



**OVERVIEW  
OF  
PENNSYLVANIA DEPARTMENT OF HEALTH  
QUICK RESPONSE SERVICE  
RECOGNITION PROGRAM**

**Pennsylvania Department of Health  
Emergency Medical Services Office**

**July 2001**

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Governor  
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## **Introduction**

This document has been prepared by the Emergency Medical Services Office (EMSO) of the Department of Health (Department) to assist applicants that are applying for initial quick response service (QRS) recognition or renewal of QRS recognition. A QRS is defined by regulation as “an entity recognized by the Department to respond to an emergency and to provide EMS to patients pending the arrival of the prehospital personnel of an ambulance service”. This manual repeats some statutory and regulatory provisions. It also explains some of those provisions. However, the manual is not itself a regulation. It is not a document by which standards may be set. Consequently, it does not have the force or effect of law. Furthermore, although the EMSO may revise this manual from time to time to keep it up to date, statutory, regulatory or policy changes may occur following the distribution of this manual and later revisions. Therefore, the applicant is encouraged to review a current copy of the Emergency Medical Services Act and the Department’s regulations and to confer with the appropriate regional emergency medical services (EMS) council to secure additional assistance. The applicant should log onto the Department’s website at [www.health.state.pa.us](http://www.health.state.pa.us) to secure the most up-to-date copy of this manual.

## **Application**

- 1. Obtaining an application.** An application for initial or renewal of QRS recognition may be obtained from any regional EMS council. A list of those councils, their addresses and telephone numbers are in Attachment A. The application is the same for both initial recognition and the renewal of an existing recognition. Attachment B contains a copy of the application and the instructions for completing it.
- 2. Completing the application.** An applicant must complete the application correctly and accurately in its entirety. To ensure this occurs, the applicant must carefully review and follow the instructions to the application found in Appendix 2 of Attachment B. The applicant should contact the appropriate regional EMS council for assistance if the applicant believes that the instructions do not address a matter pertinent to the applicant and relevant to the application or if the applicant is confused about any matter in the application instructions. An application that is incomplete or inaccurate will be returned to the applicant with directions to remedy the problem before resubmitting it.
- 3. Filing an application.** An applicant must return the application to the regional EMS council responsible for the region in which the applicant will maintain its physical location.
- 4. Appendices to application.** A QRS must respond with at least one individual who possesses the minimum qualifications of a prehospital practitioner. An applicant is required to prepare a roster of persons who have committed to serve as QRS members, along with their qualifications. Appendix 1 of Attachment B contains a sample personnel roster form that can be used, or the applicant may use its own form provided the requested information is included. If the form in the appendix does not afford adequate space, the applicant may use additional sheets.
- 5. Patient Data and Information.** The applicant must satisfy the requirements of §§1001.41 and 1001.42 of the EMS regulations relating to data and information requirements and the dissemination of this information.

- 6. Policy Statements.** While an applicant is not required to have specific policies in place, it is recommended that each QRS develop and maintain specific policies addressing, at a minimum, infection control, management of personnel safety, substance abuse in the workplace, completion of EMS patient care reports, dissemination and protection of patient information, use of lights and warning devices, weapons and explosives and participation in statewide and regional quality improvement programs.
- 7. Review of application.** The regional EMS council assigned responsibility for the EMS region in which the applicant will operate will review the application. If the application is incomplete or inaccurate, the regional EMS council will return the application to the applicant with an explanation of the problems presented by the application. The applicant must make the necessary corrections and resubmit the application to the regional EMS council.

### **Inspection**

- 1. Scheduling the inspection.** When the regional EMS council has determined that the application is complete and accurate; it will contact the applicant and schedule a time and date for the inspection.
- 2. Conducting the inspection.** The regional EMS council will inspect all of the required supplies to ensure that they are available and that the equipment is in working order. Attachment C is a complete listing of the required equipment and supplies. While a vehicle is not required for a QRS, if the applicant chooses to operate designated vehicles, the inspector will inspect any vehicle to confirm that it is being operated in accordance with all the current motor vehicle requirements of the Pennsylvania Department of Transportation.
- 3. Inspection results.** Upon completion of the recognition inspection, the inspector shall provide the applicant with a copy of the inspection report completed by the inspector. The absence of marked deficiencies on the inspection report is not a guarantee that the applicant meets the requirements for recognition. The Department makes the final decision regarding whether the applicant meets the requirements for recognition. Inspection reports will be reviewed by the regional EMS council, which will forward them along with its assessment of the applicant's qualifications for recognition to the EMS Office. The EMS Office will review the reports and the recommendation and make a final determination on whether the applicant has met all of the requirements for recognition.

