

RULEBOOK

on the Manner and Organization of Providing Emergency Medical Assistance

“Official Gazette of RS”, No. 79 of September 15, 2025

Legal Basis

Based on **Article 83, Paragraph 4 of the Law on Health Care**

(“Official Gazette of RS”, Nos. 25/19, 92/23 – authentic interpretation and 29/25 – CC),
the Minister of Health adopts the following:

Article 1

This Rulebook prescribes the manner and organization of performing the health activity of emergency medical assistance at the primary level of health care in the Republic of Serbia (hereinafter: **prehospital emergency medical assistance**).

Terms used in this Rulebook that have gender meaning apply equally to the masculine and feminine gender.

Article 2

The activity of prehospital emergency medical assistance is provided according to professional medical doctrine and using modern medical equipment and technology.

It is organized for the purpose of continuous, urgent medical care for adults and children whose life, individual organ or body parts are directly threatened due to:

- an acute condition,
- sudden worsening of the underlying disease,
- suffering or injury, or
- situations in which life-threatening conditions could occur in a short time interval,

with the aim of maximally shortening the time from the onset of the emergency to final medical care.

The health activity of prehospital emergency medical assistance is organized at the primary level of health care:

- as the activity of an independent public health institution, the **institute for urgent medicine** (hereinafter: institute);
- in a public health center, if there is no public health institution established for the activity of emergency medical assistance on the territory for which it is founded, and that:
 - through the emergency medical assistance service,
 - another organizational form in whose activity is emergency medical assistance,
 - within the regular activity of health workers and work on standby or on-call teams at night, on Sundays and on state holidays,
 - in accordance with the law and the Network Plan.

The activity of emergency medical assistance is organized continuously **24/7 hours**, through field and outpatient work in cooperation with health institutions of all levels of health care.

INSTITUTE FOR URGENT MEDICINE

Article 3

The organization of field work in the institute is carried out through a special organizational unit for:

- receiving and processing calls,
- distributing received calls and their realization by sending medical teams to interventions,
- coordination, directing and monitoring their movement using available information-communication technologies.

The institute may establish stations for the purpose of urgent care in order to increase the availability of health care, i.e. shortening the time to reach the patient and increasing the quality of health care provision.

As a measure of continuous improvement of quality and safety in the provision of health care and activities that increase the possibilities of a favorable outcome and reduce risks

and other undesirable consequences for the health and health status of the individual and the community as a whole, the institute, through a special organizational unit, conducts education in the field of prehospital urgent medicine in accordance with modern achievements of medical science and practice.

The provision of prehospital emergency medical assistance in the institute is performed by:

1. Employed health workers on receiving and processing calls;
2. Urgent field teams for providing emergency medical assistance at the site of medical urgency consisting of a doctor of medicine or a specialist doctor of medicine, a nurse – technician and a sanitary vehicle driver;
3. Health workers for providing emergency medical assistance in the institute's outpatient clinic consisting of a doctor of medicine, or a specialist doctor of medicine and a nurse – technician;
4. Teams for urgent sanitary transport consisting of a doctor of medicine, or a specialist doctor of medicine, a nurse – technician and a sanitary vehicle driver;
5. Teams for sanitary transport that is not urgent but medically justified, consisting of a nurse – technician and a sanitary vehicle driver;
6. Driver for sanitary transport of patients to dialysis, control examinations, hyperbaric chamber, rehabilitation centers and higher-level health care institutions on and outside the city's territory;
7. As needed, team/s on standby consisting of a doctor of medicine, or a specialist doctor of medicine, a nurse – technician and a sanitary vehicle driver.

Article 4

The institute performs the health activity of prehospital emergency medical assistance in the following manner:

1. Responds to citizens' calls, receives and processes calls by assessing the degree of urgency in order to determine priorities for sending urgent field teams, forwarding the received call to distribution and realization, using available information-communication technologies;
2. Realizes received calls by distribution based on the degree of urgency and time of call receipt by sending urgent field teams of emergency assistance to the site of

medical urgency, monitors movement and performs coordination of the work of urgent teams using a GPS system for monitoring vehicle movement;

