

EDDIE BAZA CALVO
Governor



RAY TENORIO
Lieutenant Governor

Office of the Governor of Guam

November 23, 2011

Honorable Judith T. Won Pat, Ed.D.
Speaker
I Mina'trentai Unu Na Liheslaturan Guåhan
155 Hesler Street
Hagåtña, Guam 96910

31-11-1178
Office of the Speaker
Judith T. Won Pat, Ed. D.
Date 11/28/11
Time 2:08 PM
Received by [Signature]

Dear Madame Speaker:

Transmitted herewith is Bill No. 339-31 (COR) "AN ACT TO AMEND CHAPTER 84 OF DIVISION 4, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO THE ESTABLISHMENT, PROMOTION, AND MAINTENANCE OF A COMPREHENSIVE GUAM EMERGENCY MEDICAL AND AMBULANCE SERVICES SYSTEM", which I signed into law on November 17, 2011 as **Public Law 31-146**.

Senseramente,


EDDIE BAZA CALVO

2011 11/20/11 08:27 - [Signature]

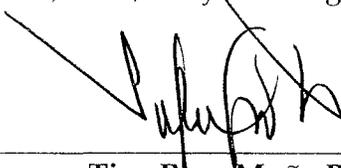
Attachment: copy of Bill

1138

I MINA'TRENTAI UNU NA LIHESLATURAN GUÅHAN
2011 (FIRST) Regular Session

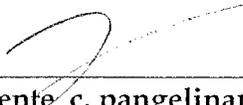
CERTIFICATION OF PASSAGE OF AN ACT TO I MAGA'LAHEN GUÅHAN

This is to certify that Substitute Bill No. 339-31 (COR), "AN ACT TO AMEND CHAPTER 84 OF DIVISION 4, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO THE ESTABLISHMENT, PROMOTION, AND MAINTENANCE OF A COMPREHENSIVE GUAM EMERGENCY MEDICAL AND AMBULANCE SERVICES SYSTEM," was on the 8th day of November, 2011, duly and regularly passed.



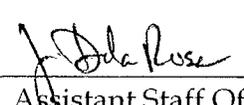
Tina Rose Muña Barnes
Acting Speaker

Attested:



vicente c. pangelinan
Acting Legislative Secretary

This Act was received by *I Maga'lahaen Guåhan* this 14th day of Nov., 2011, at 3:45 o'clock P. M.



Assistant Staff Officer
Maga'laha's Office

APPROVED:



EDWARD J.B. CALVO
I Maga'lahaen Guåhan

Date: NOV 17 2011

Public Law No. 31-1146

I MINA'TRENTAI UNU NA LIHESLATURAN GUÅHAN
2011 (FIRST) Regular Session

Bill No. 339-31 (COR)

As substituted by Committee on Health & Human Services,
Senior Citizens, Economic Development, and Election Reform;
and amended on the Floor.

Introduced by:

Dennis G. Rodriguez, Jr.
M. Silva Taijeron
Adolpho B. Palacios, Sr.
R. J. Respicio
Sam Mabini, Ph.D.
T. C. Ada
V. Anthony Ada
F. F. Blas, Jr.
Chris M. Dueñas
B. J.F. Cruz
Judith P. Guthertz, DPA
T. R. Muña Barnes
v. c. pangelinan
Aline A. Yamashita, Ph.D.
Judith T. Won Pat, Ed.D.

**AN ACT TO *AMEND* CHAPTER 84 OF DIVISION 4,
TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO
THE ESTABLISHMENT, PROMOTION, AND
MAINTENANCE OF A COMPREHENSIVE GUAM
EMERGENCY MEDICAL AND AMBULANCE
SERVICES SYSTEM.**

1 **BE IT ENACTED BY THE PEOPLE OF GUAM:**

2 **Section 1. Legislative Findings and Intent.** *I Liheslaturan Guåhan* finds
3 that the existing statute relative to Emergency Medical Services, as provided
4 pursuant to Chapter 84, Division 4, Title 10, Guam Code Annotated, requires
5 significant amendments so as to update and bring current with national standards

1 the provision of emergency medical and ambulance services for the people of
2 Guam.

3 Chapter 84 of Title 10, Guam Code Annotated, was established by the 14th
4 Guam Legislature, and subsequently expanded in scope and amended by the 27th
5 Guam Legislature. Additional provisions requiring the promulgation of rules and
6 regulations by the Emergency Medical Services Commission were added by the
7 23rd Guam Legislature. During this period, the level of professional training and
8 qualifications required in order to render services by emergency response
9 personnel has increased significantly nationwide. Guam's regulations, however,
10 have remained dormant and not kept pace with advancing national standards. *I*
11 *Liheslaturan Guåhan* finds that the level of participation by private ambulance
12 services for both public and private medical facilities has also increased
13 nationwide. Today, many municipalities have entirely outsourced their ambulance
14 requirements to private companies. This use of private ambulance services has
15 necessitated the development of comprehensive standards to be utilized so as to
16 assure a consistent uniform level of emergency response services.

17 Guam, however, has continued to rely solely upon government operated
18 emergency services, as currently provided by the Guam Fire Department. Through
19 no fault of the dedicated GFD personnel, the Department has continued to
20 encounter problems in the rendering of services directly due to the shortage of
21 ambulances, and the inability to maintain them. *I Liheslatura* takes due note of the
22 successful public-private relationships in numerous municipalities, where part or
23 all of the services are directly operated by private entities, with appropriate
24 government coordination and regulation. In order to accomplish this for Guam,
25 appropriate, modern rules and regulations must be enacted. Towards this end, and
26 pursuant to §84118, Title 10 GCA, as enacted by the 23rd Guam Legislature, the
27 Emergency Medical Services Commission has been developing comprehensive

1 rules and regulations, in keeping with national standards, and thus would allow for
2 the use of both government and private emergency response services island-wide,
3 consistently operating under the same standards, and possessing the same
4 professional qualifications. Participation in this endeavor has included both
5 government and private stakeholders. It is their work product that this Act seeks to
6 implement.

7 Further, with the upcoming development of a new private hospital, as well
8 as the growing number of urgent care centers, it is even more imperative that
9 Guam's private medical facilities be able to directly utilize emergency response
10 services on Guam's roads in their provision of emergency health care for the
11 people of Guam. At this time, private ambulance services regularly transport
12 patients from their homes to various medical facilities for treatment. However, in
13 the event a patient, whose health may already be severely challenged, goes into a
14 critical state requiring prompt medical attention, the ambulance service cannot
15 quickly proceed "in-code" utilizing emergency flashing lights and sirens. Nor do
16 they have direct electronic contact with GFD or GMH to coordinate their
17 emergency travel upon public roads, as well as professionally directed medical
18 treatment, as instructed by the GMH emergency physician during transport.
19 Currently, the private ambulance calls for a GFD ambulance, into which the patient
20 is transferred, and subsequently transported to GMH. This results in a significant
21 delay in the patient receiving the desperately needed medical attention.

22 It is the intent of *I Liheslaturan Guåhan* to adopt rules and regulations that
23 will (1) raise the quality of both public and private emergency medical response
24 services, and (2) provide for safe partnerships between the government of Guam
25 and private ambulance companies, because they all would be required to operate
26 pursuant to uniform standards.

1 § 84121. Guam Enhanced/NextGen Emergency 911 Telephone
2 System.

3 § 84122. Division of EMS.

4 **SOURCE:** Chapter added by P.L. 14-11. Further added by P.L. 23-77:9-10.

5 **§ 84101. Intent.** *I Liheslaturan Guåhan* hereby declares that:

6 (a) the provision of emergency medical services is a matter
7 of vital concern affecting the public health, safety and welfare of the
8 people of Guam;

9 (b) it is the purpose and intent of this Chapter to establish,
10 promote and maintain a comprehensive emergency medical services
11 system throughout Guam. The system will provide for the
12 arrangement of personnel, facilities, and equipment for the effective
13 and coordinated delivery of health care services under emergency
14 conditions, whether occurring as the result of a patient's condition or
15 of natural disasters or other causes. The system *shall* also provide for
16 personnel, personnel training, communications, emergency
17 transportation, facilities, coordination with emergency medical and
18 critical care services, coordination and use of available public safety
19 agencies, promotion of consumer participation, accessibility to care,
20 mandatory standard medical recordkeeping, consumer information
21 and education, independent review and evaluation, disaster linkage,
22 mutual aid agreements, and other components necessary to meet the
23 purposes of this Chapter. Further, it is the policy of the government
24 of Guam that people *shall* be encouraged and trained to assist others at
25 the scene of a medical emergency. The local government, agencies,
26 and other organizations *shall* be encouraged to offer training in
27 cardiopulmonary resuscitation and lifesaving first aid techniques so

1 that people may be adequately trained, prepared, and encouraged to
2 assist others immediately;

3 (c) it is the intent of *I Liheslatura* to assure the island
4 community that prompt, efficient and effective emergency medical
5 services will be provided as mandated by Public Law 17-78, §72105
6 which states that the Guam Fire Department *shall* have the authority
7 and responsibility of operating an emergency medical and rescue
8 services system. Therefore, *I Liheslatura* recognizes the Guam Fire
9 Department in its role as the designated central agency for the overall
10 operation of the island's enhanced 911 emergency medical services
11 system. Furthermore, *I Liheslatura* finds that in order for the Guam
12 Fire Department to provide prompt, efficient and effective quality
13 emergency medical care, coordination between EMS agencies and the
14 EMS Commission is a key element in a functioning EMS System; and

15 (d) it is the intent of *I Liheslatura* in enacting this Chapter to
16 prescribe and exercise the degree of government of Guam direction
17 and supervision over emergency medical services as will provide for
18 the government of Guam action immunity under federal antitrust laws
19 for activities undertaken by local governmental entities in carrying out
20 their prescribed functions under this Chapter.

21 **§ 84102. Definitions.**

22 *Unless* the context otherwise requires, the definitions contained in this
23 Chapter *shall* govern the provisions of this Commission:

24 (a) *Emergency medical service* means a service designated
25 by the Commission as providing emergency medical assistance on the
26 scene, enroute, and at designated emergency medical services
27 facilities.

1 (b) *Administrator* means the Administrator, or his/her
2 designee, of the Guam Emergency Medical Services Administrative
3 Office created under this Chapter.

4 (c) *Advanced life support or “ALS”* for ambulance services,
5 means special services designed to provide definitive pre-hospital
6 emergency medical care, including, but *not* limited to,
7 cardiopulmonary resuscitation, cardiac monitoring, cardiac
8 defibrillation, advanced airway management, intravenous therapy,
9 administration of specified drugs and other medicinal preparations,
10 and other specified techniques and procedures administered by
11 authorized personnel under the direct supervision of a hospital as part
12 of a local EMS system at the scene of an emergency, during transport
13 to an acute care hospital, during interfacility transfer, and while in the
14 emergency department of an acute care hospital, until responsibility is
15 assumed by the emergency or other medical staff of that hospital.

16 (d) *Authority* means the Emergency Medical Services
17 authority established by this Chapter.

18 (e) *Basic life support* or “BLS” means emergency first aid
19 and cardiopulmonary resuscitation procedures which, as a minimum,
20 include recognizing respiratory and cardiac arrest and starting the
21 proper application of cardiopulmonary resuscitation to maintain life
22 without invasive techniques until the victim may be transported or
23 until advanced life support is available.

24 (f) *Commission* means the Guam Emergency Medical
25 Services Commission created under this Chapter.

26 (g) *Cardiopulmonary resuscitation* or “CPR” means the
27 combination of rescue breathing and chest compressions used to

1 establish adequate ventilation and circulation in a patient who is not
2 breathing and has no pulse.

3 (h) **Disaster situation** includes “mass casualties”, “national
4 emergency”, “natural disaster”, or person-caused disaster.

5 (i) **A mass casualty** means so many persons being injured,
6 incapacitated, made ill, or killed that ordinary resources for
7 emergency treatment are strained beyond capacity.

8 (j) **Medical direction on-line** means advice, assistance,
9 supervision, and control provided from a state designated regional
10 medical facility staffed by emergency physicians supplying
11 professional support through radio, telephonic, or any written or oral
12 communication for on-site and in- transit basic and advanced life
13 support services given by pre-hospital field personnel.

14 (k) **Emergency patient** means an individual who is acutely
15 ill, injured, incapacitated or helpless, and who requires emergency
16 care.

17 (l) **Ambulance** means any privately or publicly owned
18 ground motor vehicle, watercraft, or aircraft that is specially designed,
19 constructed, equipped and approved pursuant to the Guam EMS
20 Office regulations intended to be used for and maintained or operated
21 for the transportation of patients with medical conditions unable to use
22 other means of transportation, *except* any such ground motor vehicle,
23 watercraft, or aircraft owned or operated under the direct control of
24 the United States.

25 (m) **Emergency ambulance services** means the transportation
26 of emergency medical services to emergency patients before or during
27 such transportation.

1 (n) *Ambulance service* means an individual, partnership,
2 association, corporation, private or government, whether for profit or
3 not, engaged in the activity of providing emergency medical care and
4 the transportation of either emergency or nonemergency sick, injured,
5 or otherwise medically or psychologically incapacitated individuals
6 by ambulances staffed by BLS or ALS personnel to, from, or between
7 general hospitals or other healthcare facilities.

8 (o) *Emergency Medical Technician-Basic* means someone
9 who has a valid certificate issued by the Guam Office of EMS, who
10 has been trained in all facets of basic emergency care skills, including
11 automated external defibrillation, use of a definitive airway adjunct,
12 and assisting patients with certain medications, and other training and
13 certifications as required by the EMS Administrator under this
14 Chapter.

15 (p) *Emergency medical service facility* means a facility that
16 is certified and operated under the laws of Guam, and is equipped,
17 prepared, and staffed to provide medical care for emergency patients
18 appropriate to its classification.

19 (q) *Person* means any natural person or persons, firm,
20 partnership, corporation, company, association or joint stock
21 association, and the legal successors thereof, including any
22 governmental agency or instrumentality other than an agency or
23 instrumentality of the United States.

24 (r) *Emergency Medical Technician Paramedic (EMT-P)*
25 means an individual who holds a current, valid certificate issued by
26 the Office of EMS, who has extensive training in advanced life
27 support, including IV (intravenous) therapy, pharmacology, cardiac

1 monitoring, and other advanced assessment and treatment skills as
2 required by the EMS Administrator.

3 (s) ***Emergency Medical Technician Intermediate (EMT-I)***
4 means an individual who holds a current, valid certificate issued by
5 the Office of EMS, who has training in advanced life support,
6 including IV (intravenous) therapy, interpretation of cardiac rhythms
7 and defibrillation and or tracheal intubation, whose scope of practice
8 is to provide advanced life support, and who meets specialized
9 extensive training in advance assessment and treatment skills as
10 required by the EMS Administrator.

11 (t) ***Emergency Medical Responder*** means the first trained
12 individual, such as police officer, firefighter, lifeguard, or other
13 rescuer, to arrive at the scene of an emergency to provide initial
14 medical assistance.

15 (u) ***Certificate or Certification*** (1) *Certificate* or *license*
16 means a specific document issued by the Administrator to an
17 individual denoting competence in the named area of pre-hospital
18 service either paid or volunteer; (2) *Certification status* or *license*
19 *status* means the active, expired, denied, suspended, revoked, or
20 placed on probation designation applied to a certificate or license
21 issued pursuant to this Chapter; (3) *Certification* is a process in which
22 a person, an institution, or a program is evaluated and recognized as
23 meeting certain predetermined standards to provide safe and ethical
24 care.

25 (v) ***Competency based curriculum*** means a curriculum in
26 which specific objectives are defined for each process in which a
27 person, an institution, or a program is evaluated and recognized as

1 meeting predetermined standards of the separate skills taught in
2 training programs with integrated didactic and practical instruction
3 and successful completion of an examination demonstrating mastery
4 of every skill.

5 (w) ***Designated facility*** means a hospital and/or urgent care
6 clinic, which has been designated by a local EMS agency to perform
7 specified emergency medical services systems functions pursuant to
8 guidelines established by the Authority.

9 (x) ***Emergency Medical Services Personnel*** means
10 personnel approved by the Administrator to provide emergency
11 medical assistance on the scene, enroute, and at designated emergency
12 medical services facilities.

13 (y) ***Emergency*** means a serious condition or situation, such
14 as illness or injury, in which an individual or group has a need for
15 immediate medical attention that threatens the life or welfare of a
16 person or group of people and requires immediate intervention, or
17 where the potential for such need is perceived by emergency medical
18 personnel or a public safety agency.

19 (z) ***Emergency Medical Services System*** means a collective
20 system which provides the coordination and arrangement of
21 personnel, facilities, regulations, and equipment for the effective and
22 coordinated delivery of efficient and effective quality emergency
23 medical care.

24 (aa) ***EMS Medical Director*** means a Guam licensed
25 physician who provides overall medical direction for the Emergency
26 Medical Services System.

1 (bb) *Commercial Ambulance Service* means a non-
2 governmental ambulance service.

3 (cc) *Treatment Protocol* means written guidelines (also
4 known as *Off-line Medical Direction*) approved by the Medical
5 Director providing pre-hospital personnel with a standardized
6 approach to commonly encountered patient problems that is related to
7 medical or trauma, thus encountering immediate care.

8 (dd) *Compliance to Protocol shall* mean the adherence to the
9 written text or scripts, and other processes within the approved
10 emergency medical dispatch protocol reference system, *except* that,
11 deviation from the text or script may *only* occur for the express
12 purpose of clarifying the meaning or intent of a question or facilitating
13 the clear understanding of a required action, instruction, or response
14 from the caller.

15 (ee) *Continuing Education shall* mean educational
16 experiences in accordance with guidelines, regulations, law, policies
17 and or requirements as established by the Department of
18 Transportation, the National Highway Traffic Safety Administration,
19 the Emergency Medical Dispatch National Standard Curriculum,
20 and/or other U.S. Accredited Institutions of Learning.

21 (ff) *Emergency Medical Dispatcher-E911 Call Taker* means
22 an individual trained and certified by the Guam Office of EMS
23 employed by or in the Guam Fire Department, or private organization,
24 either part-time or full-time, who manages the answering of
25 emergency telephone calls and/or management of requests for
26 emergency medical assistance in an emergency medical services
27 (EMS) system. It involves two (2) broad aspects of work: call-taking,

1 where calls for emergency medical assistance are received and
2 prioritized using a medically approved dispatch protocol system
3 utilizing pre-arrival instructions; and controlling where the most
4 appropriate ambulance is dispatched to the emergency and ambulance
5 resources are optimized in their areas of operations.

6 (gg) *First Responder* means those individuals who in the
7 early stages of an incident are responsible for the protection and
8 preservation of life, property, evidence, and the environment,
9 including emergency response providers as defined in Section 2 of the
10 Homeland Security Act of 2002 (6 U.S.C. 101), as well as emergency
11 management, public health, clinical care, public works, and other
12 skilled support personnel (such as equipment operators) that provide
13 immediate support services during prevention, response, and recovery
14 operations.

15 *First Responder Homeland Security Act of 2002* refers to
16 “Emergency response providers”, and includes, federal, state, and
17 local government emergency public safety, law enforcement,
18 emergency response, emergency medical, and related personnel,
19 agencies, and authorities.

20 (hh) *Non-medical Transport Services* means transportation
21 that is provided in non-medical and non-emergent situations to people
22 who do *not* require medical attention, e.g. para-transits, vans with
23 wheelchair access, and passenger service vehicles.

24 (ii) *Basic Life Support Ground Transport Services* means
25 transportation that is provided in a non-emergent situation to people
26 who require special medical monitoring and support.

1 (jj) *Basic Life Support Emergency Ambulance Services*
2 means transportation that is provided where medical necessity is
3 established when the patient's condition is such that use of any other
4 method of transportation is contraindicated.

5 (kk) *Training Service Provider* means an organization or
6 higher learning institution providing training to the public or person
7 on EMR, EMT-B and CPR that has an approved certification process
8 approved by the EMS Administrator from DPHSS Office of EMS. All
9 competency based curriculum must contain specific objectives
10 defined for each process in which a person, an institution, or a
11 program is evaluated and recognized as meeting predetermined
12 standards of the separate skills taught in training programs with
13 integrated didactic and practical instruction and successful completion
14 of an examination demonstrating mastery of every skill, which must
15 be approved by the EMS Administrator of the DPHSS Office of EMS.

16 (ll) *EMSC Program* means the Emergency Medical Services
17 for Children Program.

18 **§ 84103. Guam Emergency Medical Services Administrative**
19 **Office.**

20 There is hereby created, within the Department of Public Health and
21 Social Services, a Guam Emergency Medical Services Administrative Office
22 called the Office of Emergency Medical Services (Office of EMS). The
23 Office shall plan, establish, implement, administer, maintain and evaluate
24 the Guam comprehensive emergency medical services system to serve the
25 emergency health needs of the people of Guam in an organized pattern of
26 readiness and response services based on public and private agreements and
27 operational procedures. The Office, in the implementation of this part of the

1 plan, will coordinate, and provide assistance to all entities and agencies,
2 public and private, involved in the EMS system. All emergency medical
3 services, ambulance services, and private non-emergent transport services
4 conducted are under the authority of the Office of EMS, and *shall* be
5 consistent with this Chapter.

6 The Office of EMS *shall* be responsible for the implementation of advanced
7 life support systems, limited advanced life support systems, and for the
8 monitoring of training programs. The Office of EMS *shall* be responsible for
9 determining that the operation of training programs at the Emergency Medical
10 Responder (EMR), Emergency Medical Technician-Basic (EMT-B),
11 Emergency Medical Technician-Intermediate/Advance (EMT-(I)(A), Advance
12 Life Support (ALS) and Emergency Medical Technician-Paramedic (EMT-P)
13 levels are in compliance with this Chapter, and *shall* approve the training
14 programs if they are found to be in compliance with this Chapter.

15 **§ 84104. Administration.**

16 (a) Commission Membership. The Administrator of the Office of
17 EMS *shall* at each EMS Commission meeting report to the Commission its
18 observations and recommendations relative to its review of the ambulance
19 services, emergency medical care, and first aid practices, and programs for
20 training people in cardiopulmonary resuscitation and lifesaving first aid
21 techniques, and public participation in such programs on all matters relating
22 to emergency medical services as directed by the EMS Commission.

23 **§ 84105. The Office of EMS Administrative Office:
24 Composition; Duties, and Responsibilities.**

25 The Office of EMS Administrative Office *shall* be composed of a full-
26 time salaried Administrator and sufficient supporting staff to efficiently

1 fulfill the purpose of the emergency medical services system. The
2 Administrator *shall*:

3 (a) implement emergency medical services regulations and
4 standards;

5 (b) develop and promote, in cooperation with local public
6 and private organizations and persons, a Program for the provision of
7 emergency medical services and to set policies for the provision of
8 such services. The Administrator *shall* explore the possibility of
9 coordinating emergency medical services with like services in the
10 military, the Commonwealth of the Northern Marianas Islands, the
11 Federated States of Micronesia, and the Republic of Palau;

12 (c) assess all current emergency medical services capability
13 and performance, and the established programs, to remedy identified
14 deficiencies through the development and periodic revision of a
15 Comprehensive Plan for emergency medical services. The Plan *shall*
16 include, but *not* be limited to:

17 (1) emergency medical services personnel and
18 training;

19 (2) emergency medical services facilities assessment ;

20 (3) emergency medical services transportation and
21 related equipment;

22 (4) telecommunications and communications;

23 (5) interagency coordination and cooperation;

24 (6) system organization and management;

25 (7) data collection, and management and evaluation;

26 (8) public information and education; and

27 (9) disaster response.

1 (d) the Office of EMS *shall* develop planning and
2 implementation guidelines for emergency medical services systems
3 which address the components stated, and to establish programs to
4 remedy identified deficiencies through the development and periodic
5 revision of a Comprehensive Plan for emergency medical services.
6 The guidelines *shall* include, but *not* be limited to, the following:

7 (1) emergency medical services personnel and
8 training;

9 (2) emergency medical services facilities assessment ;

10 (3) emergency medical services transportation and
11 related equipment;

12 (4) telecommunications and communications;

13 (5) interagency coordination and cooperation;

14 (6) system organization and management;

15 (7) data collection, and management and evaluation;

16 (8) public information and education; and

17 (9) disaster response.

18 (e) develop emergency medical services regulations and
19 standards emergency medical services facilities, personnel,
20 equipment, supplies and communications facilities and locations as
21 may be required to establish and maintain an adequate system of
22 emergency medical services;

23 (f) the Office of EMS *shall* provide technical assistance for
24 the coordination and approval of training to existing agencies,
25 organizations and private entities for the purpose of developing the
26 components of implementing emergency medical services described
27 in this Chapter;

1 (g) the Office of EMS *shall* be responsible for determining
2 that the operation of training programs at the EMR, EMT-B, EMT-I,
3 ALS and EMT-P levels are in compliance with this Chapter, and *shall*
4 review and approve curricula and syllabi of training courses or
5 programs offered to EMS personnel who provide basic, intermediate,
6 and advanced emergency medical services; consult with the Guam
7 Community College, the Guam Fire Department Training Center, and
8 any training service provider or professional organization that
9 provides emergency medical services training for basic, intermediate,
10 advanced life support and paramedic;

11 (h) establish and maintain standards for emergency medical
12 services course instructor qualifications and requirements for
13 emergency medical services training facilities, instructors and
14 competency based curriculum;

15 (i) collect and evaluate data for the continued evaluation of
16 the Guam EMS System through a quality improvement program;

17 (j) coordinate emergency medical resources, such as
18 Disaster Teams comprised of EMR's, EMT-B, EMT-I, EMT-P and
19 Licensed Registered Nurses employed by the government of Guam
20 agencies, and the allocation of the Guam EMS System's services and
21 facilities in the event of mass casualties, natural disasters, national
22 emergencies, and other emergencies, ensuring linkage to local and
23 national disaster plans, and participation in exercise to test these
24 plans;

25 (k) implement public information and education programs to
26 inform the public of the Guam EMS System and its use, and
27 disseminate other emergency medical information, including

1 appropriate methods of medical self-help and first-aid training
2 programs on the island;

3 (l) collaborate with the Emergency Medical Services
4 Commission on matters pertaining to the implementation of this
5 Chapter;

6 (m) develop an effective emergency medical services
7 communication system in cooperation with concerned public and
8 private organizations and persons. The communication system *shall*
9 include, but is *not* limited to:

10 (1) programs aimed at locating accidents and acute
11 illnesses on and off the roadways and directly reporting such
12 information to the responding agency;

13 (2) direct ambulance communication with the
14 emergency medical services facility;

15 (3) minimum standards and regulations on
16 communication for all appropriate medical components;

17 (4) assist in the development of an enhanced 911
18 emergency telephone system; and

19 (5) establish the standards and provide training for
20 dispatchers in the EMS System, and maintain a program of
21 quality improvement for dispatch equipment and operations;

22 (n) regulate, inspect, certify, and re-certify emergency
23 medical services facilities, personnel, equipment, supplies,
24 ambulances, advanced life support vehicles, ambulance, emergency
25 ambulance services, private non-emergent medical transport vehicle
26 providers, private communications facilities and locations engaged in
27 providing emergency medical services under this Chapter;

1 (o) the Office of EMS may contract for the provision of
2 emergency medical services or any necessary component of an
3 emergency medical services system;

4 (p) establish rules and regulations for the contract of, use,
5 license, standards, liability, equipment and supplies, personnel
6 certifications and revocation or suspension processes for ambulance
7 service, emergency ambulance service and private non-emergent
8 medical transport vehicle;

9 (q) establish criteria necessary to maintain certification as
10 emergency medical services personnel which *shall* include, but *not* be
11 limited to, the following:

12 (1) a formal program of continuing education;

13 (2) minimum period of service as emergency medical
14 services personnel; and

15 (3) re-certification at regular intervals, which *shall*
16 include a performance examination and may include written
17 examinations and skills proficiency exam;

18 (r) apply for, receive, and accept gifts, bequests, grants-in-
19 aid, and Federal aid, and other forms of financial assistance to carry
20 out this Chapter;

21 (s) prepare budgets, maintain fiscal integrity and disburse
22 funds for emergency medical services;

23 (t) establish a schedule of fees to provide courses of
24 instruction and training for certification and/or recertification in an
25 amount sufficient to cover the reasonable costs of administering the
26 certification and/or recertification provisions of the Office of EMS.

1 (1) The EMS Commission *shall* annually evaluate fees
2 to determine if the fee is sufficient to fund the actual costs of
3 the Office of EMS Certification and/or Recertification program.
4 If the evaluation shows that the fees are excessive or are
5 insufficient to fund the actual costs of these programs, then the
6 fees will be adjusted accordingly. Any funds appropriated *shall*
7 *not* be subject to I *Maga'lahaen Guåhan's* transfer authority and
8 all monies not used in the fiscal year will be rolled over into the
9 next fiscal year;

10 (u) promote programs for the education of the general public
11 in first aid and emergency medical services;

12 (v) the Office of EMS *shall*, consistent with such plan,
13 coordinate and otherwise facilitate arrangements necessary to develop
14 the emergency medical services system;

15 (w) the Office of EMS will submit requests for grants for
16 federal, state, or private funds concerning emergency medical services
17 or related activities in its EMS area.

18 (x) the Office of EMS *shall* submit reports quarterly to the
19 EMS Commission of its review on the operations of each of the
20 following:

- 21 (1) ambulance services operating within Guam; and
22 (2) emergency medical care offered within Guam,
23 including programs for training large numbers of people in
24 cardiopulmonary resuscitation and lifesaving first aid
25 techniques;

1 (y) the Office of EMS may assist in the implementation of
2 Guam's poison information program, including the provision of the
3 Guam Memorial Hospital Authority's Poison Center;

4 (z) establish and maintain standards for emergency medical
5 services course instructor qualifications and requirements for
6 emergency medical services training facilities; and

7 (aa) the Office of EMS will develop and incorporate an
8 EMSC Program in the Guam EMS Plan. The EMSC component *shall*
9 include, but *not* be limited to, the following:

10 (1) EMSC system planning, implementation, and
11 management;

12 (2) injury and illness prevention planning, that
13 includes, among other things, coordination, education, and data
14 collection;

15 (3) care rendered to patients outside the hospital;

16 (4) emergency department care;

17 (5) interfacility consultation, transfer, and transport;

18 (6) pediatric critical care and pediatric trauma
19 services;

20 (7) general trauma centers with pediatric
21 considerations;

22 (8) pediatric rehabilitation plans that include, among
23 other things, data collection and evaluation, education on early
24 detection of need for referral, and proper referral of pediatric
25 patients;

26 (9) children with special EMS needs outside the
27 hospital;

1 (10) information management and system evaluation;

2 (11) employ or contract with professional, technical,
3 research, and clerical staff as necessary to implement this
4 program;

5 (12) provide advice and technical assistance to local
6 EMS partners on the integration of an EMSC Program into their
7 EMS system;

8 (13) oversee implementation of the EMSC Program by
9 local EMS agencies;

10 (14) establish an EMSC technical advisory committee;

11 (15) facilitate cooperative interstate relationships to
12 provide appropriate care for pediatric patients who must travel
13 abroad to receive emergency and critical care services;

14 (16) work cooperatively and in a coordinated manner
15 with the Department of Public Health & Social Services, and
16 other public and private agencies, in the development of
17 standards and policies for the delivery of emergency and critical
18 care services to children;

19 (17) produce a report for the Guam EMS Commission
20 describing any progress on implementation of this Chapter. The
21 report *shall* contain, but *not* be limited to, a description of the
22 status of emergency medical services for children, the
23 recommendation for training, protocols, and special medical
24 equipment for emergency services for children, an estimate of
25 the costs and benefits of the services and programs authorized
26 by this Chapter, and a calculation of the number of children
27 served by the EMSC system.

1 **§ 84106. Guam Emergency Medical Services Commission.**

2 There is hereby created a Guam Emergency Medical Services
3 Commission which *shall* have the power to make regulations, not
4 inconsistent with the provisions of this Chapter, and amend or repeal them,
5 as it deems necessary to carry out the intent of the provisions of this Chapter
6 and to enable it to exercise the powers and perform the duties conferred
7 upon it on all matters relating to the Guam EMS system.

8 **§ 84107. Purpose.**

9 The Commission:

10 (a) *shall* monitor, review, and evaluate on an ongoing basis
11 the operations, administration, and efficacy of the EMS system, or any
12 components thereof, to determine conformity with and maximum
13 implementation of this part;

14 (b) *shall* participate in any planning or other policymaking
15 with regard to the EMS system, and seek the participation of the
16 public, including health planning councils in its consideration of plans
17 and policies relating to the EMS System.

18 (c) *shall* adopt and promulgate rules and regulations for the
19 operation and implementation of the EMS System, the administration
20 of the Commission, and the standards for certification and re-
21 certification of emergency medical services facilities, personnel,
22 equipment, supplies, ambulance, advanced life support vehicles,
23 emergency ambulance services, private non-emergent medical
24 transport vehicle providers, communications, facilities, and locations
25 engaged in providing emergency medical services under this Chapter,
26 in accordance with the Administrative Adjudication Law;

1 (d) *shall* advise the Office of EMS in formulating a master plan for
2 emergency medical services, including medical communication, the
3 enhanced 911 system, and other components necessary to meet the
4 emergency medical needs of the people of Guam;

5 (e) *shall* make and from time to time may alter such rules as it
6 deems necessary for the conduct of its business and for the execution and
7 enforcement of the provisions of this Chapter;

8 (f) the EMS Commission will deny, suspend, or revoke any EMT-
9 B, EMT-I or EMT-P license issued under the Office of EMS, for the
10 following actions:

11 (1) fraud in the procurement of any certificate or license
12 under the Office of EMS;

13 (2) gross negligence;

14 (3) listed on Sex Offender Registry;

15 (4) repeated negligent acts;

16 (5) incompetence;

17 (6) the commission of any fraudulent, dishonest, or corrupt
18 act that is substantially related to the qualifications, functions, and
19 duties of pre-hospital personnel;

20 (7) conviction of any crime which is substantially related to
21 the qualifications, functions, and duties of pre-hospital personnel. The
22 record of conviction or a certified copy of the record *shall* be
23 conclusive evidence of the conviction;

24 (8) violating or attempting to violate directly or indirectly, or
25 assisting in or abetting the violation of, or conspiring to violate, any
26 provision of the Office of EMS or the regulations adopted by the
27 authority pertaining to pre-hospital personnel;

1 (9) violating or attempting to violate any federal or state
2 statute or regulation that regulates narcotics, dangerous drugs, or
3 controlled substances;

4 (10) addiction to, the excessive use of, or the misuse of,
5 alcoholic beverages, narcotics, dangerous drugs, or controlled
6 substances;

7 (11) functioning outside the supervision of medical control in
8 the field care system operating at the local level, *except* as authorized
9 by any other license or certification;

10 (12) demonstration of irrational behavior or occurrence of a
11 physical disability to the extent that a reasonable and prudent person
12 would have reasonable cause to believe that the ability to perform the
13 duties normally expected may be impaired;

14 (13) unprofessional conduct exhibited by any of the
15 following:

16 (i) The mistreatment or physical abuse of any patient
17 resulting from force in excess of what a reasonable and prudent
18 person trained and acting in a similar capacity while engaged in
19 the performance of his or her duties would use if confronted
20 with a similar circumstance. Nothing in this Section shall be
21 deemed to prohibit an EMT-B, EMT-I, or EMT-P from assisting
22 a peace officer, or a peace officer who is acting in the dual
23 capacity of peace officer and EMT-B, EMT-I, or EMT-P, from
24 using that force that is reasonably necessary to effect a lawful
25 arrest or detention;

1 (ii) The failure to maintain confidentiality of patient
2 medical information, *except* as disclosure is otherwise permitted
3 or required by law;

4 (iii) The commission of any sexually related offense
5 specified under the Penal Code; and

6 (iv) Any actions that shall be considered evidence of a
7 threat to the public's health and safety.

8 **§ 84108. Composition.**

9 The Commission *shall* consist of eighteen (18) members of which
10 seventeen (17) members are appointed by *I Maga'lahi* (the Governor) and
11 who shall serve at his pleasure from each of the following organizations or
12 groups. Of the eighteen (18) members, eleven (11) are voting members and
13 seven (7) are non-voting members:

14 (a) two (2) representatives from the Guam Fire Department:
15 one (1) Emergency Medical Technician (EMT-B), and one (1) EMT-
16 Intermediate, or Paramedic certified/licensed to practice within Guam;

17 (b) one representative from the Guam Fire Department E911
18 Bureau;

19 (c) one (1) representative from the Guam Memorial Hospital
20 Authority: Emergency Room Nurse licensed to practice within Guam;

21 (d) one (1) representative from the Guam Community
22 College School of Allied Health;

23 (e) one (1) representative from the Department of Public
24 Works Office of Highway Safety, to serve on the Commission in a
25 non-voting capacity;

26 (f) one (1) representative from the Department of Public
27 Health and Social Services;

1 (g) one (1) representative from Guam Homeland
2 Security/Office of Civil Defense, to serve on the Commission in a
3 non-voting capacity;

4 (h) one (1) representative from Incumbent Local Exchange
5 Carrier;

6 (i) one (1) representative from the Guam Police Department;

7 (j) one (1) representative who is a pediatrician with
8 unlimited medical license to practice within Guam;

9 (k) one (1) physician with unlimited medical license to
10 practice within Guam engaged in the conduct and delivery of the
11 practice of emergency medical services;

12 (l) one (1) representative from the Guam Department of
13 Education: Registered Nurse or School Health Counselor;

14 (m) one (1) representative from the Guam Hotel and
15 Restaurant Association, to serve on the Commission in a non-voting
16 capacity;

17 (n) two (2) additional Commission members *shall* be
18 selected from the public-at-large, who are *not* directly related to
19 providing emergency medical services, to serve on the Commission in
20 a non-voting capacity;

21 (o) Appropriate Joint Region of Marianas authorities *shall* be
22 requested to designate one (1) EMS representative each to serve on
23 the Commission in a non-voting capacity; and

24 (p) a member of a non-governmental entity that provides
25 non-emergency medical transport service and related medical
26 transport services provided in the land, sea, and air, in accordance

1 with the provisions of this Chapter, to serve on the Commission in a
2 non-voting capacity.

3 **§ 84109. Organization.**

4 (a) Selection of Officers; Compensation of Members. *I Maga'lahi*
5 (the Governor) or his representative *shall* serve as temporary Chairman and
6 *shall* convene the first meeting of the Commission. At its first meeting, the
7 Commission *shall* select a chairman and such other officers from its
8 membership as it deems necessary. The Commission may meet as often as
9 necessary upon the call of the Chairman, but meetings *shall* be held at least
10 quarterly. The members of the Commission shall receive no compensation
11 for their services, but *shall* be reimbursed for their actual and necessary
12 expenses incurred in the performance of their duties, including travel
13 expenses.

14 (b) Quorum. A majority of the voting members appointed plus one
15 (1) *shall* constitute a quorum for the transaction of business. A majority vote
16 of the members present at a meeting at which a quorum is established *shall*
17 be necessary to validate any action of the committee.

18 (c) Good Faith Immunity. No member of the EMS Commission
19 shall be liable in any civil action for damages for any act done or omitted in
20 good faith in performing the functions of the Office.

21 **§ 84110. Certification.**

22 Pursuant to this Chapter, all persons who furnish, operate, conduct,
23 maintain, advertise, or otherwise engaged in providing emergency medical
24 services as a part of the regular course of doing business, either paid or
25 voluntary, *shall* hold a current valid certification issued by the Administrator
26 of the Office of EMS to provide emergency medical services.

1 In order to be certified, such providers of emergency medical services
2 *shall* meet the following minimum standards:

3 (a) Emergency Medical Services Personnel Training
4 Programs and Courses of Training.

5 (1) The Guam Community College School of Allied
6 Health, the Guam Fire Department, the University of Guam,
7 and other EMS training service providers approved by the
8 DPHSS Office of EMS *shall* provide training courses in
9 emergency medical responder, emergency medical technician-
10 basic, emergency medical technician-intermediate, emergency
11 medical technician-paramedic, and advanced life support for
12 emergency medical services personnel. The curricula and
13 syllabi of these courses *shall* be approved in advance by the
14 Office of EMS. The curricula and syllabi of the courses of
15 ambulance personnel *shall* be consistent with the scope and
16 level of the practice of emergency medical services associated
17 with emergency ambulance personnel certification, and the
18 Department of Transportation, National Highway Traffic Safety
19 Administration, and the National Emergency Medical Services
20 Advisory Council.

21 (2) The Guam Community College School of Allied
22 Health, the Guam Fire Department, the University of Guam,
23 and other EMS training service providers approved by the
24 DPHSS Office of EMS *shall* consult with and get approval of
25 the Office of EMS to determine the number and type of
26 emergency medical services courses necessary to support the
27 staffing requirements for emergency medical services. The

1 basic life support training programs *shall* be relevant to and
2 consistent with the training course required for certification.

3 (3) The Office of EMS *shall* develop standards for
4 emergency medical services course instructors, and standards
5 for emergency medical services training facilities for all basic
6 life support personnel, advanced life support personnel, users of
7 the automatic external defibrillator, and emergency medical
8 dispatch personnel that *shall* be at least equivalent to *or* exceed
9 the standards necessary to meet the requirements stated in either
10 of the following areas: the Department of Transportation,
11 National Highway Traffic Safety Administration or the
12 National Emergency Medical Services Advisory Council, for
13 the certification of basic life support personnel and advanced
14 life support personnel.

15 (4) The Office of EMS will conduct annual
16 inspections of the training facilities and evaluate the
17 qualifications of course instructors to ensure that the standards
18 and qualifications are consistent with the medical standards for
19 emergency medical technician-basic, emergency medical
20 technician-intermediate, emergency medical technician-
21 paramedic and advanced life support emergency medical
22 services personnel, users of the automatic external
23 defibrillators, and emergency medical dispatch/E911 call taker
24 personnel.

25 (5) Course requirements for pre-hospital emergency
26 services training for Emergency Medical Responder (EMR),
27 Emergency Medical Technician-Basic (EMT-B), Emergency

1 Medical Technician-Intermediate (EMT-I), Advance Life
2 Support and Emergency Medical Technician-Paramedic (EMT-
3 P) *shall* be listed in the Guam EMS Rules & Regulations, as
4 prescribed by the United States Department of Transportation,
5 National Highway Traffic Safety Administration and/or the
6 National Emergency Medical Services Advisory Council.

7 (b) The personnel *shall* meet the standards for education and
8 training established by the Administrator of the Office of EMS for
9 certification and re-certification.

10 (c) Ambulances, emergency medical services facilities, private
11 non-emergent transport vehicles, and private ambulance services
12 primarily provide BLS transport services utilizing EMT-B, EMT-I
13 and/or EMT-P personnel. Private ambulance services and private non-
14 emergent transport vehicles *shall not* normally respond to emergency
15 incidents (E911 dispatches by Guam Fire Department) as first
16 responder units, *except* in the following instances:

17 (1) When specifically requested by the EMS agency
18 (Guam Fire Department E911 Dispatch) having jurisdiction.

19 (2) When the private service receives a direct request
20 for service from a person or facility other than dispatch, in
21 which the patient may be transported to an Emergency
22 Department. In these instances the service may respond but
23 *shall* contact the appropriate emergency dispatch agency (Guam
24 Fire Department E911 Dispatch).

25 When a direct request is made to a private ambulance service
26 from a location outside of a medical facility or private
27 ambulance during non-emergency transport, the request *shall* be

1 routed to E911 via instruction or call transfer for the purpose of
2 dispatching of GFD resources or mutual aid (military or private
3 ambulance service), as determined by established policies and
4 procedures.

5 (3) Transfer of care by a Guam Fire Department EMT-
6 Paramedic of an ALS patient to a private EMT-Paramedic
7 ambulance service for transport *shall only* occur with Guam
8 EMS Medical Director direct on-line medical control approval.

9 (4) Transfer of care by a Guam Fire Department EMT-
10 Basic to a private EMT-Basic ambulance service.

11 (d) Ambulances, emergency medical services facilities,
12 private non-emergent transport vehicles, and private companies
13 offering ambulance services, and related equipment, *shall* conform to
14 the requirements of the Administrator of the Office of EMS for
15 certification and re-certification.

16 (e) Ambulances, private companies offering ambulance
17 services and private non-emergent transport vehicles *shall* be operated
18 in Guam with insurance coverage, issued by an insurance company
19 licensed to do business in Guam, for each and every ambulance,
20 private non-emergent transport vehicle, and private ambulance service
21 owned or operated by or for the licensee, providing for the payment of
22 benefits and including, but *not* limited to, the following:

23 (1) No-fault insurance policy (motor vehicle):

24 (A) No-fault benefits with respect to any
25 accidental harm arising out of a motor vehicle accident;

1 (B) Liability coverage for all damages arising
2 out of bodily injury to or death of any person as a result
3 of any one (1) motor vehicle accident;

4 (C) Liability coverage for all damages arising out
5 of injury to or destruction of property, including motor
6 vehicles and including the loss of use, thereof, as a result
7 of any one (1) motor vehicle accident;

8 (D) Professional or Occupational Liability or
9 Bodily Injury Insurance (other than motor vehicle) in an
10 amount of *not less than* that specified by the Guam EMS
11 Administrator as may be required in the regulations
12 adopted by the Office of EMS.

13 (E) Ambulances, private companies offering
14 ambulance services, and private non-emergent transport
15 vehicles *shall* be equipped with communications
16 equipment approved by the Administrator.

17 **§ 84111. Certification Procedure.**

18 For the purpose of implementing §84110, the following certification
19 procedure *shall* apply:

20 (a) **Certification Application.** There *shall* be five (5) levels
21 of emergency medical service personnel: Emergency Medical
22 Responder (EMR); Emergency Medical Technician-Basic (EMT-B);
23 Emergency Medical Technician-Intermediate (EMT-I); Advance Life
24 Support (ALS); and Emergency Medical Technician-Paramedic
25 (EMT-P).

26 (b) An application for certification *shall* be made under oath
27 on a form to be approved by the Commission and provided by the

1 Administrator, and *shall* require the applicant to provide
2 documentation as proof of eligibility as established in the Guam EMS
3 Rules and Regulations in compliance with the U.S. Department of
4 Transportation.

5 (c) An applicant from jurisdictions outside of Guam can
6 submit an application for certification on Guam under oath on a form
7 to be approved by the Commission and provided by the
8 Administrator, and *shall* require the applicant to provide
9 documentation as proof of eligibility as established in the Guam EMS
10 Rules and Regulations in compliance with the U.S. Department of
11 Transportation.

12 (d) It shall be the applicant's responsibility to furnish any
13 information requested by the Administrator. In the event of any
14 change of information provided, the Administrator *shall* be notified
15 within thirty (30) days of any change.

16 (e) Every application and all references *shall* be signed by
17 the applicant or the person attesting to the applicant's education,
18 experience, and reputation.

19 (f) The following requirements apply to all applicants who
20 have never been certified as an emergency medical services personnel
21 in Guam on Initial application must:

- 22 (1) be eighteen (18) years of age or older;
- 23 (2) provide a current photo ID (Guam drivers license
24 or U.S. passport);
- 25 (3) provide a certified copy of a Police Clearance from
26 the Guam Police Department;

1 (4) provide a certified copy of a Court Clearance from
2 the Superior Court of Guam;

3 (5) provide a valid and current CPR (BLS or ACLS)
4 card; and

5 (6) pay a fee established in the fee schedule before
6 Certification is released to the Applicant.

7 (7) Private EMT ambulance personnel *shall* meet the
8 same rules, conditions, and policies regarding criminal history
9 as those required by GFD personnel as revealed through Court
10 and Police Clearances.

11 **(g) Renewal of Certification.**

12 (1) Every person holding a certificate under this
13 Chapter *shall* renew the certificate with the Office of EMS *no*
14 *later than* March 31 of each even-numbered year, or September
15 30 of each odd-numbered year, pay a renewal fee, and comply
16 with the continuing education requirements set forth in the
17 EMS Rules and Regulations.

18 (2) To determine compliance, the Office of EMS may
19 conduct a random audit. A person selected for audit *shall* be
20 notified by the Office of EMS. Within sixty (60) days of
21 notification, the person *shall* provide to the Office of EMS
22 documentation to verify compliance with the continuing
23 education requirements.

24 (3) Failure to renew, pay the renewal fee, and, in case
25 of audited persons, provide documentation of compliance *shall*
26 constitute a forfeiture of the certificate, which may only be
27 restored upon submission of written application, payment to the

1 Office of EMS of a restoration fee, and in the case of audited
2 person, documentation of compliance.

3 (4) A certificate that has been forfeited for one (1)
4 renewal term *shall* be automatically terminated and cannot be
5 restored, and a new application for certification *shall* be
6 required.

7 (5) A certificate issued hereunder *shall not* be
8 assignable or transferrable.

9 (6) No official entry made upon a certificate may be
10 defaced, removed or obliterated.

11 (h) **Extension of Licenses for Members of the Armed Forces,
12 National Guard, and Reserves.**

13 (1) Notwithstanding any other law to the contrary, any
14 license held by a Member of the Armed Forces, National
15 Guard, or a Reserve component that expires, is forfeited, or
16 deemed delinquent while the Member is on active duty and
17 deployed during a state or national crisis *shall* be restored under
18 the restoration requirements provided in this Section.

19 For the purposes of this Section, “local or national
20 emergency” includes, but is *not* limited to:

21 (A) a situation requiring the proper defense of
22 nation or state;

23 (B) a federal or state disaster or emergency;

24 (C) a terrorist threat; or

25 (D) a homeland security or homeland defense
26 event or action.

1 (2) The licensing authority *shall* restore a license upon
2 the payment of the current renewal fee if the Member:

3 (A) requests a restoration of the license within
4 one hundred twenty (120) days after being discharged or
5 released from active duty deployment;

6 (B) provides the licensing authority with a copy
7 of the Member's order calling the Member to active duty
8 deployment, and the Member's discharge or release
9 orders; and

10 (C) *if* required for renewal, provides
11 documentation to establish the financial integrity of the
12 licensee or to satisfy a federal requirement.

13 (3) This Section:

14 (A) *shall not* apply to a Member who is on
15 scheduled annual or specialized training, or to any person
16 whose license is suspended or revoked, or who otherwise
17 has been adjudicated and is subject to disciplinary action
18 on a license; and

19 (B) *shall* also apply to a Member whose license
20 is current, but will expire within one hundred twenty
21 (120) days of the Member's discharge or release from
22 active duty deployment.

23 **§ 84112. Exemptions from This Chapter.**

24 (a) A certificate *shall not* be required for a person who provides
25 emergency medical services when:

26 (1) assisting persons certified to provide emergency medical
27 services under this Chapter or in the case of a major catastrophe,

1 disaster or declaration of state of emergency and/or executive order by
2 *I Maga'lahi* (the Governor) in which persons certified to provide
3 emergency medical services are insufficient or unable to cope; or

4 (2) operating from a location or headquarters outside of
5 Guam in order to provide emergency medical services to patients who
6 are picked up outside Guam for transportation to locations within
7 Guam; or

8 (3) when and where government resources are inadequate to
9 support the EMS geographic response time, the EMS Commission via
10 the Chairman and three (3) appointed voting members will approve
11 the use of private non-emergent transport vehicles and/or private
12 transport vehicles or all available ambulances here as means of
13 transportation to a Guam Fire Department E911 dispatched
14 emergency call. All types of vehicles utilized for the transportation of
15 the sick and injured must pass the current vehicle inspection
16 requirements by the U.S. Department of Transportation, the Guam
17 Office of EMS, and the Department of Revenue & Taxation Motor
18 Vehicle Code and/or Regulations.

19 (b) The emergency medical services facilities, personnel, related
20 equipment of any agency, private and non-emergent private transport
21 services, or instrumentality of the United States *shall* be required to be
22 certified to conform to the standards prescribed under this Chapter.

23 **§ 84113. Suspension and Revocation Procedure.**

24 (a) After notice and hearing, the Administrator may and is
25 authorized to suspend or revoke a certificate issued under this Chapter for
26 failure to comply and maintain compliance with, or for violation of any
27 applicable provisions, standards or other requirements under this Chapter.

1 (b) The Administrator may initiate proceedings to suspend or
2 revoke a certificate upon his own motion or upon the verified written
3 complaint of any interested person.

4 (c) Notwithstanding the provisions of Subsections (a) and (b) of
5 this Section, the Administrator upon finding that the public health or safety
6 is in imminent danger, may temporarily suspend a certificate without a
7 hearing for a period *not* to exceed thirty (30) days upon notice to the
8 certificate holder.

9 (d) Upon suspension, revocation or termination of a certificate the
10 provision of emergency medical services *shall* cease.

11 **§ 84114. Required Treatment.**

12 No person shall be denied treatment at any designated emergency
13 medical services facility for an emergency medical condition which will
14 deteriorate from a failure to provide such treatment. A hospital, its
15 employees, or any physician or dentist providing emergency medical
16 services *shall not* be held liable in any action arising out of a refusal to
17 render such treatment if reasonable care is exercised in determining the
18 appropriateness of the facilities, and the qualifications and availability of
19 personnel to render such treatment.

20 No emergency medical services provided by or under contract with
21 the Guam Fire Department and/or Department of Public Health & Social
22 Services Office of EMS shall be denied to any person on the basis of the
23 ability of the person to pay therefore, or because of the lack of prepaid health
24 care coverage or proof of such ability or coverage.

25 **§ 84115. Consent.**

26 No providers of emergency medical services, or their emergency
27 medical services personnel certified in Guam, shall be subject to civil

1 liability based solely upon the failure to obtain consent in rendering
2 emergency medical, surgical, hospital or health services to any individual
3 regardless of age when the patient is unable to give his consent for any
4 reason and there is no other person reasonably available who is legally
5 authorized to consent to the providing of such care.

