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

Bill No. 339-31(cor)

Introduced by:

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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.

BE IT ENACTED BY THE PEOPLE OF GUAM:

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
- by the 27th Legislature. Additional provisions requiring the promulgation

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

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

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

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

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

"Chapter 84 - EMERGENCY MEDICAL SERVICES

13 §84101. Intent.

- 14 §84102. Definitions./
- 15 §84103. Guam Emergency Medical Services Administrative Office.
- 16 §84104. Administration.
- §84105. The Administrative Office: Composition; Duties and Responsibilities.
- §84106. Guam Emergency Medical Services Commission.
- 19 §84107. Purpose.
- 20 §84108. Composition.
- §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.

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- 9 §84120. EMS Medical Director: Required Qualifications.
- §84121. Guam Emergency Enhanced 911 Telephone Systems.
- 11 §84122. Division of EMS.
- SOURCE: Chapter added by P.L. 14-11. Further added by P.L. 23-77:9-10.
- §84101. Intent. The Legislature of Guam hereby declares that:
- (a) The provision of emergency medical services is a matter of vital concern affecting the public health, safety and welfare of the people of the Territory of Guam;
 - (b) It is the purpose and intent of this Chapter is to establish, promote and maintain a comprehensive Territorial emergency medical services system throughout the island. The system will provide for the arrangement of personnel, facilities, and equipment for the effective and coordinated delivery of health care services under emergency conditions whether occurring as the result of a patient's condition or of natural disasters or other causes. The system shall also provide for personnel, personnel training, communications, emergency transportation, facilities, coordination with emergency medical and

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

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

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

prompt, efficient and effective quality emergency medical care, coordination between EMS agencies and the EMS Commission is a key element in a functioning EMS System.

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

§ 84102. Definitions.

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

- (a) *Emergency Medical Service* means a service designated by the Commission as providing emergency medical assistance on the scene, en route and at designated emergency medical services facilities.
- (b) *Administrator* means the Administrator or his/her designee of the Guam Emergency Medical Services Administrative Office created under this Chapter.
- (c) Advanced life support or "ALS" for ambulance services, means special services designed to provide definitive pre-hospital emergency medical care, including, but not limited to, cardiopulmonary resuscitation, cardiac monitoring, cardiac defibrillation, advanced airway management, intravenous therapy, administration of specified drugs and other medicinal preparations, and other specified techniques and procedures 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.

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

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

 Certificate or Certification shall mean authorization in written form issued by the Administrator to a person to furnish, operate, conduct, maintain, advertise or otherwise engage in providing emergency medical services as a part of a regular course of doing business, either paid or voluntary.
- (n) *Emergency Ambulance Services* means the transportation of emergency medical services to emergency patients before or during such transportation.
- (o) Ambulance Service means an individual, partnership, association, corporation, private or government whether for profit or not, engaged in the activity of providing emergency medical care and the transportation either emergency or nonemergency sick, injured, or otherwise medically or psychologically incapacitated individuals by ambulances staffed by BLS or ALS personnel to, from, or between general hospitals or other healthcare facilities.

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

- (p) Emergency Medical Technician-Basic who has a valid certificate issued by the Guam Office of EMS, who has been trained in all facets of basic emergency care skills including automated external defibrillation, use of a definitive airway adjunct, and assisting patients with certain medications, and other training and certifications as required by the EMS Administrator under this Chapter. Emergency means any actual or self-perceived event which threatens life, limb, or well-being of an individual in such a manner that immediate medical or public safety care is needed.
- (q) Emergency Medical Service Facility means a facility that is certified and operated under the Government of Code of Guam and is equipped, prepared, and staffed to provide medical care for emergency patients appropriate to its classification.
 - Emergency Medical Services (EMS) System means a collective system which provides the coordination and arrangement of personnel, facilities, regulations, and equipment for the expedient delivery of efficient and effective quality emergency medical care.
- (r) *Person* means any natural person or persons, firm, partnership, corporation, company, association or joint stock association and the legal successors thereof including any governmental agency or instrumentality other than an agency or instrumentality of the United States.
 - EMS Medical Director means a Guam licensed physician who provides overall medical direction for the island wide Emergency Medical Services System.

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

- (t) <u>Emergency Medical Technician Intermediate</u> ("EMT-I") means an individual who holds a current, valid certificate issued by the Office of EMS, who has training in advanced life support, including IV (intravenous) therapy, interpretation of cardiac rhythms and defibrillation and or tracheal intubation, whose scope of practice to provide advanced life support and who meets specialized extensive training in advance assessment and treatment skills as required by the EMS Administrator.
- (u) <u>Emergency Medical Responder means the first trained individual, such</u> as police officer, fire fighter, lifeguard, or other rescuer, to arrive at the <u>scene of an emergency to provide initial medical assistance.</u>
- (v) Certificate or Certification (a) "Certificate" or "license" means a specific document issued by the Administrator to an individual denoting competence in the named area of prehospital service either paid or volunteer; (b) "Certification status" or "license status" means the active, expired, denied, suspended, revoked, or placed on probation designation applied to a certificate or license issued pursuant to this division; (c) Certification is a process in which a person, an institution, or a program is evaluated and recognized as meeting certain predetermined standards to provide safe and ethical care.

