

**10 GCA HEALTH AND SAFETY
CH. 84 EMERGENCY MEDICAL SERVICES**

**CHAPTER 84
EMERGENCY MEDICAL SERVICES**

SOURCE: Gov't Code Article 1, Chapter 6, Title XLVII, added by P.L. 14-011 (Apr. 5, 1977). Codified by the Compiler as Chapter 84 of Title 10, GCA. Chapter amended by P.L. 23-077 (Mar. 6, 1996) and P.L. 31-146:2 (Nov. 17, 2011).

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§ 84101. Intent.

I Liheslaturan Guahan 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;

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(b) it is the purpose of this Chapter to establish, promote and maintain a comprehensive emergency medical services system throughout the island. The system will provide for the arrangement of personnel, facilities, and equipment for the effective and coordinated delivery of health care services under emergency conditions, whether occurring as the result of a patient's condition or of natural disasters or other causes. The system shall also provide for personnel, personnel training, communications, emergency transportation, facilities, coordination with emergency medical and critical care services, coordination and use of available public safety agencies, promotion of consumer participation, accessibility to care, mandatory standard medical recordkeeping, consumer information and education, independent review and evaluation, disaster linkage, mutual aid agreements, and other components necessary to meet the purposes of this part;

(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.

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SOURCE: Gov't Code Article 1, Chapter 6, Title XLVII, codified by the Compiler as Chapter 84 of Title 10, GCA. Subsection (c) added by P.L. 23-077:9-10 (Mar. 6, 1996). Amended by P.L. 31-146:2 (Nov. 17, 2011). Subsection (d) renumbered to subsection (e) and a new subsection (d) added by P.L. 34-168:2 (Dec. 29, 2018). Subsections (b) and (d) amended, subsection (e) repealed by P.L. 36-121:1 (Nov. 9, 2022).

§ 84102. Definitions.

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

(a) *Administrator* means the Administrator or his/her designee of the DPHSS Office of EMS Administrative Office created under this Chapter.

(b) *Advanced Cardiac Life Support (ACLS)* is a course of instruction designed to prepare students in the practice of advanced emergency cardiac care.

(c) *Advance Emergency Medical Technician (AEMT)* provides basic and limited advanced emergency medical care and transportation for critical and emergent patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide patient care and transportation. Advanced Emergency Medical Technicians function as part of a comprehensive EMS response, under medical oversight. Advanced Emergency Medical Technicians perform interventions with the basic and advanced equipment typically found on an ambulance. The Advanced Emergency Medical Technician is a link from the scene to the emergency health care system.

(d) *Ambulance* is any conveyance on land, sea or air used or is intended to be used for the purpose of responding

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to emergency life-threatening situations and providing emergency transportation services.

(e) *Basic Cardiac Life Support (BLS/CPR)* is a course of instruction designed to prepare students in cardiopulmonary resuscitation techniques.

(f) *Certificate or Certification* means authorization in written form issued by the Administrator to provide emergency medical assistance on the scene, enroute, and at designated emergency medical facilities.

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

(h) *Continuing Education* means education required for the renewal of a certificate or registration.

(i) *Department of Transportation (DOT)* is a federal agency mandated to establish minimum standards for provisions of care for victims.

(j) *Department (DPHSS OEMS)* is the Guam Department of Public Health and Social Services (DPHSS) Office of EMS.

(k) *E-911* means “Enhanced” 911.

(l) *Education Program Standards* means DOT and NHTSA approved National EMS Educational Standards that shall be met by state-recognized EMS education programs.

(m) *Emergency* means any actual or self-perceived event which threatens the life, limb, or well-being of an individual in such a manner that immediate medical or public safety care is needed.

(n) *Emergency Ambulance Service* means the transportation of injured/ill patients by ambulance and the administration of emergency medical services to injured/ill patients before or during such transportation.

(o) *Emergency Medical Dispatcher (EMD)* - An emergency medical dispatcher is a professional telecommunicator tasked with the gathering of information

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related to medical emergencies, the provision of assistance and instructions by voice prior to the arrival of emergency medical services (EMS), and the dispatching and support of EMS resources responding to an emergency call. The term “emergency medical dispatcher” is also a certification level and a professional designation, certified through the Association of Public-Safety Communications Officials-International (APSCOI) or the National Academies of Emergency Dispatch.

(p) *Emergency Medical Responder (EMR)* provides immediate lifesaving care to critical patients who access the emergency medical services system. EMRs have the knowledge and skills necessary to provide immediate lifesaving interventions while awaiting additional EMS resources to arrive. EMRs also provide assistance to higher-level personnel at the scene of emergencies and during transport. Emergency Medical Responders are a vital part of the comprehensive EMS response. Under medical oversight, Emergency Medical Responders perform basic interventions with minimal equipment.

(q) *Emergency Medical Service Facility* is a facility that is certified and operated under the Government Code of Guam, and is equipped, prepared, and staffed to provide medical care for emergency patients appropriate to its classification that evaluates and stabilizes a medical condition of a recent onset and severity, including severe pain, psychiatric disturbances, or symptoms of substance abuse, that would lead a prudent layperson possessing an average knowledge of medicine and health to believe that the person’s condition, sickness, or injury is of such a nature that failure to get immediate medical care could result in death or dismemberment.

(r) *Emergency Medical Technician (EMT)* provides out of hospital emergency medical care and transportation for critical and emergent patients who access the emergency medical services (EMS) system. EMTs have the basic knowledge and skills necessary to stabilize and safely transport patients ranging from non-emergency and routine

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medical transports to life threatening emergencies. Emergency Medical Technicians function as part of a comprehensive EMS response system, under medical oversight. Emergency Medical Technicians perform interventions with the basic equipment typically found on an ambulance. Emergency Medical Technicians are a critical link between the scene of an emergency and the health care system.

(s) *Emergency Medical Services (EMS)* means services designated by the Commission as providing emergency medical assistance on the scene, enroute, and at designated EMS facilities.

(t) *Emergency Medical Services Commission* is the Guam Emergency Medical Services Commission as created under Article 1, Public Law 14-11.

(u) *Emergency Medical Services Coordinator* is an individual designated to serve as a liaison officer for EMS inter-agencies, i.e., Guam Memorial Hospital Authority, Department of Public Works – Office of Highway Safety, Guam Community College, Civil Defense, and EMS/Rescue Bureau of the Guam Fire Department. The person shall coordinate didactyl and clinical instructions and oversee the student clinical activities

(v) *EMS Education Center* is a state-recognized provider of initial courses, EMS continuing education topics, and/or refresher courses that qualify individuals for state and/or National Registry EMR, EMT, AEMT, and Paramedic or EMD provider certification.

(w) *EMS Education Group* is a state-recognized provider of EMS continuing education topics and/or refresher courses that qualify individuals for initial or renewal of a state and/or National Registry EMR, EMT, AEMT, and Paramedic or EMD certification.

(x) *EMS Medical Director*, for the purposes of these rules, is a Guam licensed physician in good standing who authorizes and directs, through protocols and standing orders, the performance of students-in-training enrolled in a DOT

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and NHTSA National EMS Education Standard recognized program and/or EMS license holders who perform medical acts, and who is specifically identified as being responsible to assure the performance competency of those EMS Providers as described in the DOT and NHTSA National EMS Educational Standards.

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

(z) *EMS Provider* means an individual who holds a valid emergency medical service provider certificate issued by the state and/ or NREMT, and includes Emergency Medical Responder, Emergency Medical Technician, Advanced Emergency Medical Technician, and Paramedic.

(aa) *First Responder Homeland Security Act of 2002* refers to “emergency response providers” that includes, federal, state, and local government emergency public safety, law enforcement, emergency response, emergency medical, and related personnel, agencies, and authorities.