6 **§ 84116. Prosecution of Illegal Acts.**

7 Where any person is found to be in violation of the provisions of this
8 Chapter or any regulations adopted pursuant to this Chapter, the Attorney
9 General or the Administrator may, in accordance with the laws of Guam,
10 enjoin such person from continuing in violation of the provisions of this
11 Chapter. However, such injunction *shall not* relieve any such person from
12 criminal prosecution thereof as provided for in this Chapter, but such
13 remedy *shall* be in addition to any remedy provided for the criminal
14 prosecution of such offense.

15 **§ 84117. Penalties.**

16 Any person who violates any of the provisions of this Chapter *shall* be
17 guilty of a misdemeanor, and upon conviction thereof *shall* be punished by a
18 fine of *not more than* One Thousand Dollars (\$1,000) *or* by imprisonment of
19 *not more than* sixty (60) days, *or* by both such fine and imprisonment. Each
20 day of continued violation of the provisions of this Chapter *shall* be
21 considered a separate offense.

22 **§ 84118. Rules and Regulations.**

23 Notwithstanding any other provision of law, rules and/or regulations
24 to the contrary, all emergency medical services *shall* be provided in
25 accordance with regulations adopted by the Commission.

26 **§ 84119. Grants.**

1 All existing grants for the planning and implementation of an
2 emergency medical services system, and all equipment and staff, funded by
3 these same grants are hereby transferred to the Office of EMS, with the
4 exception of grants being applied for by the Guam Fire Department. The
5 Office of EMS and the Guam EMS Commission may solicit and accept
6 grant funding from public and private sources to supplement Guam Office of
7 EMS funds.

8 **§ 84120. EMS Medical Director: Required Qualifications.**

9 The EMS Medical Director *shall* be a Guam licensed physician with board
10 certification in Emergency Medicine, Family Practice or General Surgery, and with
11 training and experience in emergency medical services.

12 **§ 84121. Guam Enhanced/NextGen Emergency 911 Telephone**
13 **Communications System.**

14 (a) This Section *shall* be known and may be cited as the
15 ***“Emergency Medical Dispatch Provision.”***

16 (b) **Legislative Intent.** *I Liheslatura* (the Legislature) finds that
17 there is no single governmental agency designated with the authority to
18 establish, administer, and maintain the existing emergency 911 telephone
19 communications system that is presently stationed at Civil Defense. It is the
20 intent of *I Liheslatura* to transfer all programs, positions and personnel,
21 property, and appropriations which are currently under the direction of Civil
22 Defense to the Guam Fire Department. *I Liheslatura* finds that the
23 emergency 911 system has *not* been effectively and efficiently operational
24 due to a lack of personnel, funding, supplies and equipment, and above all,
25 coordinated efforts. *I Liheslatura* finds that a full-time EMS Administrator,
26 administrative support staff, a part-time EMS Medical Director and funding
27 for personnel, training, and communications equipment are critically needed

1 in order to establish a fully fledged Emergency 911 telephone
2 communications system. Such a system will provide the residents of Guam
3 with rapid and direct access to agencies with the intent of reducing the
4 response time to situations requiring law enforcement, fire, medical, rescue,
5 and other emergency services. *I Liheslatura* further finds that Public Law
6 21-61 appropriated a portion of One Million Three Hundred Forty-three
7 Thousand One Hundred Sixty Dollars (\$1,343,160) to the Department of
8 Public Works for the procurement of an emergency 911 communications
9 system for all public safety and emergency response agencies. In 1992,
10 under former Governor Joseph Ada's administration, a memorandum was
11 executed by the Governor for Civil Defense to oversee the then newly
12 installed emergency 911 system. This directive was to provide
13 administrative supervision for the uniformed operators assigned from the
14 Guam Police and the Guam Fire Department. The assignment of the police
15 and fire personnel was supposedly a temporary agreement until training and
16 recruitment of permanent civilian operators was completed. As of this date,
17 *no* formal training has been made to handle the emergency 911 calls. Police
18 Officers and GFD firefighter personnel continue to be temporarily assigned
19 as emergency 911 operators on a rotational basis. *I Liheslatura* finds that
20 there is a critical need for a unified direction and administration to resolve
21 the current fragmented, referral type service, for training of the emergency
22 911 call takers with EMT background, and a need for funding to include
23 training, additional personnel, and additional emergency 911
24 communications equipment.

25 (c) **Definitions:**

26 (1) *Advanced life support (ALS) provider* shall mean special
27 services designed to provide definitive pre-hospital emergency

1 medical care, including, but *not* limited to, cardiopulmonary
2 resuscitation, cardiac monitoring, cardiac defibrillation, advanced
3 airway management, intravenous therapy, administration of specified
4 drugs and other medicinal preparations, and other specified techniques
5 and procedures administered by authorized personnel under the direct
6 supervision of a base hospital as part of a local EMS system at the
7 scene of an emergency, during transport to an acute care hospital,
8 during inter-facility transfer, and while in the emergency department
9 of an acute care hospital until responsibility is assumed by the
10 emergency or other medical staff of that hospital.

11 (2) ***Call routing*** shall mean the reception of emergency calls
12 where the purpose is to only determine the course of direction of
13 routing (police, fire, and medical) resulting in rapid transfer of
14 medical emergency callers to the Guam Fire Department or EMD call-
15 taker for emergency medical dispatching services.

16 (3) ***Compliance to protocol*** shall mean the adherence to the
17 written text or scripts and other processes within the approved
18 emergency medical dispatch protocol reference system *except* that,
19 deviation from the text or script may only occur for the express
20 purpose of clarifying the meaning or intent of a question or facilitating
21 the clear understanding of a required action, instruction, or response
22 from the caller.

23 (4) ***Continuing Dispatcher Education (CDE)*** shall mean
24 medical dispatch relevant educational experiences in accordance with
25 standards set forth in national standards established for the practice for
26 emergency medical dispatching (i.e. ASTM F 1560 Standard Practice
27 for Emergency Medical Dispatch, Section 13, Department of

1 Transportation, National Highway Traffic Safety Administration,
2 Association of Public Safety Communications Officials, and/or
3 National Emergency Medical Dispatch).

4 (5) *Continuous quality improvement (CQI) program* shall
5 mean a program administered by the emergency medical dispatch
6 provider agency for the purpose of ensuring safe, efficient, and
7 effective performance of emergency medical dispatchers in regard to
8 their use of the emergency medical dispatch protocol reference
9 system, and patient care provided. This program includes at its core
10 the following: the random case review process; evaluating emergency
11 medical dispatcher performance; providing feedback of emergency
12 medical dispatch protocol reference system compliance levels to
13 emergency medical dispatchers; and submitting compliance data to
14 the emergency medical dispatch medical director.

15 (6) *Course Curriculum Certification Agency* shall mean the
16 Guam Office of EMS.

17 (7) *Dispatch life support (DLS)* shall mean the knowledge,
18 procedures, and skills used by trained Emergency Medical
19 Dispatchers in providing care and advice through pre-arrival
20 instructions and post-dispatch instructions to callers requesting
21 emergency medical assistance.

22 (8) *EMD medical direction* shall mean the management and
23 accountability for the medical care aspects of an emergency medical
24 dispatch agency, including: responsibility for the medical decision and
25 care advice rendered by the emergency medical dispatcher and
26 emergency medical dispatch agency; approval and medical control of
27 the operational emergency medical dispatch priority reference system;

1 evaluation of the medical care and pre-arrival instructions rendered by
2 the EMD personnel; direct participation in the EMD system
3 evaluation of the medical care and pre-arrival instructions rendered by
4 the EMD personnel; direct participation in the EMD system
5 evaluation and continuous quality improvement process; and the
6 medical oversight of the training of the EMD personnel.

7 (9) ***Emergency Medical Dispatch Medical Director (EMD***
8 ***Medical Director)*** shall mean a Guam licensed physician, board
9 certified or qualified in emergency medicine, who possesses
10 knowledge of emergency medical systems in Guam approved by the
11 Office of EMS, and who provides Emergency Medical Dispatch
12 Medical Direction to the emergency medical dispatch provider agency
13 or business, and *shall* also be the EMS Medical Director.

14 (10) ***Emergency Medical Dispatcher*** shall mean a person
15 trained to provide emergency medical dispatch services in accordance
16 with guidelines approved by the Guam Office of EMS, who is
17 certified in Guam and who is employed by an emergency medical
18 dispatch provider agency or business in accordance with this Act.

19 (11) ***Emergency Medical Dispatching*** shall mean the
20 reception, evaluation, processing, and provision of dispatch life
21 support, management of requests for emergency medical assistance,
22 and participation in ongoing evaluation and improvement of the
23 emergency medical dispatch process. This process includes
24 identifying the nature of the request, prioritizing the severity of the
25 request, dispatching the necessary resources, providing medical aid
26 and safety instructions to the callers, and coordinating the responding
27 resources as needed, but does *not* include call routing per se.

1 (12) *Emergency Medical Dispatch Provider Agency (EMD*
2 *Provider Agency)* shall mean the Guam Fire Department that accepts
3 the responsibility to provide emergency medical dispatch services for
4 emergency medical assistance, and is certified in Guam in accordance
5 with this Act.

6 (13) *Emergency Medical Dispatch Priority Reference System*
7 *(EMDPRS)* shall mean an Office of EMS and EMD Medical Director
8 approved system that includes the protocol used by an emergency
9 medical dispatcher in an emergency medical dispatch agency to
10 dispatch aid to medical emergencies that includes: systematized caller
11 interrogation questions; systematized dispatch life support
12 instructions; systematized coding protocols that match the dispatcher's
13 evaluation of the injury or illness severity with the vehicle response
14 mode and vehicle response configuration; a continuous quality
15 improvement program that measures compliance to protocol through
16 ongoing random case review for each EMD; and a training curriculum
17 and testing process consistent with the specific EMDPRS protocol
18 used by the emergency medical dispatch agency.

19 (14) *Emergency Medical Dispatch Services* shall mean the
20 process for taking requests for emergency medical assistance from the
21 public, identifying the nature of the request, prioritizing the severity of
22 the request based on the emergency medical dispatch provider
23 agency's local policies and procedures, dispatching the necessary
24 resources, providing medical aid and safety instructions to the callers,
25 and coordinating the responding resources as needed.

26 (15) *Enhanced Emergency-911/NextGen-911* shall mean the
27 telephone communications system specifically designated for

1 handling the emergency, medical, rescue, and public safety telephone
2 communications needs of Guam, which automatically indentifies the
3 caller’s telephone number and location with capabilities to receive and
4 transmit SMS, Video Message and Access For Individuals With
5 Hearing And Speech Disabilities.

6 (16) *Post-Dispatch Instructions (PDI)* shall mean case-
7 specific advice, warnings and treatments given by trained EMDs
8 whenever possible and appropriate to callers after dispatching field
9 responders. These protocols are part of an EMDPRS.

10 (17) *Pre-Arrival Instructions (PAI)* shall mean the current
11 medically approved scripted medical instructions given in life
12 threatening situations whenever possible and appropriate, where
13 correct evaluation, verification, and advice given by emergency
14 medical dispatchers is essential to provide necessary assistance and
15 control of the situation prior to the arrival of emergency medical
16 services personnel. These protocols are part of an EMDPRS and are
17 used as close to a word-for-word as possible.

18 (18) *Quality Assurance and Improvement Program* shall
19 mean a program approved by the Office of EMS and administered by
20 the EMD Provider Agency for the purpose of ensuring safe, efficient,
21 and effective performance of EMDs in regard to their use of the
22 EMDPRS and patient care advice provided. This program *shall*
23 include at a minimum, the random case review evaluating EMD
24 performance, feedback of EMDPRS compliance levels to EMDs
25 related to CDE retraining and remediation, and submission of
26 compliance data to the Medical Director and the Office of EMS.

1 (19) *Vehicle response configuration* shall mean the specific
2 vehicle(s) of varied types, capabilities, and numbers responding to
3 render assistance.

4 (20) *Vehicle response mode* shall mean the use of emergency
5 driving techniques, such as warning lights-and-siren or routine driving
6 response as assigned by the EMS agency and approved by the EMS
7 Medical Director.

8 **(d) Certification.**

9 (1) No person may represent himself/herself as an
10 emergency medical dispatcher unless certified in Guam by the Office
11 of EMS as an emergency medical dispatcher.

12 (2) No business, organization, or government agency may
13 represent itself as an emergency medical dispatch agency unless the
14 business, organization, or government agency is certified by the
15 Office of EMS as an emergency medical dispatch agency.

16 **(e) National Standards Required.**

17 The Office of EMS shall use applicable national standards when developing
18 the rules and regulations for emergency medical dispatchers and emergency
19 medical dispatch agencies.

20 **(f) Authority and Responsibilities.**

21 The Office of EMS *shall* have the authority and responsibility to establish
22 rules and regulations for the following pursuant to this Act:

23 **I. Emergency Medical Dispatch Protocol Reference**
24 **System (EMDPRS).**

25 (1) An EMD Program *shall* include an EMDPRS
26 selected by the EMD Provider Agency and approved by the
27 EMD Medical Director as its foundation.

1 (2) The EMDPRS is a medically approved protocol
2 based system used by emergency medical dispatchers to
3 interrogate callers, dispatch aid, and provide dispatch life
4 support instructions during medical emergencies.

5 (3) An approved EMDPRS *shall* include:

6 (a) systematized caller interrogation questions;

7 (b) systematized dispatch life support instructions;

8 and

9 (c) systematized coding protocols that allow the
10 agency to match the dispatcher's evaluation of the injury
11 or illness severity with the vehicle response mode
12 (emergency and/or non-emergency) and level of care
13 (ALS/BLS).

14 **II. EMD Protocols, Reporting, Training and**
15 **Curriculum:**

16 (1) requires certification and recertification of a person
17 who meets the training and other requirements as an emergency
18 medical dispatcher;

19 (2) requires certification and recertification of a
20 business, organization, or government agency that operates an
21 emergency medical dispatch agency that meets the minimum
22 standards prescribed by the Office of EMS for an emergency
23 medical dispatch agency;

24 (3) establishes a bi-annual recertification requirement
25 that requires at least twelve (12) hours medical dispatch specific
26 continuing education each year;

1 (4) requires minimum education and continuing
2 education for the Emergency Medical Dispatcher which meets
3 national standards;

4 (5) requires the EMD to provide dispatch life support
5 (including pre-arrival instructions) in compliance with the
6 written text or scripts, and other processes within the approved
7 EMDPRS;

8 (6) requires the EMD provider agency to have in place
9 Office of EMS approved policies and procedures for the safe
10 and effective use of the EMDPRS;

11 (7) requires the EMD to keep the Office of EMS
12 currently informed as to the entity or agency that employs or
13 supervises his/her activities as an Emergency Medical
14 Dispatcher;

15 (8) approves all EMDPRS protocols used by EMD
16 provider agencies to assure compliance with national standards;

17 (9) requires that Office of EMS approved emergency
18 medical dispatch certification training programs *shall* be
19 conducted in accordance with national standards, and *shall*
20 include a written examination approved by the Office of the
21 EMS that tests for competency in the specific of EMDPRS
22 taught in the approved certification training program;

23 (10) requires that Office of EMS approved emergency
24 medical dispatcher certification training programs *shall* be
25 conducted by instructors that meet the Office of EMS approved
26 qualifications;

1 (11) requires that the emergency medical dispatch
2 agency be operated in a safe, efficient, and effective manner in
3 accordance with national approved standards including, but *not*
4 limited to:

5 (a) All personnel providing emergency medical
6 dispatch services must be certified by the Office of EMS
7 prior to functioning alone in an online capacity.

8 (b) The use on every request for medical
9 assistance of an Office of EMS approved emergency
10 medical dispatch priority reference system (EMDPRS).

11 (c) The EMD interrogating the caller and
12 coding the incident must be the same EMD that gives the
13 DLS instructions. The EMD dispatching the response
14 may be another person.

15 (d) Under the approval and supervision of the
16 Office of EMS, the establishment of a continuous quality
17 assurance, improvement and management program that
18 measures various areas of compliance to the EMDPRS
19 through ongoing random case review for each EMD, and
20 provides feedback to the individuals and management of
21 the EMS agency regarding the level of compliance and
22 performance.

23 (e) A case review process evaluating the EMD's
24 compliance to various Office of EMS defined areas
25 within the EMDPRS.

26 (f) Reporting of EMDPRS performance and
27 compliance data at Office of EMS approved intervals.

1 (g) Office of EMS will review and approve the
2 EMDPRS, the EMD training program, quality
3 assurance/improvement program, medical dispatch
4 oversight committee(s), continuing dispatch education
5 program, and the medical aspects of the operation of the
6 EMD provider agency.

7 (h) The EMD provider agency *shall* have and
8 use the most current version of the Office of EMS
9 approved EMDPRS selected for use by the agency as
10 defined by the Office of EMS.

11 (i) The EMDPRS selected for use by the EMD
12 provider agency and approved by the Office of EMS,
13 including its questions, instructions and protocols, *shall*
14 be used as a whole and not piecemeal;

15 (12) requires that a person, organization, business or
16 government agency may *not* offer or conduct a training course
17 that is represented as a course for an emergency medical
18 dispatcher certification, *unless* the person, organization, or
19 agency is approved by the Office of EMS to offer or conduct
20 that course;

21 (13) establishes recognition and reciprocity between the
22 Office of EMS and national standard-setting organizations
23 having programs that meet the requirements contained in this
24 Act, and the rules established for it by the Office of EMS; and

25 (14) requires each EMD, EMD provider agency, or
26 recognized national standard-setting organization to report to
27 the Office of EMS whenever an action has taken place that may

1 require the revocation or suspension of a certificate issued by
2 the Office of EMS.

3 **III. Continuing Dispatch Education (CDE) Standards.**

4 (1) An emergency medical dispatcher *shall* receive a
5 minimum of twenty-four (24) hours of continuing dispatch
6 education every two (2) years.

7 (2) All CDE will be submitted to the Office of EMS
8 for approval, and then coordinated and organized by the EMD
9 provider agency.

10 (3) CDE *shall* include issues identified by the EMD
11 continuous quality improvement process, and one or more of
12 the following:

13 (a) medical conditions, incident types, and
14 criteria necessary when performing caller assessment and
15 prioritization of medical calls;

16 (b) use of the EMD protocol reference system;

17 (c) call taking interrogation skills;

18 (d) skills in providing telephone pre-arrival
19 instructions;

20 (e) technical aspects of the system (phone
21 patching, emergency procedures, etc.);

22 (f) skill practice and critique of skill
23 performance; and/or

24 (g) attendance at EMD workshops/conferences.

25 (4) Methodologies for presenting CDE includes:

26 (a) formalized classroom lecture;

27 (b) video, CD, internet;

- 1 (c) articles;
2 (d) tape reviews;
3 (e) participation on medical dispatch
4 committee; and/or
5 (f) field observations (e.g. ride-along with EMS
6 personnel, or emergency department observation of
7 communications activities).

8 (5) Formalized classroom CDE courses must be
9 approved by the Office of EMS to count towards continuing
10 dispatch education credits.

11 (a) The training program provider must submit
12 CDE curriculum to the Office of EMS:

13 (1) It is the training program provider's
14 responsibility to submit the CDE curriculum as required
15 by the Office of EMS, and to comply with the requisite
16 policies and procedures.

17 (2) The training program provider *shall* issue a
18 course completion record to each person who has
19 successfully completed a CDE course, and provide a list
20 to the Office of EMS.

21 **IV. Continuous Quality Improvement (CQI) Standards.**

22 (1) The EMD provider agency *shall* establish a
23 continuous quality improvement program.

24 (2) A continuous quality improvement program *shall*
25 address structural, resource, and/or protocol deficiencies, as
26 well as measure compliance to minimum protocol compliance

standards as established by the Office of EMS through ongoing random case review for each emergency medical dispatcher.

(3) The CQI process *shall*:

(A) monitor the quality of medical instruction given to callers, including ongoing random case review for each emergency medical dispatcher and observing telephone care rendered by emergency medical dispatchers for compliance with defined standards;

(B) conduct random or incident specific case reviews to identify calls/practices that demonstrate excellence in dispatch performance and/or identify practices that do *not* conform to defined policy or procedures so that appropriate training can be initiated;

(C) review EMD reports, and /or other records of patient care to compare performance against medical standards of practice;

(D) recommend training, policies and procedures for quality improvement;

(E) perform strategic planning and the development of broader policy and position statements; and

(F) identify CDE needs.

(4) EMD case review is the basis for all aspects of continuous quality improvement in order to maintain a high level of service, and to provide a means for continuously checking the system. Consistency and accuracy are essential elements of the EMD case review.

1 (A) Critical components of the EMD case
2 review process:

3 (1) Each CQI program *shall* have a case
4 reviewer(s) who is:

5 (i) a currently licensed or certified
6 physician, registered nurse, physician
7 assistant, EMT-P, EMT-B, or EMT-I, who
8 has at least two (2) years of practical
9 experience within the last five (5) years in
10 pre-hospital emergency medical services
11 with a basic knowledge of emergency
12 medical dispatch, and who has received
13 specialized training in the case review
14 process; or

15 (ii) an emergency medical dispatcher with
16 at least two (2) years of practical experience within
17 the last five (5) years, and who has received
18 specialized training in the case review process.

19 (iii) The case reviewer *shall* measure
20 individual emergency medical dispatcher
21 performance in an objective, consistent manner,
22 adhering to a standardized scoring procedure.

23 (iv) The regular and timely review of a
24 pre-determined number of EMD calls *shall* be
25 utilized to ensure that the emergency medical
26 dispatcher is following protocols when providing
27 medical instructions.

1 (v) Routine and timely feedback *shall* be
2 provided to the EMD to allow for improvement in
3 their performance.

4 (vi) The case reviewer *shall* provide a
5 compliance-to-protocol report at least annually to
6 the Office of EMS to ensure that the EMD
7 provider agency is complying with their chosen
8 EMDPRS minimum protocol compliance
9 standards, and Agency policies and procedures.

10 **V. Policies and Procedures.**

11 (1) The EMD provider agency *shall* establish policies
12 and procedures through its continuous quality improvement
13 program, consistent with the emergency medical dispatcher
14 scope of practice that includes, but is *not* limited to:

15 (a) ensuring the EMD call answering point
16 maintains direct access to the calling party;

17 (b) providing systematized caller interview
18 questions;

19 (c) providing systematized post-dispatch and
20 pre-arrival instructions;

21 (d) establishing protocols that determine vehicle
22 response mode and configuration based on the
23 emergency medical dispatcher's evaluation of injury or
24 illness severity;

25 (e) establishing a call classification coding
26 system for quality assurance and statistical analysis;

1 (f) establishing a written description of the
2 communications system configuration for the service
3 area, including telephone and radio service resources;
4 and

5 (g) establishing a record-keeping system,
6 including report forms or a computer data management
7 system to permit evaluation of patient care records to
8 ensure emergency medical dispatcher compliance with
9 the EMDPRS, and timeliness of interview questions and
10 dispatch.

11 **VI. Records Management.**

12 (1) Course Completion Records.

13 (a) The EMD provider agency *shall* maintain a
14 copy of the basic EMD training program course
15 completion record in the individual emergency medical
16 dispatcher's training file.

17 (b) The EMD provider agency *shall* maintain a
18 record of "in- house" EMD CDE topics, methodologies,
19 date, time, location, and the number of CDE hours
20 completed for each session of CDE in the individual
21 emergency medical dispatcher's training file.

22 (c) The EMD provider *shall* maintain a copy of
23 EMD CDE program course completion records from an
24 approved EMD training program provider in the
25 individual emergency medical dispatcher's training file.

26 (2) Training Program Provider Records.

1 (a) Each training program provider *shall* retain
2 the following training records as provided by the Office
3 of EMS:

4 (1) Records on each course including, but
5 *not* limited to: course title, course objectives,
6 course outlines, qualification of instructors, dates
7 of instruction, location, participant sign-in rosters,
8 sample course tests or other methods of evaluation,
9 and records of course completions issued.

10 (2) Summaries of test results, course
11 evaluations or other methods of evaluation. The
12 type of evaluation used may vary according to the
13 instructor, content of program, number of
14 participants and method of presentation.

15 (3) CQI Case Review Records:

16 (a) Each EMD provider agency
17 *shall* retain compliance-to-protocol reports
18 as required by law.

19 **VII. Access For Individuals With Hearing And Speech**
20 **Disabilities Will be Implemented in Current and All Future**
21 **Upgrades.**

22 (1) The Guam Fire Department's Emergency 911
23 Telephone Communications System *shall* be accessible to
24 individuals with hearing and speech disabilities.

25 (2) The means for such accessibility *shall* primarily be
26 mobile and landline telephones, but nothing herein shall be
27 construed as to limit the Guam Fire Department from providing

1 access to the Emergency 911 telephone communications system
2 through other modes of communication.

3 (3) The Guam Fire Department is prohibited from
4 charging additional fees to telecommunications companies
5 and/or their customers for the cost of providing such
6 accessibility. Any costs associated with the implementation of
7 the mandates of this Subsection *shall* be funded through
8 existing surcharges.

9 **VIII. Effective Date.**

10 The provisions of this Section *shall* become effective
11 immediately.

12 **IX. Penalties.**

13 (1) Any person guilty of willfully violating or failing
14 to comply with any provisions of this Act or regulations set
15 forth by the Office of EMS under Subsection D of this Section
16 *shall* be fined not more than Two Hundred Fifty Dollars (\$250),
17 or imprisoned not more than three (3) months, or be both fined
18 and imprisoned.

19 (2) Any agency or organization guilty of willfully
20 violating or failing to comply with any provision of this Act or
21 regulations set forth by the Office of EMS under Subsection D
22 of this Section *shall* be fined not more than One Thousand
23 Dollars (\$1,000) or imprisoned not more than six (6) months, or
24 be both fined and imprisoned.

25 **§ 84122. Division of EMS.**

26 (a) The Guam Memorial Hospital Authority (GMHA) *shall*
27 establish a Division of EMS. The Division *shall* be headed by the Off-line

1 Medical Control Physician, who shall be a licensed physician. The Division
2 responsibilities *shall* include, but *not* be limited to:

3 (1) providing off-line medical control for government of
4 Guam emergency medical technicians (EMTs), E-911 dispatchers,
5 and on-line emergency department personnel;

6 (2) participating with other Emergency Medical Systems
7 (EMS) agencies in the planning, development and advancement of
8 EMS;

9 (3) assisting in the adoption of treatment protocols as
10 developed by the Department of Public Health and Social Services –
11 Office of EMS;

12 (4) coordinating with the Department of Public Health and
13 Social Services – Office of EMS, the Guam Fire Department Training
14 Bureau, the Guam Community College, and all other training centers,
15 for the training of pre-hospital personnel;

16 (5) aiding government of Guam agencies in achieving
17 compliance with the Department of Public Health and Social Services
18 EMS Rules and Regulations relative to personnel, equipment training,
19 vehicles, communications and supplies; and

20 (6) conducting EMS research as needed;

21 (b) The Division *shall* designate the following:

22 (1) Off-line EMS Medical Control Physician – A GMHA
23 Emergency Department staff physician with either formal training
24 or extensive experience in EMS *shall* be the head of this Division
25 under the title of Off-line EMS Medical Control Physician, and
26 this physician *shall* operate as an agent of GMHA; and

1 (2) Second Off-line Medical Control Physician for Pediatric
2 Pre-hospital Care. Following recommendations of the federal
3 program EMS for Children, the involvement of a GMHA
4 Emergency Department Staff Pediatrician as a Second Off-line
5 EMS Medical Control Physician, namely as an Off-line EMS
6 Medical Control Physician-Pediatrics is highly encouraged; and
7 this pediatrician *shall*, as an agent of GMHA, provide off-line
8 medical control for pre-hospital medical care provided specifically
9 to children by government of Guam EMS personnel; and

10 (3) EMS Medical Coordinator. The Division of EMS at
11 GMHA *shall* have one (1) full-time EMS Medical Coordinator,
12 who shall be a certified EMT-Paramedic or Registered Nurse with
13 EMS experience, and who shall work under the guidance of the
14 Off-line Medical Control Physician.

15 (c) Administrative and Educational Resources. GMHA *shall* make
16 available adequate GMHA administrative and educational resources to
17 support the Division of EMS and its mission.

18 (d) EMS Agencies to Share Resources. In recognition of the multi-
19 agency nature of EMS Medical Direction, all agencies involved with EMS
20 on Guam *shall*, within reason, share personnel and other resources with each
21 other across agency lines in an effort to assure the uninterrupted and
22 effective existence of all three (3) levels of physician involvement in
23 Guam's EMS system.

24 (e) EMS Oversight Authority. The authority of the Division at
25 GMH in EMS oversight *shall not* supersede the regulatory authority of the
26 Department of Public Health and Social Services and the EMS Commission
27 as previously established in Guam law.

1 (f) The amount of Two Hundred Thousand Dollars (\$200,000) is
2 hereby appropriated from the General Fund to the Guam Office of EMS
3 under the DPHSS. The unexpended balance of the appropriation shall *not*
4 revert back to the General Fund, but *shall* be carried over into the next fiscal
5 year to be expended in accordance with the original purpose of said funds.
6 The funds appropriated herein *shall not* be subject to I *Maga'Låhen*
7 *Guåhan's* transfer authority.

8 (g) The Civil Service Commission, in collaboration with the Guam
9 Memorial Hospital Authority, *shall* develop the job descriptions and salary
10 structure for the positions delineated in this Act within six (6) months upon
11 enactment of this Act.

12 (h) Severability. *If* any provision of this Act or its application to
13 any person or circumstances is found to be invalid or contrary to law, such
14 invalidity shall *not* affect other provisions or applications of this Act which
15 can be given effect without the invalid provisions or applications, and to this
16 end the provisions of this Act are severable.”

17 **Section 3. Severability.** *If* any provision of this Act or its application to
18 any person or circumstance is found to be invalid or contrary to law, such
19 invalidity shall *not* affect other provisions or applications of this Act which can be
20 given effect without the invalid provisions or applications, and to this end the
21 provisions of this Act are severable.

I MINA' TRENTAI UNU NA LIHESLATURAN GUÅHAN

2011 (FIRST) Regular Session

Date: 11/08/11

VOTING SHEET

SBill No. 339-31(COR)

Resolution No. _____

Question: _____

<u>NAME</u>	<u>YEAS</u>	<u>NAYS</u>	<u>NOT VOTING/ ABSTAINED</u>	<u>OUT DURING ROLL CALL</u>	<u>ABSENT</u>
ADA, Thomas C.	✓				
ADA, V. Anthony	✓				
BLAS, Frank F., Jr.	✓				
CRUZ, Benjamin J. F.	✓				
DUENAS, Christopher M.	✓				
GUTHERTZ, Judith Paulette	✓				
MABINI, Sam	✓				
MUNA-BARNES, Tina Rose	✓				
PALACIOS, Adolpho Borja, Sr.	✓				
PANGELINAN, vicente (ben) cabrera	✓				
RESPICIO, Rory J.	✓				
RODRIGUEZ, Dennis G., Jr.	✓				
SILVA TAIJERON, Mana	✓				
WON PAT, Judith T.	✓				
YAMASHITA, Aline A.	✓				

TOTAL

15

CERTIFIED TRUE AND CORRECT:



 Clerk of the Legislature

* 3 Passes = No vote
EA = Excused Absence



Ufisinan Todu Guam

SENATOR DENNIS G. RODRIGUEZ, Jr.

I Mina'trentai Unu Na Liheslaturan Guåhan

CHAIRMAN, COMMITTEE ON HEALTH & HUMAN SERVICES,
ECONOMIC DEVELOPMENT, SENIOR CITIZENS AND ELECTION REFORM

October 24, 2011

Honorable Judith T. Won Pat, Ed.D.
Speaker
I Mina'trentai Unu Na Liheslaturan Guåhan
155 Hesler Place
Hagåtña, Guam 96910

VIA: **The Honorable Rory J. Respicio**
Chairperson, Committee on Rules

Rory J. Respicio

RE: **Committee Report – Bill No. 339-31(COR), As Substituted**

Dear Speaker Won Pat:

Transmitted herewith, for your consideration, is the **Committee Report on Substitute BILL NO. 339-31 (COR): An act to update statues relative to the establishment, promotion and maintenance of a comprehensive territorial emergency medical and ambulance services system throughout Guam, by amending Chapter 84 of Division 4, Title 10, Guam Code Annotated;** Sponsored by Senator Dennis G. Rodriguez, Jr., and referred to the Committee on Health & Human Services, Economic Development, Senior Citizens and Election Reform. Bill No. 339-31(COR), as introduced, was publicly heard on October 13, 2011.

Committee votes are as follows:

- 07 TO PASS**
- NOT TO PASS**
- ABSTAIN**
- 02 TO REPORT OUT ONLY**
- TO PLACE IN INACTIVE FILE**

Senseramente,

[Handwritten signature of Senator Dennis G. Rodriguez, Jr.]

Senator Dennis G. Rodriguez, Jr.
Chairman

Attachments

2011 OCT 27 PM 11:46
MM



Ufisinan Todu Guam

SENATOR DENNIS G. RODRIGUEZ, Jr.

I Mina'trentai Unu Na Liheslaturan Guåhan

CHAIRMAN, COMMITTEE ON HEALTH & HUMAN SERVICES,
ECONOMIC DEVELOPMENT, SENIOR CITIZENS AND ELECTION REFORM

COMMITTEE REPORT

ON

Bill 339-31 (COR), as Substituted

An act to update statutes relative to the establishment, promotion and maintenance of a comprehensive territorial emergency medical and ambulance services system throughout Guam, by amending Chapter 84 of Division 4, Title 10, Guam Code Annotated.



Ufisinan Todu Guam

SENATOR DENNIS G. RODRIGUEZ, Jr.

I Mina'trentai Unu Na Liheslaturan Guåhan

CHAIRMAN, COMMITTEE ON HEALTH & HUMAN SERVICES,
ECONOMIC DEVELOPMENT, SENIOR CITIZENS AND ELECTION REFORM

October 20, 2011

MEMORANDUM

To: **ALL MEMBERS**
Committee on Health & Human Services, Economic Development, Senior Citizens and Election Reform.

From: **Senator Dennis G. Rodriguez, Jr.** ✓
Committee Chairperson

Subject: **Committee Report on Bill No. 339-31(COR), as Substituted.**

Transmitted herewith, for your consideration, is the **Committee Report on BILL NO. 339-31 (COR): An act to update statues relative to the establishment, promotion and maintenance of a comprehensive territorial emergency medical and ambulance services system throughout Guam, by amending Chapter 84 of Division 4, Title 10, Guam Code Annotated**; Sponsored by Senator Dennis G. Rodriguez, Jr.

This report includes the following:

- Committee Voting Sheet
- Committee Report Narrative/Digest
- Copy of Bill No. 339-31 (COR)
- Copy of Substitute Bill No. 339-31(COR)
- Public Hearing Sign-in Sheet
- Copies of Submitted Testimony and Supporting Documents
- Copy of COR Referral of Bill No. 339-31 (COR)
- Notices of Public Hearing (1st and 2nd)
- Copy of the Public Hearing Agenda
- Related News Articles (Public hearing publication of public notice)

Please take the appropriate action on the attached voting sheet. Your attention to this matter is greatly appreciated. Should you have any questions or concerns, please do not hesitate to contact me.

Si Yu'os Ma'åse'!

Attachments



Ufisinan Todu Guam

SENATOR DENNIS G. RODRIGUEZ, Jr.

I Mina'trentai Unu Na Liheslaturan Guåhan

CHAIRMAN, COMMITTEE ON HEALTH & HUMAN SERVICES,
ECONOMIC DEVELOPMENT, SENIOR CITIZENS AND ELECTION REFORM

COMMITTEE VOTING SHEET

Substitute BILL NO. 339-31 (COR): An act to update statues relative to the establishment, promotion and maintenance of a comprehensive territorial emergency medical and ambulance services system throughout Guam, by amending Chapter 84 of Division 4, Title 10, Guam Code Annotated; Introduced by Sen. Dennis G. Rodriguez, Jr.

	SIGNATURE	TO PASS	NOT TO PASS	ABSTAIN	REPORT OUT ONLY	PLACE IN INACTIVE FILE
DENNIS G. RODRIGUEZ, Jr. Chairman		✓ 10/20/11				
ADOLPHO B. PALACIOS, Sr. Vice Chairman		✓ 10/20/11				
JUDITH T. WON PAT, Ed.D. Speaker						
BENJAMIN J. F. CRUZ Vice-Speaker		✓ 10/24/11				
TINA ROSE MUÑA BARNES Legislative Secretary		✓				
THOMAS C. ADA		10/24/11				
VICENTE C. PANGELINAN						
RORY J. RESPICIO						
JUDITH P. GUTHERTZ, DPA						
FRANK F. BLAS, Jr.					10/24/11	
V. ANTHONY ADA						
ALINE A. YAMASHITA, Ph.D.					10/24/11	
SAM MABINI, Ph.D.						
MANA SILVA TAIJERON		10/24/11				
CHRISTOPHER M. DUENAS		10/24/11				



Ufisinan Todu Guam

SENATOR DENNIS G. RODRIGUEZ, Jr.

I Mina'trentai Unu Na Liheslaturan Guåhan

CHAIRMAN, COMMITTEE ON HEALTH & HUMAN SERVICES,
ECONOMIC DEVELOPMENT, SENIOR CITIZENS AND ELECTION REFORM

COMMITTEE REPORT DIGEST

Bill No. 339-31(COR)

I. OVERVIEW: The Committee on Health & Human Services, Economic Development, Senior Citizens and Election Reform conducted a public hearing on October 13, 2011. The hearing convened at 8:35AM in I Liheslatura's Public Hearing Room. Among the items on the agenda was the consideration of **BILL NO. 339-31 (COR): An act to update statues relative to the establishment, promotion and maintenance of a comprehensive territorial emergency medical and ambulance services system throughout Guam, by amending Chapter 84 of Division 4, Title 10, Guam Code Annotated;** Sponsored by Senator Dennis G. Rodriguez, Jr.

Public Notice Requirements

Notices were disseminated via hand-delivery/fax and/or email to all senators and all main media broadcasting outlets on October 6, 2011 (5-day notice), and again on October 11, 2011 (48-hour notice).

Senators Present

Senator Dennis G. Rodriguez, Jr.	Chairman
Senator Adolpho B. Palacios, Sr.	Vice-Chairman
Senator Sam Mabini, Ph.D.	Committee Member
Senator V. Anthony Ada	Committee Member
Senator Christopher Duenas	Committee Member

The public hearing on agenda item Bill No. 339-31(COR) was called to order at 8:35AM.

II. SUMMARY OF TESTIMONY & DISCUSSION.

Chairman Dennis G. Rodriguez, Jr., convened the Public Hearing on Bill 339-31(COR). **Chairman Rodriguez, as the author of Bill 339-31 (COR), explained the intent of the bill.**

Chairman Rodriguez: We have two individuals wishing to testify today, that's Acting Fire Chief, Joey San Nicolas and Lucia Perez. And we have Brian Torres and Marlene Carbullido who is part of the audience but doesn't wish to give any oral testimony but will be available if there is any questions the panel may have. Bill 339-31 really came in the request of the EMS commission and I know that they've been working on amending and updating this chapter for quite some time now. The urgency of moving this forward in an expedited manner really came about with the news of our own government ambulance services which have been down for quite some time now and the lack of operating ambulances. And so I'm going to ask Lucy to start off and maybe since this is something that the EMS commission has put together to really give a brief synopsis and from there you can also present your written testimony.

Lucia Perez: Written Testimony in SUPPORT of Bill 339-31 (COR). Please see attachment.

Chairman Rodriguez: Thank you Lucy. Thank you very much. Chief?

GFD Chief, Acting, Joey San Nicolas: Written Testimony in SUPPORT of Bill 339-31 (COR). Please see attachment.

Chairman Rodriguez: Thank you very much Chief. And now I am going to ask the Vice-Chair if he has any questions.

Vice-Chairman Palacios: Do you have a testimony? (at Marlene Carbullido)

Marlene Carbullido: No, no testimony.

Chairman: Okay, but do you wish to testify? Okay for question she's open. Thank you. Because it says here: not testifying but open for questions.

Vice-Chairman Palacios: Thank you Mr. Chairman. For now maybe two things, first I look at the composition of the commission and I would to suggest that perhaps a representative from the private ambulance operators be included as a member of the commission. We have acknowledged, of course, the growth of this industry and it will continue to grow, well at least the size of the number of the commission now. How many members right now?

Marlene Carbullido: 14 (members)

Vice-Chairman Palacios: Okay, I understand you have three here from the fire department itself from EMT-B and EMT-intermediate. What is the rationale for having three?

Lucia Perez: There are different criteria and educational requirements for those areas. So what we would like to see is to be fair and to ensure that we cover all our bases in response or regarding EMS hospital setting that we have a representative, in that certified field, be present at the meetings. So, for example, an ALS EMT-P has higher training knows more in what type of care will be needed such as intubation, the administration of drugs and cardiac patients, things like that. The EMT-B is our basic level, our first level, and that's for different criteria, again.

Vice-Chairman Palacios: So the commission will then be relying on expertise from these members?

Lucia Perez: Yes

Vice-Chairman Palacios: Not from an outside source, perhaps from time to time? I'm just curious that it has to confide to that. I'm not saying that they shouldn't, but they have been students of EMS Commission and they, themselves, are certified by the EMS Commission. But I'm saying that I look at the commission and they should be a little more independent with respect to securing expertise to teach this. But it concludes to, then, that the inclusions of these individuals are a source for training, guidance, and advice in the development of policies and procedures as we progress.

Lucia Perez: The individual, sir, will be a source and serves as guidance for all the EMS policies and procedure. We also utilize them because of operation standards. The commission members are not out there on the field. They do not deal with the operations of the Guam Fire Department, the urgent care clinics, or the private transport companies, or even private ambulance services. But what the commission would like to do and would like to see is that we have at least a balance approach on what is truly happening out there. So we can take an educational book smart and say, okay, here's my manual. I've read three different jurisdictions, Idaho, California, Hawaii, and New York, and it says this. And you take

that and you put it in what happens in Guam and sometimes you find things that shouldn't be in there or the Guam perspective adds more stuff into it.

Vice-Chairman Palacios: Okay. Let me look at some of the memberships here. I can understand, of course, the GCC because of the highlight, health, there. It has to do with that high-way safety and the one from public health and social services. On the homeland security, what is the relevance?

Lucia Perez: With Homeland Security, right now, has a Guam emergency response plan. In that plan, there are different areas such as mass care or even typhoons. So whenever there are incidents out there that involve different or multiple jurisdictions such as fire, police, public health you want to make sure that you get the knowledge from that representative and also look at the rules, laws, and everything so that it doesn't conflict with each other.

Vice-Chairman Palacios: And on number 12 it says one representative from the department of education, registered nurse? I'm talking about DOE, what is the relevance here?

Lucia Perez: Well they, again, just like Guam Homeland Security, they will be a part of the whole triage system of EMS. For example: Later on you see, and I've provided my testimony, the incorporation of EMSC, Emergency Medical Service for Children, and who better to know the different levels of what students need in terms of care than the schools themselves. So them sitting on the commission gives more insight. Or, if I had a crystal ball, would tell me how exactly to deal with children with special needs, how do they deal with children in K-3, or children in Middle School, or children in High School, there's different levels. What we don't want to do is be bias and say, Okay, I'm a single parent. I have a 16 year old and a 22 year old, and this is the way I raised my children and these are my expectations. Yet in reality, it's different.

Vice-Chairman Palacios: Thank you very much. This is document that should then govern the Bill 319 that should authorize the use of private ambulances. Actually, this bill will regulate that. I just want to look at the relationship there.

Lucia Perez: Yes Sir, This bill will regulate that and what it will also do is ensure that when we have emergency runs and even non-emergencies that it goes through a system so we can document. One of the most important things when getting grants, or additional funding, or when we come before the senators is data. And if we have data scattered all over, or not done properly, or in different terms, then it makes it harder. But if you have it go through the 911 dispatcher everything would be recorded and data's there.

Vice-Chairman Palacios: Thank you Chairman. So, again, if you could just do the language there for the inclusion of a member or representative from the emergency service providers, because they would be affected eventually by rules and regulations developed by this commission, they would like to be there probably and they would have to express their views. So that's my recommendation at this point. Thank you Mr. Chairman.

Chairman Rodriguez: Thank you, Senator Palacios. Senator Palacios is right about Bill 319. I consider it as a companion in legislation to that because if we do go down that route where are we going to use private ambulances to augment GFD? We would have to have this in place. But also, something that we've included in the findings and intent here is that even without GFD using these private ambulances, if we so desire to do so, right now in the past few years we've seen an increase in private ambulances on island, the transport non-emergent patients from their residences to the clinic, for dialysis, or for whatever purposes..and it always comes to my attention that in the process of that where, let's say, that the private ambulance service picks up a patient from their residence and in route to the clinic, an emergency happens. The patient goes into cardiac arrest and that ambulance is not allowed to run in code and to

proceed to the hospital without these regulations. Of course Guam is small and if you're picking up someone from Merizo or Umatac, and there happens to be traffic in one lane, having the authority for that private ambulance to run in code is very important and so this would now make it possible for that to happen. So that is something that I want to make sure that we all recognize as well. Lucy, Senator Palacios has brought up a good point that including a private medical company organization..I recall in one of the former EMS meetings that this was discussed. Is there a reason why this wasn't put on?

Lucia Perez: Yes, I do remember it was discussed at every meeting and Brian Torres in the audience with us today. That is something they wanted put in. We can put that in, I am just trying to find the right way. If you have 8 different companies, they need to select 1 and businesses being business minded don't look too kindly on discussing their operations when you have their competitors in the area or in the same room. So we'll incorporate that and try to find a way

Chairman Rodriguez: You know the way and the composition. You know we can put down here as we move forward in this bill on who we think the representative should be, but it will ultimately up to the Governor who makes the appointments. I don't think this was something that was brought up earlier this year that we can't tell who you are going to pick from. Do you see any conflict if we put here a member or representative from the private ambulance transport service? Do you see any conflict from a member of that transport service sitting in the commission and also be a competitor to the other companies?

Lucia Perez: At first glance or when you first think about it, you would want to say that you don't see a conflict. But when you take a step back and look at the different businesses, and how they may operate there may be some issues that may be brought up that they maybe don't want to discuss, but I'm open to sitting down with the different companies and finding a way of finding 1 representative instead of the 8 different companies. It's going to take some work.

Chairman Rodriguez: That's going to have to happen when working with the appointed authority which would be the governor. So if you decide to go ahead and put that on then that's something that would have to be worked out. Thank you. Senator Ada?

Senator Tony Ada: I'm not sure if you would be able to answer this question but I was just looking at the bill and this seems to be a whole new office which would be the office of EMS, if that correct?

Lucia Perez: It is not a whole new office, sir, that has been established but what the bill did was give them more responsibilities, more team, and required more work.

Senator Tony Ada: How much more would it cost to fully implement this bill to the office of EMS?

Lucia Perez: When we were first looking at it, and Marlene and I were discussing with the chairman and she had her discussion with other commission members, she needed 3 employees. There was funding in the previous where it had \$200,000 that went over to GMH for their office of EMS. So if we could get that funding source back under the office of EMS that should cover those personnel.

Senator Tony Ada: How many people currently work in your office?

Marlene Carbullido: I only have one secretary and then myself, but my salary is just a nursing salary. I'm just an intern and acting administrator.

Senator Tony Ada: Okay, so this will call for a full time salary administrator? What is the qualifications of this administrator? Does it have to be a medical doctor?

Marlene Carbullido: No, it just depends. I'm a nursing administrator, you wouldn't want to use my salary but the range is lie 50,000 I would say or just the administrator. And for the support staff I would need 2 additional secretaries, and administrative assistant for the financial.

Senator Tony Ada: That's just personnel so far. You haven't included equipment

Marlene Carbullido: That's not rental.

Senator Tony Ada: Have we done a cost analysis of what this would cost to actually implement in the office of EMS?

Marlene Carbullido: Not really because right now I have a federal grant that I oversee called the Emergency Medical Assistance for Children Grant and we get federal funding which is \$150,000 a year but sustainability at this point, we are at the end of the grant cycle and we have to sustain the program locally now so I need to sit down and figure it out. \$200,000 is just barely enough.

Senator Tony Ada: Where would this funding source come from for this office of EMS?

Marlene Carbullido: Well that's why I am looking to the legislature to help us out. I understand. I am not trying to be defensive here. I'm just trying to let you understand where I'm coming from so we can work together and find out where we are coming from with this. You know I understand that you are coming to the legislature to look for the funding but at the same time what I am asking is what other funding do we have available? If this is going to cost us \$10,000,000 to implement, right off the bat, we don't have \$10,000,000 to implement it. We don't even have \$5,000,000 to implement it. Do we have \$1,000,000? I don't know. That's why I'm asking what can we do to work together so that we can work together in trying to establish this office of EMS. What I don't want is for us to try and establish it and then 6 months down the road we have no funding.

Lucia Perez: Well in previous budget cycles, sir, this was included in the budget section as a department section under the department of public health. What was also included in this bill that we've actually worked on is authorizing the office of EMS to present to the legislature a fee schedule. So every time we release a certificate, we charge for that. For training and curriculum review, there would be a charge for that. It also says to establish the account that basically says that all money collected would go to that use for the office of EMS. It also requested that if there was any money left over, that it would be rolled over into the next budget year instead of it going back to general fund so that we can continue.

Senator Tony Ada: So then would this office EMS also qualify for the E-911 fund? Would they be able to fund it out of the E-911?

Lucia Perez: I don't suggest that the office take money from the E-911 funds and this is my reason, other may feel differently. The 911 system is going to go through a technology upgrade. The next system in line is going to be next gen or the next generation, the next system of E-911. And in order for that to happen, 911 is going to need to procure new systems, it's going to have to procure licenses, and it's going to have to make sure that its dispatchers or call takers are certified. So anytime someone brings up taking money out of that fund to do something else, I push back because I look at the forward moving concept and right now that's what we need to do. We need to allow the 911 system to be upgraded so it can do the basic things that some states are doing. For example: texting or taking pictures using your cell-phones and sending that information to 911. So if there was a five-care accident right on the Agana bridge, because one of the heavy equipment accidently turned the wrong way then a motorist can take a picture and send it over to the 911 system they would already have a little bit of knowledge to know what tools was needed for that emergency.

Chief, Acting, Joey San Nicolas: Senator if I could also comment in support that E-911 does have the plans to move forward in the very near future we should be seeing a multi-step to upgrade the system not just system itself but also hopefully to get a facility because based on our latest RO-5s the system will not fit in its current facility. So, with that being said, although the money in the E-911 does look attractive, based on the plans that we're seeing and the interest that has been generated it appears that we are going to need every penny in there to upgrade the system.

Senator Tony Ada: I just don't want Ms. Marlene there to get into an office and then we're not going to be able to fund her, or the people she needs to run this office affectively because if she is not able to run this office affectively then we are just chasing our tail again. That's what I don't want for her to do. I know earlier today we had the cosmetology board here and they were talking about what public health, how many boards, they oversee to try and get certifications out, and licenses, and things like that. I couldn't believe it, there's only 3 people in that office. And that's what I don't want. That's why I'm asking where the funding is going to come from because if there is funding that we need to start searching for then we need to do it so this could get implemented. Thank you Mr. Chairman.

Chairman Rodriguez: Thank you Senator. Senator Mabini?

Senator Sam Mabini: Thank you Mr. Chair and thank you for providing us with the back ground for Bill 339. A few questions, with the re-organization that the governor has is there any anticipation that your area would be affected? That's one question. The second question I have deals with the training, and that is on page 19. It's item F under section 84105, that's regarding the training the question on that side is are we to expect the office of EMS to be approving the curriculum for training like GCC or other companies that are doing some training? The third question deals with page 41, it has to do with approving the use of private non-emergent transport vehicles. I'm just thinking about major, major accidents where seven or five ambulances would be needed. Would this be covering that?

Lucia Perez: Marlene will answer question number one dealing with the re-organization but with questions number two and three...number two, in terms of the training and certification, currently the office of EMS does review training curriculum syllabuses that is offered. For example the EMT-B program that is currently going on at GCC, before the class actually starts, the office of EMS actually works with GCC to make sure that the book utilized is its latest addition, to make sure the instructor is fully aware for what the mandates or rules that need to be followed. For example, going in and actually monitoring the class. Office of EMS is going in and actually monitoring the class, so all that is included in that. That section also allows for other companies. If companies or individuals A, B, and C wanted to put a company together to do training, this bill actually allows her that. And they would be held to the same standards as GCC. So you can come in, present your syllabus to the office of EMS, and get it approved, so that happens. And earlier in my testimony I mentioned that there would be an appendix where it has rules, regulations, and protocols to this bill and that's where that whole training goes in to because department of transportation, NHTSA, even fire NFPA constantly update their rules and regulations in regards to pre-hospital settings, so that'll happen in that appendix. In terms of page 41, when you have, and that's why we have Senator Palacios as a homeland security member of the team, an incident that requires multiple groups to come in and do the work, such as additional ambulances, this allows for that. The caveat is these companies, these ambulances, and this equipment all get rolled out or called out by 911 dispatch and ,again, that's just protection so that later on you can go back and do some quality assurance on it.

Marlene Carbullido: As far of the re-organization, I'm not aware of anything affecting the office of EMS because we are with the health professional licensing office. You heard the cosmetology board, we are a part of that office and I hope that they don't have plans to re-organize our area because the role that we

have with the public safety certifying and ensuring that these practitioners practice safely, that's very important, so I hope they don't have plans to re-organize our office anywhere else.

Senator Sam Mabini: And just one follow up question, have the insurance companies been involved? And how? To what extent? And how do you think this is going to impact our consumers?

