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Standard Guide for Structures and Responsibilities of Emergency Medical Services Systems Organizations¹

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1. Scope

1.1 This guide establishes optimum guidelines for the structures and responsibilities that will facilitate development, delivery, and assessment of Emergency Medical Services (EMS) on state, regional, and local levels.

1.1.1 *State Level*—At the state level, this guide sets forth a basic structure for the organization and management of a state emergency medical services program and outlines the responsibilities of the state in the planning, development, coordination, and regulation of emergency medical services throughout the state.

1.1.2 *Regional Level*—At the regional level, this guide addresses the planning, development, and coordination of a functional and comprehensive EMS system which consists of all personnel, equipment, and facilities necessary for the response to the emergently ill or injured patient, according to national and state lead agency standards.

1.1.3 *Local Level*—At the local level, this guide sets forth a basic structure for the organization and management of a local EMS system and outlines the responsibilities that a local EMS should assume in the planning, development, implementation, and evaluating of its EMS system.

2. Significance and Use

2.1 This guide is not meant to mandate a specific structure or responsibility at the various levels but rather to suggest a means or method that will allow for the creation or further development of a state, regional, or local EMS system.

2.2 This guide will assist state, regional, or local organizations in establishing EMS systems or refining existing EMS systems.

3. Descriptions of EMS Systems

3.1 *State EMS System*—A state EMS system includes all of the components of all EMS systems within the state, however, particular emphasis is placed upon the following:

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3.1.1 Legislation establishing authority and responsibility for EMS systems.

3.1.2 Development and enforcement of minimum regulations and standards.

3.1.3 Development and dissemination of a statewide plan and goals for EMS systems.

3.1.4 Provision of technical assistance.

3.1.5 Funds for the development, maintenance, and enhancement of EMS systems.

3.1.6 Supportive components, including training, communications systems, record keeping and evaluation, public education, and acute care center designation.

3.1.7 Overall coordination of EMS programs within the state and in concert with other states or federal authorities as needed.

3.2 *Regional EMS System*—A recommended method of structuring substate EMS systems to provide for EMS planning, development, and coordination is to delineate specific geographic areas within which one organization is designated as responsible for the arrangement of personnel, facilities, and equipment for the effective, coordinated, and expeditious delivery of health care services in a region (3.2.1) under emergency conditions occurring as a result of the patient's condition or because of accidents, natural disasters, or similar situations.

3.2.1 *Region*—To implement a regional EMS system, the state lead agency will identify the geographic or demographic area that is a natural catchment area for EMS provision for most, if not all, patients in the designated area. Since this cannot be a perfect definition from an EMS delivery point of view, administrative and coordinating efficiency considerations will have to be made in establishing boundaries. The state lead agency should determine and define the substate structure for planning, coordination, and provision of emergency medical services. When a regional EMS system lies near a state border such that appropriate and efficient care of patients will require cooperation of prehospital system in another state and medical centers in another state, the state lead agency will develop a plan with the adjoining state lead agency. This plan must provide for the triage and transfer of patients across the state border under supervision of the REMSO.

3.2.2 *Regional EMS Organization (REMSO)*—A REMSO is a staffed organization responsible and accountable to the state EMS lead agency for coordinating the system in a region including system operations, and organization and coordination of resources. A REMSO should have a medical director and other technical expertise in order to provide the necessary assistance to its EMS system. A REMSO should work on a regional or subregional basis in liaison with professional societies, public safety, other governmental agencies, local EMS systems, and legislative bodies to establish standards and program policies for continued system improvement.

3.2.2.1 The REMSO should be a substate unit of government or a private entity that may be single or multi-jurisdictional. The REMSO should have the capacity and authority to receive and disburse public and private funds and must be designated by the state EMS lead agency.

3.3 *Local EMS System*—The local EMS system may be organized as a community EMS council and should include all provider groups, private and public, involved in EMS delivery including ambulance or rescue services, hospitals or hospital councils, psychosocial services, local boards of health, police and fire departments, other related governmental and quasi-governmental or political subdivisional bodies, and consumers.