(bb) *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.

(cc) *Initial Certification* means a first time application for and issuance by the state and/or NREMT of a certificate at any level as an EMS provider. This shall include applications received from persons holding any level of EMS certification issued by the NREMT who are applying for either a higher or lower-level certificate.

(dd) *Initial Course* is a course of study based on the DOT and NHSTA approved curriculum that meets the

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National EMS Education Standard requirements for issuance of a certificate or registration for the first time.

(ee) *Initial Registration* means a first time application for and issuance by the DPHSS Office of EMS of a registration as an EMD, EMR, EMT, AEMT or Paramedic. This shall include applications received from persons holding any level of EMS certification issued by the state and/or NREMT who are applying for registration.

(ff) *Letter of Admonition* is a form of disciplinary sanction that is placed in an EMS provider's file, and represents an adverse action against the certificate holder.

(gg) *License* or *Licensure* is an authorization in written form issued by the Administrator to a person to furnish, operate, conduct, maintain, advertise, or otherwise engage in providing EMS Services.

(hh) *License* means certificate or certification.

(ii) *Mass Casualty Incident* is defined as an incident in which EMS resources, such as personnel and equipment, are overwhelmed by the number and severity of casualties.

(jj) *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 prehospital field personnel.

(kk) *National Registry Emergency Medical Technician* (NREMT) is an individual who has a current and valid EMT license issued by the DPHSS Office of EMS who meets the requirements established under Chapter 84, Public Law 14-11, who is authorized to provide basic emergency medical care in accordance with the rules pertaining to EMS Practice and Medical Director Oversight, and meets the specialized training requirements as established by the U.S. DOT and NHTSA in the National EMS Educational Standards EMT Level. For the purposes of these rules, EMT includes the

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historic EMS Provider level of EMT. This definition will apply to this term or any future changes established by the U.S. DOT.

(ll) *National Continued Competency Program (NCCP)* is constructed using methodology similar to that of the American Board of Medical Specialties.

(mm) *National Highway Traffic Safety Administration (NHTSA)* is a U.S. DOT agency leading the federal role in the creation of national standard curricula for EMRs, EMT-Bs, AEMTs and Paramedics defining the necessary components and training of an EMS System.

(nn) *National Registry Advance Emergency Medical Technician (NRAEMT)* is an individual who has a current and valid AEMT license issued by the DPHSS Office of EMS who meets the requirements established under Chapter 84, Public Law 14-11, who is authorized to provide advance emergency medical care in accordance with the rules pertaining to EMS Practice and Medical Director Oversight, and meets the specialized training requirements as established by the U.S. DOT and NHTSA in the National EMS Educational Standards for the AEMT Level. This definition will apply to this term or any future changes established by the U.S. DOT.

(oo) *National Registry Emergency Medical Responder (NREMR)* is an individual who has successfully completed the training and examination requirements for emergency medical responders and who provides assistance to the injured or ill until more highly trained and qualified personnel arrive.

(pp) *National Registry of Emergency Medical Technicians (NREMT)* is a national non-governmental organization that certifies entry-level (EMR, EMT, AEMT and Paramedic) and ongoing competency of EMS providers.

(qq) *National Registry Paramedic (NRP)* is an individual who has a current and valid Paramedic license issued by the DPHSS Office of EMS who meets the requirements established under Chapter 84, Public Law 14-

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11, who is authorized to provide critical advance emergency medical care in accordance with the rules pertaining to EMS Practice and Medical Director Oversight, and meets the specialized training requirements as established by the U.S. DOT and NHTSA in the National EMS Educational Standards for the Paramedic Level. This definition will apply to this term or any future changes established by the U.S. DOT.

(rr) *Non-Emergency Medical Transport - Non-emergency medical transportation* is a form of medical transportation which is provided in non-emergency situations to people who require special medical attention, e.g., para-transits, vans w/ wheelchair access and passenger service vehicles.

(ss) *Office of Emergency Medical Services* is the Administrative Office of EMS within the Department of Public Health and Social Services.

(tt) *Paramedic* is an allied health professional whose primary focus is to provide advanced emergency medical care for critical and emergent patients who access the emergency medical system. This individual possesses the complex knowledge and skills necessary to provide patient care and transportation. Paramedics function as part of a comprehensive EMS response, under medical oversight. Paramedics perform interventions with the basic and advanced equipment typically found on an ambulance. The Paramedic is a link from the scene into the health care system.

(uu) *Pediatric Advance Life Support (PALS)* is a course instruction designed to prepare students in the practice of advance pediatric emergency cardiac care.

(vv) *Practical or Psychomotor Skills Examination* is a skills test conducted at the end of an initial course and prior to application for national certification or state licensure.

(ww) *Provisional Certification* is a certification, valid for not more than one (1) year, that may be issued by the state

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and/or NREMT to an EMS PROVIDER applicant seeking certification.

(xx) *Provisional Registration* is a registration, valid for not more than one (1) year, that may be issued by the state and/or NREMT to an EMT applicant seeking registration.

(yy) *Refresher Course* is a course of study based on the U.S. Department of Transportation approved curriculum that contributes in part to the education requirements for renewal of a license or registration.

(zz) *Registered Emergency Medical Responder (REMR)* is an individual who has successfully completed the training and examination requirements for EMRs based on a U.S. DOT and NHSTA National EMS Education Standard recognized program who provides assistance to the injured or ill until more highly trained and qualified personnel arrive, and who is registered with the DPHSS Office of EMS.

(aaa) *Rules Pertaining to EMS Practice and Medical Director Oversight* means rules adopted by the EMS Administrator and/or Medical Director of DPHSS and the Office of EMS upon the advice of the EMS Commission that establishes the responsibilities of Medical Directors and all authorized acts of EMS license holders.

(bbb) *Shall* means compliance is mandatory.

(ccc) *Tele-Communicator* operates communication equipment to receive incoming calls for assistance, and dispatches personnel and equipment to the scene of an emergency; and operates a telephone console to receive incoming calls for assistance.

(ddd) *Treatment Protocol* means written guidelines (also known as Off-line Medical Direction) approved by the EMS 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.

SOURCE: Gov't Code Article 1, Chapter 6, Title XLVII, codified by the Compiler as Chapter 84 of Title 10, GCA. Subsections (m), (n), (o), (p), and (q) added by P.L. 23-077:2 (Mar. 6, 1996).

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Amended by P.L. 31-146:2 (Nov. 17, 2011). Subsections (mm) and (nn) added by P.L. 34-168:3 (Dec. 29, 2018). Repealed and reenacted by P.L. 36-121:2 (Nov. 9, 2022).

§ 84103. Guam Emergency Medical Services Administrative Office.

(a) 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).

(b) 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.

(1) 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. (i.e., the Guam Community College, Guam Memorial Hospital Authority).

(2) 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.

(c) The Office of EMS shall be responsible for the implementation of advanced life support systems, limited advanced life support systems, community outreach programs, and for the monitoring of training programs. The Office of EMS shall be responsible for determining that the operation of training programs based on the U.S. DOT and NHSTA EMS Educational Standards at the NREMR, NREMT, NRAMT and NRP levels are in compliance with this Chapter, and shall approve the training programs if they are found to be in compliance with this Chapter.

SOURCE: Gov't Code Article 1, Chapter 6, Title XLVII, codified by the Compiler as Chapter 84 of Title 10, GCA. Amended P.L. 31-146:2 (Nov. 17, 2011) and P.L. 34-168:3 (Dec. 29, 2018). Subsections (b)(1) and (c) amended by P.L. 36-121:3 (Nov. 9, 2022).

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2019 NOTE: Subsection designations added pursuant to the authority granted by 1 GCA § 1606.

§ 84104. Administration.