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

- (x) <u>Designated facility</u> means a hospital and/or Urgent Care Clinic which has been designated by a local EMS agency to perform specified emergency medical services systems functions pursuant to guidelines established by the authority. <u>Treatment Protocol</u> means written guidelines approved by the Medical Director providing pre-hospital personnel with a standardized approach to commonly encountered patient problems, thus ensuring consistent care.
- (y) <u>Emergency Medical Services Personnel</u> means personnel approved by the Administrator to provide emergency medical assistance on the scene, enroute and at designated emergency medical services facilities.
- (z) *Emergency* means a serious condition or situation, such as illness or injury, in which an individual or group has a need for immediate medical attention that threatens the life or welfare of a person or group of people and requires immediate intervention, or where the potential for such need is perceived by emergency medical personnel or a public safety agency.
- (aa) <u>Emergency Medical Services System</u> means a collective system which provides the coordination and arrangement of personnel, facilities, regulations, and equipment for the effective and coordinated delivery of efficient and effective quality emergency medical care.

(bb) <u>EMS Medical Director</u> means a Guam licensed physician who provides overall medical direction for the Territorial Emergency Medical Services System.

- (cc) <u>Commercial Ambulance Service</u> means a non-governmental ambulance service.
- (dd) <u>Treatment Protocol</u> means written guidelines (also known as <u>Off-line</u> <u>Medical Direction</u>) approved by the Medical Director providing prehospital personnel with a standardized approach to commonly encountered patient problems that is related to medical or trauma, thus encountering immediate care.
- (ee) Compliance to Protocol shall mean the adherence to the written text or scripts and other processes within the approved emergency medical dispatch protocol reference system except that, deviation from the text or script may only occur for the express purpose of clarifying the meaning or intent of a question or facilitating the clear understanding of a required action, instruction, or response from the caller.
- (ff) Continuing Education shall mean educational experiences in accordance with guidelines, regulations, law, policies and or requirements as established by Department of Transportation, The National Highway Traffic Safety Administration, Emergency Medical Dispatch National Standard Curriculum and/or other U.S. Accreditated Institution of Learning.
- (gg) <u>Emergency Medical Dispatcher-E911 Call Taker</u> means a trained and certified individual by the Guam Office of EMS employed by or in the Guam Fire Department or private organization either part-time or full time, who manages the answering of emergency telephone calls and/or management of requests for emergency medical assistance in an

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

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

First Responder Homeland Security Act 2002 refers to 'Emergency response providers' includes, federal, state, and local government emergency public safety, law enforcement, emergency response, emergency medical, and related personnel, agencies, and authorities.

- (ii) Non-medical Transport Services transportation that is provided in non-medical and non-emergent situations to people who do not require medical attention, e.g. para-transits, vans with wheelchair access, and passenger service vehicles.
- (jj) <u>Basic Life Support Ground Transport Services</u> transportation that is provided in a non-emergent situation to people who require special medical monitoring and support.

(kk) <u>Basic Life Support Emergency Ambulance Services</u> - transportation that is provided where "medical necessity is established when the patient's condition is such that use of any other method of transportation is contraindicated."

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

§ 84103. Guam Emergency Medical Services Administrative Office.

There is hereby created within the Department of Public Health and Social Services, a Guam Emergency Medical Services Administrative Office called the Office of Emergency Medical Services (Office of EMS). The Office shall plan, establish, implement, administer, maintain and evaluate the Territorial comprehensive emergency medical services system to serve the emergency health needs of the people of Guam in an organized pattern of readiness and response services based on public and private agreements and operational procedures. The Office, in the implementation of this part of the plan, will coordinate, and provide assistance to all entities and agencies, public and private, involved in the Territorial system. All emergency medical services,

ambulance services, private non-emergent transport services conducted are under the authority of the Office of EMS shall be consistent with this part.

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

§ 84104. Administration.

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

§ 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

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

explore the possibility of coordinating emergency me	edical services with lik	æ
services in the military and the Trust Territories of the Pac	eific Islands.]	

