CHAPTER 1027. EMS AGENCIES

Subchap. A. GENERAL REQUIREMENTS .................................. 1027.1
B. EMS AGENCY SERVICES .................................... 1027.31
C. MISCELLANEOUS .......................................... 1027.51

Authority

The provisions of this Chapter 1027 issued under the Emergency Medical Services System Act, 35 Pa.C.S. §§ 8101—8157, unless otherwise noted.

Source

The provisions of this Chapter 1027 adopted October 11, 2013, effective October 12, 2013, 43 Pa.B. 6093, unless otherwise noted.

Subchapter A. GENERAL REQUIREMENTS

Sec.
1027.1. General provisions.
1027.2. License and registration applications.
1027.3. Licensure and general operating standards.
1027.4. EMS agency dispatch centers.
1027.5. Medication use, control and security.
1027.7. EMS vehicle fleet.
1027.8. Removal of EMS vehicles from operation.
1027.9. Right to enter, inspect and obtain records.
1027.10. Notification of deficiencies to applicants.
1027.11. Plan of correction.
1027.13. Discontinuation or movement of operations or reduction of service.

§ 1027.1. General provisions.

(a) License required. A person, or other entity, as an owner, agent or otherwise, may not operate, conduct, maintain, advertise or otherwise engage in or profess to be engaged in operating an EMS agency in this Commonwealth unless that person holds a license as an EMS agency and a current registration of that license issued by the Department or is exempt from these requirements. By way of example, an entity is operating an EMS agency if it operates any of the following:

(1) An ambulance service.
   (i) BLS ambulance service.
   (ii) Intermediate ALS ambulance service.
   (iii) ALS ambulance service, including a critical care transport ambulance service.
(iv) Air ambulance service.
(v) BLS water ambulance service.
(vi) Intermediate ALS water ambulance service.
(vii) ALS water ambulance service.

(2) A squad service.
   (i) BLS squad service.
   (ii) Intermediate ALS squad service.
   (iii) ALS squad service.

(3) A QRS.

(4) A special operations EMS service.
   (i) Tactical EMS service.
   (ii) Wilderness EMS service.
   (iii) Mass-gathering EMS service.
   (iv) Urban search and rescue service.

(5) An EMS agency dispatch center operating as part of an EMS agency.

(b) License requirements. The Department will license an applicant as an EMS agency if the Department is satisfied that the applicant has met the following requirements:

(1) The applicant and persons having a substantial ownership interest in the applicant are responsible persons and the EMS agency shall be staffed by and conduct its activities through responsible persons. For purposes of this paragraph:
   (i) A responsible person is a person who has not engaged in an act contrary to justice, honesty or good morals which indicates that the person is likely to betray the public trust in carrying out the activities of the EMS agency, or is a person who has engaged in this type of conduct but has been rehabilitated and is not likely to again betray the public trust.
   (ii) A person has a substantial ownership in the applicant if the person has equity in the capital, stock or the profits of the applicant equal to 5% or more of the property or assets of the applicant.
   (iii) A person staffs an EMS agency if the person engages in activity integral to the operation of the EMS agency, including participating in the making or execution of management decisions, providing EMS, billing, call-taking and dispatching.

(2) The applicant meets the supply and equipment requirements for each EMS vehicle and type of EMS service it makes application to offer, and demonstrates that it shall be maintained and operated to safely and efficiently operate those vehicles and render those services.

(3) The applicant shall meet staffing standards for the vehicles it seeks to operate and the services it seeks to provide. Subject to the exceptions in § 1027.6 (relating to Statewide EMS response plan), this includes providing EMS services 24-hours-a-day, 7-days-a-week or participating in a county-level or broader-level EMS response plan approved by the Department.

1027-2
(4) The applicant shall provide safe services that are adequate for the emergency medical care, treatment and comfort and, when applicable, the transportation of patients.

(5) The applicant has an EMS agency medical director who satisfies requirements established by the Department based upon the types of services it seeks to provide and the EMS vehicles it seeks to operate.

(6) The applicant satisfies the regulatory requirements relating to making its application for a license and has adopted policies and procedures adequate to ensure compliance with the requirements in the act, this part and notices the Department publishes in the Pennsylvania Bulletin that are applicable to its operations.

(c) License certificate. The Department will issue a license certificate to an applicant that it licenses as an EMS agency. The license certificate will specify the name of the EMS agency, its license number, the address of its primary operational headquarters and the date the license was issued. The Department will also issue with the license certificate a document that specifies the type or types of EMS agency services the EMS agency is licensed to provide, the types of EMS vehicles the agency will operate, the locations out of which it is authorized to provide that service or services if more than one location is involved, the fictitious name, if any, under which it conducts its operations at each location involved, and the name of the regional EMS council through which the license application was processed. The Department will replace that document if there is a need to change the information on it due to a license amendment.

(d) License registration. An EMS agency requires both an EMS agency license and current registration of that license to conduct its operations. When the Department registers an EMS agency’s license it will issue a registration certificate to the EMS agency that specifies the name of the EMS agency, its license number, the address of its primary operational headquarters and the dates the registration is effective and will expire.

(e) Transition for ambulance services and QRSs.

(1) An entity that is licensed as an ambulance service or recognized as a QRS by the Department, or a hospital that operates an ambulance service or QRS under its hospital license, immediately prior to April 10, 2014, will be licensed by the Department as an EMS agency, with a current registration of that license on April 10, 2014, if the records of the Department reflect that the ambulance service, QRS or hospital has an EMS agency medical director. The license and registration will authorize the EMS agency to operate the EMS vehicles and provide the services it was authorized to operate and provide when licensed as an ambulance service, recognized as a QRS, or operated under a hospital license.

(2) An entity that is licensed as an ambulance service or recognized as a QRS by the Department, or operates an ambulance service under a hospital license, immediately prior to April 10, 2014, that does not have an EMS agency
medical director may continue to operate as an ambulance service or QRS under the regulations promulgated under the Emergency Medical Services Act (35 P. S. §§ 6921—6938) (repealed by the act of August 18, 2009 (P.L. 308, No. 37)), until April 10, 2014, without securing an EMS agency license.

Source
The provisions of this § 1027.1 adopted October 11, 2013, effective April 10, 2014, 43 Pa.B. 6093.

Cross References
This section cited in 28 Pa. Code § 1027.2 (relating to license and registration applications).

§ 1027.2. License and registration applications.
(a) License application. An application for an EMS agency license shall be submitted on a form or through an electronic process, as prescribed by the Department. The application must contain the following information as well as additional information and documents that may be solicited by the application form:

(1) The name and mailing address of the applicant and a primary contact person and telephone number at which that person can be reached.

(2) The name under which the applicant will be holding itself out to the public in conducting its EMS agency operations and the address of its primary location in this Commonwealth out of which it will be conducting its EMS agency operations. If the applicant seeks to conduct EMS agency operations out of more than one location, the address of its primary operational headquarters and each other location out of which it intends to operate. If the applicant will be holding itself out to the public under different fictitious names for the EMS agency operations it will conduct at different locations, the fictitious name under which it intends to operate at each location.

(3) The manner in which the applicant is organized—corporation, partnership, limited liability company, sole proprietorship, and the like.

(4) The tax status of the applicant—profit or nonprofit.

(5) The type of EMS service or services the applicant intends to provide.

(6) The geographic area for which the applicant intends to provide the service for each type of service it intends to operate. If the service is a type of service that is dispatched by a PSAP, the geographic area, if any, in which it plans to routinely respond to emergency dispatches.

(7) A personnel roster and staffing plan or personnel rosters and staffing plans, if applicable.

(8) The number and types of EMS vehicles to be operated by the applicant and identifying information for each EMS vehicle.

(9) The communication access and capabilities of the applicant.
(10) A full description of the EMS agency services that it intends to provide
out of each location and how it intends to respond to emergency calls if it will
not conduct operations out of a fixed location or locations.

(11) The names, titles and summary of responsibilities of persons who will
be staffing the EMS agency as officers, directors or other EMS agency offi-
cials, and the same information pertaining to them that an EMS provider is
required to report under § 1023.21(b)(1) and (2) (relating to general rights and
responsibilities).

(12) Information concerning any arrangement in which it has entered to
manage an EMS agency or any contract with an entity for that entity to exer-
cise operational or managerial control over the EMS agency, or to conduct the
day-to-day operations of the EMS agency.

(13) A statement attesting to the veracity of the application, which shall be
signed by the principal official of the applicant.

(b) Submission of license application. The applicant shall submit the applica-
tion to the regional EMS council exercising responsibility for the EMS region in
which the applicant will conduct its operations if licensed. If the applicant seeks
a license to conduct EMS agency operations in more than one region, it shall
choose a primary operational headquarters and submit its license application to
the regional EMS council that exercises responsibility for the region in which that
primary operational headquarters is located. If the applicant’s primary operational
headquarters is located outside this Commonwealth, the applicant shall contact
the Department for direction as to the regional EMS council to which it is to sub-
mit its application.

(c) Processing the license application.

(1) The regional EMS council that receives a license application shall
review the application for completeness and accuracy. It shall also provide a
copy of the application to each regional EMS council that exercises respon-
sibility for an EMS region in which the applicant intends to conduct EMS agency
operations. If more than one regional EMS council is involved in the review,
they shall coordinate their review with the regional EMS council that exercises
responsibility for the EMS region in which the applicant’s primary operational
headquarters is located, and that regional EMS council shall communicate with
the applicant regarding any issues presented by the application.

(2) The regional EMS council that has responsibility for communicating
with the applicant under paragraph (1) shall return an incomplete application
to the applicant within 14 days of receipt.

