

*I Mina'trentai Sais Na Liheslaturan Guåhan*  
**BILL STATUS**

BILL NO.	SPONSOR	TITLE	DATE INTRODUCED	DATE REFERRED	CMTE REFERRED	PUBLIC HEARING DATE	DATE COMMITTEE REPORT FILED	FISCAL NOTES	NOTES
335-36 (COR)	Therese M. Terlaje	AN ACT TO AMEND §84101, §84103, §84104, §84105, §84107, §84110, §84111, §84112, AND §84122; ADD A NEW § 84124; AND TO FURTHER REPEAL AND REENACT §84102, ALL OF CHAPTER 84, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO UPDATING EMERGENCY MEDICAL SERVICES PROVISIONS IN GUAM LAW, ESTABLISHING INITIAL LICENSURE FEES, AND ELIGIBILITY, TRAINING, AND SKILL REQUIREMENTS FOR EMERGENCY MEDICAL SERVICE PERSONNEL.	9/14/22 12:21 p.m.						

***I MINA'TRENTAI SAIS NA LIHESLATURAN GUÅHAN***  
**2022 (SECOND) Regular Session**

**Bill No. 335-36 (COR)**

Introduced by:

Therese M. Terlaje *TMT*

**AN ACT TO AMEND §84101, §84103, §84104, §84105, §84107, §84110, §84111, §84112, AND §84122; ADD A NEW § 84124; AND TO FURTHER REPEAL AND REENACT §84102, ALL OF CHAPTER 84, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO UPDATING EMERGENCY MEDICAL SERVICES PROVISIONS IN GUAM LAW, ESTABLISHING INITIAL LICENSURE FEES, AND ELIGIBILITY, TRAINING, AND SKILL REQUIREMENTS FOR EMERGENCY MEDICAL SERVICE PERSONNEL.**

1 **BE IT ENACTED BY THE PEOPLE OF GUAM:**

2 **Section 1. § 84101 of Chapter 84, Title 10, Guam Code Annotated, is**  
3 ***amended* to read as follows:**

4 **“§ 84101. Intent.**

5 *I Liheslaturan Guahan* hereby declares that:

6 (a) The provision of emergency medical services is a matter of vital concern  
7 affecting the public health, safety and welfare of the people of Guam;

8 (b) it is the purpose ~~and intent~~ of this Chapter to establish, promote and  
9 maintain a comprehensive Territorial emergency medical services  
10 system throughout the Guam island. The system will provide for the  
11 arrangement of personnel, facilities, and equipment for the effective and

1 coordinated delivery of health care services under emergency  
2 conditions, whether occurring as the result of a patient's condition or of  
3 natural disasters or other causes. The system shall also provide for  
4 personnel, personnel training, communications, emergency  
5 transportation, facilities, coordination with emergency medical and  
6 critical care services, coordination and use of available public safety  
7 agencies, promotion of consumer participation, accessibility to care,  
8 mandatory standard medical recordkeeping, consumer information and  
9 education, independent review and evaluation, disaster linkage, mutual  
10 aid agreements, and other components necessary to meet the purposes  
11 of this Chapter part. Further, it is the policy of the government of Guam  
12 that people ~~shall be encouraged and trained to assist others at the scene~~  
13 ~~of a medical emergency. The local government, agencies, and other~~  
14 ~~organizations shall be encouraged to offer training in cardiopulmonary~~  
15 ~~resuscitation and lifesaving first aid techniques so that people may be~~  
16 ~~adequately trained, prepared, and encouraged to assist others~~  
17 ~~immediately;~~

18 (c) it is the intent of the *I Liheslatura* to assure the island community that  
19 prompt, efficient and effective emergency medical services will be  
20 provided as mandated by Public Law P.L. 17-78, §72105 which states  
21 that the Guam Fire Department *shall* have the authority and  
22 responsibility of operating an emergency medical and rescue services  
23 system. Therefore, *I Liheslatura* recognizes the Guam Fire Department  
24 in its role as the designated central agency for the overall operation of  
25 the island's enhanced 911 emergency medical services system.  
26 Furthermore, *I Liheslatura* finds that in order for the Guam Fire  
27 Department to provide prompt, efficient and effective quality

1 emergency medical care, coordination between EMS agencies and the  
2 EMS Commission is a key element in a functioning EMS System; and  
3 (d) It is the intent of *I Liheslatura* to ~~improve the integration of the~~  
4 ~~emergency medical services into the health care continuum of the Guam~~  
5 ~~health care system. Therefore, *I Liheslatura* recognizes the need to~~  
6 ~~develop outreach programs to improve access to and the quality of our~~  
7 ~~health care delivery system. Thus, a program such as the Community~~  
8 ~~Paramedic Outreach Program concept shall be placed into the EMS~~  
9 ~~system; and~~  
10 (e) it is the intent of *I Liheslatura* in enacting this Chapter to prescribe and  
11 exercise the degree of government of Guam direction and supervision  
12 over emergency medical services as will provide for the government of  
13 Guam action immunity under federal antitrust laws for activities  
14 undertaken by local governmental entities in carrying out their  
15 prescribed functions under this Chapter.”

16 **Section 2. § 84102 of Chapter 84, Title 10, Guam Code Annotated, is**  
17 **hereby *repealed*, and *reenacted* to read:**

18 **~~“§ 84102. Definitions.~~**

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

21 ~~(a) Emergency medical service means a service designated by the Commission~~  
22 ~~as providing emergency medical assistance on the scene, enroute, and at~~  
23 ~~designated emergency medical services facilities.~~

24 ~~(b) Administrator means the Administrator, or his/her designee, of the Guam~~  
25 ~~Emergency Medical Services Administrative Office created under this~~  
26 ~~Chapter.~~

1 ~~(c) Advanced life support or “ALS” for ambulance services, means special~~  
2 ~~services designed to provide definitive pre-hospital emergency medical~~  
3 ~~care, including, but not limited to, cardiopulmonary resuscitation, cardiac~~  
4 ~~monitoring, cardiac defibrillation, advanced airway management,~~  
5 ~~intravenous therapy, administration of specified drugs and other medicinal~~  
6 ~~preparations, and other specified techniques and procedures administered~~  
7 ~~by authorized personnel under the direct supervision of a hospital as part of~~  
8 ~~a local EMS system at the scene of an emergency, during transport to an~~  
9 ~~acute care hospital, during interfacility transfer, and while in the emergency~~  
10 ~~department of an acute care hospital, until responsibility is assumed by the~~  
11 ~~emergency or other medical staff of that hospital.~~

12 ~~(d) Authority means the Emergency Medical Services authority established by~~  
13 ~~this Chapter.~~

14 ~~(e) Basic life support or “BLS” means emergency first aid and~~  
15 ~~cardiopulmonary resuscitation procedures which, as a minimum, include~~  
16 ~~recognizing respiratory and cardiac arrest and starting the proper~~  
17 ~~application of cardiopulmonary resuscitation to maintain life without~~  
18 ~~invasive techniques until the victim may be transported or until advanced~~  
19 ~~life support is available.~~

20 ~~(f) Commission means the Guam Emergency Medical Services Commission~~  
21 ~~created under this Chapter.~~

22 ~~(g) Cardiopulmonary resuscitation or “CPR” means the combination of rescue~~  
23 ~~breathing and chest compressions used to establish adequate ventilation and~~  
24 ~~circulation in a patient who is not breathing and has no pulse.~~

25 ~~(h) Disaster situation includes “mass casualties”, “national emergency”,~~  
26 ~~“natural disaster”, or person caused disaster.~~

- 1           ~~(i) A mass casualty means so many persons being injured, incapacitated, made~~  
2           ~~ill, or killed that ordinary resources for emergency treatment are strained~~  
3           ~~beyond capacity.~~
- 4           ~~(j) Medical direction on line means advice, assistance, supervision, and~~  
5           ~~control provided from a state designated regional medical facility staffed~~  
6           ~~by emergency physicians supplying professional support through radio,~~  
7           ~~telephonic, or any written or oral communication for on-site and in-transit~~  
8           ~~basic and advanced life support services given by pre-hospital field~~  
9           ~~personnel.~~
- 10          ~~(k) Emergency patient means an individual who is acutely ill, injured,~~  
11          ~~incapacitated or helpless, and who requires emergency care.~~
- 12          ~~(l) Ambulance means any privately or publicly owned ground motor vehicle,~~  
13          ~~watercraft, or aircraft that is specially designed, constructed, equipped and~~  
14          ~~approved pursuant to the Guam EMS Office regulations intended to be used~~  
15          ~~for and maintained or operated for the transportation of patients with~~  
16          ~~medical conditions unable to use other means of transportation, except any~~  
17          ~~such ground motor vehicle, watercraft, or aircraft owned or operated under~~  
18          ~~the direct control of the United States.~~
- 19          ~~(m) — Emergency ambulance services means the transportation of emergency~~  
20          ~~medical services to emergency patients before or during such~~  
21          ~~transportation.~~
- 22          ~~(n) Ambulance service means an individual, partnership, association,~~  
23          ~~corporation, private or government, whether for profit or not, engaged in~~  
24          ~~the activity of providing emergency medical care and the transportation of~~  
25          ~~either emergency or nonemergency sick, injured, or otherwise medically or~~  
26          ~~psychologically incapacitated individuals by ambulances staffed by BLS or~~

1           ~~ALS personnel to, from, or between general hospitals or other healthcare~~  
2           ~~facilities.~~

3           ~~(o) Emergency Medical Technician Basic means someone who has a valid~~  
4           ~~certificate issued by the Guam Office of EMS, who has been trained in all~~  
5           ~~facets of basic emergency care skills, including automated external~~  
6           ~~defibrillation, use of a definitive airway adjunct, and assisting patients with~~  
7           ~~certain medications, and other training and certifications as required by the~~  
8           ~~EMS Administrator under this Chapter.~~

9           ~~(p) Emergency medical service facility means a facility that is certified and~~  
10           ~~operated under the laws of Guam, and is equipped, prepared, and staffed to~~  
11           ~~provide medical care for emergency patients appropriate to its~~  
12           ~~classification.~~

13           ~~(q) Person means any natural person or persons, firm, partnership, corporation,~~  
14           ~~company, association or joint stock association, and the legal successors~~  
15           ~~thereof, including any governmental agency or instrumentality other than~~  
16           ~~an agency or instrumentality of the United States.~~

17           ~~(r) Emergency Medical Technician Paramedic (EMT-P) means an individual~~  
18           ~~who holds a current, valid certificate issued by the Office of EMS, who has~~  
19           ~~extensive training in advanced life support, including IV (intravenous)~~  
20           ~~therapy, pharmacology, cardiac monitoring, and other advanced~~  
21           ~~assessment and treatment skills as required by the EMS Administrator.~~

22           ~~(s) Emergency Medical Technician Intermediate (EMT-I) means an individual~~  
23           ~~who holds a current, valid certificate issued by the Office of EMS, who has~~  
24           ~~training in advanced life support, including IV (intravenous) therapy,~~  
25           ~~interpretation of cardiac rhythms and defibrillation and or tracheal~~  
26           ~~intubation, whose scope of practice is to provide advanced life support, and~~

1           ~~who meets specialized extensive training in advance assessment and~~  
2           ~~treatment skills as required by the EMS Administrator.~~

3           ~~(t) Emergency Medical Responder means the first trained individual, such as~~  
4           ~~police officer, firefighter, lifeguard, or other rescuer, to arrive at the scene~~  
5           ~~of an emergency to provide initial medical assistance.~~

6           ~~(u) Certificate or Certification~~

7           ~~(1) Certificate or license means a specific document issued by the~~  
8           ~~Administrator to an individual denoting competence in the named~~  
9           ~~area of pre-hospital service either paid or volunteer;~~

