



PROVISIONAL INSTITUTIONS OF SELF GOVERNMENT

KUVENDI I KOSOVËS
СКУПШТИНА КОСОВА
ASSEMBLY OF KOSOVO

Law No. 02/L-50

ON MEDICAL EMERGENCY SERVICES

Kosovo Assembly,

Pursuant to the Chapter 5.1. (h) and 9.1. 26 (a) of the Constitutional Framework for Provisional Self-Government in Kosovo (UNMUK Regulation No. 2001/9 dated 15 May 2001),

With the aim of establishing a legal base for regulation, advancement and improvement of medical emergency service.

Herby adopts the following:

LAW ON MEDICAL EMERGENCY SERVICES

CHAPTER I
DEFINITIONS

Article 1

For the purpose of this Law the terms used herein shall have the following meaning:

“**Air ambulance**” means airplane, helicopter that is used for the transport of the sick or injured patients who need health care.

“**Air ambulance service**” means renting out emergency care and emergency transportation to or from the place of the event (accident) to the hospital.

“**Ambulance**” means motor vehicle specially constructed and equipped, or an air ambulance that is used for the emergent transportation of the patients.

“**The system of the medical emergency service**” is the system that ensures personnel management, capacities and equipment for an efficient and coordinated distribution throughout specific geographical areas of an emergency type of medical services, which occurs either as a result of patient’s condition, or as a result of a natural disaster or similar situations, a service that is administrated by a public institution or a private non-profitable one that has the authority and funds to ensure an efficient management of such system.

“**Emergency doctor**” is the doctor who in addition to his/her proper education and license, has an experience in emergency field as provided in the program of the Department of Medical Emergencies.

“Emergency specialist doctor” is the specialist who specialized in Medical Emergency and had been examined by the commission authorized by the Central Board for Specializations.

“Emergency nurse” is the person who in addition to his/her secondary medical education has also had training and has been certified in emergency.

“Cardiac nurse” is a person who has been trained and certified in courses of medical emergency and has completed the additional training in MAKJ, approved by the Department of Medical Emergency.

“Medical emergency state”, is a condition with acute symptoms, psychological disturbances and/or symptoms of abuse with abusive substances where the lack of immediate treatment might result in serious risk for life.

“Department of Medical Emergency”, is a complex institution of the Medical Emergency Service that deals with the general treatment of the emergent patient, diagnostics, and his/her complete stabilization.

“The University Department of Medical Emergency”, represents the top referral institution in the Medical Emergency Service that, in addition to the treatment provision for the patients in emergency, it also deals with compilation of the Protocols, training, specialization in emergency medicine, evaluation and certification of employees in this field and helps medical emergency in the primary and secondary level, human resources and continuous education.

“Communication System in Medical Emergency Service-CSMES”, is the interconnection service in vertical and horizontal line between emergency institutions which use public phone services, special coded land-land and land-air radio signals, including telemedicine and other relevant contemporary technology serving the patients, medical equipment and emergency medical personnel.

“The Officer at the Medical Emergency Service of the Ministry of Health”, is the competent body which is responsible to coordinate and implement ministerial health policies within the Medical Emergency Service.

CHAPTER II

BASIC PROVISIONS

Article 2

This law sets out the organization, activity and the financing of the Medical Emergency Service in Kosovo.

Article 3

Medical Emergency Service shall be exercised at the primary and secondary level, at referral Centers in Kosovo, at the University Clinical Center of Kosovo, including the Emergency Service within the Kosovo Protection Corps (KPC).

Article 4

The care of the Medical Emergency Service is provided through the activities carried out by the Medical Emergency Service and by the Medical Emergency employees.

Article 5

Medical Emergency Service is ensured through medical emergency activities performed at the public and private sector.

Article 6

6.1. Medical emergency activities are organized in order to provide proper medical emergency care to the citizens, during ordinary and/or states of emergencies.

6.2. Medical emergency activities provide emergency services to the citizens through implementing measures and modern methods of this science and other related sciences as well as through continuous follow up of their results.

Article 7

Financing of this activity is defined by the Kosovo Law on Health under a separate budgetary line, within the budget of the respective institutions.

Article 8

Medical Emergency Service is an activity of a particular social and strategic interest.

