

LICENSURE POLICIES: AMBULANCE STANDARDS

All Ambulance Personnel of _____
(Name of Service)

Affiliate Number: _____

Street Address: _____

City: _____ State _____ Zip _____

Pursuant to 28 Pa Code § 1005.10 (b) Ambulance standards.

- (1) For ambulance vehicles which transport patients will be required to show evidence that the vehicle has met 75 Pa, C.S. § § 4571 and 4572 (relating to visual and audible signals on emergency vehicles; and visual signals on authorized vehicles) and 67 Pa Code Chapter 173 (relating to flashing or revolving lights on emergency and authorized vehicles), and the Federal KKK standards which were in effect at the time of the vehicle's manufacture and which are not inconsistent with the Vehicle Code standards in 75 Pa C,S, § § 4571 and 4572. These specifications will be for design types, floor plans, and general configuration and exterior markings. An ALS squad unit vehicle is not subject to the Federal KKK standards; however this service will require it to meet the standards in 75 Pa, C.S. § § 4571 and 4572. It will also have as required a minimum of six star of life at least 3 inches in diameter prominently displayed on its exterior, at least two on both the front and rear and at least one on each side.
- (2) The name of the ambulance service, or a fictitious name of the ambulance service duly registered with the Department of the State, shall be displayed on both sides of the ambulance in lettering at least 3 inches in height, except the requirements do not apply to a temporary ambulance used for 30 days or less.

By signature it is agreed that the above ambulance service/personnel will abide by this regulation/policy.

Signature of Principal Official

Printed Name of Principal Official

Date

LICENSURE POLICIES PLACEMENT AND OPERATION OF AMBULANCES

Name of Ambulance Service _____

Affiliate Number: _____

Street Address: _____

City: _____ State _____ Zip _____

Pursuant to 28 Pa Code § 1005.10 (l) Policies and Procedures:

- At least one ambulance belonging to or leased by this service will be stationed/placed at the locations as described on page 2 section 17 and 18 of our licensure application.
- This service will apply for and secure an amendment to our license prior to making any change of a permanent nature as to relocating or closing a station that is listed on our licensure application.
- All emergency patients transports will be made with the required crew necessary to meet or exceed licensure requirements at the level of care this service is licensed for and the patient requires.
- An ambulance crew for each station that will be either on station or on call 24 hours a day 7 days a week.
- If a vehicle or crew from any station is not available the next closes ambulance service to the patient will be responded.

By signature it is agreed that the above ambulance service/personnel will abide by this regulation/policy.

Signature of Principal Official

Printed Name of Principal Official

Date

**LICENSURE POLICIES:
ACCIDENT, INJURY AND FATALITY REPORTING**

Name of Ambulance Service _____

Affiliate Number: _____

Street Address: _____

City: _____ State _____ Zip _____

Pursuant to 28 Pa Code § 1005.10 (i) Accident, injury and fatality reporting:

An ambulance service shall report to the appropriate regional EMS council, in a form or manner prescribed by the Department, an ambulance 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 ambulance service that results in a fatality, or medical treatment at a facility. The report shall be made within 24 hours after the accident or injury. The report of the fatality shall be made within 8 hours after the fatality.

By signature it is agreed that the above ambulance service/personnel will abide by this regulation/policy.

Signature of Principal Official

Printed Name of Principal Official

Date

LICENSURE POLICIES: COMMUNICATING WITH PSAPS

Name of Ambulance Service _____

Affiliate Number: _____

Street Address: _____

City: _____ State _____ Zip _____

Pursuant to 28 Pa Code § 1005.10 (e) (1-4) Communicating with PSAPs:

- (1) Responsibility to communicate unavailability. An ambulance service shall apprise the PSAP in its area as to when it will not be in operation due to inadequate staffing or for another reason and when its resources are committed in such matter that it will not be able to have an ambulance and required staff respond to a call requesting it to provide emergency assistance.
- (2) Responsibility to communicate delayed response. An ambulance service shall apprise the PSAP, as soon as practical after receiving a dispatched call, if it is not able to have an ambulance and required staff en route to an emergency within the time as may be prescribed by a PSAP for that type of communication.
- (3) Responsibility to communicate with the PSAP generally. In addition to the communications required by paragraphs (1) and (2), an ambulance service 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 ambulance service shall respond to a call for emergency assistance as communicated by the PSAP, provided it is able to respond.

By signature it is agreed that the above ambulance service/personnel will abide by this regulation/policy.

Signature of Principal Official

Printed Name of Principal Official

Date

LICENSURE POLICIES: DATA AND INFORMATION REQUIREMENTS FOR AMBULANCE SERVICES

Name of Ambulance Service _____

Affiliate Number: _____

Street Address: _____

City: _____ State _____ Zip _____

Pursuant to 28 Pa Code § 1001.41 Data and Information Requirements for Ambulance Services:

