in one of the following:

- (i) Placing the health of the individual or, with respect to a pregnant woman, the health of the woman or her unborn child in serious jeopardy.
- (ii) Serious impairment of a bodily function.
- (iii) Serious dysfunction of a bodily organ or part.

*Emergency department*—An area of the hospital dedicated to offering emergency medical evaluation and initial treatment to individuals in need of emergency care.

*Emergency dispatch calls*—Emergency incidents to which an EMS agency dispatch center dispatches EMS resources.

*Emergency medical dispatch*—The dispatching of emergency medical services agencies.

*Emergency medical dispatch protocols*—A system or program that enables patients to be assessed and treated by telephone by utilizing currently accepted emergency medical dispatch standards.

*Facility*—A physical location at which an entity operates a health care facility licensed under Federal or State law.

*First responder*—An individual who is certified by the Department as a first responder.

*Ground EMS vehicle*—*Ground emergency medical services vehicle*—The term includes the following:

- (i) A BLS ambulance.
- (ii) A BLS squad vehicle.
- (iii) An intermediate ALS ambulance.
- (iv) An intermediate ALS squad vehicle.
- (v) An ALS ambulance.
- (vi) An ALS squad vehicle.

*Hospital*—An institution having an organized medical staff which is primarily engaged in providing to inpatients by or under the supervision of physicians, diagnostic and therapeutic services or rehabilitation services for the care or rehabilitation of injured, disabled, pregnant, diseased, sick or mentally ill persons. The term includes a facility for the diagnosis and treatment of disorders within the scope of specific medical specialties, but not a facility caring exclusively for the mentally ill.

*Intermediate ALS ambulance*—*Intermediate advanced life support ambulance*—An ambulance that is staffed and equipped to provide EMS at the AEMT level and used in the transport of patients.

*Intermediate ALS squad vehicle*—*Intermediate advanced life support squad vehicle*—

(i) A vehicle that is maintained or operated to transport EMS providers at the AEMT level, and equipment and supplies, to rendezvous with the crew of an ambulance for the purpose of providing advanced EMS to patients.

(ii) The vehicle is not used in the transport of patients.

*Medical advisory committee*—An advisory body formed to advise a regional EMS council or the Advisory Board on issues that have potential impact on the delivery of emergency medical care.

*Medical audit*—A mechanism to evaluate patient care.

*Medical command*—

(i) Medical oversight, including orders, given by a medical command physician to an EMS provider to do either of the following:

(A) Provide immediate medical care or transportation to prevent loss of life or aggravation of physiological or psychological illness or injury.

(B) Withdraw or withhold treatment.

(ii) Medical command is given in a prehospital setting, interfacility transport setting or emergency care setting in a hospital.

*Medical command course*—The course adopted by the Department for medical command physicians which provides an overview of the EMS system and process of medical command.

*Medical command facility*—A distinct unit which contains the necessary equipment and personnel for providing medical command to and control over EMS providers.

*Medical command facility medical director*—A medical command physician who meets the criteria established by the Department to assume responsibility for the direction and control of the equipment and personnel at a medical command facility.

*Medical command physician*—A physician who is certified by the Department to give medical command to EMS providers.

*Medical coordination*—A system which involves the medical community in all phases of the regional EMS system and consists of the following elements:

(i) Designation of a regional EMS medical director.

(ii) Oversight to ensure implementation of all medical requirements, with special emphasis on patient triage and medical treatment protocol.

(iii) Effective emergency medical planning and recommendation for Department recognition of online command facilities with medical command physicians who give medical command to EMS providers.

(iv) Transfer and medical treatment protocols.

(v) Technologic innovations that support the training and operations of the physicians giving orders to EMS providers.

(vi) Technologic innovations that support the training and operations of the EMS program and an effective process for accountability—for example, records, case review and audits.

*Medical monitoring*—Performing continuous or periodic observations of an individual's condition or continuation of an ordered treatment plan for an individual to prevent pain, suffering or the exacerbation of a preexisting condition.

*Medical observation*—Performing continuous or periodic observations of an individual's stable condition to determine whether there is a change in that condition.

*Medical record*—Documentation of the course of a patient's condition and treatment, maintained to provide communication among health care providers for current and future patient care.

*PALS course*—*Pediatric advanced life support course*—A course in advanced pediatric life support sanctioned by the American Heart Association and the American Academy of Pediatrics.

*PHP*—*Prehospital emergency medical services physician*—A physician who is certified by the Department as a prehospital EMS physician.

*PHPE*—*Prehospital physician extender*—A physician assistant who is certified by the Department as a prehospital physician extender.

*PHRN*—*Prehospital registered nurse*—A registered nurse who is certified by the Department as a prehospital registered nurse.

*PSAP*—*Public safety answering point*—

(i) The Pennsylvania Emergency Management Agency-approved first point at which calls for emergency assistance from individuals are answered.

(ii) A PSAP is operated 24 hours a day.

*Paramedic*—An individual who is certified by the Department as a paramedic.

*Patient*—An individual for whom an EMS provider is responsible for one of the following:

(i) Providing EMS on behalf of an EMS agency.

(ii) Required to provide EMS on behalf of an EMS agency because the individual's condition requires or may require medical observation, monitoring, assessment or treatment for an illness, disease, injury or other disability.

*Peer review*—The evaluation by health care providers of the quality and efficiency of services ordered or performed by EMS providers and physicians who direct or supervise EMS providers under the act and the regulations of the Department.

