



**Republika e Kosovës**  
**Republika Kosovo - Republic of Kosovo**  
*Kuvendi - Skupština - Assembly*

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**Law No. 05/L-024**

**FOR EMERGENCY MEDICAL SERVICE**

**The Assembly of the Republic of Kosovo;**

Based on Article 65 (1) of the Constitution of the Republic of Kosovo,

Approves

**LAW FOR EMERGENCY MEDICAL SERVICE**

**CHAPTER I**  
**GENERAL PROVISIONS**

**Article 1**  
**Purpose**

1. By this law shall be defined the manner of organization, functioning and financing of the pre-hospital and hospital emergency medical services in the Republic of Kosovo.
2. Emergency medical service is organized as a separate field of health activities in order to provide uninterrupted emergency medical care for citizens who due to illness or injury were directly threatened the life, certain organ or certain parts of the body, respectively cuts optimal time of occurrence of the emergency until the start of the final treatment process.

**Article 2**  
**Scope**

1. Emergency medical service is implemented in pre-hospital and hospital level.

2. Emergency medical service is provided in the public sector, private and public-private health services.

### **Article 3 Definitions**

1. The terms used in this Law shall have the following meaning:

1.1. **Emergency Medical Services** - part of the pre-hospital and hospital emergency medical service, which deals with the diagnosis, treatment of emergent patient, stabilization of vital functions of life and transportation in the respective health institutions;

1.2. **Emergency** - a sudden change in health condition, that in the absence of prompt delivery of health service is threatened the life or the health of citizen or resident is seriously harmed;

1.3. **Urgency** - a sudden change of health condition that requires prompt medical attention, but not directly endangers the life of citizen or seriously harms the health of a citizen or resident;

1.4. **Emergency medical condition** - a condition with acute symptoms, psychological disorders and/or symptoms of abuse with abusive substances, to which the absence of immediate care can result in serious life risking condition;

1.5. **The state of emergency** - any unforeseeable event which endangers the life, physical integrity and health of citizens and residents or operation and functioning of health institutions, which is considered the major disparity between health care needs and options available;

1.6. **The pre-hospital emergency medical service system** - coordinated network of services to provide help and medical assistance in certain geographical space, which occurs either as a result of the condition of patients, natural disasters and other disasters;

1.7. **Emergency Physician** - a doctor who works in emergency medical service in outpatient care that cares for the sick and acute injured, who in addition to adequate education and license, has completed the required emergency training provided in education program;

1.8. **Emergency specialist doctor** - a doctor who is specialized in the emergency medicine and was licensed by the Ministry of Health;

1.9. **Emergency nurse** - the person who in addition to secondary or higher medical school has also had training and certification in emergency;

1.10. **Nurse of intensive care** - the person who in addition to secondary or higher education, is trained and certified with training of Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) organized by the Emergency Medical Service and Chambers of health professionals;

1.11. **Paramedic** - a nurse who has high nursing education and provides emergency medical care in pre-hospital facilities, trained and educated with basic and advanced courses for life support, or who assists the doctor in providing medical care in case of accident or a medical emergency;

1.12. **National Communication System in Emergency Medical Service (NCSEMS)** - integrated system of vertical and horizontal communications to emergency services, using public phone, special code of radio frequency ground-to-ground and ground-to-air, as well as telemedicine and other relevant contemporary technology in this regard, serving the patients and emergency medical personnel;

1.13. **Call Center** - part of the National System of Communication in Emergency Medical Service where are received calls and is identified the nature of the request, its priority according to the degree of risk posed, giving instructions to a caller, delivery and coordination of resources needed to provide medical assistance.