### **Recognition**

- 1. Recognition materials.** Once the EMS Office has made its decision to issue a recognition to the applicant, it will prepare a certificate of recognition and include on the certificate the following: the name of the QRS, the dates of issuance and expiration, and the recognition

number and the name of the regional EMS council through which the recognition application was processed. If the applicant has dedicated vehicles that will be used, two decals will be issued for each of its vehicles. Even if the applicant may not be operating any vehicle, if it chooses, the EMS Office will prepare two decals that can be placed in the applicant's headquarters. These decals will have a date strip identifying the issuance and expiration year of the recognition. The EMS Office will send the recognition certificate and the decals to the regional EMS council through which the applicant submitted its application. A copy of the EMS Office will provide the recognition certificate to the regional EMS council. The regional EMS council will distribute all of the original materials to the applicant.

**ATTACHMENT A**  
**REGIONAL EMS COUNCIL LISTING**

REGIONS	COUNTIES	
<b>Bradford Susquehanna EMS Council (01)</b> 245 Desmond Street Sayre, PA 18840-1698 (570) 882-4604 FAX (570) 882-6053		
	Bradford (8)	
	Susquehanna (58)	
<b>Bucks County Emergency Health Services (10)</b> 911 Ivyglenn Circle Ivyland, PA 18974 (215) 340-8735 FAX (215) 957-0765		
	Bucks (09)	
<b>Chester County EMS Council (11)</b> Department of Emergency Services 601 Westtown Road -- Suite 12 P.O. Box 2747 West Chester, PA 19380-0990 (610) 344-5000 FAX (610) 344-5050		
	Chester (15)	
<b>Delaware County EHS Council, Inc. (12)</b> Government Center Building, Room 117 201 W. Front Street Media, PA 19063 (610) 891-5310 FAX (610) 566-3947		
	Delaware (23)	
<b>Eastern Pa EMS Council, Inc. (02)</b> 1405 North Cedar Crest Blvd. - Suite 208 Allentown, PA 18104 (610) 820-9212 FAX (610) 820-5620		
	Berks (6)	Monroe (45)
	Carbon (13)	Northampton (48)
	Lehigh (39)	Schuylkill (54)
<b>EHS Federation, Inc. (03)</b> 722 Limekiln Road New Cumberland, PA 17070 (717) 774-7911 FAX (717) 774-6163		
	Adams (1)	Franklin (28)
	Cumberland (21)	Lancaster (36)
	Dauphin (22)	Lebanon (38)
	Perry (50)	York (67)
<b>Emergency Medical Service Institute (04)</b> 221 Penn Avenue, Suite 2500 Pittsburgh, PA 15221 (412) 242-7322 FAX (412) 242-7434		
	Allegheny (2)	Fayette (26)
	Armstrong (3)	Greene (30)
	Beaver (4)	Indiana (32)
	Butler (10)	Lawrence (37)
	Washington (63)	Westmoreland (65)
<b>EMMCO East, Inc. (19)</b> 1411 Million Dollar Highway Kersey, PA 15846 (814) 834-9212 FAX (814) 781-3881		
	Cameron (12)	Jefferson (33)
	Clearfield (17)	McKean (42)
	Elk (24)	Potter (53)

REGIONS	COUNTIES	
<b>EMMCO West, Inc. (18)</b> 16271 Conneaut Lake Road Suite 101 Meadville, PA 16335-3814 (814) 337-5380 FAX (814) 337-0871		
	Clarion (16)	Crawford (20)
	Erie (25)	Forest (27)
	Mercer (43)	Venango (61)
	Warren(62)	
<b>EMS of Northeastern PA, Inc. (05)</b> 1153 Oak Street Pittston, PA 18640 (570) 655-6818 FAX (570) 655-6824		
	Lackawanna (35)	Wayne (64)
	Luzerne (40)	Wyoming (66)
	Pike (52)	
<b>LTS EMS Council (07)</b> 542 County Farm Road, Suite 101 Montoursville, PA 17754-9621 (800) 433-9063 FAX (570) 433-4435		
	Lycoming (41)	
	Sullivan (57)	
	Tioga (59)	
<b>Montgomery County EMS (13)</b> Office of Emergency Medical Services 50 Eagleville Road Eagleville, PA 19403 (610) 631-6520 FAX (610) 631-9864		
	Montgomery (46)	
<b>Philadelphia EMS Council (14)</b> Philadelphia Fire Department 240 Spring Garden Street Philadelphia, PA 19123-2991 (215) 686-1313 FAX (215) 686-1321		
	Philadelphia (51)	
<b>Seven Mountains EMS Council, Inc. (08)</b> 523 Dell Street Bellefonte, PA 16823 (814) 355-1474 FAX (814) 355-5149		
	Centre (14)	Juniata (34)
	Clinton (18)	Mifflin (44)
<b>Southern Alleghenies EMS Council, Inc. (09)</b> Olde Farm Office Centre - Carriage House Duncansville, PA 16635 (814) 696-3200 FAX (814) 696-0101		
	Bedford (5)	Fulton (29)
	Blair (7)	Huntingdon (31)
	Cambria (110)	Somerset (56)
<b>Susquehanna EHS Council, Inc. (15)</b> 249 Market Street Sunbury, PA 17801-3401 (570) 988-3443 FAX (570) 988- 3446		
	Columbia (19)	Northumberland (49)
	Montour (47)	Snyder (55)