*Peer review committee*—A committee of health care providers who engage in peer review under the act.

*Performance appraisal*—A yearly written evaluation of a call-taker's or dispatcher's job performance measured against established EMS agency dispatch center expectations, policies and standards.



*Physician*—An individual who has a currently registered license to practice medicine or osteopathic medicine in this Commonwealth.

*QRS—Quick response service*—An operation in which EMS providers of an EMS agency:

- (i) Respond to an actual, reported or perceived emergency.
- (ii) Provide EMS to patients pending the arrival of other EMS providers and resources that have been dispatched to the scene.

*Quality assurance action*—An action taken by a quality assurance reviewer or EMS agency dispatch center supervisor after a quality assurance review to correct or improve call-taking or dispatching deficiencies identified by the quality assurance review.

*Quality assurance review*—A quality assurance process that is used to assess the job performance of a call-taker or dispatcher.

*Quality assurance reviewer*—An EMS agency employee who conducts quality assurance reviews of the EMS agency dispatch center’s radio activity to determine adherence to the EMS agency dispatch center’s standards.

*Radio activity*—Call-taking, dispatching and communicating on a public safety radio frequency.

*Receiving facility*—A facility to which an ambulance may transport a patient who requires prompt medical care in addition to that provided by EMS providers who respond to an emergency.

*Regional EMS council—Regional emergency medical services council*—A nonprofit incorporated entity or appropriate equivalent that is assigned by the Department to:

- (i) Plan, develop, maintain, expand and improve EMS systems within a specific geographical area of this Commonwealth.
- (ii) Coordinate those systems into a regional EMS system.

*Regional EMS medical director—Regional emergency medical services medical director*—The medical director of a regional EMS council.

*Registered nurse*—An individual who has a current original or renewed license to practice nursing in this Commonwealth as a registered nurse.

*Residency program*—Training approved or recognized by the State Board of Medicine or the State Board of Osteopathic Medicine as a program of graduate medical training for physicians.

*Rural area*—An area outside urbanized areas as defined by the United States Bureau of the Census.

*Scope of practice*—The EMS that an individual who is certified by the Department as an EMS provider is permitted to perform under the certification.

*Service area*—The geographic area in which an EMS agency routinely provides EMS.

*Special event*—A planned and organized activity or contest, which places participants or attendees, or both, in a defined geographic area in which the

potential need for EMS exceeds local EMS capabilities or where access by emergency vehicles might be delayed due to crowd or traffic congestion at or near the event.

*Special vehicle rescue technician*—An individual who is certified by the Department as possessing the training and skills to perform special rescue operations as taught in the special vehicle rescue training program approved by the Department.

*Standard operating procedures*—A set of policies and procedures developed and adopted by an EMS agency dispatch center to aid in directing the daily operations of the telecommunications staff.

*Statewide EMS protocols*—*Statewide emergency medical services protocols*—Written EMS protocols adopted by the Department that have Statewide application to the delivery of EMS by EMS providers.

*Trauma center*—A facility accredited as a trauma center by the Trauma Foundation.

*Trauma Foundation*—The Pennsylvania Trauma Systems Foundation, a non-profit Pennsylvania corporation whose function is to accredit trauma centers.

*Vehicle rescue technician*—An individual who is certified by the Department as possessing the training and skills to perform a rescue from a vehicle as taught in a vehicle rescue technician program approved by the Department.

*Water ambulance*—A watercraft specifically designed, constructed or modified and equipped, used or intended to be used and maintained or operated for the purpose of providing emergency medical care to, and water transportation of, patients.

### § 1021.3. Applicability.

This subpart affects persons and activities regulated by the Department under the act.

### § 1021.4. Exceptions.

(a) The Department may grant exceptions to, and departures from, this subpart when the policy objectives and intentions of the Department as reflected in this subpart are otherwise met or when compliance would create an unreasonable hardship, but would not impair the health, safety or welfare of the public. Exceptions or departures from this subpart will not be granted if compliance with the standard is required by statute.

(b) Requests for exceptions to this subpart shall be made in writing to the Department. The requests, whether approved or not approved, will be documented and retained on file by the Department in accordance with its document retention schedule. Approved requests shall be retained on file by the applicant during the period the exception remains in effect.

(c) A granted request will specify, if relevant, the period during which the exception is operative. The duration of an exception may be extended if the rea-

sons for the original exception continue. Requests for an exception extension shall be made in writing to the Department.

(d) An exception granted may be revoked by the Department for just cause. Just cause includes, for example, failure to meet the conditions for the exception. Notice of the revocation will be in writing and include the reason for the action of the Department and a specific date upon which the exception will be terminated.

(e) In revoking an exception, the Department will provide for a reasonable time between the date of the written notice or revocation and the date of termination of an exception for the holder of the exception to come into compliance with this subpart. Failure to comply after the specified date may result in enforcement or disciplinary proceedings.

(f) The Department may, on its own initiative, grant an exception to this subpart if the requirements in subsection (a) are satisfied.

#### Cross References

This section cited in 28 Pa. Code § 1021.141 (relating to research).

### § 1021.5. Investigations.

The Department may investigate any person, entity or activity for compliance with the act and this subpart.

### § 1021.6. Comprehensive EMS system plan.

(a) The Department, with the advice of the Advisory Board, will develop and annually update a Statewide EMS System Plan, which will include both short-range and long-range goals and objectives for the coordinated delivery of EMS in this Commonwealth.