The Administrator of the DPHSS Office of EMS shall serve as the Executive Secretary of the Guam EMS Commission. The Administrator shall, at each EMS Commission meeting, report to the Commission its observations and recommendations relative to its review of ambulance services, emergency medical care, basic and advanced life support techniques, and public participation in EMS programs. The Administrator shall designate an individual to be an “Emergency Medical Services Coordinator” to be a liaison official for EMS inter-agencies.

SOURCE: Gov’t Code Article 1, Chapter 6, Title XLVII, codified by the Compiler as Chapter 84 of Title 10, GCA. Amended by P.L. 31-146:2 (Nov. 17, 2011) and P.L. 36-121:4 (Nov. 9, 2022).

§ 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; and the United States;
- (c) the Office of EMS shall develop plans, implement guidelines, and 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

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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) 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;

(e) 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;

(f) the Office of EMS shall be responsible for determining that the operation of training programs at the NREMR, NREMT, NAEMT and NRP 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

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professional organization that provides emergency medical services training for responder, basic, intermediate, advanced life support and paramedic;

(g) establish and maintain standards for emergency medical services course instructor qualifications and requirements for emergency medical services training facilities, instructors, and competency-based curriculum;

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

(i) coordinate emergency medical resources, such as Disaster Teams comprised of NREMR, NREMT, NAEMT and NRP 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;

(j) 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;

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

(l) 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;

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(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;

(m) 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;

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

(o) 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 non-emergent medical transport vehicle;

(p) 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) a 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;

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(q) apply for, receive, and accept gifts, bequests, grants-in-aid, and federal aid, and other forms of financial assistance to carry out this Chapter;

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

(s) 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 pursuant to the Administrative Adjudication Law (AAL). Any funds appropriated shall not be subject to *I Maga'lâhen Guâhan's* transfer authority and all monies not used in the fiscal year will be rolled over into the next fiscal year;

(A) Initial fee schedules subject to amendment pursuant to the AAL:

(i) for initial licensure applications the fee schedule is: Basic level application fee (NREMR or NREMT) - \$75.00; Advanced level application fee (NRAEMT or NRP) - \$125.00;

(ii) for applicants completing renewal within one hundred twenty (120) days prior to expiration date, the fee schedule is: Basic level application fee (NREMR or NREMT) - \$50.00; Advanced level application fee (NRAEMT or NRP) - \$75.00;

(iii) for applicants completing renewal within sixty (60) days prior to expiration date,

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the fee schedule is: Basic level application fee (NREMR or NREMT) - \$75.00; Advanced level application fee (NRAEMT or NRP) - \$100.00;

(iv) for applicants completing renewal within thirty (30) days prior to expiration date, the fee schedule is: Basic level application fee (NREMR or NREMT) - \$75.00; Advanced level application fee (NRAEMT or NRP) - \$125.00;

(v) for applicants completing renewal within ninety (90) days after expiration date, the fee schedule is: Basic level application fee (NREMR or NREMT) - \$100.00; Advanced level application fee (NRAEMT or NRP) - \$150.00;

(t) promote programs for the education of the general public in first aid and emergency medical services and the community paramedic outreach program;

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

(v) 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;

(w) the Office of EMS shall submit quarterly reports 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;

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(x) 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;

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

(z) 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;

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(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; and

(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.

SOURCE: Gov't Code Article 1, Chapter 6, Title XLVII, codified by the Compiler as Chapter 84 of Title 10, GCA. Subsection (a) amended by P.L. 23-077:3 (Mar. 6, 1996). Amended by P.L. 31-146:2 (Nov. 17, 2011). Subsections (c)(10), (d)(10), (g), (j), (k), (u), (x) amended by P.L. 34-168:5-11 (Dec. 29, 2018). Amended by P.L. 36-121:5 (Nov. 9, 2022).

§ 84106. Guam Emergency Medical Services Commission.

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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.

SOURCE: Gov't Code Article 1, Chapter 6, Title XLVII, codified by the Compiler as Chapter 84 of Title 10, GCA. Amended by P.L. 31-146:2 (Nov. 17, 2011).

§ 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;

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(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 NREMR, NREMT, NAEMT and NRP 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 the 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;

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(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:

(A) 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 NREMR, NREMT, NAEMT and NRP from assisting a peace officer, or a peace officer who is acting in the dual capacity of peace officer and NREMR, NREMT, NAEMT and NRP, from using that force that is reasonably necessary to effect a lawful arrest or detention;

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

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

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

SOURCE: Gov't Code Article 1, Chapter 6, Title XLVII, codified by the Compiler as Chapter 84 of Title 10, GCA. Repealed and reenacted by P.L. 23-077:4 (Mar. 6, 1996). Amended by P.L. 31-146:2 (Nov. 17, 2011). Subsection (f) amended by P.L. 34-168:12 (Dec. 29, 2018). Amended by P.L. 366-121:6 (Nov. 9, 2022).

§ 84108. Composition.

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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;

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(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.

SOURCE: Gov't Code Article 1, Chapter 6, Title XLVII, codified by the Compiler as Chapter 84 of Title 10, GCA. Amended by P.L. 23-077:5 (Mar. 6, 1996). Amended by P.L. 31-146:2 (Nov. 17, 2011).

§ 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

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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.

SOURCE: Gov't Code Article 1, Chapter 6, Title XLVII, codified by the Compiler as Chapter 84 of Title 10, GCA. Subsection (b) amended and subsection (c) added by P.L. 23-077:6-7 (Mar. 6, 1996). Amended by P.L. 31-146:2 (Nov. 17, 2011).

§ 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

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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

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emergency services training for National Registry Emergency Medical Responder (NREMR), National Registry Emergency Medical Technician (NREMT), National Registry Advance Emergency Medical Technician (NRAEMT), and National Registry Paramedic (NRP) shall be listed in the Guam EMS rules and 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 NREMR, NREMT, NAEMT, and NRP 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

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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;.

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(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.

(f) Eligibility, Training and Skill Requirements for Emergency Medical Responders, Emergency Medical Technicians, Advanced Emergency Medical Technicians, and Paramedics:

(1) Student Eligibility:

(A) Emergency Medical Responder (EMR):

(i) eighteen (18) years of age.

(B) Emergency Medical Technician (EMT/Basic Life Support):

(i) eighteen (18) years of age.

(C) Advanced Emergency Medical Technician (AEMT):

(i) eighteen (18) years of age;

(ii) high school diploma or equivalent;

(iii) EMT Certificate;

(iv) BLS, ACLS and PALS Certification.

(D) Paramedic (Advanced Life Support):

(i) eighteen (18) years of age;

(ii) high school diploma or equivalent;

(iii) EMT Certificate;

(iv) BLS, ACLS and PALS

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Certification.

(2) Minimum Training Requirements:

(A) Emergency Medical Responder (EMR):

- (i) 96 hours (total minimum);
- (ii) 80 hours Didactic;
- (iii) 16 hours Hospital Clinicals.

(B) Emergency Medical Technician (EMT/
Basic Life Support):

- (i) 120 hours (total minimum);
- (ii) 110 hours Didactic & Skills Lab;
- (iii) 10 hours Hospital Clinicals;
- (iv) Field Internship: 10 Patient
Contacts.

(C) Advanced Emergency Medical
Technician (AEMT):

- (i) 306 hours (total minimum);
- (ii) 208 hours Didactic & Skills Lab;
- (iii) 16 hours Clinical;
- (iv) 24 hours Field Internship and 10
ALS Team Lead Contacts.

(D) Paramedic (Advanced Life Support):

- (i) 1120 hours (total minimum);
- (ii) 450 hours Didactic & Skills lab;
- (iii) 150 hours Hospital Clinicals;
- (iv) 480 hours Field Internship and 40
ALS Team Lead Contacts.