- (a) Ambulance services licensed to operate in this Commonwealth shall collect, maintain and report accurate and reliable patient data and information for calls for assistance in the format prescribed and on paper or electronic forms provided by or approved by the Department. An ambulance service shall file the report for any call to which it responds that results in patient care, assessment or refusal of the patient to be assessed. The report shall be made by completing an EMS patient care report and filing it, within 30 days, with the regional EMS council that is assigned responsibilities for the region in which the ambulance is based. It shall contain information specified by the Department. The Department will publish a list of data elements and the form specifications for the EMS patient care report form in a notice in the *Pennsylvania Bulletin* and on the Department's World Wide Web Site. Paper EMS patient care report forms may be secured from regional EMS councils. Electronic reporting shall conform with the requirements published in the *Pennsylvania Bulletin* notice. The Department will maintain a list of software it has determined to satisfy the requirements for electronic reporting.
- (b) The Department will identify data items for the EMS patient care report as either confidential or not confidential.
- (c) An ambulance service shall store the information designated as confidential in secure areas to assure that access to unauthorized persons is prevented, and shall take other necessary measures to ensure that the information is maintained in a confidential manner and is not available for public inspection or dissemination, except as authorized by § 1001.42 (relating to dissemination of information).
- (d) When an ambulance service transports a patient to a hospital, before its ambulance departs from the hospital, it shall provide to the individual at the hospital assuming responsibility of the patient, either verbally, or in writing or other means by which information is recorded, the patient information designated in the EMS patient care report as essential for immediate transmission for patient

care. Within 24 hours following the conclusion of its provision of services to the patient, the ambulance service shall complete the full EMS patient care report and provide a copy or otherwise transmit the data to the receiving facility. The ambulance service may report the data to the receiving facility in any manner acceptable to the receiving facility which ensures confidentiality of information designated as confidential in the EMS patient care report.

- (e) The ambulance service shall have a policy for designating which member of the ambulance crew is responsible for completing the EMS patient care report.
- (f) The ambulance service shall retain a copy of the EMS patient care report for a minimum of 7 years.

By signature it is agreed that the above ambulance service/personnel will abide by this regulation/policy.

Signature of Principal Official

Printed Name of Principal Official

Date

LICENSURE POLICIES: DISSEMINATION OF INFORMATION

Name of Ambulance Service _____

Affiliate Number: _____

Street Address: _____

City: _____ State _____ Zip _____

Pursuant to 28 Pa Code § 1001.42 Dissemination of Information:

- (a) A person, who collects, has access to, or knowledge of, confidential information collected under § 1001.41 (relating to data and information requirements for ambulance services), by virtue of that persons participation in the Statewide EMS system, may not provide the EMS patient care report, or disclose the confidential information contained in the report or a report or record thereof, except:
- (1) To another person who virtue of that person's office as an employee of the Department is entitled to obtain the information.
 - (2) To another person or agency under contract with or licensed by the Department and subject to strict supervision by the Department to ensure that the use of the data is limited to specific research, planning, quality improvement and complaint investigation purposes and that appropriate measures are taken to protect patient confidentiality.
 - (3) To the patient who is the subject of the information released or to a person who is authorized to exercise the rights of the patient with respect to securing the information, such as the patient's duly appointed attorney-in-fact.
 - (4) Under an order of the 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 under law.
 - (5) For purposes of quality improvement activities, with strict attention to patient confidentiality.
 - (6) For the purposes of data entry/retrieval and billing, with strict attention to patient confidentiality.
 - (7) Under § 1001.41 and to another health care provider to whom a patient's medical record may be released under law.

- (b) The Department will regularly disseminate non-confidential, statistical data collected from EMS patient care reports to providers of EMS for improvement of services.

By signature it is agreed that the above ambulance service/personnel will abide by this regulation/policy.

Signature of Principal Official

Printed Name of Principal Official

Date

LICENSURE POLICIES: DOCUMENTATION REQUIREMENTS

Ambulance Service Name: _____

Affiliate Number: _____

Street Address: _____

City: _____ State _____ Zip _____

Pursuant to 28 Pa Code § 1005.10 (a) Documentation requirements. An applicant for an ambulance service license shall have the following documents available for the inspection by the Department:

- (1) A roster of active personnel, including certification and recognition documentation with dates of expiration and identification numbers; documentation of medical command authorization decisions and the medical command status of personnel, if applicable; its process for scheduling staff to ensure that the minimum staffing requirements set forth in 28, § 1005.10 (d) are met; identification of persons who are responsible for making operating and policy decisions for the ambulance service, such as officers, directors and other ambulance service officials; and the criminal and disciplinary information for all persons who staff the ambulance service as required by 28 § 1005.10 (d) (3) and 4(vii) and (k).
- (2) Copies of EMS patient care reports, or other formats on which those records are kept on patients treated or transported, if applicable.
- (3) Call volume records for the previous year's operation, if applicable. These records shall include a record of each call received requesting the ambulance service to respond to an emergency, as well as notation of weather it responded to the call and the reason if it did not respond.
- (4) A record of the time periods for which the ambulance service notified the Public Safety Answering Point (PSAP), under 28 § 1005.10 (e), that it would not be available to respond to a call.
- (5) Copies of all written policies required by 28 § 1005.10
- (6) Copies of any documentation by which it agrees to manage another ambulance service or to be managed by another entity.

By signature it is agreed that the above ambulance service/personnel will abide by this regulation/policy.