(b) The plan will contain:

- (1) An inventory of EMS resources available in this Commonwealth.
- (2) An assessment of the effectiveness of the existing Statewide EMS system and a determination of the need for changes to the Statewide EMS system.
- (3) Performance measures for delivery of EMS to persons in this Commonwealth.
- (4) Methods to be used in achieving stated performance measures.
- (5) A schedule for achievement of the stated performance measures.
- (6) A method for monitoring and evaluating whether the stated Statewide performance measures are being achieved.
- (7) Estimated costs for achieving the stated performance measures.

(c) The Department will incorporate regional EMS system plans into the Statewide EMS System Plan.

(d) The Department will adopt a Statewide EMS System Plan, updates to the plan after public notice, an opportunity for comment and its consideration of

comments received. The Department will make the plan available to the General Assembly and concerned agencies, entities and individuals who request a copy.

**§ 1021.7. Comprehensive regional EMS system plan.**

(a) A regional EMS council shall develop and annually update a regional EMS system plan for coordinating and improving the delivery of EMS in the region for which it has been assigned responsibility.

(b) The plan must contain:

(1) An inventory of EMS resources available in the region.

(2) An assessment of the effectiveness of the existing regional EMS system and a determination of the need for enhancement of the regional EMS system.

(3) A statement of goals and specific measurable objectives for delivery of EMS to persons in the region.

(4) Identification of interregional problems and recommended measures to resolve those problems.

(5) Methods to be used in achieving stated performance measures.

(6) A schedule for achievement of the stated performance measures.

(7) A method for evaluating whether the stated performance measures have been achieved.

(8) Estimated costs for achieving the stated performance measures.

(9) Other information as requested by the Department.

(c) A regional EMS council shall, in the course of preparing a regional EMS system plan and updates to the plan, provide public notice and an opportunity for comment. It shall consider the comments before submitting a proposed plan to the Department.

(d) A regional EMS system plan will become final after it is approved by the Department. The regional EMS council shall make the plan available to concerned agencies, entities and individuals who request a copy.

**§ 1021.8. EMS data collection.**

(a) *Reasons for EMS data collection.* The Department, either directly or through regional EMS councils or the Advisory Board, may collect EMS data for the purpose of evaluating the effectiveness of the Statewide and regional EMS system plans and the need to revise those plans and pursue future EMS system initiatives. This will include collecting EMS data to determine the status of the Statewide and regional EMS systems, the degree of compliance with the requirements in the act and this subpart, and the effectiveness of the Statewide and regional EMS systems in reducing morbidity and mortality when the EMS systems are involved.

(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.

**Cross References**

This section cited in 28 Pa. Code § 1027.3 (relating to licensure and general operating standards).

**Subchapter B. AWARD AND ADMINISTRATION OF EMSOF FUNDING**

Sec.

- 1021.21. Purpose.
- 1021.22. Entities eligible to receive EMSOF funds through contracts or grants.
- 1021.23. Award of contract or grant to a regional EMS council.
- 1021.24. Use of EMSOF funding by a regional EMS council.
- 1021.25. Allocation of EMSOF funds to regional EMS councils.
- 1021.26. Technical assistance.
- 1021.27. Subcontracting.
- 1021.28. Contracts and grants with the Advisory Board.

**§ 1021.21. Purpose.**

This subchapter implements sections 8112 and 8153 of the act (relating to contracts and grants; and support of emergency medical services), which set forth the standards and criteria governing the award and administration of contracts and grants under the act that are funded by EMSOF funds.

**§ 1021.22. Entities eligible to receive EMSOF funds through contracts or grants.**

The following entities are eligible to directly receive EMSOF funds from the Department through contracts and grants:

- (1) Regional EMS councils.
- (2) The Advisory Board.
- (3) Other entities to assist the Department in complying with the act.

**Cross References**

This section cited in 28 Pa. Code § 1021.28 (relating to contracts and grants with the Advisory Board).

**§ 1021.23. Award of contract or grant to a regional EMS council.**

(a) EMSOF funds shall be used by a regional EMS council to plan, initiate, maintain, expand or improve a regional EMS system in a manner that is consistent with the Statewide and relevant regional EMS system plans. To apply for a contract or grant for these purposes, a regional EMS council or entity that seeks

to become a regional EMS council shall submit to the Department a contract or grant application on a form prescribed by the Department in which the applicant:

- (1) Provides information on the organizational structure of the regional EMS council and its provisions to ensure representation of appropriate entities.
  - (2) Addresses planning, maintenance and improvement of the applicable regional EMS system.
  - (3) Demonstrates the qualifications of the applicant to plan, maintain and improve a regional EMS system.
- (b) To be awarded a contract or grant to serve as a regional EMS council, the applicant shall demonstrate to the Department's satisfaction that it has:
- (1) An appropriate organizational structure.
  - (2) Made provision for the representation of appropriate entities to meet the requirements in §§ 1021.102 and 1021.103 (relating to structure of regional EMS councils; and governing body).
  - (3) The qualifications and commitment to plan, maintain and improve a regional EMS system.
- (c) Upon expiration of a contract or grant with a regional EMS council, the Department, without undertaking a competitive bidding process, may enter into a new contract or grant with the same entity for that entity to continue to serve as a regional EMS council, if that entity in carrying out the prior contract or grant demonstrated its ability and commitment to the Department's satisfaction to plan, maintain and improve the regional EMS system consistent with the terms of the prior contract or grant.