(3) If the regional EMS council that has responsibility for communicating
with the applicant under paragraph (1) determines that the application contains
inaccurate information, and that the nature of the inaccurate information does
not suggest fraud or deceit in attempting to obtain a license, the regional EMS
council shall return the application to the applicant for correction.
(4) Upon receipt of a complete application, and its verification of the accuracy of the information provided in the application which is verifiable without an onsite inspection, the regional EMS council shall schedule and conduct an onsite inspection of the applicant’s vehicles, equipment and personnel qualifications, as well as other matters that bear upon whether the applicant satisfies the statutory and regulatory criteria for licensure. The inspection shall be performed within 45 days after receipt by the regional EMS council of an application that is complete and, if requested by the regional EMS council, that has been corrected. If the applicant seeks to conduct EMS agency operations in more than one EMS region, the regional EMS council that has responsibility for communicating with the applicant under paragraph (1) may seek the assistance of other relevant regional EMS councils in conducting onsite surveys.

(5) Upon completion of its review, the regional EMS council that has responsibility for communicating with the applicant under paragraph (1) shall forward the application to the Department with the regional EMS council’s assessment as to whether applicable statutory and regulatory requirements are satisfied. If the regional EMS council determines that the application contains inaccurate information that suggests fraud or deceit by the applicant in attempting to obtain a license, the regional EMS council may forward the application to the Department without having conducted an onsite inspection and await instructions from the Department as to whether an onsite inspection should be conducted.

(d) Amendment of license.

(1) An EMS agency shall apply for and secure an amendment of its license prior to changing the location of any of its operations, the days or hours of the services it provides or the types of services it provides, or prior to arranging for an entity to exercise operational or managerial control over the EMS agency or to conduct the day-to-day operations of the EMS agency.

(2) An EMS agency shall submit its application for amendment of its license on a form or through an electronic process, as prescribed by the Department, to the regional EMS council responsible for the EMS region in which the EMS agency maintains its primary operational headquarters. That regional EMS council shall process the application for amendment as set forth in subsections (b) and (c).

(e) Triennial registration. An EMS agency’s license is deemed registered for 3 years after issuance, except for an EMS agency that transitions from an ambulance service, a QRS or an ambulance service that operated under a hospital license on October 12, 2013, under § 1027.1(e) (relating to general provisions), in which case the initial registration shall expire when its license or recognition 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)) or, in the case of a hospital, under the Health Care Facilities Act (35 P. S. §§ 448.101—448.904b). Thereafter, an EMS agency shall triennially register the
license by completing a form or through an electronic process, as prescribed by the Department, and filing it with the regional EMS council responsible for the EMS region in which the EMS agency maintains its primary operational headquarters. An EMS agency shall submit the form or complete the electronic process at least 120 days prior to the expiration of a current registration. Failure to do so in a timely manner may result in the EMS agency license not being registered again before the prior registration expires. The Department will act on an application for registration within 90 days after a regional EMS council receives a complete and accurate application. The Department may also deny an application after it is received by a regional EMS council if it contains false information, subject to notice and an opportunity for a hearing before the denial would become effective, or it may grant the application and then pursue disciplinary action against the EMS agency based upon the false information provided.

Source

The provisions of this § 1027.2 adopted October 11, 2013, effective April 10, 2014, 43 Pa.B. 6093.

§ 1027.3. Licensure and general operating standards.

(a) Documentation requirements for licensure. An applicant for an EMS agency license shall have the following documents available for inspection by the Department or a regional EMS council:

1. A roster of active personnel, including the EMS agency medical director, with certification and registration documentation including certification numbers and dates of registration expiration for each EMS provider and EMSVO.

2. A record of the age of each EMS provider and EMSVO and a copy of the driver’s license for each EMSVO.

3. Documentation, if applicable, of the initial and most recent review of each EMS provider’s competence by the EMS agency medical director and the EMS provider certification level at which each EMS provider is permitted to practice.

4. Its process for scheduling staff to ensure that the minimum staffing requirements as required by this chapter are met.

5. Identification of persons who are responsible for making operating and policy decisions for the EMS agency, such as officers, directors and other EMS agency officials.

6. Criminal, disciplinary and exclusion information for all persons who staff the EMS agency as required under subsection (f).

7. Copies of the Statewide and applicable regional EMS protocols.

8. Copies of the written policies required under this section.

9. Copies of documents by which it agrees to manage another EMS agency or to be managed by another entity.
(b) **Documentation requirements after licensure.** An EMS agency shall have the following documents available for inspection by the Department or a regional EMS council when it applies for registration of its license and at all other times:

1. The documents that are required to be available for inspection under subsection (a).
2. EMS PCRs.
3. Call volume records from the previous year’s operations. These records must include a record of each call received requesting the EMS agency to respond to an emergency, as well as a notation of whether it responded to the call and the reason if it did not respond.
4. A record of the time periods for which the EMS agency notified the PSAP, under subsection (g)(1), that it would not be available to respond to a call.

(c) **EMS vehicles, equipment and supplies.** The Department will publish in the Pennsylvania Bulletin, and update as necessary, vehicle construction, and equipment and supply requirements for EMS agencies based upon the types of services they provide and the EMS vehicles they operate. Required equipment and supplies shall be carried and readily available in working order.

(d) **Use of persons under 18 years of age.** The EMS agency shall comply with the Child Labor Act (43 P. S. §§ 40.1—40.14), or a successor act, and regulations adopted under the Child Labor Act when it is using persons under 18 years of age to staff its operations. The EMS agency shall also ensure that an EMS provider under 18 years of age, when providing EMS on behalf of the EMS agency, is directly supervised by an EMS provider who is at least 21 years of age who has the same or higher level of EMS provider certification and at least 1 year of active practice as an EMS provider.

(e) **EMS agency medical director.** An EMS agency shall have an EMS agency medical director.

(f) **Responsible staff.** An EMS agency shall ensure that persons who staff the EMS agency, including its officers, directors and other members of its management team, EMS providers and EMSVOs, are responsible persons. In making that determination, it shall require each person who staffs the EMS agency to provide it with the information and documentation an EMS provider is required to provide to the Department under § 1023.21(b) (relating to general rights and responsibilities) and require each EMSVO to provide it with the information and documentation an EMSVO is required to provide to the Department under § 1023.21(b), and to update that information if and when additional convictions, disciplinary sanctions and exclusions occur. The EMS agency shall consider this information in determining whether the person is a responsible person. An EMS agency shall also provide the Department with notice, at least 30 days in advance, of any change in its management personnel to include as a new member of its management team a person who has reported to it information required under this subsection.
Communicating with PSAPs.

(1) Responsibility to communicate unavailability. An EMS agency shall apprise the PSAP in its area, in advance, as to when it will not be in operation due to inadequate staffing or for another reason and when its resources are committed in a manner that it will not be able to respond with an EMS vehicle, if applicable, and required staff, to a request to provide EMS.

(2) Responsibility to communicate delayed response. An EMS agency shall apprise the PSAP, as soon as practical after receiving a dispatch call from the PSAP, if it is not able to have an appropriate EMS vehicle, if applicable, or otherwise provide the requested level of service, including having the required staff en route to an emergency within the time as may be prescribed by a PSAP for that type of dispatch.

(3) Responsibility to communicate with PSAP generally. An EMS agency 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 EMS agency shall respond to a call for emergency assistance as communicated by the PSAP, provided it is able to respond as requested. An EMS agency is able to respond as requested if it has the staff and an operational EMS vehicle, if needed, capable of responding to the dispatch. An EMS agency may not refuse to respond to a dispatch based upon a desire to keep staff or an EMS vehicle in reserve to respond to other calls to which it has not already committed.

Patient management. All aspects of patient management are to be handled by an EMS provider with the level of certification necessary to care for the patient based upon the condition of the patient.

Use of lights and other warning devices. Ground EMS vehicles may not use emergency lights or audible warning devices unless they do so in accordance with the standards imposed under 75 Pa.C.S. (relating to 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 a need for immediate medical intervention. Emergency lights and audible warning devices may be used on an ambulance when transporting a patient only when medical intervention is beyond the capabilities of the ambulance crew using available supplies and equipment.

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

Accident, injury and fatality reporting. An EMS agency shall report to the appropriate regional EMS council, in a form or electronically, as prescribed by the Department, an EMS 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 EMS agency.
agency that results in a fatality or medical treatment by a licensed health care practitioner. The report shall be made within 24 hours after the accident or injury. The report of a fatality shall be made within 8 hours after the fatality.

(l) Committees. An EMS agency shall have a safety committee and a quality improvement committee that meet at least quarterly. If an EMS agency operates an EMS agency dispatch center, the quality improvement committee shall also be responsible for the quality improvement of the EMS agency dispatch center and participate in the county PSAP quality assurance process.

(m) EMS provider credentialing. The EMS agency shall maintain a record for 7 years of the EMS agency medical director’s assessments and recommendations provided under § 1023.1(a)(1)(vi)—(viii) (relating to EMS agency medical director). An EMS agency may not permit an EMS provider at or above the AEMT level to provide EMS at the EMS provider’s certification level if the EMS agency medical director determines that the EMS provider has not demonstrated the knowledge and skills to competently perform the skills within the scope of practice at that level or the commitment to adequately perform other functions relevant to an EMS provider providing EMS at that level. Under these circumstances, an EMS agency may continue to permit the EMS provider to provide EMS for the EMS agency only in accordance with the restrictions as the EMS agency medical director may prescribe. The EMS agency shall notify the Department within 10 days after it makes a decision to allow an EMS provider to practice at a lower level based upon the assessment of the EMS provider’s skills and other qualifications by the EMS agency medical director, or a decision to terminate the EMS agency’s use of the EMS provider based upon its consideration of the EMS agency medical director’s assessment.

(n) Display of license and registration certificates. The EMS agency shall display its license certificate and the certificate evidencing current registration of its license in a public and conspicuous place in the EMS agency’s primary operational headquarters.

(o) Monitoring compliance. An EMS agency shall monitor compliance with the requirements that the act and this part impose upon the EMS agency and its staff. An EMS agency shall file a written report with the Department if it determines that an EMS provider or EMSVO who is on the staff of the EMS agency, or who has recently left the EMS agency, has engaged in conduct not previously reported to the Department, for which the Department may impose disciplinary sanctions under § 1031.3 or § 1031.5 (relating to discipline of EMS providers; and discipline of EMS vehicle operators). The duty to report pertains to conduct that occurs during a period of time in which the EMS provider or EMSVO is functioning for the EMS agency.

