Designation: F1339 – 92 (Reapproved 2016)

Standard Guide for Organization and Operation of Emergency Medical Services Systems[1]

This standard is issued under the fixed designation F1339; the number immediately following the designation indicates the year of original adoption or, in the case of revision, the year of last revision. A number in parentheses indicates the year of last reapproval. A superscript epsilon (ε) indicates an editorial change since the last revision or reapproval.

1. Scope

1.1 This standard established guidelines for the organization and operation of Emergency Medical Services Systems (EMSS) at the state, regional and local levels. This guide will identify methods of developing state standards, coordinating/managing regional EMS Systems, and delivering emergency medical services through the local EMS System.

1.1.1 At the state level this guide identifies scope, methods, procedures and participants in the following state structure responsibilities: (*a*) establishment of EMS legislation; (*b*) development of minimum standards; (*c*) enforcement of minimum standards; (*d*) designation of substate structure; (*e*) provision of technical assistance; (*f*) identification of funding and other resources for the development, maintenance, and enhancement of EMS systems; (*g*) development and implementation of training systems; (*h*) development and implementation of communication systems; (*i*) development and implementation of record-keeping and evaluation systems; (*j*) development and implementation of public information, public education, and public relations programs; (*k*) development and implementation of acute care center designation; (*l*) development and implementation of a disaster medical system; (*m*) overall coordination of EMS and related programs within the state and in concert with other states or federal authorities.

1.2 At the regional level, this guide identifies methods of planning, implementing, coordinating/managing, and evaluating the emergency medical services system which exists within a natural catchment area and provides guidance on the use of these methods.

1.3 At the local level, this guide identifies 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 evaluation of its EMS system.

2. Referenced Documents

2.1 *ASTM Standards:*[2]

F1086 Guide for Structures and Responsibilities of Emergency Medical Services Systems Organizations

F1149 Practice for Qualifications, Responsibilities, and Authority of Individuals and Institutions Providing Medical Direction of Emergency Medical Services

F1220 Guide for Emergency Medical Services System (EMSS) Telecommunications

F1268 Guide for Establishing and Operating a Public Information, Education, and Relations Program for Emergency Medical Service Systems

F1285 Guide for Training the Emergency Medical Technician to Perform Patient Examination Techniques

2.2 *American Ambulance Association*

Standards and Accreditation Document[3]

3. Significance and Use

3.1 This guide suggests methods for organizing and operating state, regional, and local EMS systems, in accordance with Guide F1086. It will assist state, regional, or local organizations in assessing, planning, documenting, and implementing their specific operations. The guide is general in nature and able to be adapted for existing EMS Systems. For organizations that are establishing EMS System operations, the guide is specific enough to form the basis of the operational manual.

4. State Guide

4.1 *Establishment of EMS Legislation:*

4.1.1 *Methods and Procedures*—The legislative process varies from state to state. The EMS lead agency should seek a description of the process in its state from:

4.1.1.1 The legislature's staff or clerk offices.

4.1.1.2 The legislative liaison, or other appropriate staff of the governmental unit housing EMS (its "umbrella").

4.1.1.3 The legal counsel assigned to EMS.

[1] This guide is under the jurisdiction of ASTM Committee F30 on Emergency Medical Services and is the direct responsibility of Subcommittee F30.03 on Organization/Management.

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[2] For referenced ASTM standards, visit the ASTM website, www.astm.org, or contact ASTM Customer Service at service@astm.org. For *Annual Book of ASTM Standards* volume information, refer to the standard's Document Summary page on the ASTM website.

[3] Available from the American Ambulance Association.

TABLE 1 Levels of Organization

	State	Regional[A]	Local
Standard Setting	Legislation Regulations Guidelines/policies/procedures State protocols	Regional policies Regional protocols Assistance re: personnel	Employment standards Operating policies
System Coordination	Statewide coord. and planning Licensure/certification Facility licensure Service approval/licensure Training approval MIS/QA Inter-regional coord. Inter-state coord. Statewide SMI planning Design of sub-state structure	System planning Implementation Inter-organizational coordination Regional SMI Medical audit/QA Operational coordination System evaluation Personnel authorization accreditation	Daily operations
Service Delivery	Training Technical assistance Communications guidelines Funding PI&E	Training coordination Group purchasing Technical assistance PI&E	First response Ambulance (BLS, ALS; ground, helicopter, fixed wing) Hospital services PI&E

[A] If there are no regional organizations, within the state, the State EMS will need to accomplish, either directly or through delegation, regional tasks.