(3) Minimum Scope of Practice:

(A) Emergency Medical Responder (EMR):

- (i) Patient Assessment;

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(ii) Advance First Aid;

(iii) Use of adjunctive breathing aid and administration of oxygen;

(iv) Automated External Defibrillator;

(v) Cardiopulmonary Resuscitation.

(B) Emergency Medical Technician (EMT/Basic Life Support):

(i) Patient Assessment;

(ii) Advance First Aid;

(iii) Use of adjunctive breathing aid and administration of oxygen;

(iv) Automated External Defibrillator;

(v) Cardiopulmonary Resuscitation;

(vi) Transport of Ill and Injured Persons.

(C) Advanced Emergency Medical Technician (AEMT):

(i) All EMT Skills;

(ii) Perilaryngeal Airways;

(iii) Laryngoscope;

(iv) Endotracheal (ET) Intubations (Adults, Orally);

(v) Valsalva's Maneuvers;

(vi) Intravenous Infusion;

(vii) Obtain Venous Blood;

(viii) Glucose Measuring and Administration;

(ix) Medications: (Approved by Medical Director).

(D) Paramedic (Advanced Life Support):

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- (i) All EMT and AEMT Skills and Medications;
 - (ii) Laryngoscope;
 - (iii) Endotracheal (ET) Intubations (Orally);
 - (iv) Valsalva's Maneuvers;
 - (v) Intravenous Infusion;
 - (vi) Obtain Venous Blood;
 - (vii) Glucose Measuring and Administration;
 - (viii) Needle Thoracostomy and Cricothyroidotomy;
 - (ix) Trans-Cutaneous Pacing and Synchronized Cardioversion;
 - (x) Medications: (Approved by Medical Director).
- (4) Notable Optional Skills:
- (A) Emergency Medical Responder (EMR):
 - (i) Epi-Pens;
 - (ii) Naloxone.
 - (B) Emergency Medical Technician (EMT/Basic Life Support):
 - (i) Perilaryngeal Airways;
 - (ii) Epi-Pens;
 - (iii) Duodote Kits;
 - (iv) Intravenous Access;
 - (v) Naloxone.
 - (C) Advanced Emergency Medical Technician (AEMT):
 - (i) Additional Medications and Skills

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approved by the Medical Director.

(D) Paramedic (Advanced Life Support):

(i) Local EMS Agencies may add additional Medications and Skills if approved by Medical Director.

(5) Written Skills and Exams:

(A) Emergency Medical Responder (EMR):

(i) Administered by the National Registry of EMTs; or

(ii) Administered by the State EMS Office.

(B) Emergency Medical Technician (EMT/Basic Life Support):

(i) Administered by the National Registry of EMTs; or

(ii) Administered by the State EMS Office.

(C) Advanced Emergency Medical Technician (AEMT):

(i) Administered by the National Registry of EMTs; or

(ii) Administered by the State EMS Office.

(D) Paramedic (Advanced Life Support):

(i) Administered by the National Registry of EMTs; or

(ii) Administered by the State EMS Office.

(6) Length of Certification or Licensure:

(A) Emergency Medical Responder (EMR):

(i) Two (2)-Year Certification and

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Licensure.

(B) Emergency Medical Technician (EMT/
Basic Life Support):

(i) Two (2)-Year Certification and
Licensure.

(C) Advanced Emergency Medical
Technician (AEMT);

(i) Two (2)-Year Certification and
Licensure.

(D) Paramedic (Advanced Life Support):

(i) Two (2)-Year Certification and
Licensure.

(7) Refresher Course/Continuing Education:

(A) Emergency Medical Responder (EMR):

(i) Eight (8)-hour Refresher Course;

(ii) Eight (8)-hours of Continuing
Education every two (2) years.

(B) Emergency Medical Technician (EMT/
Basic Life Support):

(i) Twenty (20)-hour Refresher
Course;

(ii) Twenty (20)-hours of Continuing
Education every two (2) years.

(C) Advanced Emergency Medical
Technician (AEMT):

(i) Twenty-five (25)-hour Refresher
Course;

(ii) Twenty-five (25)-hours of
Continuing Education every two (2) years.

(D) Paramedic (Advanced Life Support):

(i) Thirty (30)-hour Refresher Course;

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- (ii) Thirty (30)-hours of Continuing Education every two (2) years.
- (8) Certification and Licensed Provisions:
 - (A) Emergency Medical Responder (EMR):
 - (i) Certified and Licensed Locally; or
 - (ii) Reciprocity application.
 - (B) Emergency Medical Technician (EMT/Basic Life Support):
 - (i) Certified and Licensed Locally; or
 - (ii) Reciprocity application.
 - (C) Advanced Emergency Medical Technician (AEMT):
 - (i) Certified and Licensed Locally; or
 - (ii) Reciprocity application.
 - (D) Paramedic (Advanced Life Support):
 - (i) Certified and Licensed Locally; or
 - (ii) Reciprocity application.

SOURCE: Gov't Code Article 1, Chapter 6, Title XLVII, codified by the Compiler as Chapter 84 of Title 10, GCA. Amended by P.L. 31-146:2 (Nov. 17, 2011). Subsection (c) amended by P.L. 34-168:12 (Dec. 29, 2018). Subsections (a)(5), (c) amended and (f) added by P.L. 36-121:7-9 (Nov. 9, 2022).

§ 84111. Certification Procedure.

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

- (a) Certification Application. There shall be four (4) levels of emergency medical service personnel: Emergency Medical Responder (EMR); Emergency Medical Technician (EMT); Advance Emergency Medical Technician (AEMT); and Paramedic.
- (b) An application for certification *shall* be made under oath on a form to be approved by the Commission and

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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) Emergency Medical Responder:

(1) Training: Training for EMRs is offered at the local level by approved training programs. A list of approved training programs may be obtained through the Department of Public Health and Social Services (DPHSS) via telephone, mail, or from its web page. Training hours consist of Ninety-six (96) hours, broken down into Eighty (80) classroom and laboratory hours and Sixteen (16) hours of supervised clinical experience.

(2) Testing: In order to practice as an EMR, an individual is certified after passing the National Registry of Emergency Medical Technician (NREMT) written and skills exams.

(3) Certification: After passing the written and skills certification exams, applicants must obtain a criminal background check, provide documentation of current BLS/CPR certification, provide a current photo ID (Guam driver's license or U.S. Passport), and pay the fee established in the fee schedule. The applicant may then be certified through the Office of EMS which issues an EMR certification card (they are also known as the certifying entity). Certification is valid for two (2) years from the date of issue.

(4) Recertification: Every two (2) years, an EMR must provide the certifying entity with proof of sixteen (16) hours of refresher course work or sixteen (16) hours of EMS approved continuing education units (CEUs), and have documented competency in ten (10) skills. EMR shall also maintain current NREMT certification and BLS certification. Applicants must pay the fee established in the fee schedule and provide proof of completion of these requirements in order for the

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certifying entity to recertify an EMR.

(5) Reciprocity: Individuals from out-of-state who meet the following criteria and complete the application requirements of a certifying entity are eligible for certification:

(A) possess a current and valid National Registry EMR certificate;

(B) possess a current and valid out-of-state or National Registry EMR certificate; or

(C) paramedic license, or have documentation of successful completion of an out-of-state EMR training course within the last two (2) years that meets Guam's EMR training requirements.

(6) Scope of Practice: An EMR is trained and certified in basic life support practices. Basic life support (BLS) means emergency first aid and CPR procedures which, at a minimum, include recognizing respiratory and cardiac arrest and starting the proper application of CPR to maintain life without invasive techniques until the patient can be transported or until advanced life support (ALS) is available.