- (d) The Office of EMS shall develop planning and implementation guidelines for emergency medical services systems which address the components stated and to establish programs to remedy identified deficiencies through the development and periodic revision of a Comprehensive Territorial Plan for emergency medical services. The guidelines shall include but not be limited to the following:
- (1) Emergency medical services personnel and training;
- (2) Emergency medical services facilities assessment;
- 11 (3) Emergency medical services transportation and related equipment
- 12 (4) Telecommunications and Communications;
- (5) Interagency coordination and cooperation];
- (6) System organization and management;
- 15 (7) Data Collection and Management and Evaluation;
- 16 (8) Public Information and Education; and
- 17 (9) Disaster Response

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- (e) Develop emergency medical services regulations and standards
 emergency medical services facilities, personnel, equipment, supplies and
 communications facilities and locations as may be required to establish and
 maintain an adequate system of emergency medical services;
- [Develop emergency medical services regulations and standards for emergency medical services facilities, personnel, equipment, supplies and communications facilities and locations as may be required to establish and maintain an adequate system of emergency medical services.]
 - (f) The Office of EMS shall provide technical assistance for the coordination and approval of training to existing agencies, Territorial organizations

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

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

- operation of training programs at the EMR, EMT-B, EMT-I, ALS and EMT-P levels are in compliance with this division, and shall review and approve curricula and syllabi of training courses or programs offered to EMS personnel who provide basic, intermediate, and advanced emergency medical services; consult with the Guam Community College, Guam Fire Department Training Center, Training Service Provider or any professional organization that provide emergency medical services training for basic, intermediate, advanced life support and paramedic [Develop or assist other agencies in the development of training and retraining programs for personnel engaged in the provision of emergency medical services.]
- (h) Establish and maintain standards for emergency medical services course instructor qualifications and requirements for emergency medical services training facilities, instructors and competency based curriculum;

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

- persons. The communication system shall include but not be limited to the following:
 - (1) Programs aimed at locating accidents and acute illnesses on and off the roadways and directly reporting such information to the responding agency;
- (2) Direct ambulance communication with the emergency medical services 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
0	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,	ambulanc	e, emerg	ency am	<u>bulance</u>	service/s,	<u>Private</u>	Non-Emer	rgent
2	Medical	Transport	Vehicle	provider	s, priva	te commu	nications	facilities	and
3	locations	engaged in	providin	g emerge	ncy medi	cal service	s under th	nis Chapter	•

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

- (p) Establish rules and regulations for the contract of, use, license, standards, liability, equipment and supplies, personnel certifications and revocation or suspension processes for Ambulance service, Emergency Ambulance Service and Private Non-Emergent Medical Transport Vehicle
- (q) Establish criteria necessary to maintain certification as emergency medical services personnel which shall include but not limited to the following:
 - (1) A formal program of continuing education;
- 13 (2) Minimum period of service as emergency medical services
 14 personnel; and
 - (3) Re-certification at regular intervals which shall include a performance examination and may include written examinations and skills proficiency exam.
 - (r) Apply for, receive, and accept gifts, bequests, grants-in-aid, Territorial and Federal aid, and other forms of financial assistance to carry out this Chapter.
 - (s) Prepare budgets, maintain fiscal integrity and disburse funds for emergency medical services.
 - (t) Establish a schedule of fees to provide courses of instruction and training for certification and/or recertification in an amount sufficient to cover the reasonable costs of administering the certification and/or recertification provisions of the Office of EMS.
 - a. The EMS Commission shall annually evaluate fees to determine 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 or
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.

(16) Work cooperatively and in a coordinated manner with the Department of Public Health & Social Services and other public and private agencies in the development of standards and policies for the delivery of emergency and critical care services to children.

(17) Produce a report for the Guam EMS Commission describing any progress on implementation of this chapter. The report shall contain, but not be limited to, a description of the status of emergency medical services for children, the recommendation for training, protocols, and special medical equipment for emergency services for children, an estimate of the costs and benefits of the services and programs authorized by this chapter, and a calculation of the number of children served by the EMSC system.

§ 84106. Guam Emergency Medical Services Commission.

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

§ 84107. Purpose.

The Commission:

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

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

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

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

- (c) Shall adopt and promulgate Rules and Regulations for the operation and implementation of the EMS System, the administration of the Commission, and the standards for certification and re-certification of emergency medical services facilities, personnel, equipment, supplies, ambulance, advanced life support vehicles, emergency ambulance service/s, Private Non-Emergent Medical Transport Vehicle providers communications facilities and locations engaged in providing emergency medical services under this Chapter, in accordance with the Administrative Adjudication Law.
- [May participate in the selection of the EMS Administrator and EMS office staff.]
 - (d) Advise the Office of EMS in formulating a master plan for emergency medical services, including medical communication, the enhanced "911" system, and other components necessary to meet the emergency medical needs of the people of Guam.

1	(e)	Shall make and from time to time may alter such rules as it deems
2	necessary f	for the conduct of its business and for the execution and enforcement of
3	the provision	ons 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 sha	ll 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 C	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) <u>Listed on Sex Offender Registry;</u>
13		(4) Repeated negligent acts;
14		(5) <u>Incompetence</u> ;
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

authority pertaining to pre-hospital personnel;