4.1.2 Legislative proposals are commonly subject to the following processes:

4.1.2.1 *Drafting*—The standard-setting or other goal is put into general form by the agency, citing the sections of statute it believes are affected. The entities listed in 4.1.1 – 4.1.1.3 may be a resource, or may be required to be involved, in this proposal development.

4.1.2.2 *Sponsorship*—The proposal may be submitted through the agency's "umbrella" department to become an official part of the administration's legislative initiative. Whether this is true or not, the umbrella's legislative liaison will generally seek the sponsorship of appropriate legislators for the bill unless the bill is opposed by the administration. Sponsorship might be sought directly by the agency or by third parties on the agency's behalf under certain circumstances where practical.

4.1.2.3 *Final Drafting and Introduction*—The bill may be drafted in the form technically required for consideration by the legislature in the umbrella unit and/or legislative counsels offices. It is then read in the legislature and generally referred to a committee.

4.1.2.4 *Committee Consideration*—The committee usually holds a public hearing at which the agency and others may testify in favor of or against the bill, or neutrally. In subsequent, scheduled work sessions the bill is considered, changed as necessary, and some action usually voted. Agency and lobbyist attendance at work sessions is common and often influential.

4.1.2.5 *Adoption/Rejection*—Bills voted out to the legislature by committee, favorably or otherwise, are then read and voted on by that body.

4.1.2.6 *Governor*—Bills adopted by the legislature may be signed, not signed (but not vetoed), or vetoed by the governor. Bills that are vetoed may be returned to the legislature to attempt to override the veto. Bills that are not vetoed generally become law immediately if designated as emergency bills, or some time after the legislature adjourns as prescribed by law.

4.1.3 The timing of legislative proposal submissions, and the tracking of their progress to assure agency input are critical to their success. Hearing announcements and progress reports generated by the legislature or umbrella unit legislative liaison are useful. A legislative "hotline" is also commonly available and of use in tracking bills but personal contact with legislative aides and/or committee staff and legal counsels are even more useful.

4.1.4 *Participants in the EMS Legislative Process:*

4.1.4.1 Drafting/Sponsorship Resources may include:

(a) Umbrella unit legislative liaison,

(b) Assistant attorney general assigned to EMS,

(c) Legislators/aides to legislators,

(d) Staff/legal counsel to committee likely to consider bill, and

(e) Agency staff, or staff of other agencies.

4.1.4.2 Formally Required Reviews/Approvals and/or Informal, Politically Expedient, Reviews/Approvals may be sought from:

(a) Umbrella unit commissioner/head (cabinet level),

(b) Other agency heads with any potential interest,

(c) State EMS and other advisory boards with potential interest,

(d) REMSO staffs and advisory councils, and

(e) EMS, fire, physician, nurse and other organized, active EMS-related professional associations.

4.1.4.3 *Resources for Monitoring Legislative Progress:*

(a) Legislature staff/clerk offices and their publications (for example, hearing notices) and hotline,

(b) Committee members and their aides,

(c) Committee staffers and legal counsels, and

(d) Sponsors of bill and their aides.

4.1.4.4 *Public Hearing Testimony Resources:*

(a) Those listed in 4.1.4.1, *a* to *e*, (sponsoring), 4.1.4.2, *a* to *e*, (review/approval), and 4.1.4.3, *a* to *d*, (monitoring),

(b) Hospital/prehospital personnel, and

(c) Consumers.

4.1.4.5 *Governor's Office Resources:*

(a) Umbrella unit commissioner/head (cabinet level),

(b) Aides to Governor (if known and appropriate), and

(c) Legislators and aides with links to Governor.