

CHAPTER 117. EMERGENCY SERVICES

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Cross References

This chapter cited in 28 Pa. Code § 1001.2 (relating to definitions).

GENERAL PROVISIONS**§ 117.1. Provision of services.**

(a) Regardless of the scope of services offered, every hospital shall institute essential life-saving measures and provide emergency procedures that will minimize aggravation of the condition of the patient during transportation when referral is indicated. In accordance with the principle that an individual confronting an emergency should not bear the responsibility of choosing the proper emergency service, every hospital shall provide and maintain equipment necessary to institute essential life-saving measures.

(b) Where there is an emergency service, it shall provide prompt examination or treatment, or both, to all persons who come or are brought into the hospital in need of treatment, irrespective of ability to pay. The treatment shall be of the highest type consistent with the facilities available and with the standards established in the medical community of which the hospital is a part.

(c) Where emergency services are provided indirectly, through a contract between the hospital and other organizations or individuals or through alternative, innovative, organizational approaches, these services should meet the principles and standards set forth in this chapter.

(d) Where emergency services are provided indirectly, as set forth in subsection (c), the name of the organization and individuals responsible for the operation of the emergency services shall be posted conspicuously to so inform patients.

EMERGENCY SERVICES PLANNING**§ 117.11. Emergency services plan.**

A comprehensive written plan for emergency care, based on community need and on the capability of the hospital, shall exist within every hospital.

Cross References

This section cited in 28 Pa. Code § 141.25 (relating to emergency dental services); and 28 Pa. Code § 1001.123 (relating to responsibilities).

§ 117.12. Procedures.

Every hospital shall have established procedures whereby the ill or injured person can be assessed and either treated, referred to an appropriate facility or discharged, as indicated.

Cross References

This section cited in 28 Pa. Code § 141.25 (relating to emergency dental services).

§ 117.13. Scope of services.

Three levels of care are acceptable, but the scope of services chosen shall be consistent with the scope of other services provided by the hospital.

(1) Hospitals that offer a broad range of services shall provide effective care for any type of patient requiring emergency services.

(2) Hospitals which offer a partial range of services and which are therefore capable of operating only a limited emergency service shall arrange for the transfer or referral of patients for whom they cannot render proper care to other institutions.

(3) Hospitals offering the most limited range of services may elect to refer all emergency patients after institution of essential life-saving measures.

Cross References

This section cited in 28 Pa. Code § 141.25 (relating to emergency dental services); and 28 Pa. Code § 1001.123 (relating to responsibilities).

§ 117.14. Required minimal services.

(a) During the rendering of emergency care, no patient may be transferred if the hospital where he was initially seen has means for appropriate care of his emergency medical problem, unless the patient or his family requests a transfer.

(b) Examination or treatment, or both by nonphysician members of the medical staff shall be provided in accordance with medical staff bylaws.

(c) When emergency services are provided, the hospital and medical staff are responsible for insuring that emergency patient care meets the general standards of care which prevail in other areas of the hospital. Services shall be available 24 hours a day, and medical staff coverage shall be adequate to ensure that an applicant for treatment will be seen within a period of time which is reasonable in light of the severity of his illness or injury.

(d) No patient may be transferred until the receiving institution has consented to accept him.

(e) The individual arranging for the transfer of a patient shall record on a form to accompany the patient all pertinent medical and social information. This information shall include copies of reports from diagnostic procedures performed, if available.

(f) Every patient seeking medical care from the emergency service who is not in need of emergency services or for whom services cannot be provided by the hospital from which he has sought treatment shall be given information on how to obtain appropriate medical care.

Authority

The provisions of this § 117.14 issued under 67 Pa.C.S. §§ 6101—6104 (Repealed); and Reorganization Plan No. 2 of 1973 (71 P. S. § 755-2).

Source

The provisions of this § 117.14 amended September 19, 1980, effective September 20, 1980, 10 Pa.B. 3761. Immediately preceding text appears at serial page (37842).

Cross References

This section cited in 28 Pa. Code § 141.25 (relating to emergency dental services).

§ 117.15. Community-based plan.

(a) Every hospital, its governing board, its chief administrative officer and its medical staff shall promote and assist other local agencies develop a written community-based emergency plan.