#### Cross References

This section cited in 28 Pa. Code § 1021.28 (relating to contracts and grants with the Advisory Board).

#### § 1021.24. Use of EMSOF funding by a regional EMS council.

- (a) A regional EMS council may receive EMSOF funding from the Department for the following purposes:
- (1) Providing public education, information, health promotion and prevention programs regarding EMS, including:
    - (i) Public education programs, instruction regarding call-taking and dispatching and how to access EMS systems.
    - (ii) Public information programs, including passenger and driver safety and EMS system awareness programs.
    - (iii) Health promotion programs, including wellness of EMS workforce and EMS safety programs that promote a culture of safe practices among EMS providers.
    - (iv) Prevention programs, including passenger restraint systems, prudent heart living and general health awareness, and safety practices to prevent errors in patient care and injuries to EMS providers.

(2) Purchasing ambulances, other EMS vehicles, medical equipment and rescue equipment which enables or enhances the delivery of EMS.

(i) Ambulances and other EMS vehicles will be considered for funding if the funds will be used for the initial acquisition of vehicles or parts, or the addition or replacement of existing vehicles or parts, by an EMS agency or an entity that qualifies for initial licensure as an EMS agency.

(ii) Medical equipment will be considered for funding if the funds will be used to purchase medical equipment for EMS agencies.

(iii) Rescue equipment will be considered for funding if the funds will be used to purchase rescue equipment for EMS agencies or rescue services recognized by the Department or the State Fire Commissioner.

(3) Conducting and ensuring the reasonable availability of training and testing programs for EMS providers. Priority consideration with respect to training will be given to training programs leading to the certification of EMS providers and the continuing education of EMS providers.

(4) Inspecting and investigating EMS agencies, educational institutes and medical facilities, and conducting other inspections and investigations to assist the Department in carrying out its regulatory responsibilities under the act.

(5) Purchasing communications equipment and services, including medical command communications equipment, and alerting equipment for EMS purposes.

(6) Purchasing equipment for emergency departments, if the equipment is used or intended to be used in equipment exchange programs with EMS agencies. The equipment purchased must be of a type used by EMS agencies in the EMS provided to patients in a prehospital or interhospital setting. It must be the type of equipment that can be easily or safely removed from the patient upon arrival or during treatment at a receiving facility.

(7) Maintaining and operating a regional EMS council. Items eligible for funding include:

(i) Salaries, wages and benefits of staff.

(ii) Travel.

(iii) Equipment and supplies.

(iv) Leasing office space.

(v) Other costs incidental to the conduct of the business of a regional EMS council which are found by the Department to be necessary and appropriate.

(8) Collecting and analyzing data necessary to evaluate the effectiveness of EMS systems in providing EMS and to administer quality improvement programs. These costs may include the processing of both prehospital and hospital data and include:

(i) Data collection.

(ii) Data entry.

(iii) Data processing of information.

- (iv) Data analysis and evaluation.
- (v) Data interpretation and dissemination.
- (9) Facilitating the merger of EMS agencies or assisting an EMS agency to acquire another EMS agency when the Department determines circumstances exist to the extent that the transaction and financial assistance are needed to serve the public interest.
- (10) Recruitment and retention of EMS providers by EMS agencies.
- (11) Other costs determined by the Department to be appropriate and necessary for the implementation of a comprehensive regional EMS system.
- (b) The Department will set forth additional priorities for funding on a yearly basis in a notice published in the *Pennsylvania Bulletin*.
- (c) Funds appropriated to the Department from the EMSOF will not be made available for the following:
  - (1) Acquisition, construction or rehabilitation of facilities or buildings, except renovation as may be necessary for the implementation or modification of 911 and EMS communication systems.
  - (2) Purchase of hospital equipment, other than communications equipment for medical command and receiving facilities, unless the equipment is used or intended to be used in an equipment exchange program with EMS agencies.
  - (3) Maintenance of ambulances, other EMS vehicles and equipment.
  - (4) Costs deemed by the Department as inappropriate for carrying out the purposes of the act.
  - (5) Costs which are normally borne by patients, except for extraordinary costs as determined by the Department.
- (d) As approved by the Department, a regional EMS council may make purchases and other expenditures of funds on behalf of EMS agencies, recognized rescue services, accredited educational institutes and medical command facilities for cost-savings purposes. The Department may distribute funds to these entities to make these purchases and other expenditures of funds.
- (e) The Department, by contract, grant or notice published in the *Pennsylvania Bulletin*, may require a regional EMS council or entity to which a regional EMS council distributes funds to provide matching funds in specified percentages as a condition for receiving EMSOF funds.

#### Cross References

This section cited in 28 Pa. Code § 1021.28 (relating to contracts and grants with the Advisory Board).

#### § 1021.25. Allocation of EMSOF funds to regional EMS councils.

The Department will consider the following factors in determining the amount of EMSOF funding regional EMS councils receive:

- (1) The total amount of funds available.



- (2) Conformity of the application for funding to the Statewide EMS System Plan.
- (3) Financial need of the regional EMS system.
- (4) Funds available to the regional EMS council for the purpose in the application for funding, including non-State contributions, Federal grants or Federal contracts pertaining to EMS. Non-State contributions include cash and in-kind services provided to the contractor or toward the operation of a regional EMS system by private, public or government entities, including the Federal government.
- (5) Geographic area.
- (6) Population of the geographic area served by the applicant.
- (7) Special rural needs of the geographic area served by the applicant.
- (8) Potential duplication of services.
- (9) Priorities of the Department.
- (10) Other factors set forth by the Department in a notice published in the *Pennsylvania Bulletin*.