(d) Emergency Medical Technician:

(1) Training: Training for EMTs is offered at the local level by approved training programs. A list of approved training programs may be obtained through the DPHSS via telephone, mail, or from its web page. Training hours consist of 120 hours, broken down into 110 classroom and laboratory hours and ten (10) hours of supervised clinical experience.

(2) Testing: In order to practice as an EMT, an individual is certified after passing the NREMT written and skills exams.

(3) Certification: After passing the written and skills certification exams applicants must obtain a

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criminal background check, provide documentation of current BLS/CPR certification, provide a current photo ID (Guam driver's license or U.S. Passport), and pay the fee established in the fee schedule. The applicant may then be certified through the Office of EMS which issues an EMT certification card (they are also known as the certifying entity). Certification is valid for two (2) years from the date of issue.

(4) Recertification: Every two (2) years, an EMT must provide the certifying entity with proof of forty (40) hours of refresher course work or forty (40) hours of EMS approved continuing education units (CEUs), and have documented competency in ten (10) skills. EMTs shall also maintain current NREMT certification and BLS certification. Applicant must pay the fee established in the fee schedule and provide proof of completion of these requirements in order for the certifying entity to recertify an EMT.

(5) Reciprocity: Individuals from out-of-state who meet the following criteria and complete the application requirements of a certifying entity are eligible for certification:

(A) possess a current and valid National Registry EMT certificate;

(B) possess a current and valid out-of-state or National Registry EMT certificate; or

(C) paramedic license, or have documentation of successful completion of an out-of-state EMT training course within the last two (2) years that meets Guam's EMT training requirements.

(6) Scope of Practice: An EMT is trained and certified in basic life support practices. Basic life support (BLS) means emergency first aid and CPR procedures which, at a minimum, include recognizing respiratory and cardiac arrest and starting the proper application of CPR to maintain life without invasive

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techniques until the patient can be transported or until advanced life support (ALS) is available. Automated external defibrillator (AED) training is now part of the basic scope of practice.

(7) Optional Skills: EMTs may obtain additional training to supplement their standard scope of practice. EMTs may become locally-approved to use certain medications and skills. The local EMS Medical Director for each agency determines the use of these optional scope items.

(e) Advance Emergency Medical Technician:

(1) Training: Training for AEMTs is offered at the local level by approved training programs. A list of approved training programs may be obtained through the DPHSS via telephone, mail, or from its web page. The required training hours for AEMTs is 228. The minimum number of hours for each portion of the training program is listed below, although most programs may exceed this amount:

- (A) Didactic and lab/skills: 168 hours
- (B) Field Internship: 60 hours
- (C) TOTAL 228 hours

(2) Testing: In order to practice as an AEMT, an individual is certified after passing the NREMT written and skills exams.

(3) Certification: After passing the written and skills certification exams applicants must obtain a criminal background check, provide documentation of current BLS/CPR certification, provide a current photo ID (Guam driver's license or U.S. Passport), and pay the fee established in the fee schedule. The applicant may then be certified through the Office of EMS which issues an AEMT certification card (they are also known as the certifying entity). Certification is valid for two (2) years from the date of issue.

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(4) Recertification: Every two (2) years, an AEMT must provide the local EMS agency with proof of completion of fifty (50) hours of EMS approved continuing education units (CEUs), and provide documented competency in six (6) skills. AEMTs shall also maintain current NREMT certification and BLS certification. Applicants must pay the fee established in the fee schedule and provide proof of completion of these requirements in order for the certifying entity to recertify an AEMT.

(5) Reciprocity: An individual who possesses or has possessed a valid AEMT or Paramedic license from another state or holds a current NREMT AEMT or Paramedic certification may be eligible for certification.

(6) Scope of Practice: AEMTs are certified in the use of advanced life support (ALS) skills. ALS includes all EMT skills, intravenous infusion, perilyngeal airway, and eight (8) medications (jurisdictional scope of practice may vary).

(7) Optional Skills: In addition to the EMT scope of practice, AEMTs may practice additional skills and administer certain medications. These additional optional skills and medications may be utilized and are approved by the local EMS agency and the EMS Medical Director. The AEMT is typically employed by public safety agencies, such as fire departments, and by private ambulance companies.

(f) Paramedic:

(1) Training: Training for Paramedics is offered at the local level by approved training programs. A list of approved training programs may be obtained through the DPHSS via telephone, mail, or from its web page. The minimum number of hours for each portion of the training program is listed below, although most programs exceed these amounts:

(A) Didactic and lab/skills: 672 hours

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- (B) Hospital and clinical training: 120 hours
- (C) Field Experience: 288 hours
- (D) Field internship with 20 patient contacts and at least 120 hours
- (E) TOTAL 1,200 hours

(2) Testing: In order to practice as a paramedic, an individual must pass the NREMT written and skills exams. Tests are scheduled as needed on a program requirement; and an individual can contact the EMS Authority for further information.

(3) Licensure: Guam law requires an individual to be licensed by the EMS Authority in order to practice as a paramedic. Individuals seeking licensure should apply directly to the EMS Authority. After passing the written and skills certification exams, applicants must obtain a criminal background check, provide documentation of current BLS/CPR certification, provide a current photo ID (Guam driver's license or U.S. Passport), and pay the fee established in the fee schedule. The applicant may then be licensed through the Office of EMS which issues a Paramedic License card (they are also known as the certifying entity). Certification is valid for two (2) years from the date of issue.

(4) Credentialing: In addition to licensure, a paramedic must be locally credentialed by an approved EMS agency in order to practice on Guam. Credentialing is orientation to local protocols and training in any local optional scope of practice for the particular local EMS agency jurisdiction, as well as skill and knowledge verification by an affiliated EMS agency and EMS Medical Director. Paramedics must apply for credentialing directly to the local EMS agency. All provider credentialing shall be approved by the EMS agency Medical Director.

(5) License Renewal: Paramedics must complete a minimum of sixty (60) hours of approved continuing

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education units (CEUs) every two (2) years to maintain licensure. Paramedics shall also maintain current NREMT certification and BLS certification. Applicant must pay the fee established in the fee schedule and provide proof of completion of these requirements in order for the certifying entity to recertify a Paramedic.

(6) Reciprocity: Individuals who possess a current paramedic certificate from the National Registry of EMTs or valid state Paramedic License are eligible for paramedic licensure on Guam when they submit proof of successful completion of a field internship and complete all license requirements.

(7) Scope of Practice: Paramedics are trained and licensed in the use of advanced life support (ALS) skills. ALS includes all EMT and AEMT skills, use of laryngoscope, endotracheal and nasogastric intubation, Valsalva's Maneuver, needle thoracostomy, administration of twenty-one (21) drugs, and other skills.

(8) Optional Skills: The EMS Authority can approve the use of additional skills and administration of additional medications by paramedics upon the request of a local EMS medical director.

(g) Temporary Certification: The Office of EMS shall approve temporary certification of an applicant if the applicant has completed an approved training program within twelve (12) months of the date of application and has never taken the written and practical examination of the National Registry of Emergency Medical Technicians for that level of practice but otherwise meets the requirements, has filed a complete application with the Office of EMS, and has paid all required fees. If the applicant fails to apply for, or to take, the next succeeding examination or fails to pass the examination or fails to receive a certificate, all privileges under this Section shall automatically cease upon written notification sent to the applicant by the Office of EMS. A temporary certificate for each level of practice may be issued only once to each person. Prior to practicing under temporary certification, applicants

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shall notify the Office of EMS in writing of any and all employers under whom they will be performing services.

(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

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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.

SOURCE: Gov't Code Article 1, Chapter 6, Title XLVII, codified by the Compiler as Chapter 84 of Title 10, GCA. Amended by P.L. 31-146:2 (Nov. 17, 2011). Subsection (a) amended by P.L. 36-121:10 (Nov. 9, 2022) and subsections (c),(d),(e), (f), and (g) repealed and reenacted by P.L. 36-121:11 (Nov. 9, 2022).