10          ~~(2) Certification status or license status means the active, expired,~~  
11          ~~denied, suspended, revoked, or placed on probation designation~~  
12          ~~applied to a certificate or license issued pursuant to this Chapter; (3)~~  
13          ~~Certification is a process in which a person, an institution, or a~~  
14          ~~program is evaluated and recognized as meeting certain~~  
15          ~~predetermined standards to provide safe and ethical care.~~

16          ~~(v) Competency based curriculum means a curriculum in which specific~~  
17          ~~objectives are defined for each process in which a person, an institution, or a program~~  
18          ~~is evaluated and recognized as meeting predetermined standards of the separate~~  
19          ~~skills taught in training programs with integrated didactic and practical instruction~~  
20          ~~and successful completion of an examination demonstrating mastery of every skill.~~

21          ~~(w) Designated facility means a hospital and/or urgent care clinic, which has~~  
22          ~~been designated by a local EMS agency to perform specified emergency medical~~  
23          ~~services systems functions pursuant to guidelines established by the Authority.~~

24          ~~(x) Emergency Medical Services Personnel means personnel approved by the~~  
25          ~~Administrator to provide emergency medical assistance on the scene, enroute, and~~  
26          ~~at designated emergency medical services facilities.~~



1           ~~(y)Emergency means a serious condition or situation, such as illness or injury,~~  
2 ~~in which an individual or group has a need for immediate medical attention that~~  
3 ~~threatens the life or welfare of a person or group of people and requires immediate~~  
4 ~~intervention, or where the potential for such need is perceived by emergency medical~~  
5 ~~personnel or a public safety agency.~~

6           ~~(z) Emergency Medical Services System means a collective system which~~  
7 ~~provides the coordination and arrangement of personnel, facilities, regulations, and~~  
8 ~~equipment for the effective and coordinated delivery of efficient and effective~~  
9 ~~quality emergency medical care.~~

10           ~~(aa) EMS Medical Director means a Guam licensed physician who provides~~  
11 ~~overall medical direction for the Emergency Medical Services System.~~

12           ~~(bb) Commercial Ambulance Service means a non-governmental ambulance~~  
13 ~~service.~~

14           ~~(cc) Treatment Protocol means written guidelines (also known as Off-line~~  
15 ~~Medical Direction) approved by the Medical Director providing pre-hospital~~  
16 ~~personnel with a standardized approach to commonly encountered patient problems~~  
17 ~~that is related to medical or trauma, thus encountering immediate care.~~

18           ~~(dd) Compliance to Protocol shall mean the adherence to the written text or~~  
19 ~~scripts, and other processes within the approved emergency medical dispatch~~  
20 ~~protocol reference system, except that, deviation from the text or script may only~~  
21 ~~occur for the express purpose of clarifying the meaning or intent of a question or~~  
22 ~~facilitating the clear understanding of a required action, instruction, or response from~~  
23 ~~the caller.~~

24           ~~(ee) Continuing Education shall mean educational experiences in accordance~~  
25 ~~with guidelines, regulations, law, policies and or requirements as established by the~~  
26 ~~Department of Transportation, the National Highway Traffic Safety Administration,~~

1 ~~the Emergency Medical Dispatch National Standard Curriculum, and/or other U.S.~~  
2 ~~Accredited Institutions of Learning.~~

3 ~~(ff) Emergency Medical Dispatcher E911 Call Taker means an individual~~  
4 ~~trained and certified by the Guam Office of EMS employed by or in the Guam Fire~~  
5 ~~Department, or private organization, either part-time or full-time, who manages the~~  
6 ~~answering of emergency telephone calls and/or management of requests for~~  
7 ~~emergency medical assistance in an emergency medical services (EMS) system. It~~  
8 ~~involves two~~

9 ~~(2) broad aspects of work: call-taking, where calls for emergency medical~~  
10 ~~assistance are received and prioritized using a medically approved dispatch protocol~~  
11 ~~system utilizing pre-arrival instructions; and controlling where the most appropriate~~  
12 ~~ambulance is dispatched to the emergency and ambulance resources are optimized~~  
13 ~~in their areas of operations.~~

14 ~~(gg) First Responder means those individuals who in the early stages of an~~  
15 ~~incident are responsible for the protection and preservation of life, property,~~  
16 ~~evidence, and the environment, including emergency response providers as defined~~  
17 ~~in Section 2 of the Homeland Security Act of 2002 (6 U.S.C. 101), as well as~~  
18 ~~emergency management, public health, clinical care, public works, and other skilled~~  
19 ~~support personnel (such as equipment operators) that provide immediate support~~  
20 ~~services during prevention, response, and recovery operations.~~

21 ~~First Responder Homeland Security Act of 2002 refers to “Emergency~~  
22 ~~response providers”, and includes, federal, state, and local government emergency~~  
23 ~~public safety, law enforcement, emergency response, emergency medical, and~~  
24 ~~related personnel, agencies, and authorities.~~

25 ~~(hh) Non-medical Transport Services means transportation that is provided in~~  
26 ~~non-medical and non-emergent situations to people who do not require medical~~

1 attention, e.g. para-transits, vans with wheelchair access, and passenger service  
2 vehicles.

3 ~~(ii) Basic Life Support Ground Transport Services means transportation that~~  
4 ~~is provided in a non-emergent situation to people who require special medical~~  
5 ~~monitoring and support.~~

6 ~~(jj) Basic Life Support Emergency Ambulance Services means transportation~~  
7 ~~that is provided where medical necessity is established when the patient's condition~~  
8 ~~is such that use of any other method of transportation is contraindicated.~~

9 ~~(kk) Training Service Provider means an organization or higher learning~~  
10 ~~institution providing training to the public or person on EMR, EMT-B and CPR that~~  
11 ~~has an approved certification process approved by the EMS Administrator from~~  
12 ~~DPHSS Office of EMS. All competency based curriculum must contain specific~~  
13 ~~objectives defined for each process in which a person, an institution, or a program is~~  
14 ~~evaluated and recognized as meeting predetermined standards of the separate skills~~  
15 ~~taught in training programs with integrated didactic and practical instruction and~~  
16 ~~successful completion of an examination demonstrating mastery of every skill,~~  
17 ~~which must be approved by the EMS Administrator of the DPHSS Office of EMS.~~

18 ~~(ll) EMSC Program means the Emergency Medical Services for Children~~  
19 ~~Program.~~

20 ~~(mm) Community Paramedic is EMS involvement in community health,~~  
21 ~~providing physician-extender services to those in need of assessment, treatment, and~~  
22 ~~education.~~

23 ~~(nn) Emergency Medical Technician Outreach (EMT-O)/Community~~  
24 ~~Paramedic is an advanced paramedic that works to increase access to primary and~~  
25 ~~preventive care and decrease use of emergency departments, which in turn decreases~~  
26 ~~health care costs. Among other things, EMT-Os may play a key role in providing~~  
27 ~~follow-up services after a hospital discharge to prevent hospital readmission. EMT-~~

1 ~~Os can provide health assessments, chronic disease monitoring and education,~~  
2 ~~medication management, immunizations and vaccinations, laboratory specimen~~  
3 ~~collection, hospital discharge follow up care, and minor medical procedures. The~~  
4 ~~EMT-Os shall work under the direction of an EMS Medical Director.”~~

5 **“§ 84102. Definitions.**

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

8 (a) “Administrator” – The Administrator or his/her designee of the DPHSS  
9 Office of EMS Administrative Office created under this Chapter.

10 (b) “Advanced Cardiac Life Support (ACLS)” - A course of instruction  
11 designed to prepare students in the practice of advanced emergency cardiac  
12 care.

13 (c) “Advance Emergency Medical Technician (AEMT)” - Provide basic and  
14 limited advanced emergency medical care and transportation for critical  
15 and emergent patients who access the emergency medical system. This  
16 individual possesses the basic knowledge and skills necessary to provide  
17 patient care and transportation. Advanced Emergency Medical  
18 Technicians function as part of a comprehensive EMS response, under  
19 medical oversight. Advanced Emergency Medical Technicians perform  
20 interventions with the basic and advanced equipment typically found on an  
21 ambulance. The Advanced Emergency Medical Technician is a link from  
22 the scene to the emergency health care system.

23 (d) “Ambulance” – Any conveyance on land, sea or air used or is intended to  
24 be used for the purpose of responding to emergency life-threatening  
25 situations and providing emergency transportation services

26 (e) “Basic Cardiac Life Support (BLS/CPR)” – A course of instruction  
27 designed to prepare students in cardiopulmonary resuscitation techniques.

- 1 (f) “Certificate or Certification” – Shall mean authorization in written form  
2 issued by the Administrator to provide emergency medical assistance on  
3 the scene, enroute and at designated emergency medical facilities.
- 4 (g) “Commission” – Means the Guam Emergency Medical Services  
5 Commission created under this Chapter.
- 6 (h) “Continuing Education” - Education required for the renewal of a  
7 certificate or registration.
- 8 (i) “Department of Transportation (DOT)” – A Federal Agency mandated to  
9 establish minimum standards for provisions of care for victims.
- 10 (j) “Department” – (DPHSS OEMS) Guam Department of Public Health and  
11 Social Services (DPHSS) Office of EMS.
- 12 (k) “E-911” – Means “Enhanced” 911.
- 13 (l) “Education Program Standards” – DOT and NHTSA approved National  
14 EMS Educational Standards that shall be met by state-recognized EMS  
15 education programs.
- 16 (m) “Emergency” – Means any actual or self-perceived event which  
17 threatens life, limb or well-being of an individual in such a manner that  
18 immediate medical or public safety care is needed.
- 19 (n) “Emergency Ambulance Service” – The transportation of injured/ill  
20 patients by ambulance and the administration of emergency medical  
21 services to injured/ill patients before or during such transportation
- 22 (o) “Emergency Medical Dispatcher (EMD)” - An emergency medical  
23 dispatcher is a professional telecommunicator, tasked with the gathering of  
24 information related to medical emergencies, the provision of assistance and  
25 instructions by voice, prior to the arrival of emergency medical services  
26 (EMS), and the dispatching and support of EMS resources responding to  
27 an emergency call. The term "emergency medical dispatcher" is also a

1 certification level and a professional designation, certified through the  
2 Association of Public-Safety Communications Officials-International  
3 (APSCOI) or the National Academies of Emergency Dispatch.

4 (p) “Emergency Medical Responder (EMR)” - Provide immediate lifesaving  
5 care to critical patients who access the emergency medical services system.  
6 EMR’s have the knowledge and skills necessary to provide immediate  
7 lifesaving interventions while awaiting additional EMS resources to arrive.  
8 EMR’s also provide assistance to higher-level personnel at the scene of  
9 emergencies and during transport. Emergency Medical Responders are a  
10 vital part of the comprehensive EMS response. Under medical oversight,  
11 Emergency Medical Responders perform basic interventions with minimal  
12 equipment.

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

22 (r) “Emergency Medical Technician (EMT)” - provide out of hospital  
23 emergency medical care and transportation for critical and emergent  
24 patients who access the emergency medical services (EMS) system. EMTs  
25 have the basic knowledge and skills necessary to stabilize and safely  
26 transport patients ranging from non-emergency and routine medical  
27 transports to life threatening emergencies. Emergency Medical

1 Technicians function as part of a comprehensive EMS response system,  
2 under medical oversight. Emergency Medical Technicians perform  
3 interventions with the basic equipment typically found on an ambulance.  
4 Emergency Medical Technicians are a critical link between the scene of an  
5 emergency and the health care system.

6 (s) “Emergency Medical Services (EMS)” – Service designated by the  
7 Commission as providing emergency medical assistance on the scene,  
8 enroute and at designated EMS facilities.

9 (t) “Emergency Medical Services Commission” – The Guam Emergency  
10 Medical Services Commission as created under Article 1, Public Law 14-  
11 11.