**Cross References**

This section cited in 28 Pa. Code § 1021.28 (relating to contracts and grants with the Advisory Board).

**§ 1021.26. Technical assistance.**

(a) Regional EMS councils that obtain contracts or grants from the Department may request technical assistance from the Department, if necessary, for the purpose of carrying out their contracts or grants. Special consideration will be given to regional EMS councils that serve rural areas to assist with matters such as recruitment, retention of EMS providers, EMS agency management and the use of EMS agency equipment.

(b) Technical assistance from the Department may also be available to subcontractors or other recipients of funds from the regional EMS council when technical assistance resources are not available from the regional EMS council.

(c) Examples of technical assistance resources include:

- (1) Communications assistance.
- (2) Public education resources.
- (3) Information management sources.

**Cross References**

This section cited in 28 Pa. Code § 1021.28 (relating to contracts and grants with the Advisory Board).

**§ 1021.27. Subcontracting.**

(a) A regional EMS council may receive the Department's written approval to subcontract certain of its duties to other entities as deemed necessary and appropriate for the proper execution of the contract or grant with the Department.

(b) A regional EMS council may not execute a subcontract until the Department determines in writing that the subcontract is necessary and appropriate.

#### Cross References

This section cited in 28 Pa. Code § 1021.28 (relating to contracts and grants with the Advisory Board).

### § 1021.28. Contracts and grants with the Advisory Board.

Sections 1021.22—1021.27 do not apply to contracts or grants between the Department and the Advisory Board. The Department will enter into a contract or grant with the Advisory Board to perform the services the Advisory Board is required to perform under the act. The Department may contract with the Advisory Board for it to assist the Department in complying with other provisions of the act.

## Subchapter C. COLLECTION OF DATA AND INFORMATION

Sec.

1021.41. EMS patient care reports.

1021.42. Dissemination of information.

1021.43. Vendors of EMS patient care reports.

### § 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.

#### Cross References

This section cited in 28 Pa. Code § 1021.42 (relating to dissemination of information); 28 Pa. Code § 1021.43 (relating to vendors of EMS patient care reports); 28 Pa. Code § 1027.3 (relating to licensure and general operating standards); 28 Pa. Code § 1027.9 (relating to right to enter, inspect and obtain records); and 28 Pa. Code § 1027.41 (relating to special operations EMS services).

#### § 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.

#### Cross References

This section cited in 28 Pa. Code § 1027.3 (relating to licensure and general operating standards).

### § 1021.43. Vendors of EMS patient care reports.

- (a) An EMS agency shall submit EMS PCRs as required under § 1021.41 (relating to EMS patient care reports) by using only a software program approved by the Department.
- (b) A vendor may not sell or otherwise provide or offer reporting forms or software marketed as appropriate for use in making EMS PCRs unless the vendor submits the product to the Department for review and receives the Department's approval. This also applies to a substantive modification the vendor makes to the reporting form or software. The vendor shall apprise the Department of the modification before marketing the modified form or software regardless of whether the vendor considers the modification to be substantive. EMS agencies

may ascertain which vendor products have been approved by the Department under this subsection by contacting the Bureau.

(c) If the Department makes changes to the minimum data elements of the EMS PCR, the Department will publish a notice of the changes in the *Pennsylvania Bulletin*. The effective date of the changes will not be less than 60 days after publication of the notice.

(d) After publication of the changes, a vendor may not market as appropriate for making EMS PCRs a product that had been approved by the Department prior to the Department publishing the notice of changes, unless the vendor clearly discloses that the forms or software were approved prior to the publication of the changes and may only be used to make EMS PCRs until the changes go into effect.

(e) A vendor may store EMS PCR data on its server for data entry or processing purposes arranged by an EMS agency or a regional EMS council to facilitate the transmission of EMS PCR information among the EMS agency, a receiving facility and the regional EMS council, but may not transmit or provide access to that data to any other entity, except the Department, and may not use the data for any other purpose.

#### Cross References

This section cited in 28 Pa. Code § 1031.15 (relating to discipline of vendors of EMS PCR software).

### Subchapter D. QUALITY IMPROVEMENT AND PEER REVIEW

Sec.

1021.61. Components of Statewide quality improvement program.

1021.62. Regional quality improvement programs.

1021.63. Peer review.

1021.64. Cooperation.

#### § 1021.61. Components of Statewide quality improvement program.

(a) The Department, in conjunction with the Advisory Board, will identify the necessary components for a Statewide EMS quality improvement program for the Statewide EMS system. The Statewide EMS quality improvement program shall be operated to monitor the delivery of EMS.

(b) The Department will develop and update a Statewide EMS Quality Improvement Plan in which it will establish goals and reporting thresholds.

#### § 1021.62. Regional quality improvement programs.

A regional EMS council, after considering input from participants in and persons served by the regional EMS system, shall develop, update and implement a regional EMS quality improvement program to monitor the delivery of EMS,

which addresses, at a minimum, the quality improvement components identified by the Department. A regional EMS council quality improvement program shall:

- (1) Conduct quality improvement audits of the regional EMS system including reviewing the quality improvement activities conducted by the EMS agency medical directors and medical command facilities within the region.
- (2) Have a regional quality improvement committee that, in conjunction with the regional medical advisory committee, shall recommend to the regional EMS council ways to improve the delivery of EMS within the region based upon State and regional goals.
- (3) Develop and implement a regional EMS quality improvement plan to assess the EMS system in the region.
- (4) Investigate complaints concerning the quality of care rendered and forward recommendations and findings to the Department.