**ATTACHMENT B**

**QUICK RESPONSE SERVICE RECOGNITION APPLICATION**



Check the Appropriate Line

(✓)

Initial Application \_\_\_\_\_

Renewal Application \_\_\_\_\_

### QUICK RESPONSE SERVICE RECOGNITION APPLICATION

(please read the attached instructions and then type or print neatly)

1. Name of Applicant: \_\_\_\_\_

2. Name Under Which Applicant Will Conduct Business as a Quick Response Service: \_\_\_\_\_

3. Physical Address of Applicant: \_\_\_\_\_  
(Street, Avenue, Road, etc.)

City

State

Zip Code +4

4. Mailing Address (if different from physical address)

\_\_\_\_\_  
(Street, Road, P.O. Box No.)

City

State

Zip Code +4

5. Telephone #: (\_\_\_\_) \_\_\_\_\_ Facsimile #: (\_\_\_\_) \_\_\_\_\_

6. County # \_\_\_\_\_ 7. Region # \_\_\_\_\_ 8. Affiliate # \_\_\_\_\_

9. Contact Person: \_\_\_\_\_  
Last Name First MI Title

Telephone # ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

10. Service Affiliations: \_\_\_\_\_ Police \_\_\_\_\_ Fire \_\_\_\_\_ Ambulance  
 (Check all that apply) \_\_\_\_\_ Ski-Patrol \_\_\_\_\_ Rescue \_\_\_\_\_ Government  
 \_\_\_\_\_ Industrial \_\_\_\_\_ Independent \_\_\_\_\_ Commercial  
 \_\_\_\_\_ Other

11. Prehospital Personnel: # EMT \_\_\_\_\_ # EMT-P \_\_\_\_\_ # FR \_\_\_\_\_  
 # Ambulance Attendant \_\_\_\_\_ # PHRN \_\_\_\_\_ # HP Physician \_\_\_\_\_  
 Also complete the roster in Appendix 1.

12. Emergency Service Areas (Use additional sheets if necessary):

Municipality	MCD #	Municipality	MCD #
a.		e.	
b.		f.	
c.		g.	
d.		h.	

13. Vehicle Information (if applicable):

	Year	Make/Model	Plate #	VIN #
1.				
2.				
3.				

14. Communication Capabilities (Refer to instructions):

Source of Emergency Medical Dispatch: \_\_\_\_\_ County PSAP \_\_\_\_\_ Local/Regional PSAP  
 \_\_\_\_\_ Organization/Provider PSAP \_\_\_\_\_ Other

Identify How Applicant Receives Emergency Calls:

\_\_\_\_\_ 911 Exclusively \_\_\_\_\_ Seven Digit Number Exclusively  
 \_\_\_\_\_ Combination

Please Check the Appropriate Box (✓)	VHF	UHF	800 MHz	Cellular	Other
Quick Response Recognition Overview	11			July 26, 2001	

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Primary Communication with Emergency  
Dispatch

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Communication in a Disaster or Multiple  
Casualty Incident

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15. Interface with Ambulance Services (Refer to instructions)

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16. Verification of Information:

**18 Pa. C.S §4904 provides:**

**A person commits a misdemeanor of the second degree if, with intent to mislead a public servant in performing an official function, the person:**

- (1) makes any written false statement which the person does not believe to be true;**
- (2) submits or invites reliance on any writing which the person knows to be forged, altered or otherwise lacking in authenticity; or**
- (3) submits or invites reliance on any sample, specimen, map boundary mark, or other object, which the person knows to be false.**

**A person commits a misdemeanor of the third degree if the person makes a written false statement that the person does not believe to be true, on or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable.**

On behalf of the applicant, I acknowledge having read the above statement and certify:

- a. That all data and information in this application and any appendices are true and correct to the best of my knowledge and belief.
- b. That the applicant has duly authorized the application.
- c. That the applicant will operate in accordance with 28 Pa, Code §1015.1 (a) and other applicable statutes and regulations.