Article 9

Medical Emergency Service provides and implements the unique system of intercommunication within the Medical Emergency Institutions as well as intercommunication with other institutions with emergency activities: KPC, KPS, KFOR and Fire Department.

Article 10

Medical Emergency Service provides and implements the unique system of information.

Article 11

The activity of Medical Emergency Service is under the legal and professional scrutiny which is exercised by the Ministry of Health through its Legal Officer for the Medical Emergency Service.

CHAPTER III
PRINCIPLES OF MEDICAL EMERGENCY SERVICE

Article 12

12.1. Medical Emergency Services are offered to all citizens of Kosovo and to citizens that are temporary residing in Kosovo or passing through.

12.2. Medical Emergency Service shall be performed at the optimum time for the patients at high risk for their lives. Determination of the optimum time must be done in accordance with the approved protocols and norms.

12.3. Medical Emergency Service is offered regardless of conditions in cooperation with other emergencies: Fire Department, KPS, KPC, KFOR.

12.4. Respect of the rights of the citizens should be respected according to the law.

12.5. High responsibility for prompt diagnostics and decisions for treatment procedures for the patients with risk for their lives.

12.6. Emergency Services shall not have co-financing system. Compensation for the emergency services must be done by: Ministry of Health, health insurance contracting companies, donors and states for their citizens.

12.7. Financing of Medical Emergency Services is implemented according to the Kosovo Law on Health care.

CHAPTER IV
MEDICAL EMERGENCY SERVICE

Article 13

Medical Emergency Service is implemented without co-financing for all emergent patients in public and private institutions.

Article 14

14.1. Forms of Medical Emergency Service that are implemented in public and private institutions are:

- a) Outpatient Medical Emergency Service
- b) Inpatient Medical Emergency Service.

14.2. Inpatient Medical Emergency Service includes following sub-forms:

- a) Medical Emergency Service;
- b) Traumatic Emergency Service;
- c) Intensive Medical Emergency Service;
- d) Toxic Emergency Service with Toxic Observation;
- e) Medical Emergency Service with Internistic-cardiologic observation;
- f) Pediatric Emergency Service;
- g) Gynecologic Emergency Service.
- h) Psychiatric Emergency Service.

14.3. All the Inpatient Emergency Services are coordinated in the Department of Medical Emergencies of the respective institution.

14.4 Medical Emergency Service takes care of all emergent entities:

- a) Internistic Emergencies;
- b) Infective Emergencies;
- c) Surgery Emergencies;
- d) Pediatric Emergencies;
- e) Gynecological Emergencies;
- f) Toxic Emergencies;
- g) Neurological Emergencies;
- h) Psychiatric Emergencies;
- i) Geriatric Emergencies;
- j) Acute pain.

14.5. Medical Emergency Service treats all traumatized patients:

- a) Patients traumatized in traffic
- b) Patients traumatized in the working place;
- c) Patients traumatized in family environment;
- d) Patients traumatized by fire arms;
- e) Patients traumatized by cold weapons;
- f) Patients with burns, drowned, refrigerated.

14.6. Medical Emergency Service takes care for cases:

- a) Attempted suicides:
 - 1. with arms;
 - 2. with chemicals and medicaments;
 - 3. other forms of suicides.

14.7. Medical Emergency Service takes care also for patients that simulate sickness and acute symptoms.

14.8. Medical Emergency Service takes care of citizens, population or part of the population in states of emergency in cooperation with Fire Department, Police, and KPC:

- a) During mass disasters;
- b) During fires, floods;
- c) During earthquakes, landslides;
- d) During big avalanches;
- e) During mass injuries and poisonings;
- f) In case of bio-terrorism.
- g) In case of epidemics and possible pandemics;

14.9. Medical Emergency Service according to the decision of Ministry of Health for extraordinary situations together with Domestic Emergency Institutions organize health care for the population.

14.10. Necessary medicaments and sanitary materials for medical services must be in the essential list of medicaments.

14.11. All of the medical equipment for the departments of emergencies are provided by the respective institutions.

CHAPTER V
ORGANIZATION AND IMPLEMENTATION OF MEDICAL
EMERGENCY SERVICE

Article 15

15.1. Medical Emergency Service is a unique formation within the system of health care.

15.2. Medical Emergency Service is organized and implemented in:

- a) Primary level;
- b) Secondary level;
- c) Referral centers.

