

TIDEWATER REGIONAL HEALTH PLANNING COUNCIL, Inc.

11 KOGER EXECUTIVE CENTER, SUITE 203
NORFOLK, VIRGINIA 23502
Area Code 703 499-3721

JOHN A. MURRAY, M.D.
PRESIDENT

D.J. JOSEPH MOORE
EXECUTIVE DIRECTOR

TIDEWATER VIRGINIA

EMERGENCY MEDICAL SERVICES BULLETIN

Enclosure: Proposed Highway Safety Program Standard No. N-8, Emergency Medical Services

It has come to our attention that many of the interested parties in our area have not seen the proposed new U. S. Department of Transportation Standard on Emergency Medical Services which is enclosed.

I have spoken to Dawson Mills, M. D., Chief, Emergency Medical Services, U. S. Department of Transportation, who informed me that the docket on the new Standard has been extended to February 3, 1973. If you wish to comment, refer to Docket No. 72-17, Standard No. N-8, and submit six copies to Docket Section, National Highway Traffic Administration, Room 5221, 400 Seventh Street SW, Washington, D. C. 20590. Please send us a copy of any comments also.

Since this is our first bulletin, we may not have included all who should be informed. Please pass this on to those who need to know. Also, we would appreciate a list of names and addresses of those who should receive future "Emergency Medical Services Bulletins."

I urge you to read and comment on the proposed Standard No. N-8, as its provisions have become very specific in regards to training, licensing, communication requirements, 24-hour availability, and administration.

Sincerely,



Harry W. Bleh, Project Coordinator
Emergency Medical Services System

ional requirement that there be a provision permitting surrender by a defendant of his driver license certificate in lieu of bail or other collateral. The purpose of this requirement is to facilitate the fair and humane treatment of accused traffic court violators without imposing bail or requiring confinement in jail and to encourage personal appearance by defendants.

Careful evaluation is a key to determining program effectiveness and essential for planning future program activities. For this reason, the proposed new standard would add a requirement for evaluation of the traffic courts and adjudication systems program by the unit of State government having the primary responsibility for coordinating adjudication activities. A principal measure of program effectiveness to be required in the evaluation of the program is the number of repeat traffic offense violators to be determined by the recidivism rates. These rates would be developed from statistical analyses of data reported to the State traffic records system.

PART 247—HIGHWAY SAFETY PROGRAM STANDARD NO. N-7—TRAFFIC COURTS AND ADJUDICATION SYSTEMS

- Sec. 247.1 Scope.
- 247.2 Purpose.
- 247.3 Definitions.
- 247.4 Requirements.
- 247.5 Evaluation.

AUTHORITY: The provisions of this Part 247 issued under section 402 of the Highway Safety Act of 1966, 23 U.S.C. 402, and the delegations of authority at 49 CFR 1.51 and 501.8.

§ 247.1 Scope.

This standard establishes performance requirements for traffic courts and adjudication systems in a State highway safety program. It covers the adjudication activities of the State agency for highway safety, the driver licensing authority, and the State judiciary.

§ 247.2 Purpose.

This standard is designed to develop balanced local and statewide traffic court and adjudication systems which will promote highway safety through fair, efficient, and effective adjudication of traffic law violations; and to reduce recidivism rates through the use of appropriate punishment, training and rehabilitation measures.

§ 247.3 Definitions.

"Adjudication agency" means a tribunal, other than a court, authorized to make judgments and apply appropriate sanctions and rehabilitative measures in traffic offense cases.

"Hazardous traffic law violation" means a traffic offense that—

- (a) Contributes to a crash; or
- (b) Is punishable as a felony; or
- (c) Contains at least one of the following factual elements:

- (1) Operation of a motor vehicle while under the influence of alcohol or another drug;

- (2) Reckless driving;
- (3) Leaving the scene of a crash; or
- (4) Driving while driver's license is suspended or revoked.

"Traffic court" means a judicial tribunal with the authority to adjudicate traffic cases.

§ 247.4 Requirements.

Each State, in cooperation with its political subdivisions, shall establish a system for the adjudication of violations of highway traffic laws that meets the following requirements:

- (a) The traffic offense adjudication activities of the State agency for highway safety, the driver licensing authority and the State judiciary shall be coordinated, with the primary coordination responsibilities residing in one of these three agencies.
- (b) The traffic case management system shall include:

- (1) Use of a statewide uniform traffic citation;

- (2) Retrieval of driver records from the traffic records system established in Standard No. N-1 in cases involving all traffic law violations.

- (3) Preparation of a presentence investigation report in cases involving hazardous traffic law violations, which shall include an inquiry into driving habits, previous driving history, and social, psychological, medical and economic background to assist an adjudicator in determining the appropriate sanction for a convicted offender.

- (4) A record reporting system for entering case disposition reports into the traffic records system within 10 days after conviction or forfeiture of bail in a traffic violation case.

- (5) Use of adjudication agencies, or other noncriminal procedures, for processing traffic cases such as parking and equipment violations, where warranted by caseload or rehabilitation and retraining considerations.