Marlene Carbullido: like stay well and the private companies you are talking about?

Senator Sam Mabini: Yeah. As far as, you know, coverage for services.

Chief, Acting, Joey San Nicolas: If I may, well the insurance companies, what they paid for is basically quality of service that meet certain standards and what we normally throw out is medicaid/medicare standards. And this bill does ensure that the commission considers those standards when they set the rules and regulations, policies and procedures that govern not just GFD and the government service but also the private ambulance service. So I think that the HMO's as well as medicaid/medicare will be considered and the best interest of those companies will be considered within the commission.

Chairman Rodriguez: Thank you Senator. Senator Duenas?

Senator Chris Duenas: Good Afternoon, thank you Mr. Chair. Maybe you could clear something up a little bit here in reading through and the intent. Lucy, we're updating current chapter 84, correct?

Lucia Perez: Yes.

Senator Chris Duenas: So is there any, I guess the underline then would be the new provisions, Mr. Chair?

Chairman Rodriguez: Yes.

Senator Chris Duenas: Okay. This looks like a pretty confusing document.

Lucia Perez: Well we did try to make it easier as we took the current and the italicized are the new and underlined, and then the ones that are striked out is what is currently in law so that if you team or if you were reading it, you can actually go through it and say okay or if you put the current law that we got off of the compilers of laws website side by side, it'll be there.

Senator Chris Duenas: I'm sure this will be future reading for us before we hit the floor. But that makes it a bit easier because we're not trying to generate or create a whole new monster here; we're taming the monster or making the monster our friend. You know Lucy, I also wanted to bring up for the committees edification as well..Guam Homeland Security as well as civil defense- are they still going to maintain a redundant system? At least with the 911 systems?

Lucia Perez: In terms of the 911 system?

Senator Chris Duenas: Yeah and just EMS capabilities of course.

Lucia Perez: In regards to EMS capability, EMS will augment then as for example: Marlene, in her capacity as a registered nurse, if there was a disaster, man-made or natural, and Guam Home Land security said what we need to set up a triage team right away and we need to go out there. This bill actually allows, and incorporation with that position, the office of EMS to pull out their roster and say, these are all our registered nurses, these are EMT-B's that are certified, our ALS, and call them out and

we're all going to meet in Mangilao before and get bussed to the incident site. So this actually allows, now, puts more team into it. Before it was just we'll call you, and whatever could be offered.

Senator Chris Duenas: So maybe like the Southern High situation, would've been a perfect example.

Lucia Perez: Exactly. Take the nurses, do proper triage, and maybe not all 300 or how many students affected would've needed to go to GMH.

Senator Chris Duenas: To not overwhelm

Lucia Perez: Correct.

Senator Chris Duenas: Good, makes sense. Have you had a chance to review by Guam Fire Department in terms of their recommended amendments?

Lucia Perez: We actually have a representative. Our Chairperson, currently, is Captain Ed Chaco. And so he did go over what Guam Fire Department wanted to clarify and make sure that it was covered so, yes we did.

Senator Chris Duenas: So you're comfortable with the recommendations?

Lucia Perez: I would have to say that, me personally, I would need to take the document and just make sure the research that is done will cover that only because I'm one of those people who go back to jurisdictions like in California, Idaho, and Hawaii and instead of re-inventing the bill just add in the Guam flavor.

Senator Chris Duenas: Sure, I just wanted to make sure. I'm sure these things could be worked out but it's of by the time we get to the floor, and even if we don't agree, we'll know exactly. We'll know what direction we're going and we'll know why we made that decision. I just wanted to be clear because I saw some things where I could see the concerns on both sides. I'm sure that the biggest thing here is autonomy and capability to manage resources. I could see that, that makes sense to me. But I know that public health has probably been generous too in the past, correct?

Lucia Perez: Correct.

Senator Chris Duenas: Anything Chief?

Chief, Acting, Joey San Nicolas: Yes, senator. I just wanted to confirm or clarify, let you know that GFD was a part of this bill committee here and as far as the concerns that we're bringing up, I did bring it up prior to this hearing, however, some way or somehow it just didn't make it. So, I think these may have been oversights and I did talk to the GFD reps that we sent to these meetings. They agreed that it is just an oversight. Now I am presenting it as a let's get it on record and let's get it set. What I also just wanted to point out for everybody's sake is the Guam Fire Department really does support this bill and the reason why that is there are three basic issues or goals that obtained by this bill that we've been talking about for a long time. Number one is the establishment of the office of EMS as a whole. What is important about that is that it is a neutral, or third-party, fourth-party to include the commission regulatory office or committee that could help to keep the Guam Fire Department in check as far as our standards of care, as well as the private ambulances in check. What that means in the end is a higher standard of care for the people that we serve, and I'm all for that. The second thing that it also allows is for the private ambulances, like Senator Rodriguez stated earlier too when they have a patient that might be crashing they have the ability to transport instead of having to wait for us which in every EMT-Basic and me

coming from the field not too long ago when your hands are tied and you know what you can do it is not a great feeling. In our service, seconds count. Even for the private ambulances, when they have a crashing patient and I remind you, half of their employees are GFD firefighter's part timing. I can sympathize with them and understand that yes the need to transport via code if they are at a certain distance is important in saving lives. And then the third is to allow GFD to utilize the private ambulances when our system is taxed. As we all know, our system can get taxed very easily. Hopefully in the near term it'll change but even at that, using examples like the KL crash, typhoons our system can get taxed very easily and this provides that avenue for us to tap on them if they're available. Now at the same time all these three goals are being met, I also just wanted to say that on the Guam Fire Department that it is our statement that we want to make that at no time that this body or the island of Guam should consider this as a one step next to a full privatization of ambulance services. Like Lucy mentioned, as a matter of fact I forwarded to her, the Honolulu operations, and their EMS relationship with the private ambulances AMR. The overall concept is when somebody calls for 911, GFD answers that phone. They assess where they can dispatch the nearest ambulance within reasonable time. If they find that they find that they cannot reach that time then they have the avenue to roll out mutually and in our case right now it is only the military. We do not have access to the private. There are times that the military is not able to answer the call. They have their own runs to run to. So this provides that extra for us to utilize the private ambulance which is a welcomed help to us. But, again, at no time should we consider fully privatizing the ambulance service. I just wanted to put that out there. But otherwise, the Guam Fire Department does support this and this overall intent.

Senator Chris Duenas: You know that's interesting because I'm going to make a revelation here that I'm addicted to watching trials. I've been watching the trial with Michael Jackson and I'm sure our guys are capable too but it was amazing what kind of insight went into what first responders actually end up doing and the kind of life support that they provide. I was amazed watching the detail and knowing that literally a doctor would say directly that if EMS responders were there or emergency personnel were there from the fire department right away, it makes a difference within minutes of life and death. I appreciate what you do and I appreciate that comment.

Chief, Acting, Joey San Nicolas: Thank You.

Senator Chris Duenas: Thanks.

Chairman Rodriguez: Thank you very much senator. Senator Palacios?

Vice-Chairman Palacios: Thank you Mr. Chairman. I was following the question regarding the revenue. Is there somewhere here a fee structure? I would like to look at some drafts for provision for inclusion here and maybe Ms. Perez you can provide me with every schedule for certification. I heard that there is a provision here that you will maybe allow a licensed instructor or group of people to teach and prepare these people for certification. But in the end, I think that the commission should remain the single authority to certify EMT or EMS and so forth and establish curriculum. There should be a structure so you can go back and support the commission.

Lucia Perez: Okay in terms of the fee, what this bill does is it gives, and we've been working with Marlene on this, is to establish a fee structure for things that will be charged like the EMT certifications.

Vice-Chairman Palacios: But it's not here now?

Lucia Perez: It's not here.

Vice-Chairman Palacios: That could be a separate bill and I think it should be a separate bill so that it does not interfere with the discussion on this bill. This bill, itself, is good and the fee structure could be a companion bill which can be debated later. Anyway, I suggest that you start researching on that.

Lucia Perez: In terms of the certification, sir. What I was mentioning was, just to make sure that we all understand, the office of EMS is the regulatory body that will certify the instructors that who will be teaching EMT or EMR first responder courses. They will be the ones who will certify the curriculum. It's not just a new company coming in saying they're certified and just training and doing the test, no. This has the office of EMS blessing and approving everything before it starts. So you could be comfortable, so the public is comfortable, and so I can sleep at night knowing that the students who went through the program are trained properly.

Vice-Chairman Palacios: Can you look one more time so there is no confusion on page 62. It says here division of EMS and then there's the office of EMS.

Lucia Perez: Okay, I will correct that.

Vice-Chairman Palacios: So to the Ordinary public that might mean the same thing, but I know that's different because the office of EMS is at public health and social services but I noticed here that the division of EMS is with GMH.

Lucia Perez: That section, sir, the GMH side is actually part of the original law and when the law was first created back in the 17th, they actually had an office of EMS in fire department, they had an office of EMS in GMH, and then they had the office of EMS in public health. But the office of EMS in public health was the authorizing. The other two offices, if they made decisions, public health could always come in and they had that right by their regulations to say no that decision is wrong and you're doing this way or they can bless whatever decision you made. Now the office of EMS in GMH-that was needed in that time when we were setting up the whole EMS system to make sure that, because Guam Memorial is our only local hospital, that whenever our EMT's or our ambulances come in that both departments are fully aware of what needs to be done. So if we had to talk about replacing sheets, or if we had to talk about certification, or even handing the patient over from the ambulance to the ER people that it was done properly.

Vice-Chairman Palacios: Thank you very much Chairman.

Chairman Rodriguez: Thank you Vice-Chairman. Are there any other concerns? Yes please, Senator Ada.

Senator Tony Ada: Can I have Mr. Torres? You're the only one I see out there that represents private ambulances. Have you guys gone over the bill for the EMS?

Brian Torres of St. Joseph Medical Transport: Yes, sir, we have and we are in support of this bill. Since we started the company in '09, we have always been in support of regulations towards ambulance companies because of our commitment to the community. We, at Saint Joseph, have always been in for that because we don't want any fly-by-night ambulances coming in and providing care to the people of Guam. That is subpar to what expectations should be, we devote ourselves too. We have reviewed the bill and a written testimony will be presented by Monday.

Senator Tony Ada: If this whole legislation passes and becomes law, are you guys prepared to implement your side? All trained and ready to go?



Ufisinan Todu Guam

SENATOR DENNIS G. RODRIGUEZ, Jr.

I Mina'trentai Unu Na Liheslaturan Guåhan

CHAIRMAN, COMMITTEE ON HEALTH & HUMAN SERVICES, ECONOMIC DEVELOPMENT, SENIOR CITIZENS AND ELECTION REFORM

Brian Torres: As far as training is concerned, I have about a 98% staff of EMT's. My last 2% is already going through the course and will be certified as an EMT by the end of this semester at EMT. My staff and I hold regular trainings with them just to keep them up to par for emergency situations, even though it may not be an accredited course, but just to keep their skills fresh. So they are ready.

Senator Tony Ada: Thank you. I just wanted to see whether you guys were knowledgeable of the bill and what it contained and things like that so you guys aren't left out in the cold on the private ambulance side.

Brian Torres: I, myself, and even other employees in our company have gone to multiple meetings with EMS commission and they've been fortunate to listen to some of our concerns in terms of suggestions that we may have. Which, you know, I am thankful for that we've been able to voice that, even the senators that we may have voiced our concerns to you guys. But yes, we have been part of that step.

Senator Tony Ada: Okay, that's great. Thank you Mr. Chair.

Chairman: Thank you Senator Ada. There being no other testimonies, public hearing for Bill 339-31 has been met and so this public hearing is adjourned. Thank you. The time now is 4:15 in the afternoon.

There being no other testimony, or comments by Senators, Chairman Rodriguez declared the bill as having been heard, and concluded the public hearing on Bill No. 339-31(COR). The committee would continue to accept written testimony for a period of ten (10) days subsequent to the public hearing.

Fiscal Note: Requested on October 12, 2011 (attached) and *received October 18, 2011 (Attached).*
LHJ

III. FINDINGS AND RECOMMENDATIONS

The Committee on Health & Human Services, Economic Development, Senior Citizens and Election Reform, hereby reports out Bill No. 339-31(COR), as Substituted, with the recommendation to
TO PASS REPORT OUT ONLY.

**MINA' TRENTAI UNU NA LIHESLATURAN GUAHAN
2011 (FIRST) Regular**

Bill No. 339-31 (COR), as Substituted

By Committee on Health & Human Services,
Economic Development, Senior Citizens,
and Election Reform

Introduced by:

D.G. RODRIGUEZ, JR.
M.S. TAIJERON
A.B. PALACIOS, SR.
R.J. RESPICIO
S. MABINI, Ph.D.

**AN ACT TO UPDATE STATUTES RELATIVE TO THE
ESTABLISHMENT, PROMOTION AND MAINTENANCE OF A
COMPREHENSIVE TERRITORIAL EMERGENCY MEDICAL
AND AMBULANCE SERVICES SYSTEM THROUGHOUT
GUAM, BY AMENDING CHAPTER 84 OF DIVISION 4, TITLE
10, GUAM CODE ANNOTATED.**

1 **BE IT ENACTED BY THE PEOPLE OF GUAM:**

2 **Section 1. Legislative Findings and Intent:** *I Liheslaturan Guåhan*
3 finds that the existing statute relative to Emergency Medical Services, as
4 provided pursuant to Chapter 84, Division 4, Title 10, Guam Code
5 Annotated, requires significant amendments so as to update and bring
6 current with national standards the provision of emergency medical and
7 ambulance services for the people of Guam.

8 Chapter 84 of Title 10, Guam Code Annotated, was established by the
9 14th Guam Legislature and subsequently expanded in scope, as amended

1 by the 27th Legislature. Additional provisions requiring the promulgation
2 of rules and regulations by the Emergency Medical Services Commission
3 were added by the 23rd Guam Legislature. During this period, the level of
4 professional training and qualifications required in order to render services
5 by emergency response personnel has increased significantly nationwide.
6 Guam's regulations, however, have remained dormant and not kept pace
7 with advancing national standards. *I Liheslaturan Guåhan* finds that the
8 level of participation by private ambulance services for both public and
9 private medical facilities has also increased nationwide. Today, many
10 municipalities have entirely outsourced their ambulance requirements to
11 private companies. This use of private ambulance services has necessitated
12 the development of comprehensive standards to be utilized so as to assure
13 a consistent uniform level of emergency response services.

14 Guam, however, has continued to rely solely upon government
15 operated emergency services, as currently provided by the Guam Fire
16 Department. Through no fault of the dedicated GFD personnel, the
17 department has continued to encounter problems in the rendering of
18 services directly due to the shortage of ambulances, and the inability to
19 maintain them. *I Liheslaturan* takes due note of the successful public-
20 private relationships in numerous municipalities, where part or all of the
21 services are directly operated by private entities, with appropriate
22 government coordination and regulation. In order to accomplish this for

1 Guam, appropriate, modern rules and regulations must be enacted.
2 Towards this end, and pursuant to §84118, 10 GCA [Rules and
3 Regulations], as enacted by the 23rd Legislature, the Emergency Medical
4 Services Commission has been developing comprehensive rules and
5 regulations, in keeping with national standards, and thus would allow for
6 the use of both government and private emergency response services
7 island-wide, consistently operating under the same standards, and
8 possessing the same professional qualifications. Participation in this
9 endeavor has included both government and private stakeholders. It is
10 their work product that this Act seeks to implement.

11 Further, with the upcoming development of a new private hospital,
12 as well as the growing number of urgent care centers, it is even more
13 imperative that Guam's private medical facilities be able to directly utilize
14 emergency response services on Guam's roads in their provision of
15 emergency health care for the people of Guam. At this time, private
16 ambulance services regularly transport patients from their homes to
17 various medical facilities for treatment. However, in the event a patient,
18 whose health may already be severely challenged, goes into a critical state
19 requiring prompt medical attention, the ambulance service can not quickly
20 proceed 'in-code' utilizing emergency flashing lights and sirens. Nor, do
21 they have direct electronic contact with GFD or GMH to coordinate their
22 emergency travel upon public roads, as well as professionally directed

1 medical treatment, as instructed by the GMH emergency physician during
2 transport. Currently, the private ambulance calls for a GFD ambulance,
3 into which the patient is transferred, and subsequently transported to
4 GMH. This results in a significant delay in the patient receiving the
5 desperately needed medical attention.

6 It is the intent of *I Liheslaturan Guåhan* to adopt rules and regulations
7 that will (1) raise the quality of both public and private emergency medical
8 response services, and (2) because all would be required to operate
9 pursuant uniform standards, thus provide for safe, partnerships between
10 the government of Guam and private ambulance companies.

11 **Section 2.** Chapter 84 of Division 4, Title 10, Guam Code Annotated, is
12 hereby amended, to read:

13 **“Chapter 84 - EMERGENCY MEDICAL SERVICES**

14 §84101. Intent.

15 §84102. Definitions./

16 §84103. Guam Emergency Medical Services Administrative Office.

17 §84104. Administration.

18 §84105. The Administrative Office: Composition; Duties and Responsibilities.

19 §84106. Guam Emergency Medical Services Commission.

20 §84107. Purpose.

21 §84108. Composition.

22 §84109. Organization.

23 §84110. Certification.

- 1 §84111. Certification Procedure.
- 2 §84112. Exemptions from this Chapter.
- 3 §84113. Suspension and Revocation Procedure.
- 4 §84114. Required Treatment.
- 5 §84115. Consent.
- 6 §84116. Prosecution of Illegal Acts.
- 7 §84117. Penalties.
- 8 §84118. Rules and Regulations.
- 9 §84119. Grants.
- 10 §84120. EMS Medical Director: Required Qualifications.
- 11 §84121. Guam Emergency Enhanced 911 Telephone Systems.
- 12 §84122. Division of EMS.
- 13 **SOURCE:** Chapter added by P.L. 14-11. Further added by P.L. 23-77:9-10.

14 **§84101. Intent.** The Legislature of Guam hereby declares that:

15 (a)The provision of emergency medical services is a matter of vital
16 concern affecting the public health, safety and welfare of the people of
17 the Territory of Guam;

18 (b)It is the purpose and intent of this Chapter is to establish, promote and
19 maintain a comprehensive Territorial emergency medical services
20 system throughout the island. The system will provide for the
21 arrangement of personnel, facilities, and equipment for the effective and
22 coordinated delivery of health care services under emergency
23 conditions whether occurring as the result of a patient’s condition or of
24 natural disasters or other causes. The system shall also provide for
25 personnel, personnel training, communications, emergency

1 transportation, facilities, coordination with emergency medical and
2 critical care services, coordination and use of available public safety
3 agencies, promotion of consumer participation, accessibility to care,
4 mandatory standard medical recordkeeping, consumer information and
5 education, independent review and evaluation, disaster linkage, mutual
6 aid agreements, and other components necessary to meet the purposes
7 of this part. Further, it is the policy of the Territory of Guam that
8 people shall be encouraged and trained to assist others at the scene of a
9 medical emergency. Local governments, agencies, and other
10 organizations shall be encouraged to offer training in cardiopulmonary
11 resuscitation and lifesaving first aid techniques so that people may be
12 adequately trained, prepared, and encouraged to assist others
13 immediately.

14 ~~[It is the purpose of this Chapter to promote the establishment and~~
15 ~~maintenance of an effective system of emergency medical services,~~
16 ~~including the necessary equipment, personnel and facilities to insure that all~~
17 ~~emergency patients receive prompt and adequate medical care throughout~~
18 ~~the range of emergency conditions encountered.]~~

19 (c) It is the intent of the Legislature to assure the island community that
20 prompt, efficient and effective emergency medical services will be
21 provided as mandated by P.L. 17-78 §72105 which states that the Guam
22 Fire Department shall have the authority and responsibility of operating
23 an emergency medical and rescue services system. Therefore, the
24 Legislature recognizes the Guam Fire Department in its role as the
25 designated central agency for the overall operation of the island's
26 enhanced 911 emergency medical services system. Furthermore, the

1 Legislature finds that in order for the Guam Fire Department to provide
2 prompt, efficient and effective quality emergency medical care,
3 coordination between EMS agencies and the EMS Commission is a key
4 element in a functioning EMS System.

5 (d) It is the intent of the Legislature in enacting this section and Sections to
6 prescribe and exercise the degree of Territory direction and supervision
7 over emergency medical services as will provide for Territory action
8 immunity under federal antitrust laws for activities undertaken by local
9 governmental entities in carrying out their prescribed functions under
10 this Chapter.

11 **§ 84102. Definitions.**

12 Unless the context otherwise requires, the definitions contained in this
13 chapter shall govern the provisions of this commission: [~~As used in this~~
14 Chapter]

15 (a) *Emergency Medical Service* means a service designated by the
16 Commission as providing emergency medical assistance on the scene, en
17 route and at designated emergency medical services facilities.

18 (b) *Administrator* means the Administrator or his/her designee of the Guam
19 Emergency Medical Services Administrative Office created under this
20 Chapter.

21 (c) Advanced life support or "ALS" for ambulance services, means special
22 services designed to provide definitive pre-hospital emergency medical
23 care, including, but not limited to, cardiopulmonary resuscitation, cardiac
24 monitoring, cardiac defibrillation, advanced airway management,
25 intravenous therapy, administration of specified drugs and other
26 medicinal preparations, and other specified techniques and procedures

1 administered by authorized personnel under the direct supervision of a
2 hospital as part of a local EMS system at the scene of an emergency,
3 during transport to an acute care hospital, during interfacility transfer, and
4 while in the emergency department of an acute care hospital until
5 responsibility is assumed by the emergency or other medical staff of that
6 hospital. [~~Commission means the Guam Emergency Medical Services.~~]

7 (d) Authority means the Emergency Medical Services Authority established
8 by this division.

9 (e) Basic Life Support or “BLS” means emergency first aid and
10 cardiopulmonary resuscitation procedures which, as a minimum, include
11 recognizing respiratory and cardiac arrest and starting the proper
12 application of cardiopulmonary resuscitation to maintain life without
13 invasive techniques until the victim may be transported or until advanced
14 life support is available.

15 (f) [~~Emergency Patient means an individual who is acutely ill, injured,~~
16 ~~incapacitated or helpless and who requires emergency care.~~]

17 (g) Commission means the Guam Emergency Medical Services Commission
18 created under this Chapter.

19 [~~Ambulance means any conveyance on land, sea or air that is used or~~
20 ~~is intended to be used for the purpose of responding to emergency life~~
21 ~~threatening situations and providing emergency transportation servicee.~~]

22 (h) Cardiopulmonary Resuscitation or "CPR" The combination of rescue
23 breathing and chest compressions used to establish adequate ventilation
24 and circulation in a patient who is not breathing and has no pulse.

25 [~~Emergency Ambulance Services means the transportation of emergency~~
26 ~~patients by ambulance and the administration of emergency medical~~
27 ~~services to emergency patients before or during such transportation.~~]

1 (i) Disaster situation includes "mass casualties", "national emergency",
2 "natural disaster", or person-caused disaster.

3 [~~Emergency Medical Technician means an individual who meets the~~
4 ~~minimum requirements established under this Chapter and who has the~~
5 ~~duty~~
6 ~~to administer or supervise emergency medical services.~~]

7 (j) A mass casualty means so many persons being injured, incapacitated,
8 made ill, or killed that ordinary resources for emergency treatment are
9 strained beyond capacity.

10 [~~Emergency Medical Service Facility means a facility that is certified and~~
11 ~~operated under the Government Code of Guam and is equipped, prepared~~
12 ~~and staffed to provide medical care for emergency patients appropriate to~~
13 ~~its classification.~~]

14 (k) Medical direction on-line means advice, assistance, supervision, and
15 control provided from a state designated regional medical facility staffed
16 by emergency physicians supplying professional support through radio,
17 telephonic, or any written or oral communication for on-site and in-
18 transit basic and advanced life support services given by pre hospital
19 field personnel.

20 [~~Person means any natural person or persons, firm, partnership,~~
21 ~~corporation, company, association or joint stock association and the legal~~
22 ~~successors thereof including any governmental agency or instrumentality~~
23 ~~other than an agency or instrumentality of the United States.~~]

24 (l) Emergency Patient means an individual who is acutely ill, injured
25 incapacitated or helpless and who requires emergency care.

1 ~~[Paramedic means an emergency medical technician who meets~~
2 ~~specialized advance training requirements as established by the~~
3 ~~Administrator.]~~

4 (m) Ambulance means any privately or publicly owned ground motor
5 vehicle, watercraft, or aircraft that is specially designed, constructed,
6 equipped and approved pursuant to Guam EMS Office regulations
7 intended to be used for and maintained or operated for the transportation
8 of patients with medical conditions unable to use other means of
9 transportation, except any such ground motor vehicle, watercraft, or
10 aircraft owned or operated under the direct control of the United States

11 ~~Certificate or Certification shall mean authorization in written form~~
12 ~~issued by the Administrator to a person to furnish, operate, conduct,~~
13 ~~maintain, advertise or otherwise engage in providing emergency medical~~
14 ~~services as a part of a regular course of doing business, either paid or~~
15 ~~voluntary.~~

16 (n) Emergency Ambulance Services means the transportation of emergency
17 medical services to emergency patients before or during such
18 transportation.

19 (o) Ambulance Service means an individual, partnership, association,
20 corporation, private or government whether for profit or not, engaged in
21 the activity of providing emergency medical care and the transportation
22 either emergency or nonemergency sick, injured, or otherwise medically
23 or psychologically incapacitated individuals by ambulances staffed by
24 BLS or ALS personnel to, from, or between general hospitals or other
25 healthcare facilities.

1 ~~[Emergency Medical Services Personnel means personnel approved by~~
2 ~~the Administrator to provide emergency medical assistance on the scene,~~
3 ~~enroute and at designated emergency medical services facilities.]~~

4 (p) *Emergency Medical Technician-Basic* who has a valid certificate issued
5 by the Guam Office of EMS, who has been trained in all facets of basic
6 emergency care skills including automated external defibrillation, use of
7 a definitive airway adjunct, and assisting patients with certain
8 medications, and other training and certifications as required by the EMS
9 Administrator under this Chapter. ~~[Emergency means any actual or self-~~
10 ~~perceived event which threatens life, limb, or well being of an individual~~
11 ~~in such a manner that immediate medical or public safety care is needed.]~~

12 (q) *Emergency Medical Service Facility* means a facility that is certified and
13 operated under the Government of Code of Guam and is equipped,
14 prepared, and staffed to provide medical care for emergency patients
15 appropriate to its classification.

16 ~~[Emergency Medical Services (EMS) System means a collective system~~
17 ~~which provides the coordination and arrangement of personnel, facilities,~~
18 ~~regulations, and equipment for the expedient delivery of efficient and~~
19 ~~effective quality emergency medical care.]~~

20 (r) *Person* means any natural person or persons, firm, partnership,
21 corporation, company, association or joint stock association and the legal
22 successors thereof including any governmental agency or instrumentality
23 other than an agency or instrumentality of the United States.

24 ~~[EMS Medical Director means a Guam licensed physician who provides~~
25 ~~overall medical direction for the island wide Emergency Medical~~
26 ~~Services System.]~~

1 (s) Emergency Medical Technician Paramedic ("EMT-P") "paramedic"
2 means an individual who holds a current, valid certificate issued by the
3 Office of EMS, who has extensive training in advanced life support,
4 including IV (intravenous) therapy, pharmacology, cardiac monitoring,
5 and other advanced assessment and treatment skills as required by the
6 EMS Administrator. [~~Commercial Ambulance Service means a non-~~
7 governmental ambulance service.]

8 (t) Emergency Medical Technician Intermediate ("EMT-I") means an
9 individual who holds a current, valid certificate issued by the Office of
10 EMS, who has training in advanced life support, including IV
11 (intravenous) therapy, interpretation of cardiac rhythms and defibrillation
12 and or tracheal intubation, whose scope of practice to provide advanced
13 life support and who meets specialized extensive training in advance
14 assessment and treatment skills as required by the EMS Administrator.

15 (u) Emergency Medical Responder means the first trained individual, such
16 as police officer, fire fighter, lifeguard, or other rescuer, to arrive at the
17 scene of an emergency to provide initial medical assistance.

18 (v) Certificate or Certification (a) "Certificate" or "license" means a specific
19 document issued by the Administrator to an individual denoting
20 competence in the named area of pre-hospital service either paid or
21 volunteer; (b) "Certification status" or "license status" means the active,
22 expired, denied, suspended, revoked, or placed on probation designation
23 applied to a certificate or license issued pursuant to this division; (c)
24 Certification is a process in which a person, an institution, or a program
25 is evaluated and recognized as meeting certain predetermined standards
26 to provide safe and ethical care.

1 (w) Competency based curriculum means a curriculum in which specific
2 objectives are defined for each process in which a person, an institution,
3 or a program is evaluated and recognized as meeting predetermined
4 standards of the separate skills taught in training programs with
5 integrated didactic and practical instruction and successful completion of
6 an examination demonstrating mastery of every skill.

7 (x) Designated facility means a hospital and/or Urgent Care Clinic which has
8 been designated by a local EMS agency to perform specified emergency
9 medical services systems functions pursuant to guidelines established by
10 the authority. ~~Treatment Protocol~~ means written guidelines approved by
11 the Medical Director providing pre-hospital personnel with a
12 standardized approach to commonly encountered patient problems, thus
13 ensuring consistent care.

14 (y) Emergency Medical Services Personnel means personnel approved by
15 the Administrator to provide emergency medical assistance on the scene,
16 enroute and at designated emergency medical services facilities.

17 (z) Emergency means a serious condition or situation, such as illness or
18 injury, in which an individual or group has a need for immediate medical
19 attention that threatens the life or welfare of a person or group of people
20 and requires immediate intervention, or where the potential for such need
21 is perceived by emergency medical personnel or a public safety agency.

22 (aa) Emergency Medical Services System means a collective system
23 which provides the coordination and arrangement of personnel, facilities,
24 regulations, and equipment for the effective and coordinated delivery of
25 efficient and effective quality emergency medical care.

- 1 (bb) EMS Medical Director means a Guam licensed physician who
2 provides overall medical direction for the Territorial Emergency Medical
3 Services System.
- 4 (cc) Commercial Ambulance Service means a non-governmental
5 ambulance service.
- 6 (dd) Treatment Protocol means written guidelines (also known as *Off-line*
7 *Medical Direction*) approved by the Medical Director providing pre-
8 hospital personnel with a standardized approach to commonly
9 encountered patient problems that is related to medical or trauma, thus
10 encountering immediate care.
- 11 (ee) Compliance to Protocol shall mean the adherence to the written text
12 or scripts and other processes within the approved emergency medical
13 dispatch protocol reference system except that, deviation from the text or
14 script may only occur for the express purpose of clarifying the meaning
15 or intent of a question or facilitating the clear understanding of a required
16 action, instruction, or response from the caller.
- 17 (ff) Continuing Education shall mean educational experiences in
18 accordance with guidelines, regulations, law, policies and or requirements
19 as established by Department of Transportation, The National Highway
20 Traffic Safety Administration, Emergency Medical Dispatch National
21 Standard Curriculum and/or other U.S. Accredited Institution of
22 Learning.
- 23 (gg) Emergency Medical Dispatcher-E911 Call Taker means a trained and
24 certified individual by the Guam Office of EMS employed by or in the
25 Guam Fire Department or private organization either part-time or full
26 time, who manages the answering of emergency telephone calls and/or
27 management of requests for emergency medical assistance in an

1 emergency medical services (EMS) system. It involves two broad
2 aspects of work: call-taking, where calls for emergency medical
3 assistance are received and prioritized using a medically approved
4 dispatch protocol system utilizing pre-arrival instructions ; and
5 controlling where the most appropriate ambulance is dispatched to the
6 emergency and ambulance resources are optimized in their areas of
7 operations.

8 (hh) **First Responder** means those individuals who in the early stages of an
9 incident are responsible for the protection and preservation of life,
10 property, evidence, and the environment, including emergency response
11 providers as defined in Section 2 of the Homeland Security Act of 2002
12 (6 U.S.C. 101), as well as emergency management, public health, clinical
13 care, public works, and other skilled support personnel (such as
14 equipment operators) that provide immediate support services during
15 prevention, response, and recovery operations.

16 *First Responder Homeland Security Act 2002* refers to ‘Emergency
17 response providers’ includes, federal, state, and local government
18 emergency public safety, law enforcement, emergency response,
19 emergency medical, and related personnel, agencies, and authorities.

20 (ii) **Non-medical Transport Services** - transportation that is provided in non-
21 medical and non-emergent situations to people who do not require
22 medical attention, e.g. para-transits, vans with wheelchair access, and
23 passenger service vehicles.

24 (jj) **Basic Life Support Ground Transport Services** – transportation that is
25 provided in a non-emergent situation to people who require special
26 medical monitoring and support.

27 (kk) **Basic Life Support Emergency Ambulance Services** - transportation

1 that is provided where “medical necessity is established when the
2 patient’s condition is such that use of any other method of transportation
3 is contraindicated.”

4 (ll) *Training Service Provider* means an organization, higher learning
5 institution providing training to the public or person on EMR, EMT-B
6 and CPR that has an approved certification process approved by the EMS
7 Administrator from DPHSS Office of EMS. All competency based
8 curriculum must contain specific objectives defined for each process in
9 which a person, an institution, or a program is evaluated and recognized
10 as meeting predetermined standards of the separate skills taught in
11 training programs with integrated didactic and practical instruction and
12 successful completion of an examination demonstrating mastery of every
13 skill must be approved by the EMS Administrator in the DPHSS Office
14 of EMS.

15 **§ 84103. Guam Emergency Medical Services Administrative Office.**

16 There is hereby created within the Department of Public Health and Social
17 Services, a Guam Emergency Medical Services Administrative Office called
18 the Office of Emergency Medical Services (Office of EMS). The Office shall
19 plan, establish, implement, administer, maintain and evaluate the Territorial
20 comprehensive emergency medical services system to serve the emergency
21 health needs of the people of Guam in an organized pattern of readiness and
22 response services based on public and private agreements and operational
23 procedures. The Office, in the implementation of this part of the plan, will
24 coordinate, and provide assistance to all entities and agencies, public and
25 private, involved in the Territorial system. All emergency medical services,
26 ambulance services, private non-emergent transport services conducted are

1 under the authority of the Office of EMS shall be consistent with this part.

2 The Office of EMS shall be responsible for implementation of advanced life
3 support systems and limited advanced life support systems and for the
4 monitoring of training programs. The Office of EMS shall be responsible for
5 determining that the operation of training programs at the Emergency Medical
6 Responder (EMR), Emergency Medical Technician-Basic (EMT-B),
7 Emergency Medical Technician-Intermediate/Advance (EMT-I)(A), Advance
8 Life Support (ALS) and Emergency Medical Technician-Paramedic (EMT-P)
9 levels are in compliance with this chapter, and shall approve the training
10 programs if they are found to be in compliance with this chapter.

11 **§ 84104. Administration.**

12 (a) Commission Membership. The Administrator of the Office of EMS shall
13 at each EMS Commission meeting report to the commission its
14 observations and recommendations relative to its review of the ambulance
15 services, emergency medical care, and first aid practices, and programs for
16 training people in cardiopulmonary resuscitation and lifesaving first aid
17 techniques, and public participation in such programs on all matters
18 relating to emergency medical services as directed by the EMS
19 Commission. [~~serve as the Executive Secretary of the Guam EMS~~
20 ~~Commission.~~]

21 **§ 84105. The Office of EMS Administrative Office: Composition; Duties, and**
22 **Responsibilities.**

23 The Office of EMS administrative office shall be composed of a full-time salaried
24 Administrator and sufficient supporting staff to efficiently fulfill the purpose of the
25 emergency medical services system. The Administrator shall:

1 (a) Implement emergency medical services regulations and standards.

2 (b) Develop and promote, in cooperation with local public and private
3 organizations and persons, a Territorial Program for the provision of emergency
4 medical services and to set policies for the provision of such services. The
5 Administrator shall explore the possibility of coordinating emergency medical
6 services with like services in the military and the Commonwealth of the Northern
7 Marianas Islands, Federated States of Micronesia and the Republic of Palau.

8 ~~[Coordinate with the Guam Health Planning and Development Agency and the~~
9 ~~Guam Health Coordinating Council on the development and implementation of a~~
10 ~~Territorial Program for the provision of emergency medical services.]~~

11 (c) Assess all current emergency medical services capability and
12 performance, and the establish programs to remedy identified deficiencies through
13 the development and periodic revision of a Comprehensive Territorial Plan for
14 emergency medical services. The Plan shall include but not limited to:

- 15 (1) Emergency medical services personnel and training;
- 16 (2) Emergency medical services facilities assessment ;
- 17 (3) Emergency medical services transportation and related equipment
- 18 (4) Telecommunications and Communications;
- 19 (5) Interagency coordination and cooperation];
- 20 (6) System organization and management;
- 21 (7) Data Collection and Management and Evaluation;
- 22 (8) Public Information and Education; and
- 23 (9) Disaster Response

24 ~~[Develop and promote in cooperation with local public and private organizations~~
25 ~~and persons, a Territorial Program for the provision of emergency medical services~~
26 ~~and to set policies for the provision of such services. The Administrator shall~~

1 ~~explore the possibility of coordinating emergency medical services with like~~
2 ~~services in the military and the Trust Territories of the Pacific Islands.]~~

3 (d) The Office of EMS shall develop planning and implementation
4 guidelines for emergency medical services systems which address the components
5 stated and to establish programs to remedy identified deficiencies through the
6 development and periodic revision of a Comprehensive Territorial Plan for
7 emergency medical services. The guidelines shall include but not be limited to the
8 following:

- 9 (1) Emergency medical services personnel and training;
- 10 (2) Emergency medical services facilities assessment ;
- 11 (3) Emergency medical services transportation and related equipment
- 12 (4) Telecommunications and Communications;
- 13 (5) Interagency coordination and cooperation];
- 14 (6) System organization and management;
- 15 (7) Data Collection and Management and Evaluation;
- 16 (8) Public Information and Education; and
- 17 (9) Disaster Response

18 (e) Develop emergency medical services regulations and standards
19 emergency medical services facilities, personnel, equipment, supplies and
20 communications facilities and locations as may be required to establish and
21 maintain an adequate system of emergency medical services;

22 ~~[Develop emergency medical services regulations and standards for emergency~~
23 ~~medical services facilities, personnel, equipment, supplies and communications~~
24 ~~facilities and locations as may be required to establish and maintain an adequate~~
25 ~~system of emergency medical services.]~~

26 (f) The Office of EMS shall provide technical assistance for the
27 coordination and approval of training to existing agencies, Territorial organizations

1 and private entities for the purpose of developing the components of implementing
2 emergency medical services described in the Articles;

3 ~~[Provide technical assistance to territorial organizations implementing the~~
4 ~~emergency medical services programs described in the Articles.]~~

5 (g) The Office of EMS shall be responsible for determining that the
6 operation of training programs at the EMR, EMT-B, EMT-I, ALS and EMT-P
7 levels are in compliance with this division, and shall review and approve curricula
8 and syllabi of training courses or programs offered to EMS personnel who provide
9 basic, intermediate, and advanced emergency medical services; consult with the
10 Guam Community College, Guam Fire Department Training Center, Training
11 Service Provider or any professional organization that provide emergency medical
12 services training for basic, intermediate, advanced life support and paramedic

13 ~~[Develop or assist other agencies in the development of training and retraining~~
14 ~~programs for personnel engaged in the provision of emergency medical services.]~~

15 (h) Establish and maintain standards for emergency medical services
16 course instructor qualifications and requirements for emergency medical services
17 training facilities, instructors and competency based curriculum;

18 ~~[Develop an effective emergency medical services communication system in~~
19 ~~cooperation with concerned public and private organizations and~~

20 ~~persons. The communication system shall include but not be limited to the~~
21 ~~following:~~

22 ~~(1) Programs aimed at locating accidents and acute illnesses on and off the~~
23 ~~roadways and directly reporting such information to the responding agency;~~

24 ~~(2) Direct ambulance communication with the emergency medical services~~
25 ~~facility;~~

26 ~~(3) Minimum standards and regulations on communication for all~~
27 ~~appropriate medical components; and~~

1 ~~(4) Plans for the establishment and implementation of the universal~~
2 ~~emergency telephone number A911@ and criteria for the utilization of~~
3 ~~citizen-operated radios in alerting authorities about emergency situations.]~~

4 (i) Collect and evaluate data for the continued evaluation of Territorial
5 EMS System through a quality improvement program;

6 ~~[Regulate, inspect, certify and re-certify emergency medical services~~
7 ~~facilities, personnel, equipment, supplies and communications facilities and~~
8 ~~locations engaged in providing emergency medical services under this Chapter.]~~

9 (j) Coordinate emergency medical resources such as Disaster Teams
10 comprised of EMR's, EMT-B, EMT-I, EMT-P and Licensed Registered Nurses
11 employed by the government of Guam agencies, and the allocation of the
12 Territorial EMS System's services and facilities in the event of mass casualties,
13 natural disasters, national emergencies, and other emergencies, ensuring linkage to
14 local and national disaster plans, and participation in exercise to test these plans;

15 ~~[Establish criteria necessary to maintain certification as emergency medical~~
16 ~~services personnel which shall include but not be limited to the following:~~

17 (1) ~~A formal program of continuing education;~~

18 (2) ~~Minimum period of service as emergency medical services~~
19 ~~personnel; and~~

20 (3) ~~Re-certification at regular intervals which shall include a~~
21 ~~performance examination and may include written examinations and~~
22 ~~oral examinations]~~

23 (k) Implement public information and education programs to inform the
24 public of the Territorial EMS System and its use, and disseminate other emergency
25 medical information, including appropriate methods of medical self-help and first-
26 aid training programs on the island;

1 ~~[Apply for, receive and accept gifts, bequests, grants in aid, territorial and~~
2 ~~Federal aid, and other forms of financial assistance to carry out the purpose of this~~
3 ~~Chapter Consult with the Emergency Medical Services Commission on matters~~
4 ~~relating to the implementation of this part];~~

5 (l) Collaborate with the Emergency Medical Services Commission on
6 matters pertaining to the implementation of this part

7 ~~[Prepare budgets, maintain fiscal integrity and disburse funds for emergency~~
8 ~~medical service];~~

9 (m) Develop an effective emergency medical services communication
10 system in cooperation with concerned public and private organizations and
11 persons. The communication system shall include but not limited to:

12 (1) Programs aimed at locating accidents and acute illnesses on and
13 off the roadways and directly reporting such information to the
14 responding agency.

15 (2) Direct ambulance communication with the emergency medical
16 services facility;

17 (3) Minimum standards and regulations on communication for all
18 appropriate medical components;

19 (4) Assist in the development of an enhanced "911 emergency
20 telephone system; and

21 (5) Establish the standards and provide training for dispatchers in the
22 Territorial EMS System and maintain a program of quality
23 improvement for dispatch equipment and operations.

24 ~~[Promote programs for the education of the general public in first aid and~~
25 ~~emergency techniques and procedures.]~~

26 (n) Regulate, inspect, certify, and re-certify emergency medical services
27 facilities, personnel, equipment, supplies, ambulances, advanced life support

1 vehicles, ambulance, emergency ambulance service/s, Private Non-Emergent
2 Medical Transport Vehicle providers, private communications facilities and
3 locations engaged in providing emergency medical services under this Chapter.

4 (o) The Office of EMS may contract for the provision of emergency medical
5 services or any necessary component of an emergency medical services system;

6 (p) Establish rules and regulations for the contract of, use, license,
7 standards, liability, equipment and supplies, personnel certifications and revocation
8 or suspension processes for Ambulance service, Emergency Ambulance Service
9 and Private Non-Emergent Medical Transport Vehicle

10 (q) Non-medical Transport Vehicle staff shall *not* knowingly transport a
11 person who:

12 a) Is being administered a medication that might prevent that person from
13 caring for himself or herself;

14 b) Was administered a medication that might prevent that person from
15 caring for himself or herself;

16 c) Needs or may need oxygen unless that person's physician has prescribed
17 oxygen as self-administered oxygen;

18 d) Needs or may need suctioning;

19 e) Is being evaluated in an emergency room and for any reason must be
20 transported to another hospital for diagnostic tests that are not available at the first
21 hospital;

22 f) Is being medically monitored at the sending facility and will continue to
23 be medical monitored at the destination facility;

24 Staffing requirements: Chauffer's license only.

25 Non-emergent Medical Transport Vehicle shall have adequately trained staff
26 that may transport a person who:

27 a) Is being administered a medication that might prevent that person from

1 ~~earing for himself or herself;~~

2 ~~b) Was administered a medication that might prevent that person from~~
3 ~~earing for himself or herself;~~

4 ~~e) Needs or may need oxygen unless that person's physician has prescribed~~
5 ~~oxygen as self-administered oxygen;~~

6 ~~d) Needs or may need suctioning;~~

7 ~~e) Has sustained an injury and has not yet been evaluated by a physician;~~

8 ~~f) Is experiencing an acute condition or a sudden injury or illness;~~

9 ~~g) Is being evaluated in an emergency room and for any reason must be~~
10 ~~transported to another hospital for diagnostic tests that are not available at the first~~
11 ~~hospital;~~

12 ~~h) Is being medically monitored at the sending facility and will continue to~~
13 ~~be medically monitored at the destination facility.~~

14 ~~Staffing requirements: Minimum one (1) Driver certified in First Aid, CPR,~~
15 ~~Chauffer's license; and one (1) certified Emergency Medical Technician (EMT).~~

16 ~~Basic Life Support Emergency Ambulance Vehicle shall comply with the 10~~
17 ~~G.C.A. Chapter 84 Emergency Medical Services Act governing the "licensing and~~
18 ~~certification of an emergency medical transportation vehicle. At a minimum, the~~
19 ~~ambulance must contain a stretcher, linens, emergency medical supplies, oxygen~~
20 ~~equipment, and other lifesaving emergency medical equipment and be equipped~~
21 ~~with emergency warning lights, sirens, and telecommunications equipment as~~
22 ~~required in 10 G.C.A. Chapter 84."~~¹ ~~In addition, the vehicle must also comply~~
23 ~~with the KKK-A-1822F (Federal Specification for a Star-Of-Life Ambulance) and~~
24 ~~the American College of Emergency Physician Guidelines for Equipment for~~
25 ~~Ambulances to offer field treatment and rapid transport to an emergency facility.~~²

¹ ~~Medicare Benefit Policy Manual Chapter 10-Ambulance Services Section 10.1.1-Vehicle~~

² ~~http://www.aacep.org/content.aspx?id=29436~~

1 | Staffing Requirements: Minimum two (2) certified EMTs.

2 Establish criteria necessary to maintain certification as emergency medical
3 services personnel which shall include but not limited to the following:

4 (1) A formal program of continuing education;

5 (2) Minimum period of service as emergency medical services
6 personnel; and

7 (3) Re-certification at regular intervals which shall include a
8 performance examination and may include written examinations and
9 skills proficiency exam.

10 (r) Apply for, receive, and accept gifts, bequests, grants-in-aid, Territorial
11 and Federal aid, and other forms of financial assistance to carry out this Chapter.

12 (s) Prepare budgets, maintain fiscal integrity and disburse funds for
13 emergency medical services.

14 (t) Establish a schedule of fees to provide courses of instruction and training
15 for certification and/or recertification in an amount sufficient to cover the
16 reasonable costs of administering the certification and/or recertification provisions
17 of the Office of EMS.

18 a. The EMS Commission shall annually evaluate fees to determine
19 if the fee is sufficient to fund the actual costs of the Office of
20 EMS Certification and/or Recertification program. If the
21 evaluation shows that the fees are excessive or are insufficient to
22 fund the actual costs of these programs, then the fees will be
23 adjusted accordingly. The funds appropriated herein shall *not* be
24 subject to I *Maga'Låhen Guáhan's* transfer authority and all
25 monies not used in FY will be rolled over into next fiscal year.

26 (u) Promote programs for the education of the general public in first aid
27 and emergency medical services;

1 (v) The Office of EMS shall, consistent with such plan, coordinate and
2 otherwise facilitate arrangements necessary to develop the emergency medical
3 services system.

4 (w) The Office of EMS will submit for grants for federal, state, or private
5 funds concerning emergency medical services or related activities in its EMS area.

6 (x) The Office of EMS shall quarterly submit reports to the EMS
7 Commission of its review on the operations of each of the following:

- 8 a. Ambulance services operating within the Territory
9 b. Emergency medical care offered within the Territory,
10 including programs for training large numbers of people in
11 cardiopulmonary resuscitation and lifesaving first aid
12 techniques.

13 (y) The Office of EMS may assist in the implementation of Guam's
14 poison information program, including the provision of the Guam Memorial
15 Hospital Authority's Poison Center.

16 (z) Establish and maintain standards for emergency medical services
17 course instructor qualifications and requirements for emergency medical services
18 training facilities.

19 (aa) The Office of EMS will develop and incorporate an EMSC Program
20 in the Territory of Guam EMS plan. The EMSC component shall include, but need
21 not be limited to, the following:

- 22 (1) EMSC system planning, implementation, and management.
23 (2) Injury and illness prevention planning, that includes, among other
24 things, coordination, education, and data collection.
25 (3) Care rendered to patients outside the hospital.
26 (4) Emergency department care.
27 (5) Interfacility consultation, transfer, and transport.

- 1 (6) Pediatric critical care and pediatric trauma services.
- 2 (7) General trauma centers with pediatric considerations.
- 3 (8) Pediatric rehabilitation plans that include, among other things,
4 data collection and evaluation, education on early detection of need
5 for referral, and proper referral of pediatric patients.
- 6 (9) Children with special EMS needs outside the hospital.
- 7 (10) Information management and system evaluation.
- 8 (11) Employ or contract with professional, technical, research, and
9 clerical staff as necessary to implement this program.
- 10 (12) Provide advice and technical assistance to local EMS partners on
11 the integration of an EMSC Program into their EMS system.
- 12 (13) Oversee implementation of the EMSC Program by local EMS
13 agencies.
- 14 (14) Establish an EMSC technical advisory committee.
- 15 (15) Facilitate cooperative interstate relationships to provide
16 appropriate care for pediatric patients who must travel abroad to
17 receive emergency and critical care services.
- 18 (16) Work cooperatively and in a coordinated manner with the
19 Department of Public Health & Social Services and other public and
20 private agencies in the development of standards and policies for the
21 delivery of emergency and critical care services to children.
- 22 (17) Produce a report for the Guam EMS Commission describing any
23 progress on implementation of this chapter. The report shall contain,
24 but not be limited to, a description of the status of emergency medical
25 services for children, the recommendation for training, protocols, and
26 special medical equipment for emergency services for children, an
27 estimate of the costs and benefits of the services and programs

1 authorized by this chapter, and a calculation of the number of children
2 served by the EMSC system.

3 **§ 84106. Guam Emergency Medical Services Commission.**

4 There is hereby created a Guam Medical Services Commission which shall
5 have the power to make regulations, not inconsistent with the provisions of this
6 Chapter, and amend or repeal them, as it deems necessary to carry out the intent of
7 the provisions of this Chapter and to enable it to exercise the powers and perform
8 the duties conferred upon it [advisory capacity to the Office of EMS] on all matters
9 relating to the Territorial EMS system.

10 **§ 84107. Purpose.**

11 The Commission:

12 (a) Shall monitor, review, and evaluate on an ongoing basis the
13 operations, administration, and efficacy of the Territorial EMS system, or any
14 components thereof, to determine conformity with and maximum implementation
15 of this part.

16 [~~Shall adopt and promulgate Rules and Regulations for the operation and~~
17 ~~implementation of the EMS System, the administration of the Commission, and the~~
18 ~~standards for certification and recertification of emergency medical services~~
19 ~~facilities, personnel, equipment, supplies and communications facilities and~~
20 ~~locations engaged in providing emergency medical services under this Chapter, in~~
21 ~~accordance with the Administrative Adjudication Law.]~~

22 (b) Participate in any planning or other policymaking with regard to the
23 Territorial EMS system, and seek the participation of the public, including health
24 planning councils in its consideration of plans and policies relating to the
25 Territorial EMS System.

1 ~~[Shall make and from time to time may alter such rules as it deems~~
2 ~~necessary for the conduct of its business and for the execution and enforcement of~~
3 ~~the provisions of this Chapter.]~~

4 (c) Shall adopt and promulgate Rules and Regulations for the operation
5 and implementation of the EMS System, the administration of the Commission,
6 and the standards for certification and re-certification of emergency medical
7 services facilities, personnel, equipment, supplies, ambulance, advanced life
8 support vehicles, emergency ambulance service/s, Private Non-Emergent Medical
9 Transport Vehicle providers communications facilities and locations engaged in
10 providing emergency medical services under this Chapter, in accordance with the
11 Administrative Adjudication Law.

12 ~~[May participate in the selection of the EMS Administrator and EMS office~~
13 ~~staff.]~~

14 (d) Advise the Office of EMS in formulating a master plan for emergency
15 medical services, including medical communication, the enhanced “911” system,
16 and other components necessary to meet the emergency medical needs of the
17 people of Guam.

18 (e) Shall make and from time to time may alter such rules as it deems
19 necessary for the conduct of its business and for the execution and enforcement of
20 the provisions of this Chapter.