1.14. **Auto Ambulance of basic life support** - a licensed motor vehicle by EMS, equipped with an automatic external defibrillator, equipment to monitor vital signs; blood pressure, pulse oximeter, oxygen tank, intravenous therapy, adequate means for immobilization in a special way for the transport of sick or injured and to provide emergency medical care;

1.15. **Auto Ambulance of advanced life support** - a motor vehicle licensed by EMS, equipped with a defibrillator biphasic, equipment to monitor vital signs, blood pressure, pulse oximeter, oxygen tank, advanced intravenous therapy, cardiac monitor, intravenous pumps, intubation set, portable respirator, adequate means for immobilization in a special way for the transport of sick or injured and to provide emergency medical care;

1.16. **Air ambulance** - airplane or helicopter used to evacuate and transport the sick or injured who need emergency medical care;

1.17. **Air ambulance service** - the provision of emergency medical care and transportation for the sick or injured who require air transport and medical supervision at the scene, during transport to hospital;

1.18. **First Responder** - the first person who arrives at the emergency scene, where we have a medical emergency situation, which is not medical personnel but is trained in Basic Life Support;

1.19. **Hospital and University Clinical Service of Kosovo (HUCSK)** - an independent health organization with specific public importance at the level of secondary and tertiary healthcare, as a legal person, who has the rights, obligations, responsibilities and powers defined by the Law on Health;

1.20. **National Centre of Emergency Medical Service (NCEMS)** - health institution of pre-hospital care which manages, organizes and coordinates activities related to the field of pre-hospital emergency medical service;

1.21. **Center for Emergency Medical Service** – the institutions responsible for organization of pre-hospital emergency services throughout the territory of Kosovo and spread to seven (7) zones: Pristine, Mitrovicë, Pejë, Prizren, Ferizaj, Gjilan and Gjakovë;

1.22. **Unit** – part of the centre for emergency medical service organized within the respective municipalities;

1.23. **Station** – basic unit of emergency medical service organized in respective municipal settlements;

1.24. **Professional Council** - an advisory body established by the Ministry of Health, which serves to advance the professional issues in the field of Emergency Medical Service.

## **CHAPTER II PRINCIPLES OF EMERGENCY MEDICAL SERVICE**

### **Article 4 Guiding Principles**

1. **Designed Standards based on proven standard** - system design of EMS must be based on scientific, medical and economic facts published in literature and well reviewed, and the evidence provided by the system of continuous quality improvement.

2. **Integrated response structure** – design of the EMS system recognizes the unique aspects and essential contribution to the first reaction and the component of transport. Evaluation and medical treatment of components are combined together in order to create essential medical care provided to "individual patient" in the EMS system. Therefore, the successful design of the EMS system created about "individual patient" depends on coordinated and integrated response, coordinated protocols of medical treatment and continuing medical education.

3. **Team Access** - collegial relationships among all personnel working in the system of EMS promote optimal patient care provided by respected professionals mutually.

4. **Continuous Quality Improvement (CQI) structured and integrated** - Paradigm “individual patient” response predominates in the design, treatment and continuing medical education of the EMS system, the continuous improvement of quality EMS system must be coordinated and integrated both horizontally and vertically.

5. **Medical prioritization according to emergency of the case** – Communication in EMS optimizes system's ability to care for patients when using prioritization based on evidence/proof. Successful setting of priorities initiates patient care and resources necessary to adapt to the patient, without the use of excessive and inappropriate response to the first component and transportation.

6. **Appropriate allocation of resources** - Communication of the EMS optimizes the system's ability to care for patients when using the integrated response capacity of EMS for identifying and delivering the nearest appropriate responders.

7. **Provide coordinated competence** - coordinated effective education enables improvement in patient care. Engagement of relevant continuing education is based on the PVC findings of EMS, the capacities of patient care and treatment protocols.

8. **Integrated protocols** - protocols of medical treatment and other protocols derive from the use of prevailing standards of care, evidence-based medicine and aspects of design of EMS system. Treatment protocols are structured to receive substantial contributions to communication, first response personnel and transportation, as well as to promote easy delivery of care. Clinical staff must withstand certain implementation of these protocols.

9. **Efficiency in spending.** - EMS system recognizes and respects the wishes of each community for emergency medical services of high quality, provided by a facility affordable and financially fit. Component/communication resources, the first reaction and transport are integrally related and depend on the effectiveness and efficiency of each other. Additional resources are added only when they support high quality desired of EMS in our communities and when such a thing is done with the estimated reasonable cost through a comprehensive analysis of the system.

10. **Medical Monitoring** - medical care provided by professional of the EMS in this system establishes delegated medical practice. Doctors and other medical supervisors should be experienced and certified by a special board as appropriate. These doctors are committed to providing medical oversight objectively and independently, despite personal interests and political pressures.

