

- (9) Wyoming Office of Emergency Medical Services.
- (10) Wyoming State Health Planning and Development Agency.
- (11) Wyoming Registered Emergency Medical Technician.
- (12) Private Physician
- (13) Private Physician
- (14) Consumer from Wyoming Health Safety System Agency
- (15) Consumer from Wyoming Health Safety System Agency
- (16) Wyoming Hospital Administrator
- (17) Wyoming Ambulance Operator

Section 4: The Wyoming Department of Health and Social Services, Division of Health and Medical Services, and its responsible office, is hereby designated as the official administrative and operational agency for coordination, planning, implementation, and evaluation of the Wyoming Emergency Medical Services System.

GIVEN under my hand and the Executive Seal of the State of Wyoming this 7th day of December 1976.

APPENDIX B

EXECUTIVE ORDER No. 1998-7

Pursuant to the authority vested in the Office of Governor of the State of Wyoming under W. S. Sections 9-23.4 and 9-160.7, I, Jim Geringer, Governor of the State of Wyoming, hereby order:

Section 1: The Wyoming Advisory committee on Emergency Medical Services

is reaffirmed under the sponsorship of the Wyoming Department of Health Division of Public Health, Office of Emergency Medical Services for the purpose of assisting the efforts of various federal, state, and local agencies, private industry, and interested citizens toward the continued development and implementation of an integrated, statewide program for emergency medical services and trauma system. The Committee shall promote the planning and development of activities which will result in the delivery of the highest possible standard of medical care to victims of trauma and critical illness in Wyoming.

Section 2: The Committee shall perform the following duties:

- (a) Act in an advisory capacity to the Department of Health's Office of Emergency Medical Services on all matters related to emergency medical services programs and trauma system development.
- (b) Make recommendations concerning the development and implementation of statewide emergency medical services programs.
- (c) Determine statewide emergency medical services' needs and provide a broad basis for responsibility and policy decisions.
- (d) Make recommendations concerning guidelines and standards for the delivery of emergency medical care, which recognizes the concepts of the National Highway Safety Act of 1966 and the Emergency Medical Services Act of 1973, *et seq.*
- (e) Make recommendations concerning the development and implementation of the statewide trauma system.
- (f) Coordinate the State's participation in federally supported programs related to emergency medical care and trauma systems and make recommendations as to the use of funds received under such programs.

Section 3: The members of the Committee shall be appointed by the Governor

and serve at his pleasure. Individuals appointed to serve on the Committee shall have demonstrated an interest or involvement in emergency medical care or trauma system activities. A chairman and vice-chairman shall be elected from the membership of the Committee in accordance with by-laws approved by the Department of Health. The composition of the Committee shall be one member representing each of the following:

- (1) A physician from the Wyoming Chapter of the American Academy of Family Physicians.
- (2) A physician from the Wyoming Chapter of the American College of Emergency Physicians.

- (3) A physician from the Wyoming Trauma Committee of the American College of Surgeons.
- (4) A member of the Wyoming Nurses Association.
- (5) A representative from the Wyoming Hospital Association.
- (6) A representative from the Wyoming Medical Society.
- (7) A Wyoming certified Emergency Medical Technician.
- (8) A Wyoming licensed ambulance operator.

Terms are indefinite. A member who ceases to represent the organization he/she was appointed to represent shall be replaced at the recommendation of the Department of Health.

Section 4: The Wyoming Department of Health, Division of Public Health,

Office of Emergency Medical Services is hereby designated as the official administrative and operational agency for coordination, planning, implementation, and evaluation of the Wyoming Emergency Medical Services System and Trauma System.

GIVEN under my hand and the executive seal of the Governor's office this 16th day of November, 1998.

APPENDIX C

EQUIPMENT REQUIREMENTS FOR AMBULANCES

The Department of Health's Office of Emergency Medical Services has established the following equipment list as the recommended minimum necessary for ground ambulances involved in the transportation or treatment of ill or injured patients in the prehospital setting.

Basic Life Support

Airway Management and Ventilation:

- Oxygen tank - fixed (minimum capacity of 3,000 liters with reduction gauge and flow meter) and portable with regulator.
- Oxygen masks in infant, child and adult sizes.
- Nasal cannulas in child and adult sizes.
- Oral airways; infant, child and adult sizes.
- Nasopharyngeal airways with lubricant; infant, child and adult sizes.
- Self-inflating resuscitation bags; with oxygen reservoir. Infant, child and adult sizes.
- Masks for use with resuscitation bags; neonate, infant, child and adult sizes.
- Oxygen connecting tubing.
- Portable suction unit with various tonsillar and flexible suction catheters.
- Bite sticks.