12 (u) “Emergency Medical Services Coordinator” - An Individual designated to  
13 serve as a liaison officer for EMS inter-agencies, i.e., Guam Memorial  
14 Hospital Authority, Department of Public Works – Office of Highway  
15 Safety, Guam Community College, Civil Defense and EMS/Rescue  
16 Bureau of the Guam Fire Department. The person shall coordinate didactyl  
17 and clinical instructions and oversee the student clinical activities

18 (v) “EMS Education Center” - A state-recognized provider of initial courses,  
19 EMS continuing education topics and/or refresher courses that qualify  
20 individuals for state and/or National Registry EMR, EMT, AEMT and  
21 Paramedic or EMD provider certification.

22 (w) “EMS Education Group” – A state-recognized provider of EMS  
23 continuing education topics and/or refresher courses that qualify  
24 individuals for initial or renewal of a state and/ or National Registry EMR,  
25 EMT, AEMT and Paramedic or EMD certification.

26 (x) “EMS Medical Director” – For the purposes of these rules, a Guam  
27 licensed physician in good standing who authorizes and directs, through

1 protocols and standing orders, the performance of students-in-training  
2 enrolled in a DOT and NHTSA National EMS Education Standard  
3 recognized program and/or EMS license holders who perform medical  
4 acts, and who is specifically identified as being responsible to assure the  
5 performance competency of those EMS Providers as described in the DOT  
6 and NHTSA National EMS Educational Standards.

7 (y) EMSC Program - means the Emergency Medical Services for Children  
8 Program.

9 (z) “EMS Provider” – Means an individual who holds a valid emergency  
10 medical service provider certificate issued by the state and/ or NREMT and  
11 includes Emergency Medical Responder, Emergency Medical Technician,  
12 Advanced Emergency Medical Technician, and Paramedic.

13 (aa) “First Responder Homeland Security Act 2002” - Refers to ‘Emergency  
14 response providers’ includes, federal, state, and local government  
15 emergency public safety, law enforcement, emergency response,  
16 emergency medical, and related personnel, agencies, and authorities.

17 (bb) “First Responder” - Means those individuals who in the early stages of  
18 an incident are responsible for the protection and preservation of life,  
19 property, evidence, and the environment, including emergency response  
20 providers as defined in Section 2 of the Homeland Security Act of 2002 (6  
21 U.S.C. 101), as well as emergency management, public health, clinical  
22 care, public works, and other skilled support personnel (such as equipment  
23 operators) that provide immediate support services during prevention,  
24 response, and recovery operations.

25 (cc) “Initial Certification” - First time application for and issuance by the  
26 state and /or NREMT of a certificate at any level as an EMS provider. This  
27 shall include applications received from persons holding any level of EMS



- 1           certification issued by the NREMT who are applying for either a higher or  
2           lower-level certificate.
- 3           (dd) “Initial Course” - A course of study based on the DOT and NHSTA  
4           approved curriculum that meets the National EMS Education Standard  
5           requirements for issuance of a certificate or REGISTRATION for the first  
6           time.
- 7           (ee) “Initial Registration” – first time application for and issuance by the  
8           DPHSS Office of EMS of a registration as an EMD, EMR, EMT, AEMT  
9           or Paramedic. This shall include applications received from persons  
10           holding any level of EMS certification issued by the state and/or NREMT  
11           who are applying for registration.
- 12           (ff) “Letter of Admonition” - A form of disciplinary sanction that is placed  
13           in an EMS provider’s file and represents an adverse action against the  
14           certificate holder.
- 15           (gg) “License or Licensure” – Authorization in written form issued by the  
16           Administrator to a person to furnish, operate, conduct, maintain, advertise  
17           or otherwise engage in providing EMS Services.
- 18           (hh) “License” – Certificate or Certification
- 19           (ii) “Mass Casualty Incident” – Defined as an incident in which EMS  
20           resources, such as personnel and equipment are overwhelmed by the  
21           number and severity of casualties.
- 22           (jj) “Medical Direction On-Line” - Advice, assistance, supervision, and  
23           control provided from a state designated regional medical facility staffed  
24           by emergency physicians supplying professional support through radio,  
25           telephonic, or any written or oral communication for on-site and in-transit  
26           basic and advanced life support services given by prehospital field  
27           personnel.

1 (kk) “Nation Registry Emergency Medical Technician (NREMT)” - An  
2 individual who has a current and valid EMT license issued by the DPHSS  
3 Office of EMS who meets the requirements established under Chapter 84,  
4 P.L. 14-11, who is authorized to provide basic emergency medical care in  
5 accordance with the Rules Pertaining to EMS Practice and Medical  
6 Director Oversight and meets the specialized training requirements as  
7 established by the U.S. DOT and NHTSA in the National EMS  
8 Educational Standards EMT Level. For the purposes of these rules, EMT  
9 includes the historic EMS Provider level of EMT. This definition will  
10 apply to this term or any future changes established by the U.S. DOT.

11 (ll) “National Continued Competency Program (NCCP)” - Constructed using  
12 methodology similar to that of the American Board of Medical Specialties.

13 (mm) “National Highway Traffic Safety Administration (NHTSA)” – A DOT  
14 agency leading the federal role in the creation of national standard curricula  
15 for EMR’s, EMT-B’s, AEMT’s and Paramedics defining the necessary  
16 components and training of an EMS System.

17 (nn) “National Registry Advance Emergency Medical Technician  
18 (NRAEMT)” - An individual who has a current and valid AEMT license  
19 issued by the DPHSS Office of EMS who meets the requirements  
20 established under Chapter 84, P.L. 14-11, who is authorized to provide  
21 advance emergency medical care in accordance with the Rules Pertaining  
22 to EMS Practice and Medical Director Oversight and meets the specialized  
23 training requirements as established by the U.S. DOT and NHTSA in the  
24 National EMS Educational Standards for the AEMT Level. This definition  
25 will apply to this term or any future changes established by the U.S. DOT.

26 (oo) “National Registry Emergency Medical Responder (NREMR)” – An  
27 individual who has successfully completed the training and examination

1 requirements for emergency medical responders and who provides  
2 assistance to the injured or ill until more highly trained and qualified  
3 personnel arrive.

4 (pp) “National Registry of Emergency Medical Technicians (NREMT)” - A  
5 national non-governmental organization that certifies entry-level (EMR,  
6 EMT, AEMT and Paramedic) and ongoing competency of EMS providers.

7 (qq) “National Registry Paramedic (NRP)” - An individual who has a  
8 current and valid Paramedic license issued by the DPHSS Office of EMS  
9 who meets the requirements established under Chapter 84, P.L. 14-11, who  
10 is authorized to provide critical advance emergency medical care in  
11 accordance with the Rules Pertaining to EMS Practice and Medical  
12 Director Oversight and meets the specialized training requirements as  
13 established by the U.S. DOT and NHTSA in the National EMS  
14 Educational Standards for the Paramedic Level. This definition will apply  
15 to this term or any future changes established by the U.S. DOT.

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

21 (ss) “Office of Emergency Medical Services” – The Administrative Office  
22 of EMS within the Department of Public Health and Social Services

23 (tt) “Paramedic” - is an allied health professional whose primary focus is to  
24 provide advanced emergency medical care for critical and emergent  
25 patients who access the emergency medical system. This individual  
26 possesses the complex knowledge and skills necessary to provide patient  
27 care and transportation. Paramedics function as part of a comprehensive

1       EMS response, under medical oversight. Paramedics perform interventions  
2       with the basic and advanced equipment typically found on an ambulance.  
3       The Paramedic is a link from the scene into the health care system.

4       (uu) “Pediatric Advance Life Support (PALS)” – A course instruction  
5       designed to prepare students in the practice of advance pediatric  
6       emergency cardiac care.

7       (vv) “Practical or Psychomotor Skills Examination” - A skills test conducted  
8       at the end of an initial course and prior to application for national  
9       certification or state licensure.

10      (wv) “Provisional Certification” - A certification, valid for not more than 1  
11      year, that may be issued by the state and/or NREMT to an EMS  
12      PROVIDER applicant seeking certification.

13      (xx) “Provisional Registration” – A registration, valid for not more than 1  
14      year, that may be issued by the state and/or NREMT to an EMT applicant  
15      seeking registration.

16      (yy) “Refresher Course” - A course of study based on the Department of  
17      Transportation approved curriculum that contributes in part to the  
18      education requirements for renewal of a license or registration.

19      (zz) “Registered Emergency Medical Responder (EMR)” - An individual  
20      who has successfully completed the training and examination requirements  
21      for EMRs based on DOT and NHSTA National EMS Education Standard  
22      recognized program who provides assistance to the injured or ill until more  
23      highly trained and qualified personnel arrive, and who is registered with  
24      the DPHSS Office of EMS.

25      (aaa) “Rules Pertaining to EMS Practice and Medical Director Oversight” -  
26      Rules adopted by the EMS Administrator and or Medical Director of  
27      DPHSS and the Office of EMS upon the advice of the EMS Commission

1 that establishes the responsibilities of medical directors and all authorized  
2 acts of EMS license holders

3 (bbb) “Shall” – Means compliance is mandatory

4 (ccc) “Tele-Communicator” - Operates communication equipment to  
5 receive incoming calls for assistance and dispatches personnel and  
6 equipment to scene of emergency: Operates telephone console to receive  
7 incoming calls for assistance.

8 (ddd) “Treatment Protocol” - Written guidelines (also known as *Off-line*  
9 *Medical Direction*) approved by the EMS Medical Director providing pre-  
10 hospital personnel with a standardized approach to commonly encountered  
11 patient problems that is related to medical or trauma, thus encountering  
12 immediate care.”

13 **Section 3. § 84103 (b)(1) and (c) of Chapter 84, Title 10, Guam Code**  
14 **Annotated, is hereby amended to read:**

15 **“ §84103. Guam Emergency Medical Services Administrative Office.**

16 (a) There is hereby created, within the Department of Public Health and Social  
17 Services, a Guam Emergency Medical Services Administrative Office called the  
18 Office of Emergency Medical Services (Office of EMS).

19 (b) The Office shall plan, establish, implement, administer, maintain and  
20 evaluate the Guam comprehensive emergency medical services system to serve the  
21 emergency health needs of the people of Guam in an organized pattern of readiness  
22 and response services based on public and private agreements and operational  
23 procedures.

24 (1) The Office, in the implementation of this part of the plan, will  
25 coordinate, and provide assistance to all entities and agencies, public and  
26 private, involved in the EMS system., (i.e., The Guam Community College,  
27 Guam Memorial Hospital).

1 (2) All emergency medical services, ambulance services, and private  
2 non-emergent transport services conducted are under the authority of the  
3 Office of EMS and shall be consistent with this Chapter.

4 (c) The Office of EMS shall be responsible for the implementation of  
5 advanced life support systems, limited advanced life support systems, community  
6 outreach programs, and for the monitoring of training programs. The Office of EMS  
7 shall be responsible for determining that the operation of training programs ~~at the~~  
8 ~~Emergency Medical Responder (EMR), Emergency Medical Technician-Basic~~  
9 ~~(EMT-B), Emergency Medical Technician-Intermediate/Advance (EMT-I)(A),~~  
10 ~~Emergency Medical Technician-Outreach (EMT-O), Advance Life Support (ALS),~~  
11 ~~and Emergency Medical Technician-Paramedic (EMT-P)~~ based on the DOT and  
12 NHSTA EMS Educational Standards at the NREMR, NREMT, NRAMT and NRP  
13 levels are in compliance with this Chapter, and shall approve the training programs  
14 if they are found to be in compliance with this Chapter.”