Violating or attempting to violate any federal or state statute or (9) 1 2 regulation that regulates narcotics, dangerous drugs, or controlled substances; 3 (10) Addiction to, the excessive use of, or the misuse of, alcoholic 4 beverages, narcotics, dangerous drugs, or controlled substances; 5 (11) Functioning outside the supervision of medical control in the 6 field care system operating at the local level, except as authorized by 7 any other license or certification; 8 (12) Demonstration of irrational behavior or occurrence of a 9 physical disability to the extent that a reasonable and prudent person 10 would have reasonable cause to believe that the ability to perform the 11 duties normally expected may be impaired; 12 (13) Unprofessional conduct exhibited by any of the following: 13 The mistreatment or physical abuse of any patient i. 14 resulting from force in excess of what a reasonable and prudent 15 person trained and acting in a similar capacity while engaged in 16 the performance of his or her duties would use if confronted 17 with a similar circumstance. Nothing in this section shall be 18 deemed to prohibit an EMT-B, EMT-I, or EMT-P from assisting 19 a peace officer, or a peace officer who is acting in the dual 20 capacity of peace officer and EMT-B, EMT-I, or EMT-P, from 21 using that force that is reasonably necessary to effect a lawful 22 arrest or detention; 23 The failure to maintain confidentiality of patient ii. 24 medical information, except as disclosure is otherwise 25

permitted or required by law;

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 <u>-School of</u>
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:

The commission of any sexually related offense

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1		(10) One representative from <u>Pediatrician with unlimited medical</u>
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.

(a) Selection of Officers; Compensation of Members. The Governor or his representative shall serve as temporary Chairman and shall convene the first meeting of the Commission. At its first meeting, the Commission shall select a chairman and such other officers from its membership as it deems necessary. The Commission may meet as often as necessary upon call of the Chairman but

- meetings shall be held at least quarterly. Every member of the commission who is 1 not in the service of the Government, for which he receives an annual 2 compensation shall be paid fifty dollars (\$50) per day for each day on which the 3 Commission meets, provided, however, that such compensation shall not exceed 4 one hundred dollars (\$100) per month. The members of the commission shall 5 receive no compensation for their services, but shall be reimbursed for their actual 6 and necessary expenses incurred in the performance of their duties, including 7 travel expenses. 8
- Quorum. A majority of the *voting* members appointed plus one shall (b) constitute a quorum for the transaction of business. A majority vote of the members present at a meeting at which a quorum is established shall be necessary to validate any action of the committee. 12
 - (c) Good Faith Immunity. No member of the EMS Commission shall be liable in any civil action for damages for any act done or omitted in good faith in performing the functions of the office.

§ 84110. Certification.

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

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

- (a) Emergency medical services personnel training programs and courses of training.
 - The Guam Community College- School of Allied Health/Guam 1.

Fire Department/University of Guam/Approved by the DPHSS Office of EMS Training Service Provider shall provide training courses in emergency medical responder, emergency medical technician-basic, emergency medical technician-intermediate, emergency medical technician-paramedic and advanced life support for emergency medical services personnel. The curricula and syllabi of these courses shall be approved in advance by the Office of EMS. The curricula and syllabi of the courses of ambulance personnel shall be consistent with the scope and level of the practice of emergency medical services associated with emergency ambulance personnel certification and the Department of Transportation, National Highway Traffic Safety Administration and National Emergency Medical Services Advisory Council.

- 2. The Guam Community College School of Allied Health, Guam Fire Department/University of Guam/Approved by the DPHSS Office of EMS Training Service Provider shall consult with and get approval of the Office of EMS to determine the number and type of emergency medical services courses necessary to support the staffing requirements for emergency medical services. The basic life support training programs shall be relevant to and consistent with the training course required for certification.
 - 3. The Office of EMS shall develop standards for emergency medical services course instructors and standards for emergency medical services training facilities for all basic life

support personnel, advanced life support personnel, users of the automatic external defibrillator, and emergency medical dispatch personnel that shall be at least equivalent to or exceed the standards necessary to meet the requirements stated in either of the following areas: Department of Transportation, National Highway Traffic Safety Administration and National Emergency Medical Services Advisory Council, for the certification of basic life support personnel and advanced life support personnel.

- 4. The Office of EMS will conduct annual inspections of the training facilities and evaluate the qualifications of course instructors to ensure that the standards and qualifications are consistent with the medical standards for emergency medical technician-basic, emergency medical technician-intermediate, emergency medical technician-paramedic and advanced life support emergency medical services personnel, users of the automatic external defibrillators, and emergency medical dispatch/E911 call taker personnel.
- 5. Course Requirements for Pre Hospital Emergency Services

 training for Emergency Medical Responder (EMR), Emergency

 Medical Technician-Basic (EMT-B), Emergency Medical

 Technician-Intermediate (I), Advance Life Support and

 Emergency Medical Technician-Paramedic(EMT-P) shall be

 listed in the Guam EMS Rules & Regulations as prescribed by

 the United States Department of Transportation, National

 Highway Traffic Safety Administration and/or National

Emergency Medical Services Advisory Council.

	<u>(b)</u>	The	personnel	shall	meet	the	standa	rds	for	education	and	traini	ing
6	established	by t	the Admini	strato	of th	ie O	ffice of	f EM	<u>1S</u> f	or certification	ation	and	re-
(certification	n.											