Signature of Principal Official

Printed Name of Principal Official

Date

LICENSURE POLICIES: DRUG USE CONTROL AND SECURITY

Name of Ambulance Service _____

Affiliate Number: _____

Street Address: _____

City: _____ State _____ Zip _____

Pursuant to 28 Pa Code § 1005.11 Drug Use Control and Security:

(a) An ambulance service may stock drugs as approved by the Department, and shall carry drugs in an ambulance in conformance with the transfer and medical treatment protocols applicable in the region in which its ambulance is stationed. Additional drugs may be stocked by an ALS ambulance service as authorized by the ALS service medical director if the ALS ambulance service uses health professionals, and additional drugs may be carried or brought onto an ambulance as follows:

- (1) Drugs which the applicable regional transfer and medical treatment protocols prescribe for the treatment of an ALS patient may be brought on a BLS ambulance by an EMT-paramedic or health professional when rendezvousing with a BLS ambulance to treat an ALS patient on behalf of the ALS ambulance service.
- (2) Drugs other than those authorized by applicable regional transfer and medical treatment protocols may be carried on an ALS ambulance, or may be brought on board a BLS ambulance by a health professional, when requirements of subsection (d) (2) are satisfied.
- (3) Drugs other than those authorized by the applicable regional transfer and treatment protocols may be carried on an ALS ambulance or brought on board a BLS ambulance by a registered nurse, physicians assistant, or physician when the following standards are met:
 - (i) The ambulance is engaged in an interfacility transport.
 - (ii) The physician, registered nurse, or physicians assistant has special training in required for the continuation of treatment provided to the patient at the facility, and the use of those drugs not maintained on the ambulance is or may be required to continue treatment
 - (iii) The physician, registered nurse, or physician assistant does not substitute for required staff.
- (4) A BLS ambulance service, if not licensed as an ALS ambulance service, may not stock drugs which are not prescribed by the Department for use by a BLS ambulance, and a BLS ambulance service may not carry these drugs, except as authorized under this section and § 1005.10(c) (3) (relating to licensure and general operating standards).

- (b) The Department will publish at least annually by notice in the *Pennsylvania Bulletin* a list of drugs approved for use by ambulance services when use of those drugs is also permitted by the applicable regional transfer and medical treatment protocols.
- (c) An ambulance service may procure and replace drugs, from a hospital, pharmacy or from a participating and supervising physician, if not otherwise prohibited by law.
- (d) Administration of drugs by prehospital personnel, other than those approved for use by BLS ambulance services, shall be restricted to EMT-paramedics and health professional who have been authorized to administer the drugs by the ALS service medical director, when under orders of a medical command physician or under standing orders in the EMS region's transfer and medical treatment protocols; except all prehospital personnel other than a first responder and an ambulance attendant may administer to a patient, or assist the patient to administer, drugs previously prescribed for that patient, as specified in the Statewide BLS medical treatment protocols.
 - (1) An EMT-paramedic is restricted to administering drugs permitted by applicable regional transfer and medical treatment protocols and the Statewide BLS medical treatment protocols.
 - (2) A health professional may administer drugs in addition to those permitted by the applicable regional transfer and medical treatment protocols and the Statewide BLS medical treatment protocols, provided that the health professional has received approval to do so by the ALS service medical director of the ambulance service, and has been ordered to administer the drug by the medical command physician.
- (e) The ambulance service shall adequately monitor and direct the use, control and security of drugs provided to the ambulance service. This includes, but is not limited to:
 - (1) Ensure proper labeling and prevented adulteration or misbranding of drugs, and ensuring drugs are not used beyond their expiration dates.
 - (2) Storing drugs as required by The Controlled Substances, Drug, Device and Cosmetic Act (35 P.S. §§ 780-101, 780-149), and as otherwise required to maintain the efficacy of drugs and prevent the misappropriation.
 - (3) Including in the EMS patient care report information as to the administration of drugs by patient name, drug identification, date and time of administration, manner of administration, dosage, name of medical command physician who gave the order to administer the drug and the name of the person administering the drug.
 - (4) Maintaining records of drugs administered, lost or otherwise disposed of, and records of drugs received and replaced.
 - (5) Providing the pharmacy, physician or hospital that is requested to replace a drug, with a written record of use and administration, or loss or other disposition of the drug, 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 or State police and the Department's Drugs, Device and Cosmetics Office, and has filed a DEA Form 106 with the Federal drug enforcement administration.

- (7) Disposing of drugs as required by The Controlled Substance, Drug, Device and Cosmetic Act.
- (8) Arranging for the original dispensing pharmacy, physician or hospital, or its ALS service medical director, to provide it consultation and other assistance necessary to ensure that it meets the requirements of this section.

By signature it is agreed that the above ambulance service/personnel will abide by this regulation/policy.

Signature of Principal Official

Printed Name of Principal Official

Date

LICENSURE POLICIES: EQUIPMENT AND SUPPLIES REQUIREMENTS

Ambulance Service Name: _____

Affiliate Number: _____

Street Address: _____

City: _____ State _____ Zip _____

Pursuant to 28 Pa Code § 1005.10 (c) Equipment and supplies. Required equipment shall be carried and readily available in working order for use on BLS and ALS vehicles.

- (1) BLS and ALS vehicles shall carry medical equipment and supplies as published by the Department in the *Pennsylvania Bulletin* on an annual basis or more frequently.
- (2) An ALS squad unit vehicle is exempt from the requirement of carrying patient litters and equipment that is permanently installed.
- (3) A BLS ambulance service may carry ALS equipment and drugs, in addition to those generally prescribed for use by a BLS ambulance service, only if it has a physician who is directly responsible for security, accountability, administration and maintenance of the equipment and drugs, and the arrangement is authorized by the Departments upon its determination that the arrangement is in the public's interest. The physician shall have education and continuing education in ALS and prehospital care and shall serve as the medical director of the BLS ambulance service.

By signature it is agreed that the above ambulance service/personnel will abide by this regulation/policy.

Signature of Principal Official

Printed Name of Principal Official

Date

INFECTION CONTROL POLICY

All Ambulance Personnel of _____
(Name of Service)

Affiliate Number: _____

Street Address: _____

City: _____ State _____ Zip _____

The purpose of this policy is to outline procedures to eliminate or minimize employees' and volunteers' exposure to potentially infectious blood, bodily fluids & airborne pathogens.