Patient Assessment:

- Blood pressure cuff, infant, child and adult sizes.
- Stethoscope; infant and adult.
- Flashlight/penlight (with extra batteries and bulbs).
- Thermometer with hypothermia capacity

Obstetrics:

- Sterile pre-packaged OB delivery kit.
- Thermal absorbent blanket and head cover.

Immobilization:

- Traction splint - child and adult.
- Firm upper and lower extremity splints to include joint above and below injury, rigid with padding.
- Backboard with appropriate securing straps; pediatric and adult sizes.
- Spinal immobilization device; such as KED.
- Rigid cervical collars; pediatric and adult sizes.
- Triangular bandages - minimum of six (6).
- Scoop type stretcher

Personal Protection:

- Infectious disease prevention materials - gloves, goggles or face shields, masks, gowns, boots or shoe covers, appropriate disinfectants.
- Sharp object disposable containers which can be permanently be sealed when full.
- Antiseptic hand wipes.
- Hearing protection.
- HEPA mask.
- Appropriate mask with one-way valve & appropriate filter.
- Minimum of a Level C protective suit.
- Traffic safety vest.

Bandaging:

- Burn package - includes sterile sheets or towels for children.
- Sterile trauma dressings of various sizes - 5 x 9; 8 x 10.
- Sterile gauze bandages of various sizes.
- Adhesive tape in various sizes.
- Elastic bandages in various sizes.

Communications:

- Two-way communication equipment between dispatcher, ambulance and medical facility.

Other:

- Sterile saline irrigation fluid.
- Bandage/trauma shears.
- Disposable basins or emesis bags.
- Disposable bedpan and urinal.
- Stretcher, main; shall be four-wheeled elevating cot for primary patient with appropriate patient restraining device.
- Activated charcoal as directed by physician medical director.
- Patient restraints as directed by physician medical director.
- Sugar cubes or hypertonic sugar solution.
- Cold Packs
- B l a n k e t s .
- Disaster/triage tags.
- Warning flares and /or signal devices.
- Fire extinguisher.

Optional:

- Automatic external defibrillator (AED) - strongly recommended for systems that lack immediate response from an advanced life support service.

- Length-based tape or chart for pediatric equipment sizing such as Broselow type tape.
- Pulse oximetry.
- Protective helmets.
- Protective coat with reflective materials.
- Scissors capable of cutting heavy metal.
- Pediatric transport chair.
- Ring cutter.
- Tweezers (splinter).
- Portable trauma kits for treating patients away from the ambulance.
- Eye wash.
- Self-assisted medications as outlined in the basic EMT curriculum - ambulance service's physician medical director must authorize ambulance service to stock.
- Pedi-wheel.
- Small stuffed toy.

It is highly recommended that pediatric equipment be maintained in a separate jump kit from the adult equipment.

Advanced Life Support

(In addition to Basic Life Support)

Airway Management and Ventilation:

- Laryngoscope handle with extra batteries and bulbs; pediatric and adult.
- Laryngoscope blades - sizes 0, 1 and 2 straight - sizes 3 and 4 straight or curved.
- Endotracheal tubes (minimum of 2 each size) - sizes 2.5 to 5.0 mm uncuffed - 5.5 to 8.0 mm cuffed.
- Combitube or similar Division approved multi-lumen lower airway adjunct.
- Stylettes for endotracheal tubes; pediatric and adult.
- Magill forceps - pediatric and adult.
- Lubricating jelly (water soluble).
- Nasogastric tubes - pediatric sizes 5F and 8F - adult sizes 14F, 16F, and 18F.
- End-tidal CO₂ detectors or esophageal detector devices.

Monitor/Defibrillator:

- Portable, battery-operated, cardiac monitoring defibrillator with recorder, quick-look paddles or hands-free patches, pediatric and adult electrodes and paddles, with capability to provide electrical discharge below 25 watt-seconds.

Vascular access:

- Intravenous catheters, 14g - 22 g.
- Intraosseous needles or devices.
- Tourniquets - constricting bands.
- Syringes of various sizes
- Needles; sizes 14g - 24g.
- Blood sample tubes; adult and pediatric.
- Intravenous administration sets - micro/macro/adjustable flow rate sets
- Intravenous securing devices.

