

10A NCAC 13P .0102 is amended with changes as published in 32:11 NCR 1026-1036 as follows:

10A NCAC 13P .0102 DEFINITIONS

In addition to the definitions in G.S. 131E-155, the following definitions apply throughout this Subchapter:

- (1) "Affiliated EMS Provider" means the firm, corporation, agency, organization, or association identified ~~to~~ with a specific county EMS system as a condition for EMS Provider Licensing as required by Rule ~~.0204(b)(1)~~ .0204 of this Subchapter.
- (2) "Affiliated Hospital" means a non-trauma center hospital that is owned by the Trauma Center or there is a contract or other agreement to allow for the acceptance or transfer of the Trauma Center's patient population to the non-trauma center hospital.
- (3) "Affiliate" or "Affiliation" means a reciprocal agreement and association that includes active participation, collaboration, and involvement in a process or system between two or more parties.
- (4) "Alternative Practice Setting" means ~~a clinical environment~~ a practice setting that utilizes credentialed EMS personnel that may not be affiliated with or under the oversight of ~~the~~ an EMS System or EMS System Medical Director.
- (5) "Air Medical Ambulance" means an aircraft configured and medically equipped to transport patients by air. The patient care compartment of air medical ambulances shall be staffed by medical crew members approved for the mission by the Medical Director.
- (6) "Air Medical Program" means a SCTP or EMS System utilizing rotary-wing or fixed-wing aircraft configured and operated to transport patients.
- (7) "Assistant Medical Director" means a physician, EMS-PA, or EMS-NP who assists the Medical Director with the medical aspects of the management of an EMS System or SCTP, a practice setting utilizing credentialed EMS personnel or medical crew members.
- (8) "Bypass" means a decision made by the patient care technician to transport a patient from the scene of an accident or medical emergency past a receiving facility for the purposes of accessing a facility with a higher level of care, or a hospital of its own volition reroutes a patient from the scene of an accident or medical emergency or referring hospital to a facility with a higher level of care.
- (9) "Community Paramedicine" means an EMS System utilizing credentialed personnel who have received additional training as determined by the EMS system Medical Director to provide knowledge and skills for the community needs beyond the 911 emergency response and transport operating guidelines defined in the EMS system plan.
- ~~(9)~~ (10) "Contingencies" mean conditions placed on a designation that, if unmet, may result in the loss or amendment of a designation.
- ~~(10)~~ (11) "Convalescent Ambulance" means an ambulance used on a scheduled basis solely to transport patients having a known non-emergency medical condition. Convalescent ambulances shall not be used in place of any other category of ambulance defined in this Subchapter.

- (11) (12) "Deficiency" means the failure to meet essential criteria for a designation that can serve as the basis for a focused review or denial of a designation.
- (12) (13) "Department" means the North Carolina Department of Health and Human Services.
- (13) (14) "Diversion" means the hospital is unable to accept a patient due to a lack of staffing or resources.
- (14) (15) "Educational Medical Advisor" means the physician responsible for overseeing the medical aspects of approved EMS educational programs.
- (15) (16) "EMS Care" means all services provided within each EMS System by its affiliated EMS agencies and personnel that relate to the dispatch, response, treatment, and disposition of any patient.
- (16) (17) "EMS Educational Institution" means any agency credentialed by the OEMS to offer EMS educational programs.
- (17) (18) "EMS Non-Transporting Vehicle" means a motor vehicle operated by a licensed EMS provider dedicated and equipped to move medical equipment and EMS personnel functioning within the scope of practice of an AEMT or Paramedic to the scene of a request for assistance. EMS nontransporting vehicles shall not be used for the transportation of patients on the streets, highways, waterways, or airways of the state.
- (18) (19) "EMS Peer Review Committee" means a committee as defined in G.S. 131E-155(6b).
- (19) (20) "EMS Performance Improvement Self-Tracking and Assessment of Targeted Statistics" means one or more reports generated from the State EMS data system analyzing the EMS service delivery, personnel performance, and patient care provided by an EMS system and its associated EMS agencies and personnel. Each EMS Performance Improvement Self-Tracking and Assessment of Targeted Statistics focuses on a topic of care such as trauma, cardiac arrest, EMS response times, stroke, STEMI (heart attack), and pediatric care.
- (20) (21) "EMS Provider" means those entities defined in G.S. 131E-155(13a) that hold a current license issued by the Department pursuant to G.S. 131E-155.1.
- (21) (22) "EMS System" means a coordinated arrangement of local resources under the authority of the county government (including all agencies, personnel, equipment, and facilities) organized to respond to medical emergencies and integrated with other health care providers and networks including public health, community health monitoring activities, and special needs populations.
- (22) (23) "Essential Criteria" means those items that are the requirements for the respective level of trauma center designation (I, II, or III), as set forth in Rule .0901 of this Subchapter.
- (23) (24) "Focused Review" means an evaluation by the OEMS of corrective actions to remove contingencies that are a result of deficiencies following a site visit.
- (24) (25) "Ground Ambulance" means an ambulance used to transport patients with traumatic or medical conditions or patients for whom the need for specialty ~~care~~ care, ~~or emergency~~ emergency, or non-emergency medical care is anticipated either at the patient location or during transport.