(b) The plan shall:

(1) Be developed with community participation and be coordinated with the local emergency health services council, where one exists.

(2) Indicate where cooperative arrangements, if any, have been made with other local hospitals to coordinate emergency services, especially when the hospital offers a very limited range of emergency services.

(3) Indicate what arrangements with other local hospitals, agencies or municipal services have been made for transportation in receiving and referring emergency cases and for communication among relevant institutions and services.

(4) State specifically what services are available and what administrative procedures shall be followed for prompt, medically appropriate treatment of patients whose emergency conditions:

- (i) Are psychiatrically related.
- (ii) Involve the use of drugs or alcohol.
- (iii) Arise from an alleged criminal act, including specific procedures in the case of an alleged rape.
- (iv) Arise from a motor vehicle accident.
- (v) Involve radioactive contamination.

Cross References

This section cited in 28 Pa. Code § 141.25 (relating to emergency dental services).

ORGANIZATIONS**§ 117.21. Staffing and organization.**

Where there is an emergency service, regardless of its scope, it shall be well organized, properly directed and integrated with other departments of the hospital. Staffing shall be related to the scope and nature of the needs anticipated and the services offered.

§ 117.22. Organizational plan.

An organizational plan shall be developed which identifies the emergency service, its place in the overall hospital organizational plan and its current relationship to other community emergency services including municipal services such as fire and police and other services such as the American Red Cross.

§ 117.23. Departmental structure.

When warranted by its activities and its degree of complexity, the emergency service should be organized as a department.

§ 117.24. Director.

The governing body shall adopt a written statement defining the qualifications, duties and authority of the director of emergency services.

§ 117.25. Emergency medical services.

(a) Emergency medical services shall be directed and supervised by a physician with training and experience in emergency care, including cardiopulmonary resuscitation. The physician director is responsible for implementing emergency services policies and for overall coordination of emergency medical services provided.

(b) In the absence of a single physician, direction of emergency medical services may be provided through a multi-disciplinary medical staff committee. The chairman of this committee shall serve as director of emergency medical services.

§ 117.26. Physician on-call schedule for basic and general emergency service.

(a) A roster of on-call physicians including name and telephone number shall be posted in the emergency service area.

(b) Acceptable methods of providing medical coverage for the emergency service include the following:

- (1) Use of house staff under adequate medical staff supervision.
- (2) Rotating panels of staff physicians.
- (3) Contractors whose members may or may not be members of the medical staff.
- (4) Physician hospital employees.

§ 117.27. Specialists and consultants.

Additional members of the medical staff shall be on call for consultation and for unusual contingencies. Services of specialists should be prearranged.

§ 117.28. Emergency nursing services.

The emergency nursing service shall be directed and supervised by a professional registered nurse qualified by training and experience in emergency nursing care, including cardiopulmonary resuscitation. There shall be at least one registered professional nurse with the skills on each tour of duty.

§ 117.29. Training and education.

Physicians, nurses and specified professional personnel who provide emergency services shall have cardiopulmonary resuscitation training. The hospital shall provide emergency care conferences as part of its education program. Ambulance personnel, emergency service personnel and medical staff who are hospital employees shall be encouraged to participate in the conferences.

§ 117.30. Emergency paramedic services.

In hospitals, where paramedics are employed by the hospital for treatment of patients in the emergency service area:

(1) The primary responsibility of the paramedic is to respond to emergency situations outside the hospital. Paramedics cannot be utilized as an integral part of the hospital emergency service area staff, that is, as a replacement for licensed health professionals. Paramedics may only be utilized to support and assist licensed health professionals in the care of patients in emergency situations meeting the requirements of paragraph (4).

(2) Paramedics may function in hospitals as paramedics only when the hospitals provide advanced life support services, when the paramedics are employed by an advanced life support service, or when the paramedics are functioning under paragraph (6).

(3) Paramedics may not function as paramedics, except in extraordinary life threatening situations, in an area of the hospital other than the emergency service area except for training and continuing education purposes under paragraph (6).

(4) A paramedic may function as a paramedic only in an emergency situation. In these situations, a paramedic may practice the skills for which the paramedic is certified to perform. The paramedic may only practice as a paramedic in the hospital emergency service area, when under the direct supervision of a physician, who shall be physically present in the emergency service area. An emergency situation is a situation for which an absence of intervention within hours will result in loss of life or significant impairment of body function.