3. By telephone, a doctor of medicine, or a specialist doctor of medicine, advises patients regarding their health condition and, if necessary, gives instructions for providing first aid at the site of medical urgency until the arrival of the urgent field team;
4. Cares for patients according to modern professional medical doctrines and degree of urgency by performing a medical examination, conducting available diagnostics and applying therapeutic measures in accordance with the established working diagnosis, referring patients for further indicated treatment and possible urgent medical transport to a stationary health institution for definitive care, with prior notification of that stationary health institution about the arrival of a life-threatened patient;
5. A doctor of medicine, or a specialist doctor of medicine, gives medical advice to patients regarding their health condition at the place of health service provision;
6. Transfers and transports life-threatened, independently hard-to-move and immobile patients to the sanitary vehicle and to health institutions at the secondary, or tertiary level of health care for definitive care;

Participates in providing health care in mass accidents, natural disasters, epidemics/pandemics and emergency situations by engaging additional urgent field teams, additional sanitary transport teams and, if necessary, other employees in the institute's services;

8. cooperates with health institutions from the Plan of the Network of Health Institutions, territorially competent bodies of the ministry responsible for internal affairs, the ministry responsible for defense affairs, the territorially competent headquarters for emergency situations, operational units for protection and rescue and other bodies and services;
9. performs sanitary transport of patients by transferring, transporting and handing over patients for further care to health institutions of the secondary, or tertiary level of health care on and outside the city's territory, to the final medical location (dialysis centers, hyperbaric chamber, rehabilitation centers), as well as upon discharge to the patient's place of residence, or stay in accordance with the law;
10. performs sanitary transport approved based on the assessment by the Republic Fund for Health Insurance, based on international agreements, the Budget Fund of the Ministry of Health of the Republic of Serbia, or at the patient's request in the country or abroad;
11. monitors the prescribed mandatory indicators of the quality of primary health care work for emergency medical assistance on a daily basis and takes measures for their improvement;
12. monitors and analyzes measures for implementing emergency medical assistance within its territorial jurisdiction and reports to competent institutions;

13. sanitary securing of public gatherings and events, in accordance with regulations governing the areas of public gathering and public health;
 14. entry of data into medical documentation, in accordance with the law governing health documentation and records in the field of health;
 15. educates in the field of prehospital urgent medicine health workers in the institute and outside it and conducts first aid training for non-medical staff employed in the institute and outside it.
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Article 5

Directing calls for providing emergency medical assistance and notifying about events that may indicate the need for providing emergency medical assistance is done by calling the single number for emergency services in the institute for the territory from which the call is made.

When calling the single telephone number, the connection is established with health workers who perform the tasks of receiving and processing calls.

During the conversation with the caller, the following data are necessary:

1. when it comes to first-priority calls, it is necessary to first take only the address and municipality, as well as the caller's phone number;
 2. after forwarding the first-degree urgency call as well as for second and third-degree urgency calls, take the following data:
 - if the data is available, take the name, surname of the patient and years of life;
 - the patient's main complaints, if the patient is conscious and can describe the complaints, or data on the patient's condition, obtained from another caller;
 - name and surname of the caller, contact phone and data on whether the call is made from a public place;
 - patient's address, or as precise data as possible where the medical urgency is located.
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Article 6

Reception and processing of calls is performed by a health worker with at least three years of work experience in the activity of emergency medical assistance, and based on classification according to the degree of urgency, performs urgency assessment of the call which determines the order of sending urgent medical teams.

The doctor of medicine, or specialist doctor of medicine, independently and professionally assesses the justification and decides on the need for the team's departure to the site of medical

urgency in accordance with the classification of calls according to the degree of urgency. If necessary, gives medical advice to citizens on their call via the single emergency number.

Responsible for adequate processing and grading of urgency order upon call receipt, from filling in all necessary data about the event site to adequate description of the patient's complaints.

The nurse – technician independently performs reception exclusively of first-priority calls, as well as reception of calls for sanitary transport that is not urgent but medically justified, and for transport of patients on hemodialysis.

Reception of second-priority calls can only be done upon order of a doctor of medicine, or specialist doctor of medicine, who determines that the call is second-priority urgency.

Processed calls are immediately forwarded for further processing.

Received calls in institutes are forwarded electronically, or via available communication methods to the health worker for further processing, distribution and realization.

Article 7

Tasks of distribution and realization of calls are performed by health workers with at least three years of work experience in the activity of emergency medical assistance, namely a specialist doctor of medicine and a nurse – technician, who directs the first nearest free urgent field team to the site of medical urgency using available information-communication technologies.

Upon receipt of information from the field team, notifies the nearest health institution of the secondary or tertiary level of health care about the arrival and health condition of life-threatened patients.