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

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

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:
 1. GLOVES must be worn during all patient contact. Gloves must be changed when they are torn and after contact with each patient.
 2. HANDS and other skin surfaces must be washed immediately and thoroughly if contaminated with blood or other body fluids.
 3. 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.
 4. 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.
 5. 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.
 6. 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.

- The following steps must be taken when cleaning non-disposable equipment (i.e., blades, Magill forceps, and lighted stylettes). Personnel while cleaning equipment must wear gloves.
 1. Clean the equipment of gross contamination with soap/water or alcohol.
 2. Soak in high-level disinfectant (Cidex, Matricide or Sporidex) for ten (10) minutes.
 3. Rinse with hot water
 4. Store dry
 5. Use of surgical mask is indicated for patients if they are suspected of having a disease transmitted via airborne vectors (e.g. TB). If such patients are intubated, surgical masks must be worn by all crewmembers on the call and a biofilter placed on the Endotracheal Tube.

- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited onboard any ambulance.
- If potentially infectious materials such as blood penetrate 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.

By signature it is agreed that the above ambulance service/personnel will abide by this regulation/policy.

Signature of Principal Official

Printed Name of Principal Official

Date

MANAGEMENT OF PERSONNEL SAFETY IMMUNIZATIONS

All Ambulance Personnel of _____
(Name of Service)

Affiliate Number: _____

Street Address: _____

City: _____ State _____ Zip _____

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 service.

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 the 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.

By signature it is agreed that the above ambulance service/personnel will abide by this regulation/policy.

Signature of Principal Official

Printed Name of Principal Official

Date

MANAGEMENT OF PERSONNEL SAFETY: SCENE SAFETY

Name of Ambulance Service _____

Affiliate Number: _____

Street Address: _____

City: _____ State _____ Zip _____

Pursuant to 28 Pa Code § 1005.10 (I) Policies and Procedures

I. Criteria:

- A. This guideline applies to every EMS response, particularly if dispatch information or initial scene size up suggests:
 - 1. Violent patient or bystanders.
 - 2. Weapons involved.
 - 3. Industrial accident or MVA with potential hazardous materials.
 - 4. Patient(s) contaminated with chemicals

II. System Requirements:

- A. These guidelines provide general information related to scene safety. These guidelines are not designed to supersede an ambulance service's policy regarding management of personnel safety [as required by EMS Act regulation 28 § 1005.10 (1)], but this general information may augment the service's policy.
- B. These guidelines do not comprehensively cover all possible situations, and EMS practitioner judgment should be used when the ambulance service's policy does not provide specific direction.

III. Procedure:

A. If violence or weapons are anticipated:

- 1. EMS personnel should wait for law enforcement officers to secure scene before entry.
- 2. Avoid entering the scene alone.¹
- 3. If violence is encountered or threatened, retreat to a safe place if possible and await law enforcement.

B. MVAs, Industrial Accidents, Hazardous Materials Situations:

- 1. General considerations:
 - a. Obtain as much information as possible prior to arrival on the scene.

- b. Look for hazardous materials, placards, labels, spills, and/or containers (spilling or leaking). Consider entering the scene from uphill/upwind.
 - c. Look for downed electrical wires.
 - d. Call for assistance as needed.
2. Upon approach of a scene, look for a place to park the vehicle:
- a. Upwind and uphill of possible fuel spills and hazardous materials.
 - b. Park in a manner that allows for rapid departure
 - c. Allows access for fire/rescue and other support vehicles.
3. Safety:
- a. Consider placement of flares/warning devices.²
 - b. Avoid entering a damaged/disabled vehicle until it is stabilized
 - c. Do not place your EMS vehicle so that it's lights blind oncoming traffic.
 - d. Use all available lights to light up the scene on all sides of your vehicle.
 - e. PPE is suggested for all responders entering vehicle or in area immediately around involved vehicle(s).

C. Parked Vehicles (non-crash scenes):

1. Position Ambulance:
- a. Behind vehicle, if possible, in a manner that allows rapid departure and maximum safety of EMS personnel
 - b. Turn headlight on high beam and utilize spotlights aimed at a rear-view mirror.
 - c. Inform the dispatch center, by radio, of the vehicle type, state and number of license plate and number of occupants prior to approaching the suspect vehicle.
2. One person approach vehicle:
- a. If at night, use a flashlight in the hand that is away from the vehicle and your body.
 - b. Proceed slowly toward the driver's seat; keep your body as close to the vehicle (less of a target). Stay behind the "B" post and use it as cover.³
 - c. Ensure the trunk of the vehicle is secured; push down on it as you walk by.
 - d. Check for potential weapons and persons in the back seat.
 - 1) Never stand directly to the side or in front of the person in the front seat.

- e. Never stand directly in front of the vehicle.

3. Patients:

- a. Attempt to arouse victim by tapping on the roof/window.
- b. Identify yourself as an EMS practitioner.
- c. Ask what the problem is.
- d. Don't let the patient reach for anything.
- e. Ask the occupants to remain in the vehicle until you tell them to get out.

D. Residence scenes with suspected violent individuals:

1. Approach of scene:

- a. Attempt to ascertain, via radio communications, whether authorized personnel have declared the scene under control prior to arrival.
- b. Do not enter environments that have not been determined secure or that have been determined unsafe.
 - 1) Consider waiting for the police if dispatched for an assault, stabbing, shooting, etc.
- c. Shut down warning lights and sirens one block or more before reaching destination.
- d. Park in a manner that allows rapid departure.
- e. Park 100' prior to or past the residence.