- (c) Ambulances, emergency medical services facilities, <u>Private Non-Emergent Transport Vehicles Private Ambulance Services primarily provide BLS transport services utilizing EMT-B, EMT-I and/or EMT-P personnel. Private Ambulance Services and Private Non-Emergent Transport Vehicles shall not normally respond to emergency incidents (E911 dispatches by Guam Fire Department) as first responder units, except in the following instances:</u>
 - 1. When specifically requested by the EMS agency (Guam Fire Department E911 Dispatch) having jurisdiction.
 - 2. When the private service receives a direct request for service from a person or facility other than dispatch, in which the patient may be transported to an Emergency Department. In these instances the service may respond but shall contact the appropriate emergency dispatch agency (Guam Fire Department E911 Dispatch).
 - 3. Transfer of care by Guam Fire Department EMT-Paramedic of an ALS patient to a private EMT-Paramedic ambulance service for transport shall only occur with Guam EMS Medical Director direct on-line Medical Control approval.
- (d) Ambulances, emergency medical services facilities, <u>Private Non-Emergent Transport Vehicles</u>, <u>Private Companies offering Ambulance Services</u> and related equipment shall conform to the requirements of the Administrator <u>of</u> the Office of EMS for certification and re-certification.

1	(e) Ambulances <u>Private Companies offering Ambulance Services and</u>							
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							
l 1	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, <u>Private Companies offering Ambulance</u>							
22	Services and Private Non-Emergent Transport Vehicles shall be							
23	equipped with communications equipment approved by the							
24	Administrator.							
25	§ 84111. Certification Procedure.							

For the purpose of implementing §84110, the following certification

- 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
- 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,
- 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	<u>compliance.</u>
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
17 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
23 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.

§ 84112. Exemptions from this Chapter.

- (a) A certificate shall not be required for a person who provides emergency medical services when:
 - 1) Assisting persons certified to provide emergency medical services under this Chapter or in the case of a major catastrophe, disaster or <u>declaration of state of emergency and/or executive order by the Governor</u> in which persons certified to provide emergency medical services are insufficient or unable to cope; or
 - 2) Operating from a location or headquarters outside of this Territory in order to provide emergency medical services to patients who are picked up outside the Territory for transportation to locations within the Territory; or
 - 3) When and where government resources are inadequate to support the EMS geographic response time, the EMS Commission via the Chairman and three appointed voting members will approve the use of Private Non-Emergent Transport Vehicles and/or private transport vehicles or all available ambulances here as means of transportation to a Guam Fire Department E911 dispatched emergency call. All types of vehicles utilized for the transportation of the sick and injured must pass the current vehicle inspection requirements by the U. S. Department of Transportation, Guam Office of EMS and Department of Revenue & Taxation Motor Vehicle Code and/or Regulations.
- (b) The emergency medical services facilities, personnel, related equipment of any agency, private <u>and non-emergent private transport services</u> or instrumentality of the United States shall be required to be certified to conform to the standards prescribed under this Chapter.

§84113. Suspension and Revocation Procedure.

- (a) After notice and hearing, the Administrator may and is authorized to suspend or revoke a certificate issued under this Chapter for failure to comply and maintain compliance with or for violation of any applicable provisions, standards or other requirements under this Chapter.
- (b) The Administrator may initiate proceedings to suspend or revoke a certificate upon his own motion or upon the verified written complaint of any interested person.
- (c) Notwithstanding the provisions of Subsections (a) and (b) of this Section, the Administrator upon finding that the public health or safety is in imminent danger, may temporarily suspend a certificate without a hearing for a period not to exceed thirty (30) days upon notice to the certificate holder.
- (d) Upon suspension, revocation or termination of a certificate the provision of emergency medical services shall cease.

§84114. Required Treatment.

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

No emergency medical services provided by or under contract with the Guam Fire Department and/or Department of Public Health & Social Services

Office of EMS shall be denied to any person on the basis of the ability of the person to pay therefore or because of the lack of prepaid health care coverage or

1 proof of such ability or coverage.

§ 84115. Consent.

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

§ 84116. Prosecution of Illegal Acts.

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

§ 84117. Penalties.

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

§ 84118. Rules and Regulations.

Notwithstanding any other provision of law, rules and/or regulations to the

contrary, all emergency medical services shall be provided in accordance with regulations adopted by the Commission.

§ 84119. Grants.

All existing grants for the planning and implementation of an emergency medical services system and all equipment and staff funded by these same grants are hereby transferred to the <u>Office of EMS</u> [Emergency Medical Services Administrator's Office]. The Office of EMS and Guam EMS Commission may solicit and accept grant funding from public and private sources to supplement Guam Office of EMS funds.

§ 84120. EMS Medical Director: Required Qualifications

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

15 § 84121. Guam <u>Enhanced/NextGen</u> Emergency 911 Telephone 16 Communications Systems.