(p) Policies and procedures. An EMS agency shall maintain written policies and procedures ensuring that each of the requirements imposed under this section, as well as the requirements imposed under §§ 1021.8(b), 1021.41, 1021.42, 1021.64 and 1027.5 and Chapter 1051 (relating to out-of-hospital do-not-
resuscitate orders), are satisfied by the EMS agency and its staff. It shall also maintain written policies and procedures addressing infection control, management of personnel safety and the safe operation of EMS vehicles, storage and environmental control of medications, substance abuse in the workplace and the placement and operation of its resources, and ensure that appropriate staff are familiar with these policies and procedures.

Source

The provisions of this § 1027.3 adopted October 11, 2013, effective April 10, 2014, 43 Pa.B. 6093.

Cross References

This section cited in 28 Pa. Code § 1023.21 (relating to general rights and responsibilities); 28 Pa. Code § 1027.4 (relating to EMS agency dispatch centers); 28 Pa. Code § 1027.9 (relating to right to enter, inspect and obtain records); and 28 Pa. Code § 1027.41 (relating to special operations EMS services).

§ 1027.4. EMS agency dispatch centers.

(a) Certification required. Effective October 13, 2015, an EMS agency that operates an EMS agency dispatch center shall use call-takers and dispatchers who are certified and maintain certification as call-takers and dispatchers by the Pennsylvania Emergency Management Agency under 35 Pa.C.S. § 5303(a)(6) (relating to telecommunications management).

(b) Costs. The costs associated with the education, certification and recertification of an EMS agency dispatch center’s call-takers and dispatchers are the responsibility of the EMS agency.

(c) Requirements. An EMS agency that operates an EMS agency dispatch center shall:

(1) Establish and maintain policies and procedures approved by the Department to aid in directing the daily operation of the EMS agency dispatch center.

(2) Utilize emergency medical dispatch protocols approved by the Department. Effective July 9, 2014, an EMS agency dispatch center shall use the emergency medical dispatch program used by the emergency communications center of the county in which the EMS agency dispatch center is located.

(3) Require its call-takers to satisfy performance standards that are based on Nationally-accepted emergency medical dispatch standards. An EMS agency dispatch center shall submit these performance standards, and changes, to the Department for approval. At a minimum, an EMS agency dispatch center’s performance standards shall measure a call-taker’s ability to:

   (i) Answer the telephone quickly and correctly and verify the location of the incident.

   (ii) Obtain a callback telephone number from the person making the call.
(iii) Determine the nature of the incident and select and assign the appropriate EMS response to the incident.
(iv) Obtain all pertinent information quickly and effectively, make updates accordingly and keep the caller on the line until the required information is obtained.
(v) Control the conversation with the caller and exhibit a calm and professional demeanor.
(vi) Demonstrate proper documentation of the information received on call-taker screens or cards.

(4) Require its dispatchers to satisfy performance standards that are based on Nationally accepted emergency medical dispatch standards. An EMS agency dispatch center shall submit these performance standards, and changes, to the Department for approval. At a minimum, an EMS agency dispatch center’s performance standards shall measure a dispatcher’s ability to:
   (i) Dispatch the appropriate EMS resources within the prescribed time-frame established by the EMS agency dispatch center’s standard operating procedures.
   (ii) Provide pertinent information to the responding units and relay updated information about the incident to the responding units.
   (iii) Answer radio transmissions promptly and exhibit a timely response to requests from the responding units as established by the EMS agency dispatch center’s standard operating procedures.
   (iv) Speak clearly and maintain a professional demeanor.

(5) Establish a quality assurance review process that is executed with consistency and objectivity in accordance with internal standards developed by the EMS agency.
   (i) The EMS agency shall use the quality assurance review process to identify additional or supplemental education needed to improve a call-taker’s or dispatcher’s job performance.
   (ii) The EMS agency shall use the quality assurance review process to determine whether any processes of the EMS agency dispatch center require modification or change.

(6) Designate a quality assurance reviewer who shall:
   (i) Function at a supervisory level.
   (ii) Have a minimum of 3 years of experience in the field of emergency telecommunications.
   (iii) Be a member of the EMS agency’s quality improvement committee under § 1027.3(l) (relating to licensure and general operating standards).
   (iv) Conduct a random sampling of emergency dispatch calls that will be reviewed every 2 weeks to ensure compliance with the performance standards in this section as well as the standards in the standard operating procedures of each EMS agency dispatch center.
(v) Conduct a monthly quality assurance review of 5% of the total emergency dispatch calls the EMS agency dispatch center processes per month.

(vi) Conduct a quality assurance review, every 6 months, of a segment of each call-taker’s and dispatcher’s radio activity to determine adherence to the standards in this section and the EMS agency dispatch center’s performance standards.

(A) Call-takers and dispatchers shall receive the results of their quality assurance reviews within 5 days of each review.

(B) Actual transcripts or recordings of phone calls made to and from an EMS agency dispatch center are not public records to the extent they are protected under the Right-to-Know Law (65 P. S. §§ 67.101—67.3104) and may not be included in the text of a quality assurance review. Actual transcripts or recordings of phone calls may be reviewed by the quality assurance reviewer as part of the quality assurance review.

(vii) Complete a quality assurance review for each segment reviewed on a form approved by the Department. Copies of each quality assurance review shall be retained on file at the EMS agency dispatch center for 4 years.

(7) Ensure that quality assurance actions that are initiated in response to the results of a quality assurance review are documented and placed in the EMS agency dispatch center’s records. Copies of each quality assurance action shall be retained on file at the EMS agency dispatch center for 4 years.

(8) Refer to the PSAP in its area a request for EMS for which it is unable to dispatch appropriate EMS resources within the time prescribed by the PSAP.

(9) Ensure that persons are not denied access to EMS because of the inability or limited ability to communicate in the English language, including hearing impaired or deaf persons.

(10) Ensure that the EMS agency dispatch center’s call-takers and dispatchers are subject to this quality assurance review process.

(11) Ensure that quality assurance reviews are used to support the development and assessment of goals and expectations on each call-taker’s and dispatcher’s yearly performance appraisal.

Source

The provisions of this § 1027.4 adopted October 11, 2013, effective April 10, 2014, 43 Pa.B. 6093.

§ 1027.5. Medication use, control and security.

(a) An EMS agency may stock medications as approved by the Department and shall store medications in a temperature-controlled environment, secured in conformance with the Statewide EMS protocols and the EMS agency’s policy and procedures on the storage and environmental control of medications. Addi-
tional medications may be stocked by an EMS agency as approved by the EMS agency medical director and the Department if the EMS agency uses PHPEs, PHRNs or PHPs.

(b) The Department will publish at least annually by notice in the Pennsylvania Bulletin a list of medications approved for use by EMS agencies, by EMS provider certification level and a list of medications that an EMS agency is required to stock based upon the type of EMS service it is licensed to provide.

(c) An EMS agency may procure and replace medications from a hospital, pharmacy or from a medical supply company, if not otherwise prohibited by law.

(d) EMS providers, other than a PHP, may administer to a patient, or assist the patient to administer, medications previously prescribed for that patient, as specified in the Statewide EMS protocols or as authorized by a medical command physician. A PHP may administer to a patient, or assist the patient to administer, medications that were previously prescribed for the patient.

(1) An EMS provider, other than a PHPE, PHRN or PHP, is restricted to administering medications, not previously prescribed for a patient, as permitted by the Statewide EMS protocols.

(2) A PHPE or PHRN may administer medications, not previously prescribed for a patient, in addition to those permitted by the Statewide EMS protocols, provided the PHPE or PHRN has received approval to do so by the EMS agency medical director, and has been ordered to administer the medication by the medical command physician. A PHP may administer any medication that the PHP has authority to administer by virtue of the PHP’s license to practice medicine or osteopathic medicine.

(e) The EMS agency shall adequately monitor and direct the use, control and security of medications provided to the EMS agency. This includes:

(1) Ensuring proper labeling and preventing adulteration or misbranding of medications, and ensuring medications are not used beyond their expiration dates.

(2) Storing medications as required under The Controlled Substance, Drug, Device and Cosmetic Act (35 P.S. §§ 780-101—780-144), and as otherwise required to maintain the efficacy of medications and prevent misappropriation.

(3) Including in the EMS PCR information as to the administration of medications by patient name, medication identification, date and time of administration, manner of administration, dosage, name of the medical command physician who gave the order to administer the medication and name of person administering the medication.

(4) Maintaining records of medications administered, lost or otherwise disposed of and records of medications received and replaced.

(5) Providing the pharmacy, physician or hospital that is requested to replace a medication with a written record of the use and administration or loss or other disposition of the medication, 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 police or State Police and the Department’s Drugs, Devices and Cosmetics Office and has filed a DEA Form 106 with the Federal Drug Enforcement Administration.

(7) Disposing of medications as required under The Controlled Substance, Drug, Device and Cosmetic Act.

(8) Arranging for the original dispensing pharmacy, physician or hospital, or its EMS agency medical director, to provide it consultation and other assistance necessary to ensure that it meets the requirements in this section.

(9) Securing medications in a manner so that only those EMS providers authorized to administer the medications in providing EMS have access to those medications.

Source
The provisions of this § 1027.5 adopted October 11, 2013, effective April 10, 2014, 43 Pa.B. 6093.

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

An EMS agency may provide an EMS service at a location through which it is licensed to provide that service, less than 24 hours-a-day, 7 days-a-week, as follows:

(1) Day or time requirements are not applicable to an EMS agency’s operation of an air or water ambulance service.

(2) A tactical EMS response service shall be available at all times that a law enforcement service with which it is affiliated requests its participation in a tactical law enforcement operation.

(3) An EMS agency may operate any EMS service less than 24 hours-a-day, 7 days-a-week, out of any location through which it is licensed to provide the service, in accordance with a county-level or broader-level EMS response plan approved by the Department.

