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

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

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

Tina Rose Muña Barnes
Acting Speaker

Attested:

vicente c. pangelinan
Acting Legislative Secretary

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

Assistant Staff Officer
Maga'lahi's Office

APPROVED:

EDWARD J.B. CALVO
I Maga'lahen Guåhan

Date: _____

Public Law No. _____

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

Bill No. 339-31 (COR)
As substituted by Committee on Health & Human Services,
Senior Citizens, Economic Development, and Election Reform;
and amended on the Floor.

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

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

BE IT ENACTED BY THE PEOPLE OF GUAM:

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

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

Chapter 84 of Title 10, Guam Code Annotated, was established by the 14th Guam Legislature, and subsequently expanded in scope and amended by the 27th Guam 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 Liheslatura* 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, Title 10 GCA, as enacted by the 23rd Guam 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 cannot 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, into which the patient is transferred, and subsequently transported to GMH. This results in a significant delay in the patient receiving the desperately needed medical attention.

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

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

"**Chapter 84**

EMERGENCY MEDICAL SERVICES

§ 84101. Intent.
§ 84102. Definitions.
§ 84103. Guam Emergency Medical Services Administrative Office.
§ 84104. Administration.
§ 84105. The Administrative Office: Composition; Duties and Responsibilities.
§ 84106. Guam Emergency Medical Services Commission.
§ 84107. Purpose.
§ 84108. Composition.
§ 84109. Organization.
§ 84110. Certification.
§ 84111. Certification Procedure.
§ 84112. Exemptions From This Chapter.
§ 84113. Suspension and Revocation Procedure.
§ 84114. Required Treatment.
§ 84115. Consent.
§ 84116. Prosecution of Illegal Acts.
§ 84117. Penalties.
§ 84118. Rules and Regulations.
§ 84119. Grants.
§ 84120. EMS Medical Director: Required Qualifications.

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

§ 84122. Division of EMS.

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

§ 84101. Intent. *I Liheslaturan Guåhan* 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 Guam;

(b) it is the purpose and intent of this Chapter to establish, promote and maintain a comprehensive emergency medical services system throughout Guam. 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 Chapter. Further, it is the policy of the government of Guam that people *shall* be encouraged and trained to assist others at the scene of a medical emergency. The local government, 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;

(c) it is the intent of *I Liheslatura* to assure the island community that prompt, efficient and effective emergency medical services will be provided as mandated by Public Law 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, *I Liheslatura* 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, *I Liheslatura* 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; and

(d) it is the intent of *I Liheslatura* in enacting this Chapter to prescribe and exercise the degree of government of Guam direction and supervision over emergency medical services as will provide for the government of Guam 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:

(a) ***Emergency medical service*** means a service designated by the Commission as providing emergency medical assistance on the scene, enroute, 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 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.

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

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

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

(g) ***Cardiopulmonary resuscitation*** or "CPR" means the combination of rescue breathing and chest compressions used to

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

(h) ***Disaster situation*** includes "mass casualties", "national emergency", "natural disaster", or person-caused disaster.

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

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

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

(l) ***Ambulance*** means any privately or publicly owned ground motor vehicle, watercraft, or aircraft that is specially designed, constructed, equipped and approved pursuant to the 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.

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

(n) ***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 of 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.

(o) ***Emergency Medical Technician-Basic*** means someone 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.

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

(q) ***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.

(r) ***Emergency Medical Technician Paramedic*** **(EMT-P)** 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.

(s) ***Emergency Medical Technician Intermediate*** **(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 is to provide advanced life support, and who meets specialized extensive training in advance assessment and treatment skills as required by the EMS Administrator.

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

(u) ***Certificate or Certification*** (1) *Certificate* or *license* means a specific document issued by the Administrator to an individual denoting competence in the named area of pre-hospital service either paid or volunteer; (2) *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 Chapter; (3) 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.

(v) ***Competency based curriculum*** 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.

(w) ***Designated facility*** 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.

(x) ***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.

(y) ***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.

(z) ***Emergency Medical Services System*** 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.

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

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

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

(dd) ***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.

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

(ff) ***Emergency Medical Dispatcher-E911 Call Taker*** means an individual trained and certified 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 (2) 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.

(gg) ***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 of 2002 refers to "Emergency response providers", and includes, federal, state, and local government emergency public safety, law enforcement, emergency response, emergency medical, and related personnel, agencies, and authorities.

(hh) ***Non-medical Transport Services*** means 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.