The doctor of medicine, or specialist doctor of medicine who leads the tasks of receiving and processing, distribution and realization of calls in each specific case, and depending on the assessment of the degree of urgency of received calls, can change the order of care and decide on which site of medical urgency to send the urgent field team.

After repeated conversation with the caller, can redirect the urgent field team to the site of medical urgency of higher priority or cancel/postpone the sending of the urgent medical team if there has been an improvement in the patient's health condition.

Also, coordinates the work and movement of urgent field teams using available information-communication technologies.

The nurse – technician with at least three years of experience in emergency medical assistance performs tasks of distribution and forwarding of received calls to urgent field teams, based on the

degree of urgency and time of call receipt, i.e. teams for sanitary transport that is not urgent but medically justified.

Monitors the movement of urgent field teams using a GPS system for monitoring vehicle movement, coordinates and directs teams to the intervention site according to the degree of urgency and monitors the movement of teams throughout the territorial jurisdiction area.

Contacts services whose scope of work includes cooperation with urgent field teams for the purpose of patient care and team member safety, primarily with territorially competent bodies of the ministry responsible for internal affairs, fire-rescue services, the ministry responsible for defense affairs, the territorially competent headquarters for emergency situations, operational units for protection and rescue and other bodies and services.

Article 8

Connection, communication, coordination and monitoring of sanitary vehicle movement is conducted using available information-communication technologies, i.e. GPS system.

Data from the GPS vehicle movement monitoring system are stored in permanent media.

All conversations during processing and call reception are recorded and stored on an appropriate audio carrier, i.e. permanent media.

Access to the mentioned data is held by the institute director, i.e. authorized persons appointed by the director.

Article 9

Urgency orders of patient calls can be:

1. **First urgency order** – represents calls of patients who are life-threatened and who require urgent medical assistance, and for first-order urgency intervention, the first free team departs without delay, immediately upon call receipt.

In case all teams are on call realization, the doctor of medicine, or specialist doctor of medicine who works on leading processing, receiving, distribution and realization of calls can contact the caller to gain closer insight into the patient's current condition and provide advice for necessary assistance until the arrival of a free team.

At the same time, the health worker who forwards calls to teams contacts the team closest to the medical urgency location to gain insight into what time period the team will be free to head to the medical urgency site.

2. **Second urgency order** – calls of patients whose symptoms indicate a health disorder that can lead to endangering the patient's life, as well as patients suffering from chronic diseases and complaining of acute worsening of complaints related to the underlying disease, and for second-order urgency intervention the team should depart timely in accordance with the assessment of the patient's current condition and depending on the number of available teams.

If multiple second-order urgency calls are waiting for realization, the doctor of medicine, or specialist doctor of medicine who leads the tasks of receiving, processing, distribution and realization of calls, informs about the patient's current condition and accordingly determines the call priority, presents to the caller the expected waiting time until the team's arrival and gives advice in the specific case.

3. **Third urgency order** – calls of patients whose symptoms and signs indicate that currently no engagement of an urgent emergency team is needed. The doctor of medicine, or specialist doctor of medicine who works on receiving and processing calls, when assessing that engagement of an urgent team is not necessary, gives the caller appropriate medical instructions and advice, i.e. directs the patient to the chosen doctor. Also, gives instruction to contact again in case of worsening of complaints or appearance of new ones.

Article 10

Every urgency order can be changed to a higher urgency order upon order of a doctor of medicine, or specialist doctor of medicine who leads receiving, processing, distribution and realization of calls to teams.

Article 11

Urgent medical assistance in the institute's outpatient clinic is provided as follows:

The doctor of medicine, or specialist doctor of medicine:

1. performs assessment of patient urgency order and in accordance with that provides urgent medical assistance to adults and children;
2. performs medical examinations of adults and children in urgent medical assistance outpatient clinics;