(4) An EMS agency may operate an intermediate ALS ambulance service less than 24 hours-a-day, 7 days-a-week if the EMS agency also operates a BLS ambulance service or an ALS ambulance service at the same location through which it is licensed to provide the intermediate ALS ambulance service.

Source
The provisions of this § 1027.6 adopted October 11, 2013, effective April 10, 2014, 43 Pa.B. 6093.

Cross References
This section cited in 28 Pa. Code § 1027.1 (relating to general provisions).
§ 1027.7. EMS vehicle fleet.

(a) Inspection of EMS vehicles. When an applicant for an EMS agency license is inspected, a Department or regional EMS council inspector will inspect each vehicle the applicant intends to operate as an EMS vehicle. If the vehicle satisfies the requirements for the type of EMS vehicle designated by the applicant, and the applicant otherwise satisfies the requirements for licensure and to conduct a service for which the EMS vehicle will be used, the inspector will affix a date stripe, with an inspection and expiration date, to two decals appropriate to that type of EMS vehicle and provide the decals to the applicant. The applicant shall place a decal in a prominent location on each side of the vehicle. The applicant may not operate the vehicle as an EMS vehicle until the applicant is licensed as an EMS agency and it affixes the decals to the EMS vehicle.

(b) Permanent change. Before operating an additional or permanent replacement EMS vehicle, an EMS agency shall submit an application for amendment of its license to the regional EMS council through which its license application was processed. The EMS agency may not operate that vehicle as an EMS vehicle unless, as described in subsection (a), it is authorized to do so following an inspection of the vehicle and it affixes decals to the vehicle.

(c) Temporary change. An EMS agency may operate a temporary replacement EMS vehicle without securing prior approval from the Department. It shall submit a temporary change of vehicle form to the regional EMS council through which its license application was processed, by facsimile, e-mail or regular mail before putting the EMS vehicle in service. In the form the EMS agency shall attest to the fact that the EMS vehicle satisfies the requirements for that type of EMS vehicle that are imposed by regulation and notices published in the Pennsylvania Bulletin. Upon submitting a temporary change of vehicle form, the EMS agency may continue to operate the temporary replacement EMS vehicle unless its authority to do so is disapproved by the inspector following an inspection of the EMS vehicle. Upon receiving a temporary change in vehicle form, the regional EMS council shall issue a letter which acknowledges receipt of the temporary change of vehicle form and authorizes the EMS agency to operate the replacement EMS vehicle for 7 days based upon its attestation that the vehicle satisfies all requirements. That time period may be extended by the regional EMS council by letter.

(d) Triennial inspections. A Department or regional EMS council inspector will inspect an EMS agency’s EMS vehicles when the inspector conducts the inspection of the EMS agency for the triennial registration of the EMS agency’s license. If an EMS vehicle satisfies all requirements the inspector will affix a new date stripe to each decal to reflect that the vehicle has satisfied EMS vehicle inspection requirements. If the vehicle does not satisfy the requirements, the inspector will not affix a new date stripe to each decal and the EMS agency may
not operate the vehicle as an EMS vehicle unless and until the vehicle is reinspected, satisfies all requirements, and the inspector affixes a new date stripe on each decal.

(e) Removal of decals. A Department or regional EMS council inspector will require the EMS agency to remove the decals from an EMS vehicle when directed by the Department under § 1027.8(b) (relating to removal of EMS vehicles from operation). An EMS agency shall remove the decals from an EMS vehicle when the EMS agency transfers the title or operation of the EMS vehicle to another entity, other than to enable another EMS agency to operate the EMS vehicle as a temporary replacement vehicle under subsection (c), or when it discontinues use of the vehicle as an EMS vehicle.

(f) Ambulance requirements. An ambulance must meet the following minimum requirements:

1. It must have a patient care compartment that is designed to carry at least one patient on a stretcher that is securely mounted to the ambulance and that enables transportation in both the supine and seated upright positions.
2. It must have a patient care compartment that is designed to provide sufficient access to a patient’s body to perform and maintain ALS skills, including adequate space for one caregiver to sit superior to the patient’s head to perform required ALS airway skills, and other EMS required by the Statewide EMS protocols.
3. It must have a design that does not compromise patient safety during loading, unloading or patient transport. It must be equipped with a door that will allow loading and unloading of the patient without excessive maneuvering.
4. It must be equipped with permanently installed climate control equipment to provide an environment appropriate for the medical needs of a patient.
5. It must have interior lighting adequate to enable medical care to be provided and patient status monitored without interfering with the vehicle operator’s vision.
6. It must be designed for patient safety so that the patient is isolated from the operator’s compartment in a manner that minimizes distractions to the vehicle operator during patient transport and prevents interference with the operator’s manipulation of vehicle controls.
7. It must be equipped with appropriate patient restraints and with restraints in every seating position within the patient compartment.
8. An ALS ambulance used for critical care transports and an air ambulance must be equipped with 110 V electrical output with a minimum of four appropriate outlets within the patient compartment with the ability to operate the vehicle while operating medical equipment using all outlets simultaneously.
9. It must have enough space to accommodate the loading, unloading and transport of an infant isolette and permit sufficient access to the infant’s entire body to begin and maintain ALS and other treatment modalities within the isolette.
(10) It must be equipped with two-way radios capable of communication with medical command facilities, receiving facility communications centers, PSAPs and ambulances for the purpose of communicating medical information and assuring the continuity of resources for patient care needs.

(11) It must carry an oxygen supply that is capable of providing high flow oxygen at more than 25 liters per minute to a patient for the anticipated duration of patient transport.

Source
The provisions of this § 1027.7 adopted October 11, 2013, effective April 10, 2014, 43 Pa.B. 6093.

§ 1027.8. Removal of EMS vehicles from operation.
(a) When an EMS vehicle manifests evidence of a mechanical or equipment deficiency which poses a significant threat to the health or safety of patients or crew, the EMS agency shall immediately suspend the vehicle from operation. An EMS agency may not operate an EMS vehicle that it has suspended from operation until the deficiency has been corrected.

(b) When an EMS vehicle, upon examination by the Department or a regional EMS council, manifests evidence of a mechanical or equipment deficiency which poses a significant threat to the health or safety of patients or crew, the EMS agency shall immediately suspend it from operation as directed by the Department. An EMS agency may not operate as an EMS vehicle a vehicle which has been suspended from operation by the Department until the Department has confirmed to the EMS agency that the deficiency has been corrected.

Source
The provisions of this § 1027.8 adopted October 11, 2013, effective April 10, 2014, 43 Pa.B. 6093.

Cross References
This section cited in 28 Pa. Code § 1027.7 (relating to EMS vehicle fleet).

§ 1027.9. Right to enter, inspect and obtain records.
(a) Upon the request of an employee or agent of the Department during regular and usual business hours, or at other times when that person possesses a reasonable belief that violations of this subpart may exist, an EMS agency or applicant for an EMS agency license shall:

(1) Produce for inspection records maintained under § 1021.41 (relating to EMS patient care reports).

(2) Produce for inspection, permit copying and provide within a reasonable period of time as directed by the Department, records that pertain to personnel and their qualifications, staffing, equipment, supplies, and policies and procedures required under § 1027.3 (relating to licensure and general operating standards).

1027-18
(3) Permit the person to examine EMS vehicles, equipment and supplies, and security arrangements.

(b) The Department’s representative shall advise the licensee or applicant that the inspection is being conducted under section 8129(h) of the act (relating to emergency medical services agencies) and this subpart.

(c) Failure of an EMS agency or an applicant for an EMS agency license to produce records or to permit an examination as required by this section is a ground for imposing disciplinary sanctions upon the EMS agency and denying an application for an EMS agency license.

Source

The provisions of this § 1027.9 adopted October 11, 2013, effective April 10, 2014, 43 Pa.B. 6093.

§ 1027.10. Notification of deficiencies to applicants.

(a) Upon completion of an inspection under an application for a license, registration of a license or an amendment of a license, the inspector shall provide the applicant with an inspection report specifying the results of the inspection.

(b) If the inspection reveals deficiencies that can be corrected and the inspector determines that the deficiencies warrant a reinspection, the inspector shall give the applicant written notice of the matters to be reinspected and copy the Department on the notice.

(c) If the type of deficiency requires a plan of correction, the applicant shall have 30 days in which to provide the inspector with a plan to correct the deficiency. If the plan is found to be acceptable by the regional EMS council, the inspector will conduct a reinspection in accordance with the time frame given in the plan of correction.

(d) If the applicant disagrees with a deficiency cited by the inspector following the inspection or reinspection, or the regional EMS council’s rejection of a plan of correction, the applicant shall apprise the Department of the matter in dispute in writing within 10 days of the inspection or rejection of the plan of correction and the Department will resolve the dispute within 30 days of receipt of the written notification.

(e) The Department will act upon the application within 30 days after the inspection process has been completed, unless the Department requires additional time to complete an investigation of those qualifications of the applicant which cannot, for just cause, be determined through the inspection process.

(f) Nothing in this section shall be construed to preclude the Department from identifying to the EMS agency statutory or regulatory violations not identified by the inspector, or from requiring the EMS agency to file a plan of correction to correct those deficiencies or taking immediate action to correct those deficiencies, or from taking disciplinary action against an EMS agency for a statutory or regulatory violation that cannot be corrected or for which the Department determines that disciplinary action best serves the public interest.
§ 1027.11. Plan of correction.

(a) Notification of violation. Upon determining that an EMS agency has violated the act or this subpart, the Department may issue a written notice to the EMS agency specifying the violation. The notice will require the EMS agency to take immediate action to discontinue the violation or to submit a plan of correction, or both, to bring the EMS agency into compliance. If the EMS agency 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 EMS agency. After receiving the notice of violation, the EMS agency shall do one of the following:

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

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

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

(c) EMS agency disagreement or refusal to comply. If the EMS agency fails to comply with any of the directives in the notice of violation 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 EMS agency to determine whether the response was justified. If the Department determines that the response was justified in whole or part, it will inform the EMS agency and rescind any violation identified or directive given in the notice of violation that the Department determines should not have applied.