2. Arrival on scene:

- a. Approach residence on an angle.
- b. Listen for sounds; yelling, screaming, gun shots.
- c. Glance through window, if available. Avoid standing directly in front of a window or door.
- d. Carry portable radio, but keep the volume low
- e. If you decide to leave, walk backward to the vehicle.

3. Position at door:

- a. Stand on the knob side of the door; do not stand in front of the door.
- b. Knock and announce yourself.
- c. When someone answers the door, have him or her lead the way to the patient.
- d. Open the door all the way and look through the doorjamb.

4. Entering the residence:

- a. Scan the room for potential weapons
- b. Be wary of kitchens (knives, glass, caustic cleaners, etc.)
- c. Observe for alternate exits.

- d. Do not let anyone get between you and the door, or back you into a corner.
- e. Do not let yourself get locked in.
- 5. Deteriorating situations:
 - a. Leave (with or without the patient).
 - b. Walk backwards from the scene and do not turn your back.
 - c. Meet police at an intersection or nearby landmark, not a residence.
 - d. Do not take sides or accuse anyone of anything.

E. Lethal weapons:

- 1. Secure any weapon that can be used against you or the crew out of the reach of the patient. Law enforcement officer, if present should secure weapons.
 - a. Guns should be handed over to law enforcement officers if possible or placed in a locked space when available.
 - 1) Place two on the barrel of the gun and place in a secured area.
 - a) Do not unload a gun
 - 2) Do not move a firearm unless it poses an immediate threat.
 - b. Knives should be placed in a locked place, when available.

Notes:

- 1. Each responder should carry a portable radio.
- 2. Flares should not be used in the vicinity of flammable materials
- 3. Avoid side and rear doors when approaching a van. Vans should be approached from the front right corner.

By signature it is agreed that the above ambulance service/personnel will abide by this regulation/policy.

Signature of Principal Official

Printed Name of Principal Official

Date

MANAGEMENT OF PERSONNEL SAFETY SEXUAL HARASSMENT

All Ambulance Personnel of _____
(Name of Service)

Affiliate Number: _____

Street Address: _____

City: _____ State _____ Zip _____

The definition of sexual harassment within this service 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 a 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.

By signature it is agreed that the above ambulance service/personnel will abide by this regulation/policy.

Signature of Principal Official

Printed Name of Principal Official

Date

**LICENSURE POLICIES:
MEDICAL COMMAND NOTIFICATION**

Name of Ambulance Service _____

Affiliate Number: _____

Street Address: _____

City: _____ State _____ Zip _____

Pursuant to 28 Pa Code §1005.10 (j) Medical command notification:

An ALS ambulance service shall identify, to the regional EMS council having responsibility in the region out of which it operates, the prehospital personnel used by it that have medical command authorization in the region for the ALS ambulance service. It shall also notify the regional EMS council when a prehospital practitioner loses medical command authorization for that ALS ambulance service.

By signature it is agreed that the above ambulance service/personnel will abide by this regulation/policy.

Signature of Principal Official

Printed Name of Principal Official

Date

LICENSURE POLICIES: MONITORING COMPLIANCE

Name of Ambulance Service _____

Affiliate Number: _____

Street Address: _____

City: _____ State _____ Zip _____

Pursuant to 28 Pa Code § 1005.10 (K) Monitoring Compliance:

An ambulance service shall monitor compliance with the act and this part impose upon the ambulance service and its staff. An ambulance service shall file a written report with the Department if it determines that a prehospital practitioner who is a member of the ambulance service, or who has recently left the ambulance service, has engaged in conduct not previously reported to the Department, for which the Department may impose disciplinary sanctions under § 1003.27 (relating to disciplinary and corrective action). The duty to report pertains to conduct that occurs during a period of time in which the prehospital practitioner is functioning for the ambulance service.

By signature it is agreed that the above ambulance service/personnel will abide by this regulation/policy.

Signature of Principal Official

Printed Name of Principal Official

Date

**LICENSURE POLICIES:
PARTICIPATION IN STATEWIDE AND REGIONAL
QUALITY IMPROVEMENT PROGRAMS**

Name of Ambulance Service _____

Affiliate Number: _____

Street Address: _____

City: _____ State _____ Zip _____

Pursuant to 28 Pa Code § 1001.65 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. These individuals and entities shall provide information, data, reports and access to records as requested by the Department and regional EMS councils to monitor delivery of EMS.

By signature it is agreed that the above ambulance service/personnel will abide by this regulation/policy.

Signature of Principal Official

Printed Name of Principal Official

Date

LICENSURE POLICIES: PATIENT MANAGEMENT

Name of Ambulance Service _____

Affiliate Number: _____

Street Address: _____

City: _____ State _____ Zip _____

Pursuant to 28 Pa Code § 1005.10 (f) Patient Management:

All aspects of patient management are to be handled by a prehospital practitioner with the level of EMS certification or recognition necessary to care for the patient based upon the condition of the patient.

By signature it is agreed that the above ambulance service/personnel will abide by this regulation/policy.

Signature of Principal Official

Printed Name of Principal Official

Date

LICENSURE POLICIES: RESPONSIBLE STAFF

Name of Ambulance Service _____

Affiliate Number: _____

Street Address: _____

City: _____ State _____ Zip _____

Pursuant to 28 Pa Code § 1005.10 (d) (3) Responsible staff.