**§ 1021.63. Peer review.**

(a) *Persons subject to peer review.* Peer review under this section may be conducted of EMS providers, EMS agency medical directors and medical command physicians.

(b) *Purpose.* The purpose of peer review conducted under this section is to evaluate the quality and efficiency of services performed under this part by EMS providers, EMS agency medical directors and medical command physicians. This includes reviews to:

- (1) Evaluate and improve the quality of EMS rendered.
- (2) Determine whether the direction and supervision of EMS providers was in accordance with accepted standards.
- (3) Determine whether the EMS provided or not provided was in accordance with accepted standards of care.

(c) *Composition of peer review committee.* A peer review committee established under this section may include health care providers such as EMS providers, EMS agency medical directors and other physicians, nurses, physician assistants, EMS agency managers and administrators, hospital personnel with expertise in quality assurance and PSAP dispatchers and administrators.

(d) *Proceedings and records of a peer review committee.* The proceedings and records of a peer review committee conducted under this section have the same protections from discovery and introduction into evidence in civil proceedings as they would under the Peer Review Protection Act (63 P. S. §§ 425.1—425.4). A person who attends a meeting of a peer review committee has the same right as a person who attends a meeting of a review organization under the Peer Review Protection Act with respect to not testifying in a civil action as to evidence or other matters produced or presented during the peer review proceeding or as to findings, recommendations, evaluations, opinions or other actions of the peer review committee or other records thereof. These protections do not apply to records that are reviewed in peer review, but were not created for the sole pur-

pose of being reviewed in a peer review proceeding. A person who testifies before a peer review committee or who is a member of a peer review committee is not protected from testifying as to matters within that person's knowledge, except as to that person's testimony before the peer review committee, matters learned by that person through that person's participation in the peer review committee's proceeding or opinions formed by that person as a result of the peer review proceeding.

(e) *Persons who provide information to a peer review committee.* A person who provides information to a peer review committee conducting peer review under this section has the same protections from civil and criminal liability as a person who provides information to a review organization under the Peer Review Protection Act.

(f) *Members and employees of a peer review committee and persons who furnish professional services to a peer review committee.* An individual who is a member or employee of a peer review committee or who provides professional services to a peer review committee conducting peer review under this section has the same protections from civil and criminal liability for the performance of any duty, function or activity required of the peer review committee as a person who performs the duty, function or activity under the Peer Review Protection Act.

**§ 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.

**Cross References**

This section cited in 28 Pa. Code § 1027.3 (relating to licensure and general operating standards).

**Subchapter E. TRAUMA CENTERS**

- Sec.
- 1021.81. Purpose.
- 1021.82. Requirements.
- 1021.83. Complaints.

**§ 1021.81. Purpose.**

The purpose of this subchapter is to integrate trauma centers into the Statewide EMS system by providing access to trauma centers and for the effective and appropriate utilization of resources.

**§ 1021.82. Requirements.**

To ensure that trauma centers are integrated into the Statewide EMS system, trauma centers shall:

- (1) Maintain a dedicated telephone number to allow for access by referring hospitals to make arrangements for the most appropriate and expeditious mode of transportation to the trauma center, as well as allow for direct consultation between the two facilities prior to transfer and during the course of treatment of the patient.
- (2) Develop and implement outreach education programs to be offered to referring hospitals and emergency services dealing with management of major and multiple systems trauma patients and the capabilities of the trauma center.
- (3) Develop and institute a system to ensure the provision of patient outcome and treatment information to the transferring facility and the EMS agency involved in transporting the patient to the transferring facility, if the patient was transferred to the trauma center, or to the EMS agency involved in transporting the patient to the trauma center if the patient was not transferred to the trauma center by another facility, on each patient transported to the trauma center by ambulance.
- (4) Maintain a medical command facility to allow for communication between a transporting ground ambulance or air ambulance and the trauma center to ensure that patient information and condition updates are available to the trauma center and that medical consultation is available to the transporting ambulance crew. The capabilities shall be in accordance with regional and Statewide EMS telecommunications plans.

**§ 1021.83. Complaints.**

The Department will investigate complaints related to the delivery of services by trauma centers and forward the results of the investigation to the Trauma Foundation with a recommendation for action.

**Subchapter F. REGIONAL EMS COUNCILS**

Sec.

- 1021.101. Designation of regional EMS councils.
- 1021.102. Structure of regional EMS councils.
- 1021.103. Governing body.
- 1021.104. Responsibilities of regional EMS councils.

**§ 1021.101. Designation of regional EMS councils.**

- (a) The Department will designate a regional EMS council that satisfies the structural and representation requirements in § 1021.102 (relating to structure of



regional EMS councils) for each geographic area of this Commonwealth that the Department designates as a regional EMS geographic area for regional EMS system purposes.

(b) The designation of the geographical area will be based on the capability to:

- (1) Provide definitive care services to the majority of general, emergent and critical patients.
- (2) Establish community-wide and regional care programs.
- (3) Interact and liaison with hospitals, other health care facilities and important public health and public safety entities.

(c) The Department will evaluate the performance and effectiveness of each regional EMS council on a periodic basis to ensure that each council is appropriately meeting the needs of the EMS region to which it is assigned in planning, developing, maintaining, expanding, improving and upgrading the regional EMS system.

