

CHAPTER 1029. MEDICAL COMMAND FACILITIES AND RECEIVING FACILITIES

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Authority

The provisions of this Chapter 1029 issued under the Emergency Medical Services System Act, 35 Pa.C.S. §§ 8101—8157, unless otherwise noted.

Source

The provisions of this Chapter 1029 adopted October 11, 2013, effective October 12, 2013, 43 Pa.B. 6093, unless otherwise noted.

Subchapter A. MEDICAL COMMAND FACILITIES

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§ 1029.1. General provisions.

(a) *Certification and registration required.* To operate as a medical command facility, a medical unit shall be certified and currently registered as a medical command facility.

(b) *Certification requirements.*

(1) The Department will certify as a medical command facility a facility that was recognized by the Department as a medical command facility immediately prior to October 12, 2013.

(2) The Department will certify other applicants for certification as a medical command facility if the Department is satisfied that the applicant has met the following requirements:

(i) It is a distinct medical unit operated by a hospital or consortium of hospitals.

(ii) It has the equipment and personnel needed to provide medical command to and control over EMS providers.

(iii) It employs a medical command facility medical director.

(iv) It has adopted policies and procedures to ensure that a medical command physician is available to provide medical command at all times.

(v) It satisfies the communications, recordkeeping and other requirements imposed under this chapter.

(c) *Certification application.* An application for certification as a medical command facility shall be submitted on a form or through an electronic process, as prescribed by the Department, to the regional EMS council exercising responsibility for the EMS region in which the applicant is located. The application form shall solicit information to enable the Department to determine whether the applicant has satisfied the certification requirements under subsection (b).

(d) *Triennial registration.* A medical command facility's certification is deemed registered when the certification is issued. Except for a medical command facility certified under subsection (b)(1), a medical command facility's registration of its certification is valid for 3 years. The initial registration of the certification of a medical command facility certified under subsection (b)(1) based upon its prior recognition as a medical command facility will expire when its recognition as a medical command facility would have expired under the Emergency Medical Services Act (35 P. S. §§ 6921—6938) (repealed by the act of August 18, 2009 (P. L. 308, No. 37)).

(e) *Registration application.* A medical command facility shall submit an application for registration of its certification on a form or through an electronic process, as prescribed by the Department, between 60 and 90 days before its current registration expires to the regional EMS council exercising responsibility for the EMS region in which the applicant is located. The application form shall solicit information to enable the Department to determine whether the applicant continues to satisfy the certification requirements under subsection (b)(2).

Cross References

This section cited in 28 Pa. Code § 1029.2 (relating to operational requirements); and 28 Pa. Code § 1031.11 (relating to discipline of medical command facilities).

§ 1029.2. Operational requirements.

The operational requirements of a medical command facility are as follows:

- (1) It shall continue to satisfy all requirements under § 1029.1 (relating to general provisions).
- (2) It shall satisfy the following communication and recordkeeping requirements:
 - (i) Compatibility with regional telecommunication systems plans, if in place.
 - (ii) Communication by way of telecommunications equipment/radios with EMS providers providing EMS for an EMS agency within the area in which medical command is exercised.
 - (iii) Audio recording of medical command communications or, when medical command is provided at the scene, otherwise documenting medical command sessions.

(iv) Maintenance of the recording of a medical command session, or documentation of a medical command session when medical command is provided at the scene, for 7 years.

(v) An appropriate program for training emergency department staff in the effective use of telecommunication equipment.

(vi) Protocols to provide for prompt response to requests from EMS providers for both radio and telephone medical guidance, assistance or advice.

(vii) Documentation that each medical command physician has been educated on all updates to Statewide EMS protocols.

(3) It shall accurately and promptly relay information regarding patients to the appropriate receiving facility.

(4) It shall adhere to EMS protocols approved by the Department except when a departure is required for good cause.

(5) It shall establish a process whereby the medical command facility medical director or the director's designee identifies problems to EMS providers and instructs how to correct those problems.

(6) It shall obtain a contingency agreement with at least one other medical command facility to ensure availability of medical command at all times, including during mass casualty situations, natural disasters and declared states of emergency.

(7) It shall establish internal procedures that comply with the Statewide EMS protocols.

(8) It shall notify PSAPs, through which it routinely receives requests for medical command, when it will not have a medical command physician available to provide medical command.

(9) It shall participate in the regional EMS council's quality improvement program.

(10) It shall employ sufficient administrative support staff to enable the institution to carry out its essential duties, including audits, equipment maintenance, and processing and responding to complaints.

(11) It shall establish a program of training for medical command physicians, EMS providers and emergency department staff and establish a method to ensure that each medical command physician receives education about all updates and changes to the Statewide EMS protocols.

(12) It shall provide medical command to EMS providers whenever they seek direction.

Cross References

This section cited in 28 Pa. Code § 1031.11 (relating to discipline of medical command facilities).