- (25) (26) "Hospital" means a licensed facility as defined in G.S. 134E-176, 131E-176 or an acute care in-patient diagnostic and treatment facility located within the State of North Carolina that is owned and operated by an agency of the United States government.
- (26) (27) "Immediately Available" means the physical presence of the health professional or the hospital resource within the trauma center to evaluate and care for the trauma patient.
- (27) (28) "Inclusive Trauma System" means an organized, multi-disciplinary, evidence-based approach to provide quality care and to improve measurable outcomes for all defined injured patients. EMS, hospitals, other health systems, and clinicians shall participate in a structured manner through leadership, advocacy, injury prevention, education, clinical care, performance improvement, and research resulting in integrated trauma care.
- (28) (29) "Infectious Disease Control Policy" means a written policy describing how the EMS system will protect and prevent its patients and EMS professionals from exposure and illness associated with contagions and infectious disease.
- (29) (30) "Lead RAC Agency" means the agency (comprised of one or more Level I or II trauma centers) that provides staff support and serves as the coordinating entity for trauma planning.
- (30) (31) "Level I Trauma Center" means a hospital that has the capability of providing guidance, research, and total care for every aspect of injury from prevention to rehabilitation.
- (31) (32) "Level II Trauma Center" means a hospital that provides trauma care regardless of the severity of the ~~injury~~ injury, but may lack the comprehensive care as a Level I trauma ~~center~~ center, and does not have trauma research as a primary objective.
- (32) (33) "Level III Trauma Center" means a hospital that provides assessment, resuscitation, emergency operations, and stabilization, and arranges for hospital transfer as needed to a Level I or II trauma center.
- (33) (34) "Licensed Health Care Facility" means any health care facility or hospital licensed by the Department of Health and Human Services, Division of Health Service Regulation.
- (34) (35) "Medical Crew Member" means EMS personnel or other health care professionals who are licensed or registered in North Carolina and are affiliated with a SCTP.
- (35) (36) "Medical Director" means the physician responsible for the medical aspects of the management of ~~an EMS System, Alternative Practice Setting, SCTP,~~ a practice setting utilizing credentialed EMS personnel or medical crew members, or a Trauma Center.
- (36) (37) "Medical Oversight" means the responsibility for the management and accountability of the medical care aspects of ~~an EMS System, Alternative Practice Setting, or SCTP,~~ a practice setting utilizing credentialed EMS personnel or medical crew members. Medical Oversight includes physician direction of the initial education and continuing education of EMS personnel or medical crew members; development and monitoring of both operational and treatment protocols; evaluation of the medical care rendered by EMS personnel or medical crew members; participation in system or

program evaluation; and directing, by two-way voice communications, the medical care rendered by the EMS personnel or medical crew members.

~~(38)~~ (39) "Mobile Integrated Healthcare" means utilizing credentialed personnel who have received additional training as determined by the Alternative Practice Setting medical director to provide knowledge and skills for the healthcare provider program needs.

~~(37)~~ (39) "Off-line Medical Control" means medical supervision provided through the EMS System Medical Director or SCTP Medical Director who is responsible for the day-to-day medical care provided by EMS personnel. This includes EMS personnel education, protocol development, quality management, peer review activities, and EMS administrative responsibilities related to assurance of quality medical care.

~~(38)~~ (40) "Office of Emergency Medical Services" means a section of the Division of Health Service Regulation of the North Carolina Department of Health and Human Services located at 1201 Umstead Drive, Raleigh, North Carolina 27603.

~~(39)~~ (41) "On-line Medical Control" means the medical supervision or oversight provided to EMS personnel through direct communication in-person, via radio, cellular phone, or other communication device during the time the patient is under the care of an EMS professional.