11. **Measuring and reporting on according to main indicators of performance** - Main Indicators of Performance (MIP) such as factor standard response time in relation to the perceived status of the patient. Performance indicators in the system of EMS are suitable for first response agencies, transportation and dispatcher, in compliance with the standards.

12. **Electronic Data Collection** - for patient’s the electronic data should be used from both sides - from the first responders and transport in order to enable easily integrated

documentation of patient care. Urban and rural systems can be more effective when developing continuous improvement activities towards quality patient care by allowing hundred percent quality reviews. Moreover, state regulators can use data from multiple systems to analyze and compare health care across regions.

**13. Preparedness for disaster and overall response** - preparedness for disaster and overall response constitute essential roles in the EMS system. Effective preparedness for emergency medical needs related to disasters depends on concise response procedures, oriented in multiple victims, planning real regular training to multiple victims, funding necessary protective and medical equipment and achieving broad governmental support.

**14. Continuous Planning of the EMS system** - when strategic planning of EMS system is developed steadily, it enables best performing and the optimal design of EMS.

**15. Safety of respondents and patients** - focus on security of the whole system should be combined in the system design to ensure that the interests of patient safety priority, respondents' and citizens are protected.

**16. Engagement and community involvement** - essential community engagement requires that the system of EMS must be designed proportionally to their needs, while at the same time ensuring that their voices takes place in the strategy of the EMS system.

### **CHAPTER III ORGANIZATION AND MANAGEMENT OF EMERGENCY MEDICAL SERVICE**

#### **Article 5**

1. Emergency Medical Service is constituent part of health care system that is offered uninterrupted twenty four (24) hour, seven (7) days a week, and it is organized as in the following:

1.1. pre-hospital emergency medical service;

1.2. secondary and tertiary emergency medical service;

2. Pre-hospital emergency medical service is organized within:

2.1. National Centre of Emergency Medical Service;

2.2. seven (7) pre-hospital emergency centers, in:

2.2.1. Prishtina's Zone with the unit in: Pristine, Fushe Kosove, Gllgoc, Obiliq, Gracanice, Lipjan and Podujeve;

2.2.2. Mitrovica's Zone with the unit in: Mitrovica, North Mitrovica, Leposavic, Skenderaj, Vushtri, Zubin Potok and Zvecan;

2.2.3. Peja's Zone with the unit in: Peje, Decan, Junik, Istog and Klina;

2.2.4. Prizren's Zone with the unit in: Prizren, Suhareke, Dragash and Mamushe;

2.2.5. Ferizaj's Zone with the unit in: Ferizaj, Hani i Elezit, Kaçanik, Shtërpcë and Shtime;

2.2.6. Gjilan's Zone with the unit in: Gjilan, Novobërdë, Kamenicë, Klllokot, Partesh, Ranillug and Viti;

2.2.7. Gjakova's Zone with the unit in: Gjakovë, Rahovec and Malishevë.

2.3. Units of the EMS;

2.4. Stations of the EMS.

3. The network of the EMS stations shall be proposed by the Director of the National Center of the Emergency Medicine and approved by the Minister of Health.

4. Basic conditions for exercising the activity of emergency medical service are:

4.1. the territory;

4.2. number of inhabitants;

4.3. the required space for treatment of emergent patients;

4.4. necessary equipment for treatment of emergent patients;

4.5. auto-ambulances for provision of emergency medical assistance and transportation of emergent patients with all equipment according to the protocol;

4.6. human resources needed to work in emergency service.

5. Internal organization, functioning of the teams, the level of hazardness and stimulation of the emergency medical service personnel shall be regulated with sub-legal act issued by the Ministry of Health.

6. It is not allowed the strike of emergency medical service, but by wearing a sign they can be solidarized with the strike.

**Article 6**  
**Activity of pre-hospital emergency medical service**

1. The basic activity of pre-hospital emergency medical service includes:
  - 1.1 . quick response to a call;
  - 1.2. treatment of patients at the emergency scene;
  - 1.3. stabilization of emergency patients;
  - 1.4. transportation of life endangered patients.