15 **Section 4. § 84104 of Chapter 84, Title 10, Guam Code Annotated,**  
16 **is amended read:**

17 “**§ 84104 Administration Commission Membership.** The Administrator of  
18 the DPHSS Office of EMS shall serve as the Executive Secretary of the Guam EMS  
19 Commission. The Administrator shall at each EMS Commission meeting report to  
20 the Commission its observations and recommendations relative to its review of the  
21 ambulance services, emergency medical care, and ~~first aid practices, and programs~~  
22 ~~for training people in cardiopulmonary resuscitation and lifesaving first aid~~ Basic  
23 and Advance Life Support techniques, and public participation in such EMS  
24 programs. ~~on all matters relating to emergency medical services as directed by the~~  
25 EMS Commission. The Administrator shall designate an individual to be an  
26 “Emergency Medical Services Coordinator” to be a liaison official for EMS inter-  
27 agencies.”

1           **Section 5. §84105 of Chapter 84, Title 10, Guam Code Annotated,**  
2 **is amended, and a new §84105(s)(1)A added, to read as follows:**

3           **“§ 84105. The Office of EMS Administrative Office: Composition;**  
4 **Duties, and Responsibilities.**

5           The Office of EMS Administrative Office *shall* be composed of a full-  
6 time salaried Administrator and sufficient supporting staff to efficiently fulfill the  
7 purpose of the emergency medical services system. The Administrator *shall*:

8           (a) implement emergency medical services regulations and standards;

9           (b) develop and promote, in cooperation with local public and private  
10 organizations and persons, a Program for the provision of emergency medical  
11 services and to set policies for the provision of such services. The Administrator  
12 *shall* explore the possibility of coordinating emergency medical services with like  
13 services in the military, the Commonwealth of the Northern Marianas Islands, the  
14 Federated States of Micronesia, and the Republic of Palau; the Republic of Palau  
15 and United States.

16           (c) the Office of EMS shall develop plans, implement guidelines, and  
17 assess all current emergency medical services capability and performance, and the  
18 established programs, to remedy identified deficiencies through the development  
19 and periodic revision of a Comprehensive Plan for emergency medical services. The  
20 Plan *shall* include, but not be limited to:

21           (1) emergency medical services personnel and training;

22           (2) emergency medical services facilities assessment;

23           (3) emergency medical services transportation and related  
24 equipment;

25           (4) telecommunications and communications;

26           (5) interagency coordination and cooperation;

27           (6) system organization and management;

1 (7) data collection, and management and evaluation;

2 (8) public information and education; and

3 (9) disaster response.

4 ~~(10) community outreach.~~

5 ~~(d) the Office of EMS shall develop planning and implementation guidelines~~  
6 ~~for emergency medical services systems which address the components stated, and~~  
7 ~~to establish programs to remedy identified deficiencies through the development and~~  
8 ~~periodic revision of a Comprehensive Plan for emergency medical services. The~~  
9 ~~guidelines shall include but not limited, to the following:~~

10 ~~——(1) emergency medical services personnel and training;~~

11 ~~——(2) emergency medical services facilities assessment;~~

12 ~~——(3) emergency medical services transportation and related equipment;~~

13 ~~——(4) telecommunications and communications;~~

14 ~~——(5) interagency coordination and cooperation;~~

15 ~~——(6) system organization and management;~~

16 ~~——(7) data collection, and management and evaluation;~~

17 ~~——(8) public information and education; and~~

18 ~~——(9) disaster response.~~

19 ~~——(10) community EMS outreach support.~~

20 ~~(d e)~~ develop emergency medical services regulations and standards  
21 emergency medical services facilities, personnel, equipment, supplies and  
22 communications facilities and locations as may be required to establish and maintain  
23 an adequate system of emergency medical services;

24 ~~(e f)~~ the Office of EMS shall provide technical assistance for the  
25 coordination and approval of training to existing agencies, organizations, and private  
26 entities for the purpose of developing the components of implementing emergency  
27 medical services described in this Chapter;



1 (f g) the Office of EMS *shall* be responsible for determining that the  
2 operation of training programs at the ~~EMR, EMT-B, EMT-I, EMT-O, ALS and~~  
3 ~~EMT-P~~ NREMR, NREMT, NAEMT and NRP levels are in compliance with this  
4 Chapter, and *shall* review and approve curricula and syllabi of training courses or  
5 programs offered to EMS personnel who provide basic, intermediate, and advanced  
6 emergency medical services; consult with the Guam Community College, the Guam  
7 Fire Department Training Center, and any training service provider or professional  
8 organization that provides emergency medical services training for responder, basic,  
9 intermediate, advanced life support and paramedic;

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

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

15 (i j) coordinate emergency medical resources, such as Disaster Teams  
16 comprised of NREMR, NREMT, NAEMT and NRP EMR's, ~~EMT-B, EMT-I, EMT-~~  
17 ~~O, EMT-P~~ and Licensed Registered Nurses employed by the government of Guam  
18 agencies, and the allocation of the Guam EMS System's services and facilities in the  
19 event of mass casualties, natural disasters, national emergencies, and other  
20 emergencies, ensuring linkage to local and national disaster plans, and participation  
21 in exercise to test these plans;

22 (j k) implement public information and education programs to inform  
23 the public of the Guam EMS System and its use, and disseminate other emergency  
24 medical information, including appropriate methods of medical self-help, ~~the~~  
25 ~~community paramedic outreach program,~~ and first-aid training programs on the  
26 island;

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

3           (l m) develop an effective emergency medical services communication  
4 system in cooperation with concerned public and private organizations and persons.  
5 The communication system *shall* include, but is not limited to:

6           (1) programs aimed at locating accidents and acute illnesses on  
7 and off the roadways and directly reporting such information to the  
8 responding agency;

9           (2) direct ambulance communication with the emergency  
10 medical services facility;

11           (3) minimum standards and regulations on communication for all  
12 appropriate medical components;

13           (4) assist in the development of an enhanced 911 emergency  
14 telephone system; and

15           (5) establish the standards and provide training for dispatchers in  
16 the EMS System, and maintain a program of quality improvement  
17 for dispatch equipment and operations;

18           (m n) regulate, inspect, certify, and re-certify emergency medical  
19 services facilities, personnel, equipment, supplies, ambulances, advanced life  
20 support vehicles, ambulance, emergency ambulance services, private non-emergent  
21 medical transport vehicle providers, private communications facilities and locations  
22 engaged in providing emergency medical services under this Chapter;

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

26           (o p) establish rules and regulations for the contract of, use, license,  
27 standards, liability, equipment and supplies, personnel certifications and revocation

1 or suspension processes for ambulance service, emergency ambulance service and  
2 non-emergent medical transport vehicle;

3 (p ¶) establish criteria necessary to maintain certification as emergency  
4 medical services personnel which *shall* include, but not be limited to, the following:

5 (1) a formal program of continuing education;

6 (2) minimum period of service as emergency medical services  
7 personnel; and

8 (3) re-certification at regular intervals which *shall* include a  
9 performance examination and may include written  
10 examinations and skills proficiency exam;

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

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

15 (s ¶) establish a schedule of fees to provide courses of instruction and  
16 training for certification and/or recertification in an amount sufficient to cover the  
17 reasonable costs of administering the certification and/or recertification provisions  
18 of the Office of EMS.

19 (1) The EMS Commission *shall* annually evaluate fees to determine if  
20 the fee is sufficient to fund the actual costs of the Office of EMS Certification and/or  
21 Recertification program. If the evaluation shows that the fees are excessive or are  
22 insufficient to fund the actual costs of these programs, then the fees will be adjusted  
23 accordingly pursuant to the AAL. Any funds appropriated *shall* not be subject to *I*  
24 *Maga'lahaen Guåhan's* transfer authority and all monies not used in the fiscal year  
25 will be rolled over into the next fiscal year;

26 (A) Initial Fee Schedules subject to amendment pursuant to

27 AAL:

1                   (i) For initial licensure applications the fee schedule is: Basic  
2 level application fee (NREMR or NREMT) fee = \$75; Advanced level  
3 application fee (NRAEMT or NRP) fee = \$125;

4                   (ii) For applicants completing renewal within 120 days prior to  
5 expiration date, the fee schedule is: Basic level application fee  
6 (NREMR or NREMT) fee = \$50; Advanced level application fee  
7 (NRAEMT or NRP) fee = \$75;

8                   (iii) For applicants completing renewal within 60 days prior to  
9 expiration date, the fee schedule is: Basic level application fee  
10 (NREMR or NREMT) fee = \$75; Advanced level application fee  
11 (NRAEMT or NRP) fee = \$100;

12                   (iv) For applicants completing renewal within 30 days prior to  
13 expiration date, the fee schedule is: Basic level application fee  
14 (NREMR or NREMT) fee = \$75; Advanced level application fee  
15 (NRAEMT or NRP) fee = \$125;

16                   (v) For applicants completing renewal within 90 days after  
17 expiration date, the fee schedule is: Basic level application fee  
18 (NREMR or NREMT) fee = \$100; Advanced level application fee  
19 (NRAEMT or NRP) fee = \$150;

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

23                   (~~u~~ ~~v~~) the Office of EMS *shall*, consistent with such plan, coordinate and  
24 otherwise facilitate arrangements necessary to develop the emergency medical  
25 services system.

1           (v ~~w~~) the Office of EMS will submit requests for grants for federal,  
2 state, or private funds concerning emergency medical services or related activities  
3 in its EMS area.

4           (w ~~x~~) the Office of EMS *shall* submit reports quarterly to the EMS  
5 Commission of its review on the operations of each of the following:

6           (1) ambulance services operating within Guam; and

7           (2) emergency medical care offered within Guam, including programs  
8 for training large numbers of people in cardiopulmonary resuscitation and lifesaving  
9 first aid techniques; and

10           ~~(3) the community paramedic outreach program.~~

11           (x ~~y~~) the Office of EMS may assist in the implementation of Guam’s  
12 poison information program, including the provision of the Guam Memorial  
13 Hospital Authority’s Poison Center;

14           (y ~~z~~) establish and maintain standards for emergency medical services  
15 course instructor qualifications and requirements for emergency medical services  
16 training facilities; and

17           (aa) the Office of EMS will develop and incorporate an EMSC Program  
18 in the Guam EMS Plan. The EMSC component *shall* include, but not be limited to,  
19 the following:

20           (1) EMSC system planning, implementation, and management;

21           (2) injury and illness prevention planning, that includes, among other  
22 things, coordination, education, and data collection;

23           (3) care rendered to patients outside the hospital;

24           (4) emergency department care;

25           (5) interfacility consultation, transfer, and transport;

26           (6) pediatric critical care and pediatric trauma services;

27           (7) general trauma centers with pediatric considerations;

1           (8) pediatric rehabilitation plans that include, among other things, data  
2 collection and evaluation, education on early detection of need for referral, and  
3 proper referral of pediatric patients.

4           (9) children with special EMS needs outside the hospital;

5           (10) information management and system evaluation;

6           (11) employ or contract with professional, technical, research, and  
7 clerical staff as necessary to implement this program;

8           (12) provide advice and technical assistance to local EMS partners on  
9 the integration of an EMSC Program into their EMS system;

10          (13) oversee implementation of the EMSC Program by local EMS  
11 agencies;

12          (14) establish an EMSC technical advisory committee;

13          (15) facilitate cooperative interstate relationships to provide  
14 appropriate care for pediatric patients who must travel abroad to receive emergency  
15 and critical care services;

16          (16) work cooperatively and in a coordinated manner with the  
17 Department of Public Health & Social Services, and other public and private  
18 agencies, in the development of standards and policies for the delivery of emergency  
19 and critical care services to children;

20          (17) produce a report for the Guam EMS Commission describing any  
21 progress on implementation of this Chapter. The report *shall* contain, but not be  
22 limited to, a description of the status of emergency medical services for children, the  
23 recommendation for training, protocols, and special medical equipment for  
24 emergency services for children, an estimate of the costs and benefits of the services  
25 and programs authorized by this Chapter, and a calculation of the number of children  
26 served by the EMSC system.”