21 (f) The EMS Commission will deny, suspend, or revoke any EMT-B,
22 EMT-I or EMT-P license issued under the Office of EMS, for the following
23 actions shall be considered evidence of a threat to the public health and safety and
24 may result in the denial, suspension, or revocation of a certificate or license issued
25 under the Office of EMS:

26 (1) Fraud in the procurement of any certificate or license under the
27 Office of EMS;

- 1 (2) Gross negligence;
- 2 (3) Listed on Sex Offender Registry;
- 3 (4) Repeated negligent acts;
- 4 (5) Incompetence;
- 5 (6) The commission of any fraudulent, dishonest, or corrupt act that
6 is substantially related to the qualifications, functions, and duties of
7 pre-hospital personnel;
- 8 (7) Conviction of any crime which is substantially related to the
9 qualifications, functions, and duties of pre-hospital personnel. The
10 record of conviction or a certified copy of the record shall be
11 conclusive evidence of the conviction;
- 12 (8) Violating or attempting to violate directly or indirectly, or
13 assisting in or abetting the violation of, or conspiring to violate, any
14 provision of the Office of EMS or the regulations adopted by the
15 authority pertaining to pre-hospital personnel;
- 16 (9) Violating or attempting to violate any federal or state statute or
17 regulation that regulates narcotics, dangerous drugs, or controlled
18 substances;
- 19 (10) Addiction to, the excessive use of, or the misuse of, alcoholic
20 beverages, narcotics, dangerous drugs, or controlled substances;
- 21 (11) Functioning outside the supervision of medical control in the
22 field care system operating at the local level, except as authorized by
23 any other license or certification;
- 24 (12) Demonstration of irrational behavior or occurrence of a
25 physical disability to the extent that a reasonable and prudent person
26 would have reasonable cause to believe that the ability to perform the
27 duties normally expected may be impaired;

1 (13) Unprofessional conduct exhibited by any of the following:

2 i. The mistreatment or physical abuse of any patient
3 resulting from force in excess of what a reasonable and prudent
4 person trained and acting in a similar capacity while engaged in
5 the performance of his or her duties would use if confronted
6 with a similar circumstance. Nothing in this section shall be
7 deemed to prohibit an EMT-B, EMT-I, or EMT-P from assisting
8 a peace officer, or a peace officer who is acting in the dual
9 capacity of peace officer and EMT-B, EMT-I, or EMT-P, from
10 using that force that is reasonably necessary to effect a lawful
11 arrest or detention;

12 ii. The failure to maintain confidentiality of patient
13 medical information, except as disclosure is otherwise
14 permitted or required by law;

15 iii. The commission of any sexually related offense
16 specified under the Penal Code.

17 **§ 84108. Composition.**

18 The Commission shall consist ~~be composed~~ of seventeen ~~(17)~~ fourteen ~~(14)~~
19 members appointed by the Governor who shall serve at his pleasure from each of
20 the following organizations or groups:

21 (1) Two representative from the Guam Fire Department: One
22 Emergency Medical Technician (EMT-B), and One EMT-
23 Intermediate, or Paramedic certified/licensed to practice within the
24 territory of Guam;

25 (2) One representative from Guam Fire Department E911 Bureau;

1 (3) One representative from Guam Memorial Hospital Authority
2 Emergency Room Nurse licensed to practice within the Territory of
3 Guam;

4 ~~[Guam Memorial Hospital]~~

5 (4) One representative from Guam Community College –School of
6 Allied Health;

7 (5) One representative from Department of Public Works –Office
8 of Highway Safety;

9 (6) One representative from Department of Public Health and
10 Social Services;

11 (7) One representative from Guam Homeland Security/Office of
12 Civil Defense;

13 (8) One representative from Incumbent Local Exchange Carrier
14 ~~[Guam Telephone Authority]~~

15 (9) One representative from Guam Police Department;

16 (10) One representative from Pediatrician with unlimited medical
17 license to practice within the Territory of Guam;

18 ~~[Physicians possessing unlimited license to practice medicine within~~
19 ~~the territory of Guam.]~~

20 (11) One physician with unlimited medical license to practice within
21 the Territory of Guam engaged in the conduct and delivery of the
22 practice of emergency medical services;

23 ~~[Certified Emergency Nurses licensed to practice within the territory~~
24 ~~of Guam; and]~~

25 (12) One Representative from the Guam Department of Education:
26 Registered Nurse or School Health Counselor;

1 (13) One representative from Guam Hotel and Restaurant
2 Association;

3 (14) Two (2) additional Commission members shall be selected from
4 the public-at-large who are not directly related to providing
5 emergency medical services [~~The final commission member shall be~~
6 ~~the Administrator of the Administrative Office~~]; and

7 (15) Appropriate U.S. Navy and Air Force Joint Region of Marianas
8 authorities shall be requested to designate one (1) representative each
9 to serve on the Commission in a non-voting capacity.

10 **§ 84109. Organization.**

11 (a) Selection of Officers; Compensation of Members. The Governor or
12 his representative shall serve as temporary Chairman and shall convene the first
13 meeting of the Commission. At its first meeting, the Commission shall select a
14 chairman and such other officers from its membership as it deems necessary. The
15 Commission may meet as often as necessary upon call of the Chairman but
16 meetings shall be held at least quarterly. [~~Every member of the commission who is~~
17 ~~not in the service of the Government, for which he receives an annual~~
18 ~~compensation shall be paid fifty dollars (\$50) per day for each day on which the~~
19 ~~Commission meets, provided, however, that such compensation shall not exceed~~
20 ~~one hundred dollars (\$100) per month.] The members of the commission shall
21 receive no compensation for their services, but shall be reimbursed for their actual
22 and necessary expenses incurred in the performance of their duties, including
23 travel expenses.~~

24 (b) Quorum. A majority of the voting members appointed plus one shall
25 constitute a quorum for the transaction of business. A majority vote of the members

1 present at a meeting at which a quorum is established shall be necessary to
2 validate any action of the committee.

3 (c) Good Faith Immunity. No member of the EMS Commission shall be
4 liable in any civil action for damages for any act done or omitted in good faith in
5 performing the functions of the office.

6 **§ 84110. Certification.**

7 Pursuant to this Chapter, all persons who furnish, operate, conduct, maintain,
8 advertise, or otherwise engaged in providing emergency medical services as a part
9 of the regular course of doing business, either paid or voluntary, shall hold a
10 current valid certification issued by the Administrator of the Office of EMS to
11 provide emergency medical services.

12 In order to be certified, such providers of emergency medical services shall
13 meet the following minimum standards:

14 (a) **Emergency medical services personnel training programs and**
15 **courses of training.**

16 1. The Guam Community College- School of Allied Health/Guam
17 Fire Department/University of Guam/Approved by the DPHSS
18 Office of EMS Training Service Provider shall provide training
19 courses in emergency medical responder, emergency medical
20 technician-basic, emergency medical technician-intermediate,
21 emergency medical technician-paramedic and advanced life
22 support for emergency medical services personnel. The
23 curricula and syllabi of these courses shall be approved in
24 advance by the Office of EMS. The curricula and syllabi of the
25 courses of ambulance personnel shall be consistent with the
26 scope and level of the practice of emergency medical services

1 associated with emergency ambulance personnel certification
2 and the Department of Transportation, National Highway
3 Traffic Safety Administration and National Emergency Medical
4 Services Advisory Council.

5 2. The Guam Community College School of Allied Health, Guam
6 Fire Department/University of Guam/Approved by the DPHSS
7 Office of EMS Training Service Provider shall consult with and
8 get approval of the Office of EMS to determine the number and
9 type of emergency medical services courses necessary to
10 support the staffing requirements for emergency medical
11 services. The basic life support training programs shall be
12 relevant to and consistent with the training course required for
13 certification.

14 3. The Office of EMS shall develop standards for emergency
15 medical services course instructors and standards for
16 emergency medical services training facilities for all basic life
17 support personnel, advanced life support personnel, users of the
18 automatic external defibrillator, and emergency medical
19 dispatch personnel that shall be at least equivalent to or exceed
20 the standards necessary to meet the requirements stated in either
21 of the following areas: Department of Transportation, National
22 Highway Traffic Safety Administration and National
23 Emergency Medical Services Advisory Council, for the
24 certification of basic life support personnel and advanced life
25 support personnel.

1 4. The Office of EMS will conduct annual inspections of the
2 training facilities and evaluate the qualifications of course
3 instructors to ensure that the standards and qualifications are
4 consistent with the medical standards for emergency medical
5 technician-basic, emergency medical technician-intermediate,
6 emergency medical technician-paramedic and advanced life
7 support emergency medical services personnel, users of the
8 automatic external defibrillators, and emergency medical
9 dispatch/E911 call taker personnel.

10 5. Course Requirements for Pre Hospital Emergency Services
11 training for Emergency Medical Responder (EMR), Emergency
12 Medical Technician-Basic (EMT-B), Emergency Medical
13 Technician-Intermediate (I), Advance Life Support and
14 Emergency Medical Technician-Paramedic(EMT-P) shall be
15 listed in the Guam EMS Rules & Regulations as prescribed by
16 the United States Department of Transportation, National
17 Highway Traffic Safety Administration and/or National
18 Emergency Medical Services Advisory Council.

19 (b) The personnel shall meet the standards for education and training
20 established by the Administrator of the Office of EMS for certification and re-
21 certification.

22 (c) Ambulances, emergency medical services facilities, Private Non-
23 Emergent Transport Vehicles Private Ambulance Services primarily provide BLS
24 transport services utilizing EMT-B, EMT-I and/or EMT-P personnel. Private
25 Ambulance Services and Private Non-Emergent Transport Vehicles shall not

1 normally respond to emergency incidents (E911 dispatches by Guam Fire
2 Department) as first responder units, except in the following instances:

3 1. When specifically requested by the EMS agency (Guam Fire
4 Department E911 Dispatch) having jurisdiction.

5 2. When the private service receives a direct request for service
6 from a person or facility other than dispatch, in which the patient may
7 be transported to an Emergency Department. In these instances the
8 service may respond but shall contact the appropriate emergency
9 dispatch agency (Guam Fire Department E911 Dispatch).

10 (A) When a direct request is made to a private ambulance
11 service from a location outside of a medical facility or private
12 ambulance during non-emergency transport, the request shall be
13 routed to E911 via instruction or call transfer for the purpose of
14 dispatching of GFD resources or mutual aid (military or
15 private ambulance service) as determined by established
16 policies and procedures.

17 3. Transfer of care by Guam Fire Department EMT-Paramedic of
18 an ALS patient to a private EMT-Paramedic ambulance service for
19 transport shall only occur with Guam EMS Medical Director **direct**
20 **on-line Medical Control approval.**

21 4. Transfer of care by Guam Fire Department EMT-Basic to a
22 private EMT-Basic ambulance service.

23 (d) Ambulances, emergency medical services facilities, Private Non-
24 Emergent Transport Vehicles, Private Companies offering Ambulance Services
25 and related equipment shall conform to the requirements of the Administrator of
26 the Office of EMS for certification and re-certification.

1 (e) Ambulances Private Companies offering Ambulance Services and
2 Private Non-Emergent Transport Vehicles shall be operated in Guam with
3 insurance coverage, issued by an insurance company licensed to do business in
4 Guam, for each and every ambulance. Private Non-Emergent Transport Vehicles,
5 Private Ambulance Services owned or operated by or for the licensee providing for
6 the payment of benefits and including, but not limited to, the following:

- 7 (1) No-fault insurance policy (motor vehicle):
- 8 (A) No-fault benefits with respect to any accidental harm
9 arising out of a motor vehicle accident;
- 10 (B) Liability coverage for all damages arising out of bodily
11 injury to or death of any person as a result of any one motor
12 vehicle accident;
- 13 (C) Liability coverage for all damages arising out of injury to
14 or destruction of property, including motor vehicles and
15 including the loss of use, thereof, as a result of any one motor
16 vehicle accident;
- 17 (D) Professional or Occupational Liability or Bodily injury
18 Insurance (other than motor vehicle) in an amount of not less
19 than that specified by the Guam EMS Administrator as may be
20 required in the regulations adopted by the Office of EMS.
- 21 (E) Ambulances, Private Companies offering Ambulance
22 Services and Private Non-Emergent Transport Vehicles shall be
23 equipped with communications equipment approved by the
24 Administrator.

25 **§ 84111. Certification Procedure.**

26 For the purpose of implementing §84110, the following certification

1 procedure shall apply:

2 (a) **Certification application.** There shall be five levels of emergency
3 medical service personnel: Emergency Medical Responder (EMR), Emergency
4 Medical Technician-Basic (EMT-B), Emergency Medical Technician-Intermediate
5 (I), Advance Life Support (ALS)and Emergency Medical Technician-
6 Paramedic(EMT-P [~~An application for a certificate shall be made upon such~~
7 ~~forms, provide such information and be in accordance with such procedures as~~
8 ~~prescribed by the Administrator].~~

9 (b) An application for certification shall be made under oath on a form to
10 be approved by the Commission and provided by the Administrator and shall
11 require the applicant to provide documentation as proof of eligibility as established
12 in the Guam EMS Rules and Regulations in compliance with the U.S. Department
13 of Transportation. [~~Except as provided heretofore, all certificates shall be valid for~~
14 ~~a period specified by the Administrator unless earlier suspended, revoked or~~
15 ~~terminated].~~

16 (c) An applicant from jurisdictions outside of Guam can submit an
17 application for certification on Guam under oath on a form to be approved by the
18 Commission and provided by the Administrator and shall require the applicant to
19 provide documentation as proof of eligibility as established in the Guam EMS
20 Rules and Regulations in compliance with the U.S. Department of Transportation .

21 [~~Renewal of any certificate issued hereunder upon expiration for any reason,~~
22 ~~or after suspension, revocation or termination shall require conformance with all~~
23 ~~the requirements of this Chapter.]~~

24 (d) It shall be the applicant's responsibility to furnish any information
25 requested by the Administrator. In the event of any change of information
26 provided, the Administrator shall be notified within thirty days of any change.

1 ~~[A certificate issued hereunder shall not be assignable or transferable.]~~

2 (e) Every application and all references shall be signed by the applicant or
3 the person attesting to the applicant's education, experience, and reputation.

4 ~~[No official entry made upon a certificate may be defaced, removed or~~
5 ~~obliterated]~~

6 (f) The following requirements apply to all applicants who have never been
7 certified as an emergency medical services personnel in Guam on Initial
8 application must:

9 (1) Be eighteen (18) years of age or older.

10 (2) Provide a current photo ID (GU drivers license or U.S. passport).

11 (3) Provide a certified copy of a Police Clearance from the Guam
12 Police Department.

13 (4) Provide a certified copy of a Court Clearance from the Superior
14 Court of Guam.

15 (5) Provide a valid and current CPR (BLS or ACLS) card.

16 (6) Pay fee established in Fee Schedule before Certification is released
17 to the Applicant.

18 (7) Private EMT ambulance personnel shall meet the same rules,
19 conditions, and policies regarding criminal history as those required
20 by GFD personnel as revealed through Court and Police Clearances.

21 ~~[Certificates issued hereunder shall be issued without cost to~~
22 ~~applicant]~~

23 **(g) Renewal of Certification**

24 (1) Every person holding a certificate under this part shall renew
25 the certificate with the Office of EMS no later than March 31 of each
26 even-numbered year, or September 30 of each odd year, pay a renewal

1 fee, and comply with the continuing education requirements set forth
2 in the EMS Rules and Regulations.

3 (2) To determine compliance, the Office of EMS may conduct a
4 random audit. A person selected for audit shall be notified by the
5 Office of EMS. Within the sixty days of notification, the person shall
6 provide to the Office of EMS documentation to verify compliance
7 with the continuing education requirements.

8 (3) Failure to renew, pay the renewal fee, and, in case of audited
9 persons, provide documentation of compliance shall constitute a
10 forfeiture of the certificate which may only be restored upon
11 submission of written application, payment to the Office of EMS of a
12 restoration fee, and in the case of audited person, documentation of
13 compliance.

14 (4) A certificate that has been forfeited for one renewal term shall
15 be automatically terminated and cannot be restored, and a new
16 application for certification shall be required.

17 (5) A certificate issued hereunder shall not be assignable or
18 transferrable.

19 (6) No official entry made upon a certificate may be defaced,
20 removed or obliterated.

21 **(h) Extension of licenses for members of the armed forces, National**
22 **Guard, and Reserves.**

23 (1) Notwithstanding any other law to the contrary, any license held
24 by a member of the armed forces, national guard, or a reserve
25 component that expires, is forfeited, or deemed delinquent while the
26 member is on active duty and deployed during a state or national crisis

1 shall be restored under the restoration requirements provided in this
2 section.

3 For the purposes of this section, "local or national emergency"
4 includes but is not limited to:

5 . (A) A situation requiring the proper defense of nation or
6 state;

7 (B) A federal or state disaster or emergency;

8 (C) A terrorist threat; or

9 (D) A homeland security or homeland defense event or
10 action.

11 (2) The licensing authority shall restore a license upon the payment of
12 the current renewal fee if the member:

13 (A) Requests a restoration of the license within one
14 hundred twenty days after being discharged or released from
15 active duty deployment;

16 (B) Provides the licensing authority with a copy of the
17 member's order calling the member to active duty deployment
18 and the member's discharge or release orders; and

19 (C) If required for renewal, provides documentation to
20 establish the financial integrity of the licensee or to satisfy a
21 federal requirement.

22 (3) This section:

23 (A) Shall not apply to a member who is on scheduled
24 annual or specialized training, or to any person whose license is
25 suspended or revoked, or who otherwise has been adjudicated
26 and is subject to disciplinary action on a license; and

1 (B) Shall also apply to a member whose license is
2 current, but will expire within one hundred twenty days of the
3 member's discharge or release from active duty deployment.

4 **§ 84112. Exemptions from this Chapter.**

5 (a) A certificate shall not be required for a person who provides emergency
6 medical services when:

7 1) Assisting persons certified to provide emergency medical services
8 under this Chapter or in the case of a major catastrophe, disaster or
9 declaration of state of emergency and/or executive order by the
10 Governor in which persons certified to provide emergency medical
11 services are insufficient or unable to cope; or

12 2) Operating from a location or headquarters outside of this Territory
13 in order to provide emergency medical services to patients who are
14 picked up outside the Territory for transportation to locations within
15 the Territory; or

16 3) When and where government resources are inadequate to support
17 the EMS geographic response time, the EMS Commission via the
18 Chairman and three appointed voting members will approve the use of
19 Private Non-Emergent Transport Vehicles and/or private transport
20 vehicles or all available ambulances here as means of transportation
21 to a Guam Fire Department E911 dispatched emergency call. All
22 types of vehicles utilized for the transportation of the sick and injured
23 must pass the current vehicle inspection requirements by the U. S.
24 Department of Transportation, Guam Office of EMS and Department
25 of Revenue & Taxation Motor Vehicle Code and/or Regulations.

26 (b) The emergency medical services facilities, personnel, related equipment

1 of any agency, private and non-emergent private transport services or
2 instrumentality of the United States shall be required to be certified to conform to
3 the standards prescribed under this Chapter.

4 **§84113. Suspension and Revocation Procedure.**

5 (a) After notice and hearing, the Administrator may and is authorized to
6 suspend or revoke a certificate issued under this Chapter for failure to comply and
7 maintain compliance with or for violation of any applicable provisions, standards
8 or other requirements under this Chapter.

9 (b) The Administrator may initiate proceedings to suspend or revoke a
10 certificate upon his own motion or upon the verified written complaint of any
11 interested person.

12 (c) Notwithstanding the provisions of Subsections (a) and (b) of this
13 Section, the Administrator upon finding that the public health or safety is in
14 imminent danger, may temporarily suspend a certificate without a hearing for a
15 period not to exceed thirty (30) days upon notice to the certificate holder.

16 (d) Upon suspension, revocation or termination of a certificate the
17 provision of emergency medical services shall cease.

18 **§84114. Required Treatment.**

19 No person shall be denied treatment at any designated emergency medical
20 services facility for an emergency medical condition which will deteriorate from a
21 failure to provide such treatment. A hospital, its employees or any physician or
22 dentist providing emergency medical services shall not be held liable in any action
23 arising out of a refusal to render such treatment if reasonable care is exercised in
24 determining the appropriateness of the facilities, and the qualifications and
25 availability of personnel to render such treatment.

26 No emergency medical services provided by or under contract with the

1 Guam Fire Department and/or Department of Public Health & Social Services
2 Office of EMS shall be denied to any person on the basis of the ability of the
3 person to pay therefore or because of the lack of prepaid health care coverage or
4 proof of such ability or coverage.

5 **§ 84115. Consent.**

6 No providers of emergency medical services or their emergency medical
7 services personnel *certified* in this Territory shall be subject to civil liability, based
8 solely upon failure to obtain consent in rendering emergency medical, surgical,
9 hospital or health services to any individual regardless of age when the patient is
10 unable to give his consent for any reason and there is no other person reasonably
11 available who is legally authorized to consent to the providing of such care.

12 **§ 84116. Prosecution of Illegal Acts.**

13 Where any person shall be in violation of the provisions of this Chapter or
14 any regulations adopted pursuant to this Chapter, the Attorney General or the
15 Administrator may, in accordance with the laws of the Territory of Guam to enjoin
16 such person from continuing in violation of the provisions of this Chapter.
17 However, such injunction shall not relieve any such person from criminal
18 prosecution thereof as provided for in this Chapter, but such remedy shall be in
19 addition to any remedy provided for the criminal prosecution of such offense.

20 **§ 84117. Penalties.**

21 Any person who shall violate any of the provisions of this Chapter, shall be
22 guilty of a misdemeanor and upon conviction thereof shall be punished by a fine or
23 not more than One Thousand Dollars (\$1,000) or by imprisonment of not more
24 than sixty (60) days, or by both such fine and imprisonment. Each day of
25 continued violation of the provisions of this Chapter, shall be considered a separate

1 offense.

2 **§ 84118. Rules and Regulations.**

3 Notwithstanding any other provision of law, rules and/or regulations to the
4 contrary, all emergency medical services shall be provided in accordance with
5 regulations adopted by the Commission.

6 **§ 84119. Grants.**

7 All existing grants for the planning and implementation of an emergency
8 medical services system and all equipment and staff funded by these same grants
9 are hereby transferred to the Office of EMS, with exception to grants being applied
10 for by the Guam Fire Department [~~Emergency Medical Services Administrator's~~
11 Office]. The Office of EMS and Guam EMS Commission may solicit and accept
12 grant funding from public and private sources to supplement Guam Office of EMS
13 funds.

14
15 **§ 84120. EMS Medical Director: Required Qualifications**

16 The EMS Medical Director shall be a Guam licensed physician with board
17 certification in Emergency Medicine, Family Practice, or General Surgery and with
18 training and experience in emergency medical services.

19 **§ 84121. Guam Enhanced/NextGen Emergency 911 Telephone**
20 **Communications Systems.**

21 (a) This Section shall be known and may be cited as the “*Emergency*
22 *Medical Dispatch Act.*”

23 (b) **Legislative Intent.** The Legislature finds that there is no single
24 governmental agency designated with the authority to establish, administer, and
25 maintain the existing emergency "911" telephone communication system that is

Comment [LRP1]: Need Proper
language/verbiage to allow coordination of the Grant
application with Clearinghouse and when approved
implementation and management to the Office of
EMS.

1 presently stationed at Civil Defense. It is the intent of the Legislature to transfer all
2 programs, positions and personnel, property, and appropriations which are
3 currently under the direction of Civil-Defense to the Guam Fire Department. The
4 Legislature finds that the emergency "911" system has not been effectively and
5 efficiently operational due to lack of personnel, funding, supplies and equipment,
6 and above all, coordinated efforts. The Legislature finds that a full-time EMS
7 Administrator, administrative support staff, a part-time EMS Medical Director and
8 funding for personnel, training, and communications equipment are critically
9 needed in order to establish a fully fledged Emergency "911" telephone
10 communication system. Such a system will provide the citizens of Guam with
11 rapid and direct access to agencies with the intent of reducing the response time to
12 situations requiring law enforcement, fire, medical, rescue, and other emergency
13 services. The Legislature further finds that Public Law 21-61 appropriated a
14 portion of \$1,343,160.00 to the Department of Public Works for the procurement of
15 an emergency "911" communications system for all public safety and emergency
16 response agencies. In 1992, under the former Governor Joseph Ada's
17 administration, a memorandum was executed by the Governor for Civil Defense to
18 oversee the then newly installed emergency "911" system. This directive was to
19 provide administrative supervision for the uniformed operators assigned from the
20 Guam Police and the Guam Fire Department. The assignment of the police and fire
21 personnel was supposedly a temporary agreement until training and recruitment of
22 permanent civilian operators was completed. As of this date, no formal training has
23 been made to handle the emergency 911 calls. Police Officers and GFD firefighter
24 personnel continue to be temporarily assigned as emergency 911 operators on a
25 rotational basis. The Legislature finds that there is a critical need for unified
26 direction and administration to resolve the current fragmented, referral type
27 service, for training of the Emergency 911 call takers with EMT background, and a

1 need for funding to include training, additional personnel, and additional
2 emergency 911 communications equipment.

3 **(c) Definitions:**

4 1. **Advanced Life Support (ALS) Provider** shall mean special services
5 designed to provide definitive pre-hospital emergency medical care,
6 including, but not limited to, cardiopulmonary resuscitation, cardiac
7 monitoring, cardiac defibrillation, advanced airway management,
8 intravenous therapy, administration of specified drugs and other
9 medicinal preparations, and other specified techniques and procedures
10 administered by authorized personnel under the direct supervision of a
11 base hospital as part of a local EMS system at the scene of an
12 emergency, during transport to an acute care hospital, during inter-
13 facility transfer, and while in the emergency department of an acute
14 care hospital until responsibility is assumed by the emergency or other
15 medical staff of that hospital.

16 2. **Call Routing** shall mean the reception of emergency calls where the
17 purpose is to only determine the course of direction of routing (police,
18 fire, and medical) resulting in rapid transfer of medical callers to the
19 Guam Fire Department or EMD call-taker for emergency medical
20 dispatching services.

21 3. **Compliance to Protocol** shall mean the adherence to the written text
22 or scripts and other processes within the approved emergency medical
23 dispatch protocol reference system except that, deviation from the text
24 or script may only occur for the express purpose of clarifying the

1 meaning or intent of a question or facilitating the clear understanding
2 of a required action, instruction, or response from the caller.

- 3 4. *Continuing Dispatcher Education (CDE)* shall mean medical
4 dispatch relevant educational experiences in accordance with
5 standards set forth in national standards established for the practice for
6 emergency medical dispatching (i.e. ASTM F 1560 Standard Practice
7 for Emergency Medical Dispatch, Section 13, Department of
8 Transportation, National Highway Traffic Safety Administration,
9 Association of Public Safety Communications Officials, and/or
10 National Emergency Medical Dispatch).
- 11 5. *Continuous Quality Improvement (COI) Program* shall mean a
12 program administered by the emergency medical dispatch provider
13 agency for the purpose of insuring safe, efficient, and effective
14 performance of emergency medical dispatchers in regard to their use
15 of the emergency medical dispatch protocol reference system, and
16 patient care provided. This program includes at its core the follow: the
17 random case review process, evaluating emergency medical
18 dispatcher performance, providing feedback of emergency medical
19 dispatch protocol reference system compliance levels to emergency
20 medical dispatchers, and submitting compliance data to the
21 emergency medical dispatch medical director.
- 22 6. *Course Curriculum Certification Agency* shall mean the Guam
23 Office of EMS.
- 24 7. *Dispatch Life Support (DLS)* shall mean the knowledge, procedures,
25 and skills used by trained Emergency Medical Dispatchers in
26 providing care and advice through pre-arrival instructions and post-

1 dispatch instructions to callers requesting emergency medical
2 assistance.

3 8. **EMD Medical Direction** shall mean the management and
4 accountability for the medical care aspects of an emergency medical
5 dispatch agency including: responsibility for the medical decision and
6 care advice rendered by the emergency medical dispatcher and
7 emergency medical dispatch agency; approval and medical control of
8 the operational emergency medical dispatch priority reference system;
9 evaluation of the medical care and pre-arrival instructions rendered by
10 the EMD personnel; direct participation in the EMD system
11 evaluation of the medical care and pre-arrival instructions rendered by
12 the EMD personnel; direct participation in the EMD system
13 evaluation and continuous quality improvement process; and, the
14 medical oversight of the training of the EMD personnel.

15 9. **Emergency Medical Dispatch Medical Director (EMD Medical**
16 **Director)** shall mean a Guam licensed physician, board certified or
17 qualified in emergency medicine; who posses knowledge of
18 emergency medical systems in Guam approved by the Office of EMS
19 who provides Emergency Medical Dispatch Medical Direction to the
20 emergency medical dispatch provider agency or business and shall
21 also be the EMS Medical Director.

22 10. **Emergency Medical Dispatcher** shall mean a person trained to
23 provide emergency medical dispatch services in accordance with
24 guidelines approved by the Guam Office of EMS certified in Guam
25 and that is employed by an emergency medical dispatch provider
26 agency or business in accordance with this Act.

27 11. **Emergency Medical Dispatching** shall mean the reception,

1 evaluation, processing, and provision of dispatch life support,
2 management of requests for emergency medical assistance, and
3 participation in ongoing evaluation and improvement of the
4 emergency medical dispatch process. This process includes
5 identifying the nature of the request, prioritizing the severity of the
6 request. Dispatching the necessary resources, providing medical aid
7 and safety instructions to the callers and coordinating the responding
8 resources as needed but does not include call routing per se.

9 ***12. Emergency Medical Dispatch Provider Agency (EMD Provider***
10 ***Agency)*** shall mean the Guam Fire Department that accepts the
11 responsibility to provide emergency medical dispatch services for
12 emergency medical assistance, and is certified in Guam in accordance
13 with this Act.

14 ***13. Emergency Medical Dispatch Priority Reference System (EMDPRS)***
15 shall mean an Office of EMS and EMD Medical Director approved
16 system that includes: the protocol used by an emergency medical
17 dispatcher in an emergency medical dispatch agency to dispatch aid to
18 medical emergencies that includes: systematized caller interrogation
19 questions; systemized dispatch life support instructions; and,
20 systematized coding protocols that match the dispatcher's evaluation
21 of the injury or illness severity with the vehicle response mode and
22 vehicle response configuration; continuous quality improvement
23 program that measures compliance to protocol through ongoing
24 random case review for each EMD; and a training curriculum and
25 testing process consistent with the specific EMDPRS protocol used by
26 the emergency medical dispatch agency.

1 14. **Emergency Medical Dispatch Services** shall mean the process for
2 taking requests for emergency medical assistance from the public,
3 identifying the nature of the request, prioritizing the severity of the
4 request based on the emergency medical dispatch provider agency's
5 local policies and procedures, dispatching the necessary resources,
6 providing medical aid and safety instructions to the callers, and
7 coordinating the responding resources as needed.

8 15. **Enhanced Emergency-911/NextGen-911** shall mean the telephone
9 communications system specifically designated for handling the
10 emergency, medical, rescue, and public safety telephone
11 communications needs of Guam, which automatically identifies the
12 caller's telephone number and location with capabilities to receive and
13 transmit SMS, Video Message and Access For Individuals With
14 Hearing And Speech Disabilities.

15 16. **Post-Dispatch Instructions (PDI)** shall mean case-specific advice,
16 warnings, and treatments given by trained EMDs whenever possible
17 and appropriate through callers after dispatching field responders.
18 These protocols are part of an EMDPRS.

19 17. **Pre-Arrival Instructions (PAI)** shall mean the current medically
20 approved scripted medical instructions given in life threatening
21 situations whenever possible and appropriate, where correct
22 evaluation, verification, and advice given by emergency medical
23 dispatchers is essential to provide necessary assistance and control of
24 the situation prior to the arrival of emergency medical services
25 personnel. These protocols are part of an EMDPRS and are used as
26 close to a word-for-word as possible.

27 18. **Quality Assurance and Improvement Program** shall mean a program

1 approved by the Office of EMS and administered by the EMD
2 Provider Agency for the purpose of insuring safe, efficient, and
3 effective performance of EMDs in regard to their use of the EMDPRS
4 and patient care advice provided. This program shall include at a
5 minimum, the random case review evaluating EMD performance,
6 feedback of EMDPRS compliance levels to EMDs, related to CDE
7 retraining and remediation, and submission of compliance data to
8 medical director and the Office of EMS.

9 19. Vehicle Response Configuration shall mean the specific vehicle(s) of
10 varied types, capabilities, and numbers responding to render
11 assistance.

12 20. Vehicle Response Mode shall mean the use of emergency driving
13 techniques, such as warning lights-and-siren or routine driving
14 response as assigned by the EMS agency and approved by the EMS
15 Medical Director.

16 **(d) Certification.**

17 1. No person may represent himself/herself as an emergency medical
18 dispatcher unless certified in Guam by the Office of EMS as an
19 emergency medical dispatcher.

20 2. No business, organization, or government agency may represent
21 itself as an emergency medical dispatch agency unless the
22 business, organization, or government agency is certified by the
23 Office of EMS as an emergency medical dispatch agency.

24 **(e) National Standards Required.**

25 The Office of EMS shall use applicable national standards when developing
26 the rules and regulations for emergency medical dispatchers and emergency

1 medical dispatch agencies.

2 **(f) Authority and Responsibilities.**

3 The Office of EMS shall have the authority and responsibility to establish
4 rules and regulations for the following pursuant to this Act:

5 **I. Emergency Medical Dispatch Protocol Reference System**
6 **(EMDPRS)**

- 7 1. An EMD Program shall include an EMDPRS selected by the EMD
8 Provider Agency and approved by the EMD Medical Director as its
9 foundation.
- 10 2. The EMDPRS is a medically approved protocol based system used by
11 emergency medical dispatchers to interrogate callers, dispatch aid, and
12 provide dispatch life support instructions during medical emergencies.
- 13 3. An approved EMDPRS shall include:
 - 14 a. Systematized caller interrogation questions,
 - 15 b. Systematized dispatch life support instructions,
 - 16 c. Systematized coding protocols that allow the agency to match the
17 dispatcher's evaluation of the injury or illness severity with the
18 vehicle response mode (emergency and/or non-emergency) and level
19 of care (ALS/BLS).

20 **II. EMD Protocols, Reporting, Training and Curriculum:**

- 21 1. Require certification and recertification of a person who meets the
22 training and other requirements as an emergency medical dispatcher.
- 23 2. Require certification and recertification of a business, organization, or
24 government agency that operates an emergency medical dispatch
25 agency that meets the minimum standards prescribed by the Office of
26 EMS for an emergency medical dispatch agency.

- 1 3. Establish a bi-annual recertification requirement that requires at least
2 12 hours medical dispatch specific continuing education each year.
- 3 4. Require minimum education and continuing education for the
4 Emergency Medical Dispatcher which meets national standards.
- 5
- 6 5. Require the EMD to provide dispatch life support (including pre-
7 arrival instructions) in compliance to the written text or scripts and
8 other processes within the approved EMDPRS.
- 9 6. Require the EMD Provider Agency to have in place Office of EMS
10 approved policies and procedures for the safe and effective use of the
11 EMDPRS.
- 12 7. Require the EMD to keep the Office of EMS currently informed as to
13 the entity or agency that employs or supervises his/her activities as an
14 Emergency Medical Dispatcher.
- 15 8. Approve all EMDPRS protocols used by EMD Provider agencies to
16 assure compliance with national standards.
- 17 9. Require that Office of EMS approved emergency medical dispatch
18 certification training programs shall be conducted in accordance with
19 national standards and shall include a written examination approved
20 by the Office of the EMS that tests for competency in the specific of
21 EMDPRS taught in the approved certification training program.
- 22 10. Require that Office of EMS approved emergency medical dispatcher
23 certification training programs shall be conducted by instructors that
24 meet the Office of EMS approved qualifications.
- 25 11. Require that the emergency medical dispatch agency be operated in a
26 safe, efficient, and effective manner in accordance with national
27 approved standards including but not limited to:

- 1 a) All personnel providing emergency medical dispatch services must
2 be certified by the Office of EMS prior to functioning alone in an
3 online capacity.
- 4 b) The use on every request for medical assistance of a Office of
5 EMS approved emergency medical dispatch priority reference
6 system (EMDPRS).
- 7 c) The EMD interrogating the caller and coding the incident must be
8 the same EMD that gives the DLS instructions. The EMD
9 dispatching the response may be another person.
- 10 d) Under the approval and supervision of the Office of EMS, the
11 establishment of a continuous quality assurance, improvement and
12 management program that measures various areas of compliance to
13 the EMDPRS through ongoing random case review for each EMD
14 and provides feedback to the individuals and management of the
15 EMS agency regarding the level of compliance and performance.
- 16 e) A case review process evaluating the EMD's compliance to various
17 Office of EMS defined areas within the EMDPRS.
- 18 f) Reporting of EMDPRS performance and compliance data at Office
19 of EMS approved intervals.
- 20 g) Office of EMS will review and approve the EMDPRS, the EMD
21 training program, quality assurance/improvement program,
22 medical dispatch oversight committee(s), continuing dispatch
23 education program, and the medical aspects of the operation of the
24 EMD Provider Agency.
- 25 h) The EMD Provider Agency shall have and use the most current
26 version of the Office of EMS approved EMDPRS selected for use
27 by the agency as defined by the Office of EMS.

1 i) The EMDPRS selected for use by the EMD Provider Agency and
2 approved by the Office of EMS, including its questions,
3 instructions, and protocols, shall be used as a whole and not
4 piecemeal.

5 12. Require that a person, organization, business or government agency
6 may not offer or conduct a training course that is represented as a
7 course for a emergency medical dispatcher certification unless the
8 person, organization, or agency is approved by the Office of EMS to
9 offer or conduct that course.

10 13. Establish recognition and reciprocity between the Office of EMS and
11 national standard-setting organizations having program that meet the
12 requirements contained in this Act and the rules established for it by
13 the Office of EMS.

14 14. Require each EMD, EMD Provider Agency, or recognized national
15 standard-setting organization to report to the Office of EMS whenever
16 an action has taken place that may require the revocation or
17 suspension of a certificate issued by the Office of EMS.

18 **III. Continuing Dispatcher Education Standards:**

19 1. An emergency medical dispatcher shall receive a minimum of twenty-
20 four (24) hours of continuing dispatch education (CDE) every two
21 years.

22 2. All CDE will be submitted to the Office of EMS for approval then
23 coordinated and organized by the EMD Provider Agency.

24 3. CDE shall include issues identified by the EMD continuous quality
25 improvement process, and one or more of the following:

26 a) Medical conditions, incident types, and criteria necessary when
27 performing caller assessment and prioritization of medical calls,

- 1 b) Use of the EMD protocol reference system,
- 2 c) Call taking interrogation skills,
- 3 d) Skills in providing telephone pre-arrival instructions,
- 4 e) Technical aspects of the system (phone patching, emergency
- 5 procedures, etc.),
- 6 f) Skill practice and critique of skill performance, and/or
- 7 g) Attendance at EMD workshops/conferences.
- 8 4. Methodologies for presenting CDE includes:
- 9 a) Formalized classroom lecture
- 10 b) Video, CD, Internet
- 11 c) Articles
- 12 d) Tape Reviews
- 13 e) Participation on medical dispatch committee and/or
- 14 f) Field observations (e.g. ride-along with EMS personnel or
- 15 Emergency Department
- 16 observation of communications activities).
- 17 5. Formalized classroom CDE courses must be approved by the Office
- 18 of EMS to count towards continuing dispatch education credits.
- 19 a) The training program provider must submit CDE curriculum to the
- 20 Office of EMS:
- 21 1. It is the training program provider's responsibility to submit
- 22 the CDE curriculum as required by the Office of EMS, and to
- 23 comply with the requisite policies and procedures.
- 24 2. The training program provider shall issue a course
- 25 completion record to each person who has successfully
- 26 completed a CDE course and provide a list to the Office of
- 27 EMS.

1 **IV. Continuous Quality Improvement Standards**

- 2 1. The EMD Provider Agency shall establish a continuous quality
3 improvement (COI) program.
- 4 2. A continuous quality improvement program shall address structural,
5 resource, and/or protocol deficiencies as well as measure compliance
6 to minimum protocol compliance standards as established by the
7 Office of EMS through ongoing random case review for each
8 emergency medical dispatcher.
- 9 3. The COI process shall:
- 10 (A) Monitor the quality of medical instruction given to
11 callers including ongoing random case review for each
12 emergency medical dispatcher and observing telephone care
13 rendered by emergency medical dispatchers for compliance
14 with defined standards.
- 15 (B) Conduct random or incident specific case reviews to
16 identify calls/practices that demonstrate excellence in dispatch
17 performance and/or identify practices that do not conform to
18 defined policy or procedures so that appropriate training can be
19 initiated.
- 20 (C) Review EMD reports, and /or other records of patient
21 care to compare performance against medical standards of
22 practice.
- 23 (D) Recommend training, policies and procedures for quality
24 improvement.
- 25 (E) Perform strategic planning and the development of broader
26 policy and position statements.
- 27 (F) Identify CDE needs.

1 4. EMD case review is the basis for all aspects of continuous quality
2 improvement in order to maintain a high level of service and to
3 provide a means for continuously checking the system. Consistency
4 and accuracy are essential elements of EMD case review.

5 (A) Critical components of the EMD case review process:

6 (1) Each COI program shall have a case reviewer(s) who is:

7 (i) A currently licensed or certified physician, registered nurse,
8 physician assistant, EMT-P, EMT-B, or EMT-I, who has at least
9 two years of practical experience within the last five years in pre-
10 hospital emergency medical services with a basic knowledge of
11 emergency medical dispatch, and who has received specialized
12 training in the case review process, or

13 (ii) An emergency medical dispatcher with at least two years of
14 practical experience within the last five years, and who has
15 received specialized training in the case review process.

16 (iii) The case reviewer shall measure individual emergency
17 medical dispatcher performance in an objective, consistent manner,
18 adhering to a standardized scoring procedure.

19 (iv) The regular and timely review of a pre-determined
20 number of EMD calls shall be utilized to ensure that the
21 emergency medical dispatcher is following protocols when
22 providing medical instructions.

23 (v) Routine and timely feedback shall be provided to the EMD to
24 allow for improvement in their performance.

25 (vi) The case reviewer shall provide a compliance-to-protocol
26 report at least annually to the Office of EMS to ensure that the
27 EMD Provider Agency is complying with their chosen EMDPRS

1 minimum protocol compliance standards, and Agency policies and
2 procedures.

3 **V. Policies and Procedures**

4 1) The EMD Provider Agency shall establish policies and procedures
5 through its continuous quality improvement program, consistent with
6 the emergency medical dispatcher scope of practice that includes, but
7 is not limited to:

- 8 a) Ensuring the EMD call answering point maintains direct access to
9 the calling party,
- 10 b) Providing systematized caller interview questions,
- 11 c) Providing systematized post-dispatch and pre-arrival instructions,
- 12 d) Establishing protocols that determine vehicle response mode and
13 configuration based on the emergency medical dispatcher's
14 evaluation of injury or illness severity,
- 15 e) Establishing a call classification coding system, for quality
16 assurance and statistical analysis,
- 17 f) Establishing a written description of the communications system
18 configuration for the service area including telephone and radio
19 service resources, and
- 20 g) Establishing a record-keeping system, including report forms or a
21 computer data management system to permit evaluation of patient
22 care records to ensure emergency medical dispatcher compliance
23 with the EMDPRS, and timeliness of interview questions and
24 dispatch.

25 **VI. Records Management**

26 1. Course Completion Records:

- 1 a) The EMD Provider Agency shall maintain a copy of the basic
2 EMD training program course completion record in the individual
3 emergency medical dispatcher’s training file.
- 4 b) The EMD Provider Agency shall maintain a record of “in- house”
5 EMD CDE topics, methodologies, date, time, location, and the
6 number of CDE hours completed for each session of CDE in the
7 individual emergency medical dispatcher’s training file.
- 8 c) The EMD Provider shall maintain a copy of EMD CDE program
9 course completion records from an approved EMD training
10 program provider in the individual emergency medical dispatcher’s
11 training file.

12 2. Training Program Provider Records:

- 13 a) Each training program provider shall retain the following training
14 records as provided by Office of EMS:
- 15 1) Records on each course including, but not limited to: course
16 title, course objectives, course outlines, qualification of
17 instructors, dates of instruction, location, participant sign-in
18 rosters, sample course tests or other methods of evaluation, and
19 records of course completions issued.
- 20 2) Summaries of test results, course evaluations or other methods
21 of evaluation. The type of evaluation used may vary according
22 to the instructor, content of program, number of participants
23 and method of presentation.

24 3. CQI Case Review Records:

- 25 a) Each EMD Provider Agency shall retain compliance-to-protocol
26 reports as required by law.

27 VII. Access For Individuals With Hearing And Speech Disabilities will

1 **be implemented in current and all future upgrades:**

2 (1) The Guam Fire Department's Emergency 911 Telephone
3 Communications System shall be accessible to individuals with
4 hearing and speech disabilities.

5 (2) The means for such accessibility shall primarily be mobile and
6 landline telephones, but nothing herein shall be construed as to limit
7 the Guam Fire Department from providing access to the
8 Emergency 911 Telephone Communications System through other
9 modes of communication.

10 (3) The Guam Fire Department is prohibited from charging additional
11 fees to telecommunications companies and/or their customers for the
12 cost of providing such accessibility. Any costs associated with the
13 implementation of the mandates of this subsection shall be funded
14 through existing surcharges.

15 **E. Effective Dates.**

16 The provisions of this Chapter shall become effective immediately.

17 **F. Penalties.**

18 1. Any person guilty of willfully violating or failing to comply with any
19 provisions of this Act or regulations set forth by the Office of EMS
20 under Subsection D of this Section shall be fined not more than two
21 hundred fifty dollars (\$250), or imprisoned not more than three
22 months, or be both fined and imprisoned.

23 2. Any agency or organization guilty of willfully violating or failing to
24 comply with any provision of this Act or regulations set forth by the
25 Office of EMS under Subsection D of this Section shall be fined not
26 more than one thousand dollars (\$1,000) or imprisoned not more than

1 six months, or be both fined and imprisoned.

2 **§ 84220. Division of EMS.**

3 (a) The Guam Memorial Hospital Authority (GMHA) shall establish a
4 Division of EMS. The Division shall be headed by the Off-line Medical Control
5 Physician who shall be a licensed physician. The Division responsibilities shall
6 include, but not be limited to:

- 7 1) provide off-line medical control for government of Guam emergency
8 medical technicians (EMTs), E-911 dispatchers, and on-line
9 emergency department personnel;
- 10 2) participate with other Emergency Medical Systems (EMS) agencies in
11 the planning, development and advancement of EMS;
- 12 3) assist in adoption of treatment protocols as developed by the
13 Department of Public Health and Social Services – Office of EMS;
- 14 4) coordinate with the Department of Public Health and Social Services
15 – Office of EMS, the Guam Fire Department Training Bureau, the
16 Guam Community College and all other training centers, for the
17 training of pre-hospital personnel;
- 18 5) aid government of Guam agencies in achieving compliance with the
19 Department of Public Health and Social Service EMS Rules and
20 Regulations relative to personnel, equipment training, vehicles,
21 communications and supplies; and
- 22 6) conduct EMS research as needed;

23 (b) The Division shall designate the following:

- 24 1) Off-line EMS Medical Control Physician – A GMHA Emergency
25 Department staff physician with either formal training or extensive

1 experience in EMS shall be the head of this Division under the title of
2 experience in EMS shall be the head of this Division under the title of
3 Off-line EMS Medical Control Physician and this physician shall
4 operate as an agent of GMHA; and

5 2) Second Off-line Medical Control Physician for Pediatric Pre-hospital
6 Care. Following recommendations of the federal program EMS for
7 Children, the involvement of a GMHA Emergency Department Staff
8 pediatrician as a second off-line EMS Medical Control Physician,
9 namely as an Off-line EMS Medical Control Physician-Pediatrics is
10 highly encouraged; this pediatrician shall, as an agent of GMHA,
11 provide off-line medical control for pre-hospital medical care
12 provided specifically to children by government of Guam EMS
13 personnel; and

14 3) EMS Medical Coordinator. The Division of EMS at GMHA shall
15 have one (1) full-time EMS Medical Coordinator who shall be a
16 certified EMT-Paramedic or registered nurse with EMS experience,
17 and who shall work under the guidance of the Off-line Medical
18 Control Physician.

19 (c) Administrative and Educational Resources. GMHA shall make
20 available adequate GMHA administrative and educational resources to support the
21 Division of EMS and its mission.

22 (d) EMS agencies to share resources. In recognition of the multi-agency
23 nature of EMS Medical Direction, all agencies involved with EMS on Guam shall,
24 within reason, share personnel and other resources with each other across agency
25 lines in an effort to assure the uninterrupted and effective existence of all three
26 levels of physician involvement in Guam's EMS system.

1 (e) EMS Oversight Authority. The authority of the Division at GMH in
2 EMS oversight shall not supersede the regulatory authority of the Department of
3 Public Health and Social Services and EMS Commission as previously established
4 in Guam law.

5 (f) The amount of Two Hundred Thousand Dollars (\$200,000.00) is
6 hereby appropriated from the General Fund to the ~~Guam Memorial Hospital~~ Guam
7 Office of EMS for the specific use for the establishment of the Division of EMS.
8 The unexpended balance of the appropriation shall *not* revert back to the General
9 Fund, but shall be carried over into the next fiscal year to be expended in
10 accordance with the original purpose of said funds. The funds appropriated herein
11 shall *not* be subject to I Maga'Låhen Guåhan's transfer authority.

12 (g) The Civil Service Commission in collaboration with the Guam
13 Memorial Hospital Authority shall develop the job descriptions and salary structure
14 for the positions delineated in this Act within six (6) months upon enactment of
15 this Act.

16 (h) Severability. *If any provision of this Act or its application to any*
17 *person or circumstances is found to be invalid or contrary to law, such invalidity*
18 *shall not affect other provisions or applications of this Act which can be given*
19 *effect without the invalid provisions or applications, and to this end the provisions*
20 *of this Act are severable."*

21 **Section 3. Effective Date.** Notwithstanding any other provision of law, the
22 provisions of this Act shall be effective upon enactment.

23 **Section 4: Severability.** *If any provision of this Act or its application to*
24 *any person or circumstance is found to be invalid or contrary to law, such*

1 invalidity shall *not* affect other provisions or applications of this Act which can be
2 given effect without the invalid provisions or applications, and to this end the
3 provisions of this Act are severable.

**MINA' TRENTAI UNU NA LIHESLATURAN GUAHAN
2011 (FIRST) Regular**

Bill No. 339-31(COR)

Introduced by:

D.G. RODRIGUEZ, JR. *GR*
M.S. TAIJERON *MS*
A.B. PALACIOS, SR. *AP*
R.J. RESPICIO *RR*
S. MABINI, PH.D. *SM*

**AN ACT TO UPDATE STATUTES RELATIVE TO THE
ESTABLISHMENT, PROMOTION AND MAINTENANCE OF A
COMPREHENSIVE TERRITORIAL EMERGENCY MEDICAL
AND AMBULANCE SERVICES SYSTEM THROUGHOUT
GUAM, BY AMENDING CHAPTER 84 OF DIVISION 4, TITLE
10, GUAM CODE ANNOTATED.**

2011 OCT - 6 PM 3: 27 *R*

1 **BE IT ENACTED BY THE PEOPLE OF GUAM:**

2 **Section 1. Legislative Findings and Intent:** *I Liheslaturan Guåhan*
3 finds that the existing statute relative to Emergency Medical Services, as
4 provided pursuant to Chapter 84, Division 4, Title 10, Guam Code
5 Annotated, requires significant amendments so as to update and bring
6 current with national standards the provision of emergency medical and
7 ambulance services for the people of Guam.

8 Chapter 84 of Title 10, Guam Code Annotated, was established by the
9 14th Guam Legislature and subsequently expanded in scope, as amended
10 by the 27th Legislature. Additional provisions requiring the promulgation

1 of rules and regulations by the Emergency Medical Services Commission
2 were added by the 23rd Guam Legislature. During this period, the level of
3 professional training and qualifications required in order to render services
4 by emergency response personnel has increased significantly nationwide.
5 Guam's regulations, however, have remained dormant and not kept pace
6 with advancing national standards. *I Liheslaturan Guåhan* finds that the
7 level of participation by private ambulance services for both public and
8 private medical facilities has also increased nationwide. Today, many
9 municipalities have entirely outsourced their ambulance requirements to
10 private companies. This use of private ambulance services has necessitated
11 the development of comprehensive standards to be utilized so as to assure
12 a consistent uniform level of emergency response services.

13 Guam, however, has continued to rely solely upon government
14 operated emergency services, as currently provided by the Guam Fire
15 Department. Through no fault of the dedicated GFD personnel, the
16 department has continued to encounter problems in the rendering of
17 services directly due to the shortage of ambulances, and the inability to
18 maintain them. *I Liheslaturan* takes due note of the successful public-
19 private relationships in numerous municipalities, where part or all of the
20 services are directly operated by private entities, with appropriate
21 government coordination and regulation. In order to accomplish this for
22 Guam, appropriate, modern rules and regulations must be enacted.

1 Towards this end, and pursuant to §84118, 10 GCA [Rules and
2 Regulations], as enacted by the 23rd Legislature, the Emergency Medical
3 Services Commission has been developing comprehensive rules and
4 regulations, in keeping with national standards, and thus would allow for
5 the use of both government and private emergency response services
6 island-wide, consistently operating under the same standards, and
7 possessing the same professional qualifications. Participation in this
8 endeavor has included both government and private stakeholders. It is
9 their work product that this Act seeks to implement.

10 Further, with the upcoming development of a new private hospital,
11 as well as the growing number of urgent care centers, it is even more
12 imperative that Guam's private medical facilities be able to directly utilize
13 emergency response services on Guam's roads in their provision of
14 emergency health care for the people of Guam. At this time, private
15 ambulance services regularly transport patients from their homes to
16 various medical facilities for treatment. However, in the event a patient,
17 whose health may already be severely challenged, goes into a critical state
18 requiring prompt medical attention, the ambulance service can not quickly
19 proceed *'in-code'* utilizing emergency flashing lights and sirens. Nor, do
20 they have direct electronic contact with GFD or GMH to coordinate their
21 emergency travel upon public roads, as well as professionally directed
22 medical treatment, as instructed by the GMH emergency physician during

1 transport. Currently, the private ambulance calls for a GFD ambulance,
2 into which the patient is transferred, and subsequently transported to
3 GMH. This results in a significant delay in the patient receiving the
4 desperately needed medical attention.