**Article 7**  
**Emergency medical service activity in secondary hospital care**

1. Its activity the Emergency Medical Service in secondary hospital health care realizes within hospitals.
2. Emergency medical services in secondary hospital health care should provide detailed medical examination of all patients accepted with emergency situation, monitoring, observation, diagnosing, stabilizing and further treatment of patients and transfer to the Emergency Clinic if necessary.

**Article 8**  
**Emergency medical service activity in tertiary health care**

1. Emergency Clinic is a medical emergency referral institution in Kosovo, under the UCC, which performs the following functions:
  - 1.1. Clinical;
  - 1.2. Academic and
  - 1.3. Administrative.
2. Emergency Clinic provides emergency medical services in hospital setting in case of diseases, injuries and poisonings.
3. Emergency Clinic provides services through the following units:
  - 3.1. Triage unit;
  - 3.2. The intensive care unit for critically ill;



- 3.3. The intensive care unit for patients with internal disease;
- 3.4. The intensive care unit for surgery patients;
- 3.5. The intensive care unit for orthopedic - trauma patients;
- 3.6. The intensive care unit for toxicological sick;
- 3.7. The intensive care unit and pediatric emergency care;
- 3.8. Intensive care unit;
- 3.9. Surgical intensive care unit;
- 3.10. Neurological intensive care unit;
- 3.11. Unit for treatment of acute myocardial infarction with cardiac intensive care;
- 3.12. Unit for emergency obstetric and gynecological treatment;
- 3.13. Unit for brain stroke treatment and with intensive care;
- 3.14. Unit for treatment of trauma and with intensive care;
- 3.15. Unit for spinal cord treatment and with intensive care;
- 3.16. Unit for treatment of toxicological patients and with intensive care;
- 3.17. Unit for treating burns with intensive care;
- 3.18. Operating block unit.

#### **Article 9**

Emergency medical service operates in accordance with the Integrated Emergency Management and National Response Plan.

## **CHAPTER IV NATIONAL CENTER OF EMERGENCY MEDICAL SERVICE**

### **Article 10**

#### **Establishment and Status of the National Center of Emergency Medical Service**

1. By this Law shall be established the National Center of Emergency Medical Service, as an institution of a special importance.
2. National Center of Emergency Medical Service is a central public institution with legal personality, in subordination to the Ministry of Health which deals with organization and provision of pre-hospital emergency medical services.
3. The headquarter of the National Center of Emergency Medical Service is in Pristine.
4. National Center of Emergency medical Service shall be financed by the budget of the Republic of Kosovo.

### **Article 11**

#### **Management of the National Center of Emergency Medical Service**

1. The center shall be managed by the General Director.
2. The appointment, mandate and dismissal of the Director of the National Center of Emergency Medical Service is conducted in compliance with the legislation in force for senior managing positions in the civil service of the Republic of Kosovo.
3. The director for his work shall report to the Minister of Health.
4. The competencies and responsibilities of the Director shall be set with sub-legal law issued by the Ministry of Health.

### **Article 12**

#### **Duties of the National Center of Emergency Medical Service**

1. The National Center for emergency Medical Services carries out the following duties:
  - 1.1. manages with all activities of the center;
  - 1.2. coordinates activities with all institutions and agencies that are related to the emergency field in the whole territory of the republic of Kosovo;
  - 1.3. organization, authorizations and scope of the NCEMS, shall be defined with sub-legal act adopted by the Government.

**CHAPTER V**  
**DUTIES OF EMERGENCY MEDICAL SERVICE**

**Article 13**

1. Emergency medical service operation is performed by:
  - 1.1. Emergency medical specialist, family doctor and general practitioner;
  - 1.2. Paramedics - emergency medical technician, and
  - 1.3. Nursing.

**Article 14**

The doctor in the emergency medical service team performs control, diagnostic procedures, defines and applies the therapy according to the protocol and coordinates the work of other team members. If necessary, emergency medical service team transports the patient from the intervention site to the health care institution.

**Article 15**

Transport service of the injured and patients with higher dangerousness of life shall be provided by the pre-hospital emergency medical service, under care of competent medical team, based on the clinical guidance and protocol.