An ambulance service shall ensure that all persons who staff the ambulance service, including it's officers, directors and other members of it's management team, prehospital personnel, and ambulance drivers are responsible persons. In making this determination it shall require each person who staffs the ambulance service to provide it with information as to misdemeanor and felony convictions, and disciplinary sanctions against a license, certification or other authorization to practice a health care occupation or profession, that have been imposed against that person, and to update that information if and when additional convictions and disciplinary sanctions occur. The ambulance service shall consider this information in determining whether the person is a responsible person. An ambulance service shall also provide the Department with a advance notice, 30 days if possible, of any change in it's management personnel to include as a new member of it's management team a person who has been convicted of a felony or misdemeanor or has had a disciplinary sanction imposed against a license, certification or other authorization to practice a healthcare occupation or profession.

By signature it is agreed that the above ambulance service/personnel will abide by this regulation/policy.

Signature of Principal Official

Printed Name of Principal Official

Date

ALS SERVICE MEDICAL DIRECTOR AGREEMENT

Name of ALS Service: _____
(Name of Service)

Affiliate Number: _____

Street Address: _____

City: _____ State _____ Zip _____

Pursuant to 28 Pa Code § 1003.5 ALS Service Medical Director:

- (a) Roles and Responsibilities. An ALS service medical director is responsible for the following:
- (1) Provide medical guidance and advice to the ALS ambulance service including:
 - (i) Reviewing the statewide BLS medical treatment protocols and the regional transfer and medical treatment protocols, and ensuring that the ALS service's prehospital personnel are familiar with them and amendments and revisions thereto.
 - (ii) Providing guidance to the LAS ambulance service with respect to the ordering, stocking and replacement of drugs, and compliance with laws and regulations impacting upon the ALS ambulance service's acquisition and use of those drugs.
 - (iii) Participating in the regional and Statewide quality improvement plans, including continuous quality improvement reviews of patient care and its interaction with the regional EMS system.
 - (iv) Recommending to the relevant regional EMS council, when appropriate, specific transfer and medical treatment protocols for inclusion in the regional transfer and medical treatment protocols.
 - (2) Granting, denying or restricting medical command authorization to members of the ALS service's prehospital personnel who require this authorization, and participating in appeals from decisions to deny or restrict medical command authorization in accordance with 1003.28 (relating to medical command authorization).
 - (3) Performing medical audits of patient care provided by the ALS ambulance services' prehospital personnel.
- (b) Equivalent qualifications. If the ALS service medical director is not a medical command physician, the ALS service medical director shall:

LICENSURE POLICIES: AMBULANCE DRIVERS

Name of Ambulance Service _____

Affiliate Number: _____

Street Address: _____

City: _____ State _____ Zip _____

Pursuant to 28 Pa Code § 1005.10 (d) (4) Ambulance Drivers

Notwithstanding other considerations that may bear upon whether a driver of an ambulance is a responsible person, a person who drives an ambulance for an ambulance service will not be considered to be a responsible person unless that individual:

- (i) Is at least 18 years of age.
- (ii) Has a valid driver's license.
- (iii) Observes all traffic laws.
- (iv) Is not addicted to, or under the influence of, alcohol or drugs.
- (v) Is free from physical or mental defect or disease that may impair the person's ability to drive an ambulance.
- (vi) Has successfully completed an emergency vehicle operator's course of instruction approved by the Department.
- (vii) Has not been convicted within the last 4 years of driving under the influence of alcohol or drugs, or, within the last 2 years, has not been convicted of reckless driving or had a drivers license suspended. The person will not be considered a responsible person until the designated time has elapsed and the individual, after the conviction or suspension of license, repeats an emergency vehicle operator's course of instruction approved by the Department.

By signature it is agreed that the above ambulance service/personnel will abide by this regulation/policy.

Signature of Principal Official

Printed Name of Principal Official

Date

LICENSURE POLICIES: MINIMUM STAFFING REQUIREMENTS

All Ambulance Personnel of _____
(Name of Service)

Affiliate Number: _____

Street Address: _____

City: _____ State _____ Zip _____

Pursuant to 28 Pa Code § 1005.10 (d) (1) Minimum staffing requirements.

- (i) *BLS Unit.* A BLS ambulance, when transporting a patient, except for when engaging in the routine transfer of convalescent or other non-emergency cases, shall be staffed by at least two persons, one of who shall be an EMT, EMT Paramedic, or Health Professional and one of who shall, at least, qualify as an ambulance attendant (Advanced First Aid and CPR). An EMT, EMT Paramedic or Health Professional shall accompany the patient in the patient compartment of the ambulance during transport.

- (ii) *ALS Units.* Minimum staffing standards for an ambulance that is operating at an ALS Level of care shall be as follows:
 - (A) Two persons shall respond to a call for assistance. The staff shall consist of one of the following:
 - (I) Two Health Professionals
 - (II) One health professional and either one EMT or one EMT Paramedic
 - (III) One EMT Paramedic and one EMT
 - (IV) Two EMT Paramedics.

 - (B) An ALS Ambulance service may be staffed by one EMT Paramedic or one Health Professional when responding to calls for assistance, if the minimum staffing requirements are met during emergency medical treatment and transport of the patient.

 - (C) An ALS squad unit meets minimum staffing requirements by transporting an EMT Paramedic or one Health Professional to rendezvous with a BLS ambulance, and having the EMT Paramedic or Health Professional provide emergency medical treatment to, and accompany the BLS ambulance during transport, a patient requiring ALS care.