~~(40)~~ (42) "Operational Protocols" means the administrative policies and procedures of an EMS System or that provide guidance for the day-to-day operation of the system.

~~(41)~~ (43) "Participating Hospital" means a hospital that supplements care within a larger trauma system by the initial evaluation and assessment of injured patients for transfer to a designated trauma center if needed.

~~(42)~~ (44) "Physician" means a medical or osteopathic doctor licensed by the North Carolina Medical Board to practice medicine in the state of North Carolina.

~~(43)~~ (45) "Regional Advisory Committee" means a committee comprised of a lead RAC agency and a group representing trauma care providers and the community, for the purpose of regional ~~trauma~~ planning, establishing, and maintaining a coordinated trauma system.

~~(44)~~ (46) "Request for Proposal" means a State document that must be completed by each hospital seeking initial or renewal trauma center designation.

~~(45)~~ (47) "Significant Failure to Comply" means a degree of non-compliance determined by the OEMS during compliance monitoring to exceed the ability of the local EMS System to correct, warranting enforcement action pursuant to Section .1500 of this Subchapter.

~~(46)~~ (48) "State Medical Asset and Resource Tracking Tool" means the Internet web-based program used by the OEMS both ~~daily~~ in its daily operations and during times of disaster to identify, ~~record~~ record, and monitor EMS, hospital, health ~~care~~ care, and sheltering resources statewide, including facilities, personnel, vehicles, equipment, and pharmaceutical and supply caches.

~~(47)~~ (49) "Specialty Care Transport Program" means a program designed and operated for the transportation of a patient by ground or air requiring specialized interventions, ~~monitoring~~ monitoring, and staffing

- 1 by a paramedic who has received additional training as determined by the program Medical Director
 2 beyond the minimum training prescribed by the OEMS, or by one or more other healthcare
 3 professional(s) qualified for the provision of specialized care based on the patient's condition.
- 4 ~~(48)~~ (50) "Specialty Care Transport Program Continuing Education Coordinator" means a Level I EMS
 5 Instructor within a SCTP who is responsible for the coordination of EMS continuing education
 6 programs for EMS personnel within the program.
- 7 ~~(49)~~ (51) "Stretcher" means any wheeled or portable device capable of transporting a person in a recumbent
 8 position and may only be used in an ambulance vehicle permitted by the Department.
- 9 ~~(50)~~ (52) "Stroke" means an acute cerebrovascular hemorrhage or occlusion resulting in a neurologic deficit.
- 10 ~~(51)~~ (53) "System Continuing Education Coordinator" means the Level I EMS Instructor designated by the
 11 local EMS System who is responsible for the coordination of EMS continuing education programs.
- 12 ~~(52)~~ (54) "System Data" means all information required for daily electronic submission to the OEMS by all
 13 EMS Systems using the EMS data set, data dictionary, and file format as specified in "North
 14 Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection,"
 15 incorporated herein by reference including subsequent amendments and editions. This document is
 16 available from the OEMS, 2707 Mail Service Center, Raleigh, North Carolina 27699-2707, at no
 17 cost and online at www.ncems.org at no cost.
- 18 ~~(53)~~ (55) "Trauma Center" means a hospital designated by the State of North Carolina and distinguished by
 19 its ability to manage, on a 24-hour basis, the severely injured patient or those at risk for severe
 20 injury.
- 21 ~~(54)~~ (56) "Trauma Center Criteria" means essential criteria to define Level I, II, or III trauma centers.
- 22 ~~(55)~~ (57) "Trauma Center Designation" means a process of approval in which a hospital voluntarily seeks to
 23 have its trauma care capabilities and performance evaluated by experienced on-site reviewers.
- 24 ~~(56)~~ (58) "Trauma Diversion" means a trauma center of its own volition declines to accept an acutely injured
 25 patient due to a lack of staffing or resources.
- 26 ~~(57)~~ (59) "Trauma Guidelines" mean standards for practice in a variety of situations within the trauma system.
- 27 ~~(58)~~ (60) "Trauma Minimum Data Set" means the basic data required of all hospitals for submission to the
 28 Trauma Registry.
- 29 ~~(59)~~ (61) "Trauma Patient" means any patient with an ICD-CM discharge diagnosis as defined in the "North
 30 Carolina Trauma Registry Data Dictionary," incorporated herein by reference in accordance with
 31 G.S. 150B-21.6, reference. including subsequent amendments and editions. This document is
 32 available from the OEMS, 2707 Mail Service Center, Raleigh, North Carolina 27699-2707, at no
 33 cost and online at <https://www.ncdhhs.gov/dhsr/EMS/trauma/traumaregistry.html> at no cost.
- 34 ~~(60)~~ (62) "Trauma Program" means an administrative entity that includes the trauma service and coordinates
 35 other trauma-related activities. It shall also include the trauma Medical Director, trauma program
 36 manager/trauma coordinator, and trauma registrar. This program's reporting structure shall give it

the ability to interact with at least equal authority with other departments in the hospital providing patient care.