3.3.1 The local EMS system must have linkages to substate and state EMS systems.

3.3.2 The local EMS system should be in compliance with local ordinances and state and federal laws that govern EMS delivery.

4. Standardization

4.1 Standard setting is a major component of the state EMS system operation. This includes, but is not limited to:

- 4.1.1 Legislation.
- 4.1.2 Regulations.
- 4.1.3 Guidelines.
- 4.1.4 Licensure.
- 4.1.5 Training.
- 4.1.6 Certification.
- 4.1.7 Data collection and evaluation.

5. System Coordination

5.1 System coordination is a function of the state EMS system but may be delegated to a regional EMS organization (REMSO). System coordination includes, but is not limited to:

- 5.1.1 Regional system planning.
- 5.1.2 Operational coordination at a regional level.
- 5.1.3 Regional data collection and processing.
- 5.1.4 Evaluation.
- 5.1.5 Continuing education.
- 5.1.6 Coordination of mass casualty incident response.

NOTE 1—If there are no regional organizations within the state, the state EMS will need to accomplish these tasks.

6. Service Delivery

6.1 Service delivery is the major component of local EMS systems. Realizing that patient care is the ultimate goal of EMS systems, service delivery includes, but is not limited to:

- 6.1.1 Public information and education.

- 6.1.2 Notification.
- 6.1.3 Dispatch.
- 6.1.4 First response.
- 6.1.5 BLS/ALS ambulance.
- 6.1.6 Air transport.
- 6.1.7 Medical facilities.
- 6.1.8 Psycho-social services.
- 6.1.9 Evaluation and quality assurance.

7. State EMS System Structure

7.1 *Agency Organization*—Each state should have a single agency with overall responsibility for the state's role in emergency medical services.

7.1.1 Organizationally, this agency should be located in the state government structure such that it reflects the program's health orientation.

7.1.2 The agency should have a representative advisory council, commission, or board to provide advice to the executive and legislative branches on policies, procedures, programs and funding for emergency medical services statewide. Alternatively, the agency may have a board with the authority to adopt or approve rules and regulations. Such a body should also serve as a mechanism for obtaining public support and participation in the program.

7.2 *Personnel*—The agency should have adequate managerial, technical, and clerical staff to carry out its responsibilities.

7.2.1 There should be a designated director who is a full-time employee of the state.

7.2.2 If the director is not a physician, there should be a medical director who serves at least on a part-time basis, depending on the needs of the program.

7.3 *Legislation:*

7.3.1 There should be comprehensive legislation that establishes the EMS program, outlines its basic responsibilities, and provides the authority necessary to effectively carry out these responsibilities.

7.3.2 There should be legislation authorizing the establishment of minimum standards for emergency medical services in the state.

7.3.3 There should be legislation specifying penalties for noncompliance with the established minimum standards.

7.3.4 There should be legislation to provide funding for the EMS program.

7.4 *Substate Structure:*

7.4.1 The state EMS agency should determine and define the substate framework for the planning, coordination, and provision of emergency medical services. This guide suggests that certain responsibilities, authority, and accountability may be delegated to regional and local EMS systems. Although specific suggestions are offered in this guide, the intent is to allow flexibility in configuring state and substate structures to meet the functional needs of the system.

7.4.2 The state should designate the regional boundaries, the regional EMS organization within each region, and the regional organization's responsibilities, authority, accountability, and provisions for servicing the EMS needs of its constituent

state political subdivisions. When a REMSO falls near the border of another state it is essential that the state lead agency develop a plan with the bordering state's lead agency so that the regional EMS system can triage and transfer patients across the border as required by the patient's condition.

7.4.3 If local EMS systems have a "council" or similar organizational structure, the state should have appropriate communication channels to apprise them and the regional EMS systems of relevant information.

8. State EMS System Responsibilities

8.1 *Regulatory:*

8.1.1 The state should have the authority and responsibility for establishing minimum standards for the essential elements of the EMS system.