§ 1029.3. Processing certification and registration applications.

(a) A regional EMS council that receives an application for medical command facility certification or an application to register that certification shall review the application for completeness. The regional EMS council shall apprise the applicant if the application is incomplete and obtain a completed application from the applicant.

(b) The regional EMS council shall conduct an onsite inspection of the applying facility to verify information contained within the application and to complete a physical inspection of the medical command area.

(c) After completing its review, the regional EMS council shall forward a copy of its recommendation to the Department and to the applying facility. If the applying facility disagrees with the recommendation of the regional EMS council, it may submit a written rebuttal to the Department within 10 days of its receipt of the recommendation.

(d) The Department will review the application, information and recommendation submitted by the regional EMS council and the rebuttal statement, if any, submitted by the applying facility and make a decision within 30 days from the time of its receipt of the regional EMS council's recommendation to grant or deny the application.

(e) The Department may inspect the facility and gather additional information to aid it in making a decision on the application.

§ 1029.4. Inspections and investigations.

(a) The Department will conduct inspections of a medical command facility from time to time, as deemed appropriate and necessary, but at least once every 3 years, including when necessary to investigate a complaint or a reasonable belief that a violation of this subchapter may exist. The Department may have a regional EMS council conduct or assist the Department in conducting an inspection or investigation.

(b) A medical command facility and an applicant for medical command facility certification shall fully respond to an inquiry of the Department or a regional EMS council regarding its compliance with this subchapter and provide them full and free access to examine the facility and its records relating to its operation as a medical command facility.

Cross References

This section cited in 28 Pa. Code § 1031.11 (relating to discipline of medical command facilities).

§ 1029.5. Plan of correction.

(a) *Notification of violation.* Upon determining that a medical command facility has violated the act or this subchapter, the Department may issue a written notice to the medical command facility specifying the violation or violations. The notice will require the medical command facility to take immediate action to

discontinue the violation or violations or to submit a plan of correction, or both, to bring the medical command facility into compliance. If the medical command facility cannot remedy the problem immediately and a plan of correction is therefore required, the Department may direct that the violation be remedied within a specified period of time.

(b) *Response by medical command facility.* After receiving the notice of violation or violations, the medical command facility shall do one of the following:

(1) Comply with the requirements specified in the notice.

(2) Refuse to comply with one or more of the requirements specified in the notice and apprise the Department of its decision, with an explanation, within the time and manner specified in the notice.

(3) Comply with the requirements specified in the notice and apprise the Department of its decision, within the time and manner specified in the notice of any violation identified in the notice with which it disagrees, supported by an explanation for its disagreement.

(c) *Medical command facility disagreement or refusal to comply.* If the medical command facility fails to comply with any of the directives in the notice and responds as required under subsection (b)(2), or disagrees with any of the violations identified and responds as required under subsection (b)(3), the Department will evaluate the explanation provided by the medical command facility to determine whether the response was justified. If the Department determines that the response was justified in whole or part, it will inform the medical command facility and rescind any violation identified or directive given in the notice that the Department determines should not have applied.

(d) *Consequence of failure to comply.* A medical command facility's response to a notice under subsection (b)(2) does not act to stay any of the directives in the notice. A medical command facility's failure to comply with a directive in the notice constitutes a ground for discipline if the violation to which the directive relates is found to be true following a hearing.

§ 1029.6. Discontinuation of service.

A medical command facility may not discontinue medical command operations without providing 90 days advance written notice to the Department, regional EMS councils responsible for regions in which the medical command facility routinely provides medical command and EMS agencies for which it routinely provides medical command. A medical command facility shall advertise notice of its intent to discontinue service as a medical command facility in a newspaper of general circulation in its service area at least 90 days in advance of discontinuing service as a medical command facility.

Subchapter B. RECEIVING FACILITIES

Sec.

1029.21. Receiving facilities.

§ 1029.21. Receiving facilities.

(a) *General requirements.* A receiving facility shall include a fixed location, with an organized emergency department, including a physician educated to manage cardiac, trauma, pediatric, obstetrics, medical behavioral and all-hazards emergencies. A physician who satisfies these requirements shall be present in the facility and available to the emergency department 24 hours-a-day, 7 days-a-week.

(b) *Patients with special needs.* Patients with special needs, particularly those with time-sensitive illnesses, who need to be transported to a receiving facility shall be transported to a specialty receiving facility consistent with the Statewide EMS protocols.

(c) *Transports to receiving facilities.* Unless directed otherwise by a medical command physician, if patient transport by ambulance is required for additional care that has not been prearranged, an ambulance must transport the patient to a receiving facility or other facility as the Department has designated in the Statewide EMS protocols.

(d) *Confirmation of receiving patient.* When a patient has been transported to a receiving facility, the receiving facility shall acknowledge in writing that it has received the patient if the transporting ambulance crew requests that acknowledgement.

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