5 It is the intent of *I Liheslaturan Guåhan* to adopt rules and regulations
6 that will (1) raise the quality of both public and private emergency medical
7 response services, and (2) because all would be required to operate
8 pursuant uniform standards, thus provide for safe, partnerships between
9 the government of Guam and private ambulance companies.

10 **Section 2.** Chapter 84 of Division 4, Title 10, Guam Code Annotated, is
11 hereby amended, to read:

12 **“Chapter 84 - EMERGENCY MEDICAL SERVICES**

13 §84101. Intent.

14 §84102. Definitions./

15 §84103. Guam Emergency Medical Services Administrative Office.

16 §84104. Administration.

17 §84105. The Administrative Office: Composition; Duties and Responsibilities.

18 §84106. Guam Emergency Medical Services Commission.

19 §84107. Purpose.

20 §84108. Composition.

21 §84109. Organization.

22 §84110. Certification.

23 §84111. Certification Procedure.

- 1 §84112. Exemptions from this Chapter.
2 §84113. Suspension and Revocation Procedure.
3 §84114. Required Treatment.
4 §84115. Consent.
5 §84116. Prosecution of Illegal Acts.
6 §84117. Penalties.
7 §84118. Rules and Regulations.
8 §84119. Grants.
9 §84120. EMS Medical Director: Required Qualifications.
10 §84121. Guam Emergency Enhanced 911 Telephone Systems.
11 §84122. Division of EMS.
12 **SOURCE:** Chapter added by P.L. 14-11. Further added by P.L. 23-77:9-10.

13 **§84101. Intent.** The Legislature of Guam hereby declares that:

14 (a) The provision of emergency medical services is a matter of vital
15 concern affecting the public health, safety and welfare of the people of
16 the Territory of Guam;

17 (b) It is the purpose and intent of this Chapter is to establish, promote and
18 maintain a comprehensive Territorial emergency medical services
19 system throughout the island. The system will provide for the
20 arrangement of personnel, facilities, and equipment for the effective and
21 coordinated delivery of health care services under emergency
22 conditions whether occurring as the result of a patient's condition or of
23 natural disasters or other causes. The system shall also provide for
24 personnel, personnel training, communications, emergency
25 transportation, facilities, coordination with emergency medical and

1 critical care services, coordination and use of available public safety
2 agencies, promotion of consumer participation, accessibility to care,
3 mandatory standard medical recordkeeping, consumer information and
4 education, independent review and evaluation, disaster linkage, mutual
5 aid agreements, and other components necessary to meet the purposes
6 of this part. Further, it is the policy of the Territory of Guam that
7 people shall be encouraged and trained to assist others at the scene of a
8 medical emergency. Local governments, agencies, and other
9 organizations shall be encouraged to offer training in cardiopulmonary
10 resuscitation and lifesaving first aid techniques so that people may be
11 adequately trained, prepared, and encouraged to assist others
12 immediately.

13 ~~[It is the purpose of this Chapter to promote the establishment and~~
14 ~~maintenance of an effective system of emergency medical services,~~
15 ~~including the necessary equipment, personnel and facilities to insure that all~~
16 ~~emergency patients receive prompt and adequate medical care throughout~~
17 ~~the range of emergency conditions encountered.]~~

18 (c) It is the intent of the Legislature to assure the island community that
19 prompt, efficient and effective emergency medical services will be
20 provided as mandated by P.L. 17-78 §72105 which states that the Guam
21 Fire Department shall have the authority and responsibility of operating
22 an emergency medical and rescue services system. Therefore, the
23 Legislature recognizes the Guam Fire Department in its role as the
24 designated central agency for the overall operation of the island's
25 enhanced 911 emergency medical services system. Furthermore, the
26 Legislature finds that in order for the Guam Fire Department to provide

1 prompt, efficient and effective quality emergency medical care,
2 coordination between EMS agencies and the EMS Commission is a key
3 element in a functioning EMS System.

4 (d) It is the intent of the Legislature in enacting this section and Sections to
5 prescribe and exercise the degree of Territory direction and supervision
6 over emergency medical services as will provide for Territory action
7 immunity under federal antitrust laws for activities undertaken by local
8 governmental entities in carrying out their prescribed functions under
9 this Chapter.

10 **§ 84102. Definitions.**

11 Unless the context otherwise requires, the definitions contained in this
12 chapter shall govern the provisions of this commission: [As used in this
13 Chapter]

14 (a) *Emergency Medical Service* means a service designated by the
15 Commission as providing emergency medical assistance on the scene, en
16 route and at designated emergency medical services facilities.

17 (b) *Administrator* means the Administrator or his/her designee of the Guam
18 Emergency Medical Services Administrative Office created under this
19 Chapter.

20 (c) Advanced life support or "ALS" for ambulance services, means special
21 services designed to provide definitive pre-hospital emergency medical
22 care, including, but not limited to, cardiopulmonary resuscitation, cardiac
23 monitoring, cardiac defibrillation, advanced airway management,
24 intravenous therapy, administration of specified drugs and other
25 medicinal preparations, and other specified techniques and procedures
26 administered by authorized personnel under the direct supervision of a

1 hospital as part of a local EMS system at the scene of an emergency,
2 during transport to an acute care hospital, during interfacility transfer, and
3 while in the emergency department of an acute care hospital until
4 responsibility is assumed by the emergency or other medical staff of that
5 hospital. [~~Commission means the Guam Emergency Medical Services.~~]

6 (d) **Authority** means the Emergency Medical Services Authority established
7 by this division.

8 (e) **Basic Life Support** or "BLS" means emergency first aid and
9 cardiopulmonary resuscitation procedures which, as a minimum, include
10 recognizing respiratory and cardiac arrest and starting the proper
11 application of cardiopulmonary resuscitation to maintain life without
12 invasive techniques until the victim may be transported or until advanced
13 life support is available.

14 (f) [~~Emergency Patient means an individual who is acutely ill, injured,~~
15 ~~incapacitated or helpless and who requires emergency care.]~~

16 (g) **Commission** means the Guam Emergency Medical Services Commission
17 created under this Chapter.

18 [~~Ambulance means any conveyance on land, sea or air that is used or~~
19 ~~is intended to be used for the purpose of responding to emergency life~~
20 ~~threatening situations and providing emergency transportation service.]~~

21 (h) **Cardiopulmonary Resuscitation** or "CPR" The combination of rescue
22 breathing and chest compressions used to establish adequate ventilation
23 and circulation in a patient who is not breathing and has no pulse.

24 [~~Emergency Ambulance Services means the transportation of emergency~~
25 ~~patients by ambulance and the administration of emergency medical~~
26 ~~services to emergency patients before or during such transportation.]~~

1 (i) Disaster situation includes "mass casualties", "national emergency",
2 "natural disaster", or person-caused disaster.

3 [~~Emergency Medical Technician means an individual who meets the~~
4 ~~minimum requirements established under this Chapter and who has the~~
5 ~~duty~~
6 ~~to administer or supervise emergency medical services.~~]

7 (j) A mass casualty means so many persons being injured, incapacitated,
8 made ill, or killed that ordinary resources for emergency treatment are
9 strained beyond capacity.

10 [~~Emergency Medical Service Facility means a facility that is certified and~~
11 ~~operated under the Government Code of Guam and is equipped, prepared~~
12 ~~and staffed to provide medical care for emergency patients appropriate to~~
13 ~~its classification.~~]

14 (k) Medical direction on-line means advice, assistance, supervision, and
15 control provided from a state designated regional medical facility staffed
16 by emergency physicians supplying professional support through radio,
17 telephonic, or any written or oral communication for on-site and in-
18 transit basic and advanced life support services given by pre hospital
19 field personnel.

20 [~~Person means any natural person or persons, firm, partnership,~~
21 ~~corporation, company, association or joint stock association and the legal~~
22 ~~successors thereof including any governmental agency or instrumentality~~
23 ~~other than an agency or instrumentality of the United States.~~]

24 (l) Emergency Patient means an individual who is acutely ill, injured
25 incapacitated or helpless and who requires emergency care.

1 ~~[Paramedic means an emergency medical technician who meets~~
2 ~~specialized advance training requirements as established by the~~
3 ~~Administrator.]~~

4 (m) Ambulance means any privately or publicly owned ground motor
5 vehicle, watercraft, or aircraft that is specially designed, constructed,
6 equipped and approved pursuant to Guam EMS Office regulations
7 intended to be used for and maintained or operated for the transportation
8 of patients with medical conditions unable to use other means of
9 transportation, except any such ground motor vehicle, watercraft, or
10 aircraft owned or operated under the direct control of the United States

11 ~~Certificate or Certification shall mean authorization in written form~~
12 ~~issued by the Administrator to a person to furnish, operate, conduct,~~
13 ~~maintain, advertise or otherwise engage in providing emergency medical~~
14 ~~services as a part of a regular course of doing business, either paid or~~
15 ~~voluntary.~~

16 (n) Emergency Ambulance Services means the transportation of emergency
17 medical services to emergency patients before or during such
18 transportation.

19 (o) Ambulance Service means an individual, partnership, association,
20 corporation, private or government whether for profit or not, engaged in
21 the activity of providing emergency medical care and the transportation
22 either emergency or nonemergency sick, injured, or otherwise medically
23 or psychologically incapacitated individuals by ambulances staffed by
24 BLS or ALS personnel to, from, or between general hospitals or other
25 healthcare facilities.

1 ~~Emergency Medical Services Personnel means personnel approved by the~~
2 ~~Administrator to provide emergency medical assistance on the scene,~~
3 ~~enroute and at designated emergency medical services facilities.~~

4 (p) Emergency Medical Technician-Basic who has a valid certificate issued
5 by the Guam Office of EMS, who has been trained in all facets of basic
6 emergency care skills including automated external defibrillation, use of
7 a definitive airway adjunct, and assisting patients with certain
8 medications, and other training and certifications as required by the EMS
9 Administrator under this Chapter. ~~Emergency means any actual or self-~~
10 ~~perceived event which threatens life, limb, or well-being of an individual~~
11 ~~in such a manner that immediate medical or public safety care is needed.~~

12 (q) Emergency Medical Service Facility means a facility that is certified and
13 operated under the Government of Code of Guam and is equipped,
14 prepared, and staffed to provide medical care for emergency patients
15 appropriate to its classification.

16 ~~Emergency Medical Services (EMS) System means a collective system~~
17 ~~which provides the coordination and arrangement of personnel, facilities,~~
18 ~~regulations, and equipment for the expedient delivery of efficient and~~
19 ~~effective quality emergency medical care.~~

20 (r) Person means any natural person or persons, firm, partnership,
21 corporation, company, association or joint stock association and the legal
22 successors thereof including any governmental agency or instrumentality
23 other than an agency or instrumentality of the United States.

24 ~~EMS Medical Director means a Guam licensed physician who provides~~
25 ~~overall medical direction for the island wide Emergency Medical~~
26 ~~Services System.~~

1 (s) Emergency Medical Technician Paramedic ("EMT-P") "paramedic"
2 means an individual who holds a current, valid certificate issued by the
3 Office of EMS, who has extensive training in advanced life support,
4 including IV (intravenous) therapy, pharmacology, cardiac monitoring,
5 and other advanced assessment and treatment skills as required by the
6 EMS Administrator. ~~Commercial Ambulance Service means a non-~~
7 governmental ambulance service.

8 (t) Emergency Medical Technician Intermediate ("EMT-I") means an
9 individual who holds a current, valid certificate issued by the Office of
10 EMS, who has training in advanced life support, including IV
11 (intravenous) therapy, interpretation of cardiac rhythms and defibrillation
12 and or tracheal intubation, whose scope of practice to provide advanced
13 life support and who meets specialized extensive training in advance
14 assessment and treatment skills as required by the EMS Administrator.

15 (u) Emergency Medical Responder means the first trained individual, such
16 as police officer, fire fighter, lifeguard, or other rescuer, to arrive at the
17 scene of an emergency to provide initial medical assistance.

18 (v) Certificate or Certification (a) "Certificate" or "license" means a specific
19 document issued by the Administrator to an individual denoting
20 competence in the named area of prehospital service either paid or
21 volunteer; (b) "Certification status" or "license status" means the active,
22 expired, denied, suspended, revoked, or placed on probation designation
23 applied to a certificate or license issued pursuant to this division; (c)
24 Certification is a process in which a person, an institution, or a program
25 is evaluated and recognized as meeting certain predetermined standards
26 to provide safe and ethical care.

1 (w) Competency based curriculum means a curriculum in which specific
2 objectives are defined for each process in which a person, an institution,
3 or a program is evaluated and recognized as meeting predetermined
4 standards of the separate skills taught in training programs with
5 integrated didactic and practical instruction and successful completion of
6 an examination demonstrating mastery of every skill.

7 (x) Designated facility means a hospital and/or Urgent Care Clinic which has
8 been designated by a local EMS agency to perform specified emergency
9 medical services systems functions pursuant to guidelines established by
10 the authority. ~~Treatment Protocol~~ means written guidelines approved by
11 the Medical Director providing pre-hospital personnel with a
12 standardized approach to commonly encountered patient problems, thus
13 ensuring consistent care.

14 (y) Emergency Medical Services Personnel means personnel approved by
15 the Administrator to provide emergency medical assistance on the scene,
16 enroute and at designated emergency medical services facilities.

17 (z) Emergency means a serious condition or situation, such as illness or
18 injury, in which an individual or group has a need for immediate medical
19 attention that threatens the life or welfare of a person or group of people
20 and requires immediate intervention, or where the potential for such need
21 is perceived by emergency medical personnel or a public safety agency.

22 (aa) Emergency Medical Services System means a collective system
23 which provides the coordination and arrangement of personnel, facilities,
24 regulations, and equipment for the effective and coordinated delivery of
25 efficient and effective quality emergency medical care.

- 1 (bb) EMS Medical Director means a Guam licensed physician who
2 provides overall medical direction for the Territorial Emergency Medical
3 Services System.
- 4 (cc) Commercial Ambulance Service means a non-governmental
5 ambulance service.
- 6 (dd) Treatment Protocol means written guidelines (also known as Off-line
7 Medical Direction) approved by the Medical Director providing pre-
8 hospital personnel with a standardized approach to commonly
9 encountered patient problems that is related to medical or trauma, thus
10 encountering immediate care.
- 11 (ee) Compliance to Protocol shall mean the adherence to the written text
12 or scripts and other processes within the approved emergency medical
13 dispatch protocol reference system except that, deviation from the text or
14 script may only occur for the express purpose of clarifying the meaning
15 or intent of a question or facilitating the clear understanding of a
16 required action, instruction, or response from the caller.
- 17 (ff) Continuing Education shall mean educational experiences in
18 accordance with guidelines, regulations, law, policies and or
19 requirements as established by Department of Transportation, The
20 National Highway Traffic Safety Administration, Emergency Medical
21 Dispatch National Standard Curriculum and/or other U.S. Accredited
22 Institution of Learning.
- 23 (gg) Emergency Medical Dispatcher-E911 Call Taker means a trained and
24 certified individual by the Guam Office of EMS employed by or in the
25 Guam Fire Department or private organization either part-time or full
26 time, who manages the answering of emergency telephone calls and/or
27 management of requests for emergency medical assistance in an

1 emergency medical services (EMS) system. It involves two broad
2 aspects of work: call-taking, where calls for emergency medical
3 assistance are received and prioritized using a medically approved
4 dispatch protocol system utilizing pre-arrival instructions ; and
5 controlling where the most appropriate ambulance is dispatched to the
6 emergency and ambulance resources are optimized in their areas of
7 operations.

8 (hh) *First Responder* means those individuals who in the early stages of an
9 incident are responsible for the protection and preservation of life,
10 property, evidence, and the environment, including emergency response
11 providers as defined in Section 2 of the Homeland Security Act of 2002
12 (6 U.S.C. 101), as well as emergency management, public health, clinical
13 care, public works, and other skilled support personnel (such as
14 equipment operators) that provide immediate support services during
15 prevention, response, and recovery operations.

16 *First Responder Homeland Security Act 2002 refers to 'Emergency*
17 *response providers' includes, federal, state, and local government*
18 *emergency public safety, law enforcement, emergency response,*
19 *emergency medical, and related personnel, agencies, and*
20 *authorities.*

21 (ii) *Non-medical Transport Services* - transportation that is provided in non-
22 medical and non-emergent situations to people who do not require
23 medical attention, e.g. para-transits, vans with wheelchair access, and
24 passenger service vehicles.

25 (jj) *Basic Life Support Ground Transport Services* – transportation that is
26 provided in a non-emergent situation to people who require special
27 medical monitoring and support.

1 (kk) Basic Life Support Emergency Ambulance Services - transportation
2 that is provided where “medical necessity is established when the
3 patient’s condition is such that use of any other method of transportation
4 is contraindicated.”

5 (ll) Training Service Provider means an organization, higher learning
6 institution providing training to the public or person on EMR, EMT-B
7 and CPR that has an approved certification process approved by the EMS
8 Administrator from DPHSS Office of EMS. All competency based
9 curriculum must contain specific objectives defined for each process in
10 which a person, an institution, or a program is evaluated and recognized
11 as meeting predetermined standards of the separate skills taught in
12 training programs with integrated didactic and practical instruction and
13 successful completion of an examination demonstrating mastery of every
14 skill must be approved by the EMS Administrator in the DPHSS Office
15 of EMS.

16 **§ 84103. Guam Emergency Medical Services Administrative Office.**

17 There is hereby created within the Department of Public Health and Social
18 Services, a Guam Emergency Medical Services Administrative Office called
19 the Office of Emergency Medical Services (Office of EMS). The Office shall
20 plan, establish, implement, administer, maintain and evaluate the Territorial
21 comprehensive emergency medical services system to serve the emergency
22 health needs of the people of Guam in an organized pattern of readiness and
23 response services based on public and private agreements and operational
24 procedures. The Office, in the implementation of this part of the plan, will
25 coordinate, and provide assistance to all entities and agencies, public and
26 private, involved in the Territorial system. All emergency medical services,

1 ambulance services, private non-emergent transport services conducted are
2 under the authority of the Office of EMS shall be consistent with this part.

3 The Office of EMS shall be responsible for implementation of advanced life
4 support systems and limited advanced life support systems and for the
5 monitoring of training programs. The Office of EMS shall be responsible for
6 determining that the operation of training programs at the Emergency Medical
7 Responder (EMR), Emergency Medical Technician-Basic (EMT-B),
8 Emergency Medical Technician-Intermediate/Advance (EMT-I(A), Advance
9 Life Support (ALS) and Emergency Medical Technician-Paramedic (EMT-P)
10 levels are in compliance with this chapter, and shall approve the training
11 programs if they are found to be in compliance with this chapter.

12 **§ 84104. Administration.**

13 (a) Commission Membership. The Administrator of the Office of EMS shall
14 at each EMS Commission meeting report to the commission its
15 observations and recommendations relative to its review of the ambulance
16 services, emergency medical care, and first aid practices, and programs for
17 training people in cardiopulmonary resuscitation and lifesaving first aid
18 techniques, and public participation in such programs on all matters
19 relating to emergency medical services as directed by the EMS
20 Commission. ~~serve as the Executive Secretary of the Guam EMS~~
21 ~~Commission.~~

22 **§ 84105. The Office of EMS Administrative Office: Composition; Duties, and**
23 **Responsibilities.**

24 The Office of EMS administrative office shall be composed of a full-time salaried
25 Administrator and sufficient supporting staff to efficiently fulfill the purpose of the

1 emergency medical services system. The Administrator shall:

2 (a) Implement emergency medical services regulations and standards.

3 (b) Develop and promote, in cooperation with local public and private
4 organizations and persons, a Territorial Program for the provision of emergency
5 medical services and to set policies for the provision of such services. The
6 Administrator shall explore the possibility of coordinating emergency medical
7 services with like services in the military and the Commonwealth of the Northern
8 Marianas Islands, Federated States of Micronesia and the Republic of Palau.

9 ~~[Coordinate with the Guam Health Planning and Development Agency and the~~
10 ~~Guam Health Coordinating Council on the development and implementation of a~~
11 ~~Territorial Program for the provision of emergency medical services.]~~

12 (c) Assess all current emergency medical services capability and
13 performance, and the establish programs to remedy identified deficiencies through
14 the development and periodic revision of a Comprehensive Territorial Plan for
15 emergency medical services. The Plan shall include but not limited to:

16 (1) Emergency medical services personnel and training;

17 (2) Emergency medical services facilities assessment ;

18 (3) Emergency medical services transportation and related equipment

19 (4) Telecommunications and Communications;

20 (5) Interagency coordination and cooperation];

21 (6) System organization and management;

22 (7) Data Collection and Management and Evaluation;

23 (8) Public Information and Education; and

24 (9) Disaster Response

25 ~~[Develop and promote in cooperation with local public and private organizations~~
26 ~~and persons, a Territorial Program for the provision of emergency medical services~~
27 ~~and to set policies for the provision of such services. The Administrator shall~~

1 ~~explore the possibility of coordinating emergency medical services with like~~
2 ~~services in the military and the Trust Territories of the Pacific Islands.]~~

3 (d) The Office of EMS shall develop planning and implementation
4 guidelines for emergency medical services systems which address the components
5 stated and to establish programs to remedy identified deficiencies through the
6 development and periodic revision of a Comprehensive Territorial Plan for
7 emergency medical services. The guidelines shall include but not be limited to the
8 following:

9 (1) Emergency medical services personnel and training;

10 (2) Emergency medical services facilities assessment ;

11 (3) Emergency medical services transportation and related equipment

12 (4) Telecommunications and Communications;

13 (5) Interagency coordination and cooperation];

14 (6) System organization and management;

15 (7) Data Collection and Management and Evaluation;

16 (8) Public Information and Education; and

17 (9) Disaster Response

18 (e) Develop emergency medical services regulations and standards
19 emergency medical services facilities, personnel, equipment, supplies and
20 communications facilities and locations as may be required to establish and
21 maintain an adequate system of emergency medical services;

22 ~~[Develop emergency medical services regulations and standards for emergency~~
23 ~~medical services facilities, personnel, equipment, supplies and communications~~
24 ~~facilities and locations as may be required to establish and maintain an adequate~~
25 ~~system of emergency medical services.]~~

26 (f) The Office of EMS shall provide technical assistance for the
27 coordination and approval of training to existing agencies, Territorial organizations

1 and private entities for the purpose of developing the components of implementing
2 emergency medical services described in the Articles;

3 ~~[Provide technical assistance to territorial organizations implementing the~~
4 ~~emergency medical services programs described in the Articles.]~~

5 (g) The Office of EMS shall be responsible for determining that the
6 operation of training programs at the EMR, EMT-B, EMT-I, ALS and EMT-P
7 levels are in compliance with this division, and shall review and approve curricula
8 and syllabi of training courses or programs offered to EMS personnel who provide
9 basic, intermediate, and advanced emergency medical services; consult with the
10 Guam Community College, Guam Fire Department Training Center, Training
11 Service Provider or any professional organization that provide emergency medical
12 services training for basic, intermediate, advanced life support and paramedic

13 ~~[Develop or assist other agencies in the development of training and retraining~~
14 ~~programs for personnel engaged in the provision of emergency medical services.]~~

15 (h) Establish and maintain standards for emergency medical services
16 course instructor qualifications and requirements for emergency medical services
17 training facilities, instructors and competency based curriculum;

18 ~~[Develop an effective emergency medical services communication system in~~
19 ~~cooperation with concerned public and private organizations and~~

20 ~~persons. The communication system shall include but not be limited to the~~
21 ~~following:~~

22 ~~(1) Programs aimed at locating accidents and acute illnesses on and off the~~
23 ~~roadways and directly reporting such information to the responding agency;~~

24 ~~(2) Direct ambulance communication with the emergency medical services~~
25 ~~facility;~~

26 ~~(3) Minimum standards and regulations on communication for all~~
27 ~~appropriate medical components; and~~

1 ~~(4) Plans for the establishment and implementation of the universal~~
2 ~~emergency telephone number A911@ and criteria for the utilization of~~
3 ~~citizen-operated radios in alerting authorities about emergency situations.]~~

4 (i) Collect and evaluate data for the continued evaluation of Territorial
5 EMS System through a quality improvement program;

6 [~~Regulate, inspect, certify and re-certify emergency medical services~~
7 ~~facilities, personnel, equipment, supplies and communications facilities and~~
8 ~~locations engaged in providing emergency medical services under this Chapter.]~~

9 (j) Coordinate emergency medical resources such as Disaster Teams
10 comprised of EMR's, EMT-B, EMT-I, EMT-P and Licensed Registered Nurses
11 employed by the government of Guam agencies, and the allocation of the
12 Territorial EMS System's services and facilities in the event of mass casualties,
13 natural disasters, national emergencies, and other emergencies, ensuring linkage to
14 local and national disaster plans, and participation in exercise to test these plans;

15 [~~Establish criteria necessary to maintain certification as emergency medical~~
16 ~~services personnel which shall include but not be limited to the following:~~

17 (1) ~~A formal program of continuing education;~~

18 (2) ~~Minimum period of service as emergency medical services~~
19 ~~personnel; and~~

20 (3) ~~Re-certification at regular intervals which shall include a~~
21 ~~performance examination and may include written examinations and~~
22 ~~oral examinations]~~

23 (k) Implement public information and education programs to inform the
24 public of the Territorial EMS System and its use, and disseminate other emergency
25 medical information, including appropriate methods of medical self-help and first-
26 aid training programs on the island;

1 ~~[Apply for, receive and accept gifts, bequests, grants in aid, territorial and~~
2 ~~Federal aid, and other forms of financial assistance to carry out the purpose of this~~
3 ~~Chapter Consult with the Emergency Medical Services Commission on matters~~
4 ~~relating to the implementation of this part];~~

5 (l) Collaborate with the Emergency Medical Services Commission on
6 matters pertaining to the implementation of this part;

7 ~~[Prepare budgets, maintain fiscal integrity and disburse funds for emergency~~
8 ~~medical service];~~

9 (m) Develop an effective emergency medical services communication
10 system in cooperation with concerned public and private organizations and
11 persons. The communication system shall include but not limited to:

12 (1) Programs aimed at locating accidents and acute illnesses on and
13 off the roadways and directly reporting such information to the
14 responding agency.

15 (2) Direct ambulance communication with the emergency medical
16 services facility;

17 (3) Minimum standards and regulations on communication for all
18 appropriate medical components;

19 (4) Assist in the development of an enhanced "911 emergency
20 telephone system; and

21 (5) Establish the standards and provide training for dispatchers in the
22 Territorial EMS System and maintain a program of quality
23 improvement for dispatch equipment and operations.

24 ~~[Promote programs for the education of the general public in first aid and~~
25 ~~emergency techniques and procedures.]~~

26 (n) Regulate, inspect, certify, and re-certify emergency medical services
27 facilities, personnel, equipment, supplies, ambulances, advanced life support

1 vehicles, ambulance, emergency ambulance service/s, Private Non-Emergent
2 Medical Transport Vehicle providers, private communications facilities and
3 locations engaged in providing emergency medical services under this Chapter.

4 (o) The Office of EMS may contract for the provision of emergency medical
5 services or any necessary component of an emergency medical services system;

6 (p) Establish rules and regulations for the contract of, use, license,
7 standards, liability, equipment and supplies, personnel certifications and revocation
8 or suspension processes for Ambulance service, Emergency Ambulance Service
9 and Private Non-Emergent Medical Transport Vehicle

10 (q) Establish criteria necessary to maintain certification as emergency
11 medical services personnel which shall include but not limited to the following:

12 (1) A formal program of continuing education;

13 (2) Minimum period of service as emergency medical services
14 personnel; and

15 (3) Re-certification at regular intervals which shall include a
16 performance examination and may include written examinations and
17 skills proficiency exam.

18 (r) Apply for, receive, and accept gifts, bequests, grants-in-aid, Territorial
19 and Federal aid, and other forms of financial assistance to carry out this Chapter.

20 (s) Prepare budgets, maintain fiscal integrity and disburse funds for
21 emergency medical services.

22 (t) Establish a schedule of fees to provide courses of instruction and training
23 for certification and/or recertification in an amount sufficient to cover the
24 reasonable costs of administering the certification and/or recertification provisions
25 of the Office of EMS.

26 a. The EMS Commission shall annually evaluate fees to determine
27 if the fee is sufficient to fund the actual costs of the Office of

1 EMS Certification and/or Recertification program. If the
2 evaluation shows that the fees are excessive or are insufficient to
3 fund the actual costs of these programs, then the fees will be
4 adjusted accordingly. The funds appropriated herein shall not be'
5 subject to I Maga'Låhen Guåhan's transfer authority and all
6 monies not used in FY will be rolled over into next fiscal year.

7 (u) Promote programs for the education of the general public in first aid
8 and emergency medical services;

9 (v) The Office of EMS shall, consistent with such plan, coordinate and
10 otherwise facilitate arrangements necessary to develop the emergency medical
11 services system.

12 (w) The Office of EMS will submit for grants for federal, state, or private
13 funds concerning emergency medical services or related activities in its EMS area.

14 (x) The Office of EMS shall quarterly submit reports to the EMS
15 Commission of its review on the operations of each of the following:

- 16 a. Ambulance services operating within the Territory
17 b. Emergency medical care offered within the Territory,
18 including programs for training large numbers of people in
19 cardiopulmonary resuscitation and lifesaving first aid
20 techniques.

21 (y) The Office of EMS may assist in the implementation of Guam's
22 poison information program, including the provision of the Guam Memorial
23 Hospital Authority's Poison Center.

24 (z) Establish and maintain standards for emergency medical services
25 course instructor qualifications and requirements for emergency medical services
26 training facilities.

1 (aa) The Office of EMS will develop and incorporate an EMSC Program
2 in the Territory of Guam EMS plan. The EMSC component shall include, but need
3 not be limited to, the following:

4 (1) EMSC system planning, implementation, and management.

5 (2) Injury and illness prevention planning, that includes, among other
6 things, coordination, education, and data collection.

7 (3) Care rendered to patients outside the hospital.

8 (4) Emergency department care.

9 (5) Interfacility consultation, transfer, and transport.

10 (6) Pediatric critical care and pediatric trauma services.

11 (7) General trauma centers with pediatric considerations.

12 (8) Pediatric rehabilitation plans that include, among other things,
13 data collection and evaluation, education on early detection of need
14 for referral, and proper referral of pediatric patients.

15 (9) Children with special EMS needs outside the hospital.

16 (10) Information management and system evaluation.

17 (11) Employ or contract with professional, technical, research, and
18 clerical staff as necessary to implement this program.

19 (12) Provide advice and technical assistance to local EMS partners on
20 the integration of an EMSC Program into their EMS system.

21 (13) Oversee implementation of the EMSC Program by local EMS
22 agencies.

23 (14) Establish an EMSC technical advisory committee.

24 (15) Facilitate cooperative interstate relationships to provide
25 appropriate care for pediatric patients who must travel abroad to
26 receive emergency and critical care services.

1 (16) Work cooperatively and in a coordinated manner with the
2 Department of Public Health & Social Services and other public and
3 private agencies in the development of standards and policies for the
4 delivery of emergency and critical care services to children.

5 (17) Produce a report for the Guam EMS Commission describing any
6 progress on implementation of this chapter. The report shall contain,
7 but not be limited to, a description of the status of emergency medical
8 services for children, the recommendation for training, protocols, and
9 special medical equipment for emergency services for children, an
10 estimate of the costs and benefits of the services and programs
11 authorized by this chapter, and a calculation of the number of children
12 served by the EMSC system.

13 **§ 84106. Guam Emergency Medical Services Commission.**

14 There is hereby created a Guam Medical Services Commission which shall
15 have the power to make regulations, not inconsistent with the provisions of this
16 Chapter, and amend or repeal them, as it deems necessary to carry out the intent of
17 the provisions of this Chapter and to enable it to exercise the powers and perform
18 the duties conferred upon it [advisory capacity to the Office of EMS] on all matters
19 relating to the Territorial EMS system.

20 **§ 84107. Purpose.**

21 The Commission:

22 (a) Shall monitor, review, and evaluate on an ongoing basis the
23 operations, administration, and efficacy of the Territorial EMS system, or any
24 components thereof, to determine conformity with and maximum implementation
25 of this part.

1 ~~[Shall adopt and promulgate Rules and Regulations for the operation and~~
2 ~~implementation of the EMS System, the administration of the Commission, and the~~
3 ~~standards for certification and recertification of emergency medical services~~
4 ~~facilities, personnel, equipment, supplies and communications facilities and~~
5 ~~locations engaged in providing emergency medical services under this Chapter, in~~
6 ~~accordance with the Administrative Adjudication Law.]~~

7 (b) Participate in any planning or other policymaking with regard to the
8 Territorial EMS system, and seek the participation of the public, including health
9 planning councils in its consideration of plans and policies relating to the
10 Territorial EMS System.

11 ~~[Shall make and from time to time may alter such rules as it deems~~
12 ~~necessary for the conduct of its business and for the execution and enforcement of~~
13 ~~the provisions of this Chapter.]~~

14 (c) Shall adopt and promulgate Rules and Regulations for the operation
15 and implementation of the EMS System, the administration of the Commission,
16 and the standards for certification and re-certification of emergency medical
17 services facilities, personnel, equipment, supplies, ambulance, advanced life
18 support vehicles, emergency ambulance service/s, Private Non-Emergent Medical
19 Transport Vehicle providers communications facilities and locations engaged in
20 providing emergency medical services under this Chapter, in accordance with the
21 Administrative Adjudication Law.

22 ~~[May participate in the selection of the EMS Administrator and EMS office~~
23 ~~staff.]~~

24 (d) Advise the Office of EMS in formulating a master plan for emergency
25 medical services, including medical communication, the enhanced “911” system,
26 and other components necessary to meet the emergency medical needs of the
27 people of Guam.

1 (e) Shall make and from time to time may alter such rules as it deems
2 necessary for the conduct of its business and for the execution and enforcement of
3 the provisions of this Chapter.

4 (f) The EMS Commission will deny, suspend, or revoke any EMT-B,
5 EMT-I or EMT-P license issued under the Office of EMS, for the following
6 actions shall be considered evidence of a threat to the public health and safety and
7 may result in the denial, suspension, or revocation of a certificate or license issued
8 under the Office of EMS:

9 (1) Fraud in the procurement of any certificate or license under the
10 Office of EMS;

11 (2) Gross negligence;

12 (3) Listed on Sex Offender Registry;

13 (4) Repeated negligent acts;

14 (5) Incompetence;

15 (6) The commission of any fraudulent, dishonest, or corrupt act that
16 is substantially related to the qualifications, functions, and duties of
17 pre-hospital personnel;

18 (7) Conviction of any crime which is substantially related to the
19 qualifications, functions, and duties of pre-hospital personnel. The
20 record of conviction or a certified copy of the record shall be
21 conclusive evidence of the conviction;

22 (8) Violating or attempting to violate directly or indirectly, or
23 assisting in or abetting the violation of, or conspiring to violate, any
24 provision of the Office of EMS or the regulations adopted by the
25 authority pertaining to pre-hospital personnel;

1 (9) Violating or attempting to violate any federal or state statute or
2 regulation that regulates narcotics, dangerous drugs, or controlled
3 substances;

4 (10) Addiction to, the excessive use of, or the misuse of, alcoholic
5 beverages, narcotics, dangerous drugs, or controlled substances;

6 (11) Functioning outside the supervision of medical control in the
7 field care system operating at the local level, except as authorized by
8 any other license or certification;

9 (12) Demonstration of irrational behavior or occurrence of a
10 physical disability to the extent that a reasonable and prudent person
11 would have reasonable cause to believe that the ability to perform the
12 duties normally expected may be impaired;

13 (13) Unprofessional conduct exhibited by any of the following:

14 i. The mistreatment or physical abuse of any patient
15 resulting from force in excess of what a reasonable and prudent
16 person trained and acting in a similar capacity while engaged in
17 the performance of his or her duties would use if confronted
18 with a similar circumstance. Nothing in this section shall be
19 deemed to prohibit an EMT-B, EMT-I, or EMT-P from assisting
20 a peace officer, or a peace officer who is acting in the dual
21 capacity of peace officer and EMT-B, EMT-I, or EMT-P, from
22 using that force that is reasonably necessary to effect a lawful
23 arrest or detention;

24 ii. The failure to maintain confidentiality of patient
25 medical information, except as disclosure is otherwise
26 permitted or required by law;

1 iii. The commission of any sexually related offense
2 specified under the Penal Code.

3 **§ 84108. Composition.**

4 The Commission shall consist ~~be composed~~ of seventeen ~~(17)~~ fourteen (14)
5 members appointed by the Governor who shall serve at his pleasure from each of
6 the following organizations or groups:

7 (1) Two representative from the Guam Fire Department: One
8 Emergency Medical Technician (EMT-B), and One EMT-
9 Intermediate, or Paramedic certified/licensed to practice within the
10 territory of Guam;

11 (2) One representative from Guam Fire Department E911 Bureau;

12 (3) One representative from Guam Memorial Hospital Authority
13 Emergency Room Nurse licensed to practice within the Territory of
14 Guam;

15 ~~{Guam Memorial Hospital}~~

16 (4) One representative from Guam Community College –School of
17 Allied Health;

18 (5) One representative from Department of Public Works –Office
19 of Highway Safety;

20 (6) One representative from Department of Public Health and
21 Social Services;

22 (7) One representative from Guam Homeland Security/Office of
23 Civil Defense;

24 (8) One representative from Incumbent Local Exchange Carrier
25 ~~{Guam Telephone Authority}~~

26 (9) One representative from Guam Police Department;

1 (10) One representative from *Pediatrician with unlimited medical*
2 *license to practice within the Territory of Guam;*

3 [~~Physicians possessing unlimited license to practice medicine within~~
4 ~~the territory of Guam.~~]

5 (11) One physician with unlimited medical license to practice within
6 the Territory of Guam engaged in the conduct and delivery of the
7 practice of emergency medical services;

8 [~~Certified Emergency Nurses licensed to practice within the territory~~
9 ~~of Guam; and~~

10 (12) One Representative from the Guam Department of Education:
11 Registered Nurse or School Health Counselor;

12 (13) One representative from Guam Hotel and Restaurant
13 Association;

14 (14) Two (2) additional Commission members shall be selected from
15 the public-at-large who are not directly related to providing
16 emergency medical services. [~~The final commission member shall be~~
17 ~~the Administrator of the Administrative Office.~~]

18 (15) ~~Appropriate U.S. Navy and Air Force~~ Joint Region of Marianas
19 authorities shall be requested to designate one (1) representative each
20 to serve on the Commission in a non-voting capacity.

21 (16) *Private Medical Company*

21 **§ 84109. Organization.**

22 (a) Selection of Officers; Compensation of Members. The Governor or
23 his representative shall serve as temporary Chairman and shall convene the first
24 meeting of the Commission. At its first meeting, the Commission shall select a
25 chairman and such other officers from its membership as it deems necessary. The
26 Commission may meet as often as necessary upon call of the Chairman but

1 meetings shall be held at least quarterly. ~~Every member of the commission who is~~
2 ~~not in the service of the Government, for which he receives an annual~~
3 ~~compensation shall be paid fifty dollars (\$50) per day for each day on which the~~
4 ~~Commission meets, provided, however, that such compensation shall not exceed~~
5 ~~one hundred dollars (\$100) per month. The members of the commission shall~~
6 receive no compensation for their services, but shall be reimbursed for their actual
7 and necessary expenses incurred in the performance of their duties, including
8 travel expenses. ??? off-island travel only?

9 (b) Quorum. A majority of the voting members appointed plus one shall
10 constitute a quorum for the transaction of business. A majority vote of the members
11 present at a meeting at which a quorum is established shall be necessary to
12 validate any action of the committee.

13 (c) Good Faith Immunity. No member of the EMS Commission shall be
14 liable in any civil action for damages for any act done or omitted in good faith in
15 performing the functions of the office.

16 § 84110. Certification.

17 Pursuant to this Chapter, all persons who furnish, operate, conduct, maintain,
18 advertise, or otherwise engaged in providing emergency medical services as a part
19 of the regular course of doing business, either paid or voluntary, shall hold a
20 current valid certification issued by the Administrator of the Office of EMS to
21 provide emergency medical services.

22 In order to be certified, such providers of emergency medical services shall
23 meet the following minimum standards:

24 (a) Emergency medical services personnel training programs and
25 courses of training.

26 1. The Guam Community College- School of Allied Health/Guam

1 Fire Department/University of Guam/Approved by the DPHSS
2 Office of EMS Training Service Provider shall provide training
3 courses in emergency medical responder, emergency medical
4 technician-basic, emergency medical technician-intermediate,
5 emergency medical technician-paramedic and advanced life
6 support for emergency medical services personnel. The
7 curricula and syllabi of these courses shall be approved in
8 advance by the Office of EMS. The curricula and syllabi of the
9 courses of ambulance personnel shall be consistent with the
10 scope and level of the practice of emergency medical services
11 associated with emergency ambulance personnel certification
12 and the Department of Transportation, National Highway
13 Traffic Safety Administration and National Emergency Medical
14 Services Advisory Council.

15 2. The Guam Community College School of Allied Health, Guam
16 Fire Department/University of Guam/Approved by the DPHSS
17 Office of EMS Training Service Provider shall consult with and
18 get approval of the Office of EMS to determine the number and
19 type of emergency medical services courses necessary to
20 support the staffing requirements for emergency medical
21 services. The basic life support training programs shall be
22 relevant to and consistent with the training course required for
23 certification.

24 3. The Office of EMS shall develop standards for emergency
25 medical services course instructors and standards for
26 emergency medical services training facilities for all basic life

1 support personnel, advanced life support personnel, users of
2 the automatic external defibrillator, and emergency medical
3 dispatch personnel that shall be at least equivalent to or exceed
4 the standards necessary to meet the requirements stated in
5 either of the following areas: Department of Transportation,
6 National Highway Traffic Safety Administration and National
7 Emergency Medical Services Advisory Council, for the
8 certification of basic life support personnel and advanced life
9 support personnel.

10 4. The Office of EMS will conduct annual inspections of the
11 training facilities and evaluate the qualifications of course
12 instructors to ensure that the standards and qualifications are
13 consistent with the medical standards for emergency medical
14 technician-basic, emergency medical technician-intermediate,
15 emergency medical technician-paramedic and advanced life
16 support emergency medical services personnel, users of the
17 automatic external defibrillators, and emergency medical
18 dispatch/E911 call taker personnel.

19 5. Course Requirements for Pre Hospital Emergency Services
20 training for Emergency Medical Responder (EMR), Emergency
21 Medical Technician-Basic (EMT-B), Emergency Medical
22 Technician-Intermediate (I), Advance Life Support and
23 Emergency Medical Technician-Paramedic(EMT-P) shall be
24 listed in the Guam EMS Rules & Regulations as prescribed by
25 the United States Department of Transportation, National
26 Highway Traffic Safety Administration and/or National

1 Emergency Medical Services Advisory Council.

2 (b) The personnel shall meet the standards for education and training
3 established by the Administrator of the Office of EMS for certification and re-
4 certification.

5 (c) Ambulances, emergency medical services facilities, Private Non-
6 Emergent Transport Vehicles Private Ambulance Services primarily provide BLS
7 transport services utilizing EMT-B, EMT-I and/or EMT-P personnel. Private
8 Ambulance Services and Private Non-Emergent Transport Vehicles shall not
9 normally respond to emergency incidents (E911 dispatches by Guam Fire
10 Department) as first responder units, except in the following instances:

11 1. When specifically requested by the EMS agency (Guam Fire
12 Department E911 Dispatch) having jurisdiction.

13 2. When the private service receives a direct request for service
14 from a person or facility other than dispatch, in which the patient may
15 be transported to an Emergency Department. In these instances the
16 service may respond but shall contact the appropriate emergency
17 dispatch agency (Guam Fire Department E911 Dispatch).

18 3. Transfer of care by Guam Fire Department EMT-Paramedic of
19 an ALS patient to a private EMT-Paramedic ambulance service for
20 transport shall only occur with Guam EMS Medical Director **direct**
21 **on-line Medical Control approval.**

22 (d) Ambulances, emergency medical services facilities, Private Non-
23 Emergent Transport Vehicles, Private Companies offering Ambulance Services
24 and related equipment shall conform to the requirements of the Administrator of
25 the Office of EMS for certification and re-certification.

1 (e) Ambulances Private Companies offering Ambulance Services and
2 Private Non-Emergent Transport Vehicles shall be operated in Guam with
3 insurance coverage, issued by an insurance company licensed to do business in
4 Guam, for each and every ambulance. Private Non-Emergent Transport Vehicles,
5 Private Ambulance Services owned or operated by or for the licensee providing for
6 the payment of benefits and including, but not limited to, the following:

7 (1) *No-fault insurance policy (motor vehicle):*

8 (A) *No-fault benefits with respect to any accidental harm*
9 *arising out of a motor vehicle accident;*

10 (B) *Liability coverage for all damages arising out of bodily*
11 *injury to or death of any person as a result of any one motor*
12 *vehicle accident;*

13 (C) *Liability coverage for all damages arising out of injury to*
14 *or destruction of property, including motor vehicles and*
15 *including the loss of use, thereof, as a result of any one motor*
16 *vehicle accident;.*

17 (D) *Professional or Occupational Liability or Bodily injury*
18 *Insurance (other than motor vehicle) in an amount of not less*
19 *than that specified by the Guam EMS Administrator as may be*
20 *required in the regulations adopted by the Office of EMS.*

21 (E) Ambulances, Private Companies offering Ambulance
22 Services and Private Non-Emergent Transport Vehicles shall be
23 equipped with communications equipment approved by the
24 Administrator.

25 **§ 84111. Certification Procedure.**

26 For the purpose of implementing §84110, the following certification

1 procedure shall apply:

2 (a) Certification application. (a) There shall be five levels of emergency
3 medical service personnel: Emergency Medical Responder (EMR), Emergency
4 Medical Technician-Basic (EMT-B), Emergency Medical Technician-Intermediate
5 (I), Advance Life Support (ALS) and Emergency Medical Technician-
6 Paramedic(EMT-P [~~An application for a certificate shall be made upon such~~
7 ~~forms, provide such information and be in accordance with such procedures as~~
8 ~~prescribed by the Administrator].~~

9 (b) An application for certification shall be made under oath on a form to
10 be approved by the Commission and provided by the Administrator and shall
11 require the applicant to provide documentation as proof of eligibility as established
12 in the Guam EMS Rules and Regulations in compliance with the U.S. Department
13 of Transportation. [~~Except as provided heretofore, all certificates shall be valid for~~
14 ~~a period specified by the Administrator unless earlier suspended, revoked or~~
15 ~~terminated].~~

16 (c) An applicant from jurisdictions outside of Guam can submit an
17 application for certification on Guam under oath on a form to be approved by the
18 Commission and provided by the Administrator and shall require the applicant to
19 provide documentation as proof of eligibility as established in the Guam EMS
20 Rules and Regulations in compliance with the U.S. Department of Transportation .

21 [~~Renewal of any certificate issued hereunder upon expiration for any reason,~~
22 ~~or after suspension, revocation or termination shall require conformance with all~~
23 ~~the requirements of this Chapter.]~~

24 (d) It shall be the applicant's responsibility to furnish any information
25 requested by the Administrator. In the event of any change of information provided,
26 the Administrator shall be notified within thirty days of any change.

1 ~~[A certificate issued hereunder shall not be assignable or transferable.]~~

2 (e) Every application and all references shall be signed by the applicant or
3 the person attesting to the applicant's education, experience, and reputation.

4 ~~[No official entry made upon a certificate may be defaced, removed or~~
5 ~~obliterated]~~

6 (f) The following requirements apply to all applicants who have never been
7 certified as an emergency medical services personnel in Guam on Initial
8 application must:

9 (1) Be eighteen (18) years of age or older.

10 (2) Provide a current photo ID (GU drivers license or U.S. passport).

11 (3) Provide a certified copy of a Police Clearance from the Guam
12 Police Department.

13 (4) Provide a certified copy of a Court Clearance from the Superior
14 Court of Guam.

15 (5) Provide a valid and current CPR (BLS or ACLS) card.

16 (6) Pay fee established in Fee Schedule before Certification is
17 released to the Applicant

18 ~~[(Certificates issued hereunder shall be issued without cost to applicant.)]~~

19 (g) Renewal of Certification

20 (1) Every person holding a certificate under this part shall renew
21 the certificate with the Office of EMS no later than March 31 of each
22 even-numbered year, or September 30 of each odd year, pay a renewal
23 fee, and comply with the continuing education requirements set forth
24 in the EMS Rules and Regulations.

25 (2) To determine compliance, the Office of EMS may conduct a
26 random audit. A person selected for audit shall be notified by the

1 Office of EMS. Within the sixty days of notification, the person shall
2 provide to the Office of EMS documentation to verify compliance with
3 the continuing education requirements.

4 (3) Failure to renew, pay the renewal fee, and, in case of audited
5 persons, provide documentation of compliance shall constitute a
6 forfeiture of the certificate which may only be restored upon
7 submission of written application, payment to the Office of EMS of a
8 restoration fee, and in the case of audited person, documentation of
9 compliance.

10 (4) A certificate that has been forfeited for one renewal term shall
11 be automatically terminated and cannot be restored, and a new
12 application for certification shall be required.

13 (5) A certificate issued hereunder shall not be assignable or
14 transferrable.

15 (6) No official entry made upon a certificate may be defaced,
16 removed or obliterated.

17 **(h) Extension of licenses for members of the armed forces, National**
18 **Guard, and Reserves.**

19 (1) Notwithstanding any other law to the contrary, any license held
20 by a member of the armed forces, national guard, or a reserve
21 component that expires, is forfeited, or deemed delinquent while the
22 member is on active duty and deployed during a state or national crisis
23 shall be restored under the restoration requirements provided in this
24 section.

25 For the purposes of this section, "local or national emergency"
26 includes but is not limited to:

1 (A) A situation requiring the proper defense of nation or
2 state;

3 (B) A federal or state disaster or emergency;

4 (C) A terrorist threat; or

5 (D) A homeland security or homeland defense event or
6 action.

7 (2) The licensing authority shall restore a license upon the payment of
8 the current renewal fee if the member:

9 (A) Requests a restoration of the license within one
10 hundred twenty days after being discharged or released from
11 active duty deployment;

12 (B) Provides the licensing authority with a copy of the
13 member's order calling the member to active duty deployment
14 and the member's discharge or release orders; and

15 (C) If required for renewal, provides documentation to
16 establish the financial integrity of the licensee or to satisfy a
17 federal requirement.

18 (3) This section:

19 (A) Shall not apply to a member who is on scheduled
20 annual or specialized training, or to any person whose license is
21 suspended or revoked, or who otherwise has been adjudicated
22 and is subject to disciplinary action on a license; and

23 (B) Shall also apply to a member whose license is
24 current, but will expire within one hundred twenty days of the
25 member's discharge or release from active duty deployment.

1 § 84112. Exemptions from this Chapter.

2 (a) A certificate shall not be required for a person who provides emergency
3 medical services when:

4 1) Assisting persons certified to provide emergency medical services
5 under this Chapter or in the case of a major catastrophe, disaster or
6 declaration of state of emergency and/or executive order by the
7 Governor in which persons certified to provide emergency medical
8 services are insufficient or unable to cope; or

9 2) Operating from a location or headquarters outside of this Territory
10 in order to provide emergency medical services to patients who are
11 picked up outside the Territory for transportation to locations within
12 the Territory; or

13 3) When and where government resources are inadequate to support
14 the EMS geographic response time, the EMS Commission via the
15 Chairman and three appointed voting members will approve the use of
16 Private Non-Emergent Transport Vehicles and/or private transport
17 vehicles or all available ambulances here as means of transportation
18 to a Guam Fire Department E911 dispatched emergency call. All
19 types of vehicles utilized for the transportation of the sick and injured
20 must pass the current vehicle inspection requirements by the U. S.
21 Department of Transportation, Guam Office of EMS and Department
22 of Revenue & Taxation Motor Vehicle Code and/or Regulations.

23 (b) The emergency medical services facilities, personnel, related equipment
24 of any agency, private and non-emergent private transport services or
25 instrumentality of the United States shall be required to be certified to conform to
26 the standards prescribed under this Chapter.

1 **§84113. Suspension and Revocation Procedure.**

2 (a) After notice and hearing, the Administrator may and is authorized to
3 suspend or revoke a certificate issued under this Chapter for failure to comply and
4 maintain compliance with or for violation of any applicable provisions, standards
5 or other requirements under this Chapter.

6 (b) The Administrator may initiate proceedings to suspend or revoke a
7 certificate upon his own motion or upon the verified written complaint of any
8 interested person.

9 (c) Notwithstanding the provisions of Subsections (a) and (b) of this
10 Section, the Administrator upon finding that the public health or safety is in
11 imminent danger, may temporarily suspend a certificate without a hearing for a
12 period not to exceed thirty (30) days upon notice to the certificate holder.

13 (d) Upon suspension, revocation or termination of a certificate the
14 provision of emergency medical services shall cease.

15 **§84114. Required Treatment.**

16 No person shall be denied treatment at any designated emergency medical
17 services facility for an emergency medical condition which will deteriorate from a
18 failure to provide such treatment. A hospital, its employees or any physician or
19 dentist providing emergency medical services shall not be held liable in any action
20 arising out of a refusal to render such treatment if reasonable care is exercised in
21 determining the appropriateness of the facilities, and the qualifications and
22 availability of personnel to render such treatment.