**Article 16**

1. The task of pre-hospital emergency transporting team shall be transporting the patient from the scene to the appropriate health care institution.
2. Patients with critical health condition shall be transported by means of emergency transport to the nearest appropriate medical institution only under escort of medical team.
3. Emergency transport team performs the duties under the Protocol, which with proposal of the Council for Guidance and Clinical Protocols shall be adopted by the Minister of Health.

**Article 17**  
**Call Center Team**

1. Call Center team consists of trained nurses and doctor of the shift.
2. Call center staff under the protocol commits receive calls, gives advises to the callers, determines the level of urgency, on the recommendation of the physician guides the team to the scene for intervention.
3. Call center staff notifies emergency medical service, notifies the public hospital, private and public-private for the arrival of emergency patient and cooperates with the police, firefighters, the Kosovo Security Force and other relevant services when necessary.
4. Emergency medical service doctor shall decide on further handling of the emergency case. In cases where according to the protocol it is not required emergency treatment, the doctor in the EMS team will instruct the patient to the appropriate level of health care.

**Article 18**  
**Support for specific emergency cases**

Public, private and public-private health institutions shall be obliged to respond to the emergency call center and to support EMS teams when they cannot manage with the high number of cases that require emergency medical assistance.

**Article 19**

Team members who perform emergency medical service activities are required to wear work uniform marked with the sign of the international emergency medical service.

**CHAPTER VI**  
**TRAINING**

**Article 20**  
**Basic training of doctors and nurses working in emergency medical services**

1. Basic and advanced training of doctors working in emergency medical services program implemented according to plan and program determined by the Emergency Clinic in cooperation with Chambers of Health Professionals.

2. Doctors and nurses are required to perform basic training before beginning to work in emergency medical service.

3. Basic training, advanced and continuous education of staff working in emergency medical service shall be carried out by Emergency Clinic and vocational training centers.

#### **Article 21**

##### **Training of drivers of emergency medical service auto ambulances**

1. Training of nurse drivers of emergency medical service auto ambulances will be implemented by the entry into force of this law.

2. Training of nurse drivers of emergency medical service auto ambulances service is carried out according to the plan and program set by the emergency Clinic and shall be realized in the Integrated Training Center for Studies in Vushtri or other similar centers.

### **CHAPTER VII**

#### **TRANSPORT AND TECHNICAL EQUIPMENTS IN EMERGENCY MEDICAL SERVICE**

#### **Article 22**

1. Means of transportation in emergency medical services are all means of transportation that enable the provision of emergency medical services.

2. Conditions in terms of technical characteristics for motored vehicles for transport in emergency medical services should be in compliance with international standard ambulances with code EN 1789.

3. The number of vehicles and of emergency health service teams in pre-hospital and hospital services should be according to the standards approved by the Ministry of Health for emergency medical service.

#### **Article 23**

List of mandatory drug should be available to the emergency medical team during transport and emergency medical service shall be proposed by the Emergency Clinic, according to protocols approved by the Ministry of Health.

## **CHAPTER VIII DOCUMENTATION**

### **Article 24**

1. Within the scope of work activities in emergency medical service the records are kept in the forms that are adopted by the Ministry of Health.
2. Within six (6) months after entry into force of this Law, Ministry of Health, shall issue sub-legal act for determination of form to keep records on activities of emergency medical services according to paragraph 1. of this Article.

## **CHAPTER IX SPECIAL PROVISIONS**

### **Article 25**

1. Emergency medical service in special circumstances, extraordinary, in cases of disasters and epidemics of larger scale, is organized in accordance with legal provisions for protection from natural and other disaster.
2. The entire medical staff in case of announced emergency situations is obliged to be mobilized in accordance with the legislation in force.

### **Article 26**

Emergency medical service at major sporting events and other, functions on the basis of agreement between the organizer of the event and the respective institution to provide emergency medical services for corresponding region.

## **CHAPTER X PROFESSIONAL COUNCIL FOR EMERGENCY MEDICAL SERVICES**

### **Article 27**

1. Professional Council for Emergency Medical Services (hereinafter: the Council) is advisory body for advancement and solution of professional issues from the field of Emergency Medical Services.
2. The Council shall be established with the decision by the Minister of the Ministry of Health.

