

Pennsylvania Department of Health
Bureau of Emergency Medical Services
EMS Policy Attestation

EMS Agency Name: _____

By completing and signing this attestation as an authorized officer/director of the EMS Agency listed above I attest that the policies listed below have been established and communicated to all appropriate staff. I also attest that all appropriate staff have reviewed and operate under these required policies. I agree that upon the request of the Department of Health, Bureau of EMS or a designated agent copies of all required policies will be provided in a written or electronic format.

- EMS vehicles, equipment, and supplies. 1027.3(c)
- Use of persons under 18 years of age. 1027.3(d)
- EMS Data Collection 1021.8
- Dissemination of information 1021.42
- Cooperation 1021.64
- Responsible staff 1027.3(f)
- Responsibility to communicate unavailability 1027.3(g)(1)
- Responsibility to communicate delayed response 1027.3(g)(2)
- Responsibility to communicate with PSAP 1027.3(g)(3)
- Response to dispatch by PSAP 1027.3(g)(4)
- Patient management 1027.3(h)
- Use of lights and other warning devices 1027.3(i)
- Weapons and explosives 1027.3(j)
- Accident, injury, and fatality reporting 1027.3(k)
- Safety Committee 1027.3(k)(1)
- Quality Improvement 1027.3(k)(1)
- EMS provider credentialing 1027.3(m)
- Monitoring compliance 1027.3(o)
- Out-of-Hospital Do-Not-Resuscitate Orders 1027.3(p)
- Infection Control 1027.3(p)
- Management of personnel safety 1027.3(p)
- The safe operation of EMS vehicles 1027.3(p)
- Storage and environmental control of medications 1027.5
- Substance abuse in the workplace 1027.3(p)
- Placement and operation of its resources 1027.3(p)

Agency Representative Signature

Date

Printed Name

Title