- (c) Adjudication and administrative personnel, including referees and hearing officers, employed in the traffic court and adjudication systems shall be properly qualified and trained. There shall be a full-time judge or quasi-judicial hearing officer empowered to make dispositions in all traffic courts and adjudication agencies for each mandatory appearance caseload of 22,500 per year or a major fraction thereof.

- (d) Uniform rules shall be established for—

- (1) The impounding of suspended or revoked driver's licenses; and

- (2) Staying the execution of punishment and license suspensions or revocations to permit a convicted offender to participate in a driver rehabilitation program.

- (e) Persons charged with hazardous traffic law violations shall be required to appear personally before a traffic court or adjudication agency. The deposit of a driver license certificate shall be permitted in lieu of bail or other security to insure an accused traffic offender's appearance before a traffic court or adjudication agency.

- (f) Traffic courts and adjudication agencies shall be financially independent of any system of fees, fines, court costs, or other revenue (such as posting or forfeiture of bail or other collateral) resulting from processing violations of motor vehicle or traffic law.

§ 247.5 Evaluation.

The traffic courts and adjudication systems program shall be evaluated by the agency having primary responsibility for coordinating the State's adjudication activities. The evaluation shall be submitted to the State agency for highway safety for use in developing the Annual Work Program and updating the Comprehensive Plan pursuant to Standard No. N-1.

- (a) Statistical analyses shall be prepared for evaluation purposes, making maximum use of case disposition and caseload information reported to the State traffic record system, and emphasizing particularly the following types of data:

- (1) Types and frequency of offenses;
- (2) Case disposition, including the percentage of convictions, delays in court appearance, nolle prosequi pleas, reductions in charges and rehabilitation referrals; and

- (3) Recidivism rates, especially as they relate to particular case dispositions.

- (b) The evaluating agency shall review the program to determine the extent of compliance with the specific program requirements established in § 247.4.

[Docket No. 72-17]

EMERGENCY MEDICAL SERVICES

Proposed Standard No. N-8 (23 CFR Part 248), covering emergency medical services aspects of a State highway safety program, is basically a revision of existing Standard 11, Emergency Medical Services. The purpose of the standard is to insure that the States will create and maintain emergency medical service systems which reduce deaths and injuries by reducing the time from crash to medical treatment, and upgrading the standard of care received en route. The standard has been prepared with full recognition of the fact that the effectiveness of system operation is dependent on local and regional conditions. Effective system operation, however, will only be achieved if State and local jurisdictions develop comprehensive and coordinated administrative planning and evaluative mechanisms.

The proposed standard includes requirements for laws or regulations applying to services and personnel, for statewide administration of program, for use of an advisory committee or equivalent body, for development of a statewide emergency medical services comprehensive plan, and for development of operational requirements for emergency medical services units.

The proposed standard expands upon the current version by requiring that ambulance services be licensed. The basis for this requirement is that licensing is

extended to 02-03-73

the only known effective way of insuring a minimal quality of service, in terms of equipment capability, personnel and operating standards. Specific equipment and personnel licensing criteria are left largely for State development. One exception to this is a requirement that licensed ambulance services have and use a two-way communications system. The present standard calls only for the establishment of criteria for use of two-way communications equipment, while the proposal would require the use of this equipment on all emergency medical service vehicles. The use of such equipment should result in a significant reduction in response time by the ambulance service as well as improved treatment at a crash scene and in transit. Adoption of this measure has been recommended as a result of a number of studies including those of the Committee on Emergency Medical Services of the National Academy of Sciences.

A further requirement relating to licensing of ambulance services would be that criteria be established for personnel capabilities of ambulance services. A related requirement would call for establishment of training and certification requirements for ambulance personnel. The present standard has a provision that there be training and licensing requirements established for emergency medical service personnel. In carrying out this standard, many States have adopted a model curriculum developed in this area by the NHTSA. The proposed new standard would reflect the expertise developed in this area by requiring that emergency medical technicians trained in accordance with the DOT course or its equivalent be employed by licensed ambulance services, in addition to other properly certified personnel. The principal benefits to be gained from this combination of training and ambulance service licensing requirements will be reduced time from crash to medical treatment as well as reductions in deaths and injuries resulting from improved care at the crashsite and in transit.

The existing standard has no requirement for centralized statewide administration of the emergency medical services program. Addition of such a requirement in the proposal is designed to improve planning and overall systems review by centralizing the administrative activities in a single State agency, and is supported by NHTSA emergency medical service administrative studies and the experience of States which use this administrative approach. The centralized administration would be expected to improve the capability of States to meet the requirement for development of an emergency medical services comprehensive plan that is included in the current standard and proposed to be continued in the revision. Currently, those States which have developed such a comprehensive plan have a system operation clearly superior to those which do not.

The emergency medical services comprehensive plan requirement is expanded to require that the plan contain specifications for program evaluation includ-

ing data by DOT or other State or Federal agencies that this development of data and management information systems is essential for assessing emergency medical services progress at State, local and national levels. To date, States and communities have not set up the type of reporting system which is capable of providing the information necessary for sound program evaluation and design. For this reason, the proposed new standard would make mandatory certain data collection and evaluation processes.