15.3. Activity in those levels is done in accordance with health strategy and policies based on existing sources. (Article 27, paragraph 2 of the Kosovo Law on Health Care).

15.4. Medical Emergency Service is active 24 hours a day at all levels.

15.5. Continuous professional education is conducted at all levels.

15.6. Department of Medical Emergencies of University Clinical Center of Kosovo conducts the continuous education.

15.7. Medicaments from the essential list, other medicaments and the sanitary material are provided at all levels.

Medical emergency service in the primary health care

Article 16

16.1. Primary Medical Emergency Service is organized in health zones. Health zones in this regard are municipal areas of Kosovo.

16.2. Municipalities are responsible for the development of Primary Medical Emergency Service in their respective health zone in cooperation with the Office for Medical Emergency Services within the Ministry of Health.

16.3. In Family Medicine Center, Medical Emergency Service acts as separate formation Medical Emergency.

16.4. Dispatching Centers are organized in big cities where the operational capacity of Family Medicine Centers is exceeded.

16.5. This service performs its activity 24 hours a day, in shifts of 12 or 8 hours.

16.6. Medical personnel of the Emergency Center in Primary Medical Emergency Service consist of:

- a) Specialist of Medical Emergency;
- b) Doctor in Medical Emergency;
- c) Emergency nurse;
- d) Support staff.

16.7. Manager of Medical Emergency in Family Medicine Center is the specialist of Medical Emergency. In his/her absence this function is performed by the doctor in emergency.

16.8. Medical staff of emergency is trained and certified by the Certifying Board of the Department of Medical Emergencies of University Center. Certification is done in the courses of the Medical Emergency: basic support of life, advanced cardiac support of life, basic support of traumatic life, support of pediatric life, support of gynecological life.

16.9. Validity of courses of medical emergency is two years. After the expiration of two years the staff is re-certified according to this law.

16.10. If the medical staff is not re-certified is considered as unauthorized and unqualified for the work in emergency. Uncertified and unlicensed staff can not work in emergency.

Ambulance Service Article 17

17.1. Ambulance Service is a sector of outpatient emergency that does the help and the transport of the ill or injured patients. This service must fulfill all requirements regarding the resources and equipment, for the transport of emergent patients. It can be socially owned, rented or privatized.

17.2. Each emergency should have at least two operational ambulances for the transport of emergent patients equipped according to the protocol. Number of ambulances is determined by the number of residents in the zone.

17.3. Each ambulance that is driven on the roads of Kosovo by the persons that are employed to provide ambulance service must have insurance policy issued by one of insurance companies of Kosovo.

17.4. No ambulance shall be certified and no license shall be renewed until the ambulance has the insurance.

17.5. Ambulance Service should be organized in Local Community Offices level as sub-branches of Emergency Service of the health zone.

17.6. Ambulance Service for the neonatal transport must fulfill special conditions according to the protocol of neonatal transport.

17.7. Each maternity in the territory of Municipality is obliged to create the conditions for neonatal transport.

17.8. Personnel of the ambulance should be provided with specific training on emergency care.

17.9. Driver of the ambulance should be trained for the maintenance, tactical driving, careful driving and communication and should possess skills for primary response. Driver should be certified in the course of Basic Life Support and should be allowed to help the patients if needed.

17.10. Each ambulance should have equipment and means of communication according to the Protocol on transport of patients.

17.11. Ambulance service for its work is accountable to the chief of Medical Emergency Service and to the Office for Medical Emergency Services of the Ministry of Health.

Activity of the Primary Medical Emergency Service
Article 18

18.1. Basic activity of Primary Medical Emergency Service is:

- a) Treatment of outpatient emergency patients;
- b) Fast response to calls;
- c) Treatment of patients at the place of event;
- d) Safe transport and treatment during transport;
- e) Stabilization of the emergent patient in emergency;
- f) Transport after stabilization to the Emergency Center.

18.2. To perform this activity each emergency in the Base of health zone, first of all must create basic conditions according to the Protocols of Outpatient Medical Emergency issued with a by-law.