1                   **Section 6. § 84107(f)(13)(A) of Chapter 84, Title 10, Guam Code**  
2 **Annotated, is amended to read as follows:**

3                   **“§ 84107. Purpose.**

4                   The Commission:

5                   (a) *shall* monitor, review, and evaluate on an ongoing basis the  
6 operations, administration, and efficacy of the EMS system, or any components  
7 thereof, to determine conformity with and maximum implementation of this part;

8                   (b) *shall* participate in any planning or other policymaking with regard  
9 to the EMS system, and seek the participation of the public, including health  
10 planning councils in its consideration of plans and policies relating to the EMS  
11 System.

12                   (c) *shall* adopt and promulgate rules and regulations for the operation  
13 and implementation of the EMS System, the administration of the Commission, and  
14 the standards for certification and re- certification of emergency medical services  
15 facilities, personnel, equipment, supplies, ambulance, advanced life support  
16 vehicles, emergency ambulance services, private non-emergent medical transport  
17 vehicle providers, communications, facilities, and locations engaged in providing  
18 emergency medical services under this Chapter, in accordance with the  
19 Administrative Adjudication Law;

20                   (d) *shall* advise the Office of EMS in formulating a master plan for  
21 emergency medical services, including medical communication, the enhanced 911  
22 system, and other components necessary to meet the emergency medical needs of  
23 the people of Guam;

24                   (e) *shall* make and from time to time may alter such rules as it deems  
25 necessary for the conduct of its business and for the execution and enforcement of  
26 the provisions of this Chapter;

1 (f) the EMS Commission will deny, suspend, or revoke any ~~EMT-B,~~  
2 ~~EMT-I, EMT-O, or EMT-P~~ NREMR, NREMT, NAEMT and NRP license issued  
3 under the Office of EMS, for the following actions:

4 (1) fraud in the procurement of any certificate or license under the  
5 Office of EMS;

6 (2) gross negligence;

7 (3) listed on Sex Offender Registry;

8 (4) repeated negligent acts;

9 (5) incompetence;

10 (6) the commission of any fraudulent, dishonest, or corrupt act that is  
11 substantially related to the qualifications, functions, and duties of pre-hospital  
12 personnel;

13 (7) conviction of any crime which is substantially related to the  
14 qualifications, functions, and duties of pre-hospital personnel. The record of  
15 conviction or a certified copy of the record *shall* be conclusive evidence of the  
16 conviction;

17 (8) violating or attempting to violate directly or indirectly, or assisting  
18 in or abetting the violation of, or conspiring to violate, any provision of the Office  
19 of EMS or the regulations adopted by the authority pertaining to pre-hospital  
20 personnel;

21 (9) violating or attempting to violate any federal or state statute or  
22 regulation that regulates narcotics, dangerous drugs, or controlled substances;

23 (10) addiction to, the excessive use of, or the misuse of, alcoholic  
24 beverages, narcotics, dangerous drugs, or controlled substances;

25 (11) functioning outside the supervision of medical control in the field  
26 care system operating at the local level, except as authorized by any other license or  
27 certification;



1 (12) demonstration of irrational behavior or occurrence of a physical  
2 disability to the extent that a reasonable and prudent person would have reasonable  
3 cause to believe that the ability to perform the duties normally expected may be  
4 impaired;

5 (13) unprofessional conduct exhibited by any of the following:

6 (A) The mistreatment or physical abuse of any patient resulting  
7 from force in excess of what a reasonable and prudent person trained and acting in  
8 a similar capacity while engaged in the performance of his or her duties would use  
9 if confronted with a similar circumstance. Nothing in this Section *shall* be deemed  
10 to prohibit an ~~EMT-B, EMT-I, EMT-O, or EMT-P~~ NREMR, NREMT, NAEMT  
11 and NRP from assisting a peace officer, or a peace officer who is acting in the dual  
12 capacity of peace officer and ~~EMT-B, EMT-I, EMT-O, or EMT-P~~, NREMR,  
13 NREMT, NAEMT and NRP, from using that force that is reasonably necessary to  
14 effect a lawful arrest or detention.;

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

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

19 (D) Any actions that *shall* be considered evidence of a threat to  
20 the public's health and safety.”

21 **Section 7. § 84110 (a)(5) and (c) of Chapter 84, Title 10, Guam Code**  
22 **Annotated, is amended and a new § 84110(f) is added, to read as follows:**

23 **“§ 84110. Certification.**

24 Pursuant to this Chapter, all persons who furnish, operate, conduct,  
25 maintain, advertise, or otherwise engaged in providing emergency medical services  
26 as a part of the regular course of doing business, either paid or voluntary, shall hold

1 a current valid certification issued by the Administrator of the Office of EMS to  
2 provide emergency medical services.

3 In order to be certified, such providers of emergency medical services  
4 shall meet the following minimum standards:

5 (a) Emergency Medical Services Personnel Training Programs and  
6 Courses of Training.

7 (1) The Guam Community College School of Allied Health, the Guam  
8 Fire Department, the University of Guam, and other EMS training service providers  
9 approved by the DPHSS Office of EMS shall provide training courses in emergency  
10 medical responder, emergency medical technician-basic, emergency medical  
11 technician-intermediate, emergency medical technician-paramedic, and advanced  
12 life support for emergency medical services personnel. The curricula and syllabi of  
13 these courses shall be approved in advance by the Office of EMS. The curricula and  
14 syllabi of the courses of ambulance personnel shall be consistent with the scope and  
15 level of the practice of emergency medical services associated with emergency  
16 ambulance personnel certification, and the Department of Transportation, National  
17 Highway Traffic Safety Administration, and the National Emergency Medical  
18 Services Advisory Council.

19 (2) The Guam Community College School of Allied Health, the Guam  
20 Fire Department, the University of Guam, and other EMS training service providers  
21 approved by the DPHSS Office of EMS shall consult with and get approval of the  
22 Office of EMS to determine the number and type of emergency medical services  
23 courses necessary to support the staffing requirements for emergency medical  
24 services. The basic life support training programs shall be relevant to and consistent  
25 with the training course required for certification.

26 (3) The Office of EMS shall develop standards for emergency medical  
27 services course instructors, and standards for emergency medical services training

1 facilities for all basic life support personnel, advanced life support personnel, users  
2 of the automatic external defibrillator, and emergency medical dispatch personnel  
3 that shall be at least equivalent to or exceed the standards necessary to meet the  
4 requirements stated in either of the following areas: the Department of  
5 Transportation, National Highway Traffic Safety Administration or the National  
6 Emergency Medical Services Advisory Council, for the certification of basic life  
7 support personnel and advanced life support personnel.

8 (4) The Office of EMS will conduct annual inspections of the training  
9 facilities and evaluate the qualifications of course instructors to ensure that the  
10 standards and qualifications are consistent with the medical standards for emergency  
11 medical technician-basic, emergency medical technician-intermediate, emergency  
12 medical technician-paramedic and advanced life support emergency medical  
13 services personnel, users of the automatic external defibrillators, and emergency  
14 medical dispatch/E911 call taker personnel.

15 (5) Course requirements for pre-hospital emergency services training  
16 for ~~Emergency Medical Responder (EMR), Emergency Medical Technician-Basic~~  
17 ~~(EMT-B), Emergency Medical Technician-Intermediate (EMT-I), Advance Life~~  
18 ~~Support and Emergency Medical Technician-Paramedic (EMT-P)~~ National Registry  
19 Emergency Medical Responder (NREMR), National Registry Emergency Medical  
20 Technician (NREMT) National Registry Advance Emergency Medical Technician  
21 (NRAEMT) National Registry Paramedic (NRP), National Registry of Emergency  
22 Medical Technicians (NREMT) shall be listed in the Guam EMS Rules &  
23 Regulations, as prescribed by the United States Department of Transportation,  
24 National Highway Traffic Safety Administration and/or the National Emergency  
25 Medical Services Advisory Council.

1 (b) The personnel shall meet the standards for education and training  
2 established by the Administrator of the Office of EMS for certification and re-  
3 certification.

4 (c) Ambulances, emergency medical services facilities, private non-  
5 emergent transport vehicles, and private ambulance services primarily provide BLS  
6 transport services utilizing ~~EMT-B, EMT-I, EMT-O, or EMT-P~~, NREMR, NREMT,  
7 NAEMT and NRP personnel. Private ambulance services and private non- emergent  
8 transport vehicles shall not normally respond to emergency incidents (E911  
9 dispatches by Guam Fire Department) as first responder units, except in the  
10 following instances:

11 (1) When specifically requested by the EMS agency (Guam Fire  
12 Department E911 Dispatch) having jurisdiction.

13 (2) When the private service receives a direct request for service from  
14 a person or facility other than dispatch, in which the patient may be transported to  
15 an Emergency Department. In these instances, the service may respond but shall  
16 contact the appropriate emergency dispatch agency (Guam Fire Department E911  
17 Dispatch). When a direct request is made to a private ambulance service from a  
18 location outside of a medical facility or private ambulance during non-emergency  
19 transport, the request shall be routed to E911 via instruction or call transfer for the  
20 purpose of dispatching of GFD resources or mutual aid (military or private  
21 ambulance service), as determined by established policies and procedures.

22 (3) Transfer of care by a Guam Fire Department EMT- Paramedic of  
23 an ALS patient to a private EMT-Paramedic ambulance service for transport *shall*  
24 *only occur* with Guam EMS Medical Director direct on-line medical control  
25 approval.

26 (4) Transfer of care by a Guam Fire Department EMT-Basic to a private  
27 EMT-Basic ambulance service.

1 (d) Ambulances, emergency medical services facilities, private non-  
2 emergent transport vehicles, and private companies offering ambulance services,  
3 and related equipment, shall conform to the requirements of the Administrator of the  
4 Office of EMS for certification and re-certification.

5 (e) Ambulances, private companies offering ambulance services and  
6 private non-emergent transport vehicles shall be operated in Guam with insurance  
7 coverage, issued by an insurance company licensed to do business in Guam, for each  
8 and every ambulance, private non-emergent transport vehicle, and private  
9 ambulance service owned or operated by or for the licensee, providing for the  
10 payment of benefits and including, but *not* limited to, the following:

11 (1) No-fault insurance policy (motor vehicle):

12 (A) No-fault benefits with respect to any accidental harm arising out of  
13 a motor vehicle accident;

14 (B) Liability coverage for all damages arising out of bodily injury to or  
15 death of any person as a result of any one (1) motor vehicle accident;

16 (C) Liability coverage for all damages arising out of injury to or  
17 destruction of property, including motor vehicles and including the loss of use,  
18 thereof, as a result of any one (1) motor vehicle accident;

19 (D) Professional or Occupational Liability or Bodily Injury Insurance  
20 (other than motor vehicle) in an amount of not less than that specified by the Guam  
21 EMS Administrator as may be required in the regulations adopted by the Office of  
22 EMS.

23 (E) Ambulances, private companies offering ambulance services, and  
24 private non-emergent transport vehicles shall be equipped with communications  
25 equipment approved by the Administrator.”

1                   (f) Eligibility, Training and Skill Requirements for Emergency Medical  
2 Responder, Emergency Medical Technicians, Advanced Emergency Medical  
3 Technicians, and Paramedics:

4                   (1) Student Eligibility:

5                         (A) Emergency Medical Responder (EMR):

- 6                             i. 18 years of age.

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

- 9                             i. 18 years of age.

10                        (C) Advanced Emergency Medical Technician (AEMT):

- 11                            i. 18 years of Age

- 12                            ii. High School Diploma or Equivalent

- 13                            iii. EMT Certificate

- 14                            iv. BLS, ACLS and PALS Certification.

15                        (D) Paramedic (Advanced Life Support):

- 16                            i. 18 years of Age

- 17                            ii. High School Diploma or Equivalent

- 18                            iii. EMT Certificate

- 19                            iv. BLS, ACLS and PALS Certification.