- (a) This Section shall be known and may be cited as the "Emergency Medical Dispatch Act."
- (b) Legislative Intent. The Legislature finds that there is no single governmental agency designated with the authority to establish, administer, and maintain the existing emergency "911" telephone communication system that is presently stationed at Civil Defense. It is the intent of the Legislature to transfer all programs, positions and personnel, property, and appropriations which are currently under the direction of Civil-Defense to the Guam Fire Department. The Legislature finds that the emergency "911" system has not been effectively and

efficiently operational due to lack of personnel, funding, supplies and equipment, 1 and above all, coordinated efforts. The Legislature finds that a full-time EMS 2 Administrator, administrative support staff, a part-time EMS Medical Director and 3 funding for personnel, training, and communications equipment are critically 4 needed in order to establish a fully fledged Emergency "911" telephone 5 communication system. Such a system will provide the citizens of Guam with 6 rapid and direct access to agencies with the intent of reducing the response time to 7 situations requiring law enforcement, fire, medical, rescue, and other emergency 8 services. The Legislature further finds that Public Law 21-61 appropriated a 9 portion of \$1,343,160.00 to the Department of Public Works for the procurement of 10 an emergency "911" communications system for all public safety and emergency 11 response agencies. In 1992, under the former Governor Joseph Ada's 12 administration, a memorandum was executed by the Governor for Civil Defense to 13 oversee the then newly installed emergency "911" system. This directive was to 14 provide administrative supervision for the uniformed operators assigned from the 15 Guam Police and the Guam Fire Department. The assignment of the police and fire 16 personnel was supposedly a temporary agreement until training and recruitment of 17 permanent civilian operators was completed. As of this date, no formal training has 18 been made to handle the emergency 911 calls. Police Officers and GFD firefighter 19 personnel continue to be temporarily assigned as emergency 911 operators on a 20 rotational basis. The Legislature finds that there is a critical need for unified 21 direction and administration to resolve the current fragmented, referral type 22 service, for training of the Emergency 911 call takers with EMT background, and a 23 need for funding to include training, additional personnel, and additional 24 emergency 911 communications equipment. 25

(c) Definitions:

1. Advanced Life Support (ALS) Provider shall mean special services designed to provide definitive pre-hospital emergency medical care, including, but not limited to, cardiopulmonary resuscitation, cardiac monitoring, cardiac defibrillation, advanced airway management, intravenous therapy, administration of specified drugs and other medicinal preparations, and other specified techniques and procedures administered by authorized personnel under the direct supervision of a base hospital as part of a local EMS system at the scene of an emergency, during transport to an acute care hospital, during interfacility transfer, and while in the emergency department of an acute care hospital until responsibility is assumed by the emergency or other medical staff of that hospital.

- 2. <u>Call Routing</u> shall mean the reception of emergency calls where the purpose it to only determine the course of direction of routing (police, fire, and medical) resulting in rapid transfer of medical callers to the Guam Fire Department or EMD call-taker for emergency medical dispatching services.
- 3. Compliance to Protocol shall mean the adherence to the written text or scripts and other processes within the approved emergency medical dispatch protocol reference system except that, deviation from the text or script may only occur for the express purpose of clarifying the meaning or intent of a question or facilitating the clear understanding of a required action, instruction, or response from the caller.
- 4. <u>Continuing Dispatcher Education (CDE)</u> shall mean medical dispatch relevant educational experiences in accordance with standards set forth in national standards established for the practice for

emergency medical dispatching (i.e. ASTM F 1560 Standard Practice for Emergency Medical Dispatch, Section 13,Department of Transportation, National Highway Traffic Safety Administration, Association of Public Safety Communications Officials, and/or National Emergency Medical Dispatch).

- 5. Continuous Quality Improvement (CQI) Program shall mean a program administered by the emergency medical dispatch provider agency for the purpose of insuring safe, efficient, and effective performance of emergency medical dispatchers in regard to their use of the emergency medical dispatch protocol reference system, and patient care provided. This program includes at its core the follow: the random case review process, evaluating emergency medical dispatcher performance, providing feedback of emergency medical dispatch protocol reference system compliance levels to emergency medical dispatchers, and submitting compliance data to the emergency medical dispatch medical dispatch medical director.
- 6. Course Curriculum Certification Agency shall mean the Guam Office of EMS.
- 7. <u>Dispatch Life Support (DLS)</u> shall mean the knowledge, procedures, and skills used by trained Emergency Medical Dispatchers in providing care and advice through pre-arrival instructions and post-dispatch instructions to callers requesting emergency medical assistance.
- 8. <u>EMD Medical Direction</u> shall mean the management and accountability for the medical care aspects of an emergency medical dispatch agency including: responsibility for the medical decision and care advice rendered by the emergency medical dispatcher and

emergency medical dispatch agency; approval and medical control of the operational emergency medical dispatch priority reference system; evaluation of the medical care and pre-arrival instructions rendered by the EMD personnel; direct participation in the EMD system evaluation of the medical care and pre-arrival instructions rendered by the EMD personnel; direct participation in the EMD system evaluation and continuous quality improvement process; and, the medical oversight of the training of the EMD personnel.