§ 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 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.

(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

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private transport services, or instrumentality of the United States *shall* be required to be certified to conform to the standards prescribed under this Chapter.

SOURCE: Gov't Code Article 1, Chapter 6, Title XLVII, codified by the Compiler as Chapter 84 of Title 10, GCA. Amended by P.L. 31-146:2 (Nov. 17, 2011). Subsection (a) amended by P.L. 36-121:12 (Nov. 9, 2022).

§ 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.

SOURCE: Gov't Code Article 1, Chapter 6, Title XLVII, codified by the Compiler as Chapter 84 of Title 10, GCA. Amended by P.L. 31-146:2 (Nov. 17, 2011).

§ 84114. Required Treatment.

(a) 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.

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(b) 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.

SOURCE: Gov't Code Article 1, Chapter 6, Title XLVII, codified by the Compiler as Chapter 84 of Title 10, GCA. Amended by P.L. 31-146:2 (Nov. 17, 2011).

2019 NOTE: Subsection designations added pursuant to the authority granted by 1 GCA § 1606.

§ 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.

SOURCE: Gov't Code Article 1, Chapter 6, Title XLVII, codified by the Compiler as Chapter 84 of Title 10, GCA. Amended by P.L. 31-146:2 (Nov. 17, 2011).

§ 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.

SOURCE: Gov't Code Article 1, Chapter 6, Title XLVII, codified by the Compiler as Chapter 84 of Title 10, GCA. Amended by P.L. 31-146:2 (Nov. 17, 2011).

§ 84117. Penalties.

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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.

SOURCE: Gov't Code Article 1, Chapter 6, Title XLVII, codified by the Compiler as Chapter 84 of Title 10, GCA. Amended by P.L. 31-146:2 (Nov. 17, 2011).

§ 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.

SOURCE: Gov't Code Article 1, Chapter 6, Title XLVII, codified by the Compiler as Chapter 84 of Title 10, GCA. Amended by P.L. 31-146:2 (Nov. 17, 2011).

§ 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.

SOURCE: Gov't Code Article 1, Chapter 6, Title XLVII, codified by the Compiler as Chapter 84 of Title 10, GCA. Amended by P.L. 31-146:2 (Nov. 17, 2011).

§ 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.

SOURCE: Added by P.L. 23-077:9 (Mar. 6, 1996). Amended by P.L. 31-146:2 (Nov. 17, 2011).

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§ 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

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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

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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

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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

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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 identifies 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

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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.

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(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:

(1) Emergency Medical Dispatch Protocol Reference System (EMDPRS).

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

(B) 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.

(C) An approved EMDPRS *shall* include:

(i) systematized caller interrogation questions;

(ii) systematized dispatch life support instructions; and

(iii) 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).

(2) EMD Protocols, Reporting, Training and Curriculum:

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

(B) 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;

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

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

(E) 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;

(F) 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;

(G) 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;

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

(I) 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;

(J) 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;

(K) 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:

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

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

(iii) 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.

(iv) 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.

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

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

(vii) 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.

(viii) The EMD provider agency *shall* have and use the most current version of the Office of

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EMS approved EMDPRS selected for use by the agency as defined by the Office of EMS.

(ix) 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;

(L) 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;

(M) 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

(N) 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.

(3) Continuing Dispatch Education (CDE) Standards.

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

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

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

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(i) medical conditions, incident types, and criteria necessary when performing caller assessment and prioritization of medical calls;

(ii) use of the EMD protocol reference system;

(iii) call taking interrogation skills;

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

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

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

(vii) attendance at EMD workshops/conferences.

(D) Methodologies for presenting CDE includes:

(i) formalized classroom lecture;

(ii) video, CD, internet;

(iii) articles;

(iv) tape reviews;

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

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

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

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

(aa) 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

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procedures.

(bb) 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.

(4) Continuous Quality Improvement (CQI) Standards.

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

(B) 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.

(C) The CQI process *shall*:

(i) 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;

(ii) 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;

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

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

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

(vi) identify CDE needs.

(D) 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.

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

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

(1) 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

(2) 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.

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

(4) The regular and timely review of a pre-determined number of EMD calls

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shall be utilized to ensure that the emergency medical dispatcher is following protocols when providing medical instructions.

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

(6) 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.

(5) Policies and Procedures.

(A) 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:

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

(ii) providing systematized caller interview questions;

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

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

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

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

(vii) 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.

(6) Records Management.

(A) Course Completion Records.

(i) 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.

(ii) 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.

(iii) 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.

(B) Training Program Provider Records.

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

(aa) Records on each course including, but *not* limited to: course title, course objectives, course outlines, qualification of instructors, dates of instruction, location,

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participant sign-in rosters, sample course tests or other methods of evaluation, and records of course completions issued.

(bb) 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.

(cc) CQI Case Review Records:

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

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

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

(B) 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.

(C) 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.

(8) Effective Date.

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

(9) Penalties.

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(A) 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.

(B) 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.

SOURCE: Added by P.L. 23-077:10 (Mar. 6, 1996). Amended by P.L. 31-146:2 (Nov. 17, 2011).

2019 NOTE: Designations in subsection (f) added/alterd pursuant to the authority granted by 1 GCA § 1606.

§ 84122. Division of EMS.

(a) The Guam Memorial Hospital Authority (GMHA) shall establish a Division of EMS. The Division shall be headed by the GMHA Emergency Medical Services (EMS) Medical Director, who shall be a licensed physician. The Division's responsibilities shall include, but not be limited to:

(1) providing off-line medical control for government of Guam pre-hospital providers, 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) creating and maintaining up to date medical treatment protocols to be used by government of Guam pre-hospital providers;

(4) coordinating with the Department of Public Health and Social Services – Office of EMS, the Guam Fire Department Training Bureau, the Guam Community

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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;

(6) conducting EMS research as needed;

(7) establishing a quality improvement program within government of Guam agencies and share data with the DPHSS Office of EMS;

(8) ensuring there is a seamless process for on-line medical control available to all government of Guam agencies; and

(9) establishing a multidisciplinary committee made up of GMHA physicians, nurses, and pharmacists to address changes or recommendations for new pre-hospital policies, procedures and protocols.

(b) The Division shall designate the following:

(1) EMS Medical Director. 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 Director, and this physician shall operate as an agent of GMHA; and

(2) Assistant EMS Medical Director. Following recommendations of the federal program EMS for children, the involvement of a GMHA Emergency Department Staff Physician, or GMHA Staff Pediatrician as a Second EMS Medical Control Physician, with additional duties to include ensuring all off-line medical control (medical protocols) for pre-hospital medical care provided specifically to children by government of Guam EMS personnel is consistent with best practices; 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 Paramedic or

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Registered Nurse with EMS experience, and who shall work under the guidance of the EMS Medical Director and Assistant EMS Medical Director.

(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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SOURCE: Added by P.L. 31-146:2 (Nov. 17, 2011). Subsections (a) and (b) amended by P.L. 36-121:13 (Nov. 9, 2022).

§ 84123. Community Paramedic Outreach Program.

(a) The Guam EMS Commission and the Office of EMS, in coordination with the Guam Fire Department and other government of Guam agencies, *shall* establish a Community Paramedic Outreach Program (CPOP) as part of the EMS Comprehensive Plan established in § 84105 of this Chapter no later than October 1, 2020.

(b) The Guam EMS Commission and Office of EMS *shall* develop, no later than October 1, 2020, the scope of care, training requirements and initial certification requirements for the CPOP. It is understood that the training required to achieve full NEMT EMT-O certification will take time to develop. Therefore, the initial phase of the CPOP may be limited to a visitation program utilizing current scope of care criteria. Full certification criteria will *not* preclude the development and implementation of the initial CPOP.