3. The Council is composed of five (5) members:
  - 3.1. one (1) representative from the Ministry of Health;
  - 3.2. director of the NCEMS;
  - 3.3. one (1) representative from Emergency Clinic;
  - 3.4. one (1) representative from Chamber of Doctors;
  - 3.5. one (1) representative from the Emergency Management Agency.
4. The Council is led by the representative of the Ministry of Health.
5. All members of the Council should have professional knowledge from the field of Emergency Medical Service.
6. The Council's mandate is four (4) years, with possibility of appointment for another mandate.
7. Duties and responsibilities are as following:
  - 7.1. has a duty to advise and participate in preparation of algorithms, guidelines and clinical protocols according to the standards for emergency medical Service;
  - 7.2. monitors and analyzes the quality of emergency medical services, the referral system;
  - 7.3. it gives advises on the organization and functioning of the Emergency Medical Service;
  - 7.4. it gives advice on training, health staff training, specialist education for emergency medical services, staff motivation, education and basic and advanced training for emergency health professionals;
  - 7.5. council can also give other advices that enhance the quality of the Emergency Medical Service.
8. The Council meets at least once every three (3) months; the council can meet more frequently at the request of the Minister or the majority of its members.
9. Members of the council will be paid on the basis of their participation in the meetings of the council according to legal provisions in force.
10. The method of functioning and organization of the Professional Council for Emergency Medical Services is regulated by a sub-legal act issued by the Ministry of Health.

## **CHAPTER XI FINANCING**

### **Article 28**

1. Pre-hospital Emergency Medical Service is funded by:

- 1.1. Budget of the Republic of Kosovo;
- 1.2. Voluntary contributions;
- 1.3. Donations.

2. Hospital Emergency Medical Service is funded by:

- 2.1. Budget of the Republic of Kosovo;
- 2.2. Health Insurance Fund;
- 2.3. Voluntary contributions;
- 2.4. Donations.

## **CHAPTER XII SUPERVISION**

### **Article 29**

Supervision of the implementation of this law and sub-legal acts issued under this law is done by health inspectorate.

## **CHAPTER XIII PENALTY PROVISIONS**

### **Article 30 Fines**

1. The institution of emergency medical service shall be punished with a fine in the amount from one thousand (1,000) Euro to five thousand (5,000) Euro, if:



- 1.1. does not organize and achieve the ongoing professional training under Article 20 and 21 of this Law;
- 1.2. does not retain certain records under the legal provisions in force.
2. A responsible person of the legal person, for violation from paragraph 1. of this Article, shall be punished with a fine in the amount of five hundred (500) Euro to one thousand (1,000) Euros.
3. Member of the emergency medical team for violation of Article 19, 20 and 21 shall be punished by fine in the amount of five hundred (500) Euro to one thousand (1,000) Euro.

## **CHAPTER XIV TRANSITIONAL AND FINAL PROVISIONS**

### **Article 31**

1. Emergency medical service institutions and MCFM are required to structure and harmonize their activities with the provisions of this Law.
2. Pre-hospital emergency medical services shall be offered by the Main Center of Family Medicine in respective municipalities, until the functionalization of the NCEMS and its units.

### **Article 32**

Drivers in emergency medical service employed in this activity before entry into force of this Law are obliged to conduct training under Article 21 of this Law within one (1) year from the day of entry into force of this Law.

### **Article 33**

Within three (3) months from the date of entry into force of this Law, the Minister shall appoint the Professional Council for emergency medical services.

### **Article 34 Abrogation**

1. With the entry into force of this Law, the Law on Emergency Medical Care No. 02/L-50, of year 2006 shall be abrogated.

2. Until the issuance of sub-legal acts determined by this Law, sub-legal acts that are not inconsistent with this law shall apply.

**Article 35**  
**Issuance of sub-legal acts**

Within one (1) year, from the day of entry into force of this Law, the Ministry of Health shall issue all sub-legal acts, foreseen by this Law.

**Article 36**  
**Entry into Force**

This law enters into force fifteen (15) days after publication in the Official Gazette of the Republic of Kosovo

**Law No. 05/L-024**  
**28 October 2016**

**President of the Assembly of the Republic of Kosovo**

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**Kadri VESELI**