- 9. Emergency Medical Dispatch Medical Director (EMD Medical Director) shall mean a Guam licensed physician, board certified or qualified in emergency medicine; who posses knowledge of emergency medical systems in Guam approved by the Office of EMS who provides Emergency Medical Dispatch Medical Direction to the emergency medical dispatch provider agency or business and shall also be the EMS Medical Director.
- 10. Emergency Medical Dispatcher shall mean a person trained to provide emergency medical dispatch services in accordance with guidelines approved by the Guam Office of EMS certified in Guam and that is employed by an emergency medical dispatch provider agency or business in accordance with this Act.
- 11. Emergency Medical Dispatching shall mean the reception, evaluation, processing, and provision of dispatch life support, management of requests for emergency medical assistance, and participation in ongoing evaluation and improvement of the emergency medical dispatch process. This process includes identifying the nature of the request, prioritizing the severity of the request. Dispatching the necessary resources, providing medical aid

and safety instructions to the callers and coordinating the responding resources as needed but does not include call routing per se.

- 12. Emergency Medical Dispatch Provider Agency (EMD Provider Agency) shall mean the Guam Fire Department that accepts the responsibility to provide emergency medical dispatch services for emergency medical assistance, and is certified in Guam in accordance with this Act.
- shall mean an Office of EMS and EMD Medical Director approved system that includes: the protocol used by an emergency medical dispatcher in an emergency medical dispatch agency to dispatch aid to medical emergencies that includes: systematized caller interrogation questions; systemized dispatch life support instructions; and, systematized coding protocols that match the dispatcher's evaluation of the injury or illness severity with the vehicle response mode and vehicle response configuration; continuous quality improvement program that measures compliance to protocol through ongoing random case review for each EMD; and a training curriculum and testing process consistent with the specific EMDPRS protocol used by the emergency medical dispatch agency.
- 14. Emergency Medical Dispatch Services shall mean the process for taking requests for emergency medical assistance from the public, identifying the nature of the request, prioritizing the severity of the request based on the emergency medical dispatch provider agency's local policies and procedures, dispatching the necessary resources, providing medical aid and safety instructions to the callers, and coordinating the responding resources as needed.

15. Enhanced Emergency-911/NextGen-911 shall mean the telephone communications system specifically designated for handling the emergency, medical, rescue, and public safety telephone communications needs of Guam, which automatically indentifies the caller's telephone number and location with capabilities to receive and transmit SMS, Video Message and Access For Individuals With Hearing And Speech Disabilities.

- 16. Post-Dispatch Instructions (PDI) shall mean case-specific advice, warnings, and treatments given by trained EMDs whenever possible and appropriate through callers after dispatching field responders.

 These protocols are part of an EMDPRS.
- approved scripted medical instructions given in life threatening situations whenever possible and appropriate, where correct evaluation, verification, and advice given by emergency medical dispatchers is essential to provide necessary assistance and control of the situation prior to the arrival of emergency medical services personnel. These protocols are part of an EMDPRS and are used as close to a word-for-word as possible.
- 18. Quality Assurance and Improvement Program shall mean a program approved by the Office of EMS and administered by the EMD Provider Agency for the purpose of insuring safe, efficient, and effective performance of EMDs in regard to their use of the EMDPRS and patient care advice provided. This program shall include at a minimum, the random case review evaluating EMD performance, feedback of EMDPRS compliance levels to EMDs, related to CDE 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.
1.5	(a) National Standards Degrined
17	(e) National Standards Required. The Office of EMS shall was applicable national standards when developing
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
	rules and regulations for the following pursuant to this Act:
23	rates and regulations for the following pursuant to this Act.
24	I. Emergency Medical Dispatch Protocol Reference System
25	(EMDPRS)

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:
	1. An emergency medical dispatcher shall receive a minimum of twenty-
15	1. An emergency medical dispatcher shall receive a minimum of twenty-
15 16	four (24) hours of continuing dispatch education (CDE) every two
16	four (24) hours of continuing dispatch education (CDE) every two
16 17	four (24) hours of continuing dispatch education (CDE) every two years.
16 17 18	four (24) hours of continuing dispatch education (CDE) every two years. 2. All CDE will be submitted to the Office of EMS for approval then
16 17 18 19	four (24) hours of continuing dispatch education (CDE) every two years. 2. All CDE will be submitted to the Office of EMS for approval then coordinated and organized by the EMD Provider Agency.
16 17 18 19 20	 four (24) hours of continuing dispatch education (CDE) every two years. All CDE will be submitted to the Office of EMS for approval then coordinated and organized by the EMD Provider Agency. CDE shall include issues identified by the EMD continuous quality
16 17 18 19 20 21	 four (24) hours of continuing dispatch education (CDE) every two years. 2. All CDE will be submitted to the Office of EMS for approval then coordinated and organized by the EMD Provider Agency. 3. CDE shall include issues identified by the EMD continuous quality improvement process, and one or more of the following:
16 17 18 19 20 21 22	four (24) hours of continuing dispatch education (CDE) every two years. 2. All CDE will be submitted to the Office of EMS for approval then coordinated and organized by the EMD Provider Agency. 3. CDE shall include issues identified by the EMD continuous quality improvement process, and one or more of the following: a) Medical conditions, incident types, and criteria necessary when
16 17 18 19 20 21 22 23	four (24) hours of continuing dispatch education (CDE) every two years. 2. All CDE will be submitted to the Office of EMS for approval then coordinated and organized by the EMD Provider Agency. 3. CDE shall include issues identified by the EMD continuous quality improvement process, and one or more of the following: a) Medical conditions, incident types, and criteria necessary when performing caller assessment and prioritization of medical calls,