23 No emergency medical services provided by or under contract with the
24 Guam Fire Department and/or Department of Public Health & Social Services
25 Office of EMS shall be denied to any person on the basis of the ability of the
26 person to pay therefore or because of the lack of prepaid health care coverage or

1 proof of such ability or coverage.

2 **§ 84115. Consent.**

3 No providers of emergency medical services or their emergency medical
4 services personnel *certified* in this Territory shall be subject to civil liability, based
5 solely upon failure to obtain consent in rendering emergency medical, surgical,
6 hospital or health services to any individual regardless of age when the patient is
7 unable to give his consent for any reason and there is no other person reasonably
8 available who is legally authorized to consent to the providing of such care.

9 **§ 84116. Prosecution of Illegal Acts.**

10 Where any person shall be in violation of the provisions of this Chapter or
11 any regulations adopted pursuant to this Chapter, the Attorney General or the
12 Administrator may, in accordance with the laws of the Territory of Guam to enjoin
13 such person from continuing in violation of the provisions of this Chapter.
14 However, such injunction shall not relieve any such person from criminal
15 prosecution thereof as provided for in this Chapter, but such remedy shall be in
16 addition to any remedy provided for the criminal prosecution of such offense.

17 **§ 84117. Penalties.**

18 Any person who shall violate any of the provisions of this Chapter, shall be
19 guilty of a misdemeanor and upon conviction thereof shall be punished by a fine or
20 not more than One Thousand Dollars (\$1,000) or by imprisonment of not more
21 than sixty (60) days, or by both such fine and imprisonment. Each day of
22 continued violation of the provisions of this Chapter, shall be considered a separate
23 offense.

24 **§ 84118. Rules and Regulations.**

25 Notwithstanding any other provision of law, rules and/or regulations to the

1 contrary, all emergency medical services shall be provided in accordance with
2 regulations adopted by the Commission.

3 **§ 84119. Grants.**

4 All existing grants for the planning and implementation of an emergency
5 medical services system and all equipment and staff funded by these same grants
6 are hereby transferred to the Office of EMS [~~Emergency Medical Services~~
7 ~~Administrator's Office~~]. The Office of EMS and Guam EMS Commission may
8 solicit and accept grant funding from public and private sources to supplement
9 Guam Office of EMS funds.

10
11 **§ 84120. EMS Medical Director: Required Qualifications**

12 The EMS Medical Director shall be a Guam licensed physician with *board*
13 *certification in Emergency Medicine, Family Practice, or General Surgery and*
14 *with training and experience in emergency medical services.*

15 **§ 84121. Guam Enhanced/NextGen Emergency 911 Telephone**
16 **Communications Systems.**

17 (a) This Section shall be known and may be cited as the "*Emergency*
18 *Medical Dispatch Act.*"

19 (b) Legislative Intent. The Legislature finds that there is no single
20 governmental agency designated with the authority to establish, administer, and
21 maintain the existing emergency "911" telephone communication system that is
22 presently stationed at Civil Defense. It is the intent of the Legislature to transfer all
23 programs, positions and personnel, property, and appropriations which are
24 currently under the direction of Civil-Defense to the Guam Fire Department. The
25 Legislature finds that the emergency "911" system has not been effectively and

1 efficiently operational due to lack of personnel, funding, supplies and equipment,
2 and above all, coordinated efforts. The Legislature finds that a full-time EMS
3 Administrator, administrative support staff, a part-time EMS Medical Director and
4 funding for personnel, training, and communications equipment are critically
5 needed in order to establish a fully fledged Emergency "911" telephone
6 communication system. Such a system will provide the citizens of Guam with
7 rapid and direct access to agencies with the intent of reducing the response time to
8 situations requiring law enforcement, fire, medical, rescue, and other emergency
9 services. The Legislature further finds that Public Law 21-61 appropriated a
10 portion of \$1,343,160.00 to the Department of Public Works for the procurement of
11 an emergency "911" communications system for all public safety and emergency
12 response agencies. In 1992, under the former Governor Joseph Ada's
13 administration, a memorandum was executed by the Governor for Civil Defense to
14 oversee the then newly installed emergency "911" system. This directive was to
15 provide administrative supervision for the uniformed operators assigned from the
16 Guam Police and the Guam Fire Department. The assignment of the police and fire
17 personnel was supposedly a temporary agreement until training and recruitment of
18 permanent civilian operators was completed. As of this date, no formal training has
19 been made to handle the emergency 911 calls. Police Officers and GFD firefighter
20 personnel continue to be temporarily assigned as emergency 911 operators on a
21 rotational basis. The Legislature finds that there is a critical need for unified
22 direction and administration to resolve the current fragmented, referral type
23 service, for training of the Emergency 911 call takers with EMT background, and a
24 need for funding to include training, additional personnel, and additional
25 emergency 911 communications equipment.

26 **(c) Definitions:**

- 1 1. **Advanced Life Support (ALS) Provider** shall mean special services
2 designed to provide definitive pre-hospital emergency medical care,
3 including, but not limited to, cardiopulmonary resuscitation, cardiac
4 monitoring, cardiac defibrillation, advanced airway management,
5 intravenous therapy, administration of specified drugs and other
6 medicinal preparations, and other specified techniques and procedures
7 administered by authorized personnel under the direct supervision of a
8 base hospital as part of a local EMS system at the scene of an
9 emergency, during transport to an acute care hospital, during
10 interfacility transfer, and while in the emergency department of an
11 acute care hospital until responsibility is assumed by the emergency or
12 other medical staff of that hospital.
- 13 2. **Call Routing** shall mean the reception of emergency calls where the
14 purpose it to only determine the course of direction of routing (police,
15 fire, and medical) resulting in rapid transfer of medical callers to the
16 Guam Fire Department or EMD call-taker for emergency medical
17 dispatching services.
- 18 3. **Compliance to Protocol** shall mean the adherence to the written text
19 or scripts and other processes within the approved emergency medical
20 dispatch protocol reference system except that, deviation from the text
21 or script may only occur for the express purpose of clarifying the
22 meaning or intent of a question or facilitating the clear understanding
23 of a required action, instruction, or response from the caller.
- 24 4. **Continuing Dispatcher Education (CDE)** shall mean medical
25 dispatch relevant educational experiences in accordance with
26 standards set forth in national standards established for the practice for

1 emergency medical dispatching (i.e. ASTM F 1560 Standard Practice
2 for Emergency Medical Dispatch, Section 13, Department of
3 Transportation, National Highway Traffic Safety Administration,
4 Association of Public Safety Communications Officials, and/or
5 National Emergency Medical Dispatch).

6 5. *Continuous Quality Improvement (COI) Program* shall mean a
7 program administered by the emergency medical dispatch provider
8 agency for the purpose of insuring safe, efficient, and effective
9 performance of emergency medical dispatchers in regard to their use
10 of the emergency medical dispatch protocol reference system, and
11 patient care provided. This program includes at its core the follow: the
12 random case review process, evaluating emergency medical
13 dispatcher performance, providing feedback of emergency medical
14 dispatch protocol reference system compliance levels to emergency
15 medical dispatchers, and submitting compliance data to the
16 emergency medical dispatch medical director.

17 6. *Course Curriculum Certification Agency* shall mean the Guam
18 Office of EMS.

19 7. *Dispatch Life Support (DLS)* shall mean the knowledge, procedures,
20 and skills used by trained Emergency Medical Dispatchers in
21 providing care and advice through pre-arrival instructions and post-
22 dispatch instructions to callers requesting emergency medical
23 assistance.

24 8. *EMD Medical Direction* shall mean the management and
25 accountability for the medical care aspects of an emergency medical
26 dispatch agency including: responsibility for the medical decision and
27 care advice rendered by the emergency medical dispatcher and

1 emergency medical dispatch agency; approval and medical control of
2 the operational emergency medical dispatch priority reference system;
3 evaluation of the medical care and pre-arrival instructions rendered by
4 the EMD personnel; direct participation in the EMD system
5 evaluation of the medical care and pre-arrival instructions rendered by
6 the EMD personnel; direct participation in the EMD system
7 evaluation and continuous quality improvement process; and, the
8 medical oversight of the training of the EMD personnel.

9 9. *Emergency Medical Dispatch Medical Director (EMD Medical*
10 *Director)* shall mean a Guam licensed physician, board certified or
11 qualified in emergency medicine; who posses knowledge of
12 emergency medical systems in Guam approved by the Office of EMS
13 who provides Emergency Medical Dispatch Medical Direction to the
14 emergency medical dispatch provider agency or business and shall
15 also be the EMS Medical Director.

16 10. *Emergency Medical Dispatcher* shall mean a person trained to
17 provide emergency medical dispatch services in accordance with
18 guidelines approved by the Guam Office of EMS certified in Guam
19 and that is employed by an emergency medical dispatch provider
20 agency or business in accordance with this Act.

21 11. *Emergency Medical Dispatching* shall mean the reception,
22 evaluation, processing, and provision of dispatch life support,
23 management of requests for emergency medical assistance, and
24 participation in ongoing evaluation and improvement of the
25 emergency medical dispatch process. This process includes
26 identifying the nature of the request, prioritizing the severity of the
27 request. Dispatching the necessary resources, providing medical aid

1 and safety instructions to the callers and coordinating the responding
2 resources as needed but does not include call routing per se.

3 **12. Emergency Medical Dispatch Provider Agency (EMD Provider**
4 **Agency)** shall mean the Guam Fire Department that accepts the
5 responsibility to provide emergency medical dispatch services for
6 emergency medical assistance, and is certified in Guam in accordance
7 with this Act.

8 **13. Emergency Medical Dispatch Priority Reference System (EMDPRS)**
9 shall mean an Office of EMS and EMD Medical Director approved
10 system that includes: the protocol used by an emergency medical
11 dispatcher in an emergency medical dispatch agency to dispatch aid to
12 medical emergencies that includes: systematized caller interrogation
13 questions; systemized dispatch life support instructions; and,
14 systematized coding protocols that match the dispatcher's evaluation
15 of the injury or illness severity with the vehicle response mode and
16 vehicle response configuration; continuous quality improvement
17 program that measures compliance to protocol through ongoing
18 random case review for each EMD; and a training curriculum and
19 testing process consistent with the specific EMDPRS protocol used by
20 the emergency medical dispatch agency.

21 **14. Emergency Medical Dispatch Services** shall mean the process for
22 taking requests for emergency medical assistance from the public,
23 identifying the nature of the request, prioritizing the severity of the
24 request based on the emergency medical dispatch provider agency's
25 local policies and procedures, dispatching the necessary resources,
26 providing medical aid and safety instructions to the callers, and
27 coordinating the responding resources as needed.

1 15. *Enhanced Emergency-911/NextGen-911* shall mean the telephone
2 communications system specifically designated for handling the
3 emergency, medical, rescue, and public safety telephone
4 communications needs of Guam, which automatically identifies the
5 caller's telephone number and location with capabilities to receive and
6 transmit SMS, Video Message and Access For Individuals With
7 Hearing And Speech Disabilities.

8 16. *Post-Dispatch Instructions (PDI)* shall mean case-specific advice,
9 warnings, and treatments given by trained EMDs whenever possible
10 and appropriate through callers after dispatching field responders.
11 These protocols are part of an EMDPRS.

12 17. *Pre-Arrival Instructions (PAI)* shall mean the current medically
13 approved scripted medical instructions given in life threatening
14 situations whenever possible and appropriate, where correct
15 evaluation, verification, and advice given by emergency medical
16 dispatchers is essential to provide necessary assistance and control of
17 the situation prior to the arrival of emergency medical services
18 personnel. These protocols are part of an EMDPRS and are used as
19 close to a word-for-word as possible.

20 18. *Quality Assurance and Improvement Program* shall mean a program
21 approved by the Office of EMS and administered by the EMD
22 Provider Agency for the purpose of insuring safe, efficient, and
23 effective performance of EMDs in regard to their use of the EMDPRS
24 and patient care advice provided. This program shall include at a
25 minimum, the random case review evaluating EMD performance,
26 feedback of EMDPRS compliance levels to EMDs, related to CDE
27 retraining and remediation, and submission of compliance data to

1 medical director and the Office of EMS.

2 19. *Vehicle Response Configuration* shall mean the specific vehicle(s) of
3 varied types, capabilities, and numbers responding to render
4 assistance.

5 20. *Vehicle Response Mode* shall mean the use of emergency driving
6 techniques, such as warning lights-and-siren or routine driving
7 response as assigned by the EMS agency and approved by the EMS
8 Medical Director.

9 **(d) Certification.**

- 10 1. No person may represent himself/herself as an emergency medical
11 dispatcher unless certified in Guam by the Office of EMS as an
12 emergency medical dispatcher.
- 13 2. No business, organization, or government agency may represent
14 itself as an emergency medical dispatch agency unless the
15 business, organization, or government agency is certified by the
16 Office of EMS as an emergency medical dispatch agency.

17 **(e) National Standards Required.**

18 The Office of EMS shall use applicable national standards when developing
19 the rules and regulations for emergency medical dispatchers and emergency
20 medical dispatch agencies.

21 **(f) Authority and Responsibilities.**

22 The Office of EMS shall have the authority and responsibility to establish
23 rules and regulations for the following pursuant to this Act:

- 24 I. *Emergency Medical Dispatch Protocol Reference System*
25 *(EMDPRS)*

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1. An EMD Program shall include an EMDPRS selected by the EMD Provider Agency and approved by the EMD Medical Director as its foundation.
2. The EMDPRS is a medically approved protocol based system used by emergency medical dispatchers to interrogate callers, dispatch aid, and provide dispatch life support instructions during medical emergencies.
3. An approved EMDPRS shall include:
 - a. Systematized caller interrogation questions.
 - b. Systematized dispatch life support instructions.
 - c. Systematized coding protocols that allow the agency to match the dispatcher's evaluation of the injury or illness severity with the vehicle response mode (emergency and/or non-emergency) and level of care (ALS/BLS).

II. EMD Protocols, Reporting, Training and Curriculum:

1. Require certification and recertification of a person who meets the training and other requirements as an emergency medical dispatcher.
2. Require certification and recertification of a business, organization, or government agency that operates an emergency medical dispatch agency that meets the minimum standards prescribed by the Office of EMS for an emergency medical dispatch agency.
3. Establish a bi-annual recertification requirement that requires at least 12 hours medical dispatch specific continuing education each year.
4. Require minimum education and continuing education for the Emergency Medical Dispatcher which meets national standards.

- 1 5. Require the EMD to provide dispatch life support (including pre-
2 arrival instructions) in compliance to the written text or scripts and
3 other processes within the approved EMDPRS.
- 4 6. Require the EMD Provider Agency to have in place Office of EMS
5 approved policies and procedures for the safe and effective use of the
6 EMDPRS.
- 7 7. Require the EMD to keep the Office of EMS currently informed as to
8 the entity or agency that employs or supervises his/her activities as an
9 Emergency Medical Dispatcher.
- 10 8. Approve all EMDPRS protocols used by EMD Provider agencies to
11 assure compliance with national standards.
- 12 9. Require that Office of EMS approved emergency medical dispatch
13 certification training programs shall be conducted in accordance with
14 national standards and shall include a written examination approved
15 by the Office of the EMS that tests for competency in the specific of
16 EMDPRS taught in the approved certification training program.
- 17 10. Require that Office of EMS approved emergency medical dispatcher
18 certification training programs shall be conducted by instructors that
19 meet the Office of EMS approved qualifications.
- 20 11. Require that the emergency medical dispatch agency be operated in a
21 safe, efficient, and effective manner in accordance with national
22 approved standards including but not limited to:
 - 23 a) All personnel providing emergency medical dispatch services must
24 be certified by the Office of EMS prior to functioning alone in an
25 online capacity.
 - 26 b) The use on every request for medical assistance of a Office of EMS
27 approved emergency medical dispatch priority reference system

1 (EMDPRS).

- 2 c) The EMD interrogating the caller and coding the incident must be
3 the same EMD that gives the DLS instructions. The EMD
4 dispatching the response may be another person.
- 5 d) Under the approval and supervision of the Office of EMS, the
6 establishment of a continuous quality assurance, improvement and
7 management program that measures various areas of compliance
8 to the EMDPRS through ongoing random case review for each
9 EMD and provides feedback to the individuals and management of
10 the EMS agency regarding the level of compliance and
11 performance.
- 12 e) A case review process evaluating the EMD's compliance to various
13 Office of EMS defined areas within the EMDPRS.
- 14 f) Reporting of EMDPRS performance and compliance data at Office
15 of EMS approved intervals.
- 16 g) Office of EMS will review and approve the EMDPRS, the EMD
17 training program, quality assurance/improvement program,
18 medical dispatch oversight committee(s), continuing dispatch
19 education program, and the medical aspects of the operation of the
20 EMD Provider Agency.
- 21 h) The EMD Provider Agency shall have and use the most current
22 version of the Office of EMS approved EMDPRS selected for use
23 by the agency as defined by the Office of EMS.
- 24 i) The EMDPRS selected for use by the EMD Provider Agency and
25 approved by the Office of EMS, including its questions,
26 instructions, and protocols, shall be used as a whole and not
27 piecemeal.

1 12. Require that a person, organization, business or government agency
2 may not offer or conduct a training course that is represented as a
3 course for a emergency medical dispatcher certification unless the
4 person, organization, or agency is approved by the Office of EMS to
5 offer or conduct that course.

6 13. Establish recognition and reciprocity between the Office of EMS and
7 national standard-setting organizations having program that meet the
8 requirements contained in this Act and the rules established for it by
9 the Office of EMS.

10 14. Require each EMD, EMD Provider Agency, or recognized national
11 standard-setting organization to report to the Office of EMS whenever
12 an action has taken place that may require the revocation or
13 suspension of a certificate issued by the Office of EMS.

14 **III. Continuing Dispatcher Education Standards:**

15 1. An emergency medical dispatcher shall receive a minimum of twenty-
16 four (24) hours of continuing dispatch education (CDE) every two
17 years.

18 2. All CDE will be submitted to the Office of EMS for approval then
19 coordinated and organized by the EMD Provider Agency.

20 3. CDE shall include issues identified by the EMD continuous quality
21 improvement process, and one or more of the following:

22 a) Medical conditions, incident types, and criteria necessary when
23 performing caller assessment and prioritization of medical calls,

24 b) Use of the EMD protocol reference system,

25 c) Call taking interrogation skills,

26 d) Skills in providing telephone pre-arrival instructions.

- 1 e) Technical aspects of the system (phone patching, emergency
2 procedures, etc.).
- 3 f) Skill practice and critique of skill performance, and/or
4 Attendance at EMD workshops/conferences.
- 5 4. Methodologies for presenting CDE includes:
- 6 a) Formalized classroom lecture
- 7 b) Video, CD, Internet
- 8 c) Articles
- 9 d) Tape Reviews
- 10 e) Participation on medical dispatch committee and/or
11 Field observations (e.g. ride-along with EMS personnel or
12 Emergency Department
13 observation of communications activities).
- 14 5. Formalized classroom CDE courses must be approved by the Office of
15 EMS to count towards continuing dispatch education credits.
- 16 a) The training program provider must submit CDE curriculum to the
17 Office of EMS:
- 18 1. It is the training program provider's responsibility to submit
19 the CDE curriculum as required by the Office of EMS, and to
20 comply with the requisite policies and procedures.
- 21 2. The training program provider shall issue a course
22 completion record to each person who has successfully
23 completed a CDE course and provide a list to the Office of
24 EMS.

25 **IV. Continuous Quality Improvement Standards**

- 1 1. The EMD Provider Agency shall establish a continuous quality
2 improvement (COI) program.
- 3 2. A continuous quality improvement program shall address structural,
4 resource, and/or protocol deficiencies as well as measure compliance
5 to minimum protocol compliance standards as established by the
6 Office of EMS through ongoing random case review for each
7 emergency medical dispatcher.
- 8 3. The COI process shall:
 - 9 (A) Monitor the quality of medical instruction given to callers
10 including ongoing random case review for each emergency
11 medical dispatcher and observing telephone care rendered by
12 emergency medical dispatchers for compliance with defined
13 standards.
 - 14 (B) Conduct random or incident specific case reviews to identify
15 calls/practices that demonstrate excellence in dispatch
16 performance and/or identify practices that do not conform to
17 defined policy or procedures so that appropriate training can
18 be initiated.
 - 19 (C) Review EMD reports, and /or other records of patient
20 care to compare performance against medical standards of
21 practice.
 - 22 (D) Recommend training, policies and procedures for quality
23 improvement.
 - 24 (E) Perform strategic planning and the development of broader
25 policy and position statements.
 - 26 (F) Identify CDE needs.

1 4. EMD case review is the basis for all aspects of continuous quality
2 improvement in order to maintain a high level of service and to
3 provide a means for continuously checking the system. Consistency
4 and accuracy are essential elements of EMD case review.

5 (A) Critical components of the EMD case review process:

6 (1) Each COI program shall have a case reviewer(s) who is:

7 (i) A currently licensed or certified physician, registered nurse,
8 physician assistant, EMT-P, EMT-B, or EMT-I, who has at least
9 two years of practical experience within the last five years in pre-
10 hospital emergency medical services with a basic knowledge of
11 emergency medical dispatch, and who has received specialized
12 training in the case review process, or

13 (ii) An emergency medical dispatcher with at least two years of
14 practical experience within the last five years, and who has
15 received specialized training in the case review process.

16 (iii) The case reviewer shall measure individual emergency
17 medical dispatcher performance in an objective, consistent
18 manner, adhering to a standardized scoring procedure.

19 (iv) The regular and timely review of a pre-determined
20 number of EMD calls shall be utilized to ensure that the
21 emergency medical dispatcher is following protocols when
22 providing medical instructions.

23 (v) Routine and timely feedback shall be provided to the EMD to
24 allow for improvement in their performance.

25 (vi) The case reviewer shall provide a compliance-to-
26 protocol report at least annually to the Office of EMS to ensure
27 that the EMD Provider Agency is complying with their chosen

1 EMDPRS minimum protocol compliance standards, and Agency
2 policies and procedures.

3 **V. Policies and Procedures**

4 1) The EMD Provider Agency shall establish policies and procedures
5 through its continuous quality improvement program, consistent with
6 the emergency medical dispatcher scope of practice that includes, but
7 is not limited to:

8 a) Ensuring the EMD call answering point maintains direct access to
9 the calling party,

10 b) Providing systematized caller interview questions,

11 c) Providing systematized post-dispatch and pre-arrival instructions,

12 d) Establishing protocols that determine vehicle response mode and
13 configuration based on the emergency medical dispatcher's
14 evaluation of injury or illness severity,

15 e) Establishing a call classification coding system, for quality
16 assurance and statistical analysis,

17 f) Establishing a written description of the communications system
18 configuration for the service area including telephone and radio
19 service resources, and

20 g) Establishing a record-keeping system, including report forms or a
21 computer data management system to permit evaluation of patient
22 care records to ensure emergency medical dispatcher compliance
23 with the EMDPRS, and timeliness of interview questions and
24 dispatch.

25 **VI. Records Management**

26 1. Course Completion Records:

1 a) The EMD Provider Agency shall maintain a copy of the basic
2 EMD training program course completion record in the individual
3 emergency medical dispatcher's training file.

4 b) The EMD Provider Agency shall maintain a record of "in- house"
5 EMD CDE topics, methodologies, date, time, location, and the
6 number of CDE hours completed for each session of CDE in the
7 individual emergency medical dispatcher's training file.

8 c) The EMD Provider shall maintain a copy of EMD CDE program
9 course completion records from an approved EMD training
10 program provider in the individual emergency medical
11 dispatcher's training file.

12 2. Training Program Provider Records:

13 a) Each training program provider shall retain the following training
14 records as provided by Office of EMS:

15 1) Records on each course including, but not limited to: course
16 title, course objectives, course outlines, qualification of
17 instructors, dates of instruction, location, participant sign-in
18 rosters, sample course tests or other methods of evaluation, and
19 records of course completions issued.

20 2) Summaries of test results, course evaluations or other methods
21 of evaluation. The type of evaluation used may vary according
22 to the instructor, content of program, number of participants
23 and method of presentation.

24 3. CQI Case Review Records:

25 a) Each EMD Provider Agency shall retain compliance-to-protocol
26 reports as required by law.

27 VII. Access For Individuals With Hearing And Speech Disabilities will

1 be implemented in current and all future upgrades:

2 (1) The Guam Fire Department's Emergency 911 Telephone
3 Communications System shall be accessible to individuals with
4 hearing and speech disabilities.

5 (2) The means for such accessibility shall primarily be mobile and
6 landline telephones, but nothing herein shall be construed as to limit
7 the Guam Fire Department from providing access to the
8 Emergency 911 Telephone Communications System through other
9 modes of communication.

10 (3) The Guam Fire Department is prohibited from charging additional
11 fees to telecommunications companies and/or their customers for the
12 cost of providing such accessibility. Any costs associated with the
13 implementation of the mandates of this subsection shall be funded
14 through existing surcharges.

15 *E. Effective Dates.*

16 The provisions of this Chapter shall become effective immediately.

17 *F. Penalties.*

18 *1. Any person guilty of willfully violating or failing to comply with any*
19 *provisions of this Act or regulations set forth by the Office of EMS*
20 *under Subsection D of this Section shall be fined not more than two*
21 *hundred fifty dollars (\$250), or imprisoned not more than three*
22 *months, or be both fined and imprisoned.*

23 *2. Any agency or organization guilty of willfully violating or failing to*
24 *comply with any provision of this Act or regulations set forth by the*
25 *Office of EMS under Subsection D of this Section shall be fined not*
26 *more than one thousand dollars (\$1,000) or imprisoned not more than*

1 six months, or be both fined and imprisoned.

2 **§ 84220. Division of EMS.**

3 (a) The Guam Memorial Hospital Authority (GMHA) shall establish a
4 Division of EMS. The Division shall be headed by the Off-line Medical Control
5 Physician who shall be a licensed physician. The Division responsibilities shall
6 include, but not be limited to:

- 7 1) provide off-line medical control for government of Guam emergency
8 medical technicians (EMTs), E-911 dispatchers, and on-line
9 emergency department personnel;
- 10 2) participate with other Emergency Medical Systems (EMS) agencies in
11 the planning, development and advancement of EMS;
- 12 3) assist in adoption of treatment protocols as developed by the
13 Department of Public Health and Social Services – Office of EMS;
- 14 4) coordinate with the Department of Public Health and Social Services
15 – Office of EMS, the Guam Fire Department Training Bureau, the
16 Guam Community College and all other training centers, for the
17 training of pre-hospital personnel;
- 18 5) aid government of Guam agencies in achieving compliance with the
19 Department of Public Health and Social Service EMS Rules and
20 Regulations relative to personnel, equipment training, vehicles,
21 communications and supplies; and
- 22 6) conduct EMS research as needed;

23 (b) The Division shall designate the following:

- 24 1) Off-line EMS Medical Control Physician – A GMHA Emergency
25 Department staff physician with either formal training or extensive

1 experience in EMS shall be the head of this Division under the title of
2 experience in EMS shall be the head of this Division under the title of
3 Off-line EMS Medical Control Physician and this physician shall
4 operate as an agent of GMHA; and

5 2) Second Off-line Medical Control Physician for Pediatric Pre-hospital
6 Care. Following recommendations of the federal program EMS for
7 Children, the involvement of a GMHA Emergency Department Staff
8 pediatrician as a second off-line EMS Medical Control Physician,
9 namely as an Off-line EMS Medical Control Physician-Pediatrics is
10 highly encouraged; this pediatrician shall, as an agent of GMHA,
11 provide off-line medical control for pre-hospital medical care
12 provided specifically to children by government of Guam EMS
13 personnel; and

14 3) EMS Medical Coordinator. The Division of EMS at GMHA shall
15 have one (1) full-time EMS Medical Coordinator who shall be a
16 certified EMT-Paramedic or registered nurse with EMS experience,
17 and who shall work under the guidance of the Off-line Medical
18 Control Physician.

19 (c) Administrative and Educational Resources. GMHA shall make
20 available adequate GMHA administrative and educational resources to support the
21 Division of EMS and its mission.

22 (d) EMS agencies to share resources. In recognition of the multi-agency
23 nature of EMS Medical Direction, all agencies involved with EMS on Guam shall,
24 within reason, share personnel and other resources with each other across agency
25 lines in an effort to assure the uninterrupted and effective existence of all three
26 levels of physician involvement in Guam's EMS system.

1 (e) EMS Oversight Authority. The authority of the Division at GMH in
2 EMS oversight shall not supersede the regulatory authority of the Department of
3 Public Health and Social Services and EMS Commission as previously established
4 in Guam law.

5 (f) The amount of Two Hundred Thousand Dollars (\$200,000.00) is
6 hereby appropriated from the General Fund to the ~~Guam Memorial Hospital~~ Guam
7 Office of EMS for the specific use for the establishment of the Division of EMS.
8 The unexpended balance of the appropriation shall *not* revert back to the General
9 Fund, but shall be carried over into the next fiscal year to be expended in
10 accordance with the original purpose of said funds. The funds appropriated herein
11 shall *not* be' subject to I *Maga'Låhen Guåhan's* transfer authority.

12 (g) The Civil Service Commission in collaboration with the Guam
13 Memorial Hospital Authority shall develop the job descriptions and salary structure
14 for the positions delineated in this Act within six (6) months upon enactment of
15 this Act.

16 (h) Severability. *If* any provision of this Act or its application to any
17 person or circumstances is found to be invalid or contrary to law, such invalidity
18 shall *not* affect other provisions or applications of this Act which can be given
19 effect without the invalid provisions or applications, and to this end the provisions
20 of this Act are severable.”

21 **Section 3. Effective Date.** Notwithstanding any other provision of law, the
22 provisions of this Act shall be effective upon enactment.

23 **Section 4: Severability.** *If* any provision of this Act or its application to
24 any person or circumstance is found to be invalid or contrary to law, such

1 invalidity shall *not* affect other provisions or applications of this Act which can be
2 given effect without the invalid provisions or applications, and to this end the
3 provisions of this Act are severable.

Good Afternoon Chairman Rodriguez and members of the Committee on Health and Human Services, Senior Citizens, Economic Development, and Election Reform. Thank you for the opportunity to be a part of EMS history in Guam. My name is Lucia Reyes Perez and I come before you today as member of the EMS Commission and as a registered voter in support of Bill No. 339-31, *“An Act to update statutes relative to the establishment, promotion and maintenance of a comprehensive territorial emergency medical and ambulance services throughout Guam, by amending Chapter 84 of Division 4, Title 10 Guam Code Annotated.”*

Emergency Medical Services (EMS) has been in existence since 1797 when Napoleon’s chief physician implemented a prehospital system designed to triage and transport the injured from the field to aid stations. The first Civilian ambulance services began in Cincinnati and New York City in 1860. On Guam, in the 14th Guam Legislature our Senators added Chapter 84 via P.L. 14-11 with further additions in the 17th, 23rd and now 31st Guam Legislature. Since 1797, EMS has experienced and survived several dynamic decades in its role to provide pre-hospital transportation and care for the sick and injured. MaryLou Loualhati from the Office of EMS in 2010 saw that Chapter 84 needed to be updated to meet current standards, rules and regulations and presented the opportunity to the EMS Commission. As a team, the Office of EMS, members of the EMS Commission, Staff from the Lt. Governor’s office and staff from Senator Rodriguez’s, Senator Respicio, Senator Palacios, Senator Silva-Taijeron, and Senator Mabini rolled up their sleeves and started the arduous task of doing just that. The team has read, discussed and reworked Chapter 84 in its original form to the bill you have before you today. The production comes at a time when EMS systems and agencies, processes and structure needed to be reevaluated during a rapid and evolving health care system and during the time of fiscal restraint.

The purpose of the task was to determine the most important directions for future EMS development, incorporating input from multidisciplinary members. In bill 339-31, several postulations were incorporated. These postulations are: EMS represents the intersection of public safety, public health and health care systems; the public expects EMS to continue; EMS will continue to exist in some form; As a component of health care systems, EMS will be influenced significantly by their continuing evolution; It will be necessary to continue to make some EMS system-related decisions on the basis of limited information; the media will continue to influence the public’s perception of EMS; federal funding/financial resources will be decreasing and to make good decisions, public policy makers and stakeholders of EMS must be kept well informed about EMS issues and will serve as the public emergency medical safety net.

Emergency Medical Services, more commonly known as EMS, is a system that provides emergency medical care. It is activated by a call for help, after an incident of serious illness or injury. The focus of EMS is emergency medical care of the patient(s). EMS is most easily recognized when emergency vehicles or helicopters are seen responding to emergency incidents. But EMS is much more than a ride to the hospital. It is a system of coordinated response and emergency medical care, involving multiple people and agencies. A comprehensive EMS system is ready every day for every kind of emergency.

It is an intricate system, with each component having an essential role as part of a coordinated and seamless system of emergency medical care. EMS includes all of the following components: Agencies

and Organizations (both private and public), communication and transportation networks, hospital and specialty care centers and rehabilitation facilities, Highly trained professionals including-volunteer and career pre-hospital EMS personnel, physicians and nurses, administrators and government officials, an informed public that knows what to do in a medical emergency and 9-1-1 system.

Bill 339-31, covers the integration of Health Services by expanding the role of EMS in public health, integrates EMS with other health care providers and networks, incorporates EMS within health care networks structure to deliver pre-hospital quality care, be cognizant of the special needs of the entire population, address the special needs of all segments of the population and the incorporation of an EMSC program for children into the Territory of Guam EMS plan.

When dealing with system finances this bill calls for the Office of EMS to develop proactive relationships with health care insurers and providers to determine ways to increase the efficiency of patient care delivery even when the patient(s) is not transported to an emergency department or urgent care clinic, and provide immediate access to office of EMS for emergency medical conditions.

Give authorization to the EMS Commission to deny, suspend, or revoke any EMT-B, EMT-I or EMT-P license issued under the office of EMS for actions that are considered evidence of threat to the public health and safety of patient(s) (pages 28-30)

EMS office will develop relationships with academic institutions and other training centers to facilitate access to resources necessary in the course work requirement for EMS stakeholders, ensure that alterations in expectations of EMS personnel to provide health care services are preceded by adequate preparation, develop a system for reciprocity of EMS provider credentials and provide a system for critical incident stress management.

EMS office will acknowledge public education as a critical activity, collaborate with other community resources and agencies to determine public education needs, educate the public as consumers, and explore new technologies for implementing public education and evaluating public education initiatives.

Public Access currently happens through the E911 system within the Guam Fire Department. EMS will work with ALL communication carriers in the landline, voice over ip and wireless arenas to ensure emergency access to 911 if provided to those who cannot otherwise afford basic telephone services, ensure that all calls to 911 regardless of the origin are automatically accompanied by the location identifying information, evaluate and employ technologies that may have a potential barrier to EMS access and to enhance the ability of EMS systems to triage calls, to provide resource allocation that is tailored to patient needs, promulgate and update standards for EMS dispatching, collaboration with private interest to effect shared purchasing of communication technology. This will also mean an incorporation of private ambulance services for the Island when dispatched by the Guam Fire Department E911 personnel.

Honorable senators of the 31st Liheslaturan Guåhan, recognizing the need for the update and potential impact on all stakeholders of EMS I ask for your vote on Bill 339-31. Saying and voting yes on Bill 339-31, sends a message that you support and authorize sufficient funding for the Office of EMS within the

Department of Public Health, will continue to work with the EMS Commission and Office of EMS on periodical review of EMS enabling legislation that supports innovation and integration, enhance the abilities of office of EMS in providing technical assistance, authorize office of EMS and lead agencies such as DPHSS, GFD and GMH to act on the public's behalf in cases of threats to the availability of quality EMS to the entire population and implement laws that provide protection from liability for EMS field and medical direction personnel when dealing with situations.

Thank you to all individuals who spent countless hours on this project. Thank you to Marlene Carbullido for accepting the additional duties in the Office of EMS and Thank you to all personnel who continue to work in the EMS system. To the committee- Thank you for your time, patience and most of all for your vote in support of Bill 339-31. Should you have any questions please let me know.



GUAM FIRE DEPARTMENT

DEPATMENTON GUAFI GUAHAN



Eddie B. Calvo
Governor

Ray Tenorio
Lt. Governor

Joey C. San Nicolas
Fire Chief, *Acting*

October 13, 2011

Senator Dennis G. Rodriguez, Jr., Chairperson
Committee on Health & Human Services, Economic Development,
Senior Citizens and Election Reform
I Mina'Trentai Unu Na Liheslaturan Guahan
155 Hesler Place
Hagatna, Guam 96910

Re: Bill 339-31(COR)

Hafa Adai Mr. Chairman and Members of the committee:

Thank you for this opportunity to submit testimony on Bill 339-31 (COR). The Guam Fire Department is in support of Bill 339-31 however there are four (4) points that we request be clarified or amended:

1. Pg. 35, (c) 2.
 - a. The GFD finds this section may cause confusion to constituents as to who to call when an emergency occurs in places other than medical facilities or within private ambulances. Exponential amount of effort and funding, both nationally and locally have gone into ensuring that the nation has one point of entry for all emergency calls being 911 since the enactment of "**The Wireless Communication and Public Safety Act of 1999**" (H.R. 438.IH 106th Congress). The re-education of our constituents to call another number may cause undue delay in emergency response and will result to loss of life and property.

Suite 807 B DNA Building Arch Bishop Flores Street, Hagatna, Guam 96910 • Phone: (671) 472-3311 • Fax: (671) 472-3360

Mailing Address: P.O. Box 2950, Hagatna, Guam 96932



Eddie B. Calvo
Governor

Ray Tenorio
Lt. Governor

GUAM FIRE DEPARTMENT

DEPATMENTON GUAFI GUAHAN



Joey C. San Nicolas
Fire Chief, Acting

- b. The GFD recommends to include the following statement in this section:

“When a direct request is made to a private ambulance service from a location outside of a medical facility or private ambulance during non-emergent transport, the request shall be routed to E911 via instruction or call transfer for the purpose of dispatching of GFD resources or mutual aide (military or private ambulance service) as determined by established policies and procedures.”
2. Pg, 35, (c)
 - a. The GFD finds that **“Transfer of care by Guam Fire Department EMT-Basic to a private EMT-Basic ambulance service”** needs to be included as item 4 for situations where a GFD EMT-Basic initiates patient care.
3. Pg, 38, § 84111. Certification Procedure (f)

The GFD recommends that a clause shall be included regarding the employment or contracting of private EMT ambulance personnel for government use. Private EMT ambulance personnel shall meet the same rules, conditions, policies regarding criminal history as those required by GFD personnel as revealed through Court and Police Clearances.
4. Pg. 44, § 84120. Grants
 - a. The GFD finds that this section may limit our ability to apply for grants specifically intended for the Fire Service and the delivery of mandated programs i.e. 2009 and 2010 Assistance to Firefighter’s Grant (AFG) that is partially intended to purchase Ambulances and medical equipment and 2011 AFG partially intended to purchase five (5) ALS Defibrillators.
 - b. This section as written may not allow the GFD to use grants such as these for the purpose of EMS.



GUAM FIRE DEPARTMENT

DEPATMENTON GUAFI GUAHAN



Eddie B. Calvo
Governor

Ray Tenorio
Lt. Governor

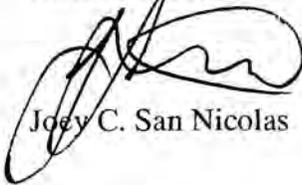
Joey C. San Nicolas
Fire Chief, *Acting*

- c. This section may also bar the GFD from applying to other similar grants for this purpose.
- d. The GFD recommends that the following statement be added to this section:
“transferred to the Office of EMS, with exception to grants being applied for by the Guam Fire Department.”

With these recommendations in place, the Guam Fire Department believes that bill 339-31 is a true concerted effort by all stakeholders to improve the overall delivery of Emergency Medical Services to our island of Guam and provides for amendments by committee to ensure that EMS does not lag in the future. Further, it empowers the Guam Fire Department to access the private ambulance service through pre-arranged agreements or contracts to include them in GFD's E911 system of resources resulting increased capacity to respond to emergencies involving life safety.

I remain always available for any questions and concerns and look forward to your response.

Saina Ma'ase,



Joey C. San Nicolas

**BUREAU OF BUDGET & MANAGEMENT RESEARCH**

OFFICE OF THE GOVERNOR
Post Office Box 2950, Hagåtña Guam 96932

EDDIE BAZA CALVO
GOVERNOR

RAY TENORIO
LIEUTENANT GOVERNOR

JOHN A. RIOS
ACTING DIRECTOR

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DEPUTY DIRECTOR

FACSIMILE INFORMATION PAGE

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RE: Fiscal Notes on the following Bill Nos. 339-31(COR),

Thank You!

**Bureau of Budget & Management Research
Fiscal Note of Bill No. 339-31**

AN ACT TO UPDATE STATUTES RELATIVE TO THE ESTABLISHMENT, PROMOTION AND MAINTENANCE OF A COMPREHENSIVE TERRITORIAL EMERGENCY MEDICAL AND AMBULANCE SERVICES SYSTEM THROUGHOUT GUAM, BY AMENDING CHAPTER 84 OF DIVISION 4, TITLE 10, GUAM CODE ANNOTATED.

Department/Agency Appropriation Information

Dept./Agency Affected: Fire Department	Dept./Agency Head: Joey San Nicolas
Department's General Fund (GF) appropriation(s) to date:	28,007,026
Department's Other Fund (Specify) appropriation(s) to date:	2,208,279
Total Department/Agency Appropriation(s) to date:	\$30,215,305

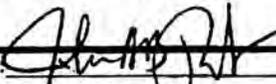
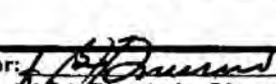
Fund Source Information of Proposed Appropriation

	General Fund:	(Specify Special Fund):	Total:
FY 2011 Unreserved Fund Balance ¹		\$0	\$0
FY 2012 Adopted Revenues	\$0	\$0	\$0
FY 2012 Appro. (P.L. 31-75 & 31-77)	\$0	\$0	\$0
Sub-total:	\$0	\$0	\$0
Less appropriation in Bill	\$0	\$0	\$0
Total:	\$0	\$0	\$0

Estimated Fiscal Impact of Bill

	One Full Fiscal Year	For Remainder of FY 2012 (if applicable)	FY 2013	FY 2014	FY 2015	FY 2016
General Fund	\$0	\$0	\$0	\$0	\$0	\$0
(Specify Special Fund)	\$0	\$0	\$0	\$0	\$0	\$0
Total	\$0	\$0	\$0	\$0	\$0	\$0

- Does the bill contain "revenue generating" provisions? / / Yes /x / No
If Yes, see attachment
- Is amount appropriated adequate to fund the intent of the appropriation? /x / N/A / / Yes / / No
If no, what is the additional amount required? \$ _____ /x / N/A
- Does the Bill establish a new program/agency? /x / Yes / / No
If yes, will the program duplicate existing programs/agencies? / / N/A /x / Yes / / No
Is there a federal mandate to establish the program/agency? / / Yes /x / No
- Will the enactment of this Bill require new physical facilities? /x / Yes
- Was Fiscal Note coordinated with the affected dept/agency? If no, indicate reason: /x / Yes / / No
/ / Requested agency comments not received by due date / / Other: _____

Analyst: 	Date: <u>10/18/11</u>	Director: 	Date: <u>10/18/11</u>
John AB Pangaligan		John A. Rios, Acting Director	

Footnote
At its present form, the proposed legislation will fiscally impact specific departments such as Guam Fire Department (GFD), Guam Memorial Hospital Authority (GMHA), and Department of Public Health & Social Services (DPHSS) in the implementations of programs identified in this legislative bill. Some of these programs such as the added responsibilities for the Emergency Medical Services Administration and the Emergency Medical Service Commission at DPHSS, GFD, and GMHA would contribute to increased operational costs that have not been included in the FY 2012 Budget Act. Such increased operational costs at this time cannot be determined in order to assess the fiscal impact to the participants of these programs.



COMMITTEE ON RULES

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Senator
Rory J. Respicio
CHAIRPERSON
MAJORITY LEADER

October 12, 2011

Senator
Judith P. Guthertz
VICE CHAIRPERSON
ASST. MAJORITY LEADER

VIA FACSIMILE
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MAJORITY MEMBERS:

Speaker
Judith T. Won Pat

Vice Speaker
Benjamin J. F. Cruz

John A. Rios
Acting Director
Bureau of Budget & Management Research
P.O. Box 2950
Hagåtña, Guam 96910

RE: Request for Fiscal Note -
Bill Nos. 338-31 (COR through 345-31 (COR))

Senator
Tina Rose Muña Barnes
LEGISLATIVE SECRETARY
MAJORITY WHIP

Hafa Adai Mr. Rios:

Senator
Dennis G. Rodriguez, Jr.
ASST. MAJORITY WHIP

Transmitted herewith is a listing of *I Mina'trentai Unu na Liheslaturan Guåhan's* most recently introduced bills. Pursuant to 2 GCA §9103, I respectfully request the preparation of fiscal notes for the referenced bills.

Senator
Thomas C. Ada

Si Yu'os ma'åse' for your attention to this matter.

Senator
Adolpho B. Palacios, Sr.

Very Truly Yours,

Senator
vicente c. pangelinan

Thomas C. Ada
Acting Chairperson

MINORITY MEMBERS:

Senator
Aline A. Yamashita
ASST. MINORITY LEADER

Attachments

Senator
Christopher M. Ducnas

Cc: Clerk of the Legislature

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Senator
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MAJORITY MEMBERS:

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ASST. MAJORITY WHIP

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Senator
vicente c. pangelinan

MINORITY MEMBERS:

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Aline A. Yamashita
ASST. MINORITY LEADER

Senator
Christopher M. Ducnas

October 12, 2011

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John A. Rios
Acting Director
Bureau of Budget & Management Research
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Hagåtña, Guam 96910

**RE: Request for Fiscal Note -
Bill Nos. 338-31 (COR through 345-31 (COR))**

Hafa Adai Mr. Rios:

Transmitted herewith is a listing of *I Mina'trentai Unu na Libeslaturan Guahan's* most recently introduced bills. Pursuant to 2 GCA §9103, I respectfully request the preparation of fiscal notes for the referenced bills.

Si Yu'os ma'ase' for your attention to this matter.

Very Truly Yours,

Thomas C. Ada
Acting Chairperson

Attachments

Cc: Clerk of the Legislature

Rec'd by: Analyn
date: 10/13/11
time: 10:59am

I Mina'Trentai Unu Na Liheslaturan Guåhan

Bill Log Sheet

October 07, 2011

Page 1 of 1

Bill No.	Sponsor(s)	Title	Date Introduced	Date Referred	120 Day Deadline	Committee Referred	Public Hearing Date	Date Committee Report Filed	Status (Date) Passed? Failed? Vetoed? Overridden? Public Law?
338-31 (COR)	J. P. Guthertz, DPA	AN ACT TO AMEND THE TITLE AND SUB SECTIONS 4601, 4601(E), 4602, 4603, AND 4605 AND TO ADD SUB SECTION 4601(F)(G) AND A NEW SUB SECTION 4611 TO ARTICLE 6 OF CHAPTER 4, TITLE 4 GUAM CODE ANNOTATED RELATIVE TO EXPANDING THE ELIGIBILITY FOR INCLUSION IN THE ENHANCED PLACEMENT PROGRAM FOR PUBLIC EMPLOYEES.	10/06/11 2:53 p.m.	10/07/11		Committee on Youth, Cultural Affairs, Procurement, General Government Operations and Public Broadcasting			
339-31 (COR)	D. G. Rodriguez, Jr., M. S. Taijeron, A. B. Palacios, Sr., R. J. Respicio, S. Mabini, Ph.D.	AN ACT TO UPDATE STATUTES RELATIVE TO THE ESTABLISHMENT, PROMOTION AND MAINTENANCE OF A COMPREHENSIVE TERRITORIAL EMERGENCY MEDICAL AND AMBULANCE SERVICES SYSTEM THROUGHOUT GUAM, BY AMENDING CHAPTER 84 OF DIVISION 4, TITLE 10, GUAM CODE ANNOTATED	10/06/11 3:27 p.m.	10/7/11		Committee on Health & Human Services, Senior Citizens, Economic Development and Election Reform			



COMMITTEE ON RULES

I Mina'trentai Unu na Liheslaturan Guåhan • The 31st Guam Legislature
155 Hesler Place, Hagåtña, Guam 96910 • www.guamlegislature.com
E-mail: roryforguam@gmail.com • Tel: (671)472-7679 • Fax: (671)472-3547

Senator
Rory J. Respicio
CHAIRPERSON
MAJORITY LEADER

Senator
Judith P. Guthertz
VICE CHAIRPERSON
ASST. MAJORITY LEADER

MAJORITY MEMBERS:

Speaker
Judith T. Won Pat

Vice Speaker
Benjamin J. F. Cruz

Senator
Tina Rose Muña Barnes
LEGISLATIVE SECRETARY
MAJORITY WHIP

Senator
Dennis G. Rodriguez, Jr.
ASST. MAJORITY WHIP

Senator
Thomas C. Ada

Senator
Adolpho B. Palacios, Sr.

Senator
vicente c. pangelinan

MINORITY MEMBERS:

Senator
Aline A. Yamashita
ASST. MINORITY LEADER

Senator
Christopher M. Duenas

October 7, 2011

MEMORANDUM

To: **Pat Santos**
Clerk of the Legislature

Attorney Therese M. Terlaje
Legislative Legal Counsel

From: **Senator Rory J. Respicio**
Chairperson

Subject: **Referral of Bills No. 338-31(COR) and 339-31(COR)**

As the Acting Chairperson of the Committee on Rules, I am forwarding my referral of Bills No. 338-31 (COR) and 339-31(COR).

Please ensure that the subject bills are referred, in my name, to the respective committees, as shown on the attachment. I also request that the same be forwarded to all members of *I Mina'trentai Unu na Liheslaturan Guåhan*.

Should you have any questions, please feel free to contact our office at 472-7679.

Si Yu'os Ma'åse!

(2) Attachment

2011 OCT 11 PM 2:37

I Mina'Trentai Unu Na Liheslaturan Guåhan

Bill Log Sheet

October 07, 2011

Page 1 of 1

Bill No.	Sponsor(s)	Title	Date Introduced	Date Referred	120 Day Deadline	Committee Referred	Public Hearing Date	Date Committee Report Filed	Status (Date) Passed? Failed? Vetoed? Overridden? Public Law?
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Clifton Herbert <cherbert.senatorrodriguez@gmail.com>

Thu, Oct 6, 2011 at 4:37 PM

To: "Adolpho B. Palacios" <senator@senatorpalacios.com>, Aline Yamashita <aline4families@gmail.com>, Ben Pangelinan <senbenp@guam.net>, Benjamin JF Cruz <senadotbjcruz@gmail.com>, Chris Duenas <duenasenator@gmail.com>, "Dr. Sam Mabini" <sensorsam@senatormabini.com>, "Frank Blas Jr." <frank.blasjr@gmail.com>, Judi Guthertz <judiguthertz@pticom.com>, Judi Won Pat <speaker@judiwonpat.com>, Mana Silva Taijeron <senatormana@gmail.com>, "Rory J. Respicio" <roryforguam@gmail.com>, Tina Muna Barnes <tinamunabarnes@gmail.com>, Tom Ada <tom@senatorada.org>, Tony Ada <senatorTonyada@guamlegislature.org>
Bcc: phnotice@guamlegislature.org

Ufisinan Todu Guam
SENATOR DENNIS G. RODRIGUEZ, Jr.
I Mina'trentai Unu Na Liheslaturan Guåhan
CHAIRMAN, COMMITTEE ON HEALTH & HUMAN SERVICES,
ECONOMIC DEVELOPMENT, SENIOR CITIZENS AND ELECTION REFORM

Senators,

Buenas yan Hafa Adai!

Please find attached notice of public hearing. Thank you and have a great evening!

Si Yu'os Ma'ase!

Sincerely,

[Quoted text hidden]

 **Senators 1st Notice Public Hearing Oct. 13, 2011.pdf**
68K

Listserv: phnotice@guamlegislature.org

As of Oct. 17, 2011

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wilcastro671@gmail.com



SENATOR DENNIS G. RODRIGUEZ, JR.

TO: ALL SENATORS

FROM: SENATOR DENNIS G. RODRIGUEZ, JR. *DR*
CHAIRPERSON

SUBJECT: 1st NOTICE OF PUBLIC HEARING

1st NOTICE OF PUBLIC HEARING
Thursday, October 13, 2011 8:30AM

In accordance with the Open Government Law, Public Law 24-109, relative to notice for Public Meetings. Please be advised that the Committee on Health & Human Services, Economic Development, Senior Citizens and Election Reform will be conducting a Public Hearing on October 13, 2011, at *I Liheslaturan Guåhån*'s Public Hearing Room in Hagåtña, on the following:

8:30AM

- The **Executive Appointment** of Ms. Linda Perez to be a **Board Member** on **Guam Board of Allied Health Examiners**

9:30AM

- Informational Roundtable relative to the issues and concerns regarding the **Board of Cosmetology & Barbering**

1:30PM

- Informational Roundtable relative to the issues and concerns regarding the **Guam Food Code**

3:00PM

- **Bill 339-31(COR) - AN ACT TO UPDATE STATUTES RELATIVE TO THE ESTABLISHMENT, PROMOTION AND MAINTENANCE OF A COMPREHENSIVE TERRITORIAL EMERGENCY MEDICAL AND AMBULANCE SERVICES SYSTEM THROUGHOUT GUAM, BY AMENDING CHAPTER 84 OF DIVISION 4, TITLE 10, GUAM CODE ANNOTATED. (Introduced by D.G. Rodriguez, Jr., M.S. Taljeron, A.B. Palacios, Sr., R.J. Respicio, S. Mabinl, Ph.D.)**

Testimony should be addressed to Senator Dennis Rodriguez, Jr., Chairman, and may be submitted via- hand delivery to our office at 176 Serenu Avenue Suite 107 Tamuning, Guam 96931 or our mailbox at the Main Legislature Building at 155 Hesler Place, Hagåtña, Guam 96910, or via email to senatordrodriguez@gmail.com.

