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**Ewa Maria WŁODYKA, PhD**
Koszalin University of Technology, Poland
e.wlodyka@gmail.com

# THE LOCAL GOVERNMENT UNITS ALONG THE COASTAL STRIP OF THE REPUBLIC OF POLAND: IMPLEMENTATION POLICY REGARDING THEIR AUTONOMOUS TASKS IN THE FIELD OF HEALTHCARE. SELECTED SEASONAL SAFETY ISSUES

**ABSTRACT:** *The study assesses the challenges of health care and emergency medical services in tourist areas such as the Baltic coastal strip, focusing on public administration and citizen safety. The study analysed local government at the level of municipalities (in the Mielno municipality), counties (Koszalin county) and provinces (Zachodniopomorskie voivodeship), looking at health care and emergency medical services based on their geographical and social differences. The study asked whether these differences between the three levels of local government in Poland are due to their specific roles in the area and whether seasonal changes affect their increased commitment to tasks. It explored which aspects of health care present the greatest challenges in this context. The study has a national dimension. Methodology adapted to public administration research, using a comparative method, descriptive analysis and document analysis. The process took place in three stages: formulation of the research hypothesis (H1 = Polish coastal municipalities face additional safety and health tasks), selection of research tools, data collection and organisation, and operationalisation of data. The study confirmed the hypothesis, confirming that local governments in coastal areas take on additional safety and health responsibilities in Poland. The results of the study confirm hypothesis H1 at the level of Polish municipalities, indicating significant challenges in these areas. However, in the West Pomeranian Voivodeship and Koszalin County, these relationships are relatively less pronounced compared to the country. The thorough approach and methodology of the study confirm the increased responsibility of coastal municipalities in terms of health care and safety measures, shedding light on the complexity encountered in these regions.*

**KEYWORDS:** zachodniopomorskie province; health care; local government; security.

## 1. Introduction

Life and health are considered the most valued assets. Ensuring the safety of citizens simultaneously represents a fundamental and constitutionally guaranteed duty of the state, constituting one of its basic functions. In ensuring citizens' safety, public administration is obliged to develop systemic solutions suitable for various types of threats. The legal regimes governing medical research without prior consent in the United States, Canada, the European Union and the United Kingdom differ in ways that may affect the design and implementation of research (Ross C.E. at al., 2024: 1). Similarly, different approaches are presented by the various differing health legal regimes. Within the European Union, the specific role of the protection of life

and health is already emphasised at the level of the founding treaties, in article no. 168: A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities (Consolidated Version of the Treaty on European Union, 2008). The Constitution of the Republic of Poland, in Article 68, guarantees that the state provides medical assistance in situations of sudden health threats. The state employs various bodies of public administration (including local government), special services, fire brigade, police, inspections, rescue services, humanitarian organizations, the military, and civil defense to fulfill this task. Tasks related to ensuring safety, including rescue actions, are carried out by specialized rescue forces, which fall under multiple ministries, administration bodies at different levels, institutions, and associations, depending on the nature of the threat. Oversight of the system nationwide is conducted by the minister responsible for health affairs, while at the voivodeship level, it's the voivode, whose responsibility also includes planning, organizing, and coordinating the system according to Article 19 (Act of September 8, 2006, on State Emergency Medical Services, Official Journal 2022.0.1720). These rescue forces within the public sector include fire brigades, emergency medical services, specialized chemical and technical rescue forces, maritime rescue, railway and aviation rescue forces, as well as energy, gas, and water emergency services. Given the geographic specificity, Tatra Volunteer Search and Rescue, Mountain Volunteer Search and Rescue, and Water Volunteer Search and Rescue are crucial rescue forces. The role of public administration bodies is to supervise and coordinate rescue operations within their competencies.

Hence, healthcare, including emergency medical services, also plays a significant role in locally and regionally implementing the aforementioned tasks for local government units and representative bodies of governmental administration at the regional and local levels. In Poland, local government is structurally based on three levels of local government (municipality: „gmina" and country: „powiat") and regional government (self-governing voivodeship: „województwo samorządowe"). Each of them is an element of decentralised public administration, independent of each other - however, they should complement each other and form a complete administrative structure. Territorial health authorities at each of the three levels of local government administration (municipality, county, voivodeship) are responsible for tasks related to health, including ensuring the adequacy of healthcare services and infrastructure, promoting health, and preventing diseases. Additionally, voivodeship self-governments are responsible for healthcare strategy and planning, while voivodes are in charge of emergency medical services in their regions. Providing healthcare and effective emergency actions aim to prevent diseases, provide aid in emergencies, and minimize health risks, allowing residents to feel safer and access necessary medical care.