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

Source

The provisions of this § 1027.10 adopted October 11, 2013, effective April 10, 2014, 43 Pa.B. 6093.

28 § 1027.11 EMERGENCY MEDICAL SERVICES Pt. VII

Source

The provisions of this § 1027.11 adopted October 11, 2013, effective April 10, 2014, 43 Pa.B. 6093.

When an EMS agency or an applicant for an EMS agency license does not provide service 24 hours-a-day, 7 days-a-week, and does not participate in a county-level or broader level EMS response plan, the Department will issue the EMS agency a conditional temporary license, subject to terms the Department determines to be appropriate, if the Department deems it is in the public interest to do so. The conditional temporary license is valid for 1 year and may be renewed as many times as the Department deems it is in the public interest to do so. If the EMS agency does not agree to the terms under which the Department would grant the EMS agency a conditional temporary license, the Department will take disciplinary action against the EMS agency for failing to either provide service 24 hours-a-day, 7 days-a-week, or participate in a county-level or broader level EMS response plan.

Source


§ 1027.13. Discontinuation or movement of operations or reduction of service.

An EMS agency shall give at least 90 days advance notice to each appropriate regional EMS council, PSAP and chief executive officer of a political subdivision within its service area, as well as the chief executive officer of each political subdivision outside of its service area that relies upon it for service even if not provided on a routine basis, before it discontinues its operations or providing an EMS service out of any location at which it is licensed to provide that service or reducing the days or hours it provides the service. The EMS agency shall also advertise notice of its intent to discontinue operations or a service, or reduce the days or hours it provides the service, in a newspaper of general circulation in its service area at least 90 days in advance of discontinuing its operations or a service, or reducing the days or hours it provides the service, and shall provide the Department with written notice that it has met these responsibilities at least 90 days in advance of taking action. This section does not apply if the Department revokes, suspends or restricts the EMS agency’s license under terms that do not afford the EMS agency the opportunity to comply with this section.

Source


(a) Information required to secure approval. Subject to Department approval, an entity may offer management services to EMS agencies. Management services

1027-21

(368899) No. 470 Jan. 14
involve exercising operational or managerial control over an EMS agency or conducting the day-to-day operations of the EMS agency. To secure Department approval, the entity shall provide to the Department, on a form or through an electronic process, as prescribed by the Department, the following information and other information as the Department may require:

(1) Its name, including a fictitious name it has registered, its mailing address, and a primary contact person and telephone number at which that person can be reached.

(2) The manner in which the applicant is organized—corporation, partnership, limited liability company, sole proprietorship, and the like.

(3) A description of the management services it offers.

(4) The names, titles and summary of responsibilities of persons who will be staffing the entity as officers, directors or other officials, and the same information pertaining to the entity and to its officers, directors or other officials, that an applicant for an EMS provider is required to report under § 1023.21(b)(1) and (2) (relating to general rights and responsibilities).

(5) A statement attesting to the veracity of the information provided, which shall be signed by the principal official of the entity.

(b) Updating information. An entity approved by the Department to provide management services shall provide the Department on a form or through an electronic process, as prescribed by the Department, any change in the information provided under subsection (a) within 10 days after the change.

(c) Approval. After receipt of the information required under subsection (a), the Department will approve an entity to offer management services to EMS agencies, subject to possible disapproval under § 1031.16 (relating to discipline of management companies).

(d) Registry. The Department will maintain a registry of entities approved by the Department to provide management services to EMS agencies.

(e) Disclosures to EMS agencies. An entity that has received approval from the Department to offer management services to EMS agencies shall provide the same information to an EMS agency that it provides to the Department under subsection (a)(1)–(4) before it contracts with the EMS agency to provide management services for the EMS agency. The entity shall provide the EMS agency with any change in that information within 10 days after the change, except it shall immediately inform the EMS agency of any suspension or revocation of its approval or condition imposed upon it by the Department under § 1031.16.

(f) Effective date. The effective date of this section is October 7, 2014. By October 7, 2014, an entity that is under contract with an EMS agency to provide management services for the EMS agency on October 7, 2014, shall make the same disclosures to the EMS agency as required under subsection (e).
Subchapter B. EMS AGENCY SERVICES

§ 1027.31. General standards for providing EMS.

Regardless of the type of service through which an EMS agency is providing EMS, the following standards apply to the EMS agency and its EMS providers when functioning as an EMS provider on behalf of an EMS agency, except as otherwise provided in this subchapter:

1. An EMS provider who encounters a patient before the arrival of other EMS providers shall attend to the patient and begin providing EMS to the patient at that EMS provider’s skill level.

2. An EMR may not be the EMS provider who primarily attends to a patient unless another higher level EMS provider is not present or all other EMS providers who are present are attending to other patients.

3. Except as set forth in paragraph (2), or unless there are multiple patients and the EMS needs of other patients require otherwise, among EMS providers who are present, an EMS provider who is certified at or above the EMS skill level required by the patient shall be the EMS provider who primarily attends to the patient.

4. If a patient requires EMS at a higher skill level than the skill level of the EMS providers who are present, unless there are multiple patients and the EMS needs of other patients require otherwise, an EMS provider who is certified at the highest EMS skill level among the EMS providers who are present shall be the EMS provider who primarily attends to the patient.

5. A member of the EMS vehicle crew with the highest level of EMS provider certification shall be responsible for the overall management of the EMS provided to the patient or patients by the members of that EMS vehicle.
crew. If more than one member of the EMS vehicle crew is an EMS provider above the AEMT level, any of those EMS providers may assume responsibility for the overall management of the EMS provided to the patient or patients by the members of that EMS vehicle crew.

(6) If an EMS vehicle crew needs additional assistance in attending to the needs of a patient or patients, it shall contact a PSAP or its EMS agency dispatch center to request that assistance.

(7) Except as otherwise provided in this subpart, an EMS agency shall operate 24 hours-a-day, 7 days-a-week, each type of service it is licensed to provide at each location it is licensed to operate that service.

(8) A member of an EMS vehicle crew who responds to a call in a personal vehicle may not transport in that vehicle medications, equipment or supplies that an EMT is not authorized to use.

**Source**


**Cross References**

This section cited in 28 Pa. Code § 1027.41 (relating to special operations EMS services).

**§ 1027.32. Quick response service.**

(a) **Purpose.** An EMS agency that operates a QRS uses EMS providers to respond to calls for EMS and provide EMS to patients before an ambulance arrives.

(b) **Vehicles.** A QRS is not required to use a vehicle when responding to a call. If a QRS responds to a call using a vehicle, it may use a vehicle other than an EMS vehicle, such as a bicycle, motorized cart or all-terrain vehicle.

(c) **Staffing.** The minimum staffing for a QRS is one EMS provider. If the QRS responds to a call with a BLS squad vehicle, intermediate ALS squad vehicle or ALS squad vehicle, the minimum staff shall also include an EMSVO, except that only one person is required if the EMSVO is also the EMS provider.

(d) **Providing EMS.**

(1) When a member of an ambulance crew arrives at the scene who is certified at the level for which the patient requires EMS or is a higher-level EMS provider than the EMS provider of the QRS crew exercising primary responsibility for the patient, the member of the QRS crew exercising primary responsibility for the patient shall relinquish that responsibility to that member of the ambulance crew.

(2) Members of a QRS crew who are present shall follow the direction of the member of the ambulance crew who has assumed responsibility for the overall management of the EMS that is provided to the patient or patients at the scene.
the scene and leave the scene or continue to provide assistance, as requested by that member of the ambulance crew.

Source

§ 1027.33. Basic life support ambulance service.

(a) Purpose. An EMS agency that operates a BLS ambulance service employs one or more BLS ambulances staffed by an ambulance crew capable of providing medical assessment, observation, triage, monitoring, treatment and transportation of patients who require EMS at or below the skill level of an EMT.

(b) Operating at the AEMT level. An EMS agency that chooses to operate a BLS ambulance service that provides EMS at the AEMT level shall apply for Department approval to operate in that manner through its application for a license as an EMS agency or an application to amend its EMS agency license. It shall satisfy the requirements under § 1027.34 (relating to intermediate advanced life support ambulance service).

(c) Staffing.

(1) The minimum staffing for a BLS ambulance crew when responding to a call to provide EMS and transporting a patient is an EMS provider at or above the EMR level, a second EMS provider at or above the EMT level and an EMSVO, except that only a two-person ambulance crew is required if the EMSVO is also one of the EMS providers and an EMS provider above the EMR level is available to attend to the patient during patient transport. Until April 11, 2016, an ambulance attendant who has not yet secured certification as an EMR may substitute for an EMR.

(2) Responding ambulance crew members may arrive at the scene separately, but the ambulance shall be fully staffed at or above the required minimum staffing level before transporting a patient.

(d) Providing EMS when dispatched with a higher level EMS vehicle crew. If a BLS ambulance and a higher level EMS vehicle crew are dispatched to provide EMS for a patient, the following shall apply:

(1) BLS ambulance crew members shall begin providing EMS to the patient at their skill levels, including transportation of the patient to a receiving facility if the ambulance crew determines transport is needed, until higher level EMS is afforded by the arrival of a higher level EMS provider.

(2) Upon the arrival of a higher level EMS vehicle crew, the BLS ambulance shall continue transporting the patient or release the patient to be transported by the higher level EMS vehicle crew, consistent with the Statewide EMS protocols, as directed by the EMS provider exercising primary responsibility for the patient.
(3) The BLS ambulance crew shall reassume primary responsibility for the patient if that responsibility is relinquished back to that ambulance crew by the EMS provider of the higher level EMS vehicle crew who had assumed primary responsibility for the patient.

(4) A BLS ambulance and its ambulance crew may transport from a receiving facility a patient who requires EMS above the skill level at which the ambulance is operating, if the sending or a receiving facility provides a registered nurse, physician assistant or physician to supplement the ambulance crew, that person brings on board the ambulance equipment and supplies to provide the patient with EMS above the EMS level at which the BLS ambulance is operating to attend to the EMS needs of the patient during the transport, and that person attends to the patient during the patient transport.