18.3. Basic conditions for the activity medical emergency are:

- a) Territory;
- b) Emergent patients;
- c) Needed space for the treatment of emergent patients;
- d) Necessary equipment for the treatment of those patients;
- e) Ambulance for the transport of patients with all the equipment according to the protocol;
- f) Necessary Humane Resources for the work in emergency.

18.4. Territory is a geographical area that represents Medical Emergency Service operating zone. In this zone emergency service replies to the emergency calls and does all of its activity.

18.5. Emergent patients are acute sick or injured patients in the territory of the health zone.

18.6. Space represents the necessary location that is equipped for the treatment of the emergent patients and is called Medical Emergency. Medical Emergency space must have appropriate access for the ambulance and also convenient access for the wheelchairs of the disabled people. The space of the emergency must have sufficient comfort for the movement of the personnel and patients without hindering others. It is necessary to do the division of Medical Emergency and Traumatic Emergency in boxes.

18.7. Medical equipments are the means for diagnostics and the treatment of the emergent patients. There should be:

- a) Equipment for Medical Emergency;
- b) Equipment for ambulance

18.8. Equipment and the means for Medical Emergency and for ambulance should be completed according to the Protocols for Medical Emergency and ambulance equipment compiled by the Department of Medical Emergencies.

18.9. Human Resources of the Medical Emergency are medical employees (Doctor specialist of Medical Emergency, doctor in emergency, nurse in emergency), and non-medical employees (ambulance driver, cleaner, bearer of emergency).

Article 19

The activity of Medical Emergency Service, the quality of professional work and the opinion of the population about this service is evaluated by the Municipal Health Authority and the Office of Medical Emergency Services in the Ministry of Health.

Article 20

Medical Emergency should have Communication system that uses screening communication:

- a) Audio links;
- b) The number of Medical Emergency public phone;
- c) Direct communication with personnel;
- d) Telemedicine.

Medical Emergency Dispatching Center

Article 21

21.1. Large centers might have more than one Medical Emergency. One of them should be organized as Dispatching Center whose role will be the treatment of emergent patients at the place of event and the transport to the Inpatient Emergency Center and further to tertiary level.

21.2. Dispatching Center is characterized by the sufficient number of ambulances to cover the entire municipal health zone equipped according to the protocol.

21.3. Dispatching Center manages the communication system in its district and keeps the communication with other emergencies first of all with KPC, Police, Fire Department and with University Emergency Center.

21.4. Dispatching Center, when the conditions are created should have Air Ambulance or State owned or private helicopter equipped according to the protocol.

21.5. Dispatching Center should have professional staff especially trained for land and air transport of the emergent patients.

21.6. Prishtina Dispatching Center during the mass emergencies in cooperation with 40th Medical Battalion of KPC takes the key role in evacuation and help of the population in danger, covering entire territory of Kosovo.

21.7. During emergencies this center operates according to the by laws on extraordinary conditions.

21.8. Financing of Dispatching Centers is done according to the Kosovo Law on Health Care from the municipality, health insurances and donors.

Article 22

Medical Emergency Service in the secondary health care consists of the network of Emergency Departments in hospitals.

Article 23

Department of Emergency must provide detailed medical examination of all the patients that are brought in emergency state, their stabilization and hospitalization or transfer to tertiary Center after stabilization.

Article 24

Department of Emergency of a Hospital does the complete stabilization of emergent patients within the capacities of the institution.

Article 25

For complete stabilization of emergency condition, Department of Emergency relies on the support of specialist doctors that are available in the hospital. In the lack of required personnel and beds, the Department of Emergency can transfer the emergent patient to the other hospital only after the stabilization.

Article 26

26.1. Area of activity of the Department of Emergency described in Chapter V, Article 16.6.

26.2. Medical activity of the Department of Emergency is performed by specialists of the Emergency and specialists of other fields appointed for the treatment of the emergency patients.

26.3. Each department of the inpatient emergency must have:

- a) Boxes for examination, monitoring, and treatment of emergent patients;
- b) Necessary equipment and means for treatment.

26.4. Department of Inpatient Emergency works according to Inpatient Emergency Protocols.

26.5. The Department has a Manager that is accountable to the Director of the Hospital and the Office for Medical Emergency in the Ministry of Health.