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) <u>Video, CD, Internet</u>
8	c) <u>Articles</u>
9	d) <u>Tape Reviews</u>
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.

IV. Continuous Quality Improvement Standards

1	1.	The EMD Provider Agency shall establish a continuous quality
2		improvement (CQI) 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 CQI 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		<u>be initiated.</u>
19		(C) Review EMD reports, and /or other records of patient
20		care to compare performance against medical standards of
21		<u>practice.</u>
22		(D) <u>Recommend training, policies and procedures for quality</u>
23		<u>improvement.</u>
24		(E)Perform strategic planning and the development of broader
25		policy and position statements.
26		(F) <u>Identify CDE needs.</u>

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 CQI 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

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:

EMDPRS minimum protocol compliance standards, and Agency

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

six months, or be both fined and imprisoned.

§ 842	220.	Division	of	EMS
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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:

- 1) provide off-line medical control for government of Guam emergency medical technicians (EMTs), E-911 dispatchers, and on-line emergency department personnel;
- 2) participate with other Emergency Medical Systems (EMS) agencies in the planning, development and advancement of EMS;
- 3) assist in adoption of treatment protocols as developed by the Department of Public Health and Social Services Office of EMS;
- 4) coordinate with the Department of Public Health and Social Services
 Office of EMS, the Guam Fire Department Training Bureau, the Guam Community College and all other training centers, for the training of pre-hospital personnel;
- 5) aid government of Guam agencies in achieving compliance with the Department of Public Health and Social Service EMS Rules and Regulations relative to personnel, equipment training, vehicles, communications and supplies; and
- 6) conduct EMS research as needed;
- (b) The Division shall designate the following:
 - 1) Off-line EMS Medical Control Physician A GMHA Emergency Department staff physician with either formal training or extensive

experience in EMS shall be the head of this Division under the title of experience in EMS shall be the head of this Division under the title of Off-line EMS Medical Control Physician and this physician shall operate as an agent of GMHA; and

- 2) Second Off-line Medical Control Physician for Pediatric Pre-hospital Care. Following recommendations of the federal program EMS for Children, the involvement of a GMHA Emergency Department Staff pediatrician as a second off-line EMS Medical Control Physician, namely as an Off-line EMS Medical Control Physician-Pediatrics is highly encouraged; this pediatrician shall, as an agent of GMHA, provide off-line medical control for pre-hospital medical care provided specifically to children by government of Guam EMS personnel; and
- 3) EMS Medical Coordinator. The Division of EMS at GMHA shall have one (1) full-time EMS Medical Coordinator who shall be a certified EMT-Paramedic or registered nurse with EMS experience, and who shall work under the guidance of the Off-line Medical Control Physician.
- (c) Administrative and Educational Resources. GMHA shall make available adequate GMHA administrative and educational resources to support the Division of EMS and its mission.
- (d) EMS agencies to share resources. In recognition of the multi-agency nature of EMS Medical Direction, all agencies involved with EMS on Guam shall, within reason, share personnel and other resources with each other across agency lines in an effort to assure the uninterrupted and effective existence of all three 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.
- f) The amount of Two Hundred Thousand Dollars (\$200,000.00) is hereby appropriated from the General Fund to the Guam Memorial Hospital Guam Office of EMS for the specific use for the establishment of the Division of EMS. The unexpended balance of the appropriation shall *not* revert back to the General Fund, but shall be carried over into the next fiscal year to be expended in accordance with the original purpose of said funds. The funds appropriated herein shall *not* be' subject to I *Maga'Låhen Guåhan's* transfer authority.
 - (g) The Civil Service Commission in collaboration with the Guam Memorial Hospital Authority shall develop the job descriptions and salary structure for the positions delineated in this Act within six (6) months upon enactment of this Act.

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- (h) Severability. If any provision of this Act or its application to any person or circumstances is found to be invalid or contrary to law, such invalidity shall not affect other provisions or applications of this Act which can be given effect without the invalid provisions or applications, and to this end the provisions of this Act are severable."
- Section 3. Effective Date. Notwithstanding any other provision of law, the provisions of this Act shall be effective upon enactment.
- Section 4: Severability. If any provision of this Act or its application to any person or circumstance is found to be invalid or contrary to law, such

- 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.