20                   (2) Minimum Training Requirements:

21                         (A) Emergency Medical Responder (EMR):

- 22                             i. 96 hours (total minimum)

- 23                             ii. 80 hours Didactic

- 24                             iii. 16 hours Hospital Clinicals

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

- 27                             i. 120 hours (total minimum)



- 1                   iii. Use of adjunctive breathing aide & administration  
2                   of oxygen
- 3                   iv. Automated External Defibrillator
- 4                   v. Cardiopulmonary Resuscitation
- 5                   vi. Transport of Ill & Injured Persons
- 6                   (c) Advanced Emergency Medical Technician (AEMT):
- 7                   i. All EMT Skills
- 8                   ii. Perilaryngeal Airways
- 9                   iii. Laryngoscope
- 10                  iv. Endotracheal (ET) Intubations (Adults, Orally)
- 11                  v. Valsalva's Maneuvers
- 12                  vi. Intravenous Infusion
- 13                  vii. Obtain Venous Blood
- 14                  viii. Glucose Measuring and Administration
- 15                  ix. Medications: (Approved by Medical Director)
- 16                  (d) Paramedic (Advanced Life Support):
- 17                  i. All EMT & AEMT Skills and Medications
- 18                  ii. Laryngoscope
- 19                  iii. Endotracheal (ET) Intubations (Orally)
- 20                  iv. Valsalva's Maneuvers
- 21                  v. Intravenous Infusion
- 22                  vi. Obtain Venous Blood
- 23                  vii. Glucose Measuring and Administration
- 24                  viii. Needle Thoracostomy & Cricothyroidotomy
- 25                  ix. Trans-Cutaneous Pacing and Synchronized  
26                  Cardioversion
- 27                  x. Medications: (Approved by Medical Director)



1 (4) Notable Optional Skills:

2 (A) Emergency Medical Responder (EMR):

3 i. Epi-Pens

4 ii. Naloxone

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

7 i. Perilaryngeal Airways

8 ii. Epi-Pens

9 iii. Duodote Kits

10 iv. Intravenous Access

11 v. Naloxone

12 (C) Advanced Emergency Medical Technician (AEMT):

13 i. Additional Medications and Skills approved by  
14 the Medical Director

15 (D) Paramedic (Advanced Life Support):

16 i. Local EMS Agencies may add additional  
17 Medications and Skills if approved by Medical  
18 Director

19 (5) Written Skills and Exams:

20 (A) Emergency Medical Responder (EMR):

21 i. Administered by the National Registry of EMT's  
22 or

23 ii. Administered by the State EMS Office

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

26 i. Administered by the National Registry of EMT's  
27 or

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ii. Administered by the State EMS Office

(C) Advanced Emergency Medical Technician (AEMT):

- i. Administered by the National Registry of EMT's
- or
- ii. Administered by the State EMS Office

(D) Paramedic (Advanced Life Support):

- i. Administered by the National Registry of EMT's
- or
- ii. Administered by the State EMS Office

(6) Length of Certification or Licensure:

(A) Emergency Medical Responder (EMR):

- i. 2-Year Certification and Licensure

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

- i. 2-Year Certification and Licensure

(C) Advanced Emergency Medical Technician (AEMT):

- i. 2-Year Certification and Licensure

(D) Paramedic (Advanced Life Support):

- i. 2-Year Certification and Licensure

(7) Refresher Course/Continuing Education:

(A) Emergency Medical Responder (EMR):

- i. 8-hour Refresher Course
- ii. 8-hours of Continuing Education every 2 years

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

- i. 20-hour Refresher Course
- ii. 20-hours of Continuing Education every 2 years

- (C) Advanced Emergency Medical Technician (AEMT):
  - i. 25-hour Refresher Course
  - ii. 25-hours of Continuing Education every 2 years

- (D) Paramedic (Advanced Life Support):
  - i. 30-hour Refresher Course
  - ii. 30-hours of Continuing Education every 2 years

(8) Certification & 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”

**Section 8. § 84111 of 10 GCA Health and Safety Chapter 84, Emergency Medical Services is *amended*, and a new § 84111 (c), (d), (e), (f) and (g) is *added*, to read:**

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

- (a) Certification Application. There *shall* be ~~five (5)~~ four (4) levels of emergency medical service personnel: Emergency Medical Responder (EMR); ~~Emergency~~

1 ~~Medical Technician (EMT); Emergency Medical Technician Basic (EMT-B);~~  
2 ~~Emergency Medical Technician Intermediate(EMT-I); Advance Life Support(~~  
3 ~~ALS); and Emergency Medical Technician Paramedic(EMT-P) Advance~~  
4 ~~Emergency Medical Technician (AEMT); and Paramedic.~~

5 (b) An application for certification *shall* be made under oath on a form to be  
6 approved by the Commission and provided by the Administrator and *shall*  
7 require the applicant to provide documentation as proof of eligibility as  
8 established in the Guam EMS Rules and Regulations in compliance with the  
9 U.S. Department of Transportation.

10 ~~(c)An applicant from jurisdiction outside of Guam can submit an application for~~  
11 ~~certification on Guam under oath on a form to be approved by the Commission~~  
12 ~~and provided by the Administrator, and *shall* require the applicant to provide~~  
13 ~~documentation as proof of eligibility as established in the Guam EMS Rules~~  
14 ~~and Regulations in compliance with the U.S. Department of Transportation.~~

15 ~~(d) It shall be the applicant's responsibility to furnish any information requested~~  
16 ~~by the Administrator. In the event of any change of information provided, the~~  
17 ~~Administrator *shall* be notified within thirty(30) days of any change.~~

18 ~~(e)Every application and all references *shall* be signed by the applicant or the~~  
19 ~~person attesting to the applicant's education, experience, and reputation.~~

20 ~~(f)The following requirements apply to all applicants who have never been~~  
21 ~~certified as an emergency medical services personnel in Guam on Initial~~  
22 ~~application must:~~

- 23 ~~(1) be eighteen(18) years of age or older;~~
- 24 ~~(2) provide a current photo ID( Guam drivers license or U.S. passport);~~
- 25 ~~(3) provide a certified copy of a Police Clearance from the Guam Police~~  
26 ~~Department;~~

1           ~~(4) provided a certified copy of a Court Clearance from the Superior~~  
2           ~~Court of Guam;~~

3           ~~(5) provide a valid and current CPR( BLS or ACLS) card; and~~

4           ~~(6) pay a fee established in the fee schedule before Certification is~~  
5           ~~released to the Applicant.~~

6           ~~(7) Private EMT ambulance personnel shall meet the same rules,~~  
7           ~~conditions, and policies regarding criminal history as those required~~  
8           ~~by GFD personnel as revealed through Court and Police Clearances.~~

9           ~~——(g) Renewal of Certification.~~

10           ~~————(1) Every person holding a certificate under this Chapter shall~~  
11 ~~renew the certificate with the Office of EMS, no later than March 31 of each even-~~  
12 ~~numbered year, of September 30 of each odd-numbered year, pay a renewal fee, and~~  
13 ~~comply with the continuing education requirements set forth in the EMS Rules and~~  
14 ~~Regulations~~

15           ~~————(2) To determine compliance, the Office of EMS may conduct a~~  
16 ~~random audit. A person selected for audit shall be notified by the Office of EMS.~~  
17 ~~Within sixty (60) days of notification, the person shall provide to the Office of EMS~~  
18 ~~documentation to verify compliance with the continuing education requirements.~~

19           ~~————(3) Failure to renew, pay the renewal fee, and, in case of audited~~  
20 ~~persons, provide documentation of compliance shall constitute a forfeiture of the~~  
21 ~~certificate, which may only be restored upon submission of written application,~~  
22 ~~payment to the Office of EMS of a restoration fee, and in the case of audited person,~~  
23 ~~documentation of compliance.~~

24           ~~————(4) A certificate that has been forfeited for one (1) renewal term~~  
25 ~~shall be automatically terminated and cannot be restored, and a new application for~~  
26 ~~certification shall be required.~~

1 ~~————— (5) A certificate issued hereunder shall not be assignable or~~  
2 ~~transferrable.~~

3 ~~————— (6) No official entry made upon a certificate may be defaced,~~  
4 ~~removed or obliterated.~~

5 **(c) Emergency Medical Responder:**

6 (1) **Training:** Training for EMRs is offered at the local level by approved training  
7 programs. A list of approved training programs may be obtained through the  
8 Department of Public and Social Services (DPHSS) via telephone, mail, or  
9 from our web page. Training hours consist of 96 hours, broken down into 80  
10 classroom and laboratory hours and 16 hours of supervised clinical  
11 experience.

12 (2) **Testing:** In order to practice as an EMR, an individual is certified after passing  
13 the National Registry of Emergency Medical Technicians (NREMT)s' written  
14 and skills exams.

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

22 (4) **Recertification:** Every two years, an EMR must provide the certifying entity  
23 with proof of 16 hours of refresher course work or 16 hours of EMS approved  
24 continuing education units (CEUs), and have documented competency in 10  
25 skills. EMR shall also maintain current NREMT certification and BLS  
26 certification. Applicants must pay the fee established in the fee schedule and

1 provide proof of completion of these requirements in order for the certifying  
2 entity to recertify an EMR.

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

6 (A) Possess a current & valid National Registry EMR certificate,

7 (B) possess a current & valid out-of-state or National Registry EMR  
8 certificate or

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

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

18 **(d) Emergency Medical Technician:**

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

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

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

9           (4) **Recertification:** Every two years, an EMT must provide the  
10           certifying entity with proof of 40 hours of refresher course work or  
11           40 hours of EMS approved continuing education units (CEUs), and  
12           have documented competency in 10 skills. EMT shall also maintain  
13           current NREMT certification and BLS certification. Applicant must  
14           pay the fee established in the fee schedule and provide proof of  
15           completion of these requirements in order for the certifying entity to  
16           recertify an EMT.

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

- 20                   (A) Possess a current & valid National Registry EMT certificate,
- 21                   (B) possess a current & valid out-of-state or National Registry  
22                   EMT certificate or
- 23                   (C) paramedic license, or have documentation of successful  
24                   completion of an out-of state EMT training course within the  
25                   last 2 years that meets Guam’s EMT training requirements.

26           (6) **Scope of Practice:** An EMT is trained and certified in basic life  
27           support practices. Basic life support (BLS) means emergency first



1 aid and CPR procedures which, at a minimum, include recognizing  
2 respiratory and cardiac arrest and starting the proper application of  
3 CPR to maintain life without invasive techniques until the patient can  
4 be transported or until advanced life support (ALS) is available.  
5 Automated external defibrillator (AED) training is now part of the  
6 basic scope of practice.

- 7 (7) **Optional Skills:** EMTs may obtain additional training to supplement  
8 their standard scope of practice. EMTs may become locally-  
9 approved to use certain medications & skills. The local EMS medical  
10 director for each agency determines the use of these optional scope  
11 items.

12 **(e) Advance Emergency Medical Technician:**

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

20 (A) Didactic and lab/skills: 168 hours

21 (B) Field Internship: 60 hours

22 (C) TOTAL 228 hours

- 23 (2) **Testing:** In order to practice as an AEMT, an individual is  
24 certified after passing the NREMTs' written and skills exams.

- 25 (3) **Certification:** After passing the written and skills certification  
26 exams applicants must obtain a criminal background check,  
27 provide documentation of current BLS/CPR certification,

1 provide a current photo ID (Guam drivers license or U.S.  
2 Passport), and pay the fee established in the fee schedule. The  
3 applicant may then be certified through the Office of EMS  
4 which issue an AEMT certification card (They are also known  
5 as the certifying entity). Certification is valid for two years from  
6 the date of issue.

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

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

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

23 (7) **Optional Skills:** In addition to the EMT scope of practice,  
24 AEMTs may practice additional skills and administer certain  
25 medications. These additional optional skills and medications  
26 may be utilized and are approved by the local EMS agency and  
27 EMS Medical Director. The AEMT is typically employed by

1 public safety agencies, such as fire departments, and by private  
2 ambulance companies.