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Printed Name (First, MI, Last)

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Title

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Signature

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Date

**APPENDIX 1**

**SAMPLE PERSONNEL ROSTER**



**APPENDIX 2**

**INSTRUCTIONS FOR COMPLETING  
THE  
QUICK RESPONSE SERVICE RECOGNITION APPLICATION**

## Instructions For Completing the Quick Response Service Recognition Application

These instructions apply to an application for initial recognition and an application for renewal of recognition as a quick response service (QRS). Identify the type of application by placing a check on the appropriate line in the box in the upper right hand corner of the application. Except as otherwise directed in these instructions, complete each item on the application. Enter "Not applicable" or "N/A" if the item does not apply. Use additional sheets if inadequate space is not given in the application form to provide the information that is requested. If additional sheets are needed, mark "continued" at the end of the space provided in the application form for completing the item, and identify the number of the item on the additional sheet used to complete the information for that item.

1. **Name of Applicant**--This is the actual name of the entity that is applying for recognition.
2. **Name Under Which Applicant Will Conduct Business as a Quick Response Service** This is the name under which the applicant intends to conduct business as quick response service. This name may be the same or different than the name of the applicant. Fictitious names need to be registered with the Corporation Bureau in the Department of State.
3. **Physical Address of Applicant**--This is the actual physical location of the QRS. Do not use a P.O. Box number to identify the physical address.
4. **Mailing Address**-- This is the complete mailing address the applicant designates to receive mail from the Department or a regional EMS council.
5. **Business Telephone # and Facsimile Telephone #** --These are the telephone and facsimile telephone numbers through which the applicant may be directly contacted by the Department or a regional EMS council.
6. **County #**--This is the two digit number assigned to the county where the applicant maintains its physical address as specified in item 2. This number may be obtained from the regional EMS council listing in Attachment A.
7. **Region #**--This is the two digit number assigned to the EMS region in which the physical address provided in item 2 is located. This number may be obtained from the regional EMS council listing in Attachment A. This number is the two-digit number immediately following the name of the regional EMS council.
8. **Affiliate #**--This is the five digit number that is assigned to a QRS to distinguish it from another QRS. Do not complete this block if the application is for initial recognition. The regional EMS council will assign the number and insert it in the application when it accepts the application as complete and accurate.
9. **Contact Person**--This is the name, title, telephone number and e-mail address of



the individual who the applicant designates as the person the Department or a regional EMS council may contact on a day-to-day basis to give or secure information.

- 10. Service Classifications--**The applicant must check all that apply.
- 11. Prehospital Personnel--**The applicant must specify the total number of each type of prehospital practitioner that has committed to work for the applicant as a prehospital practitioner. The applicant must also complete the personnel roster form included in Appendix 1 of Appendix B.
- 12. Emergency Service Areas--**The entity must list the name of the municipalities, along with their five-digit MCD numbers. The MCD number may be secured from the regional EMS council. The applicant may use additional sheets if the number of municipalities exceeds the number that can be listed on the application form.
- 13. Vehicle Information--**The applicant shall provide the information identified for each vehicle it intends to use as a quick response vehicle. The applicant shall identify the year of the vehicle, its make and model, license plate number and its vehicle identification number. If the applicant will not be utilizing a vehicle, it should mark N/A in this section of the application. **NOTE:** a vehicle is not a requirement to be recognized as a QRS.
- 14. Communication Capabilities--**The applicant shall identify the source from which it receives medical dispatch. The applicant shall explain how it receives emergency calls and shall also place a check in each appropriate box to identify the primary means that it utilizes for communicating with its dispatch center and for communicating in the event of a disaster or multiple casualty incidents.
- 15. Interface with Ambulance Services--**The applicant shall explain on how it will be interfacing with the ambulance services that will be dispatched simultaneously to the same emergency calls to which the QRS is dispatched.
- 16. Verification of Information--**The signature of the principal official for the applicant must appear here on the application. This individual, by affixing his or her signature, is attesting to the fact that all data and information in the application and the appendices are true and correct to the best of his or her knowledge and belief. This verification is required by regulation. It is also a regulatory requirement that only the applicant's principal official may sign for the applicant.