(c) The Chief of the Guam Fire Department or designated representative, working with the EMS Commission and Office of EMS, and local civilian, public, and military hospitals, *shall* develop a process of identifying patients discharged from the hospital that request participation in the CPOP. This process will become part of the comprehensive EMS plan and subject to the CPOP.

(d) The Chief of the Guam Fire Department or designated representative, working with the EMS Commission and Office of EMS, *shall* work with the Mayors Council of Guam to establish a process in identifying village residents that would like to participate and will benefit in the CPOP.

(e) The Chief of the Guam Fire Department or designated representative, working with the EMS Commission and Office of EMS, *shall* work with local health care providers on Guam to establish a process in identifying village residents that would like to participate and will benefit in the CPOP.

(f) Prospective EMT participants in the CPOP *shall* attend a culturally and linguistically appropriate services (CLAS)

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training conducted by the Guam Office of Minority Health, DPHSS, prior to initiation of outreach services.

(g) The Chief of the Guam Fire Department or designated representative, working with the EMS Commission and Office of EMS, *shall* develop reporting criteria for the management of the CPOP. At a minimum, the reports *shall* include the number of residents who have used program services, and the types of program services used, as a measurement of any reduction in the use of the 911 systems for nonemergency, non-urgent medical assistance by residents. Reports *shall not* include any personally identifiable information concerning a resident in the program.

(h) On or before March 31 of each year after the establishment of the CPOP, the Guam Fire Department, in coordination with the Office of EMS, *shall* compile annual reports in the previous year into a single report and post it on its website.

(i) 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 community paramedic and are subject to the provisions of § 84110 of this Chapter.

(j) The CPOP *shall* strive to incorporate concepts of the Primary Care Medical Home model of extending the care provided by a patient's primary care provider. This can be achieved in many different manners:

- (1) linking patients with primary care providers;
- (2) future innovations may include linking EMT-Os in the patient's overall care plan developed by the PCP; and
- (3) it is *not* the intent of the CPOP to be a patient's medical home.

(k) Use of the CPOP should be a part of the patient's care plan ordered by the primary care provider in consultation with the medical director of the EMS.

(l) The CPOP *shall* augment and integrate with other services such as home health care and community nursing programs. The CPOP is *not* a home health nursing service and as

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such is not subject to home health licensure or other home health regulatory requirements.

(m) EMT-Os, working under the physician's direction and approved patient care protocols to ensure patient safety, *shall* work with recently discharged patients. During downtime, the EMT-O will follow up on healthcare provider referrals in the patient's home; and

(1) must be currently certified as an EMT;

(2) must successfully complete training prescribed by the EMS Commission; and

(3) must comply with the defined scope of care set by the EMS Commission or as described in the PCP care plan.

(n) Scope of care may include:

(1) Assessments:

(A) checking vital signs;

(B) blood pressure screening and monitoring;

(C) prescription drug compliance monitoring;

(D) assessing patient safety risks (e.g., risk for falling); and

(E) home safety checks.

(2) Treatment/Intervention:

(A) breathing treatments;

(B) providing wound care, changing dressings;

(C) patient education; and

(D) intravenous monitoring.

(3) Referrals:

(A) mental health and substance use disorder referrals;

(B) social services referrals;

(C) collaboration with the DPHSS programs; and

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(D) referral recommendation to higher levels of nursing care.

(o) Training coursework of the EMT-O may include:

- (1) social determinants of health;
- (2) illness preventions;
- (3) advanced wound care;
- (4) health promotion;
- (5) risk assessment; and
- (6) community resource availability.

(p) Patient eligibility for the CPOP should be liberal but at a minimum should include:

- (1) recently discharged patients;
- (2) high utilizers of 911 services, defined as individuals who have received ED services three (3) or more times in a period of four (4) consecutive months in the past twelve (12) months;
- (3) patients identified by the individual PCP for whom CPOP services would likely prevent admission to or would likely prevent readmission to a hospital or nursing facility;
- (4) residents identified by a Mayor for whom CPOP services would likely prevent admission to or would likely prevent readmission to a hospital or nursing facility; and
- (5) residents identified by social service agencies for which CPOP services would likely prevent admission to or would likely prevent readmission to a hospital or nursing facility.

(q) Coordination.

(1) Services provided by the CPOP to an eligible resident who is also receiving care coordination services must be in consultation with providers or the resident's care coordination service.

(2) The care plan or services rendered by the CPOP

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should not duplicate services already provided to the patient, including home health services.

(3) The CPOP should also coordinate with other visitation to the patient, to include mayoral, clergy, or other non-profit organizations to the satisfaction of the patient.

SOURCE: Added by P.L. 34-168:14 (Dec. 29, 2018).

§ 84124. EMS Scope of Practice.

(a) Principles:

(1) In order to function as an EMS Provider, an individual must be certified/licensed from the Department of Public Health and Social Services Office of Emergency Medical Services as an NREMR, NREMT, NRAEMT or NRP.

(2) EMS Providers are responsible to adhere to the scope of practice while functioning as an EMS Provider on Guam.

(3) During training, while at the scene of an emergency, during transport of the sick or injured, or during interfacility transfer, a certified EMS Provider or supervised EMS provider student is authorized to do any of the following:

(b) Policies:

(1) Scope of Practice of a National Registry Emergency Medical Responder:

(A) conduct primary and secondary patient examinations;

(B) take and record vital signs;

(C) utilize non-invasive diagnostic devices in accordance with manufacturer's recommendation;

(D) open and maintain an airway by positioning the patient's head;

(E) provide external cardiopulmonary resuscitation and obstructed airway care for infants,

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children, and adults;

(F) provide immobilization care for musculoskeletal injuries;

(G) assist with prehospital childbirth;

(H) complete a clear and accurate prehospital emergency care report form on all patient contacts and provide a copy of that report to the senior emergency medical services provider with the transporting ambulance;

(I) administer medical oxygen;

(J) maintain an open airway through the use of:

(i) a nasopharyngeal airway device;

(ii) a noncuffed oropharyngeal airway device;

(iii) a pharyngeal suctioning device;

(K) operate a bag mask ventilation device with reservoir;

(L) provide care for suspected medical emergencies, including administering liquid oral glucose for hypoglycemia;

(M) prepare and administer aspirin by mouth for suspected myocardial infarction (MI) in patients with no known history of allergy to aspirin or recent gastrointestinal bleed;

(N) prepare and administer epinephrine by automatic injection device for anaphylaxis; and

(O) perform cardiac defibrillation with an automatic or semi-automatic defibrillator.