3 **(f) Paramedic:**

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

9 (A) Didactic and lab/skills: 672 hours

10 (B) Hospital and clinical training: 120 hours

11 (C) Field Experience: 288 hours

12 (D) Field internship with 20 patient contacts and at least 120 hours

13 (E) TOTAL 1,200 hours

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

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

26 (4) **Credentialing:** In addition to licensure, a paramedic must be locally  
27 credentialed by an approved EMS agency in order to practice on Guam.

1 Credentialing is orientation to local protocols and training in any local  
2 optional scope of practice for the particular local EMS agency jurisdiction as  
3 well as skill and knowledge verification by affiliated EMS agency and EMS  
4 Medical Director. Paramedics must apply for credentialing directly to the  
5 local EMS agency. All provider credentialing shall be approved by the EMS  
6 agency Medical Director.

7 (5) **License Renewal:** Paramedics must complete a minimum of 60 hours of  
8 approved continuing education units (CEUs) every two years to maintain  
9 licensure. Paramedics shall also maintain current NREMT certification and  
10 BLS certification. Applicant must pay the fee established in the fee schedule  
11 and provide proof of completion of these requirements in order for the  
12 certifying entity to recertify an Paramedic.

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

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

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

24 ~~(g) Renewal of Certification.~~

25 ~~(8) Every person holding a certificate under this Chapter shall renew~~  
26 ~~the certificate with the Office of EMS no later than March 31 of~~  
27 ~~each even-numbered year, or September 30 of each odd-numbered~~

1           year, pay a renewal fee, and comply with the continuing education  
2           requirements set forth in the EMS Rules and Regulations.

3           ~~(9) To determine compliance, the Office of EMS may conduct a~~  
4           ~~random audit. Person selected for audit shall be notified by the~~  
5           ~~Office of EMS. Within sixty(60) days of notification, the person~~  
6           ~~shall provide to the Office of EMS documentation to verify~~  
7           ~~compliance with the continuing education requirements.~~

8           ~~(10) Failure to renew, pay the renewal fee, and, in case of audited~~  
9           ~~persons, provide documentation of compliance shall constitute a~~  
10           ~~forfeiture of the certificate, which may only be restored upon~~  
11           ~~submission of written application, payment to the Office of EMS of~~  
12           ~~a restoration fee, and in the case of audited person, documentation~~  
13           ~~of compliance.~~

14           ~~(11) A certificate that has been forfeited for one(1) renewal term shall be~~  
15           ~~automatically terminated and cannot be restored, and a new~~  
16           ~~application for certification shall be required.~~

17           ~~(12) A certificate issue hereunder shall not be assignable or transferrable.~~

18           ~~(13) No official entry made upon certificate may be defaced, removed or~~  
19           ~~obliterated.~~

20           (g) Temporary Certification: The Office of EMS shall approve temporary  
21           certification of an applicant if the applicant has completed an approved training  
22           program within twelve months of the date of application and has never taken  
23           the written and practical examination of the National Registry of Emergency  
24           Medical Technicians for that level of practice but otherwise meets the  
25           requirements, has filed a complete application with the Office of EMS, and has  
26           paid all required fees. If the applicant fails to apply for, or to take, the next  
27           succeeding examination or fails to pass the examination or fails to receive a

1 certificate, all privileges under this section shall automatically cease upon  
2 written notification sent to the applicant by the Office of EMS. A temporary  
3 certificate for each level of practice may be issued only once to each person.  
4 Prior to practicing under temporary certification, applicants shall notify the  
5 Office of EMS in writing of any and all employers under whom they will be  
6 performing services.

7 **(h) Extension of Licenses for members of Armed Forces (National Guard**  
8 **and or Reserves):**

9 1) Notwithstanding any other law to the contrary, any license held by a  
10 member of the armed forces, national guard, or a reserve component that  
11 expires, is forfeited, or deemed delinquent while the member is on active  
12 duty and deployed during a state or national crisis shall be restored under  
13 the restoration requirements provided in this section. For the purposes of  
14 this section, "local or national crisis" includes but is not limited to:

15 (A) a situation requiring the proper defense of nation or state;

16 (B) a federal or state disaster or emergency;

17 (C) a terrorist threat; or

18 (D) a homeland security or homeland defense event or action.

19 2) The licensing authority shall restore a license upon the payment of the  
20 current renewal fee if the Member:

21 (A) requests a restoration of the license within one hundred  
22 twenty(120) days after being discharged or released from  
23 active-duty deployment;

24 (B) provides the licensing authority with a copy of the  
25 Member's order calling the Member to active-duty  
26 deployment and the Member's discharge or release  
27 orders; and

1 (C) *if* required for renewal, provides documentation to  
2 establish the financial integrity of the licensee or to  
3 satisfy a federal requirement.

4 (3) This section:

5 (A) *shall not* apply to a member who is on scheduled annual or  
6 specialized training, or to any person whose license is suspended or  
7 revoked, or who otherwise has been adjudicated and is subject to  
8 disciplinary action on a license; and

9 (B) *shall* also apply to a member whose license is current, but will  
10 expire within one hundred twenty (120) days of the Member's  
11 discharge or release from active-duty deployment.”

12 **Section 9. § 84112(a)(1) and (a)(3) of Chapter 84, Title 10, Guam Code**  
13 **Annotated, is amended to read:**

14 **“§ 84112. Exemptions from this Chapter.**

15 (a) A certificate *shall* not be required for a person who provides emergency  
16 medical services when:

17 (1) assisting persons certified to provide emergency medical  
18 services under this Chapter or in the case of a major catastrophe,  
19 disaster or ~~declaration of state emergency and/or executive order~~  
20 ~~by I Maga' lahi (the Governor) emergency~~ in which persons  
21 certified to provide emergency medical services are insufficient  
22 or unable to cope; or

23 (2) operating from a location or headquarters outside of Guam  
24 in order to provide emergency medical services to patients who  
25 are picked up outside Guam for transportation to locations within  
26 Guam; or

1                   ~~(3) — when and where government resources are inadequate to~~  
2                   ~~support the EMS geographic response time, the EMS~~  
3                   ~~Commission via the Chairman and three(3) appointed voting~~  
4                   ~~members will approve the use of private non-emergent transport~~  
5                   ~~vehicles and/or private transport vehicles or all available~~  
6                   ~~ambulances here as means of transportation to a Guam Fire~~  
7                   ~~Department E911 dispatched emergency call. All types of~~  
8                   ~~vehicles utilized for the transportation of the sick and injured~~  
9                   ~~must pass the current vehicle inspection requirements by the U.S.~~  
10                  ~~Department of Transportation, the Guam Office of EMS, and the~~  
11                  ~~Department of Revenue & Taxation Motor Vehicle Code and/or~~  
12                  ~~Regulations.~~

13                  (b) The emergency medical services facilities, personnel and related  
14                  equipment of any agency or instrumentality of the United States shall  
15                  be required to be certified to conform to the standards prescribed under  
16                  this Chapter.”

17                  **Section 10. § 84122 of Chapter 84, Title 10, Guam Code Annotated, is**  
18                  ***amended, and a new § 84122(a)(7), (a)(8), and (a)(9), is added, to read:***

19                  **“§ 84122. Division of EMS.**

20                  (a) The Guam Memorial Hospital Authority (GMHA) *shall* establish a  
21                  Division of EMS. The Division *shall* be headed by the ~~Off-line Medical~~  
22                  ~~Control Physician, GMHA Emergency Medical Services (EMS) Medical~~  
23                  Director, who shall be a licensed physician. The Division responsibilities  
24                  *shall* include, but *not* be limited to:

- 25                               (1) providing off-line medical control for government of Guam  
26                               ~~emergency medical technicians(EMTs) pre-hospital providers, E-911~~  
27                               dispatchers, and on-line emergency department personnel;



1                   (2) participating with other Emergency Medical Systems (EMS)  
2 agencies in the planning, development and advancement of EMS;

3                   ~~(3) assisting in the adoption of treatment protocols as developed~~  
4 ~~by the Department of Public Health and Social Services Office of~~  
5 ~~EMS; create and maintain up to date medical treatment protocols to be~~  
6 ~~used by government of Guam pre-hospital providers;~~

7                   (4) coordinating with the Department of Public Health and  
8 Social Services – Office of EMS, the Guam Fire Department Training  
9 Bureau, the Guam Community College, and all other training centers,  
10 for the training of pre-hospital personnel;

11                   (5) aiding government of Guam agencies in achieving  
12 compliance with the Department of Public Health and Social Services  
13 EMS Rules and Regulations relative to personnel, equipment training,  
14 vehicles, communications and supplies;

15                   (6) conducting EMS research as needed;

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

18                   (8) ensure there is a seamless process for On-line Medical  
19 Control available to all government of Guam agencies; and

20                   (9) establish a multidisciplinary committee made of GMHA  
21 physicians, nurses, and pharmacist to address changes or  
22 recommendations for new prehospital policies, procedures and  
23 protocols.

24 (b) The Division *shall* designate the following:

25                   (1) ~~Off line EMS Medical Control Physician~~ EMS Medical  
26 Director– A GMHA Emergency Department staff physician  
27 with either formal training or extensive experience in EMS

1                    *shall* be the head of this Division under the title of Off-line  
2                    EMS Medical Control Physician Director, and this physician  
3                    *shall* operate as an agent of GMHA; and

- 4                    (2) ~~Second Off-line Medical Control Physician for Pediatric Pre-~~  
5                    ~~hospital Care.~~ Assistant EMS Medical Director. Following  
6                    recommendations of the federal program EMS for Children, the  
7                    involvement of a GMHA Emergency Department Staff  
8                    ~~Pediatrician as a Second Off-line EMS Medical Control~~  
9                    ~~Physician, namely as an Off-line EMS Medical Control~~  
10                    ~~Physician-Pediatrics physician, or GMHA staff Pediatrician as~~  
11                    a Second Off-line EMS Medical Control Physician-Pediatrics  
12                    is highly encouraged; and this pediatrician shall, as an agent of  
13                    GMHA, with additional duties to include ensuring all provide  
14                    off-line medical control (medical protocols) for pre-hospital  
15                    medical care provided specifically to children by government  
16                    of Guam EMS personnel is consistent with best practices; and  
17                    (3) EMS Medical Coordinator. The Division of EMS at GMHA  
18                    *shall* have one (1) full-time EMS Medical Coordinator, who  
19                    shall be a certified ~~EMT~~-Paramedic or Registered Nurse with  
20                    EMS experience, and who shall work under the guidance of the  
21                    ~~Off-line Medical Control Physician~~ EMS Medical Director and  
22                    Assistant EMS Medical Director.

23                    (c) Administrative and Educational Resources. GMHA *shall* make available  
24                    adequate GMHA administrative and educational resources to support the  
25                    Division of EMS and its mission.

26                    (d) EMS Agencies to Share Resources. In recognition of the multi-agency  
27                    nature of EMS Medical Direction, all agencies involved with EMS on

1           Guam *shall*, within reason, share personnel and other resources with each  
2           other across agency lines in an effort to assure the uninterrupted and  
3           effective existence of all three (3) levels of physician involvement in  
4           Guam’s EMS system.

5           (e) EMS Oversight Authority. The authority of the Division at GMH in EMS  
6           oversight *shall not* supersede the regulatory authority of the Department of  
7           Public Health and Social Services and the EMS Commission as previously  
8           established in Guam law.

9           (f) The amount of Two Hundred Thousand Dollars (\$200,000) is hereby  
10           appropriated from the General Fund to the Guam Office of EMS under the  
11           DPHSS. The unexpended balance of the appropriation *shall not* revert back  
12           to the General Fund, but shall be carried over into the next fiscal year to  
13           be expended in accordance with the original purpose of said funds. The  
14           funds appropriated herein *shall not* be subject to *I Maga’Låhen Guåhan’s*  
15           transfer authority.