3. provides urgent medical assistance to the ill, injured and wounded;
4. leads the entire team work, from receiving the order for urgent medical intervention, or urgent sanitary transport from the institute's outpatient clinic, to definitive patient care and is responsible for its work;
5. cares for patients in accordance with professional medical doctrines and during care applies all available diagnostic measures (if possible, applies ultrasound, i.e. laboratory diagnostics) as well as therapeutic measures in accordance with the established working diagnosis;
6. performs medical observation and monitoring of the patient's health condition for the purpose of possibly needed additional diagnostic procedures until stabilization of the current health condition of the patient or making a decision on urgent transport to the nearest health institution of secondary or tertiary level of health care with a sanitary vehicle;
7. after performed examination, if the patient is lightly injured or suffers from a chronic disease and provided necessary medical assistance, can give proposal on further treatment and need to report to the chosen doctor or give referral for stationary treatment;
8. in all cases when it is not possible to definitively care for the patient in the urgent assistance outpatient clinic, after provided necessary medical assistance, the patient is referred with a sanitary vehicle and transported, i.e. calls the team for sanitary transport, to the nearest health institution of secondary or tertiary level of health care, which is capable of further patient care;
9. applies cardiopulmonary resuscitation measures and successfully resuscitated patient refers with urgent sanitary transport with monitoring of vital functions and monitoring to the resuscitation room, with announcement of arrival. In case of unsuccessful resuscitation (death), calls the ministry responsible for internal affairs and coroner;
10. activates urgent sanitary transport for patient with ECG-verified STEMI infarction directly to the catheterization room with supervision of vital functions, with announcement of patient arrival from the doctor of medicine or specialist doctor of medicine who leads receiving, distribution and realization of calls;
11. acts according to established protocol in case of mass accident;
12. entry of data into medical documentation in accordance with the law;
13. responsible for rational disposal of medicines, infusion solutions, sanitary material, for professional handling and storage of medical equipment, with which it is charged, as well as their prescribed handover or disposal after completed work;
14. properly disposes of medical waste in accordance with regulations and controls the procedure for disposing of medical waste in the prescribed manner;
15. continuously educates. Conducts training for newly admitted or reassigned doctors in accordance with the general act on the manner of organizing training.

The nurse – technician in the outpatient clinic:

1. participates in the application of diagnostic-therapeutic measures and patient care upon order of a doctor of medicine, or specialist doctor of medicine, responsible for

completeness and correctness of medical equipment in the outpatient clinic which checks at the beginning of the work shift;

2. acts according to established protocol in case of mass accident or emergencies;
 3. assists in examination and in team with doctor provides urgent medical assistance, participates in care and resuscitation of life-threatened patients;
 4. prepares workspace, medicines, medical means and medical equipment for work in the outpatient clinic, responsible for completeness, correctness and hygiene of the same;
 5. at the beginning/end of shift performs handover of medical means, equipment and medicines;
 6. responsible for accurate, correct and up-to-date keeping of medical documentation;
 7. performs timely requisition of necessary material for continuous work process;
 8. properly disposes of medical waste in accordance with regulations and controls disposal of medical waste in the prescribed manner;
 9. continuously educates. Conducts training program for newly admitted or reassigned nurses/technicians, in accordance with the general act on the manner of organizing training.
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Article 12

Urgent sanitary transport team performs transfer and transport of life-threatened, seriously ill and injured patients from the medical urgency site to the health institution of secondary and tertiary level of health care and from one health institution to another health institution.

Article 13

The team for sanitary transport that is not urgent but medically justified consists of a nurse – technician and a sanitary vehicle driver.

The nurse – technician leads and coordinates the team's work and is responsible for its work.

Performs interventions according to schedule and priority received via radio communication system from the health worker who performs distribution and realization of calls, to whom obligatorily after each completed intervention reports via the same way that the call is performed.

The team for sanitary transport that is not urgent but medically justified educates according to the institute's education programs, renews and improves knowledge and skills with trainings at least once a year.

Article 14

Standby team/s is formed and activated in case of mass accidents, epidemics/pandemics, natural disasters, technical and technological accidents, emergencies, war and emergency states.

Article 15

Health workers employed in the unit for professional development and informatics with statistics perform tasks on renewing and improving knowledge and skills, performing:

1. planning, development and accreditation of continuous medical education programs in the field of prehospital urgent medicine in accordance with modern professional medical doctrines;
2. organization and realization of accredited programs for health workers in the Institute and outside it;
3. conducting education of non-medical cadres employed in the institute and outside it;
4. conducting training for newly admitted doctors of medicine, nurses – technicians and drivers, as well as doctors of medicine on internship in accordance with legal regulations;
5. organizing and conducting regular monthly trainings for the purpose of renewing and improving practical skills for employees who perform tasks of providing emergency medical assistance;
6. monitoring prescribed mandatory indicators of primary health care quality for emergency medical assistance on daily, periodic and annual levels;
7. developing guidelines in the field of prehospital urgent medicine;
8. processing statistical data collected from medical reports on performed interventions in the field and institute outpatient clinics, preparing monthly and periodic tables and graphs with data on the work of emergency medical assistance teams, as well as daily and monthly reports on the institute's work; collecting relevant data for preparing annual and periodic reports and work plans of the institute.