(e) Application. For purposes of this section, the term “higher level EMS vehicle crew” means the EMS vehicle crew of an intermediate ALS ambulance, intermediate ALS squad vehicle, ALS ambulance, ALS squad vehicle or air ambulance.

Source

Cross References
This section cited in 28 Pa. Code § 1027.34 (relating to intermediate advanced life support ambulance service); 28 Pa. Code § 1027.35 (relating to advanced life support ambulance service); and 28 Pa. Code § 1027.42 (relating to water ambulance service).

§ 1027.34. Intermediate advanced life support ambulance service.

(a) Purpose. An EMS agency that operates an intermediate ALS ambulance service employs one or more intermediate ALS ambulances staffed by an ambulance crew capable of providing medical assessment, observation, triage, monitoring, treatment and transportation of patients who require EMS at the AEMT level.

(b) Staffing. The minimum staffing for an intermediate ALS ambulance crew when responding to a call to provide EMS to a patient who requires EMS at the skill level of an AEMT is an EMS provider at or above the AEMT level, a second EMS provider at or above the EMR level and an EMSVO, except that only a two-person ambulance crew is required if the EMSVO is also one of the EMS providers and an EMS provider at or above the AEMT level is available to attend to the patient during patient transport. Responding ambulance crew members may arrive at the scene separately, but the ambulance shall be fully staffed at or above the minimum staffing level before transporting the patient.

(c) Providing EMS when dispatched with a lower level EMS vehicle crew. If an intermediate ALS ambulance and a lower level EMS vehicle crew are dispatched to provide EMS for a patient, the following shall apply:
(1) If the patient is assessed by the intermediate ALS ambulance crew to require EMS above the skill level at which the lower level EMS vehicle crew is operating, and requires transport to a receiving facility, the EMS provider who is responsible for the overall management of the EMS provided to the patient shall decide, consistent with the Statewide EMS protocols, who will transport the patient. An appropriately certified member of the intermediate ALS ambulance crew shall attend to the patient during the transport. If the lower level EMS vehicle is used to transport the patient, the EMS provider in charge shall use the equipment and supplies on the lower level EMS vehicle, supplemented with the additional equipment and supplies, including medications, from the intermediate ALS ambulance.

(2) If at the scene or during transport by the lower level EMS vehicle crew, the EMS provider of the intermediate ALS ambulance crew who has assumed primary responsibility for the patient determines that the lower level EMS vehicle crew is operating at the skill level needed to attend to the patient’s EMS needs, consistent with the Statewide EMS protocols, that EMS provider may relinquish responsibility for the patient to the lower level EMS vehicle crew.

(d) Providing EMS when dispatched with a higher level EMS vehicle crew. If an intermediate ALS ambulance and a higher level EMS vehicle crew are dispatched to provide EMS for a patient, the following shall apply:

(1) Intermediate ALS ambulance crew members shall begin providing EMS to the patient at their skill levels, including transportation of the patient to a receiving facility if the crew determines transport is needed, until higher level EMS is afforded by the arrival of a higher level EMS provider.

(2) Upon the arrival of a higher level EMS vehicle crew, the intermediate ALS ambulance shall continue transporting the patient or release the patient to be transported by the higher level EMS vehicle crew, consistent with the Statewide EMS protocols, as directed by the EMS provider exercising primary responsibility for the patient.

(3) The intermediate ALS ambulance crew shall reassume primary responsibility for the patient if that responsibility is relinquished back to that ambulance crew by the EMS provider of the higher level EMS vehicle crew who had assumed primary responsibility for the patient.

(e) Responding to a call for a patient who requires EMS below the AEMT level. When an intermediate ALS ambulance is employed to respond to a call to provide EMS to a patient who requires EMS below the skill level of an AEMT, the staffing and the responsibilities of the ambulance crew are the same as set forth in § 1027.33 (relating to basic life support ambulance service).

(f) Application. For purposes of this section, the term “lower level EMS vehicle crew” means the EMS vehicle crew of a BLS ambulance or BLS squad vehicle. The term “higher level EMS vehicle crew” means the EMS vehicle crew of an ALS ambulance, ALS squad vehicle or air ambulance.
§ 1027.35. Advanced life support ambulance service.

(a) Purpose. An EMS agency that operates an ALS ambulance service employs one or more ALS ambulances staffed by an ambulance crew capable of providing medical assessment, observation, triage, monitoring, treatment and transportation of patients who require EMS above the skill level of an AEMT.

(b) Staffing. The minimum staffing for an ALS ambulance crew when responding to a call to provide EMS to a patient who requires EMS above the skill level of an AEMT is an EMS provider at or above the EMT level, a second EMS provider above the AEMT level and an EMSVO, except that only a two-person ambulance crew is required if the EMSVO is also one of the EMS providers and an EMS provider above the AEMT level is available to attend to the patient during patient transport. Responding ambulance crew members may arrive at the scene separately, but the ambulance shall be fully staffed at or above the minimum staffing level before transporting a patient.

(c) Providing EMS when dispatched with a lower level EMS vehicle crew. If an ALS ambulance and a lower level EMS vehicle crew are dispatched to provide EMS for a patient, the following shall apply:

(1) Upon arrival of an EMS provider from the ALS ambulance crew who is a higher level EMS provider than the highest level EMS provider of the lower level EMS vehicle crew who is present, that EMS provider shall assume primary responsibility for the patient.

(2) If the patient is assessed by the ALS ambulance crew to require EMS above the skill level at which the lower level EMS vehicle crew is operating, and requires transport to a receiving facility, the EMS provider who is responsible for the overall management of the EMS provided to the patient shall decide, consistent with the Statewide EMS protocols, who will transport the patient. An appropriately certified member of the ALS ambulance crew shall attend to the patient during the transport. If the lower level EMS vehicle is used to transport the patient, that EMS provider shall use the equipment and supplies on the lower level EMS vehicle, supplemented with the additional equipment and supplies, including medications, from the ALS ambulance.

(3) If at the scene or during patient transport by the lower level EMS vehicle crew, the EMS provider of the ALS ambulance crew who has assumed primary responsibility for the patient determines that the lower level EMS vehicle crew is operating at the skill level needed to attend to the patient’s...
EMS needs, consistent with the Statewide EMS protocols, that EMS provider may relinquish responsibility for the patient to the lower level EMS vehicle crew.

(d) **Responding to a call for a patient who requires EMS at the AEMT level.** When an ALS ambulance is employed to respond to a call to provide EMS to a patient who requires EMS at the skill level of an AEMT, the staffing and responsibilities of the ambulance crew are the same as set forth in § 1027.34 (relating to intermediate advanced life support ambulance service).

(e) **Responding to a call for a patient who requires EMS below the AEMT level.** When an ALS ambulance is employed to respond to a call to provide EMS to a patient who requires EMS below the skill level of an AEMT, the staffing and the responsibilities of the ambulance crew are the same as set forth in § 1027.33 (relating to basic life support ambulance service).

(f) **Application.** For purposes of this section, the term “lower level EMS vehicle crew” means the EMS vehicle crew of a BLS ambulance, BLS squad vehicle, intermediate ALS ambulance or intermediate ALS squad vehicle.

**Source**

The provisions of this § 1027.35 adopted October 11, 2013, effective April 10, 2014, 43 Pa.B. 6093.

**Cross References**

This section cited in 28 Pa. Code § 1027.42 (relating to water ambulance service).

§ 1027.36. Basic life support squad service.

(a) **Purpose.** A BLS squad vehicle transports EMS providers, along with basic EMS equipment and supplies, to rendezvous with an ambulance crew or to respond prior to the arrival of an ambulance, to provide EMS at or below the AEMT level of care. A BLS squad vehicle may not transport patients.

(b) **Staffing.** The minimum staffing for a BLS squad vehicle crew when responding to a call to provide EMS is an EMS provider at or above the EMT level and an EMSVO, except that only one person is required if the EMSVO is also the EMS provider.

(c) **Providing EMS when dispatched with a higher level ambulance crew.** If a BLS squad vehicle and a higher level ambulance crew are dispatched to provide EMS for a patient, the following shall apply:

1. BLS squad vehicle crew members shall begin providing EMS to the patient at their skill levels until higher level EMS is afforded by the arrival of a higher level EMS provider.

2. Upon the arrival of a higher level ambulance crew, the BLS squad vehicle shall release the patient to be transported by the higher level ambulance crew, consistent with the Statewide EMS protocols, as directed by the EMS provider exercising primary responsibility for the patient.
§ 1027.37. Intermediate advanced life support squad service.

(a) Purpose. An intermediate ALS squad vehicle transports EMS providers at the AEMT level, along with equipment and supplies, to rendezvous with an ambulance crew or to respond prior to the arrival of an ambulance, to provide medical assessment, monitoring, treatment and observation of a patient who requires advanced EMS. An intermediate ALS squad vehicle may not transport patients.

(b) Staffing. The minimum staffing for an intermediate ALS squad vehicle crew when responding to a call to provide EMS is an EMS provider at or above the AEMT level and an EMSVO, except that only one person is required if the EMSVO is also the EMS provider.

(c) Providing EMS when dispatched with a lower level ambulance crew. If an intermediate ALS squad vehicle and a lower level ambulance crew are dispatched to provide EMS for a patient, the following shall apply:

   (1) If the patient is assessed by the intermediate ALS squad vehicle crew to require EMS above the skill level at which the lower level ambulance crew is operating, and requires transport to a receiving facility, an appropriately certified member of the intermediate squad vehicle shall attend to the patient during the transport by the lower level ambulance crew. That EMS provider shall use the equipment and supplies on the lower level ambulance, supplemented with the additional equipment and supplies, including medications, from the intermediate ALS squad vehicle.

   (2) If at the scene or during patient transport by the lower level ambulance crew, the intermediate ALS squad vehicle crew determines that the lower level ambulance crew is operating at the skill level needed to attend to the patient’s needs, consistent with Statewide EMS protocols, the EMS provider of the intermediate ALS squad vehicle who is responsible for the overall management of the EMS provided to the patient may relinquish responsibility for the patient to the lower level ambulance crew.