Medications: The Office of Emergency Medical Services shall maintain separate lists of approved medication for the EMT-Intermediate and Paramedic ambulance services.

It is recommended that pediatric medications/equipment be maintained in a separate jump kit from the adult medications/equipment.

APPENDIX D

OFFICE OF EMERGENCY MEDICAL SERVICES
WYOMING DEPARTMENT OF HEALTH

AMBULANCE SAFETY INSPECTION REPORT

State License No. _____ Ambulance _____ Manufacturer _____
Service Name _____ of Body _____ Year _____
Odometer Reading _____ Ambulance Permit # _____ Date _____ VIN # _____

This is to certify that I have this day made a safety inspection of the ambulance described above and made a report as follows: (Items checked are to be corrected)

OUTSIDE INSPECTION: Instruct the driver to start engine and to remain behind the wheel with engine running, then start from the right door and proceed counter-clockwise around the ambulance checking essentially in the following order:

- 1. Ambulance Identification Painting & Lettering
2. Mirrors
3. Headlights Hi/Lo Beams
4. Turn Signals - R/L & Front/Rear
5. Warning system lights
6. Clearance Lamps - Front/Rear (if necessary)
7. Hazard Warning Lights (4-Way Flashers)
8. Steering, Front Brakes, Tubing, Hoses, Suspension and Wheels
9. Front Tires - R/L
10. Siren
11. Ambulance Permit Attached
12. Rear Tires - R/L
13. Rear Brakes, Tubing, Hoses, Suspension & Wheels
14. Stop Lamps - R/L
15. Tail Lamps - R/L
16. Exhaust System
17. Brake Fluid
18. Power Steering Unit

INSIDE INSPECTION: Check the following items:

- 19. Windows
20. Windshield Wipers
21. Horn
22. Heater & Defrosting Device, Air Conditioning
23. Interior Lights
24. Rear-Vision Mirrors
25. Pt. Compartment/Heat, AC, Lights
26. Parking Brake
27. Two-way Radio
28. Battery Operated Light
29. Cleanliness
30. Fire Extinguisher - 1A10BC
31. Seat Belt - All Occupant Spaces

Inspected By: _____

Location: _____

*****REPAIRS REQUIRED NOTICE*****

No person shall operate this ambulance until necessary repairs have been completed and restored to safe operating condition. Repairs to be completed: _____

*****CERTIFICATION OF REPAIRS*****

I certify that the required repairs listed in the "REQUIRED REPAIRS NOTICE" immediately above this certification have been satisfactorily completed.

Signature of Repairman _____ Name of Garage _____ Date Repair Work Completed _____

*****AMBULANCE OPERATOR CERTIFICATION OF ACTION TAKEN*****

I certify that all defects upon this report have been corrected and action taken to assure compliance with the State Law and Regulations insofar as they are applicable to ambulance vehicles.

Signature of Responsible Party _____ Title _____ Date _____

This form should be utilized for the required ambulance inspection. Forms are available upon request from the Office of Emergency Medical Services, Hathaway Building, Cheyenne, WY 82002. Distribute copies as follows upon completion of inspection; WHITE for ambulance service's return to Office of Emergency Medical Services upon completion of REQUIRED REPAIRS; CANARY for Office of Emergency Medical Services to be sent immediately upon completion of inspection by the inspector; PINK for ambulance operator's files.

APPENDIX E

ARTICLE 2. CARDIOPULMONARY RESUSCITATION DIRECTIVES

Effective dates. - Laws 1993, ch. 108, § 2, makes the act effective immediately upon completion of all acts necessary for a bill to become law as provided by art. 4, § 8, Wyo Const. Approved February 25, 1993.

§ 35-22-201. Definitions

(a) As used in this article, unless the context otherwise requires:

(i) “Cardiopulmonary resuscitation” means measures to restore cardiac function or to support breathing in the event of respiratory or cardiac arrest or malfunction. “Cardiopulmonary resuscitation” includes, but is not limited to, chest compression, delivering electric shock to the chest, or manual or mechanical methods to assist breathing;

(ii) “Cardiopulmonary resuscitation directive” means an advance medical directive pertaining to the administration of cardiopulmonary resuscitation;

(iii) “Emergency medical service personnel” means any emergency medical technician at any level who is certified by the Department of Health. “Emergency medical service personnel” includes a first responder certified by the Department of Health. (Laws 1993, ch. 108, § 1.)