8.1.2 The state EMS agency should ensure that ambulance services are licensed and certified, that vehicles and equipment are inspected, and that ambulance personnel are licensed and certified.

8.1.3 The state EMS agency should have the responsibility to enforce the regulations, including the authority to take appropriate action to revoke or suspend the license or certification of those not in compliance. Revocation and suspension procedures should afford all litigants due process and provide for appeal.

8.2 *Planning and Standard Development:*

8.2.1 The state EMS agency should develop and disseminate a state EMS plan that does the following:

8.2.1.1 Describes the structure and framework for the development of EMS on a statewide basis.

8.2.1.2 Describes the current status of EMS and identifies statewide needs and priorities.

8.2.1.3 Outlines statewide goals for emergency medical services.

8.2.1.4 Is reviewed in accordance with the review cycle of the state health plan and with appropriate revisions made.

8.2.1.5 Is coordinated with the health planning agency and is integrated into the overall state health plan.

8.2.1.6 Is coordinated with the state emergency management agency and integrated where appropriate into the state emergency operations plan.

8.2.2 The state EMS agency should establish standards and guidelines for the development of EMS systems which:

8.2.2.1 Address all components of an EMS system. These components include but are not limited to: transportation, planning, critical care system development, evaluation, public information and education, training, certification, medical control, communications, mass casualty care, and others referred to within this guide.

8.2.2.2 Address the needs of patients in the following clinical target groups: behavior, burns, cardiac emergencies, obstetrical/perinatal emergencies, neonatal/pediatric emergencies, poisoning, head and spinal cord injuries, trauma, and other medical emergencies.

8.2.2.3 Identify the responsibilities of the various entities and levels of government involved in the system.

8.3 *Technical Assistance*—The state EMS agency should provide technical assistance to local units of government, EMS

providers, and to the REMSOs. This should include, but not be limited to, the following:

8.3.1 Developing guidelines, model procedures, manuals, etc.

8.3.2 Serving as a clearinghouse and referral center for information.

8.3.3 Consulting with public officials, hospital administrators, ambulance service directors, EMS medical directors, etc.

8.3.4 Centralize EMS statistical data processing and provide activity reports to EMS providers and organizations involved in the provision and coordination of EMS.

8.4 *Funding*—The state government should provide funds to support the development, maintenance, and enhancement of emergency medical services systems including, but not limited to, the following:

8.4.1 Administrative and programmatic support of the state EMS agency.

8.4.2 Administrative and programmatic support of regional EMS organizations (REMSOs) in the form of direct funding or facilitation of other funding.

8.4.3 Grants to local EMS systems (or community EMS councils), ambulance providers, local governments, hospitals, and other appropriate agencies for improvement of the EMS system if such funds are available.

8.5 *Programs*—The state EMS agency should establish and/or operate supportive statewide programs for the development of emergency medical services to include, but not necessarily be limited to, the following:

8.5.1 Programs for the training and certification of prehospital EMS personnel.

8.5.2 Programs for planning, developing, and coordinating EMS communication systems. This should include citizen access, coordination, dispatch, and medical command/control.

8.5.3 Programs for the evaluation of the system including the establishment of an EMS patient record keeping system with, at a minimum, a standard run form or data set; the collection and tabulation of general statistics; and the development of programs to monitor, evaluate and outline definitive action steps to ensure optimal systems integrity of substate (regional) and local EMS systems.

8.5.4 Programs of statewide public education (PE) including the development of PE materials of importance to the citizens and EMS providers of the state.

8.5.5 Programs for application for designation as specialized acute care (trauma, burns, poison, pediatrics, etc.) centers, as necessary, to include evaluation of designated specialized acute care centers and systems.

8.5.6 Programs for preparedness, response, and evaluation of mass casualty incidents.

8.6 *Coordination:*

8.6.1 The state agency should have the primary responsibility for coordinating EMS activities with other state and federal agencies and with other states.

8.6.2 The state EMS agency should establish and maintain a liaison with other state and national EMS and EMS related organizations.