(d) Providing EMS when dispatched with a higher level ambulance crew. If an intermediate ALS squad vehicle and a higher level ambulance crew are dispatched to provide EMS for a patient, the following shall apply:

   (1) Intermediate ALS squad vehicle crew members shall begin providing EMS to the patient at their skill levels until higher level EMS is afforded by the arrival of a higher level EMS provider.
Upon the arrival of a higher level ambulance crew, the intermediate ALS squad vehicle shall release the patient to be transported by the higher level ambulance crew, consistent with Statewide EMS protocols, as directed by the EMS provider exercising primary responsibility for the patient.

(e) Application. For purposes of this section, the term “lower level ambulance crew” means the ambulance crew of a BLS ambulance. The term “higher level ambulance crew” means the ambulance crew of an ALS ambulance or air ambulance.

Source

§ 1027.38. Advanced life support squad service.
(a) Purpose. An ALS squad vehicle transports EMS providers above the AEMT level, along with equipment and supplies, to rendezvous with an ambulance crew or to respond prior to the arrival of an ambulance, to provide medical assessment, monitoring, treatment and observation of a patient who requires EMS at or above the skill level of an AEMT. An ALS squad vehicle may not transport patients.

(b) Staffing. The minimum staffing for an ALS squad vehicle crew when responding to a call to provide EMS is an EMS provider above the AEMT level and an EMSVO, except that only one person is required if the EMSVO is also the EMS provider.

(c) Providing EMS when dispatched with a lower level ambulance crew. If an ALS squad vehicle and a lower level ambulance crew are dispatched to provide EMS for a patient, the following shall apply:

1. Upon arrival of an EMS provider from the ALS squad vehicle who is a higher level EMS provider than the highest level EMS provider of the lower level ambulance crew who is present, that EMS provider shall assume primary responsibility for the patient.

2. If the patient is assessed by the ALS squad vehicle crew to require EMS above the skill level at which the lower level ambulance crew is operating, and requires transport to a receiving facility, an appropriately certified member of the ALS squad vehicle shall attend to the patient during the transport by the lower level ambulance crew. That EMS provider shall use the equipment and supplies on the lower level ambulance, supplemented with the additional equipment and supplies, including medications, from the ALS squad vehicle.

3. If at the scene or during patient transport by the lower level ambulance crew, the ALS squad vehicle crew determines that the lower level ambulance crew is operating at the skill level needed to attend to the patient’s EMS needs, consistent with the Statewide EMS protocols, the EMS provider of the ALS
squad vehicle who is responsible for the overall management of the EMS provided to the patient may relinquish responsibility for the patient to the lower level ambulance crew.

(d) Application. For purposes of this section, the term “lower level ambulance crew” means the ambulance crew of a BLS ambulance or intermediate ALS ambulance.


(a) Purpose. An EMS agency that operates a critical care transport ambulance service employs one or more ALS ambulances staffed by a crew capable of providing medical assessment, observation, triage, monitoring, treatment and transportation of patients who require EMS at the skill level needed to attend to and transport critically ill or injured patients between receiving facilities.

(b) Staffing. The minimum staffing for a critical care transport crew when responding to a call to provide critical care transport is an EMSVO and two EMS providers above the AEMT level with at least one of the EMS providers being a paramedic, PHPE, PHRN or a PHP who has successfully completed a critical care transport educational program approved by the Department. Provided that one of the EMS providers is a paramedic, PHPE, PHRN or a PHP who has successfully completed a critical care transport educational program approved by the Department, another health care provider or providers may substitute for a second EMS provider above the AEMT level to attend to a patient with special medical needs if the EMS agency has submitted to the Department, and received the Department’s approval, a plan that provides for substitution to attend to the needs of those patients in accordance with the Department-approved protocol the EMS agency has established for its critical care transport service. Responding crew members may arrive at the scene separately, but the ambulance shall be fully staffed at or above the minimum staffing level before transporting a patient.

(c) Transport of critical care patient. During patient transport, two EMS providers who satisfy the minimum EMS provider staffing requirement in subsection (b) shall accompany the patient in the patient compartment of the ambulance and be available to attend to the patient during the transport.

(d) Expanded scope of practice. When providing EMS through a critical care transport ambulance service, the scope of practice of an EMS provider above the AEMT level is expanded. This expansion will include EMS skills and the use of equipment in addition to those included in the EMS provider’s general scope of practice if the EMS provider has received education to perform those skills and use that equipment by having successfully completed a critical care transport educational program approved by the Department. The EMS provider is required...
to be able to document having received that education and to demonstrate competency in the performance of those skills and use of that equipment to the EMS agency medical director. Performance of those skills and use of that equipment by that level of EMS provider will be authorized by the Department as published in a notice in the Pennsylvania Bulletin. An EMS provider shall perform these skills as directed by the Statewide EMS protocols applicable to a critical care transport ambulance service or as otherwise directed by a medical command physician.

Source


§ 1027.40. Air ambulance service.

(a) Purpose. An EMS agency that operates an air ambulance service employs one or more air ambulances staffed by a crew capable of providing medical assessment, observation, triage, monitoring, treatment and transportation of patients who require EMS. An air ambulance should be employed when time to administer definitive care to a patient is of the essence and transportation by air ambulance to a receiving facility able to provide the care is faster than transportation by ground ambulance, or when a patient requires EMS provided by specialized equipment or providers not available on a ground ambulance and the air ambulance can provide this faster than the patient would receive such care at a receiving facility if transported by ground ambulance.

(b) Staffing. The minimum staffing for an air ambulance crew when responding to a call to transport a patient by air ambulance is a pilot and two EMS providers above the AEMT level, with at least one of the EMS providers being a paramedic, PHPE, PHRN or a PHP who has successfully completed an air ambulance transport educational program approved by the Department. Provided that one of the EMS providers is a paramedic, PHPE, PHRN or a PHP who has successfully completed an air ambulance transport educational program approved by the Department, another health care provider or providers may substitute for a second EMS provider above the AEMT level to attend to a patient with special medical needs if the EMS agency has submitted to the Department, and received the Department’s approval of, a plan that provides for substitution to attend to the needs of those patients in accordance with the Department-approved protocol the EMS agency has established for its air ambulance service. Responding crew members may arrive at the scene separately, but the ambulance shall be fully staffed at or above the minimum staffing level before transporting a patient.

(c) Transport of patient. During patient transport, two EMS providers who satisfy the minimum EMS provider staffing requirement in subsection (b) shall accompany the patient in the patient compartment of the ambulance and be available to attend to the patient during the transport.
(d) **Flight requirements.**

1. An EMS agency’s determination regarding whether to accept a flight shall be based solely on availability, weather conditions and safety considerations.

2. The crew of an air ambulance shall apprise the dispatching ground PSAP as soon as practical after receiving a dispatch call, its estimated time of arrival at the scene of the emergency. While the air ambulance is en route to the scene of an emergency, if the crew of the air ambulance believes that the air ambulance and required staff will not be able to arrive at the emergency scene within the estimated time of arrival previously given, the air ambulance crew shall contact the ground PSAP and provide a new estimated time of arrival.

(e) **EMS protocols.** In addition to following the Statewide EMS protocols, an EMS agency that operates an air ambulance service may establish and follow EMS protocols that address EMS not covered by the Department’s EMS protocols, provided those protocols are approved by the Department. To secure that approval, the EMS agency shall submit the proposed protocols to the medical advisory committee of the regional EMS council through which it submitted its application to be licensed as an EMS agency. That medical advisory committee shall assess the appropriateness of the proposed protocols and then forward the proposed protocols to the Department with its recommendations.

(f) **Expanded scope of practice.** When providing EMS through an air ambulance service, the scope of practice of an EMS provider above the AEMT level is expanded. This expansion will include EMS skills and the use of equipment in addition to those included in the EMS provider’s general scope of practice if the EMS provider has received education to perform those skills and use that equipment by having successfully completed an air ambulance transport educational program approved by the Department. The EMS provider is required to be able to document having received that education and to demonstrate competency in the performance of those skills and use of that equipment to the EMS agency medical director. Performance of those skills and use of that equipment by that level of EMS provider will be authorized by the Department as published in a notice in the *Pennsylvania Bulletin*. An EMS provider shall perform these skills as directed by the Statewide EMS protocols applicable to an air ambulance service or as otherwise directed by a medical command physician.

**Source**


§ 1027.41. Special operations EMS services.

(a) **Generally.** A special operations EMS service provides EMS in austere environments that require specialized knowledge, equipment or vehicles to access
a patient or it addresses patient care situations that differ from the routine situations that can be handled by a QRS, ambulance service or squad service, or some combination thereof. Depending upon the type of special operations EMS service and the circumstances presented, a special operations EMS service may be able to meet the EMS needs of the patient by itself, or may need to work with other EMS services to meet the EMS needs of the patient.

(b) Special provisions. The following apply to special operations EMS services:

(1) When providing EMS through a special operations EMS service, an EMS provider’s scope of practice is expanded to include EMS skills and the use of equipment in addition to those included in the EMS provider’s general scope of practice if the EMS provider has received education to perform those skills and use that equipment by having successfully completed a course approved by the Department for that type of special operations EMS service. The EMS provider is required to be able to document having received that education and to demonstrate competency in the performance of those skills and use of that equipment to the EMS agency medical director. Performance of those skills and use of that equipment by that level of EMS provider will be authorized by the Department as published in a notice in the Pennsylvania Bulletin. An EMS provider shall perform these skills as directed by the Statewide EMS protocols applicable to that type of special operations EMS service or as otherwise directed by a medical command physician.

(2) Notwithstanding § 1021.41(a) (relating to EMS patient care reports), when an EMS agency is providing EMS exclusively through a special operations EMS service it shall document patient encounters as follows:

(i) It shall document every patient encounter on a log that includes the minimum information required by the Department as published in a notice in the Pennsylvania Bulletin pertaining to EMS PCR form elements, including documentation required by the Statewide EMS protocols for any patient refusing treatment.