16           (g) The Civil Service Commission, in collaboration with the Guam Memorial  
17           Hospital Authority, *shall* develop the job descriptions and salary structure  
18           for the positions delineated in this Act within six (6) months upon  
19           enactment of this Act.

20           (h) Severability. *If* any provision of this Act or its application to any person or  
21           circumstances is found to be invalid or contrary to law, such invalidity  
22           shall *not* affect other provisions or applications of this Act which can be  
23           given effect without the invalid provisions or applications, and to this end  
24           the provisions of this Act are severable.”

25           **Section 11. A new § 84124 of Chapter 84, Title 10, Guam Code**

26           **Annotated, is added to read:**

27           **“§ 84124. EMS Scope of Practice.**

1 (a) Principles:

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

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

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

12 (b) Policies:

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

15 (A) Conduct primary and secondary patient examinations;

16 (B) Take and record vital signs;

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

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

20 (E) Provide external cardiopulmonary resuscitation and obstructed airway care  
21 for infants, children, and adults;

22 (F) Provide immobilization care for musculoskeletal injuries;

23 (G) Assist with prehospital childbirth; and

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

27 (I) Administer medical oxygen;

- 1 (J) Maintain an open airway through the use of:
- 2 (i) A nasopharyngeal airway device;
- 3 (ii) A noncuffed oropharyngeal airway device;
- 4 (K) A pharyngeal suctioning device;
- 5 (L) Operate a bag mask ventilation device with reservoir;
- 6 (M) Provide care for suspected medical emergencies, including administering
- 7 liquid oral glucose for Hypoglycemia;
- 8 (N) Prepare and administer aspirin by mouth for suspected myocardial infarction
- 9 (MI) in patients with no known history of allergy to aspirin or recent
- 10 gastrointestinal bleed;
- 11 (O) Prepare and administer epinephrine by automatic injection device for
- 12 anaphylaxis; and
- 13 (P) Perform cardiac defibrillation with an automatic or semi-automatic
- 14 defibrillator
- 15 (2) Scope of Practice of a National Registry Emergency Medical
- 16 Technician:
- 17 (A) Evaluate the ill and injured.
- 18 (B) Render basic life support, rescue and emergency medical care to patients.
- 19 (C) Obtain diagnostic signs to include, but not be limited to, temperature, blood
- 20 pressure, pulse and respiration rates, pulse oximetry, level of consciousness,
- 21 and pupil status.
- 22 (D) Perform cardiopulmonary resuscitation (CPR), including the use of
- 23 mechanical adjuncts to basic cardiopulmonary resuscitation.
- 24 (E) Administer oxygen.
- 25 (F) Use the following adjunctive airway and breathing aids:
- 26 (G) Oropharyngeal airway;
- 27 (H) Nasopharyngeal airway;

- 1 (I) Suction devices;  
2 (J) Basic oxygen delivery devices for supplemental oxygen therapy including,  
3 but not limited to, humidifiers, partial rebreathers, and venturi masks; and  
4 (K) Manual and mechanical ventilating devices designed for prehospital use  
5 including continuous positive airway pressure.  
6 (L) Use various types of stretchers and spinal motion restriction or immobilization  
7 devices.  
8 (M) Provide initial prehospital emergency care to patients, including, but not  
9 limited to:
- 10 i. Bleeding control through the application of  
11 tourniquets;
  - 12 ii. Use of hemostatic dressings from a list approved by  
13 the Authority;
  - 14 iii. Spinal motion restriction or immobilization;
  - 15 iv. Seated spinal motion restriction or immobilization;
  - 16 v. Extremity splinting; and
  - 17 vi. Traction splinting.
  - 18 vii. Administer oral glucose or sugar solutions.
  - 19 viii. Extricate entrapped persons.
  - 20 ix. Perform field triage.
  - 21 x. Transport patients.
  - 22 xi. Apply mechanical patient restraint.
  - 23 xii. Set up for ALS procedures, under the direction of  
24 an Advanced EMT or Paramedic.
  - 25 xiii. Perform automated external defibrillation.
  - 26 xiv. Assist patients with the administration of physician-  
27 prescribed devices including, but not limited to,

1 patient-operated medication pumps, sublingual  
2 nitroglycerin, and self-administered emergency  
3 medications, including epinephrine devices.

4 xv. Administer naloxone or other opioid antagonist by  
5 intranasal and/or intramuscular routes for suspected  
6 narcotic overdose;

7 xvi. Administer epinephrine by auto-injector for  
8 suspected anaphylaxis and/or severe asthma;

9 xvii. Perform finger stick blood glucose testing; and

10 xviii. Administer over the counter medications, when  
11 approved by the medical director, including, but not  
12 limited to:

13 a. Aspirin.

14 xix. The scope of practice of an EMT shall not exceed  
15 those activities authorized in this Section

16 xx. Special Procedures: Institute intraosseous (IO)  
17 needles or catheters for cardiac arrest patients if  
18 specifically trained and authorized by local agency  
19 EMS Medical director.

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

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

23 (B) Initiate peripheral intravenous (IV) lines in unconscious patients;

24 (C) Maintain peripheral intravenous (IV) lines;

25 (D) Initiate saline or similar locks in unconscious patients;

26 (E) Draw peripheral blood specimens;

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

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

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

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

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

14 (i) Physiologic isotonic crystalloid solution IV or IO

15 (ii) Anaphylaxis: epinephrine IM

16 (iii) Antidotes: Naloxone hydrochloride SL, IM, or IV

17 (iv) Anti-hypoglycemics: Hypertonic glucose IV;

18 (v) Catecholamine: Epinephrine 1:1000; Epinephrine 1:10,000 IM or IV

19 (vi) Parasympathetic Blocker: Atropine IV

20 (vii) Nebulized bronchodilators: as determined by the Medical Director

21 (viii) Non-Opioid Analgesics for acute pain as determined by their  
22 Medical Director

23 (I) Prepare and administer immunizations in the event of an outbreak or epidemic  
24 as declared by the Chief Public Health Officer or designated public health  
25 officer, as part of an emergency immunization program, under the Medical  
26 Director's standing order;



- 1 (J) Prepare and administer immunizations for seasonal and pandemic influenza  
2 vaccinations according to the Chief Public Health Officer's recommended  
3 immunization guidelines as directed by the agency's Medical Director's  
4 standing order;
- 5 (K) Distribute medications at the direction of the Medical Director as a component  
6 of a mass distribution effort;
- 7 (L) Maintain during transport any intravenous medication infusions or other  
8 procedures which were initiated in a medical facility, if clear and  
9 understandable written instructions for such maintenance have been provided  
10 by the physician at the sending medical facility;
- 11 (M) Perform electrocardiographic rhythm interpretation of ventricular fibrillation,  
12 ventricular tachycardia, pulseless electrical activity, and asystole; and
- 13 (D) Perform cardiac defibrillation with a manual defibrillator.

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

- 15 (A) A paramedic may perform any activity identified in the scope of practice of  
16 an NREMT, or any activity identified in the scope of practice of an NRAEMT
- 17 (B) A paramedic shall be affiliated with an approved paramedic service provider  
18 in order to perform the scope of practice specified in this Chapter.
- 19 (C) A paramedic student or a licensed paramedic, as part of an organized EMS  
20 system, while caring for patients in a hospital as part of his/her training or  
21 continuing education (CE) under the direct supervision of a physician,  
22 registered nurse, or physician assistant, or while at the scene of a medical  
23 emergency or during transport, or during interfacility transfer, or while  
24 working in a hospital, may perform the following procedures or administer  
25 the following medications when such are approved by the medical director of  
26 the Guam EMSC and are included in the written policies and procedures of  
27 the Guam EMSC.

- 1 (i) Scope of Practice includes but is not limited to:
- 2 (a) Utilize electrocardiographic devices and monitor
- 3 electrocardiograms, including 12- lead electrocardiograms (ECG).
- 4 (b) Perform defibrillation, synchronized cardioversion, and external
- 5 cardiac pacing.
- 6 (c) Visualize the airway by use of the laryngoscope and remove foreign
- 7 bodies with Magill forceps.
- 8 (d) Perform pulmonary ventilation by use of lower airway multi-lumen
- 9 adjuncts, the esophageal airway, peri laryngeal airways, stomal
- 10 intubation, and adult oral endotracheal intubation.
- 11 (e) Utilize mechanical ventilation devices for continuous positive
- 12 airway pressure (CPAP)/bi-level positive airway pressure (BPAP)
- 13 and positive end expiratory pressure (PEEP) in the spontaneously
- 14 breathing patient.
- 15 (f) Institute intravenous (IV) catheters, saline locks, needles, or other
- 16 cannulae (IV lines), in peripheral veins and monitor and administer
- 17 medications through pre-existing vascular access.
- 18 (g) Institute intraosseous (IO) needles or catheters.
- 19 (h) Administer IV or IO glucose solutions or isotonic balanced salt
- 20 solutions, including Ringer's lactate solution. (I) Obtain venous
- 21 blood samples.
- 22 (i) Use laboratory devices, including point of care testing, for pre-
- 23 hospital screening use to measure lab values including, but not
- 24 limited to: glucose, capnometry, capnography, and carbon
- 25 monoxide when appropriate authorization is obtained from the
- 26 Guam EMSC Medical Director
- 27 (j) Utilize Valsalva maneuver.

- 1 (k) Perform percutaneous needle cricothyroidotomy.
- 2 (l) Perform needle thoracostomy.
- 3 (m) Perform nasogastric and orogastric tube insertion and suction.
- 4 (n) Monitor thoracostomy tubes.
- 5 (o) Monitor and adjust IV solutions containing potassium, equal to or  
6 less than 40 mEq/L.
- 7 (p) Administer approved medications by the following routes: IV, IO,  
8 intramuscular, subcutaneous, inhalation, transcutaneous, rectal,  
9 sublingual, endotracheal, intranasal, oral or topical.
- 10 (q) Administer, using pre-packaged products when available, the  
11 following medications:
- 12 (1) 10%, 25% and 50% dextrose;
- 13 (2) activated charcoal;
- 14 (3) acetaminophen;
- 15 (4) adenosine;
- 16 (5) aerosolized or nebulized beta-2 specific bronchodilators;
- 17 (6) amiodarone;
- 18 (7) aspirin;
- 19 (8) ATNAA/MARK 1;
- 20 (9) atropine sulfate;
- 21 (10) pralidoxime chloride;
- 22 (11) calcium chloride;
- 23 (12) diazepam;
- 24 (13) diphenhydramine hydrochloride;
- 25 (14) dopamine hydrochloride;
- 26 (15) epinephrine;
- 27 (16) fentanyl;

- 1 (17) glucagon;  
2 (18) glucose (oral);  
3 (19) haloperidol;  
4 (20) ipratropium bromide;  
5 (21) ketamine;  
6 (22) lorazepam;  
7 (23) midazolam;  
8 (24) lidocaine hydrochloride;  
9 (25) magnesium sulfate;  
10 (26) morphine sulfate;  
11 (27) naloxone hydrochloride;  
12 (28) nitroglycerine preparations (I.V., Oral);  
13 (29) norepinephrine;  
14 (30) ondansetron;  
15 (31) sodium bicarbonate;  
16 (32) Tranexamic Acid (TXA).”

17 **Section 12. Severability.** If any provision of this Act or its application to any  
18 person or circumstance is found to be invalid or contrary to law, such invalidity *shall*  
19 not affect other provisions or applications of this Act which can be given effect  
20 without the invalid provisions or application, and to this end the provisions of this  
21 Act are severable.

22 **Section 13. Effective Date.** This Act *shall* become immediately effective  
23 upon its enactment.  
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25  
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27