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

(jj) ***Basic Life Support Emergency Ambulance Services*** means 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.

(kk) ***Training Service Provider*** means an organization or 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, which must be approved by the EMS Administrator of the DPHSS Office of EMS.

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

§ 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 Guam 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 EMS system. All emergency medical services, ambulance services, and private non-emergent transport services conducted are under the authority of the Office of EMS, and *shall* be consistent with this Chapter.

The Office of EMS *shall* be responsible for the implementation of advanced life support systems, 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.

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

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

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

(a) implement emergency medical services regulations and standards;

(b) develop and promote, in cooperation with local public and private organizations and persons, a 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 medical services with like services in the military, the Commonwealth of the Northern Marianas Islands, the Federated States of Micronesia, and the Republic of Palau;

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

(1) emergency medical services personnel and training;

(2) emergency medical services facilities assessment ;

(3) emergency medical services transportation and related equipment;

(4) telecommunications and communications;

(5) interagency coordination and cooperation;

(6) system organization and management;

(7) data collection, and management and evaluation;

(8) public information and education; and

(9) disaster response.

(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 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 ;

(3) emergency medical services transportation and related equipment;

(4) telecommunications and communications;

(5) interagency coordination and cooperation;

(6) system organization and management;

(7) data collection, and management and evaluation;

(8) public information and education; and

(9) disaster response.

(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;

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

(g) the Office of EMS *shall* be responsible for determining that the operation of training programs at the EMR, EMT-B, EMT-I, ALS and EMT-P levels are in compliance with this Chapter, 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, the Guam Fire Department Training Center, and any training service provider or professional organization that provides emergency medical services training for basic, intermediate, advanced life support and paramedic;

(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;

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

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

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

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

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

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

(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;

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

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

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

(n) regulate, inspect, certify, and re-certify emergency medical services facilities, personnel, equipment, supplies, ambulances, advanced life support vehicles, ambulance, emergency ambulance services, private non-emergent medical transport vehicle providers, private communications facilities and locations engaged in providing emergency medical services under this 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* be limited to, the following:

(1) a formal program of continuing education;

(2) minimum period of service as emergency medical services 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, 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.

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

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

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

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

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

(1) ambulance services operating within Guam; and

(2) emergency medical care offered within Guam, including programs for training large numbers of people in cardiopulmonary resuscitation and lifesaving first aid techniques;

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

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

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

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

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

(3) care rendered to patients outside the hospital;

(4) emergency department care;

(5) interfacility consultation, transfer, and transport;

(6) pediatric critical care and pediatric trauma services;

(7) general trauma centers with pediatric considerations;

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

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

(10) information management and system evaluation;

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

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

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

(14) establish an EMSC technical advisory committee;

(15) facilitate cooperative interstate relationships to provide appropriate care for pediatric patients who must travel abroad to 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 Emergency 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 on all matters relating to the Guam EMS system.

§ 84107. Purpose.

The Commission:

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

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

(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 services, 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;

(d) *shall* 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;

(e) *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;

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

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

(2) gross negligence;

(3) listed on Sex Offender Registry;

(4) repeated negligent acts;

(5) incompetence;

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

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

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

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

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

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

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

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

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

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

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

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

§ 84108. Composition.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

§ 84109. Organization.

(a) Selection of Officers; Compensation of Members. *I Maga'lahi* (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 the call of the Chairman, but meetings *shall* be held at least quarterly. The members of the Commission shall receive no compensation for their services, but *shall* be reimbursed for their actual and necessary expenses incurred in the performance of their duties, including travel expenses.

(b) Quorum. A majority of the voting members appointed plus one (1) *shall* 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.

(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.

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.

(1) The Guam Community College School of Allied Health, the Guam Fire Department, the University of Guam, and other EMS training service providers approved by the DPHSS Office of EMS *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 the National Emergency Medical Services Advisory Council.

(2) The Guam Community College School of Allied Health, the Guam Fire Department, the University of Guam, and other EMS training service providers approved by the DPHSS Office of EMS *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: the Department of Transportation, National Highway Traffic Safety Administration or the 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 (EMT-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 the National Emergency Medical Services Advisory Council.

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

(c) Ambulances, emergency medical services facilities, private non-emergent transport vehicles, and 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:

(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).

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

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

(3) Transfer of care by a 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.

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

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

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

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

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

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

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

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

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

§ 84111. Certification Procedure.

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

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

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

Administrator, and *shall* 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 of Transportation.