All employees on tasks of providing emergency medical assistance before starting work complete the education program in the field of prehospital urgent medicine adopted and implemented by the institute and must renew and improve their knowledge and skills at least once a year and through monthly trainings.

HEALTH CENTER

Article 16

Provision of emergency medical assistance in the health center in the period from 7 to 19 hours is provided as follows:

1. health centers, which as an organizational unit have an emergency medical assistance service, in relation to staffing form one, or two urgent field teams consisting of a doctor of medicine or specialist doctor of medicine, nurse – technician and sanitary vehicle driver; in addition to the above, for processing, receiving and realizing calls from existing staff, one more nurse – technician with at least one year of work experience in health activity of emergency medical assistance is provided;
2. health centers, which do not have an emergency medical assistance service as an organizational unit but another organizational form within some other organizational unit, provide one urgent field team consisting of a doctor of medicine or specialist doctor of medicine, nurse – technician and sanitary vehicle driver; in addition to the above, for processing, receiving and realizing calls from existing staff, one more nurse – technician with at least one year of work experience in health activity of emergency medical assistance is provided;
3. health centers that provide health activity of emergency medical assistance through regular work, within shift work or in the form of on-call from existing staff provide one urgent field team consisting of a doctor of medicine or specialist doctor of medicine, nurse – technician and sanitary vehicle driver; in addition to the above, for processing, receiving and realizing calls from existing staff, one more nurse, health technician with at least one year of work experience in health activity of emergency medical assistance is provided.

Article 17

Provision of emergency medical assistance in the health center in the period from 19 to 7 hours, in addition to the organization of work and staff, determined by Article 12 of this Rulebook, from existing staff each health center provides one more team on standby, consisting of a doctor of medicine or specialist doctor of medicine, nurse - technician and sanitary vehicle driver, as well as one more nurse - technician with at least one year of work experience in health activity of emergency medical assistance, for processing, receiving and realizing calls.

Article 18

The health center performs the health activity of emergency medical assistance in the following manner:

1. performs processing and receiving of citizens' calls, determining the degree of urgency in order to determine priorities for sending urgent field teams, forwarding the received call from employees on processing and receiving calls;

2. based on the degree of urgency and time of call receipt, sending field emergency teams to the medical urgency site, monitoring movement and work of field teams using available information-communication technologies;
3. giving medical advice to patients regarding their health condition from a doctor of medicine, or specialist doctor of medicine by telephone, as well as advice for providing first aid at the medical urgency site until the arrival of the field team;
4. by performing examination, conducting available diagnostics, treatment, referring patients for further needed treatment and possible urgent medical transport to a stationary health institution for definitive care with prior notification of that stationary health institution if it is about bringing a life-threatened patient;
5. giving medical advice to patients regarding their health condition at the place of health service provision;
6. transferring life-threatened and immobile patients to the sanitary vehicle and transporting patient/patients to health institutions at the secondary, or tertiary level of health care for definitive care;
7. monitoring and analyzing the implementation of emergency medical assistance within its territorial jurisdiction and reporting to competent institutions;
8. participating in providing health care in case of mass accidents, epidemics/pandemics, natural disasters, technical and technological accidents, emergencies;
9. cooperating with health institutions from the Plan of the Network of Health Institutions, the ministry responsible for health affairs, territorially competent bodies of the ministry responsible for internal affairs, the ministry responsible for defense affairs, the territorially competent headquarters for emergency situations, operational units for protection and rescue and other bodies and services;
10. establishing additional field teams, additional sanitary transport teams and if necessary other health workers in the health center in case of mass accidents, natural disasters, epidemics/pandemics and emergencies;
11. performing sanitary transport of patients; performing patient transfer and patient transport to health institutions of secondary, or tertiary level of health care and upon discharge to the patient's place of residence, or stay in accordance with the law;
12. performing pre-requested transport in the country or abroad;
13. transporting patients to hemodialysis;
14. sanitary securing of public gatherings and events, in accordance with regulations governing the areas of public gathering and public health;
15. entry of data into medical documentation in accordance with the law.

Article 19

Directing calls for providing emergency medical assistance and notifying about events that may indicate the need for providing emergency medical assistance is done by calling the single emergency number or fixed telephony numbers in the health center, for the territory for which the call is made.

When calling telephone numbers, the connection is established with employees who perform call processing and receiving tasks.