The emergency medical services system consists of two main elements. The first involves government administration bodies responsible for executing system tasks, with the Minister of Health and voivodes

playing a crucial role. Their responsibilities include organizing, planning, coordinating, and supervising the implementation of emergency medical services system tasks. Additionally, partial funding of system units also rests on them. The second element comprises teams of units collaborating within the emergency medical services system. This includes hospital emergency departments and emergency medical teams, including airborne emergency medical teams. Cooperation among these units is essential for the effective and efficient execution of rescue operations and providing medical aid to individuals facing sudden health threats.

Rescue operations are also carried out within the Crisis Management System, a multilevel system linked to the country's administrative system. It consists of national, ministerial, voivodeship, county, and municipal levels. The decision-making body[1] at the local government level includes the voivode, county governor, mayor, or city president. This decision-making body, based on laws or regulations, possesses decision-making powers concerning subordinate entities executing crisis management tasks. As this work focuses on the perspective of local government roles, the systemic analysis here concentrates on the participation of local government units without discussing the detailed crisis management system in Poland.

The specificity of coastal tourist municipalities involves a fluctuation of individuals residing in a relatively small area. This concerns approximately five hundred kilometers of coastline, with the administrative area of the West Pomeranian Voivodeship encompassing 185 km. Temporary stays entail numerous challenges related to health safety and, primarily, emergency medical services that local government units (LGUs) must confront. The study's subject is a segment of the above issue, specifically, the practice of implementing emergency medical services by selected LGUs at all three levels.

Main Research Hypothesis (H1) regarding the specific nature of tasks undertaken by Local Government Units (LGUs) in healthcare based on their geographic location relies on the socio-geographic diversity among different local government entities in Poland. This diversity is influenced by their geographic placement and socio-economic cross-section. The financial situation of various LGUs in the country varies and depends on numerous factors, including tourism, one of the fastest-growing sectors in the global economy. It's evident that tourist regions are more developed and affluent, directly impacting the quality of life for local communities. However, this also generates temporally specific implications linked

[1] At each level of the system, starting from the national and ending at the municipal level, there are: decision-making (deciding), advisory, and staff organs. See also the broader perspective on the role of rescue systems: Falecki, p. 330 et seq. In Poland, a system called the State Emergency Medical Services (SEMS) was established to provide medical assistance to individuals in a state of immediate health threat. According to Article 33, paragraph 1, point 3 of the Act of September 4, 1997, on the structure of government administration (Journal of Laws of 2019, item 945), the Minister of Health is responsible for the organization and supervision of the SEMS system. The first law regulating SEMS was passed by the Polish Sejm on July 25, 2001. However, this law lost its validity on December 31, 2006, and was replaced by the Act of September 8, 2006, on State Emergency Medical Services. The provisions regulating the organization of the SEMS system, as well as the principles of its operation and financing, have undergone multiple amendments. The latest significant organizational changes aimed at improving the functioning of the entire emergency medical services system were introduced by the Act of May 10, 2018, amending the Act on State Emergency Medical Services and certain other acts (Journal of Laws of 2018, item 1115).

to a significant increase in the autonomous tasks of LGUs and challenges, notably in the realm of emergency medical services.

The aim of this study is to validate the aforementioned research hypothesis (H1). The focus is on local government units to comprehensively examine them across three levels: the urban-rural commune[1] of Mielno, the Koszalin county, and the West Pomeranian voivodeship. In this study, appropriate research techniques and tools were applied, tailored to the subject and nature of public administration research. To verify the research thesis, the following research methods and techniques were employed, aligning with political and administrative sciences: the comparative method, descriptive method, and document analysis. The chosen research methodology facilitated a positive verification of the research thesis. The research procedure comprised three stages. The first involved formulating the research hypothesis (H1) and selecting suitable research tools and methods. The second stage encompassed data collection and organization. Within the third stage, data operationalization was conducted. This involved confirming or refuting the research hypothesis by aligning the characteristics of tasks arising from the geographic specificity of the local government unit with the institutional catalog of its autonomous tasks.