**§ 1021.102. Structure of regional EMS councils.**

(a) Regional EMS councils shall be organized by one of the following:

- (1) A unit of general local government with an advisory council.
- (2) A representative public entity administering a compact or other area wide arrangement or consortium.
- (3) A public or private nonprofit entity.

(b) If the regional EMS council is a unit of local government it shall have an advisory council which is determined by the Department to be representative of health care consumers, the health professions, and major private, public and volunteer agencies, organizations and institutions concerned with providing EMS.

(c) A regional EMS council shall have a governing body.

(d) A regional EMS council shall have a director who is approved by the Department.

(e) A regional EMS council shall have a medical director and establish committees which are necessary to carry out the responsibilities of the regional EMS council.

**Cross References**

This section cited in 28 Pa. Code § 1021.23 (relating to award of contract or grant to a regional EMS council); 28 Pa. Code § 1021.101 (relating to designation of regional EMS councils); and 28 Pa. Code § 1021.103 (relating to governing body).

**§ 1021.103. Governing body.**

(a) If the regional EMS council is a public or private nonprofit organization, its governing body shall satisfy the representation requirements in § 1021.102 (relating to structure of regional EMS councils).

(b) If the governing body consists of a board, it shall adopt written policies which include:

- (1) A method of selection for board membership.
- (2) Qualifications for board membership.
- (3) Criteria for continued board membership.
- (4) Frequency of meetings.

(c) The duties of the governing body shall include:

- (1) Selecting a director who will be responsible for the daily operations of the regional EMS council.
- (2) Selecting a regional EMS medical director.
- (3) Describing the organizational structure.
- (4) Establishing appropriate committees, including a quality improvement committee and a medical advisory committee.

(i) A majority of the members of the medical advisory committee shall be physicians.

(ii) The regional medical advisory committee shall assist the regional EMS medical director in matters of medical coordination and ensure that EMS is provided within the region in a manner that considers patient safety and the quality of EMS.

(5) Monitoring and ensuring the regional EMS council's compliance with contracts and grants from the Department.

(d) The governing body shall make available to the public an annual report no later than 30 days after the end of the fiscal year. This requirement may be met by posting the annual report on the regional EMS council's web site. The governing body also shall provide the Department with an electronic or hard copy of the annual report within the same time frame. The annual report must include:

- (1) Activities and accomplishments of the preceding year.
- (2) A financial statement of income and expenses.
- (3) A statement disclosing the names of officers and directors.

(e) A staff member of a regional EMS council may not serve as a voting member of the governing body.

#### **Cross References**

This section cited in 28 Pa. Code § 1021.23 (relating to award of contract or grant to a regional EMS council).

#### **§ 1021.104. Responsibilities of regional EMS councils.**

In addition to other responsibilities imposed upon regional EMS councils by this subpart, regional EMS councils have responsibility for:

- (1) Organizing, maintaining, implementing, expanding and improving the EMS system within the geographic area for which the regional EMS council has been assigned responsibilities.

(2) Developing and implementing comprehensive EMS plans, as approved by the Department.

(3) Advising PSAPs and municipal and county governments as to EMS resources available for dispatching and recommending dispatching criteria that may be developed by the Department, or by the regional EMS council as approved by the Department.

(4) Developing, maintaining, implementing, expanding and improving programs of medical coordination. The programs are subject to approval by the Department.

(5) Assisting hospitals, upon their request, with issues regarding EMS when hospitals are developing their plans for emergency services as required under § 117.11 (relating to emergency services plan).

(6) Assisting the Department in achieving a unified Statewide EMS system and regional EMS system components and goals as described in section 8105 of the act (relating to duties of department).

(7) Assisting the Department in the collection and maintenance of standardized data and information provided through EMS PCRs.

(8) Providing EMS agencies with data summary reports.

(9) Ensuring the reasonable availability of training programs, including continuing education programs, for EMS providers. The programs must include those that lead to certification of EMS providers by the Department. Regional EMS councils may also develop and implement additional educational programs.

(10) Monitoring EMS provider, EMS agency, EMS agency medical director, medical command physician, medical command facility medical director and medical command facility compliance with minimum standards established by the Department.

(11) Facilitating the integration of medical command facilities into the regional EMS system in accordance with policies and guidelines established by the Department.

(12) Developing and implementing regional protocols for issues of regional importance that are not addressed by the Statewide EMS protocols. Protocols shall be developed in consultation with the regional EMS council's medical advisory committee and approved by the Department. Protocols must:

(i) Be consistent with the Department's established protocol format.

(ii) Address matters the Department directs regional EMS councils to address.

(iii) Be distributed to EMS agencies within the region.

(iv) Be reviewed annually and revised as necessary in consultation with the regional EMS council's medical advisory committee.

(v) Be consistent with Chapter 1023 (relating to personnel) which governs the scope of practice of EMS providers.

(vi) Be based upon accepted standards of emergency medical care, with consideration given to maximizing patient safety.

(13) Assisting Federal, State and local agencies, upon request, in the provision of onsite mitigation, technical assistance, situation assessment, coordination of functions or post-incident evaluations, in the event of a potential or actual disaster, mass casualty situation or other substantial threat to public health.

(14) Maintaining an inventory of EMS resources, including EMS providers, available in the EMS region and promoting the recruitment, retention and recognition of EMS providers.

(15) Designating a regional EMS medical director.

(16) Supervising the regional EMS medical director to ensure that the roles and responsibilities in § 1023.4 (relating to regional EMS medical director) are carried out.