26.6. The financing of the Inpatient Department of Emergency is done under a separate line for Medical Emergency from the budget of Ministry of Health.

Transfer of Patients

Article 27

Transfer of patients from one hospital to the tertiary hospital and vice versa can be done after the following conditions are fulfilled:

- a) With the patient's consent except in the cases of altered mental status;
- b) After the stabilization, depending on the potential of the hospital;
- c) Consent of the doctor who received the patient;
- d) The receiving hospital must agree and ensure treatment. Hospital is not required to accept transfer if it doesn't have necessary potential;

- e) The transfer of the patient should be appropriate: with the appropriate ambulance completed with radio equipment, with duly trained personnel and with escort of the ambulance;
- f) Copies of the history of the patient should follow the patient;
- g) Transfer can be refused for two reasons:
 - 1) there is no vacant place;
 - 2) there is no appropriate specialist or equipment for the treatment of the patient.

CHAPTER VI UNIVERSITY MEDICAL EMERGENCY

Article 28

28.1. The University Department of Medical Emergency is a referral institution of medical emergency in Kosovo located in University Clinical Center of Kosovo and represents the synthesis of a:

- a) Administrative;
- b) Academic and
- c) Clinical complex.

28.2. Administrative structure of the Department of Emergency takes care of:

- a) Certification;
- b) System of equipment;
- c) Emergency health information system;
- d) System of traumas;
- e) Communication;
- f) Legislation.

28.3. In academic aspect Department of Emergency takes its responsibility:

- a) University aspect-relations with Faculty of Medicine on development of specialization in Emergency Medicine;
- b) Keeps close cooperation with the nursery school (high school and faculty);
- c) Holds training in courses of Medical Emergency at all levels;
- d) Takes care of and prepares the specialization curriculum;
- e) Develops Public Health laboratory;
- f) Takes care of continuous education

28.4. In clinical aspect enforces the cooperation with:

- a) Hospitals, in particular with Departments of Emergencies in hospitals;
- b) Medical Emergencies in Family Centers;
- c) System of ambulances;
- d) Population.

Article 29

The University Department of Medical Emergency includes and develops all the necessary fields for the treatment of the emergent and critical patients, their stabilization, observation till the satisfactory stabilization and transfer of them to the respective units according to the clinical condition:

- a) Emergency center;
- b) Intensive care;
- c) Traumatic;
- d) Internistic/cardiologic observation;
- e) Toxicology observation;
- f) Emergency diagnostics and toxic laboratory;
- g) Roentgen diagnostics (mobile or fixed roentgen, CT, Magnetic Resonance).

Article 30

For all of those units the Department develops working conditions, acquires appropriate staff and compiles regulations and protocols of work.

Article 31

The work in the Department is done 24 hours a day, on shifts of 8, 12 and 24 hours.

Article 32

Department acquires its medical staff and in cooperation with other clinics organizes the work of the on duty shifts. Part of them can be assigned to an on-call system.

Article 33

Chief of Department closely cooperates with Medical Director, Executive Director and the Office of Medical Emergencies in the Ministry of Health and he refers to those structures for the professional and organizational work.

Article 34

The Department is financed by a separate budgetary line of the budget of Ministry of Health, health insurance fond and different donations.

CHAPTER VII SYSTEM OF TRAUMA TREATMENT

Article 35

35.1. System of trauma treatment is a very important link of the Medical Emergency Service of a special social and strategic interest.

35.2. System of trauma treatment is conducted in special emergency organizations, Traumatic Centers, within the Medical Emergency Service.

35.3. Depending on the development strategy, needs of the citizens for the emergent traumatic treatment, urban development and depending on equipment and human resources that are available in the hospitals and Emergency Centers, the system of trauma treatment is organized in four levels:

- a) First Level of Trauma treatment is organized in the University Clinical Center of Kosovo and in hospitals of Kosovo that meet the criteria of the Protocol on the Level of Trauma treatment that is compiled by the University Department of Medical Emergencies and approved by the Board of Traumas treatment on the level of Ministry of Health.
- b) Second Level of Trauma treatment is organized in some hospitals that have Human Resources and medical equipment that satisfy the criteria for the second level, according to the protocol on organization of traumas treatment.
- c) Third Level of Trauma treatment is organized in smaller hospitals that according to the Protocol on Traumas treatment meet the conditions for this level.
- d) Fourth Level of Trauma treatment is organized in Outpatient Medical Emergencies according to the protocol on organization of trauma treatment.