(5) The paramedic's scope of practice shall be in accordance with the limitations imposed by the act of November 30, 1976 (P. L. 1205, No. 264) (35 P. S. §§ 6801—6805) (Repealed) and Chapter 2, Subchapter A (Reserved).

(6) Paramedic students enrolled in a training program approved by the Department, or paramedics enrolled in a continuing education program, may function in a hospital under the direct supervision of licensed or certified personnel, operating within their legal scopes of practice, who have been assigned responsibility for specific components of the training programs. The Department may approve training programs for paramedic students in hospitals without advanced life support units. A continuing education program shall consist of a written program of instruction, designed to enhance the paramedics' skills in accordance with standards mandated by the applicable regional Emergency Health Services Council.

Authority

The provisions of this § 117.30 issued under section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)); and section 803 of the Health Care Facilities Act (35 P. S. § 448.803).

Source

The provisions of this § 117.30 adopted January 25, 1985, effective March 27, 1985, 15 Pa.B. 250.

Cross References

The section cited in 28 Pa. Code § 107.62 (relating to oral orders); 28 Pa. Code § 107.64 (relating to administration of drugs); and 28 Pa. Code § 109.66 (relating to blood transfusions and intravenous medications).

EMERGENCY SERVICE FACILITIES

§ 117.31. Principle.

Facilities for the emergency service shall be such as to ensure effective patient care.

§ 117.32. Location.

The emergency service area shall be located near an outside entrance to the hospital and shall be easily accessible from within the hospital.

§ 117.33. Instruments and supplies.

(a) Instruments and supplies used in the emergency service shall be of the same quality as those used throughout the hospital.

(b) Suction and oxygen equipment and cardiopulmonary resuscitation units shall be available and ready for use.

(c) Standard drugs, parenteral fluids, plasma substitutes and surgical supplies shall be on hand for immediate use in treating life-threatening conditions.

(d) Resuscitation equipment shall be available in sizes suitable for adults, children and infants. As used in this section, "resuscitation equipment" shall include equipment used for tracheal intubation, tracheotomy, ventilating bronchoscopy, intra-pleural decompression and intravenous fluid administration.

(e) Equipment which is mechanical or electrical, or both, shall be checked periodically to ensure its operational safety and effectiveness. Records of the checks shall be maintained until the next inspection of the equipment by the appropriate regulatory agency.

POLICIES AND PROCEDURES

§ 117.41. Emergency patient care.

(a) Emergency patient care shall be guided by written policies and procedures which delineate the proper administrative and medical procedures and methods to be followed in providing emergency care. These policies and procedures shall be clear and explicit; approved by the medical staff and hospital governing body; reviewed annually; revised as necessary; and dated to indicate the date of the latest review or revision, or both.

(b) Policies and procedures for emergency patient care should, at a minimum do the following:

(1) Provide for the admission of a patient if, in the judgment of the physician, admission is warranted.

(2) Provide for the referral and placement of patients whose needs cannot be met by the hospital.

(3) Establish procedures to minimize the possibility of cross-infection and contamination.

(4) Provide for the discharge of patients only upon written orders of a physician. Telephone discharge orders may be accepted in accordance with § 107.62 (relating to oral orders).

(5) Specify explicitly the location and mode of storage of medications, supplies and special equipment.

(6) Establish methods for 24-hour-a-day procurement of equipment and drugs.

(7) Establish procedures for notification of the personal physician of the patient and the transmission to him of relevant reports.

(8) Establish procedures on disclosure of patient information. Policies on confidentiality of emergency room records shall be the same as those which apply to other hospital medical records. The identity and the general condition of the patient may be released to the public after the next of kin have been notified.

(9) Plan for communication with police, local or State health or welfare authorities as appropriate, regarding accident victims and patients whose condition or its cause is reportable, for example, persons having contagious diseases or victims of suspected criminal acts such as rape or gunshot wounds, see 18 Pa.C.S. § 5106 (relating to failure to report injuries by firearm or criminal act), and child abuse, see 11 P. S. §§ 2201—2224.