~~(61)~~ (63) "Trauma Registry" means a disease-specific data collection composed of a file of uniform data elements that describe the injury event, demographics, pre-hospital information, diagnosis, care, outcomes, and costs of treatment for injured patients collected and electronically submitted as defined by the OEMS. The elements of the Trauma Registry can be accessed at <https://www.ncdhhs.gov/dhsr/EMS/trauma/traumaregistry.html> at no cost.

~~(62)~~ (64) "Treatment Protocols" means a document approved by the Medical Directors of the local EMS System, Specialty Care Transport Program, Alternative Practice Setting, or Trauma Center and the OEMS specifying the diagnostic procedures, treatment procedures, medication administration, and patient-care-related policies that shall be completed by EMS personnel or medical crew members based upon the assessment of a patient.

~~(63)~~ (65) "Triage" means the assessment and categorization of a patient to determine the level of EMS and healthcare facility based care required.

~~(64)~~ (66) "Water Ambulance" means a watercraft specifically configured and medically equipped to transport patients.

History Note: Authority G.S. 131E-155(6b); 131E-162; 143-508(b), 143-508(d)(1); 143-508(d)(2); 143-508(d)(3); 143-508(d)(4); 143-508(d)(5); 143-508(d)(6); 143-508(d)(7); 143-508(d)(8); 143-508(d)(13); 143-518(a)(5);
Temporary Adoption Eff. January 1, 2002;
Eff. April 1, 2003;
Amended Eff. March 3, 2009 pursuant to E.O. 9, Beverly Perdue, March 3, 2009;
Pursuant to G.S. 150B-21.3(c), a bill was not ratified by the General Assembly to disapprove this rule;
Readopted Eff. January 1, ~~2017~~ 2017;
Amended Eff. July 1, 2018.

1 10A NCAC 13P .0201 is amended with changes as published in 32:11 NCR 1026-1036 as follows:

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3 **10A NCAC 13P .0201 EMS SYSTEM REQUIREMENTS**

4 (a) County governments shall establish EMS Systems. Each EMS System shall have:

- 5 (1) a defined geographical service area for the EMS System. The minimum service area for an EMS
6 System shall be one county. There may be multiple EMS Provider service areas within an EMS
7 System. The highest level of care offered within any EMS Provider service area shall be available
8 to the citizens within that service area 24 hours a day, seven days a week;
- 9 (2) a defined scope of practice for all EMS personnel functioning in the EMS System within the
10 parameters set forth by the North Carolina Medical Board pursuant to G.S. 143-514;
- 11 (3) written policies and procedures describing the dispatch, coordination, and oversight of all
12 responders that provide EMS care, specialty patient care skills, and procedures as set forth in Rule
13 ~~.0301(a)(4)~~ .0301 of this Subchapter, and ambulance transport within the system;
- 14 (4) at least one licensed EMS Provider;
- 15 (5) a listing of permitted ambulances to provide coverage to the service area 24 hours a day, seven days
16 a week;
- 17 (6) personnel credentialed to perform within the scope of practice of the system and to staff the
18 ambulance vehicles as required by G.S. 131E-158. There shall be a written plan for the use of
19 credentialed EMS personnel for all practice settings used within the system;
- 20 (7) written policies and procedures specific to the utilization of the EMS System's EMS Care data for
21 the daily and on-going management of all EMS System resources;
- 22 (8) a written Infectious Disease Control Policy as defined in Rule ~~.0102(28)~~ .0102 of this Subchapter
23 and written procedures that are approved by the EMS System Medical Director that address the
24 cleansing and disinfecting of vehicles and equipment that are used to treat or transport patients;
- 25 (9) a listing of resources that will provide online medical direction for all EMS Providers operating
26 within the EMS System;
- 27 (10) an EMS communication system that provides for:
 - 28 (A) public access to emergency services by dialing 9-1-1 within the public dial telephone
29 network as the primary method for the public to request emergency assistance. This
30 number shall be connected to the PSAP with immediate assistance available such that no
31 caller will be instructed to hang up the telephone and dial another telephone number. A
32 person calling for emergency assistance shall not be required to speak with more than two
33 persons to request emergency medical assistance;
 - 34 (B) a PSAP operated by public safety telecommunicators with training in the management of
35 calls for medical assistance available 24 hours a day, seven days a week;
 - 36 (C) dispatch of the most appropriate emergency medical response unit or units to any caller's
37 request for assistance. The dispatch of all response vehicles shall be in accordance with a