During the conversation with the caller, the following data are necessary:

1. name, surname of the patient and years of life;
2. patient's main complaints, if the patient is conscious and can describe the complaints, or data on the patient's condition, obtained from another caller;
3. name and surname of the caller, contact phone and data on whether the call is made from a public place;
4. patient's address, or as precise data as possible where the medical urgency is located;
5. exception are first-priority calls, where it is necessary to first take only the address and municipality, as well as the caller's phone number.

Article 20

Reception, processing and realization of calls is performed by a health worker, with at least one year of work experience in emergency medical assistance activity.

Upon received call, an urgent field team is sent to the medical urgency site.

Upon receipt of information from the field team, the nearest health institution of secondary or tertiary level of health care is notified about the arrival and health condition of life-threatened patients.

The doctor of medicine, or specialist doctor of medicine leads the tasks of call processing, receiving and realization in each specific case, and depending on the assessment of the degree of urgency of received calls, can change the order of care and decide on which medical urgency site to send the field team.

After repeated conversation with the caller, can redirect the field team to the medical urgency site of higher priority or cancel sending of the field medical team if there has been an improvement in the patient's health condition and performs coordination of work and movement of field teams using available information-communication technologies.

Health worker, nurse - technician, with completed higher or secondary school education performs tasks of forwarding calls to field teams based on degree of urgency and time of call receipt, i.e. teams for sanitary transport that is not urgent but medically justified; monitors movement of field teams using available information-communication technologies and communicates with services of the ministry responsible for internal affairs and other bodies and organizations; performs reception of calls for sanitary transport that is not urgent but medically justified and upon order of a doctor of medicine, or specialist doctor of medicine receives second-priority calls, and independently exclusively first-priority calls, as well as reception of calls for transport of patients on hemodialysis.

Article 21

Urgent field team for providing emergency medical assistance at the medical urgency site:

1. doctor of medicine, or specialist doctor of medicine leads the team's work;
2. provides urgent medical assistance at the medical urgency site and during sanitary transport of the patient who requires medical escort;
3. performs sanitary transport of life-threatened patients between two health institutions, if the health institution at secondary or tertiary level of health care is not able to provide transport;
4. nurse - technician in the urgent team participates in applying diagnostic-therapeutic measures and patient care upon order of a doctor of medicine, or specialist doctor of medicine, responsible for completeness and correctness of medical equipment in the sanitary vehicle which checks at the beginning of the shift;
5. sanitary vehicle driver who participates in the team's work, in transferring and transporting the patient, semi-annually attends basic life support training for team field work, in accordance with regulations governing the first aid area;
6. during care applies all available diagnostic-therapeutic measures, in accordance with professional medical doctrines;
7. after setting working diagnosis and applied therapy at the medical urgency site can perform short-term medical monitoring of the patient for possibly needed additional diagnostic procedures until stabilization of the current health condition of the patient or making decision on urgent transport to the nearest health institution of secondary or tertiary level of health care;
8. after performed examination, if the patient does not require urgent care or referral and transport to health institution of secondary and tertiary level of health care, after provided necessary medical assistance, the doctor of medicine, or specialist doctor of medicine in the field team can give proposal on further treatment and need for reporting to the chosen doctor or give referral for stationary treatment;
9. in case it is not possible to care for the patient at the medical urgency site, the doctor in the field team, after provided necessary medical assistance, refers and sends the patient with a sanitary vehicle, with monitoring of vital functions and monitoring to the nearest health institution of primary, secondary or tertiary level of health care, which is capable of further patient care;
10. applies cardiopulmonary resuscitation measures and successfully resuscitated patient transports with monitoring of vital functions and monitoring to the nearest health institution of secondary or tertiary level of health care, which is capable of further patient care, with announcement of patient arrival from the health worker who works on realization of calls;
11. participates in work of rescue teams in case of mass accidents or natural disasters according to valid protocol;
12. entry of data into medical documentation in accordance with the law;

13. medical nurse - technician in the sanitary vehicle is responsible for completeness and correctness of medical equipment in the vehicle and their proper disposal at the end of the shift, as well as proper classification and disposal of medical waste.

When it comes to first urgency order, in the period 7-19 hours the urgent field team from the health center departs to the field immediately upon call receipt, and the nurse, health technician calls the doctor of medicine, or specialist doctor of medicine and nurse - technician from regular work who remain and medically care for patients in the urgent medical assistance premises, until the return of the urgent field team.