(17) Assisting EMS providers, other persons and EMS agencies operating in the regional EMS system to meet the licensure, certification, registration and continuing education requirements established under the act and this subpart, and assisting the Department in ensuring that those requirements are met.

(18) Having a conflict of interest policy and requiring its employees and officials to agree to the policy in writing.

(19) Assisting the Department in carrying out the act and this part and adhering to policy direction established by the Department.

(20) Performing other duties deemed appropriate by the Department for the initiation, expansion, maintenance and improvement of the regional and Statewide EMS system which are in accordance with the Statewide EMS System Plan.

### Subchapter G. ADVISORY BOARD

Sec.

1021.121. Duties and purpose.

1021.122. Meetings and members.

1021.123. Disasters.

#### § 1021.121. Duties and purpose.

(a) The Advisory Board shall advise the Department on EMS issues that relate to the following:

- (1) Manpower and training.
- (2) Communications.
- (3) EMS agencies.
- (4) The content of EMS PCRs.
- (5) The content of rules and regulations.

- (6) Standards and policies promulgated by the Department.
- (7) The permitted scope of continuing education courses.
- (8) Other subjects as required by the act or deemed appropriate by the Department or the Advisory Board.
- (9) The content of the Statewide EMS System Plan and proposed revisions to it.
- (b) The Advisory Board shall adopt written policies which include:
  - (1) A method of selection for board membership.
  - (2) Qualifications for Advisory Board membership.
  - (3) Criteria for continued Advisory Board membership.
  - (4) Frequency of meetings.
- (c) The Advisory Board shall:
  - (1) Select a director who is responsible for the daily operations of the Advisory Board and the Pennsylvania Emergency Health Services Council.
  - (2) Describe its organizational structure.
  - (3) Establish appropriate committees, including an EMS for children advisory committee to advise on a program to address the emergency medical needs of the pediatric population, and a medical advisory committee with a majority of its members being physicians.
- (d) The Advisory Board shall make available to the public an annual report which must include:
  - (1) A description of its activities and accomplishments of the preceding year.
  - (2) A financial statement of income and expenses.
  - (3) A statement disclosing the names of officers and members of the Advisory Board.

**§ 1021.122. Meetings and members.**

- (a) Meetings of the Advisory Board shall be held in accordance with 65 Pa.C.S. Chapter 7 (relating to Sunshine Act) or a successor act.
- (b) A voting member of the Advisory Board shall serve a 3-year term. A voting member may not serve more than two consecutive terms.
- (c) A simple majority of the voting members of the Advisory Board constitutes a quorum for the transaction of business.
- (d) A member of the Advisory Board shall serve without compensation, except for reimbursement of reasonable expenses incurred by members while performing official duties.
- (e) A staff member of the Pennsylvania Emergency Health Services Council may not serve as a voting member of the Advisory Board.

**§ 1021.123. Disasters.**

In the event of a potential or actual disaster, mass casualty situation or other substantial threat to public health, the Advisory Board shall, upon request, assist

Federal, State and local agencies in the provision of onsite mitigation, technical assistance, situation assessment, coordination of functions or post-incident evaluations. Recruitment of volunteer expertise available to the Advisory Board will be requested and utilized as conditions and circumstances necessitate.

### Subchapter H. EMS RESEARCH

Sec.  
1021.141. Research.

#### § 1021.141. Research.

(a) Prior to engaging in a clinical investigation or study that relates to the provision of EMS, the principal investigator shall file with the Department a report of the planned investigation or study on a form prescribed by the Department. The principal investigator shall also file with the Department a report at the conclusion of the investigation or study and status reports as requested by the Department.

(b) A person who wants to secure from the Department or a regional EMS council and use, for research purposes, information collected by the Department or a regional EMS council through EMS PCRs, or information collected by the Department or a regional EMS council regarding patients who utilize emergency departments without being admitted to a hospital or who are admitted to a hospital through emergency departments, trauma centers or directly to special care units, shall submit the proposed research project to the Department. If the Department concludes that the proposed use of the information would serve the public interest, it may refer the proposal to the medical advisory committee of the Advisory Board or to one or more of the medical advisory committees of the regional EMS councils for review and recommendation.

(c) If access to and use of the information requested under subsection (b) is approved by the Department, the Department will release or direct the release of the information for the research project under conditions specified by the Department.

(d) A research proposal submitted under subsection (b) must include and address the following in a format specified by the Department:

- (1) A specific statement of the hypothesis to be investigated and the clinical significance of the hypothesis.
- (2) A specific description of the methodology to be used in the research.
- (3) An estimated duration of the research.
- (4) An explanation of how patient confidentiality will be protected.
- (5) A letter from the principal investigator in which that person identifies himself as the principal investigator and assumes responsibility for compliance with the conditions imposed by the Department.

(6) A plan for providing the Department with progress reports, annually at a minimum, and a final report on the research.

(e) If institutional review board approval is required by law, the Department will not approve access to the requested information until it receives evidence of institutional review board approval.

(f) The Department may direct that the use of the information be terminated if the Department determines that the use of the information fails to satisfy the conditions under which the Department approved use of the information.

(g) An EMS agency or other person that intends to conduct research that would involve an EMS agency violating this part or an EMS protocol adopted or approved by the Department shall apply for an exception to the regulation or protocol under § 1021.4 (relating to exceptions).

(h) This section does not empower the Department to approve research that involves any act otherwise prohibited by law.

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