

RULES AND REGULATIONS  
FOR EMERGENCY MEDICAL SERVICES

CHAPTER 4

RESPONSE AND REPORTING REQUIREMENTS

Section 1. **Authority.** In addition to the authority delegated under W.S. 33-36-101, these rules are promulgated under the authority of W.S. 35-1-801 to enable the Division in developing and reporting on the comprehensive EMS and Trauma system by establishing uniform criteria for EMS agency reporting and response. For the purposes of this chapter, “EMS agency” means any ambulance, authorized fire protective service or other entity dispatched with the intent to provide medical care in response to an emergency request for medical care.

Section 2. **Ambulance Personnel Criteria.** An ambulance shall comply with the following:

- (a) Ground ambulances, when transporting a patient, shall be staffed with a driver and at least one (1) licensed EMT as provided in Chapter 5;
- (b) All air ambulance service flights shall require at least one (1) licensed EMT and a flight crew in conformity with current Federal Aviation Regulations and 14 CFR Parts 91, 120, and 135; and
- (c) Any physician, registered nurse, physician assistant, or nurse practitioner currently licensed in this state may provide care in an ambulance in accordance with their scope of practice when approved by the ambulance service.

Section 3. **Running Criteria.**

- (a) The driver of a ground ambulance shall comply with all Wyoming traffic laws and regulations, including W.S. 31-5-928 and 31-5-952;
- (b) In the absence of decisive factors to the contrary, ambulances shall transport “emergent” or “urgent” patients to the closest accessible medical facility equipped, staffed and prepared to receive emergency cases and administer emergency medical care appropriate to the needs of the patient; and
- (c) Siren and approved warning light restrictions. Ground ambulance drivers shall not activate warning lights or use the siren except when responding to an emergency call, providing for safety at the scene of a response or other hazard, or transporting

emergency patients who are classified as "emergent" or "urgent" as defined in Section 5 of this Chapter.

**Section 4. Patient Care Reporting.**

(a) To promote the uniform provision and accountability of the comprehensive emergency medical services and trauma system, all EMS agencies and their personnel shall utilize the Division's electronic patient care reporting system to document the provision of emergency medical services or related trauma care.

(b) EMS personnel providing care to a patient shall provide patient care reports to any EMS agency or healthcare facility receiving the transfer of care of a patient to ensure the continuity of patient care and patient safety.

(c) At a minimum, EMS personnel shall ensure that appropriate personnel receiving the transfer of care of a patient are aware of the patient's presence, that systems and equipment necessary for the monitoring and safety of the patient are in place, and that a verbal report of the care provided by the ambulance service has been provided to the appropriate person.

(d) EMS personnel providing care to and transport of a patient shall leave a copy of the patient care report with the receiving medical facility or EMS agency at the time of the transfer of care of the patient whenever practicable. EMS personnel that provide care to a patient shall submit complete and accurate patient care reports for every request for service in the electronic system maintained by the Division no later than two (2) hours after the ambulance or agency is returned to service and available for response with the following exceptions:

(i) If a patient is transported to a receiving facility outside of the agency's primary response area, and the distance and return time factors prohibit the upload of the patient care report into the system, then the patient care report shall be submitted to the Division's electronic system no later than twelve (12) hours after the return to service;

(ii) If an equipment or system failure occurs that prohibits the upload of the patient care report into the system, then the patient care report shall be submitted to the Division's electronic system no later than twenty-four (24) hours after the system is restored. In these circumstances, the EMS agency or reporting party shall notify the Division. Password expiration or system access actions that are the responsibility of the EMS agency or person shall not be considered equipment or system failures;

(iii) The submission of an amendment or addendum to a previously submitted patient care report, which is submitted to ensure that the previous report is complete and accurate.

(e) Cardiac rhythm strips, 12 lead electrocardiograph (ECG) tracings, and any other reports generated by patient monitoring equipment, shall be considered to be part of the patient care report. Copies of these reports shall be provided to the receiving facility and uploaded into the Division's electronic system.

(f) The Division may inspect the patient care reports of any EMS agency covered by these rules.

(g) No person shall release a patient care report without the patient's consent, except as provided in subpart (h) of this section.

(h) A person may release a patient care report:

(i) to a health care facility;

(ii) to the Department of Health, including its individual divisions and programs;

(iii) to a law enforcement officer;

(iv) to the Wyoming Attorney General's office;

(v) pursuant to a lawful court order; or

(vi) as otherwise required or permitted by law.

Section 5. **Patient Classifications.** For the purpose of these Rules and Regulations the following patient classification definitions shall be used:

(a) "Emergent" means the patient requires immediate transport and treatment to prevent death or permanent disability.

(b) "Urgent" means there is a serious illness or injury to the patient which could expose the patient to risk of death or permanent disability unless treatment is initiated at a medical facility within a reasonable length of time.

(c) “Non-emergent” means a patient who has an injury or illness that is presently stable, which poses no present threat to life or risk of permanent disability, and does not require the use of emergency vehicle warning devices.

(d) For patients who are classified as emergent or urgent, the use of emergency vehicle warning devices is appropriate.

**Section 6. Other Mandatory Reporting Requirements.**

(a) All EMS agencies that come under the provisions of these rules shall submit to the Division a copy of any requests for information filed with them. Any such requests shall be sent to the Division by certified mail, return receipt requested, within thirty (30) days of receipt of such request.

(b) All EMS agencies shall report any service of process, as defined in Chapter 1, Section 4(qq) of these rules to the Division within one (1) working day of receipt of service.

(c) Any EMS agency or person licensed or authorized under these rules that has cause to believe or information indicating that any person or EMS agency is, or may be in violation of these rules, shall report that information to the Division. Failure to report such information shall be considered aiding and abetting in the violation of these rules.

(d) EMS agencies authorized to perform needle or surgical cricothyrotomy or rapid sequence intubation (RSI) shall notify the Division via e-mail within two hours of the performance of these procedures. The Division shall review all cases.

(e) Ambulance services shall notify the Division within two (2) hours of any incident or accident requiring reporting to the Federal Aviation Administration (FAA) or the National Transportation Safety Board, or that inhibits or prohibits the ability of the ambulance to transport a patient.