(ii) For any patient transported by ambulance from a special operations EMS incident, it shall complete a written transfer of care form that contains the patient information that is essential for immediate transmission for patient care required under § 1021.41(c), and provide it to the EMS provider on the ambulance who accepts responsibility for the patient.

(iii) For any patient transported by ambulance from a special operations EMS incident who receives EMS from the special operations EMS service exceeding the scope of practice of an EMT, it shall complete an EMS PCR and otherwise comply with § 1021.41.

(iv) For any patient not transported by ambulance who refuses EMS or dies while under the care of a special operations EMS service, the special operations EMS service shall complete an EMS PCR and otherwise comply with § 1021.41.
(3) Notwithstanding § 1027.31(8) (relating to general standards for providing EMS), when an EMS provider at or above the AEMT level is responding as part of a special operations EMS service in a vehicle other than an EMS vehicle, the EMS provider may transport in that vehicle EMS equipment and supplies that an EMT is not authorized to use, provided the EMS agency has adopted policies approved by its EMS agency medical director to ensure the proper storage and security of the equipment and medications, and the EMS provider abides by those policies.

(4) To facilitate the ability of EMS providers to access and move patients, a special operations EMS service may use modes of transportation at the special operations EMS incident site, such as a bike, golf cart or other motorized vehicle, to transport EMS providers and patients.

(c) Tactical EMS service.

(1) Purpose. An EMS agency that provides a tactical EMS service provides EMS support to a law enforcement service to afford a rapid and safe EMS response if a person becomes ill or injured during a tactical law enforcement operation.

(2) Affiliation. To secure and maintain an EMS agency license that authorizes the EMS agency to operate a tactical EMS service, an EMS agency shall demonstrate that it is affiliated with a law enforcement service operated by a government law enforcement agency or a consortium of government law enforcement agencies.

(3) Staffing. An EMS agency that provides a tactical EMS service shall be staffed by at least six EMS providers who are above the AEMT level with a minimum of 2 years of experience as an EMS provider above the AEMT level, and who have completed an educational program approved by the Department on tactical EMS operations. The minimum staff when providing EMS support as a tactical EMS service is two EMS providers who meet these standards. All EMS providers who provide EMS for an EMS agency’s tactical EMS service shall be 21 years of age or older.

(4) Weapons. Notwithstanding § 1027.3(j) (relating to licensure and general operating standards), when an EMS provider is responding to a tactical law enforcement operation as part of a tactical EMS service, the EMS provider may carry weapons and other tactical items as otherwise permitted by law and approved by the affiliated law enforcement agency.

(5) Reporting. The EMS agency shall provide a summary report of a tactical EMS operation response to the regional EMS council assigned to the region in which the tactical EMS service was provided, within 30 days of the tactical EMS operation, on a form or through an electronic process as prescribed by the Department.

(d) Wilderness EMS service.
(1) **Purpose.** An EMS agency that provides a wilderness EMS service provides EMS in the wilderness, backcountry or other wild and uncultivated area to afford an EMS response should a person become ill or injured in that setting.

(2) **Coordination.** To secure and maintain an EMS agency license that authorizes the EMS agency to operate a wilderness EMS service, an EMS agency shall demonstrate that it has coordinated with a local, county or State emergency service or services and responds at their request.

(3) **Staffing.** An EMS agency that provides a wilderness EMS service shall be staffed by at least six EMS providers who have completed an educational program approved by the Department on wilderness EMS operations. The minimum staff when providing EMS as a wilderness EMS service is two EMS providers at or above the EMT level who meet these standards. EMS providers who provide EMS for a wilderness EMS service shall be 18 years of age or older.

(4) **Reporting.** The EMS agency shall provide a summary report of a wilderness EMS operation response to the regional EMS council assigned to the region in which the wilderness EMS service was provided, within 30 days of the wilderness EMS operation, on a form or through an electronic process, as prescribed by the Department.

(e) **Mass-gathering EMS service.**

(1) **Purpose.** An EMS agency that provides a mass-gathering EMS service provides EMS when there is a large gathering of persons under circumstances such as the following:

(i) The number of anticipated participants or spectators would overwhelm normal EMS capabilities for the area or local hospital capabilities.

(ii) The nature of the activity occurring at the mass-gathering site may result in increased risk of injury or illness to spectators or participants.

(iii) Areas where access to normal EMS operations are limited due to factors such as physical/logistical restrictions in access routes, gathering areas and the number of spectators.

(iv) Risk analysis has determined that the site of the mass-gathering could be considered a target of opportunity for terrorist activity.

(2) **Coordination.** To secure and maintain an EMS agency license that authorizes the EMS agency to operate a mass-gathering EMS service, an EMS agency shall demonstrate that it has coordinated with an EMS agency that operates an ambulance service and other local, county or State emergency services.

(3) **Staffing.** An EMS agency that provides mass-gathering EMS service shall be staffed by at least six EMS providers. The minimum staff when providing EMS support as a mass-gathering EMS service is two EMS providers with at least one EMS provider at or above the EMT level.
(4) Reporting. The EMS agency shall provide a summary report of a mass-gathering event at which it provides EMS to the regional EMS council assigned to the region in which the mass-gathering EMS service was provided, within 30 days of the event, on a form or through an electronic process, as prescribed by the Department.

(f) Urban search and rescue EMS service.

(1) Purpose. An EMS agency that provides an urban search and rescue (USAR) EMS service provides EMS at an incident in which patients are entrapped by a structural collapse or other entrapment for an extended period of time.

(2) Coordination. To secure and maintain an EMS agency license that authorizes the EMS agency to operate a USAR EMS service, an EMS agency shall demonstrate that it has coordinated with a local, county or State emergency service or services and responds at their request.

(3) Staffing. An EMS agency that provides a USAR EMS service shall be staffed by at least six EMS providers above the level of AEMT who have completed an educational program approved by the Department on USAR EMS operations. The minimum staff when providing EMS as a USAR EMS service is two EMS providers above the AEMT level who meet these standards. EMS providers who provide EMS for a USAR EMS service shall be 18 years of age or older.

(4) Reporting. The EMS agency shall provide a summary report of a USAR EMS operation response to the regional EMS council assigned to the region in which the USAR EMS service was provided, within 30 days of the USAR EMS operation, on a form or through an electronic process, as prescribed by the Department.

(g) Extraordinary applications. An EMS agency or an applicant for an EMS agency license may apply to operate under its license a type of special operations EMS service that is not addressed in this chapter. The Department will address each request on an individual basis. It will grant, conditionally grant or deny the request as it deems appropriate to protect the public interest. An EMS agency granted authorization to conduct a special operations EMS service under this subsection shall be subject to any later adopted regulations that apply to that type of special operations EMS service.

(h) Construction. This section enables an EMS agency that has been licensed to provide a special operations EMS service to hold itself out as being licensed to provide that service and to provide that service in accordance with the requirements in this section. It does not require an EMS agency to be licensed to conduct a special operations EMS service to respond to a call requesting EMS under circumstances in which a special operations EMS service would be appropriate.
§ 1027.42. Water ambulance service.

(a) Generally. An EMS agency that operates a water ambulance service employs one or more water ambulances staffed by an ambulance crew capable of providing medical assessment, observation, triage, monitoring, treatment and transportation of patients who require EMS.

(b) Application. The requirements for ambulances, EMS agencies and EMS vehicles under this subpart apply to water ambulance services except as otherwise provided in this subpart.

(c) Specific provisions.

1. A BLS water ambulance service shall meet the requirements of § 1027.33 (relating to basic life support ambulance service).

2. An intermediate ALS water ambulance service shall meet the requirements of § 1027.34 (relating to intermediate advanced life support ambulance service).

3. An ALS water ambulance service shall meet the requirements of § 1027.35 (relating to advanced life support ambulance service).

(d) EMSVOs. Notwithstanding subsection (c), the minimum staffing standards for a water ambulance service do not include an EMSVO.

Source


Subchapter C. MISCELLANEOUS

Sec.
1027.51. Stretcher and wheelchair vehicles.
1027.52. Out-of-State providers.

§ 1027.51. Stretcher and wheelchair vehicles.

(a) Stretcher vehicle. A stretcher vehicle is a ground vehicle, other than an ambulance, that is commercially used to transport by stretcher a person who does not receive and cannot reasonably be anticipated to require medical assessment, monitoring, treatment or observation by EMS providers during transport, but who, due to the person’s condition, requires vehicle transportation on a stretcher or in a wheelchair.

(b) Wheelchair vehicle. A wheelchair vehicle is a ground vehicle, other than an ambulance, that is commercially used to transport by wheelchair a person who does not receive and cannot reasonably be anticipated to require medical assess-
ment, monitoring, treatment or observation by EMS providers during transport, but who, due to the person’s condition, requires vehicle transportation on a stretcher or in a wheelchair.

(c) **Prohibition.** An entity may not operate a stretcher or wheelchair vehicle to transport a person who the entity knows or should reasonably know requires medical assessment, monitoring, treatment or observation during transport.

§ 1027.52. Out-of-State providers.

(a) An entity located or headquartered outside of this Commonwealth, that is not licensed as an EMS agency by the Department, may not engage in the business of providing EMS to patients within this Commonwealth except when dispatched by a PSAP to provide EMS. This is to occur only when a PSAP determines that an EMS agency is unable to respond within a reasonable time or its response is not sufficient to deal with the emergency.

(b) An entity located or headquartered outside of this Commonwealth that is not licensed as an EMS agency by the Department, may provide EMS to patients when transporting them from locations outside this Commonwealth to locations within this Commonwealth.

(c) An entity located or headquartered outside this Commonwealth, which is not an agency of the Federal government, needs to be licensed as an EMS agency by the Department to provide EMS to patients within this Commonwealth other than as described in subsections (a) and (b).

**Source**

The provisions of this § 1027.52 adopted October 11, 2013, effective April 10, 2014, 43 Pa.B. 6093.