- 1 written EMS System plan for the management and deployment of response vehicles
 2 including requests for mutual aid; and
- 3 (D) two-way radio voice communications from within the defined service area to the PSAP
 4 and to facilities where patients are transported. The PSAP shall maintain all required FCC
 5 radio licenses or authorizations;
- 6 (11) written policies and procedures for addressing the use of SCTP and Air Medical Programs resources
 7 utilized within the system;
- 8 (12) a written continuing education program for all credentialed EMS personnel, under the direction of
 9 a System Continuing Education Coordinator, developed and modified based on feedback from EMS
 10 Care system data, review, and evaluation of patient outcomes and quality management peer reviews,
 11 that follows the criteria set forth in Rule .0501 of this Subchapter;
- 12 (13) written policies and procedures to address management of the EMS System that includes:
- 13 (A) triage and transport of all acutely ill and injured patients with time-dependent or other
 14 specialized care issues including trauma, stroke, STEMI, burn, and pediatric patients that
 15 may require the ~~by-pass~~ bypass of other licensed health care facilities and that are based
 16 upon the expanded clinical capabilities of the selected healthcare facilities;
- 17 (B) triage and transport of patients to facilities outside of the system;
- 18 (C) arrangements for transporting patients to identified facilities when diversion or bypass
 19 plans are activated;
- 20 (D) reporting, monitoring, and establishing standards for system response times using system
 21 data;
- 22 (E) weekly updating of the SMARTT EMS Provider information;
- 23 (F) a disaster plan;
- 24 (G) a mass-gathering ~~plan;~~ plan that includes how the provision of EMS standby coverage for
 25 the public-at-large will be provided;
- 26 (H) a mass-casualty plan;
- 27 (I) a weapons plan for any weapon as set forth in Rule .0216 of this Section;
- 28 (J) a plan on how EMS personnel shall report suspected child abuse pursuant to G.S. 7B-301;
- 29 (K) a plan on how EMS personnel shall report suspected abuse of the disabled pursuant to G.S.
 30 108A-102; and
- 31 (L) a plan on how each responding agency is to maintain a current roster of its personnel
 32 providing EMS care within the county under the provider number issued pursuant to
 33 Paragraph (c) of this Rule, in the OEMS credentialing and information database;
- 34 (14) affiliation as defined in Rule ~~.0102(3)~~ .0102 of this Subchapter with a trauma RAC as required by
 35 Rule .1101(b) of this Subchapter; and
- 36 (15) medical oversight as required by Section .0400 of this Subchapter.

(b) Each EMS System that utilizes emergency medical dispatching agencies applying the principles of EMD or offering EMD services, procedures, or programs to the public shall have:

- (1) a defined service area for each agency;
- (2) appropriate personnel within each agency, credentialed in accordance with the requirements set forth in Section .0500 of this Subchapter, to ensure EMD services to the citizens within that service area are available 24 hours per day, seven days a week; and
- (3) EMD responsibilities in special situations, such as disasters, mass-casualty incidents, or situations requiring referral to specialty hotlines.

(c) The EMS System shall obtain provider numbers from the OEMS for each entity that provides EMS Care within the county.

(d) An application to establish an EMS System shall be submitted by the county to the OEMS for review. When the system is comprised of more than one county, only one application shall be submitted. The proposal shall demonstrate that the system meets the requirements in Paragraph (a) of this Rule. System approval shall be granted for a period of six years. Systems shall apply to OEMS for reapproval no more than 90 days prior to expiration.

History Note: Authority G.S. 131E-155(1); 131E-155(6); 131E-155(7); 131E-155(8); 131E-155(9); 131E-155(13a); 131E-155(15); 143-508(b); 143-508(d)(1); 143-508(d)(2); 143-508(d)(3); 143-508(d)(5); 143-508(d)(8); 143-508(d)(9); 143-508(d)(10); 143-508(d)(13); 143-517; 143-518;
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