We comply with Title II of the Americans with Disabilities Act (ADA). Individuals who require an auxiliary aid or service (i.e. qualified sign language interpreters, documents in Braille, large print, etc.) for effective communication, or a modification of policies or procedures to participate in a program service, or activity of Senator Dennis Rodriguez, Jr. should contact Clifton Herbert at 649-8638 (TODU) as soon as possible but no later than 48 hours before this scheduled event. We look forward to your attendance and participation.

For further information, please contact the Office of Senator Dennis Rodriguez, Jr. at 649-8638 (TODU)

Chairman,
Committee on
Health & Human
Services,
Senior Citizens,
Economic
Development,
& Election Reform

Member,
Committee on
Public Safety, Law
Enforcement,
& Judiciary

Member,
Committee on
Youth, Cultural Affairs,
Procurement, General
Government
Operations, & Public
Broadcasting

Member,
Committee on
Municipal Affairs,
Tourism,
Housing & Recreation

Member,
Committee on Rules,
Federal, Foreign &
Micronesian
Affairs, & Human &
Natural Resources

Member,
Committee on the
Guam Military Buildup
& Homeland Security

Member,
Committee on
Appropriations,
Taxation,
Public Debt, Banking,
Insurance,
Retirement, & Land

Member,
Committee on Utilities,
Transportation, Public
Works,
& Veterans Affairs

Assistant Majority Whip

Ufisinan Todu Guam • 31st Guam Legislature

176 Serenu Avenue, Suite 107, Tamuning, Guam 96931 / Telephone: 671-649-TODU (8638) / Facsimile: 671-649-0520
E-mail: senatordrodriguez@gmail.com



Joseph Anthony Mesngon <jmesngon.senatorrodriguez@gmail.com>

1st Notice of Public Hearing October 13,2011

Clifton Herbert <cherbert.senatorrodriguez@gmail.com>

Thu, Oct 6, 2011 at 4:28 PM

To: clynt@spbguam.com, dcrisostomo@guampdn.com, dmgeorge@guampdn.com, dtamondong@guampdn.com, gdumat-ol@guampdn.com, gerry@mvguam.com, hottips@kuam.com, jason@kuam.com, john@kuam.com, jtyquiengco@spbguam.com, marvic@mvguam.com, mindy@kuam.com, mpieper@guampdn.com, mvariety@pticom.com, news@spbguam.com, nick.delgado@kuam.com, parroyo@k57.com, reporter3@glimpsesofguam.com, rgibson@k57.com, ricknauta@hitradio100.com, sabrina@kuam.com, slimtiaco@guampdn.com, thebigshow@k57.com, therese.hart.writer@gmail.com, zita@mvguam.com, James <officemanager@hitradio100.com>, Jesse Lujan <jesselujan27@yahoo.com>, "Jon A. Anderson" <editor@mvguam.com>, Katrina <life@guampdn.com>, Kevin Kerrigan <kevin@spbguam.com>, Kevin Kerrigan <news@k57.com>, Laura Matthews <llmatthews@guampdn.com>, Pacific Daily News <news@guampdn.com>, William Gibson <breakfastshowk57@gmail.com>, Oyaol Ngirairikl <odngirairikl@guampdn.com>

Bcc: jmesngon.senatorrodriguez@gmail.com

Ufisinan Todu Guam

SENATOR DENNIS G. RODRIGUEZ, Jr.
I Mina'trentai Unu Na Liheslaturan Guåhan
CHAIRMAN, COMMITTEE ON HEALTH & HUMAN SERVICES,
ECONOMIC DEVELOPMENT, SENIOR CITIZENS AND ELECTION REFORM

Please find attached notice of public hearing. Thanks and have a great evening!

Clifton Herbert

176 Serenu Avenue Suite 107 Tamuning, Guam 96931

Telephone: 671.649.8638

Email: Cherbert.senatorrodriguez@gmail.com

This e-mail may contain data that is confidential, proprietary or non-public personal information, as that term is defined in the Gramm-Leach-Bliley Act (collectively, Confidential Information).

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 Public Hearing 1st Notice Oct 13, 2011.pdf
373K



SENATOR DENNIS G. RODRIGUEZ, JR.

PRESS RELEASE

FIRST NOTICE OF PUBLIC HEARING
Thursday, October 13, 2011 9:00AM

Chairman,
Committee on
Health & Human
Services,
Senior Citizens,
Economic
Development,
& Election Reform

Member,
Committee on
Public Safety, Law
Enforcement,
& Judiciary

Member,
Committee on
Youth, Cultural Affairs,
Procurement, General
Government
Operations, & Public
Broadcasting

Member,
Committee on
Municipal Affairs,
Tourism,
Housing & Recreation

Member,
Committee on Rules,
Federal, Foreign &
Micronesian
Affairs, & Human &
Natural Resources

Member,
Committee on the
Guam Military Buildup
& Homeland Security

Member,
Committee on
Appropriations,
Taxation,
Public Debt, Banking,
Insurance,
Retirement, & Land

Member,
Committee on Utilities,
Transportation, Public
Works,
& Veterans Affairs

Assistant Majority Whip

In accordance with the Open Government Law, Public Law 24-109, relative to notice for Public Meetings. Please be advised that the Committee on Health & Human Services, Economic Development, Senior Citizens and Election Reform will be conducting a Confirmation and Public Hearing on, October 13, 2011, at *Liheslaturan Guáhan's* Public Hearing Room in Hagåtña, on the following:

8:30AM

- **The Executive Appointment of Ms. Linda Perez to be a Board Member on Guam Board of Allied Health Examiners**

9:30AM

- Informational Roundtable relative to the issues and concerns regarding the **Board of Cosmetology & Barbering**

1:30PM

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3:00PM

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Testimony should be addressed to Senator Dennis Rodriguez, Jr., Chairman, and may be submitted via- hand delivery to our office at 176 Serenu Avenue Suite 107 Tamuning, Guam 96931 or our mailbox at the Main Legislature Building at 155 Hesler Place, Hagåtña, Guam 96910, or via email to senatordrodriguez@gmail.com.

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For further information, please contact the Office of Senator Dennis Rodriguez, Jr. at 649-8638 (TODU)

###

Ufisinan Todu Guam • 31st Guam Legislature

176 Serenu Avenue, Suite 107, Tamuning, Guam 96931 / Telephone: 671-649-TODU (8638) / Facsimile: 671-649-0520
E-mail: senatordrodriguez@gmail.com



Joseph Anthony Mesngon <jmesngon.senatorrodriguez@gmail.com>

2nd Notice Public Hearing October 13,2011

1 message

Clifton Herbert <cherbert.senatorrodriguez@gmail.com>

Tue, Oct 11, 2011 at 5:17 PM

To: "Dennis Rodriguez Jr." <senatorrodriguez@gmail.com>, "Adolpho B. Palacios" <senator@senatorpalacios.com>, Aline Yamashita <aline4families@gmail.com>, Ben Pangelinan <senbenp@guam.net>, Benjamin JF Cruz <senadotbjcruz@gmail.com>, Chris Duenas <duenasenator@gmail.com>, "Dr. Sam Mabini" <senatorsam@senatormabini.com>, "Frank Blas Jr." <frank.blasjr@gmail.com>, Judi Guthertz <judiguthertz@pticom.com>, Judi Won Pat <speaker@judiwonpat.com>, Mana Silva Taijeron <senatormana@gmail.com>, "Rory J. Respicio" <rorryforguam@gmail.com>, Tina Muna Barnes <tinamunabarnes@gmail.com>, Tom Ada <tom@senatorada.org>, Tony Ada <senatortonyada@guamlegislature.org>
Bcc: phnotice@guamlegislature.org

Ufisinan Todu Guam
SENATOR DENNIS G. RODRIGUEZ, Jr.
I Mina'trentai Unu Na Liheslaturan Guåhan
CHAIRMAN, COMMITTEE ON HEALTH & HUMAN SERVICES,
ECONOMIC DEVELOPMENT, SENIOR CITIZENS AND ELECTION REFORM

Senators,

Please find attached notice regarding Public Hearing scheduled for October 13, 2011.

Thanks,

Clifton Herbert

176 Serenu Avenue Suite 107 Tamuning, Guam 96931

Telephone: 671.649.8638Email: Cherbert.senatorrodriguez@gmail.com

This e-mail may contain data that is confidential, proprietary or non-public personal information, as that term is defined in the Gramm-Leach-Bliley Act (collectively, Confidential Information). The Confidential Information is disclosed conditioned upon your agreement that you will treat it confidentially and in accordance with applicable law, ensure that such data isn't used or disclosed except for the limited purpose for which it's being provided and will notify and cooperate with us regarding any requested or unauthorized disclosure or use of any Confidential Information. By accepting and reviewing the Confidential information, you agree to indemnify us against any losses or expenses, including attorney's fees that we may incur as a result of any unauthorized use or disclosure of this data due to your acts or omissions. If a party other than the intended recipient receives this e-mail, he or she is requested to instantly notify us of the erroneous delivery and return to us all data so delivered.

2 attachments**Senators 2nd Notice Public Hearing Oct. 13, 2011.pdf**

 68K

 **Public Hearing Agenda October 13, 2011.pdf**
343K



SENATOR DENNIS G. RODRIGUEZ, JR.

TO: ALL SENATORS

FROM: SENATOR DENNIS G. RODRIGUEZ, JR. *DR*
CHAIRPERSON

SUBJECT: 2ND NOTICE OF PUBLIC HEARING

2ND NOTICE OF PUBLIC HEARING
Thursday, October 13, 2011 8:30AM

In accordance with the Open Government Law, Public Law 24-109, relative to notice for Public Meetings. Please be advised that the Committee on Health & Human Services, Economic Development, Senior Citizens and Election Reform will be conducting a Public Hearing on October 13, 2011, at *I Liheslaturan Guåhan's* Public Hearing Room in Hagåtña, on the following:

8:30AM

- The **Executive Appointment of Ms. Linda Perez** to be a **Board Member on Guam Board of Allied Health Examiners**

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1:30PM

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3:00PM

- **BIII 339-31(COR) - AN ACT TO UPDATE STATUTES RELATIVE TO THE ESTABLISHMENT, PROMOTION AND MAINTENANCE OF A COMPREHENSIVE TERRITORIAL EMERGENCY MEDICAL AND AMBULANCE SERVICES SYSTEM THROUGHOUT GUAM, BY AMENDING CHAPTER 84 OF DIVISION 4, TITLE 10, GUAM CODE ANNOTATED. (Introduced by D.G. Rodriguez, Jr., M.S. Tajeron, A.B. Palacios, Sr., R.J. Respicio, S. Mabini, Ph.D.)**

Testimony should be addressed to Senator Dennis Rodriguez, Jr., Chairman, and may be submitted via- hand delivery to our office at 176 Serenu Avenue Suite 107 Tamuning, Guam 96931 or our mailbox at the Main Legislature Building at 155 Hesler Place, Hagåtña, Guam 96910, or via email to senatordrodriguez@gmail.com.

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For further information, please contact the Office of Senator Dennis Rodriguez, Jr. at 649-8638 (TODU)

Chairman,
Committee on
Health & Human
Services,
Senior Citizens,
Economic
Development,
& Election Reform

Member,
Committee on
Public Safety, Law
Enforcement,
& Judiciary

Member,
Committee on
Youth, Cultural Affairs,
Procurement, General
Government
Operations, & Public
Broadcasting

Member,
Committee on
Municipal Affairs,
Tourism,
Housing & Recreation

Member,
Committee on Rules,
Internal, Foreign &
Micronesian
Affairs, & Human &
Natural Resources

Member,
Committee on the
Guam Military Buildup
& Homeland Security

Member,
Committee on
Appropriations,
Taxation,
Public Debt, Banking,
Insurance,
Retirement, & Land

Member,
Committee on Utilities,
Transportation, Public
Works,
& Veterans Affairs

Assistant Majority Whip

Ufisinan Todu Guam • 31st Guam Legislature

176 Serenu Avenue, Suite 107, Tamuning, Guam 96931 / Telephone: 671-649-TODU (8638) / Facsimile: 671-649-0520

E-mail: senatordrodriguez@gmail.com



Joseph Anthony Mesngon <jmesngon.senatorrodriguez@gmail.com>

2nd Notice of Public Hearing October 13,2011

1 message

Clifton Herbert <cherbert.senatorrodriguez@gmail.com>

Tue, Oct 11, 2011 at 5:22 PM

To: clynt@spbgum.com, dcristostomo@guampdn.com, dmgeorge@guampdn.com, dtamondong@guampdn.com, gdumat-ol@guampdn.com, gerry@mvguam.com, hottips@kuam.com, jason@kuam.com, john@kuam.com, jtyquiengco@spbgum.com, marvic@mvguam.com, mindy@kuam.com, mpieper@guampdn.com, mvariety@pticom.com, news@spbgum.com, nick.delgado@kuam.com, parroyo@k57.com, reporter3@glimpsesofguam.com, rgibson@k57.com, ricknauta@hitradio100.com, sabrina@kuam.com, slimtiaco@guampdn.com, thebigshow@k57.com, therese.hart.writer@gmail.com, zita@mvguam.com, James <officemanager@hitradio100.com>, Jesse Lujan <jesselujan27@yahoo.com>, "Jon A. Anderson" <editor@mvguam.com>, Katrina <life@guampdn.com>, Kevin Kerrigan <kevin@spbgum.com>, Kevin Kerrigan <news@k57.com>, Lannie Walker <lannie@kuam.com>, Laura Matthews <llmatthews@guampdn.com>, Pacific Daily News <news@guampdn.com>, William Gibson <breakfastshowk57@gmail.com>, Oyaol Ngirairikl <odngirairikl@guampdn.com>

Bcc: jmesngon.senatorrodriguez@gmail.com

Ufisinan Todu Guam

SENATOR DENNIS G. RODRIGUEZ, Jr.
I Mina'trentai Unu Na Liheslaturan Guåhan
CHAIRMAN, COMMITTEE ON HEALTH & HUMAN SERVICES,
ECONOMIC DEVELOPMENT, SENIOR CITIZENS AND ELECTION REFORM

2ND NOTICE OF PUBLIC HEARING Thursday, October 13, 2011 8:30AM

In accordance with the Open Government Law, Public Law 24-109, relative to notice for Public Meetings. Please be advised that the Committee on Health & Human Services, Economic Development, Senior Citizens and Election Reform will be conducting a Public Hearing on October 13, 2011, at *I Libeslaturan Guåhan's* Public Hearing Room in Hagåtña, on the following:

8:30AM

- The **Executive Appointment of Ms. Linda Perez** to be a **Board Member on Guam Board of Allied Health Examiners**

9:30AM

- Informational Roundtable relative to the issues and concerns regarding the **Board of Cosmetology & Barbering**

1:30PM

- Informational Roundtable relative to the issues and concerns regarding the **Guam Food Code**

3:00PM

- **Bill 339-31(COR) - AN ACT TO UPDATE STATUTES RELATIVE TO THE ESTABLISHMENT, PROMOTION AND MAINTENANCE OF A COMPREHENSIVE TERRITORIAL EMERGENCY MEDICAL AND AMBULANCE**

SERVICES SYSTEM THROUGHOUT GUAM, BY AMENDING CHAPTER 84 OF DIVISION 4, TITLE 10, GUAM CODE ANNOTATED. (**Introduced by D.G. Rodriguez, Jr., M.S. Tajeron, A.B. Palacios, Sr., R.J. Respicio, S. Mabini, Ph.D.**)

Testimony should be addressed to Senator Dennis Rodriguez, Jr., Chairman, and may be submitted via- hand delivery to our office at 176 Serenu Avenue Suite 107 Tamuning, Guam 96931 or our mailbox at the Main Legislature Building at 155 Hesler Place, Hagåtña, Guam 96910, or via email to senatordrodriguez@gmail.com.

We comply with Title II of the Americans with Disabilities Act (ADA). Individuals who require an auxiliary aid or service (i.e. qualified sign language interpreters, documents in Braille, large print, etc.) for effective communication, or a modification of policies or procedures to participate in a program service, or activity of Senator Dennis Rodriguez, Jr. should contact Clifton Herbert at 649-8638 (TODU) as soon as possible but no later than 48 hours before this scheduled event. We look forward to your attendance and participation.

For further information, please contact the Office of Senator Dennis Rodriguez, Jr. at 649-8638 (TODU)

Clifton Herbert

176 Serenu Avenue Suite 107 Tamuning, Guam 96931

Telephone: [671.649.8638](tel:671.649.8638)

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Public Hearing 2ND Notice Oct 13, 2011.pdf
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SENATOR DENNIS G. RODRIGUEZ, JR.

PUBLIC HEARING AGENDA

THURSDAY OCTOBER 13, 2011

8:30AM

Public Hearing Room, *I Liheslaturan Guåhan*, Hagatña, Guam

Chairman,
Committee on
Health & Human
Services,
Senior Citizens,
Economic
Development,
& Election Reform

Member,
Committee on
Public Safety, Law
Enforcement,
& Judiciary

Member,
Committee on
Youth, Cultural Affairs,
Procurement, General
Government
Operations, & Public
Broadcasting

Member,
Committee on
Municipal Affairs,
Tourism,
Housing & Recreation

Member,
Committee on Rules,
Federal, Foreign &
Micronesian
Affairs, & Human &
Natural Resources

Member,
Committee on the
Guam Military Buildup
& Homeland Security

Member,
Committee on
Appropriations,
Taxation,
Public Debt, Banking,
Insurance,
Retirement, & Land

Member,
Committee on Utilities,
Transportation, Public
Works,
& Veterans Affairs

Assistant Majority Whip

I. Call to Order

II. Announcements

III. Items for Public Consideration

8:30AM

- **The Executive Appointment of Ms. Linda Perez to be a Board Member on Guam Board of Allied Health Examiners**

9:30AM

- Informational Roundtable relative to the issues and concerns regarding the **Board of Cosmetology & Barbering**

1:30PM

- Informational Roundtable relative to the issues and concerns regarding the **Guam Food Code**

3:00PM

- **Bill 339-31(COR) - AN ACT TO UPDATE STATUTES RELATIVE TO THE ESTABLISHMENT, PROMOTION AND MAINTENANCE OF A COMPREHENSIVE TERRITORIAL EMERGENCY MEDICAL AND AMBULANCE SERVICES SYSTEM THROUGHOUT GUAM, BY AMENDING CHAPTER 84 OF DIVISION 4, TITLE 10, GUAM CODE ANNOTATED. (Introduced by D.G. Rodriguez, Jr., M.S. Taijeron, A.B. Palacios, Sr., R.J. Respicio, S. Mabini, Ph.D.)**

IV. Announcements

V. Adjournment

The Committee requests that, if written testimonies are to be presented at the hearing, copies be submitted one day prior to the public hearing date, to the Office of Senator Dennis G. Rodriguez, Jr. at 176 Serenu Avenue Suite 107, Tamuning, Guam, at our mailbox in the Legislature Building at 155 Hesler Place, Hagatña, Guam or via email to senatordrodriguez@gmail.com. Copies of the aforementioned Resolution and/or Bills may be obtained at *I Liheslaturan Guåhan's* website at www.guamlegislature.org. Individuals requiring special accommodations or services, please contact our office at 649-8638. We look forward to your presence and participation.

Ufisinan Todu Guam • 31st Guam Legislature

176 Serenu Avenue, Suite 107, Tamuning, Guam 96931 / Telephone: 671-649-TODU (8638) / Facsimile: 671-649-0520

E-mail: senatordrodriguez@gmail.com

MINA' TRENTAI UNU NA LIHESLATURAN GUAHAN
2011 (FIRST) Regular

Bill No. 339-31(COR)

Introduced by:

D.G. RODRIGUEZ, JR. 
M.S. TAIJERON 
A.B. PALACIOS, SR. 
R.J. RESPICIO 
S. MABINI, PH.D. 

AN ACT TO UPDATE STATUTES RELATIVE TO THE ESTABLISHMENT, PROMOTION AND MAINTENANCE OF A COMPREHENSIVE TERRITORIAL EMERGENCY MEDICAL AND AMBULANCE SERVICES SYSTEM THROUGHOUT GUAM, BY AMENDING CHAPTER 84 OF DIVISION 4, TITLE 10, GUAM CODE ANNOTATED.

2011 OCT -6 PM 3:27 

1 **BE IT ENACTED BY THE PEOPLE OF GUAM:**

2 **Section 1. Legislative Findings and Intent:** *I Liheslaturan Guahan*
3 finds that the existing statute relative to Emergency Medical Services, as
4 provided pursuant to Chapter 84, Division 4, Title 10, Guam Code
5 Annotated, requires significant amendments so as to update and bring
6 current with national standards the provision of emergency medical and
7 ambulance services for the people of Guam.

8 Chapter 84 of Title 10, Guam Code Annotated, was established by the
9 14th Guam Legislature and subsequently expanded in scope, as amended
10 by the 27th Legislature. Additional provisions requiring the promulgation

1 of rules and regulations by the Emergency Medical Services Commission
2 were added by the 23rd Guam Legislature. During this period, the level of
3 professional training and qualifications required in order to render services
4 by emergency response personnel has increased significantly nationwide.
5 Guam's regulations, however, have remained dormant and not kept pace
6 with advancing national standards. *I Liheslaturan Guåhan* finds that the
7 level of participation by private ambulance services for both public and
8 private medical facilities has also increased nationwide. Today, many
9 municipalities have entirely outsourced their ambulance requirements to
10 private companies. This use of private ambulance services has necessitated
11 the development of comprehensive standards to be utilized so as to assure
12 a consistent uniform level of emergency response services.

13 Guam, however, has continued to rely solely upon government
14 operated emergency services, as currently provided by the Guam Fire
15 Department. Through no fault of the dedicated GFD personnel, the
16 department has continued to encounter problems in the rendering of
17 services directly due to the shortage of ambulances, and the inability to
18 maintain them. *I Liheslaturan* takes due note of the successful public-
19 private relationships in numerous municipalities, where part or all of the
20 services are directly operated by private entities, with appropriate
21 government coordination and regulation. In order to accomplish this for
22 Guam, appropriate, modern rules and regulations must be enacted.

1 Towards this end, and pursuant to §84118, 10 GCA [Rules and
2 Regulations], as enacted by the 23rd Legislature, the Emergency Medical
3 Services Commission has been developing comprehensive rules and
4 regulations, in keeping with national standards, and thus would allow for
5 the use of both government and private emergency response services
6 island-wide, consistently operating under the same standards, and
7 possessing the same professional qualifications. Participation in this
8 endeavor has included both government and private stakeholders. It is
9 their work product that this Act seeks to implement.

10 Further, with the upcoming development of a new private hospital,
11 as well as the growing number of urgent care centers, it is even more
12 imperative that Guam's private medical facilities be able to directly utilize
13 emergency response services on Guam's roads in their provision of
14 emergency health care for the people of Guam. At this time, private
15 ambulance services regularly transport patients from their homes to
16 various medical facilities for treatment. However, in the event a patient,
17 whose health may already be severely challenged, goes into a critical state
18 requiring prompt medical attention, the ambulance service can not quickly
19 proceed *'in-code'* utilizing emergency flashing lights and sirens. Nor, do
20 they have direct electronic contact with GFD or GMH to coordinate their
21 emergency travel upon public roads, as well as professionally directed
22 medical treatment, as instructed by the GMH emergency physician during

1 transport. Currently, the private ambulance calls for a GFD ambulance,
2 into which the patient is transferred, and subsequently transported to
3 GMH. This results in a significant delay in the patient receiving the
4 desperately needed medical attention.

5 It is the intent of *I Liheslaturan Guåhan* to adopt rules and regulations
6 that will (1) raise the quality of both public and private emergency medical
7 response services, and (2) because all would be required to operate
8 pursuant uniform standards, thus provide for safe, partnerships between
9 the government of Guam and private ambulance companies.

10 **Section 2.** Chapter 84 of Division 4, Title 10, Guam Code Annotated, is
11 hereby amended, to read:

12 **“Chapter 84 - EMERGENCY MEDICAL SERVICES**

13 §84101. Intent.

14 §84102. Definitions./

15 §84103. Guam Emergency Medical Services Administrative Office.

16 §84104. Administration.

17 §84105. The Administrative Office: Composition; Duties and Responsibilities. ‘

18 §84106. Guam Emergency Medical Services Commission.

19 §84107. Purpose.

20 §84108. Composition.

21 §84109. Organization.

22 §84110. Certification.

23 §84111. Certification Procedure.

- 1 §84112. Exemptions from this Chapter.
- 2 §84113. Suspension and Revocation Procedure.
- 3 §84114. Required Treatment.
- 4 §84115. Consent.
- 5 §84116. Prosecution of Illegal Acts.
- 6 §84117. Penalties.
- 7 §84118. Rules and Regulations.
- 8 §84119. Grants.
- 9 §84120. EMS Medical Director: Required Qualifications.
- 10 §84121. Guam Emergency Enhanced 911 Telephone Systems.
- 11 §84122. Division of EMS.
- 12 **SOURCE:** Chapter added by P.L. 14-11. Further added by P.L. 23-77:9-10.

13 **§84101. Intent.** The Legislature of Guam hereby declares that:

- 14 (a) The provision of emergency medical services is a matter of vital
- 15 concern affecting the public health, safety and welfare of the people of
- 16 the Territory of Guam;

- 17 (b) It is the purpose and intent of this Chapter is to establish, promote and
- 18 maintain a comprehensive Territorial emergency medical services
- 19 system throughout the island. The system will provide for the
- 20 arrangement of personnel, facilities, and equipment for the effective and
- 21 coordinated delivery of health care services under emergency
- 22 conditions whether occurring as the result of a patient’s condition or of
- 23 natural disasters or other causes. The system shall also provide for
- 24 personnel, personnel training, communications, emergency
- 25 transportation, facilities, coordination with emergency medical and

1 critical care services, coordination and use of available public safety
2 agencies, promotion of consumer participation, accessibility to care,
3 mandatory standard medical recordkeeping, consumer information and
4 education, independent review and evaluation, disaster linkage, mutual
5 aid agreements, and other components necessary to meet the purposes
6 of this part. Further, it is the policy of the Territory of Guam that
7 people shall be encouraged and trained to assist others at the scene of a
8 medical emergency. Local governments, agencies, and other
9 organizations shall be encouraged to offer training in cardiopulmonary
10 resuscitation and lifesaving first aid techniques so that people may be
11 adequately trained, prepared, and encouraged to assist others
12 immediately.

13 ~~[It is the purpose of this Chapter to promote the establishment and~~
14 ~~maintenance of an effective system of emergency medical services,~~
15 ~~including the necessary equipment, personnel and facilities to insure that all~~
16 ~~emergency patients receive prompt and adequate medical care throughout~~
17 ~~the range of emergency conditions encountered.]~~

18 (c) It is the intent of the Legislature to assure the island community that
19 prompt, efficient and effective emergency medical services will be
20 provided as mandated by P.L. 17-78 §72105 which states that the Guam
21 Fire Department shall have the authority and responsibility of operating
22 an emergency medical and rescue services system. Therefore, the
23 Legislature recognizes the Guam Fire Department in its role as the
24 designated central agency for the overall operation of the island's
25 enhanced 911 emergency medical services system. Furthermore, the
26 Legislature finds that in order for the Guam Fire Department to provide

1 prompt, efficient and effective quality emergency medical care,
2 coordination between EMS agencies and the EMS Commission is a key
3 element in a functioning EMS System.

4 (d) It is the intent of the Legislature in enacting this section and Sections to
5 prescribe and exercise the degree of Territory direction and supervision
6 over emergency medical services as will provide for Territory action
7 immunity under federal antitrust laws for activities undertaken by local
8 governmental entities in carrying out their prescribed functions under
9 this Chapter.

10 **§ 84102. Definitions.**

11 Unless the context otherwise requires, the definitions contained in this
12 chapter shall govern the provisions of this commission: [As used in this
13 Chapter]

14 (a) ***Emergency Medical Service*** means a service designated by the
15 Commission as providing emergency medical assistance on the scene, en
16 route and at designated emergency medical services facilities.

17 (b) ***Administrator*** means the Administrator or his/her designee of the Guam
18 Emergency Medical Services Administrative Office created under this
19 Chapter.

20 (c) ***Advanced life support or "ALS"*** for ambulance services, means special
21 services designed to provide definitive pre-hospital emergency medical
22 care, including, but not limited to, cardiopulmonary resuscitation, cardiac
23 monitoring, cardiac defibrillation, advanced airway management,
24 intravenous therapy, administration of specified drugs and other
25 medicinal preparations, and other specified techniques and procedures
26 administered by authorized personnel under the direct supervision of a

1 hospital as part of a local EMS system at the scene of an emergency,
2 during transport to an acute care hospital, during interfacility transfer, and
3 while in the emergency department of an acute care hospital until
4 responsibility is assumed by the emergency or other medical staff of that
5 hospital. [~~Commission means the Guam Emergency Medical Services.~~]

6 (d) **Authority** means the Emergency Medical Services Authority established
7 by this division.

8 (e) **Basic Life Support** or “BLS” means emergency first aid and
9 cardiopulmonary resuscitation procedures which, as a minimum, include
10 recognizing respiratory and cardiac arrest and starting the proper
11 application of cardiopulmonary resuscitation to maintain life without
12 invasive techniques until the victim may be transported or until advanced
13 life support is available.

14 (f) [~~Emergency Patient means an individual who is acutely ill, injured,~~
15 ~~incapacitated or helpless and who requires emergency care.]~~

16 (g) **Commission** means the Guam Emergency Medical Services Commission
17 created under this Chapter.

18 [~~Ambulance means any conveyance on land, sea or air that is used or~~
19 ~~is intended to be used for the purpose of responding to emergency life~~
20 ~~threatening situations and providing emergency transportation service.]~~

21 (h) **Cardiopulmonary Resuscitation** or “CPR” The combination of rescue
22 breathing and chest compressions used to establish adequate ventilation
23 and circulation in a patient who is not breathing and has no pulse.

24 [~~Emergency Ambulance Services means the transportation of emergency~~
25 ~~patients by ambulance and the administration of emergency medical~~
26 ~~services to emergency patients before or during such transportation.]~~

1 (i) *Disaster situation* includes "mass casualties", "national emergency",
2 "natural disaster", or person-caused disaster.

3 [~~*Emergency Medical Technician* means an individual who meets the~~
4 ~~minimum requirements established under this Chapter and who has the~~
5 ~~duty~~
6 ~~to administer or supervise emergency medical services.~~]

7 (j) *A mass casualty means* so many persons being injured, incapacitated,
8 made ill, or killed that ordinary resources for emergency treatment are
9 strained beyond capacity.

10 [~~*Emergency Medical Service Facility* means a facility that is certified and~~
11 ~~operated under the Government Code of Guam and is equipped, prepared~~
12 ~~and staffed to provide medical care for emergency patients appropriate to~~
13 ~~its classification.~~]

14 (k) *Medical direction on-line* means advice, assistance, supervision, and
15 control provided from a state designated regional medical facility staffed
16 by emergency physicians supplying professional support through radio,
17 telephonic, or any written or oral communication for on-site and in-
18 transit basic and advanced life support services given by pre hospital
19 field personnel.

20 [~~*Person* means any natural person or persons, firm, partnership,~~
21 ~~corporation, company, association or joint stock association and the legal~~
22 ~~successors thereof including any governmental agency or instrumentality~~
23 ~~other than an agency or instrumentality of the United States.~~]

24 (l) *Emergency Patient* means an individual who is acutely ill, injured
25 incapacitated or helpless and who requires emergency care.

1 ~~[Paramedic means an emergency medical technician who meets~~
2 ~~specialized advance training requirements as established by the~~
3 ~~Administrator.]~~

4 (m) Ambulance means any privately or publicly owned ground motor
5 vehicle, watercraft, or aircraft that is specially designed, constructed,
6 equipped and approved pursuant to Guam EMS Office regulations
7 intended to be used for and maintained or operated for the transportation
8 of patients with medical conditions unable to use other means of
9 transportation, except any such ground motor vehicle, watercraft, or
10 aircraft owned or operated under the direct control of the United States

11 ~~Certificate or Certification shall mean authorization in written form~~
12 ~~issued by the Administrator to a person to furnish, operate, conduct,~~
13 ~~maintain, advertise or otherwise engage in providing emergency medical~~
14 ~~services as a part of a regular course of doing business, either paid or~~
15 ~~voluntary.~~

16 (n) Emergency Ambulance Services means the transportation of emergency
17 medical services to emergency patients before or during such
18 transportation.

19 (o) Ambulance Service means an individual, partnership, association,
20 corporation, private or government whether for profit or not, engaged in
21 the activity of providing emergency medical care and the transportation
22 either emergency or nonemergency sick, injured, or otherwise medically
23 or psychologically incapacitated individuals by ambulances staffed by
24 BLS or ALS personnel to, from, or between general hospitals or other
25 healthcare facilities.

1 ~~Emergency Medical Services Personnel~~ means personnel approved by the
2 Administrator to provide emergency medical assistance on the scene,
3 enroute and at designated emergency medical services facilities.

4 (p) Emergency Medical Technician-Basic who has a valid certificate issued
5 by the Guam Office of EMS, who has been trained in all facets of basic
6 emergency care skills including automated external defibrillation, use of
7 a definitive airway adjunct, and assisting patients with certain
8 medications, and other training and certifications as required by the EMS
9 Administrator under this Chapter. ~~Emergency~~ means any actual or self-
10 perceived event which threatens life, limb, or well being of an individual
11 in such a manner that immediate medical or public safety care is needed.

12 (q) Emergency Medical Service Facility means a facility that is certified and
13 operated under the Government of Code of Guam and is equipped,
14 prepared, and staffed to provide medical care for emergency patients
15 appropriate to its classification.

16 ~~Emergency Medical Services (EMS) System~~ means a collective system
17 which provides the coordination and arrangement of personnel, facilities,
18 regulations, and equipment for the expedient delivery of efficient and
19 effective quality emergency medical care.

20 (r) Person means any natural person or persons, firm, partnership,
21 corporation, company, association or joint stock association and the legal
22 successors thereof including any governmental agency or instrumentality
23 other than an agency or instrumentality of the United States.

24 ~~EMS Medical Director~~ means a Guam licensed physician who provides
25 overall medical direction for the island wide Emergency Medical
26 Services System.

- 1 (s) **Emergency Medical Technician Paramedic ("EMT-P")** "paramedic"
2 means an individual who holds a current, valid certificate issued by the
3 Office of EMS, who has extensive training in advanced life support,
4 including IV (intravenous) therapy, pharmacology, cardiac monitoring,
5 and other advanced assessment and treatment skills as required by the
6 EMS Administrator. ~~Commercial Ambulance Service means a non-~~
7 ~~governmental ambulance service.~~
- 8 (t) **Emergency Medical Technician Intermediate ("EMT-I")** means an
9 individual who holds a current, valid certificate issued by the Office of
10 EMS, who has training in advanced life support, including IV
11 (intravenous) therapy, interpretation of cardiac rhythms and defibrillation
12 and or tracheal intubation, whose scope of practice to provide advanced
13 life support and who meets specialized extensive training in advance
14 assessment and treatment skills as required by the EMS Administrator.
- 15 (u) **Emergency Medical Responder** means the first trained individual, such
16 as police officer, fire fighter, lifeguard, or other rescuer, to arrive at the
17 scene of an emergency to provide initial medical assistance.
- 18 (v) **Certificate or Certification** (a) "Certificate" or "license" means a specific
19 document issued by the Administrator to an individual denoting
20 competence in the named area of prehospital service either paid or
21 volunteer; (b) "Certification status" or "license status" means the active,
22 expired, denied, suspended, revoked, or placed on probation designation
23 applied to a certificate or license issued pursuant to this division; (c)
24 Certification is a process in which a person, an institution, or a program
25 is evaluated and recognized as meeting certain predetermined standards
26 to provide safe and ethical care.

- 1 (w) **Competency based curriculum** means a curriculum in which specific
2 objectives are defined for each process in which a person, an institution,
3 or a program is evaluated and recognized as meeting predetermined
4 standards of the separate skills taught in training programs with
5 integrated didactic and practical instruction and successful completion of
6 an examination demonstrating mastery of every skill.
- 7 (x) **Designated facility** means a hospital and/or Urgent Care Clinic which has
8 been designated by a local EMS agency to perform specified emergency
9 medical services systems functions pursuant to guidelines established by
10 the authority. ~~Treatment Protocol~~ means written guidelines approved by
11 ~~the Medical Director providing pre-hospital personnel with a~~
12 ~~standardized approach to commonly encountered patient problems, thus~~
13 ~~ensuring consistent care.~~
- 14 (y) **Emergency Medical Services Personnel** means personnel approved by
15 the Administrator to provide emergency medical assistance on the scene,
16 enroute and at designated emergency medical services facilities.
- 17 (z) **Emergency** means a serious condition or situation, such as illness or
18 injury, in which an individual or group has a need for immediate medical
19 attention that threatens the life or welfare of a person or group of people
20 and requires immediate intervention, or where the potential for such need
21 is perceived by emergency medical personnel or a public safety agency.
- 22 (aa) **Emergency Medical Services System** means a collective system
23 which provides the coordination and arrangement of personnel, facilities,
24 regulations, and equipment for the effective and coordinated delivery of
25 efficient and effective quality emergency medical care.

- 1 (bb) **EMS Medical Director** means a Guam licensed physician who
2 provides overall medical direction for the Territorial Emergency Medical
3 Services System.
- 4 (cc) **Commercial Ambulance Service** means a non-governmental
5 ambulance service.
- 6 (dd) **Treatment Protocol** means written guidelines (also known as *Off-line*
7 *Medical Direction*) approved by the Medical Director providing pre-
8 hospital personnel with a standardized approach to commonly
9 encountered patient problems that is related to medical or trauma, thus
10 encountering immediate care.
- 11 (ee) **Compliance to Protocol** shall mean the adherence to the written text
12 or scripts and other processes within the approved emergency medical
13 dispatch protocol reference system except that, deviation from the text or
14 script may only occur for the express purpose of clarifying the meaning
15 or intent of a question or facilitating the clear understanding of a
16 required action, instruction, or response from the caller.
- 17 (ff) **Continuing Education** shall mean educational experiences in
18 accordance with guidelines, regulations, law, policies and or
19 requirements as established by Department of Transportation, The
20 National Highway Traffic Safety Administration, Emergency Medical
21 Dispatch National Standard Curriculum and/or other U.S. Accredited
22 Institution of Learning.
- 23 (gg) **Emergency Medical Dispatcher-E911 Call Taker** means a trained and
24 certified individual by the Guam Office of EMS employed by or in the
25 Guam Fire Department or private organization either part-time or full
26 time, who manages the answering of emergency telephone calls and/or
27 management of requests for emergency medical assistance in an

1 emergency medical services (EMS) system. It involves two broad
2 aspects of work: call-taking, where calls for emergency medical
3 assistance are received and prioritized using a medically approved
4 dispatch protocol system utilizing pre-arrival instructions ; and
5 controlling where the most appropriate ambulance is dispatched to the
6 emergency and ambulance resources are optimized in their areas of
7 operations.

8 (hh) ***First Responder*** means those individuals who in the early stages of an
9 incident are responsible for the protection and preservation of life,
10 property, evidence, and the environment, including emergency response
11 providers as defined in Section 2 of the Homeland Security Act of 2002
12 (6 U.S.C. 101), as well as emergency management, public health, clinical
13 care, public works, and other skilled support personnel (such as
14 equipment operators) that provide immediate support services during
15 prevention, response, and recovery operations.

16 *First Responder Homeland Security Act 2002 refers to 'Emergency*
17 *response providers' includes, federal, state, and local government*
18 *emergency public safety, law enforcement, emergency response,*
19 *emergency medical, and related personnel, agencies, and*
20 *authorities.*

21 (ii) ***Non-medical Transport Services*** - transportation that is provided in non-
22 medical and non-emergent situations to people who do not require
23 medical attention, e.g. para-transits, vans with wheelchair access, and
24 passenger service vehicles.

25 (jj) ***Basic Life Support Ground Transport Services*** – transportation that is
26 provided in a non-emergent situation to people who require special
27 medical monitoring and support.

1 (kk) Basic Life Support Emergency Ambulance Services - transportation
2 that is provided where “medical necessity is established when the
3 patient’s condition is such that use of any other method of transportation
4 is contraindicated.”

5 (ll) Training Service Provider means an organization, higher learning
6 institution providing training to the public or person on EMR, EMT-B
7 and CPR that has an approved certification process approved by the EMS
8 Administrator from DPHSS Office of EMS. All competency based
9 curriculum must contain specific objectives defined for each process in
10 which a person, an institution, or a program is evaluated and recognized
11 as meeting predetermined standards of the separate skills taught in
12 training programs with integrated didactic and practical instruction and
13 successful completion of an examination demonstrating mastery of every
14 skill must be approved by the EMS Administrator in the DPHSS Office
15 of EMS.

16 **§ 84103. Guam Emergency Medical Services Administrative Office.**

17 There is hereby created within the Department of Public Health and Social
18 Services, a Guam Emergency Medical Services Administrative Office called
19 the Office of Emergency Medical Services (Office of EMS). The Office shall
20 plan, establish, implement, administer, maintain and evaluate the Territorial
21 comprehensive emergency medical services system to serve the emergency
22 health needs of the people of Guam in an organized pattern of readiness and
23 response services based on public and private agreements and operational
24 procedures. The Office, in the implementation of this part of the plan, will
25 coordinate, and provide assistance to all entities and agencies, public and
26 private, involved in the Territorial system. All emergency medical services,

1 ambulance services, private non-emergent transport services conducted are
2 under the authority of the Office of EMS shall be consistent with this part.

3 The Office of EMS shall be responsible for implementation of advanced life
4 support systems and limited advanced life support systems and for the
5 monitoring of training programs. The Office of EMS shall be responsible for
6 determining that the operation of training programs at the Emergency Medical
7 Responder (EMR), Emergency Medical Technician-Basic (EMT-B),
8 Emergency Medical Technician-Intermediate/Advance (EMT-I)(A), Advance
9 Life Support (ALS) and Emergency Medical Technician-Paramedic (EMT-P)
10 levels are in compliance with this chapter, and shall approve the training
11 programs if they are found to be in compliance with this chapter.

12 **§ 84104. Administration.**

13 (a) Commission Membership. The Administrator of the Office of EMS shall
14 at each EMS Commission meeting report to the commission its
15 observations and recommendations relative to its review of the ambulance
16 services, emergency medical care, and first aid practices, and programs for
17 training people in cardiopulmonary resuscitation and lifesaving first aid
18 techniques, and public participation in such programs on all matters
19 relating to emergency medical services as directed by the EMS
20 Commission. ~~serve as the Executive Secretary of the Guam EMS~~
21 ~~Commission.~~

22 **§ 84105. The Office of EMS Administrative Office: Composition; Duties, and**
23 **Responsibilities.**

24 The Office of EMS administrative office shall be composed of a full-time salaried
25 Administrator and sufficient supporting staff to efficiently fulfill the purpose of the

1 emergency medical services system. The Administrator shall:

2 (a) Implement emergency medical services regulations and standards.

3 (b) Develop and promote, in cooperation with local public and private
4 organizations and persons, a Territorial Program for the provision of emergency
5 medical services and to set policies for the provision of such services. The
6 Administrator shall explore the possibility of coordinating emergency medical
7 services with like services in the military and the Commonwealth of the Northern
8 Marianas Islands, Federated States of Micronesia and the Republic of Palau.

9 ~~[Coordinate with the Guam Health Planning and Development Agency and the~~
10 ~~Guam Health Coordinating Council on the development and implementation of a~~
11 ~~Territorial Program for the provision of emergency medical services.]~~

12 (c) Assess all current emergency medical services capability and
13 performance, and the establish programs to remedy identified deficiencies through
14 the development and periodic revision of a Comprehensive Territorial Plan for
15 emergency medical services. The Plan shall include but not limited to:

16 (1) Emergency medical services personnel and training;

17 (2) Emergency medical services facilities assessment ;

18 (3) Emergency medical services transportation and related equipment

19 (4) Telecommunications and Communications;

20 (5) Interagency coordination and cooperation];

21 (6) System organization and management;

22 (7) Data Collection and Management and Evaluation;

23 (8) Public Information and Education; and

24 (9) Disaster Response

25 ~~[Develop and promote in cooperation with local public and private organizations~~
26 ~~and persons, a Territorial Program for the provision of emergency medical services~~
27 ~~and to set policies for the provision of such services. The Administrator shall~~

1 ~~explore the possibility of coordinating emergency medical services with like~~
2 ~~services in the military and the Trust Territories of the Pacific Islands.]~~

3 (d) The Office of EMS shall develop planning and implementation
4 guidelines for emergency medical services systems which address the components
5 stated and to establish programs to remedy identified deficiencies through the
6 development and periodic revision of a Comprehensive Territorial Plan for
7 emergency medical services. The guidelines shall include but not be limited to the
8 following:

9 (1) Emergency medical services personnel and training;

10 (2) Emergency medical services facilities assessment ;

11 (3) Emergency medical services transportation and related equipment

12 (4) Telecommunications and Communications;

13 (5) Interagency coordination and cooperation];

14 (6) System organization and management;

15 (7) Data Collection and Management and Evaluation;

16 (8) Public Information and Education; and

17 (9) Disaster Response

18 (e) Develop emergency medical services regulations and standards
19 emergency medical services facilities, personnel, equipment, supplies and
20 communications facilities and locations as may be required to establish and
21 maintain an adequate system of emergency medical services;

22 ~~[Develop emergency medical services regulations and standards for emergency~~
23 ~~medical services facilities, personnel, equipment, supplies and communications~~
24 ~~facilities and locations as may be required to establish and maintain an adequate~~
25 ~~system of emergency medical services.]~~

26 (f) The Office of EMS shall provide technical assistance for the
27 coordination and approval of training to existing agencies, Territorial organizations

1 and private entities for the purpose of developing the components of implementing
2 emergency medical services described in the Articles;

3 ~~[Provide technical assistance to territorial organizations implementing the~~
4 ~~emergency medical services programs described in the Articles.]~~

5 (g) The Office of EMS shall be responsible for determining that the
6 operation of training programs at the EMR, EMT-B, EMT-I, ALS and EMT-P
7 levels are in compliance with this division, and shall review and approve curricula
8 and syllabi of training courses or programs offered to EMS personnel who provide
9 basic, intermediate, and advanced emergency medical services; consult with the
10 Guam Community College, Guam Fire Department Training Center, Training
11 Service Provider or any professional organization that provide emergency medical
12 services training for basic, intermediate, advanced life support and paramedic
13 ~~[Develop or assist other agencies in the development of training and retraining~~
14 ~~programs for personnel engaged in the provision of emergency medical services.]~~

15 (h) Establish and maintain standards for emergency medical services
16 course instructor qualifications and requirements for emergency medical services
17 training facilities, instructors and competency based curriculum;

18 ~~[Develop an effective emergency medical services communication system in~~
19 ~~cooperation with concerned public and private organizations and~~

20 ~~persons. The communication system shall include but not be limited to the~~
21 ~~following:~~

22 ~~(1) Programs aimed at locating accidents and acute illnesses on and off the~~
23 ~~roadways and directly reporting such information to the responding agency;~~

24 ~~(2) Direct ambulance communication with the emergency medical services~~
25 ~~facility;~~

26 ~~(3) Minimum standards and regulations on communication for all~~
27 ~~appropriate medical components; and~~

1 ~~(4) Plans for the establishment and implementation of the universal~~
2 ~~emergency telephone number A911@ and criteria for the utilization of~~
3 ~~citizen-operated radios in alerting authorities about emergency situations.]~~

4 (i) Collect and evaluate data for the continued evaluation of Territorial
5 EMS System through a quality improvement program;

6 ~~[Regulate, inspect, certify and re-certify emergency medical services~~
7 ~~facilities, personnel, equipment, supplies and communications facilities and~~
8 ~~locations engaged in providing emergency medical services under this Chapter.]~~

9 (j) Coordinate emergency medical resources such as Disaster Teams
10 comprised of EMR's, EMT-B, EMT-I, EMT-P and Licensed Registered Nurses
11 employed by the government of Guam agencies, and the allocation of the
12 Territorial EMS System's services and facilities in the event of mass casualties,
13 natural disasters, national emergencies, and other emergencies, ensuring linkage to
14 local and national disaster plans, and participation in exercise to test these plans;

15 ~~[Establish criteria necessary to maintain certification as emergency medical~~
16 ~~services personnel which shall include but not be limited to the following:~~

17 ~~(1) A formal program of continuing education;~~

18 ~~(2) Minimum period of service as emergency medical services~~
19 ~~personnel; and~~

20 ~~(3) Re-certification at regular intervals which shall include a~~
21 ~~performance examination and may include written examinations and~~
22 ~~oral examinations]~~

23 (k) Implement public information and education programs to inform the
24 public of the Territorial EMS System and its use, and disseminate other emergency
25 medical information, including appropriate methods of medical self-help and first-
26 aid training programs on the island;

1 ~~[Apply for, receive and accept gifts, bequests, grants in aid, territorial and~~
2 ~~Federal aid, and other forms of financial assistance to carry out the purpose of this~~
3 ~~Chapter Consult with the Emergency Medical Services Commission on matters~~
4 ~~relating to the implementation of this part];~~

5 (l) Collaborate with the Emergency Medical Services Commission on
6 matters pertaining to the implementation of this part;

7 ~~[Prepare budgets, maintain fiscal integrity and disburse funds for emergency~~
8 ~~medical service];~~

9 (m) Develop an effective emergency medical services communication
10 system in cooperation with concerned public and private organizations and
11 persons. The communication system shall include but not limited to:

12 (1) Programs aimed at locating accidents and acute illnesses on and
13 off the roadways and directly reporting such information to the
14 responding agency.

15 (2) Direct ambulance communication with the emergency medical
16 services facility;

17 (3) Minimum standards and regulations on communication for all
18 appropriate medical components;

19 (4) Assist in the development of an enhanced “911 emergency
20 telephone system; and

21 (5) Establish the standards and provide training for dispatchers in the
22 Territorial EMS System and maintain a program of quality
23 improvement for dispatch equipment and operations.

24 ~~[Promote programs for the education of the general public in first aid and~~
25 ~~emergency techniques and procedures.]~~

26 (n) Regulate, inspect, certify, and re-certify emergency medical services
27 facilities, personnel, equipment, supplies, ambulances, advanced life support

1 vehicles, ambulance, emergency ambulance service/s, Private Non-Emergent
2 Medical Transport Vehicle providers, private communications facilities and
3 locations engaged in providing emergency medical services under this Chapter.

4 (o) The Office of EMS may contract for the provision of emergency medical
5 services or any necessary component of an emergency medical services system;

6 (p) Establish rules and regulations for the contract of, use, license,
7 standards, liability, equipment and supplies, personnel certifications and revocation
8 or suspension processes for Ambulance service, Emergency Ambulance Service
9 and Private Non-Emergent Medical Transport Vehicle

10 (q) Establish criteria necessary to maintain certification as emergency
11 medical services personnel which shall include but not limited to the following:

12 (1) A formal program of continuing education;

13 (2) Minimum period of service as emergency medical services
14 personnel; and

15 (3) Re-certification at regular intervals which shall include a
16 performance examination and may include written examinations and
17 skills proficiency exam.

18 (r) Apply for, receive, and accept gifts, bequests, grants-in-aid, Territorial
19 and Federal aid, and other forms of financial assistance to carry out this Chapter.

20 (s) Prepare budgets, maintain fiscal integrity and disburse funds for
21 emergency medical services.

22 (t) Establish a schedule of fees to provide courses of instruction and training
23 for certification and/or recertification in an amount sufficient to cover the
24 reasonable costs of administering the certification and/or recertification provisions
25 of the Office of EMS.

26 a. The EMS Commission shall annually evaluate fees to determine
27 if the fee is sufficient to fund the actual costs of the Office of

1 EMS Certification and/or Recertification program. If the
2 evaluation shows that the fees are excessive or are insufficient to
3 fund the actual costs of these programs, then the fees will be
4 adjusted accordingly. The funds appropriated herein shall not be'
5 subject to I Maga'Låhen Guåhan's transfer authority and all
6 monies not used in FY will be rolled over into next fiscal year.

7 (u) Promote programs for the education of the general public in first aid
8 and emergency medical services;

9 (v) The Office of EMS shall, consistent with such plan, coordinate and
10 otherwise facilitate arrangements necessary to develop the emergency medical
11 services system.

12 (w) The Office of EMS will submit for grants for federal, state, or private
13 funds concerning emergency medical services or related activities in its EMS area.

14 (x) The Office of EMS shall quarterly submit reports to the EMS
15 Commission of its review on the operations of each of the following:

- 16 a. Ambulance services operating within the Territory
17 b. Emergency medical care offered within the Territory,
18 including programs for training large numbers of people in
19 cardiopulmonary resuscitation and lifesaving first aid
20 techniques.

21 (y) The Office of EMS may assist in the implementation of Guam's
22 poison information program, including the provision of the Guam Memorial
23 Hospital Authority's Poison Center.

24 (z) Establish and maintain standards for emergency medical services
25 course instructor qualifications and requirements for emergency medical services
26 training facilities.