When it comes to first urgency order, in the period 19-7 hours the urgent field team from the health center departs to the field without delay, and the nurse - technician calls the standby team to come to the health center, which remains and medically cares for patients in the urgent medical assistance premises, until the return of the urgent field team.

In the period from calling the standby team and its arrival to the urgent medical assistance premises, and in case of patient arrival to the urgent medical assistance premises, the nurse - technician conducts necessary diagnostic and therapeutic measures for the patient, with prior consultation and orders from the doctor of medicine, doctor of medicine specialist of the urgent field team given via available information-communication technologies.

When it comes to second urgency order, in the period 19-7 hours, the standby team is called, and upon its arrival the urgent field team goes out to the field, or without calling the standby team, only upon assessment of the doctor of medicine, or specialist doctor of medicine for the patient sends the nurse - technician and driver to the field to send the patient to the health center with a sanitary vehicle.

Article 22

Urgent medical assistance in the health center outpatient clinic is provided by a doctor of medicine, or specialist doctor of medicine and nurse - technician, with completed appropriate higher, or secondary school and is provided as follows:

1. doctor of medicine, or specialist doctor of medicine determines the patient's urgency degree and according to the urgency degree provides urgent medical assistance to adults and children;
2. during care applies all available diagnostic-therapeutic measures, in accordance with professional medical doctrines;
3. performs medical observation and monitoring of patient's health condition for possibly needed additional diagnostic procedures until stabilization of the current health condition of the patient or making decision on urgent transport to the nearest health institution of secondary or tertiary level of health care with sanitary vehicle;
4. after performed examination, if the patient does not require urgent care or transport to health institution of secondary or tertiary level of health care, after provided necessary

medical assistance, can give proposal on further treatment and need to report to the chosen doctor or give referral for stationary treatment;

5. in all cases when it is not possible to care for the patient in the urgent assistance outpatient clinic, after provided necessary medical assistance, the patient is referred with sanitary vehicle and transported, i.e. calls the team for sanitary transport to the nearest health institution of secondary or tertiary level of health care, which is capable of further care;
6. applies cardiopulmonary resuscitation measures and successfully resuscitated patient transports with monitoring of vital functions to the resuscitation room, with announcement of arrival;
7. if possible applies ultrasound, i.e. laboratory diagnostics;
8. acts according to established protocol in case of mass accident;
9. entry of data into medical documentation.

Article 23

Urgent sanitary transport is performed by urgent field team.

The team for sanitary transport that is not urgent but medically justified consists of a nurse - technician, i.e. other health worker with completed appropriate higher, or secondary school of health profession and sanitary vehicle driver.

The team for sanitary transport that is not urgent but medically justified performs transfer and transport of patients who are not life-threatened, i.e. when it is not necessary to determine therapeutic or diagnostic procedures, which are as such under the jurisdiction of a doctor of medicine, or specialist doctor of medicine.

The health center team that performs urgent sanitary transport, i.e. the team that performs sanitary transport that is not urgent but medically justified, immediately upon handing over the patient to the receiving triage service of the health institution of secondary, or tertiary level of health care returns to the health center, and in case no admission is performed and if sanitary transport is needed, which is no longer urgent, the health institution of secondary, or tertiary level of health care notifies the health center or if sanitary transport is not necessary notifies the patient's family.

Sanitary transport from the health institution of secondary, or tertiary level of health care to the place of residence, or stay is conducted when the health center is able to perform this type of transport and within a period that is not longer than 24 hours.

Sanitary transport from the address of residence, or stay in accordance with the law, to the health institution of secondary and tertiary level of health care and back (when conditions exist regarding availability of sanitary vehicle and needed staff), as well as between two health institutions upon referral and order of a doctor of medicine, or specialist doctor of medicine of the health institution that refers and gives order for sanitary transport of the health center.

Sanitary transport can be performed upon request of the ministry responsible for health affairs, ministry responsible for internal affairs, ministry responsible for justice affairs, Republic Fund for Health Insurance, Republic Fund for Pension and Disability Insurance and social protection institution.

Sanitary transport of patient from residence address, or stay to another health institution of secondary and tertiary level of health care is priority compared to transport of patient from health institution to place of residence.

When performing sanitary transport of persons from social protection institutions to health institution of secondary or tertiary level of health care with them in escort goes a worker of that institution, as well as during patient's return.

When performing sanitary transport of persons for whom there is suspicion of change in mental state of the patient, with the patient goes a worker of the ministry responsible for internal affairs.