(D) Minimum ALS staffing standards apply to the ALS ambulance service 24hours-a-day, 7 days a week. A mobile ALS care unit, itself, need only satisfy BLS ambulance staffing requirements when responding to a call for BLS assistance exclusively. If the nature of assistance is unknown, the mobile intensive care unit shall respond as if the patient requires ALS care.

(iii) *All units.*

(A) Minimum Staffing standards are satisfied when an ambulance service has a duty roster that identifies staff who meet minimum staff criteria and who have committed themselves or been assigned by the ambulance service to be available at the specified times, or a staff availability schedule that identifies staff who meet minimum staff criteria and have identified themselves to the ambulance service as being available at the specified times, and minimum staff are present at time required by this subsection , the staff being the staff of the ambulance service except as otherwise authorized in this subsection.

(B) The ambulance service shall comply with the Child Labor Law (43 P.S. §§ 41-66.1) and regulations adopted under the law when it is using persons 18 years of age and younger to staff an ambulance.

By signature it is agreed that the above ambulance service/personnel will abide by this regulation/policy.

Signature of Principal Official

Printed Name of Principal Official

Date

MANAGEMENT OF PERSONNEL SAFETY SUBSTANCE ABUSE IN THE WORKPLACE

All Ambulance Personnel of _____
(Name of Service)

Affiliate Number: _____

Street Address: _____

City: _____ State _____ Zip _____

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 organization will not be tolerated in any form on or off the premises of this organization. This organization 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 ambulance call while taking any prescribed medication that may prohibited them from performing all of their required functions as a driver or patient attendant.

Any member/employee violating any of the above will be disciplined up to and including being dismissed permanently from the organization.

By signature it is agreed that the above ambulance service/personnel will abide by this regulation/policy.

Signature of Principal Official

Printed Name of Principal Official

Date

PENNSYLVANIA STATEWIDE BLS PROTOCOLS LIGHTS AND SIREN USE

All Ambulance Personnel of _____
(Name of Service)

Affiliate Number: _____

Street Address: _____

City: _____ State _____ Zip _____

I. Criteria:

- A. All EMS incident responses and patient transports. ¹

II. System Requirements:

- A. These guidelines provide general information and “best practice” guidelines related to the use of light and sirens by EMS personnel during incident response and patient transport. Ambulance services may use these guidelines to fulfill the services requirement for a policy regarding the use of lights and other warning devices as required by EMS Act regulation 28 § 1005.10 (1) or regions may use these guidelines in establishing regional treatment and transport protocols.

III. Policy:

- A. Use of lights and other warning devices [EMS Act Regulation 28 § 1005.10 (g)]:

1. Ambulance may not use emergency lights or audible warning devices, unless they do so in accordance with standards imposed by 75 Pa.C.S./ (relating to the 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 the need for immediate medical intervention. When transporting a patient, the need for immediate medical intervention must be beyond the capabilities of the ambulance crew using available supplies and equipment.

- B. Response to incident:

1. The EMS vehicle driver is responsible for the mode of response to the scene based upon information available at dispatch. If the PSAP or dispatch center provides a response category based upon EMD criteria, EMS services shall respond in a mode (L&S or non-L&S) consistent with the category of the call at dispatch as directed by the dispatch center.² Response mode may be altered based upon additional information that is received by the dispatch center while the EMS vehicle is enroute to the scene.

2. L&S use is generally not appropriate in the following circumstances:

- a. "Stand-bys" at the scene of any fire department related incident that does not involve active interior structural attack, hazardous materials (see below), known injuries to firefighters or other public safety personnel or the need for immediate deployment of a rehabilitation sector.
 - b. Carbon monoxide detector alarm activations without the report of any ill persons at the scene.
 - c. Assist to another public safety agency where there is no immediate danger to life or health.
3. Specific circumstances may justify L&S use to an emergency incident scene when the emergency vehicle is not transporting a crew for the purposes of caring for a patient:
- a. Transportation of personnel or materials resources considered critical or essential to the management of an emergency incident scene.
 - b. Transportation of human or materials resources considered critical or essential to the prevention or treatment of acute illness/injury at a medical facility or other location at which such a circumstance may occur (i.e. transportation of an amputated limb, organ retrieval, etc.)

C. Patient transport:

- 1. The crewmember primarily responsible for patient care during transportation will advise the driver of the appropriate mode of transportation based upon the medical condition of the patient.
- 2. L&S should not be used during patient transport unless the patient meets one of the following medical criteria:^{4,5}
 - a. Emergent transport should be used in any situation in which the most highly trained EMS practitioner believes that the patient's condition will be worsened by a delay equivalent to the time that can be gained by emergent transport. Medical command may be used to assist with this decision. The justification for using this criterion should be documented on the patient care report.
 - b. Vital Signs
 - 1) Systolic BP < 90 mm/Hg (or < 70 + [2 x age] for patients under 8 years old).
 - 2) Adults with respiratory rate > 32/min or < 10/min.
 - c. Airway
 - 1) Inability to establish or maintain a patent airway
 - 2) Upper airway stridor
 - d. Respiratory
 - 1) Severe respiratory distress. (Objective criteria may include pulse oximetry less than 90%, retractions, stridor, or respiratory rate > 32/min or < 10/min.
 - e. Circulatory
 - 1) Cardiac arrest with persistent ventricular fibrillation, hypothermia, overdose or poisoning.
 - 2) Note: Most other cardiac arrest patients should not be transported with L&S.⁶