Editor’s notes. - There is no subsection (b) in this section as it appears in the 1993 printed act.

§ 35-22-202. Cardiopulmonary resuscitation directives; who may execute.

Any adult who has the decisional capacity to provide informed consent to or refusal of medical treatment or any other person who is, pursuant to the laws of this state or any other state, authorized to make medical treatment decisions on behalf of a person who has such decisional capacity, may execute a cardiopulmonary resuscitation directive. (Laws 1993, Ch. 108, §1.)

§ 35-22-203. Cardiopulmonary resuscitation directive forms; duties of Department of Health.

(a) On or before January 1, 1994, the state Department of Health shall promulgate rules and protocols for the implementation of cardiopulmonary resuscitation directives by emergency medical personnel. The protocols adopted shall include uniform methods of identifying persons who have executed a cardiopulmonary resuscitation directive. Protocols adopted by the Department of Health shall include methods for rapid identification of persons who have executed a cardiopulmonary resuscitation directive, controlled distribution of methods of identifying persons who have executed a cardiopulmonary resuscitation directive, and the information described in subsection (b) of this section. Nothing in this subsection shall be construed to restrict any other manner in which a person may make a cardiopulmonary resuscitation directive.

(b) Cardiopulmonary resuscitation directive protocols to be adopted by the state Department of Health shall, at a minimum, require the following information concerning the person who is the subject of the cardiopulmonary resuscitation directive;

- (i) The person's name, date of birth and sex;
- (ii) The person's eye and hair color;
- (iii) The person's race or ethnic background;
- (iv) If applicable, the name of the hospice program in which the person is enrolled;
- (v) The name, address and telephone number of the person's attending physician;
- (vi) The person's signature or mark or, if applicable, the signature of a person authorized by this article to execute a cardiopulmonary resuscitation directive;
- (vii) The date on which the cardiopulmonary resuscitation directive was signed;
- (viii) the person's directive concerning the administration of cardiopulmonary resuscitation, countersigned by the person's attending physician. (Laws 1993, Ch. 108, § 1.)

§ 35-22-204. Duty to comply with cardiopulmonary resuscitation directive immunity; effect on criminal charges against another person.

(a) Emergency medical service personnel, health care providers and health care facilities shall comply with a person's cardiopulmonary resuscitation directive that is apparent and immediately available. Any emergency medical service personnel, health care provider, healthcare facility or any other person who, in good faith, complies with a cardiopulmonary resuscitation directive which is perceived to be valid shall not be subject to civil or criminal liability or regulatory sanction for such compliance.

(b) Compliance by emergency medical service personnel, healthcare providers or healthcare facilities with a cardiopulmonary resuscitation directive shall not affect the criminal prosecution of any person otherwise charged with the commission of a criminal act.

(c) In the absence of a cardiopulmonary resuscitation directive, a person's consent to cardiopulmonary resuscitation shall be presumed. (Laws 1993, Ch. 108, § 1.)

§ 35-22-205. Effect of declaration after inpatient admission.

A cardiopulmonary resuscitation directive for any person who is admitted to a health care facility shall be implemented as a physician's order concerning resuscitation as directed by the person in the cardiopulmonary resuscitation directive, pending further physicians' orders. (Laws 1993, ch. 108, § 1.)

§ 35-22-206. Effect of cardiopulmonary resuscitation directive; absence; on life; or health insurance.

Neither a cardiopulmonary resuscitation directive nor the failure of a person to execute one shall affect, impair or modify any contract of life or health insurance or annuity or be the basis for any delay in issuing or refusing to issue an annuity or policy of life or health insurance or any increase of a premium therefor. (Laws 1993, ch. 108, § 1.)

§ 35-22-207. Revocation of cardiopulmonary resuscitation directive.

A cardiopulmonary resuscitation directive may be revoked at any time by the person who is the subject of the directive or by any other person who is, pursuant to the laws of this state or any other state authorized to make medical treatment decisions on behalf of the person who is the subject of the directive. (Laws 1993, ch. 108, § 1.)

§ 35-22-208. Effect of article on euthanasia; mercy killing; construction of statute.

Nothing in this article shall be construed as condoning, authorizing or approving euthanasia or mercy killing. In addition, the legislature does not intend that this article be construed as permitting any affirmative or deliberate act to end a person's life, except to permit natural death as provided by this article. (Laws 1993, ch. 108, § 1.)