In case of sanitary transport from one health institution to another health institution, the call from the health institution that refers the patient is made and received via the single number for emergency services and via email, and upon call receipt, data on name and surname of doctor of medicine, or specialist doctor of medicine in the other health institution with which the reception is agreed is needed.

When performing sanitary transport of minor patients up to 18 years in escort goes parent, or legal representative of the child or adult person from the institution where the child is located.

Exceptionally, sanitary vehicle transport service, which is not urgent, can be provided outside the sanitary transport team, i.e. without presence of nurse - technician i.e. only with sanitary vehicle driver, from place of residence, or stay to health center, only in case of order and assessment of doctor of medicine, or specialist doctor of medicine that there is no need for any form of medical care during transport; upon patient discharge from primary, secondary and tertiary level health institution to place of residence, or stay, in case of transport of patients to dialysis, hyperbaric chamber, when referring to consultative examinations, referring to stationary rehabilitation in health institutions specialized for rehabilitation of commission assessments of Republic Fund for Health Insurance and Fund for Pension and Disability Insurance.

The health center team that performs urgent sanitary transport, or the team that performs sanitary transport that is not urgent but medically justified, immediately upon handing over the patient to the receiving triage service of the health institution of secondary, or tertiary level of health care returns to the health center, and in case no admission is performed and if sanitary transport is needed, which is no longer urgent, the health institution of secondary, or tertiary level of health care notifies the health center or if sanitary transport is not necessary notifies the patient's family.

Sanitary transport from the health institution of secondary, or tertiary level of health care to the place of residence, or stay is conducted when the health center is able to perform this type of transport and within a period that is not longer than 24 hours.

Article 24

Organizers of public events and other forms of gatherings, or territorially competent authority, and considering the expected number of visitors or purpose of gathering can send request to the institute, or health center for presence of one or more urgent emergency medical assistance teams or sanitary transport teams of the institute, or health center.

Article 25

Health worker who works on distribution and realization of calls notifies official persons of the ministry responsible for internal affairs to go out to the medical urgency site in the following situations:

1. deaths, when the patient is found without signs of life alone in residential facility, yard or surroundings of residential facility when there is suspicion that death did not occur naturally; when the person died in public place or in institute outpatient clinics; when it comes to reported murder or suicide when;
 2. traffic accidents; fires, accidental injuries in public place;
 3. when aggression is present, i.e. when there is danger to safety of health workers, and that: in case of murder attempt, suicide attempt, expression of aggression towards self and others, expression of caller's aggression or persons near the patient who needs medical assistance or suspicion that the same will be aggressive; reporting violence or violence attempt or suspicion of committed violence; reporting fight in public place, in residential facility, yard or surroundings of residential facility; suspicion that care and assistance was denied to the ill.
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Article 26

Connection, monitoring and communication is conducted using available information-communication technologies.

Article 27

All conversations during processing and call reception are recorded and stored on appropriate audio carrier, i.e. permanent media.

Data from the vehicle movement monitoring system are stored in permanent media.

Article 28

Medical documentation and records in the activity of emergency medical assistance are kept in accordance with the law governing health documentation and records in the field of health and by-laws for implementing this law.

Article 29

For the needs of providing health care in cases of emergency situations, mass accidents, natural disasters and epidemics/pandemics, the institute, or health center are organized in accordance with regulations, which regulate emergency situations, mass accidents, natural disasters, and epidemics/pandemics.

Article 30

Organizers of public events and other forms of gatherings, or territorially competent authority, and considering the expected number of visitors or purpose of gathering can send request to the institute, or health center for presence of one or more urgent emergency medical assistance teams or sanitary transport teams of the institute, or health center.

Article 31

On areas where due to transit and/or tourist stay the number of persons is increased, as well as presence of large number of students and pupils in university centers, an increased number of urgent teams for providing emergency medical assistance provided by the rulebook can be organized, in accordance with the law and special agreement with the local self-government unit.

TRANSITIONAL AND FINAL PROVISION

Article 32

Until the establishment of a single number for all emergency services in the institute and health center for the territory for which the call is made from Article 5 paragraph 1 of this Rulebook, directing calls for providing emergency medical assistance will be done by calling already existing telephone lines of emergency medical assistance services.

Article 33

This Rulebook enters into force on the eighth day from the day of publication in the "Official Gazette of the Republic of Serbia".

No. 110-00-00184/2025-05
In Belgrade, September 10, 2025.

Minister,
Dr. Zlatibor Lončar, s.r.