- f. Trauma
 - 1) Patient with anatomic or physiologic criteria for triage to a trauma center (Category 1 Trauma). Refer to trauma triage protocol #180.
 - g. Neurologic
 - 1) Patient does not follow commands (motor portion of GCS \leq 5).
 - 2) Recurrent or persistent generalized seizure activity.
 - 3) Acute stroke symptoms (patient has Cincinnati Prehospital Stroke Scale findings that began within the last 3 hours).
 - h. Pediatrics
 - 1) Upper airway stridor.
 - i. When in doubt, contact with medical command may provide with additional direction related to whether there is an urgent need to transport with L&S.
- 3. No emergency warning lights or sirens will be used when ALS care is not indicated (for example, ALS cancelled by BLS or ALS released by medical command).⁷
 - 4. Mode of transport for interfacility transfers will be based upon the medical protocol and the directions of the referring physician or medical command physician who provides the orders for the patient's care during the transport. Generally, interfacility transport patients have been stabilized to the point where the minimal time saved by L&S transport is not of importance to patient outcome.
 - 5. Exceptions to this policy can be made under extraordinary circumstances (e.g., disaster conditions or a back log of priority calls where the demand for EMS ambulances exceeds available resources). These exceptions should be documented.

D. Other operational safety considerations:

- 1. The following procedures should be followed for safe EMS vehicle operations:
 - a. Daytime running lights or low beam headlights will be on (functioning as daytime running lights) at all times when operating an EMS vehicle during L&S and non-L&S driving.
 - b. L&S should both be used when exercising any moving privileges (examples include, proceeding through a red light or a stop sign after coming to a complete stop or opposing traffic in an opposing lane or one-way street) granted to EMS vehicles that are responding or transporting in an emergency mode.
 - c. When traveling in an opposing lane of traffic, the maximum speed should not generally exceed 20 m.p.h.
 - d. EMS systems are encouraged to cooperate with the dispatch centers in developing procedures to

- “downgrade” the response of incoming units to Non-L&S when initial on-scene units determine that there is no immediate threat to life.
- e. The dispatch category (e.g., “code 3”, “ALS emergency”, etc) that justifies L&S response should be documented on the patient care report. The justification for using L&S during transport should also be documented on the patient care report (e.g., “gunshot wound to the abdomen”, “systolic BP < 90”, etc.).
 - f. Seat belts or restraints will be securely fastened to the following individuals when the vehicle is in motion:
 - 1) All EMS vehicle operators
 - 2) All Patients
 - 3) All non-EMS passengers (cab and patient compartment)
 - 4) All EMS practitioners (when patient care allows)
 - 5) All infants and toddlers (these children should be transported in an age appropriate child seat if there condition allows). Children should not be placed in cab passenger seat with airbags.
-

Notes:

1. These guidelines are secondary to and do not supercede the Pennsylvania Motor Vehicle Code.
2. Dispatch centers/PSAPs and EMS regions are encouraged to have medically approved EMD protocols that differentiate emergent responses (for example, “emergency”, “code 3”, “red”, “Charlie”, “delta”, etc...) from a lesser level of response (for example, “urgent”, “code 2”, “yellow”, “alpha”, “bravo”, etc...) based upon medical questions asked by the dispatcher. The dispatch category classification, or determinant that justifies L&S use should be documented on the PCR.
3. Firefighters that cross train as EMS personnel who respond in an EMS vehicle to a fire station or fire incident in order to complete a fire apparatus crew are considered an exception to this policy.
4. In most cases (up to 95% of EMS incidents), EMS personnel can perform the initial care required to stabilize the patient’s condition to a point where the small amount of time gained by L&S transport will not affect the patient’s medical condition or outcome. In previous studies and in most situations, L&S transport generally only decreases transport times by a couple of minutes or less.
5. Each of these criteria refers to an acute change in the patient’s condition. For example, a patient who is chronically comatose would not automatically require L&S transport because the individual does not follow commands (criterion 2.g.1). Additionally, if the patient improves with treatment and no longer meets the criteria, L&S transport is not necessary.
6. The American Heart Association gives a class III recommendation to L&S transport of patients in cardiac arrest. A class III indication is not helpful and is potentially harmful. Providing CPR during L&S transport may increase the risk for injury to EMS personnel.
7. L&S may be indicated in some situations where ALS is indicated, but not available or cancelled, because the ALS crew can not rendezvous with the BLS crew prior to transport to the closest appropriate medical facility.

Performance Parameters:

- A. Review for correlation between dispatch classification/category and documented mode of response to the scene.
- B. Monitor percentage of "911" calls using L&S during response to EMS calls. Routine or scheduled transports should be excluded. [Potential benchmark < 50% of responses with L&S].
- C. Review for documentation for reason of L&S transport when patient does not meet criteria listed in section A.13.b – A.13.h. Monitor percentage of urgent/emergent ("911") calls using L&S during transport. {Potential benchmark > 90-95% of patients transported without L&S}

By signature it is agreed that the above ambulance service/personnel will abide by this regulation/policy.

Signature of Principal Official

Printed Name of Principal Official

Date

LICENSURE POLICIES: WEAPONS AND EXPLOSIVES

Name of Ambulance Service _____

Affiliate Number: _____

Street Address: _____

City: _____ State _____ Zip _____

Pursuant to 28 Pa Code § 1005.10 (h) Weapons and explosives:

Weapons and explosives may not be worn by ambulance personnel or carried aboard an ambulance. This subsection does not apply to law enforcement officers who are serving in an authorized law enforcement capacity.

By signature it is agreed that the above ambulance service/personnel will abide by this regulation/policy.

Signature of Principal Official

Printed Name of Principal Official

Date