**ATTACHMENT C**

**REQUIRED EQUIPMENT AND SUPPLIES**

### A. Vehicle Requirements

Although a vehicle is not a requirement for a Quick Response Service (QRS), if a service does not have a dedicated vehicle, it must provide a statement to the regional EMS council indicating how the personnel and the equipment will be responding to the scene of emergencies.

### B. Minimum Essential Equipment and Supplies

1. Rechargeable Portable Electric Suction Unit with wide-bore tubing with a lumen of at least 7mm.

Must achieve a vacuum of 300 mm/Hg or 11.8" of water in 4 seconds.

2. Suction catheters, pharyngeal, Must be sterile:

Rigid (1)

Flexible, total of 6:

6 and 8 (1 ea)

10 or 12 (2)

14 or 16 (2) Total of 6

**Size is FR for each**

3. Airways:

Oropharyngeal (6 different sizes including at least one pediatric)

4. Sphygmomanometer:

Child, Adult and Thigh (large) (1 each) Interchangeable cuffs are permitted.

5. Stethoscope (1)

6. Penlight (1)

7. Portable Oxygen Unit (1):

Cylinder capacity of at least 300-liters/D size/500 psi

Yoke

Non-sparking wrench/tank opening device

Gauge/flow meter not gravity dependent and capable of delivering 0-25 liters per minute

Full spare cylinder with a 300-liter capacity

**Cylinders must be secured.**

8. Oxygen Delivery Devices:

Nasal cannula-adult and pediatric (1 each)

High concentration mask capable of providing 80% or greater concentration

Pediatric, infant and adult- (1 each)

Pocket mask with one-way valve and oxygen port (1)

Bag- Valve Mask Devices, hand operated, adult (1) and pediatric (450-700cc) (1)

**Must be capable of 100% oxygen delivery.**

9. Dressings:

Multi trauma (10" x 30") (4)

Occlusive (3" x 4") (4)  
Sterile gauze pads (3" x 3") (25)  
Soft self-adhering (6 rolls)

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10. Adhesive Tape: 4 rolls, one must be hypoallergenic

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11. Immobilization Devices:  
Rigid/Semi rigid neck immobilizer: S, M, L and pediatric (1 each)

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12. Sterile Burn Sheet (4' x 4') (2)

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13. Cold Packs, Chemical (4)

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14. Triangular Bandages (8)

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15. Sterile OB Kit (1)-The kit must be sealed as a sterile unit, with contents listed on kit.

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16. Separate Bulb Syringe (1)

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17. Activated Charcoal-50 grams

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18. Bandage Shears (1)

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19. State Approved Triage Tags (25)

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20. Blankets (2)-cloth

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21. Instant Glucose (40% dextrose-d glucose gel) 45 grams

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22. Emergency Jump Kit (1): can be made of metal, fiberglass or canvas and must be capable of holding all supplies and equipment.

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23. Splinting Devices:  
Padded board splints, sizes 4.5 ft., 3 ft. and 15 inches (2 each)

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24. Hard Hat (1 per responding crew member).

25. Gloves: palm and fingers should be covered with work grade leather (1 pair per responding crewmember).

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26. Emergency Response Guidebook (1)-current edition

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27 Radio Communications Equipment: Radio equipment for communication with a public safety answering point (PSAP) and ambulance services in the emergency response areas of the QRS. A cellular phone may be used as a backup means of communication.

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28. Personal Protection Equipment:

- a. Eye protection, clear, disposable to protect the crewmember from splash or spill of any blood or body fluids. This may be in combination with eye-shield/face mask type combination masks.
- b. Face Mask, disposable to reasonably protect the crewmember's mouth and nose from airborne and blood-borne pathogens. This may be in combination with eye/shield facemask type combination masks. Must be impervious to body fluids.
- c. Gown/coat that is capable of providing a sufficient barrier to keep blood or other body fluids from contacting the crewmember's skin or regular work clothes or uniform. Regular long sleeve shirts or jump suits do not satisfy this requirement unless they are impervious to body fluids.
- d. Surgical cap/foot coverings that are impervious to body fluids which will provide protection from gross contamination from blood or body fluids.
- e. Double barrier gloves that made of a material specifically designed as a barrier against infection. Non-latex gloves should be available.
- f. Container or disposable bags for storage/disposal of equipment (non-sharp items) or clothes, etc. that may become contaminated with blood or other body fluids. The container and the bags must be labeled with the appropriate biohazard warnings. If bags are used, there must be 3 of them and they must be color-coded (red) and constructed of heavy duty plastic.

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29. Infection Control Plan

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