(c) An applicant from jurisdictions outside of Guam can submit an application for certification on Guam under oath on a form to be approved by the Commission and provided by the Administrator, and *shall* 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 of Transportation.

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

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

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

(1) be eighteen (18) years of age or older;

(2) provide a current photo ID (Guam drivers license or U.S. passport);

(3) provide a certified copy of a Police Clearance from the Guam Police Department;

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

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

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

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

(g) **Renewal of Certification.**

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

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

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

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

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

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

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

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

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

For the purposes of this Section, "local or national emergency" includes, but is *not* limited to:

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

(B) a federal or state disaster or emergency;

(C) a terrorist threat; or

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

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

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

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

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

(3) This Section:

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

(B) *shall* also apply to a Member whose license is current, but will expire within one hundred twenty (120) days of the 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 declaration of state of emergency and/or executive order by *I Maga'lahi* (the Governor) 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 Guam in order to provide emergency medical services to patients who are picked up outside Guam for transportation to locations within Guam; or

(3) when and where government resources are inadequate to support the EMS geographic response time, the EMS Commission via the Chairman and three (3) 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, the Guam Office of EMS, and the Department of Revenue & Taxation Motor Vehicle Code and/or Regulations.

(b) The emergency medical services facilities, personnel, related equipment of any agency, private and non-emergent private transport services, 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 proof of such ability or coverage.

§ 84115. Consent.

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

liability based solely upon the 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 is found to 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 Guam, 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 violates any of the provisions of this Chapter *shall* be guilty of a misdemeanor, and upon conviction thereof *shall* be punished by a fine of *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 Office of EMS, with the exception of grants being applied for by the Guam Fire Department. The Office of EMS and the 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.

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

(a) This Section *shall* be known and may be cited as the ***"Emergency Medical Dispatch Provision."***

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

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

(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 inter-facility 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) ***Call routing*** shall mean the reception of emergency calls where the purpose is to only determine the course of direction of routing (police, fire, and medical) resulting in rapid transfer of medical emergency 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) ***Continuing Dispatcher Education (CDE)*** 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 ensuring 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 following: 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 director.

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

(7) ***Dispatch life support (DLS)*** 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) ***EMD medical direction*** 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 possesses knowledge of emergency medical systems in Guam approved by the Office of EMS, and 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, who is certified in Guam and who 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.

(13) ***Emergency Medical Dispatch Priority Reference System (EMDPRS)*** 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; systematized dispatch life support instructions; systematized coding protocols that match the dispatcher's evaluation of the injury or illness severity with the vehicle response mode and vehicle response configuration; a 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 to callers after dispatching field responders. These protocols are part of an EMDPRS.

(17) ***Pre-Arrival Instructions (PAI)*** shall mean the current medically 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 ensuring 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 the Medical Director and the Office of EMS.

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

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

(d) **Certification.**

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

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

(e) **National Standards Required.**

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

(f) **Authority and Responsibilities.**

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

I. Emergency Medical Dispatch Protocol Reference System (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; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

III. Continuing Dispatch Education (CDE) Standards.

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

(2) All CDE will be submitted to the Office of EMS for approval, and 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;

(b) use of the EMD protocol reference system;

(c) call taking interrogation skills;

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

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

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

(g) attendance at EMD workshops/conferences.

(4) Methodologies for presenting CDE includes:

(a) formalized classroom lecture;

(b) video, CD, internet;

(c) articles;

(d) tape reviews;

(e) participation on medical dispatch committee; and/or

(f) field observations (e.g. ride-along with EMS personnel, or emergency department observation of communications activities).

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

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

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

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

IV. Continuous Quality Improvement (CQI) Standards.

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

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

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

(3) The CQI process *shall*:

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

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

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

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

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

(F) identify CDE needs.

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

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

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

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

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

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

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

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

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

V. Policies and Procedures.

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

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

(b) providing systematized caller interview questions;

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

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

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

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

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

VI. Records Management.

(1) Course Completion Records.

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

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

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

(2) Training Program Provider Records.

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

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

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

(3) CQI Case Review Records:

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

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

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

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

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

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

VIII. Effective Date.

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

IX. Penalties.

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

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

§ 84122. Division of EMS.

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

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

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

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

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

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

(6) conducting 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 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; and 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 (3) levels of physician involvement in Guam's EMS system.

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

(f) The amount of Two Hundred Thousand Dollars ($200,000) is hereby appropriated from the General Fund to the Guam Office of EMS under the DPHSS. 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.

(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."

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