35.4. Medical Emergency Office in the Ministry of Health that implements the medical policy on organization and development of medical trauma treatment in Kosovo.

35.5. The office identifies the hospitals and determines the level of trauma treatment for each hospital.

35.6. The office also approves plans and projects that have to do with Trauma treatment and prevention from the injuries and undertakes all the measures for the continuous education of medical resources and the population in this regard.

35.7. University Clinical Center of Kosovo and hospitals are obliged to organize the service of Trauma treatment immediately, according to the protocol on trauma treatment in the given level.

CHAPTER VIII COOPERATION WITH OTHER EMERGENCIES

Article 36

36.1. Medical Emergency Service, in all its levels of organization, cultivates close cooperation with other emergencies in the region and in the world.

36.2. Cooperation with KPC, respectively 40th Medical Battalion is widely developed both for peace and extraordinary situations.

36.3. Cooperation with Kosovo Police Service is done in all levels especially in traffic accidents, other injuries and extraordinary situations.

36.4. Cooperation with Fire Department is done in outpatient level not only during fires but also help each other with training and staff.

36.5. With the Kosovo Red Cross, Medical Emergency Service, particularly in outpatient level, helps in the education of the population, school children and develops other forms of cooperation in emergency conditions.

36.6. Mutual cooperation between the levels in the hierarchy of the Emergency Service happens inevitably in regard to:

- a) Benefit of all emergent patients in entire territory of Kosovo;
- b) Benefit and exchange of experiences of each other;
- c) Inpatient Emergency helps widely Outpatient Emergency;
- d) University Department of Emergency, vertically and horizontally helps the Medical Emergency Service in:
 - i Education and training of the medical staff;
 - ii Compilation of professional inpatient and outpatient protocols;
 - iii Compilation of Regulations of work and other by laws.

36.7. International cooperation is managed reciprocally by the University Department of Medical Emergency:

- a) In gaining the scientific experience from the most developed medical emergencies of the world;
- b) In development of specialization curriculum;
- c) In education and perfection of the medical staff;
- d) In the exchange of experience in the region;
- e) In organizing of Symposiums, Scientific and Professional Conferences and Congresses.

CHAPTER IX MEDICAL INFORMATION SYSTEM IN MEDICAL EMERGENCY

Article 37

Medical Information System in Medical Emergency is referred to Chapter XI, of the Kosovo Law on Health Care.

CHAPTER X COMMUNICATION SYSTEM IN MEDICAL EMERGENCY

Article 38

Communication System in Medical Emergency Service (CSMES), is a component of this service for the patient and medical personnel in gaining effectiveness and professionalism in this branch.

Article 39

CSMES is spread vertically and horizontally in entire organizational complex of the Medical Emergency Service.

Article 40

CSMES uses 2 specific radio codes and has sophisticated equipment for radio links:

- a) Land-land and
- b) Land-air.

Article 41

This system functions according to the technology logic with codes for each organizational unit and with:

- a) Bases in Emergency Centers in the primary and secondary level, in Dispatching Centers and in the University Department of Emergency;
- b) Units in the land and air ambulances.

Article 42

Medical Emergency Service uses specific number of the public phone line.

Article 43

Medical Emergency Service according to the needs uses also Telemedicine Service of Kosovo.

CHAPTER XI SPECIAL PROVISIONS

Discipline and responsibilities

Article 44

Discipline and responsibilities at work is referred to Chapter XXIII, Article 118, 119 and Article 120 of the Kosovo Law on Health Care.

CHAPTER XII INTERIM PROVISIONS

Article 45

All the legal and natural persons under Article 1, that exercise health activity, must harmonize the organization and the work according to this Law.

Article 46

The present law shall enter into force after adoption by the Assembly of Kosova on the date of its promulgation by the Special Representative of the Secretary-General.

**Law No. 02/L-50
23 February 2006**

President of the Assembly

Academic Nexhat Daci