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Standard Guide for Structures and Responsibilities of Emergency Medical Services Systems Organizations[1]

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1. Scope

1.1 This guide establishes optimum guidelines for the structures and responsibilities that will facilitate development, delivery, and assessment of Emergency Medical Services (EMS) on state, regional, and local levels.

1.1.1 *State Level*—At the state level, this guide sets forth a basic structure for the organization and management of a state emergency medical services program and outlines the responsibilities of the state in the planning, development, coordination, and regulation of emergency medical services throughout the state.

1.1.2 *Regional Level*—At the regional level, this guide addresses the planning, development, and coordination of a functional and comprehensive EMS system which consists of all personnel, equipment, and facilities necessary for the response to the emergently ill or injured patient, according to national and state lead agency standards.

1.1.3 *Local Level*—At the local level, this guide sets forth a basic structure for the organization and management of a local EMS system and outlines the responsibilities that a local EMS should assume in the planning, development, implementation, and evaluating of its EMS system.

2. Significance and Use

2.1 This guide is not meant to mandate a specific structure or responsibility at the various levels but rather to suggest a means or method that will allow for the creation or further development of a state, regional, or local EMS system.

2.2 This guide will assist state, regional, or local organizations in establishing EMS systems or refining existing EMS systems.

3. Descriptions of EMS Systems

3.1 *State EMS System*—A state EMS system includes all of the components of all EMS systems within the state, however, particular emphasis is placed upon the following:

3.1.1 Legislation establishing authority and responsibility for EMS systems.

3.1.2 Development and enforcement of minimum regulations and standards.

3.1.3 Development and dissemination of a statewide plan and goals for EMS systems.

3.1.4 Provision of technical assistance.

3.1.5 Funds for the development, maintenance, and enhancement of EMS systems.

3.1.6 Supportive components, including training, communications systems, record keeping and evaluation, public education, and acute care center designation.

3.1.7 Overall coordination of EMS programs within the state and in concert with other states or federal authorities as needed.

3.2 *Regional EMS System*—A recommended method of structuring substate EMS systems to provide for EMS planning, development, and coordination is to delineate specific geographic areas within which one organization is designated as responsible for the arrangement of personnel, facilities, and equipment for the effective, coordinated, and expeditious delivery of health care services in a region (3.2.1) under emergency conditions occurring as a result of the patient's condition or because of accidents, natural disasters, or similar situations.

3.2.1 *Region*—To implement a regional EMS system, the state lead agency will identify the geographic or demographic area that is a natural catchment area for EMS provision for most, if not all, patients in the designated area. Since this cannot be a perfect definition from an EMS delivery point of view, administrative and coordinating efficiency considerations will have to be made in establishing boundaries. The state lead agency should determine and define the substate structure for planning, coordination, and provision of emergency medical services. When a regional EMS system lies near a state border such that appropriate and efficient care of patients will require cooperation of prehospital system in another state and medical centers in another state, the state lead agency will develop a plan with the adjoining state lead agency. This plan must provide for the triage and transfer of patients across the state border under supervision of the REMSO.

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3.2.2 *Regional EMS Organization (REMSO)*—A REMSO is a staffed organization responsible and accountable to the state EMS lead agency for coordinating the system in a region including system operations, and organization and coordination of resources. A REMSO should have a medical director and other technical expertise in order to provide the necessary assistance to its EMS system. A REMSO should work on a regional or subregional basis in liaison with professional societies, public safety, other governmental agencies, local EMS systems, and legislative bodies to establish standards and program policies for continued system improvement.

3.2.2.1 The REMSO should be a substate unit of government or a private entity that may be single or multijurisdictional. The REMSO should have the capacity and authority to receive and disburse public and private funds and must be designated by the state EMS lead agency.

3.3 *Local EMS System*—The local EMS system may be organized as a community EMS council and should include all provider groups, private and public, involved in EMS delivery including ambulance or rescue services, hospitals or hospital councils, psychosocial services, local boards of health, police and fire departments, other related governmental and quasi-governmental or political subdivisional bodies, and consumers.

3.3.1 The local EMS system must have linkages to substate and state EMS systems.

3.3.2 The local EMS system should be in compliance with local ordinances and state and federal laws that govern EMS delivery.

4. Standardization

4.1 Standard setting is a major component of the state EMS system operation. This includes, but is not limited to:

4.1.1 Legislation.
4.1.2 Regulations.
4.1.3 Guidelines.
4.1.4 Licensure.
4.1.5 Training.
4.1.6 Certification.
4.1.7 Data collection and evaluation.

5. System Coordination

5.1 System coordination is a function of the state EMS system but may be delegated to a regional EMS organization (REMSO). System coordination includes, but is not limited to:

5.1.1 Regional system planning.
5.1.2 Operational coordination at a regional level.
5.1.3 Regional data collection and processing.
5.1.4 Evaluation.
5.1.5 Continuing education.
5.1.6 Coordination of mass casualty incident response.

NOTE 1—If there are no regional organizations within the state, the state EMS will need to accomplish these tasks.

6. Service Delivery

6.1 Service delivery is the major component of local EMS systems. Realizing that patient care is the ultimate goal of EMS systems, service delivery includes, but is not limited to:

6.1.1 Public information and education.
6.1.2 Notification.
6.1.3 Dispatch.
6.1.4 First response.
6.1.5 BLS/ALS ambulance.
6.1.6 Air transport.
6.1.7 Medical facilities.
6.1.8 Psycho-social services.
6.1.9 Evaluation and quality assurance.

7. State EMS System Structure

7.1 *Agency Organization*—Each state should have a single agency with overall responsibility for the state's role in emergency medical services.

7.1.1 Organizationally, this agency should be located in the state government structure such that it reflects the program's health orientation.

7.1.2 The agency should have a representative advisory council, commission, or board to provide advice to the executive and legislative branches on policies, procedures, programs and funding for emergency medical services statewide. Alternatively, the agency may have a board with the authority to adopt or approve rules and regulations. Such a body should also serve as a mechanism for obtaining public support and participation in the program.

7.2 *Personnel*—The agency should have adequate managerial, technical, and clerical staff to carry out its responsibilities.

7.2.1 There should be a designated director who is a full-time employee of the state.

7.2.2 If the director is not a physician, there should be a medical director who serves at least on a part-time basis, depending on the needs of the program.

7.3 *Legislation:*

7.3.1 There should be comprehensive legislation that establishes the EMS program, outlines its basic responsibilities, and provides the authority necessary to effectively carry out these responsibilities.

7.3.2 There should be legislation authorizing the establishment of minimum standards for emergency medical services in the state.

7.3.3 There should be legislation specifying penalties for noncompliance with the established minimum standards.

7.3.4 There should be legislation to provide funding for the EMS program.

7.4 *Substate Structure:*

7.4.1 The state EMS agency should determine and define the substate framework for the planning, coordination, and provision of emergency medical services. This guide suggests that certain responsibilities, authority, and accountability may be delegated to regional and local EMS systems. Although specific suggestions are offered in this guide, the intent is to allow flexibility in configuring state and substate structures to meet the functional needs of the system.

7.4.2 The state should designate the regional boundaries, the regional EMS organization within each region, and the regional organization's responsibilities, authority, accountability, and provisions for servicing the EMS needs of its constituent