(10) Instruct personnel in special procedures for handling persons who are mentally ill, under the influence of drugs or alcohol, victims of suspected criminal acts or contaminated by radioactive material or who otherwise require special care or have other conditions requiring special instructions.

(11) Instruct personnel how to deal with patients who are dead on arrival.

(12) Provide for a review by the appropriate committee of the medical staff of each death occurring on the emergency service or, if there is no such service, of each death occurring during the performance of essential life-saving measures prior to transfer to another facility.

(13) Explain the role of the emergency service in the hospital's disaster plan established in accordance with Chapter 151 (relating to fire, safety and disaster services).

(14) Delineate medical staff obligations for emergency patient care.

(15) Specify which procedures may not be performed in the emergency area.

(16) Provide for appropriate utilization of any beds used for observation.

(17) Establish procedures to be used when the patient is required to return to the hospital for treatment, for example, when treatment is impossible to arrange otherwise.

(18) Establish procedures for early transfer of severely ill or injured patients to special treatment areas within the hospital, such as the surgical suite, the intensive care unit, or the cardiac care unit.

(19) Delineate instructions to be given to a patient or his family, or both, or others as appropriate regarding follow-up care.

(20) Make available to the emergency service current toxicological reference material along with the telephone numbers of the regional poison control center.

(21) Provide for the ready availability of reference materials and charts relating to the initial treatment of burns, cardiopulmonary resuscitation, and tetanus immunization.

(22) Provide for effective coordination with out-patient services, where these services are provided.

(23) Establish procedures to clearly inform patients of emergency service billing policies, including prominent display of such information in the emergency service area. This information shall indicate whether patients are to be billed separately for physicians' services and other emergency services. Those hospitals having an obligation under section 2 of the Hospital Survey and Construction (Hill-Burton) Act (42 U.S.C.A. §§ 291—291o), shall comply with the provisions of that act as it relates to free and low-cost care.

Authority

The provisions of this § 117.41 issued under 67 Pa.C.S. §§ 6101—6104 (Repealed); and Reorganization Plan No. 2 of 1973 (71 P. S. § 755-2).

Source

The provisions of this § 117.41 amended September 19, 1980, effective September 20, 1980, 10 Pa.B. 3761. Immediately preceding text appears at serial pages (37847) and (37848).

§ 117.42. Control register.

The emergency service shall maintain a control register for reference. The register shall contain, at a minimum the name, date and time of arrival of each patient. The name of those dead on arrival shall be entered in the register. The control register shall indicate whether the patient has ever been a patient at the hospital, in order to facilitate coordination of patient medical records. Unless and until a permanent record number can be assigned to the records of a new patient, the control register shall contain, for each patient, a record number which shall also appear on all records pertinent to the care rendered that patient by the emergency services. These records shall be retained for at least 3 years.

§ 117.43. Medical records.

(a) A medical record shall be kept for every patient receiving emergency service, and it shall become an official hospital record.

(b) The medical record shall include:

- (1) Patient identification data.
- (2) Time of arrival.
- (3) By whom transported.
- (4) Pertinent history of injury or illness.
- (5) Clinical, laboratory and roentgenologic findings.
- (6) Diagnosis.
- (7) Treatment given.
- (8) Condition at time of discharge.
- (9) Final disposition, including instructions given for necessary follow-up.

(c) Every record shall be signed by the physician in attendance who is responsible for its clinical accuracy.

(d) A review of emergency service medical records shall be conducted regularly to evaluate the quality of emergency medical care. Special attention shall be given to the records of patients dying within 24 hours of admission to the emergency service.

(e) Nonphysicians may write in patient medical records in accordance with § 107.12 (relating to content of bylaws, rules and regulations).

(f) Medical records of emergency services patients shall be made part of any other patient medical record maintained in accordance with § 115.31 (relating to patient medical records).

Authority

The provisions of this § 117.43 issued under 67 Pa.C.S. §§ 6101—6104 (Repealed); and Reorganization Plan No. 2 of 1973 (71 P. S. § 755-2).

Source

The provisions of this § 117.43 amended September 19, 1980, effective September 20, 1980, 10 Pa.B. 3761. Immediately preceding text appears at serial page (37849).

Cross References

This section cited in 28 Pa. Code § 1009.1 (relating to accreditation and operational criteria).

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