(2) Scope of Practice of a National Registry Emergency Medical Technician:

(A) evaluate the ill and injured;

(B) render basic life support, rescue, and

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emergency medical care to patients;

(C) obtain diagnostic signs to include, but not be limited to, temperature, blood pressure, pulse and respiration rates, pulse oximetry, level of consciousness, and pupil status;

(D) perform cardiopulmonary resuscitation (CPR), including the use of mechanical adjuncts to basic cardiopulmonary resuscitation;

(E) administer oxygen;

(F) use the following adjunctive airway and breathing aids:

(i) oropharyngeal airway;

(ii) nasopharyngeal airway;

(iii) suction devices;

(iv) basic oxygen delivery devices for supplemental oxygen therapy including, but not limited to, humidifiers, partial rebreathers, and venturi masks; and

(iv) manual and mechanical ventilating devices designed for prehospital use including continuous positive airway pressure;

(G) use various types of stretchers and spinal motion restriction or immobilization devices;

(H) provide initial prehospital emergency care to patients, including, but not limited to:

(i) bleeding control through the application of tourniquets;

(ii) use of hemostatic dressings from a list approved by the Authority;

(iv) spinal motion restriction or immobilization;

(iv) seated spinal motion restriction or

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immobilization;

(v) extremity splinting; and

(vi) traction splinting;

(I) administer oral glucose or sugar solutions;

(J) extricate entrapped persons;

(K) perform field triage;

(L) transport patients;

(M) apply mechanical patient restraint;

(N) set up for ALS procedures, under the direction of an Advanced EMT or Paramedic;

(O) perform automated external defibrillation;

(P) assist patients with the administration of physician-prescribed devices including, but not limited to, patient-operated medication pumps, sublingual nitroglycerin, and self-administered emergency medications, including epinephrine devices;

(Q) administer naloxone or other opioid antagonist by intranasal and/or intramuscular routes for suspected narcotic overdose;

(R) administer epinephrine by auto-injector for suspected anaphylaxis and/or severe asthma;

(S) perform finger stick blood glucose testing;
and

(T) administer over the counter medications, when approved by the Medical Director, including, but not limited to:

(i) aspirin.

(U) The scope of practice of an EMT shall not exceed those activities authorized in this Section.

(V) Special Procedures: Institute intraosseous (IO) needles or catheters for cardiac arrest patients if specifically trained and authorized by a local agency

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EMS Medical Director.

(3) Scope of Practice of a National Registry Advanced
Emergency Medical Technician:

(A) perform all procedures that an EMT may
perform;

(B) initiate peripheral intravenous (IV) lines in
unconscious patients;

(C) maintain peripheral intravenous (IV) lines;

(D) initiate saline or similar locks in unconscious
patients;

(E) draw peripheral blood specimens;

(F) insert an uncuffed pharyngeal airway device
in the practice of airway maintenance. A cuffed
pharyngeal airway device is:

(i) a single lumen airway device designed
for blind insertion into the esophagus providing
airway protection where the cuffed tube prevents
gastric contents from entering the pharyngeal
space; or

(ii) a multi-lumen airway device designed to
function either as the single lumen device when
placed in the esophagus, or by insertion into the
trachea where the distal cuff creates an
endotracheal seal around the ventilatory tube
preventing aspiration of gastric contents;

(G) perform tracheobronchial suctioning of an
already intubated patient; and

(H) prepare and administer the following
medications under specific written protocols authorized
by the Medical Director or direct orders from a licensed
consultant physician:

(i) Physiologic isotonic crystalloid solution
IV or IO;

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- (ii) Anaphylaxis: epinephrine IM;
- (iii) Antidotes: Naloxone hydrochloride SL, IM, or IV;
- (iv) Anti-hypoglycemics: Hypertonic glucose IV;
- (v) Catecholamine: Epinephrine 1:1000; Epinephrine 1:10,000 IM or IV;
- (vi) Parasympathetic Blocker: Atropine IV;
- (vii) Nebulized bronchodilators as determined by the Medical Director;
- (viii) Non-Opioid Analgesics for acute pain as determined by the Medical Director;
- (I) prepare and administer immunizations in the event of an outbreak or epidemic as declared by the Chief Public Health Officer or designated public health officer, as part of an emergency immunization program, under the Medical Director's standing order;
- (J) prepare and administer immunizations for seasonal and pandemic influenza vaccinations according to the Chief Public Health Officer's recommended immunization guidelines as directed by the agency's Medical Director's standing order;
- (K) distribute medications at the direction of the Medical Director as a component of a mass distribution effort;
- (L) maintain during transport any intravenous medication infusions or other procedures which were initiated in a medical facility, if clear and understandable written instructions for such maintenance have been provided by the physician at the sending medical facility;
- (M) perform electrocardiographic rhythm interpretation of ventricular fibrillation, ventricular tachycardia, pulseless electrical activity, and asystole;

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and

(N) perform cardiac defibrillation with a manual defibrillator.

(4) Scope of Practice of a National Registry Paramedic:

(A) a paramedic may perform any activity identified in the scope of practice of an NREMT, or any activity identified in the scope of practice of an NRAEMT;

(B) a paramedic shall be affiliated with an approved paramedic service provider in order to perform the scope of practice specified in this Chapter;

(C) a paramedic student or a licensed paramedic, as part of an organized EMS system, while caring for patients in a hospital as part of his/her training or continuing education (CE) under the direct supervision of a physician, registered nurse, or physician assistant, or while at the scene of a medical emergency or during transport, or during interfacility transfer, or while working in a hospital, may perform the following procedures or administer the following medications when such are approved by the Medical Director of the Guam EMSC, and are included in the written policies and procedures of the Guam EMSC.

(D) Scope of Practice includes, but is not limited to:

(i) utilize electrocardiographic devices and monitor electrocardiograms, including 12-lead electrocardiograms (ECG);

(ii) perform defibrillation, synchronized cardioversion, and external cardiac pacing;

(iii) visualize the airway by use of the laryngoscope and remove foreign bodies with Magill forceps;

(iv) perform pulmonary ventilation by use of

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lower airway multi-lumen adjuncts, the esophageal airway, perilaryngeal airways, stomal intubation, and adult oral endotracheal intubation;

(v) utilize mechanical ventilation devices for continuous positive airway pressure (CPAP)/bi-level positive airway pressure (BPAP) and positive end expiratory pressure (PEEP) in the spontaneously breathing patient;

(vi) institute intravenous (IV) catheters, saline locks, needles, or other cannulae (IV lines), in peripheral veins and monitor and administer medications through pre-existing vascular access;

(vii) institute intraosseous (IO) needles or catheters;

(viii) administer IV or IO glucose solutions or isotonic balanced salt solutions, including Ringer's lactate solution;

(ix) obtain venous blood samples;

(x) use laboratory devices, including point of care testing, for pre-hospital screening use to measure lab values including, but not limited to, glucose, capnometry, capnography, and carbon monoxide when appropriate authorization is obtained from the Guam EMSC Medical Director;

(xi) utilize Valsalva maneuver;

(xii) perform percutaneous needle cricothyroidotomy;

(xiii) perform needle thoracostomy;

(xiv) perform nasogastric and orogastric tube insertion and suction;

(xv) monitor thoracostomy tubes;

(xvi) monitor and adjust IV solutions containing potassium, equal to or less than 40 mEq/L;

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(xvii) administer approved medications by the following routes: IV, IO, intramuscular, subcutaneous, inhalation, transcutaneous, rectal, sublingual, endotracheal, intranasal, oral or topical;

(xviii) administer, using pre-packaged products when available, the following medications:

- (1) 10%, 25% and 50% dextrose;
- (2) activated charcoal;
- (3) acetaminophen;
- (4) adenosine;
- (5) aerosolized or nebulized beta-2 specific bronchodilators;
- (6) amiodarone;
- (7) aspirin;
- (8) ATNAA/MARK 1;
- (9) atropine sulfate;
- (10) pralidoxime chloride;
- (11) calcium chloride;
- (12) diazepam;
- (13) diphenhydramine hydrochloride;
- (14) dopamine hydrochloride;
- (15) epinephrine;
- (16) fentanyl;
- (17) glucagon;
- (18) glucose (oral);
- (19) haloperidol;
- (20) ipratropium bromide;
- (21) ketamine;

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- (22) lorazepam;
- (23) midazolam;
- (24) lidocaine hydrochloride;
- (25) magnesium sulfate;
- (26) morphine sulfate;
- (27) naloxone hydrochloride;
- (28) nitroglycerine preparations (I.V.,
Oral);
- (29) norepinephrine;
- (30) ondansetron;
- (31) sodium bicarbonate;
- (32) Tranexamic Acid (TXA).

SOURCE: Added by P.L. 36-121:16 (Nov. 9, 2022).