1 (aa) The Office of EMS will develop and incorporate an EMSC Program
2 in the Territory of Guam EMS plan. The EMSC component shall include, but need
3 not be limited to, the following:

- 4 (1) EMSC system planning, implementation, and management.
- 5 (2) Injury and illness prevention planning, that includes, among other
6 things, coordination, education, and data collection.
- 7 (3) Care rendered to patients outside the hospital.
- 8 (4) Emergency department care.
- 9 (5) Interfacility consultation, transfer, and transport.
- 10 (6) Pediatric critical care and pediatric trauma services.
- 11 (7) General trauma centers with pediatric considerations.
- 12 (8) Pediatric rehabilitation plans that include, among other things,
13 data collection and evaluation, education on early detection of need
14 for referral, and proper referral of pediatric patients.
- 15 (9) Children with special EMS needs outside the hospital.
- 16 (10) Information management and system evaluation.
- 17 (11) Employ or contract with professional, technical, research, and
18 clerical staff as necessary to implement this program.
- 19 (12) Provide advice and technical assistance to local EMS partners on
20 the integration of an EMSC Program into their EMS system.
- 21 (13) Oversee implementation of the EMSC Program by local EMS
22 agencies.
- 23 (14) Establish an EMSC technical advisory committee.
- 24 (15) Facilitate cooperative interstate relationships to provide
25 appropriate care for pediatric patients who must travel abroad to
26 receive emergency and critical care services.

1 (16) Work cooperatively and in a coordinated manner with the
2 Department of Public Health & Social Services and other public and
3 private agencies in the development of standards and policies for the
4 delivery of emergency and critical care services to children.

5 (17) Produce a report for the Guam EMS Commission describing any
6 progress on implementation of this chapter. The report shall contain,
7 but not be limited to, a description of the status of emergency medical
8 services for children, the recommendation for training, protocols, and
9 special medical equipment for emergency services for children, an
10 estimate of the costs and benefits of the services and programs
11 authorized by this chapter, and a calculation of the number of children
12 served by the EMSC system.

13 **§ 84106. Guam Emergency Medical Services Commission.**

14 There is hereby created a Guam Medical Services Commission which shall
15 have the power to make regulations, not inconsistent with the provisions of this
16 Chapter, and amend or repeal them, as it deems necessary to carry out the intent of
17 the provisions of this Chapter and to enable it to exercise the powers and perform
18 the duties conferred upon it [advisory capacity to the Office of EMS] on all matters
19 relating to the Territorial EMS system.

20 **§ 84107. Purpose.**

21 The Commission:

22 (a) Shall monitor, review, and evaluate on an ongoing basis the
23 operations, administration, and efficacy of the Territorial EMS system, or any
24 components thereof, to determine conformity with and maximum implementation
25 of this part.

1 ~~[Shall adopt and promulgate Rules and Regulations for the operation and~~
2 ~~implementation of the EMS System, the administration of the Commission, and the~~
3 ~~standards for certification and recertification of emergency medical services~~
4 ~~facilities, personnel, equipment, supplies and communications facilities and~~
5 ~~locations engaged in providing emergency medical services under this Chapter, in~~
6 ~~accordance with the Administrative Adjudication Law.]~~

7 (b) Participate in any planning or other policymaking with regard to the
8 Territorial EMS system, and seek the participation of the public, including health
9 planning councils in its consideration of plans and policies relating to the
10 Territorial EMS System.

11 ~~[Shall make and from time to time may alter such rules as it deems~~
12 ~~necessary for the conduct of its business and for the execution and enforcement of~~
13 ~~the provisions of this Chapter.]~~

14 (c) Shall adopt and promulgate Rules and Regulations for the operation
15 and implementation of the EMS System, the administration of the Commission,
16 and the standards for certification and re-certification of emergency medical
17 services facilities, personnel, equipment, supplies, ambulance, advanced life
18 support vehicles, emergency ambulance service/s, Private Non-Emergent Medical
19 Transport Vehicle providers communications facilities and locations engaged in
20 providing emergency medical services under this Chapter, in accordance with the
21 Administrative Adjudication Law.

22 ~~[May participate in the selection of the EMS Administrator and EMS office~~
23 ~~staff.]~~

24 (d) Advise the Office of EMS in formulating a master plan for emergency
25 medical services, including medical communication, the enhanced “911” system,
26 and other components necessary to meet the emergency medical needs of the
27 people of Guam.

1 (e) Shall make and from time to time may alter such rules as it deems
2 necessary for the conduct of its business and for the execution and enforcement of
3 the provisions of this Chapter.

4 (f) The EMS Commission will deny, suspend, or revoke any EMT-B,
5 EMT-I or EMT-P license issued under the Office of EMS, for the following
6 actions shall be considered evidence of a threat to the public health and safety and
7 may result in the denial, suspension, or revocation of a certificate or license issued
8 under the Office of EMS:

9 (1) Fraud in the procurement of any certificate or license under the
10 Office of EMS;

11 (2) Gross negligence;

12 (3) Listed on Sex Offender Registry;

13 (4) Repeated negligent acts;

14 (5) Incompetence;

15 (6) The commission of any fraudulent, dishonest, or corrupt act that
16 is substantially related to the qualifications, functions, and duties of
17 pre-hospital personnel;

18 (7) Conviction of any crime which is substantially related to the
19 qualifications, functions, and duties of pre-hospital personnel. The
20 record of conviction or a certified copy of the record shall be
21 conclusive evidence of the conviction;

22 (8) Violating or attempting to violate directly or indirectly, or
23 assisting in or abetting the violation of, or conspiring to violate, any
24 provision of the Office of EMS or the regulations adopted by the
25 authority pertaining to pre-hospital personnel;

1 (9) Violating or attempting to violate any federal or state statute or
2 regulation that regulates narcotics, dangerous drugs, or controlled
3 substances;

4 (10) Addiction to, the excessive use of, or the misuse of, alcoholic
5 beverages, narcotics, dangerous drugs, or controlled substances;

6 (11) Functioning outside the supervision of medical control in the
7 field care system operating at the local level, except as authorized by
8 any other license or certification;

9 (12) Demonstration of irrational behavior or occurrence of a
10 physical disability to the extent that a reasonable and prudent person
11 would have reasonable cause to believe that the ability to perform the
12 duties normally expected may be impaired;

13 (13) Unprofessional conduct exhibited by any of the following:

14 i. The mistreatment or physical abuse of any patient
15 resulting from force in excess of what a reasonable and prudent
16 person trained and acting in a similar capacity while engaged in
17 the performance of his or her duties would use if confronted
18 with a similar circumstance. Nothing in this section shall be
19 deemed to prohibit an EMT-B, EMT-I, or EMT-P from assisting
20 a peace officer, or a peace officer who is acting in the dual
21 capacity of peace officer and EMT-B, EMT-I, or EMT-P, from
22 using that force that is reasonably necessary to effect a lawful
23 arrest or detention;

24 ii. The failure to maintain confidentiality of patient
25 medical information, except as disclosure is otherwise
26 permitted or required by law;

1 iii. The commission of any sexually related offense
2 specified under the Penal Code.

3 **§ 84108. Composition.**

4 The Commission shall consist ~~be composed~~ of seventeen (17) ~~fourteen (14)~~
5 members appointed by the Governor who shall serve at his pleasure from each of
6 the following organizations or groups:

7 (1) Two representative from the Guam Fire Department: One
8 Emergency Medical Technician (EMT-B), and One EMT-
9 Intermediate, or Paramedic certified/licensed to practice within the
10 territory of Guam;

11 (2) One representative from Guam Fire Department E911 Bureau;

12 (3) One representative from Guam Memorial Hospital Authority
13 Emergency Room Nurse licensed to practice within the Territory of
14 Guam;

15 ~~[Guam Memorial Hospital]~~

16 (4) One representative from Guam Community College –School of
17 Allied Health;

18 (5) One representative from Department of Public Works –Office
19 of Highway Safety;

20 (6) One representative from Department of Public Health and
21 Social Services;

22 (7) One representative from Guam Homeland Security/Office of
23 Civil Defense;

24 (8) One representative from Incumbent Local Exchange Carrier
25 ~~[Guam Telephone Authority]~~

26 (9) One representative from Guam Police Department;

1 (10) One representative from *Pediatrician with unlimited medical*
2 *license to practice within the Territory of Guam;*

3 [~~Physicians possessing unlimited license to practice medicine within~~
4 ~~the territory of Guam.~~]

5 (11) One physician with unlimited medical license to practice within
6 the Territory of Guam engaged in the conduct and delivery of the
7 practice of emergency medical services;

8 [~~Certified Emergency Nurses licensed to practice within the territory~~
9 ~~of Guam; and~~

10 (12) One Representative from the Guam Department of Education:
11 Registered Nurse or School Health Counselor;

12 (13) One representative from Guam Hotel and Restaurant
13 Association;

14 (14) Two (2) additional Commission members shall be selected from
15 the public-at-large who are not directly related to providing
16 emergency medical services. [~~The final commission member shall be~~
17 ~~the Administrator of the Administrative Office.~~]

18 (15) Appropriate U.S. Navy and Air Force Joint Region of Marianas
19 authorities shall be requested to designate one (1) representative each
20 to serve on the Commission in a non-voting capacity.

21 **§ 84109. Organization.**

22 (a) Selection of Officers; Compensation of Members. The Governor or
23 his representative shall serve as temporary Chairman and shall convene the first
24 meeting of the Commission. At its first meeting, the Commission shall select a
25 chairman and such other officers from its membership as it deems necessary. The
26 Commission may meet as often as necessary upon call of the Chairman but

1 meetings shall be held at least quarterly. ~~Every member of the commission who is~~
2 ~~not in the service of the Government, for which he receives an annual~~
3 ~~compensation shall be paid fifty dollars (\$50) per day for each day on which the~~
4 ~~Commission meets, provided, however, that such compensation shall not exceed~~
5 ~~one hundred dollars (\$100) per month.~~ The members of the commission shall
6 receive no compensation for their services, but shall be reimbursed for their actual
7 and necessary expenses incurred in the performance of their duties, including
8 travel expenses.

9 (b) Quorum. A majority of the voting members appointed plus one shall
10 constitute a quorum for the transaction of business. A majority vote of the members
11 present at a meeting at which a quorum is established shall be necessary to
12 validate any action of the committee.

13 (c) Good Faith Immunity. No member of the EMS Commission shall be
14 liable in any civil action for damages for any act done or omitted in good faith in
15 performing the functions of the office.

16 **§ 84110. Certification.**

17 Pursuant to this Chapter, all persons who furnish, operate, conduct, maintain,
18 advertise, or otherwise engaged in providing emergency medical services as a part
19 of the regular course of doing business, either paid or voluntary, shall hold a
20 current valid certification issued by the Administrator of the Office of EMS to
21 provide emergency medical services.

22 In order to be certified, such providers of emergency medical services shall
23 meet the following minimum standards:

24 (a) **Emergency medical services personnel training programs and**
25 **courses of training.**

26 1. The Guam Community College- School of Allied Health/Guam

1 Fire Department/University of Guam/Approved by the DPHSS
2 Office of EMS Training Service Provider shall provide training
3 courses in emergency medical responder, emergency medical
4 technician-basic, emergency medical technician-intermediate,
5 emergency medical technician-paramedic and advanced life
6 support for emergency medical services personnel. The
7 curricula and syllabi of these courses shall be approved in
8 advance by the Office of EMS. The curricula and syllabi of the
9 courses of ambulance personnel shall be consistent with the
10 scope and level of the practice of emergency medical services
11 associated with emergency ambulance personnel certification
12 and the Department of Transportation, National Highway
13 Traffic Safety Administration and National Emergency Medical
14 Services Advisory Council.

15 2. The Guam Community College School of Allied Health, Guam
16 Fire Department/University of Guam/Approved by the DPHSS
17 Office of EMS Training Service Provider shall consult with and
18 get approval of the Office of EMS to determine the number and
19 type of emergency medical services courses necessary to
20 support the staffing requirements for emergency medical
21 services. The basic life support training programs shall be
22 relevant to and consistent with the training course required for
23 certification.

24 3. The Office of EMS shall develop standards for emergency
25 medical services course instructors and standards for
26 emergency medical services training facilities for all basic life

1 support personnel, advanced life support personnel, users of
2 the automatic external defibrillator, and emergency medical
3 dispatch personnel that shall be at least equivalent to or exceed
4 the standards necessary to meet the requirements stated in
5 either of the following areas: Department of Transportation,
6 National Highway Traffic Safety Administration and National
7 Emergency Medical Services Advisory Council, for the
8 certification of basic life support personnel and advanced life
9 support personnel.

10 4. The Office of EMS will conduct annual inspections of the
11 training facilities and evaluate the qualifications of course
12 instructors to ensure that the standards and qualifications are
13 consistent with the medical standards for emergency medical
14 technician-basic, emergency medical technician-intermediate,
15 emergency medical technician-paramedic and advanced life
16 support emergency medical services personnel, users of the
17 automatic external defibrillators, and emergency medical
18 dispatch/E911 call taker personnel.

19 5. Course Requirements for Pre Hospital Emergency Services
20 training for Emergency Medical Responder (EMR), Emergency
21 Medical Technician-Basic (EMT-B), Emergency Medical
22 Technician-Intermediate (I), Advance Life Support and
23 Emergency Medical Technician-Paramedic(EMT-P) shall be
24 listed in the Guam EMS Rules & Regulations as prescribed by
25 the United States Department of Transportation, National
26 Highway Traffic Safety Administration and/or National

1 Emergency Medical Services Advisory Council.

2 (b) The personnel shall meet the standards for education and training
3 established by the Administrator of the Office of EMS for certification and re-
4 certification.

5 (c) Ambulances, emergency medical services facilities, Private Non-
6 Emergent Transport Vehicles Private Ambulance Services primarily provide BLS
7 transport services utilizing EMT-B, EMT-I and/or EMT-P personnel. Private
8 Ambulance Services and Private Non-Emergent Transport Vehicles shall not
9 normally respond to emergency incidents (E911 dispatches by Guam Fire
10 Department) as first responder units, except in the following instances:

- 11 1. When specifically requested by the EMS agency (Guam Fire
12 Department E911 Dispatch) having jurisdiction.
- 13 2. When the private service receives a direct request for service
14 from a person or facility other than dispatch, in which the patient may
15 be transported to an Emergency Department. In these instances the
16 service may respond but shall contact the appropriate emergency
17 dispatch agency (Guam Fire Department E911 Dispatch).
- 18 3. Transfer of care by Guam Fire Department EMT-Paramedic of
19 an ALS patient to a private EMT-Paramedic ambulance service for
20 transport shall only occur with Guam EMS Medical Director **direct**
21 **on-line Medical Control approval.**

22 (d) Ambulances, emergency medical services facilities, Private Non-
23 Emergent Transport Vehicles, Private Companies offering Ambulance Services
24 and related equipment shall conform to the requirements of the Administrator of
25 the Office of EMS for certification and re-certification.

1 (e) Ambulances Private Companies offering Ambulance Services and
2 Private Non-Emergent Transport Vehicles shall be operated in Guam with
3 insurance coverage, issued by an insurance company licensed to do business in
4 Guam, for each and every ambulance. Private Non-Emergent Transport Vehicles,
5 Private Ambulance Services owned or operated by or for the licensee providing for
6 the payment of benefits and including, but not limited to, the following:

7 (1) *No-fault insurance policy (motor vehicle):*

8 (A) *No-fault benefits with respect to any accidental harm*
9 *arising out of a motor vehicle accident;*

10 (B) *Liability coverage for all damages arising out of bodily*
11 *injury to or death of any person as a result of any one motor*
12 *vehicle accident;*

13 (C) *Liability coverage for all damages arising out of injury to*
14 *or destruction of property, including motor vehicles and*
15 *including the loss of use, thereof, as a result of any one motor*
16 *vehicle accident;.*

17 (D) *Professional or Occupational Liability or Bodily injury*
18 *Insurance (other than motor vehicle) in an amount of not less*
19 *than that specified by the Guam EMS Administrator as may be*
20 *required in the regulations adopted by the Office of EMS.*

21 (E) Ambulances, Private Companies offering Ambulance
22 Services and Private Non-Emergent Transport Vehicles shall be
23 equipped with communications equipment approved by the
24 Administrator.

25 **§ 84111. Certification Procedure.**

26 For the purpose of implementing §84110, the following certification

1 procedure shall apply:

2 (a) Certification application. (a) There shall be five levels of emergency
3 medical service personnel: Emergency Medical Responder (EMR), Emergency
4 Medical Technician-Basic (EMT-B), Emergency Medical Technician-Intermediate
5 (I), Advance Life Support (ALS) and Emergency Medical Technician-
6 Paramedic (EMT-P) [~~An application for a certificate shall be made upon such~~
7 ~~forms, provide such information and be in accordance with such procedures as~~
8 ~~prescribed by the Administrator].~~

9 (b) An application for certification shall be made under oath on a form to
10 be approved by the Commission and provided by the Administrator and shall
11 require the applicant to provide documentation as proof of eligibility as established
12 in the Guam EMS Rules and Regulations in compliance with the U.S. Department
13 of Transportation. [~~Except as provided heretofore, all certificates shall be valid for~~
14 ~~a period specified by the Administrator unless earlier suspended, revoked or~~
15 ~~terminated].~~

16 (c) An applicant from jurisdictions outside of Guam can submit an
17 application for certification on Guam under oath on a form to be approved by the
18 Commission and provided by the Administrator and shall require the applicant to
19 provide documentation as proof of eligibility as established in the Guam EMS
20 Rules and Regulations in compliance with the U.S. Department of Transportation .

21 [~~Renewal of any certificate issued hereunder upon expiration for any reason,~~
22 ~~or after suspension, revocation or termination shall require conformance with all~~
23 ~~the requirements of this Chapter.]~~

24 (d) It shall be the applicant's responsibility to furnish any information
25 requested by the Administrator. In the event of any change of information provided,
26 the Administrator shall be notified within thirty days of any change.

1 ~~[A certificate issued hereunder shall not be assignable or transferable.]~~

2 (e) Every application and all references shall be signed by the applicant or
3 the person attesting to the applicant's education, experience, and reputation.

4 ~~[No official entry made upon a certificate may be defaced, removed or~~
5 ~~obliterated]~~

6 (f) The following requirements apply to all applicants who have never been
7 certified as an emergency medical services personnel in Guam on Initial
8 application must:

9 (1) Be eighteen (18) years of age or older.

10 (2) Provide a current photo ID (GU drivers license or U.S. passport).

11 (3) Provide a certified copy of a Police Clearance from the Guam
12 Police Department.

13 (4) Provide a certified copy of a Court Clearance from the Superior
14 Court of Guam.

15 (5) Provide a valid and current CPR (BLS or ACLS) card.

16 (6) Pay fee established in Fee Schedule before Certification is
17 released to the Applicant

18 ~~[(Certificates issued hereunder shall be issued without cost to applicant.)]~~

19 **(g) Renewal of Certification**

20 (1) Every person holding a certificate under this part shall renew
21 the certificate with the Office of EMS no later than March 31 of each
22 even-numbered year, or September 30 of each odd year, pay a renewal
23 fee, and comply with the continuing education requirements set forth
24 in the EMS Rules and Regulations.

25 (2) To determine compliance, the Office of EMS may conduct a
26 random audit. A person selected for audit shall be notified by the

1 Office of EMS. Within the sixty days of notification, the person shall
2 provide to the Office of EMS documentation to verify compliance with
3 the continuing education requirements.

4 (3) Failure to renew, pay the renewal fee, and, in case of audited
5 persons, provide documentation of compliance shall constitute a
6 forfeiture of the certificate which may only be restored upon
7 submission of written application, payment to the Office of EMS of a
8 restoration fee, and in the case of audited person, documentation of
9 compliance.

10 (4) A certificate that has been forfeited for one renewal term shall
11 be automatically terminated and cannot be restored, and a new
12 application for certification shall be required.

13 (5) A certificate issued hereunder shall not be assignable or
14 transferrable.

15 (6) No official entry made upon a certificate may be defaced,
16 removed or obliterated.

17 **(h) Extension of licenses for members of the armed forces, National**
18 **Guard, and Reserves.**

19 (1) Notwithstanding any other law to the contrary, any license held
20 by a member of the armed forces, national guard, or a reserve
21 component that expires, is forfeited, or deemed delinquent while the
22 member is on active duty and deployed during a state or national crisis
23 shall be restored under the restoration requirements provided in this
24 section.

25 For the purposes of this section, "local or national emergency"
26 includes but is not limited to:

1 (A) A situation requiring the proper defense of nation or
2 state;

3 (B) A federal or state disaster or emergency;

4 (C) A terrorist threat; or

5 (D) A homeland security or homeland defense event or
6 action.

7 (2) The licensing authority shall restore a license upon the payment of
8 the current renewal fee if the member:

9 (A) Requests a restoration of the license within one
10 hundred twenty days after being discharged or released from
11 active duty deployment;

12 (B) Provides the licensing authority with a copy of the
13 member's order calling the member to active duty deployment
14 and the member's discharge or release orders; and

15 (C) If required for renewal, provides documentation to
16 establish the financial integrity of the licensee or to satisfy a
17 federal requirement.

18 (3) This section:

19 (A) Shall not apply to a member who is on scheduled
20 annual or specialized training, or to any person whose license is
21 suspended or revoked, or who otherwise has been adjudicated
22 and is subject to disciplinary action on a license; and

23 (B) Shall also apply to a member whose license is
24 current, but will expire within one hundred twenty days of the
25 member's discharge or release from active duty deployment.

1 **§ 84112. Exemptions from this Chapter.**

2 (a) A certificate shall not be required for a person who provides emergency
3 medical services when:

4 1) Assisting persons certified to provide emergency medical services
5 under this Chapter or in the case of a major catastrophe, disaster or
6 declaration of state of emergency and/or executive order by the
7 Governor in which persons certified to provide emergency medical
8 services are insufficient or unable to cope; or

9 2) Operating from a location or headquarters outside of this Territory
10 in order to provide emergency medical services to patients who are
11 picked up outside the Territory for transportation to locations within
12 the Territory; or

13 3) When and where government resources are inadequate to support
14 the EMS geographic response time, the EMS Commission via the
15 Chairman and three appointed voting members will approve the use of
16 Private Non-Emergent Transport Vehicles and/or private transport
17 vehicles or all available ambulances here as means of transportation
18 to a Guam Fire Department E911 dispatched emergency call. All
19 types of vehicles utilized for the transportation of the sick and injured
20 must pass the current vehicle inspection requirements by the U. S.
21 Department of Transportation, Guam Office of EMS and Department
22 of Revenue & Taxation Motor Vehicle Code and/or Regulations.

23 (b) The emergency medical services facilities, personnel, related equipment
24 of any agency, private and non-emergent private transport services or
25 instrumentality of the United States shall be required to be certified to conform to
26 the standards prescribed under this Chapter.

1 **§84113. Suspension and Revocation Procedure.**

2 (a) After notice and hearing, the Administrator may and is authorized to
3 suspend or revoke a certificate issued under this Chapter for failure to comply and
4 maintain compliance with or for violation of any applicable provisions, standards
5 or other requirements under this Chapter.

6 (b) The Administrator may initiate proceedings to suspend or revoke a
7 certificate upon his own motion or upon the verified written complaint of any
8 interested person.

9 (c) Notwithstanding the provisions of Subsections (a) and (b) of this
10 Section, the Administrator upon finding that the public health or safety is in
11 imminent danger, may temporarily suspend a certificate without a hearing for a
12 period not to exceed thirty (30) days upon notice to the certificate holder.

13 (d) Upon suspension, revocation or termination of a certificate the
14 provision of emergency medical services shall cease.

15 **§84114. Required Treatment.**

16 No person shall be denied treatment at any designated emergency medical
17 services facility for an emergency medical condition which will deteriorate from a
18 failure to provide such treatment. A hospital, its employees or any physician or
19 dentist providing emergency medical services shall not be held liable in any action
20 arising out of a refusal to render such treatment if reasonable care is exercised in
21 determining the appropriateness of the facilities, and the qualifications and
22 availability of personnel to render such treatment.

23 No emergency medical services provided by or under contract with the
24 Guam Fire Department and/or Department of Public Health & Social Services
25 Office of EMS shall be denied to any person on the basis of the ability of the
26 person to pay therefore or because of the lack of prepaid health care coverage or

1 proof of such ability or coverage.

2 **§ 84115. Consent.**

3 No providers of emergency medical services or their emergency medical
4 services personnel *certified* in this Territory shall be subject to civil liability, based
5 solely upon failure to obtain consent in rendering emergency medical, surgical,
6 hospital or health services to any individual regardless of age when the patient is
7 unable to give his consent for any reason and there is no other person reasonably
8 available who is legally authorized to consent to the providing of such care.

9 **§ 84116. Prosecution of Illegal Acts.**

10 Where any person shall be in violation of the provisions of this Chapter or
11 any regulations adopted pursuant to this Chapter, the Attorney General or the
12 Administrator may, in accordance with the laws of the Territory of Guam to enjoin
13 such person from continuing in violation of the provisions of this Chapter.
14 However, such injunction shall not relieve any such person from criminal
15 prosecution thereof as provided for in this Chapter, but such remedy shall be in
16 addition to any remedy provided for the criminal prosecution of such offense.

17 **§ 84117. Penalties.**

18 Any person who shall violate any of the provisions of this Chapter, shall be
19 guilty of a misdemeanor and upon conviction thereof shall be punished by a fine or
20 not more than One Thousand Dollars (\$1,000) or by imprisonment of not more
21 than sixty (60) days, or by both such fine and imprisonment. Each day of
22 continued violation of the provisions of this Chapter, shall be considered a separate
23 offense.

24 **§ 84118. Rules and Regulations.**

25 Notwithstanding any other provision of law, rules and/or regulations to the

1 contrary, all emergency medical services shall be provided in accordance with
2 regulations adopted by the Commission.

3 **§ 84119. Grants.**

4 All existing grants for the planning and implementation of an emergency
5 medical services system and all equipment and staff funded by these same grants
6 are hereby transferred to the Office of EMS [~~Emergency Medical Services~~
7 ~~Administrator's Office~~]. The Office of EMS and Guam EMS Commission may
8 solicit and accept grant funding from public and private sources to supplement
9 Guam Office of EMS funds.

10
11 **§ 84120. EMS Medical Director: Required Qualifications**

12 The EMS Medical Director shall be a Guam licensed physician with *board*
13 *certification in Emergency Medicine, Family Practice, or General Surgery and*
14 *with training and experience in emergency medical services.*

15 **§ 84121. Guam Enhanced/NextGen Emergency 911 Telephone**
16 **Communications Systems.**

17 (a) This Section shall be known and may be cited as the “*Emergency*
18 *Medical Dispatch Act.*”

19 **(b) Legislative Intent.** The Legislature finds that there is no single
20 governmental agency designated with the authority to establish, administer, and
21 maintain the existing emergency "911" telephone communication system that is
22 presently stationed at Civil Defense. It is the intent of the Legislature to transfer all
23 programs, positions and personnel, property, and appropriations which are
24 currently under the direction of Civil-Defense to the Guam Fire Department. The
25 Legislature finds that the emergency "911" system has not been effectively and

1 efficiently operational due to lack of personnel, funding, supplies and equipment,
2 and above all, coordinated efforts. The Legislature finds that a full-time EMS
3 Administrator, administrative support staff, a part-time EMS Medical Director and
4 funding for personnel, training, and communications equipment are critically
5 needed in order to establish a fully fledged Emergency "911" telephone
6 communication system. Such a system will provide the citizens of Guam with
7 rapid and direct access to agencies with the intent of reducing the response time to
8 situations requiring law enforcement, fire, medical, rescue, and other emergency
9 services. The Legislature further finds that Public Law 21-61 appropriated a
10 portion of \$1,343,160.00 to the Department of Public Works for the procurement of
11 an emergency "911" communications system for all public safety and emergency
12 response agencies. In 1992, under the former Governor Joseph Ada's
13 administration, a memorandum was executed by the Governor for Civil Defense to
14 oversee the then newly installed emergency "911" system. This directive was to
15 provide administrative supervision for the uniformed operators assigned from the
16 Guam Police and the Guam Fire Department. The assignment of the police and fire
17 personnel was supposedly a temporary agreement until training and recruitment of
18 permanent civilian operators was completed. As of this date, no formal training has
19 been made to handle the emergency 911 calls. Police Officers and GFD firefighter
20 personnel continue to be temporarily assigned as emergency 911 operators on a
21 rotational basis. The Legislature finds that there is a critical need for unified
22 direction and administration to resolve the current fragmented, referral type
23 service, for training of the Emergency 911 call takers with EMT background, and a
24 need for funding to include training, additional personnel, and additional
25 emergency 911 communications equipment.

26 **(c) Definitions:**

- 1 1. **Advanced Life Support (ALS) Provider** shall mean special services
2 designed to provide definitive pre-hospital emergency medical care,
3 including, but not limited to, cardiopulmonary resuscitation, cardiac
4 monitoring, cardiac defibrillation, advanced airway management,
5 intravenous therapy, administration of specified drugs and other
6 medicinal preparations, and other specified techniques and procedures
7 administered by authorized personnel under the direct supervision of a
8 base hospital as part of a local EMS system at the scene of an
9 emergency, during transport to an acute care hospital, during
10 interfacility transfer, and while in the emergency department of an
11 acute care hospital until responsibility is assumed by the emergency or
12 other medical staff of that hospital.
- 13 2. **Call Routing** shall mean the reception of emergency calls where the
14 purpose is to only determine the course of direction of routing (police,
15 fire, and medical) resulting in rapid transfer of medical callers to the
16 Guam Fire Department or EMD call-taker for emergency medical
17 dispatching services.
- 18 3. **Compliance to Protocol** shall mean the adherence to the written text
19 or scripts and other processes within the approved emergency medical
20 dispatch protocol reference system except that, deviation from the text
21 or script may only occur for the express purpose of clarifying the
22 meaning or intent of a question or facilitating the clear understanding
23 of a required action, instruction, or response from the caller.
- 24 4. **Continuing Dispatcher Education (CDE)** shall mean medical
25 dispatch relevant educational experiences in accordance with
26 standards set forth in national standards established for the practice for

1 emergency medical dispatching (i.e. ASTM F 1560 Standard Practice
2 for Emergency Medical Dispatch, Section 13, Department of
3 Transportation, National Highway Traffic Safety Administration,
4 Association of Public Safety Communications Officials, and/or
5 National Emergency Medical Dispatch).

6 5. **Continuous Quality Improvement (COI) Program** shall mean a
7 program administered by the emergency medical dispatch provider
8 agency for the purpose of insuring safe, efficient, and effective
9 performance of emergency medical dispatchers in regard to their use
10 of the emergency medical dispatch protocol reference system, and
11 patient care provided. This program includes at its core the follow: the
12 random case review process, evaluating emergency medical
13 dispatcher performance, providing feedback of emergency medical
14 dispatch protocol reference system compliance levels to emergency
15 medical dispatchers, and submitting compliance data to the
16 emergency medical dispatch medical director.

17 6. **Course Curriculum Certification Agency** shall mean the Guam
18 Office of EMS.

19 7. **Dispatch Life Support (DLS)** shall mean the knowledge, procedures,
20 and skills used by trained Emergency Medical Dispatchers in
21 providing care and advice through pre-arrival instructions and post-
22 dispatch instructions to callers requesting emergency medical
23 assistance.

24 8. **EMD Medical Direction** shall mean the management and
25 accountability for the medical care aspects of an emergency medical
26 dispatch agency including: responsibility for the medical decision and
27 care advice rendered by the emergency medical dispatcher and

1 emergency medical dispatch agency; approval and medical control of
2 the operational emergency medical dispatch priority reference system;
3 evaluation of the medical care and pre-arrival instructions rendered by
4 the EMD personnel; direct participation in the EMD system
5 evaluation of the medical care and pre-arrival instructions rendered by
6 the EMD personnel; direct participation in the EMD system
7 evaluation and continuous quality improvement process; and, the
8 medical oversight of the training of the EMD personnel.

9 **9. Emergency Medical Dispatch Medical Director (EMD Medical**
10 **Director)** shall mean a Guam licensed physician, board certified or
11 qualified in emergency medicine; who posses knowledge of
12 emergency medical systems in Guam approved by the Office of EMS
13 who provides Emergency Medical Dispatch Medical Direction to the
14 emergency medical dispatch provider agency or business and shall
15 also be the EMS Medical Director.

16 **10. Emergency Medical Dispatcher** shall mean a person trained to
17 provide emergency medical dispatch services in accordance with
18 guidelines approved by the Guam Office of EMS certified in Guam
19 and that is employed by an emergency medical dispatch provider
20 agency or business in accordance with this Act.

21 **11. Emergency Medical Dispatching** shall mean the reception,
22 evaluation, processing, and provision of dispatch life support,
23 management of requests for emergency medical assistance, and
24 participation in ongoing evaluation and improvement of the
25 emergency medical dispatch process. This process includes
26 identifying the nature of the request, prioritizing the severity of the
27 request. Dispatching the necessary resources, providing medical aid

1 and safety instructions to the callers and coordinating the responding
2 resources as needed but does not include call routing per se.

3 **12. Emergency Medical Dispatch Provider Agency (EMD Provider**
4 **Agency)** shall mean the Guam Fire Department that accepts the
5 responsibility to provide emergency medical dispatch services for
6 emergency medical assistance, and is certified in Guam in accordance
7 with this Act.

8 **13. Emergency Medical Dispatch Priority Reference System (EMDPRS)**
9 shall mean an Office of EMS and EMD Medical Director approved
10 system that includes: the protocol used by an emergency medical
11 dispatcher in an emergency medical dispatch agency to dispatch aid to
12 medical emergencies that includes: systematized caller interrogation
13 questions; systemized dispatch life support instructions; and,
14 systematized coding protocols that match the dispatcher's evaluation
15 of the injury or illness severity with the vehicle response mode and
16 vehicle response configuration; continuous quality improvement
17 program that measures compliance to protocol through ongoing
18 random case review for each EMD; and a training curriculum and
19 testing process consistent with the specific EMDPRS protocol used by
20 the emergency medical dispatch agency.

21 **14. Emergency Medical Dispatch Services** shall mean the process for
22 taking requests for emergency medical assistance from the public,
23 identifying the nature of the request, prioritizing the severity of the
24 request based on the emergency medical dispatch provider agency's
25 local policies and procedures, dispatching the necessary resources,
26 providing medical aid and safety instructions to the callers, and
27 coordinating the responding resources as needed.

1 15. **Enhanced Emergency-911/NextGen-911** shall mean the telephone
2 communications system specifically designated for handling the
3 emergency, medical, rescue, and public safety telephone
4 communications needs of Guam, which automatically identifies the
5 caller's telephone number and location with capabilities to receive and
6 transmit SMS, Video Message and Access For Individuals With
7 Hearing And Speech Disabilities.

8 16. **Post-Dispatch Instructions (PDI)** shall mean case-specific advice,
9 warnings, and treatments given by trained EMDs whenever possible
10 and appropriate through callers after dispatching field responders.
11 These protocols are part of an EMDPRS.

12 17. **Pre-Arrival Instructions (PAI)** shall mean the current medically
13 approved scripted medical instructions given in life threatening
14 situations whenever possible and appropriate, where correct
15 evaluation, verification, and advice given by emergency medical
16 dispatchers is essential to provide necessary assistance and control of
17 the situation prior to the arrival of emergency medical services
18 personnel. These protocols are part of an EMDPRS and are used as
19 close to a word-for-word as possible.

20 18. **Quality Assurance and Improvement Program** shall mean a program
21 approved by the Office of EMS and administered by the EMD
22 Provider Agency for the purpose of insuring safe, efficient, and
23 effective performance of EMDs in regard to their use of the EMDPRS
24 and patient care advice provided. This program shall include at a
25 minimum, the random case review evaluating EMD performance,
26 feedback of EMDPRS compliance levels to EMDs, related to CDE
27 retraining and remediation, and submission of compliance data to

1 medical director and the Office of EMS.

2 19. *Vehicle Response Configuration* shall mean the specific vehicle(s) of
3 varied types, capabilities, and numbers responding to render
4 assistance.

5 20. *Vehicle Response Mode* shall mean the use of emergency driving
6 techniques, such as warning lights-and-siren or routine driving
7 response as assigned by the EMS agency and approved by the EMS
8 Medical Director.

9 **(d) Certification.**

- 10 1. No person may represent himself/herself as an emergency medical
11 dispatcher unless certified in Guam by the Office of EMS as an
12 emergency medical dispatcher.
- 13 2. No business, organization, or government agency may represent
14 itself as an emergency medical dispatch agency unless the
15 business, organization, or government agency is certified by the
16 Office of EMS as an emergency medical dispatch agency.

17 **(e) National Standards Required.**

18 The Office of EMS shall use applicable national standards when developing
19 the rules and regulations for emergency medical dispatchers and emergency
20 medical dispatch agencies.

21 **(f) Authority and Responsibilities.**

22 The Office of EMS shall have the authority and responsibility to establish
23 rules and regulations for the following pursuant to this Act:

- 24 I. *Emergency Medical Dispatch Protocol Reference System*
25 (EMDPRS)

- 1
- 2 1. An EMD Program shall include an EMDPRS selected by the EMD
- 3 Provider Agency and approved by the EMD Medical Director as its
- 4 foundation.
- 5 2. The EMDPRS is a medically approved protocol based system used by
- 6 emergency medical dispatchers to interrogate callers, dispatch aid,
- 7 and provide dispatch life support instructions during medical
- 8 emergencies.
- 9 3. An approved EMDPRS shall include:
- 10 a. Systematized caller interrogation questions,
- 11 b. Systematized dispatch life support instructions,
- 12 c. Systematized coding protocols that allow the agency to match the
- 13 dispatcher's evaluation of the injury or illness severity with the
- 14 vehicle response mode (emergency and/or non-emergency) and level
- 15 of care (ALS/BLS).

16 **II. EMD Protocols, Reporting, Training and Curriculum:**

- 17 1. Require certification and recertification of a person who meets the
- 18 training and other requirements as an emergency medical dispatcher.
- 19 2. Require certification and recertification of a business, organization,
- 20 or government agency that operates an emergency medical dispatch
- 21 agency that meets the minimum standards prescribed by the Office of
- 22 EMS for an emergency medical dispatch agency.
- 23 3. Establish a bi-annual recertification requirement that requires at least
- 24 12 hours medical dispatch specific continuing education each year.
- 25 4. Require minimum education and continuing education for the
- 26 Emergency Medical Dispatcher which meets national standards.
- 27

- 1 5. Require the EMD to provide dispatch life support (including pre-
2 arrival instructions) in compliance to the written text or scripts and
3 other processes within the approved EMDPRS.
- 4 6. Require the EMD Provider Agency to have in place Office of EMS
5 approved policies and procedures for the safe and effective use of the
6 EMDPRS.
- 7 7. Require the EMD to keep the Office of EMS currently informed as to
8 the entity or agency that employs or supervises his/her activities as an
9 Emergency Medical Dispatcher.
- 10 8. Approve all EMDPRS protocols used by EMD Provider agencies to
11 assure compliance with national standards.
- 12 9. Require that Office of EMS approved emergency medical dispatch
13 certification training programs shall be conducted in accordance with
14 national standards and shall include a written examination approved
15 by the Office of the EMS that tests for competency in the specific of
16 EMDPRS taught in the approved certification training program.
- 17 10. Require that Office of EMS approved emergency medical dispatcher
18 certification training programs shall be conducted by instructors that
19 meet the Office of EMS approved qualifications.
- 20 11. Require that the emergency medical dispatch agency be operated in a
21 safe, efficient, and effective manner in accordance with national
22 approved standards including but not limited to:
 - 23 a) All personnel providing emergency medical dispatch services must
24 be certified by the Office of EMS prior to functioning alone in an
25 online capacity.
 - 26 b) The use on every request for medical assistance of a Office of EMS
27 approved emergency medical dispatch priority reference system

1 (EMDPRS).

- 2 c) The EMD interrogating the caller and coding the incident must be
3 the same EMD that gives the DLS instructions. The EMD
4 dispatching the response may be another person.
- 5 d) Under the approval and supervision of the Office of EMS, the
6 establishment of a continuous quality assurance, improvement and
7 management program that measures various areas of compliance
8 to the EMDPRS through ongoing random case review for each
9 EMD and provides feedback to the individuals and management of
10 the EMS agency regarding the level of compliance and
11 performance.
- 12 e) A case review process evaluating the EMD's compliance to various
13 Office of EMS defined areas within the EMDPRS.
- 14 f) Reporting of EMDPRS performance and compliance data at Office
15 of EMS approved intervals.
- 16 g) Office of EMS will review and approve the EMDPRS, the EMD
17 training program, quality assurance/improvement program,
18 medical dispatch oversight committee(s), continuing dispatch
19 education program, and the medical aspects of the operation of the
20 EMD Provider Agency.
- 21 h) The EMD Provider Agency shall have and use the most current
22 version of the Office of EMS approved EMDPRS selected for use
23 by the agency as defined by the Office of EMS.
- 24 i) The EMDPRS selected for use by the EMD Provider Agency and
25 approved by the Office of EMS, including its questions,
26 instructions, and protocols, shall be used as a whole and not
27 piecemeal.

1 12. Require that a person, organization, business or government agency
2 may not offer or conduct a training course that is represented as a
3 course for a emergency medical dispatcher certification unless the
4 person, organization, or agency is approved by the Office of EMS to
5 offer or conduct that course.

6 13. Establish recognition and reciprocity between the Office of EMS and
7 national standard-setting organizations having program that meet the
8 requirements contained in this Act and the rules established for it by
9 the Office of EMS.

10 14. Require each EMD, EMD Provider Agency, or recognized national
11 standard-setting organization to report to the Office of EMS whenever
12 an action has taken place that may require the revocation or
13 suspension of a certificate issued by the Office of EMS.

14 **III. Continuing Dispatcher Education Standards:**

15 1. An emergency medical dispatcher shall receive a minimum of twenty-
16 four (24) hours of continuing dispatch education (CDE) every two
17 years.

18 2. All CDE will be submitted to the Office of EMS for approval then
19 coordinated and organized by the EMD Provider Agency.

20 3. CDE shall include issues identified by the EMD continuous quality
21 improvement process, and one or more of the following:

22 a) Medical conditions, incident types, and criteria necessary when
23 performing caller assessment and prioritization of medical calls,

24 b) Use of the EMD protocol reference system,

25 c) Call taking interrogation skills,

26 d) Skills in providing telephone pre-arrival instructions,

1 e) Technical aspects of the system (phone patching, emergency
2 procedures, etc.).

3 f) Skill practice and critique of skill performance, and/or

4 g) Attendance at EMD workshops/conferences.

5 4. Methodologies for presenting CDE includes:

6 a) Formalized classroom lecture

7 b) Video, CD, Internet

8 c) Articles

9 d) Tape Reviews

10 e) Participation on medical dispatch committee and/or

11 f) Field observations (e.g. ride-along with EMS personnel or
12 Emergency Department

13 observation of communications activities).

14 5. Formalized classroom CDE courses must be approved by the Office of
15 EMS to count towards continuing dispatch education credits.

16 a) The training program provider must submit CDE curriculum to the
17 Office of EMS:

18 1. It is the training program provider's responsibility to submit
19 the CDE curriculum as required by the Office of EMS, and to
20 comply with the requisite policies and procedures.

21 2. The training program provider shall issue a course
22 completion record to each person who has successfully
23 completed a CDE course and provide a list to the Office of
24 EMS.

25 **IV. Continuous Quality Improvement Standards**

- 1 1. The EMD Provider Agency shall establish a continuous quality
2 improvement (COI) program.
- 3 2. A continuous quality improvement program shall address structural,
4 resource, and/or protocol deficiencies as well as measure compliance
5 to minimum protocol compliance standards as established by the
6 Office of EMS through ongoing random case review for each
7 emergency medical dispatcher.
- 8 3. The COI process shall:
 - 9 (A) Monitor the quality of medical instruction given to callers
10 including ongoing random case review for each emergency
11 medical dispatcher and observing telephone care rendered by
12 emergency medical dispatchers for compliance with defined
13 standards.
 - 14 (B) Conduct random or incident specific case reviews to identify
15 calls/practices that demonstrate excellence in dispatch
16 performance and/or identify practices that do not conform to
17 defined policy or procedures so that appropriate training can
18 be initiated.
 - 19 (C) Review EMD reports, and /or other records of patient
20 care to compare performance against medical standards of
21 practice.
 - 22 (D) Recommend training, policies and procedures for quality
23 improvement.
 - 24 (E) Perform strategic planning and the development of broader
25 policy and position statements.
 - 26 (F) Identify CDE needs.

1 4. EMD case review is the basis for all aspects of continuous quality
2 improvement in order to maintain a high level of service and to
3 provide a means for continuously checking the system. Consistency
4 and accuracy are essential elements of EMD case review.

5 (A) Critical components of the EMD case review process:

6 (1) Each COI program shall have a case reviewer(s) who is:

7 (i) A currently licensed or certified physician, registered nurse,
8 physician assistant, EMT-P, EMT-B, or EMT-I, who has at least
9 two years of practical experience within the last five years in pre-
10 hospital emergency medical services with a basic knowledge of
11 emergency medical dispatch, and who has received specialized
12 training in the case review process, or

13 (ii) An emergency medical dispatcher with at least two years of
14 practical experience within the last five years, and who has
15 received specialized training in the case review process.

16 (iii) The case reviewer shall measure individual emergency
17 medical dispatcher performance in an objective, consistent
18 manner, adhering to a standardized scoring procedure.

19 (iv) The regular and timely review of a pre-determined
20 number of EMD calls shall be utilized to ensure that the
21 emergency medical dispatcher is following protocols when
22 providing medical instructions.

23 (v) Routine and timely feedback shall be provided to the EMD to
24 allow for improvement in their performance.

25 (vi) The case reviewer shall provide a compliance-to-
26 protocol report at least annually to the Office of EMS to ensure
27 that the EMD Provider Agency is complying with their chosen

1 EMDPRS minimum protocol compliance standards, and Agency
2 policies and procedures.

3 **V. Policies and Procedures**

4 1) The EMD Provider Agency shall establish policies and procedures
5 through its continuous quality improvement program, consistent with
6 the emergency medical dispatcher scope of practice that includes, but
7 is not limited to:

- 8 a) Ensuring the EMD call answering point maintains direct access to
9 the calling party.
- 10 b) Providing systematized caller interview questions.
- 11 c) Providing systematized post-dispatch and pre-arrival instructions.
- 12 d) Establishing protocols that determine vehicle response mode and
13 configuration based on the emergency medical dispatcher's
14 evaluation of injury or illness severity.
- 15 e) Establishing a call classification coding system, for quality
16 assurance and statistical analysis.
- 17 f) Establishing a written description of the communications system
18 configuration for the service area including telephone and radio
19 service resources, and
- 20 g) Establishing a record-keeping system, including report forms or a
21 computer data management system to permit evaluation of patient
22 care records to ensure emergency medical dispatcher compliance
23 with the EMDPRS, and timeliness of interview questions and
24 dispatch.

25 **VI. Records Management**

26 1. Course Completion Records:

- 1 a) The EMD Provider Agency shall maintain a copy of the basic
2 EMD training program course completion record in the individual
3 emergency medical dispatcher's training file.
- 4 b) The EMD Provider Agency shall maintain a record of "in- house"
5 EMD CDE topics, methodologies, date, time, location, and the
6 number of CDE hours completed for each session of CDE in the
7 individual emergency medical dispatcher's training file.
- 8 c) The EMD Provider shall maintain a copy of EMD CDE program
9 course completion records from an approved EMD training
10 program provider in the individual emergency medical
11 dispatcher's training file.

12 2. Training Program Provider Records:

- 13 a) Each training program provider shall retain the following training
14 records as provided by Office of EMS:
- 15 1) Records on each course including, but not limited to: course
16 title, course objectives, course outlines, qualification of
17 instructors, dates of instruction, location, participant sign-in
18 rosters, sample course tests or other methods of evaluation, and
19 records of course completions issued.
- 20 2) Summaries of test results, course evaluations or other methods
21 of evaluation. The type of evaluation used may vary according
22 to the instructor, content of program, number of participants
23 and method of presentation.

24 3. COI Case Review Records:

- 25 a) Each EMD Provider Agency shall retain compliance-to-protocol
26 reports as required by law.

27 VII. Access For Individuals With Hearing And Speech Disabilities will

1 *be implemented in current and all future upgrades:*

2 (1) The Guam Fire Department's Emergency 911 Telephone
3 Communications System shall be accessible to individuals with
4 hearing and speech disabilities.

5 (2) The means for such accessibility shall primarily be mobile and
6 landline telephones, but nothing herein shall be construed as to limit
7 the Guam Fire Department from providing access to the
8 Emergency 911 Telephone Communications System through other
9 modes of communication.

10 (3) The Guam Fire Department is prohibited from charging additional
11 fees to telecommunications companies and/or their customers for the
12 cost of providing such accessibility. Any costs associated with the
13 implementation of the mandates of this subsection shall be funded
14 through existing surcharges.

15 *E. Effective Dates.*

16 *The provisions of this Chapter shall become effective immediately.*

17 *F. Penalties.*

18 1. Any person guilty of willfully violating or failing to comply with any
19 provisions of this Act or regulations set forth by the Office of EMS
20 under Subsection D of this Section shall be fined not more than two
21 hundred fifty dollars (\$250), or imprisoned not more than three
22 months, or be both fined and imprisoned.

23 2. Any agency or organization guilty of willfully violating or failing to
24 comply with any provision of this Act or regulations set forth by the
25 Office of EMS under Subsection D of this Section shall be fined not
26 more than one thousand dollars (\$1,000) or imprisoned not more than

1 six months, or be both fined and imprisoned.

2 **§ 84220. Division of EMS.**

3 (a) The Guam Memorial Hospital Authority (GMHA) shall establish a
4 Division of EMS. The Division shall be headed by the Off-line Medical Control
5 Physician who shall be a licensed physician. The Division responsibilities shall
6 include, but not be limited to:

- 7 1) provide off-line medical control for government of Guam emergency
8 medical technicians (EMTs), E-911 dispatchers, and on-line
9 emergency department personnel;
- 10 2) participate with other Emergency Medical Systems (EMS) agencies in
11 the planning, development and advancement of EMS;
- 12 3) assist in adoption of treatment protocols as developed by the
13 Department of Public Health and Social Services – Office of EMS;
- 14 4) coordinate with the Department of Public Health and Social Services
15 – Office of EMS, the Guam Fire Department Training Bureau, the
16 Guam Community College and all other training centers, for the
17 training of pre-hospital personnel;
- 18 5) aid government of Guam agencies in achieving compliance with the
19 Department of Public Health and Social Service EMS Rules and
20 Regulations relative to personnel, equipment training, vehicles,
21 communications and supplies; and
- 22 6) conduct EMS research as needed;

23 (b) The Division shall designate the following:

- 24 1) Off-line EMS Medical Control Physician – A GMHA Emergency
25 Department staff physician with either formal training or extensive

1 experience in EMS shall be the head of this Division under the title of
2 experience in EMS shall be the head of this Division under the title of
3 Off-line EMS Medical Control Physician and this physician shall
4 operate as an agent of GMHA; and

5 2) Second Off-line Medical Control Physician for Pediatric Pre-hospital
6 Care. Following recommendations of the federal program EMS for
7 Children, the involvement of a GMHA Emergency Department Staff
8 pediatrician as a second off-line EMS Medical Control Physician,
9 namely as an Off-line EMS Medical Control Physician-Pediatrics is
10 highly encouraged; this pediatrician shall, as an agent of GMHA,
11 provide off-line medical control for pre-hospital medical care
12 provided specifically to children by government of Guam EMS
13 personnel; and

14 3) EMS Medical Coordinator. The Division of EMS at GMHA shall
15 have one (1) full-time EMS Medical Coordinator who shall be a
16 certified EMT-Paramedic or registered nurse with EMS experience,
17 and who shall work under the guidance of the Off-line Medical
18 Control Physician.

19 (c) Administrative and Educational Resources. GMHA shall make
20 available adequate GMHA administrative and educational resources to support the
21 Division of EMS and its mission.

22 (d) EMS agencies to share resources. In recognition of the multi-agency
23 nature of EMS Medical Direction, all agencies involved with EMS on Guam shall,
24 within reason, share personnel and other resources with each other across agency
25 lines in an effort to assure the uninterrupted and effective existence of all three
26 levels of physician involvement in Guam's EMS system.

1 (e) EMS Oversight Authority. The authority of the Division at GMH in
2 EMS oversight shall not supersede the regulatory authority of the Department of
3 Public Health and Social Services and EMS Commission as previously established
4 in Guam law.

5 (f) The amount of Two Hundred Thousand Dollars (\$200,000.00) is
6 hereby appropriated from the General Fund to the ~~Guam Memorial Hospital~~ Guam
7 Office of EMS for the specific use for the establishment of the Division of EMS.
8 The unexpended balance of the appropriation shall *not* revert back to the General
9 Fund, but shall be carried over into the next fiscal year to be expended in
10 accordance with the original purpose of said funds. The funds appropriated herein
11 shall *not* be' subject to *I Maga'Låhen Guåhan's* transfer authority.

12 (g) The Civil Service Commission in collaboration with the Guam
13 Memorial Hospital Authority shall develop the job descriptions and salary structure
14 for the positions delineated in this Act within six (6) months upon enactment of
15 this Act.

16 (h) Severability. *If* any provision of this Act or its application to any
17 person or circumstances is found to be invalid or contrary to law, such invalidity
18 shall *not* affect other provisions or applications of this Act which can be given
19 effect without the invalid provisions or applications, and to this end the provisions
20 of this Act are severable.”

21 **Section 3. Effective Date.** Notwithstanding any other provision of law, the
22 provisions of this Act shall be effective upon enactment.

23 **Section 4: Severability.** *If* any provision of this Act or its application to
24 any person or circumstance is found to be invalid or contrary to law, such

1 invalidity shall *not* affect other provisions or applications of this Act which can be
2 given effect without the invalid provisions or applications, and to this end the
3 provisions of this Act are severable.