Another new aspect of the emergency medical services standard would be the requirement that the systems be designed so that ambulance service is available at all locations on a 24-hour-a-day basis. It is believed that compliance would be attainable through proper organization of State and local programs. The proposed requirement is for the "existence" of a response capability and it is planned that future revisions of the standards will extend this to a "response time" performance requirement.

PART 248—HIGHWAY SAFETY PROGRAM STANDARD NO. N-8—EMERGENCY MEDICAL SERVICES

Sec.	
248.1	Scope.
248.2	Purpose.
248.3	Requirements.
248.4	Evaluation.

AUTHORITY: The provisions of this Part 248 issued under section 402 of the Highway Safety Act of 1966, 23 U.S.C. 402, and the delegations of authority at 49 CFR 1.51 and 501.8.

§ 248.1 Scope.

This standard establishes performance requirements for the emergency medical services aspects of a State highway safety program. It applies to all facilities, public and private, within the State that are intended to provide life-sustaining and disability-reducing emergency medical care to persons injured in highway crashes, both at the scene and while in transit to facilities where needed medical care can be provided, and to provide such transportation.

§ 248.2 Purpose.

The purpose of this standard is to provide a statewide emergency medical care system that will insure quick identification of and response to highway crashes; sustain life through proper emergency measures, both at the scene and while in transit to an appropriate medical facility; and provide the coordination, transportation, and communications necessary to take the injured to an appropriate medical facility within the shortest practicable time, without creating additional hazards.

§ 248.3 Requirements.

Each State, in cooperation with its political subdivisions, shall have a program to insure that persons involved in highway crashes receive prompt emergency care and transportation to the facility designated pursuant to paragraph (e) of this section for needed medical treatment.

acted requiring ambulance services to be licensed and emergency medical personnel to be trained and certified.

(1) Equipment and personnel capabilities required of an ambulance service shall be specified.

(2) Ambulance services shall be required to have two-way communications equipment for every emergency medical service vehicle, assuring voice communication to a central dispatcher and hospital emergency facilities.

(3) Requirements shall be established for certification, training, and retraining of emergency medical technicians. These requirements shall include as a minimum the successful completion of the basic training program promulgated by the Department of Transportation for "Emergency Medical Technician—Ambulance" or its equivalent.

(4) Ambulance services shall be required to be staffed with emergency medical technicians in addition to other properly certified personnel.

(b) Responsibility and authority for administration of the statewide emergency medical services program shall be vested in a single State governmental agency that has a full-time emergency medical service program staff.

(c) There shall be an advisory committee for emergency medical services, whose membership includes representatives of such organizations as medical, hospital, first aid and ambulance associations and the Red Cross, representatives of State health agencies, and the State police or highway patrol. The head of the agency responsible for the emergency medical service program shall regularly seek the advice and recommendations of this committee on matters relating to the statewide emergency medical services program.

(d) Each State shall develop a statewide emergency medical services comprehensive plan that includes:

(1) An inventory of current emergency medical services resources and a definition of future needs, including types and numbers of vehicles; types and numbers of personnel, categorized according to capabilities and level of training; types and numbers of organizations providing ambulance services; and total system capabilities.

(2) A plan for coordination of emergency medical services with other emergency organizations, such as police and fire departments, that respond to traffic crashes.

(3) Definition of local areas of emergency medical services responsibility defined according to maximum allowable response times, with provision for communications systems and mutual support procedures within and between areas.

(4) Definition of authority at crash scenes, including procedures for coordination and supervision of the personnel of the various operational units which respond to an emergency.

(5) Specifications for program evaluation in accordance with § 248.4 including support records and data system operation.

(e) Within each local area defined pursuant to paragraph (d)(3) of this section there shall be designated emergency medical service units that are available to provide emergency medical services to highway crash victims on a 24-hour-a-day basis, and licensed in accordance with the requirements of paragraph (a) of this section. Hospitals within the area shall be categorized as to their ability to provide the needed emergency medical care.

§ 218.4 Evaluation.

The emergency medical services program and its comprehensive plan shall be evaluated by the State agency having

responsibility for administering the program. The evaluation shall be submitted to the State agency for highway safety for use in developing the Annual Work Program and updating the Comprehensive Plan pursuant to Part 211 of this chapter. The evaluation shall include:

(a) A statistical measurement of emergency service performance based on recorded data concerning:

- (1) Time from crash notification to dispatch.
- (2) Time from dispatch to arrival at the scene of a crash.
- (3) Time from arrival at crash scene to arrival at facility providing needed medical treatment.

(4) Total time from notification of crash to arrival at facility providing needed medical treatment.

(b) An analysis of the current skills and knowledge levels of emergency service personnel, in comparison with the minimum levels and licensing criteria established in § 248.3.

(c) A review of the effectiveness of the emergency medical services program, using measures of effect on injuries, complications and disabilities, and time of patient suffering.

(d) A determination of the extent of compliance with the specific program requirements established in § 248.3.

[FR Doc. 72-11753 Filed 8-2-72; 8:45 am]