## 2. Emergency Medical Services and Healthcare as Local Government's Autonomous Task

Since the inception of territorial self-government, the concept has evolved, and various theories, concepts, and models present diverse interpretations of the definition of territorial self-government (Karpiuk, 2008, p.8). However, these definitions share common traits, such as self-governance, a wide range of autonomous tasks, and the thematic diversity of these tasks. Specifically, the so-called "local government laws" (The Act of March 8, 1990, on Communal Self-Government, Journal of Laws 1990, No. 16, item 95; The Act of June 5, 1998, on County Self-Government, Journal of Laws 1998, No. 91, item 578; The Act of June 5, 1998, on Voivodeship Self-Government, Journal of Laws 1998, No. 91, item 576) enumerate the scope of these tasks (an open catalog for municipalities and closed catalogs for other levels of Local Government Units - LGUs).

In the political structure of the Republic of Poland, the tasks of territorial self-government are defined in Article 166 of the Polish Constitution as public tasks serving the needs of the self-government community

[1] It's essential to note that within the territorial self-government system, the legislator does not differentiate between urban and rural municipalities. This division primarily serves statistical and descriptive purposes to illustrate the differences in conditions and resources among units at the municipal level.

(autonomous tasks) and other public tasks (commissioned tasks). LGUs, as an execution of the decentralization of public administration based on the three-tier division of territorial self-government, independently or indirectly perform these tasks. They may do so through communal companies, associations of LGUs, and by commissioning or entrusting other entities with task implementation.

According to the World Health Organization's (WHO) classification, the healthcare system encompasses diverse activities aimed at promoting, restoring, and maintaining individuals' health. It comprises numerous organizations, institutions, and human, material, and non-material resources with tasks in healthcare. A coordinated healthcare system, being a public good, stands as one of the state's primary obligations. The role of territorial self-government in healthcare is additionally emphasized in the fundamental law: according to Article 68 of the Polish Constitution, every person has the right to healthcare. The Minister of Health determines the national health policy, supported in its implementation by institutions such as the National Health Fund, voivodes, local government units, and medical facilities.

The analysis of the functionality of the healthcare system and its effectiveness in a given region relies on factors including the health status of residents, the structure and resources of the healthcare system, and the accessibility of medical personnel. Of particular interest in this realm is the increasing significance of new technologies and artificial intelligence. Internet-based communication, a pivotal aspect driving the fourth industrial revolution, and the utilization of the Internet of Things (IoT) become valuable tools for doctor-patient[1] interaction and performing certain corrective or therapeutic actions, even in the absence of the patient in the office or hospital (Zaydi et al., 2023). This emerging area expands healthcare security, warranting distinct research efforts.

Presently, anticipated legislative amendments (Włodyka, Kaczmarek, 2023) may soon lead to changes despite the existence of separate legal acts dedicated to defense, civil defense, population protection, and emergency services. The tasks related to these areas have been entrusted by the legislator to both governmental and local government administration. These bodies include service managers, inspections, guards, entrepreneurs, and social organizations operating within a given area. However, in practice, designated authorities encompass service managers, inspections, guards, entrepreneurs, and social organizations responsible for emergency services actions within the territory (Sobczak, 2020, pp. 24-25).

[1] Healthcare leverages an approach characterized by preventive and predictive technologies. Medical Internet of Things (IoMT) systems generate vast information flows, necessitating an integrative approach through methodologies derived from computational intelligence. Moreover, the profound implications of artificial intelligence in everyday life, particularly in healthcare, are linked to IoT across various architectures, ranging from local to cloud-based ones, via hybrid configurations based on data-oriented structures that combine edge, fog, and cloud computing processing.

## 3. Healthcare Policy at the Voivodeship Level

Voivodeships are managed in a dualistic manner through governmental and local administration: by the voivode appointed by the central government and the voivodeship marshal elected by the regional council. Consequently, there exists a dual nature of administration in voivodeships: the voivode represents the central government (thus responsible for taxes, military and statistical administration, etc.), while the regional component of the voivodeship administration is responsible for regional strategy, socio-economic development policy, and the functioning of certain regional public services (e.g., secondary education and specialized healthcare services). The legislator assigned crisis management and emergency medical services tasks at the voivodeship level to governmental, not local, administration. Therefore, the following analysis characterizes primarily the governmental administration at the regional level. As per Article 21(1) of the Act on the State Emergency Medical Services (EMS) (Act of September 8, 2006, on State Emergency Medical Services, Journal of Laws 2006, No. 191, item 1410), the EMS operates within a given voivodeship based on the voivodeship action plan, drafted by the voivode and approved by the minister responsible for health matters.[1]

On the other hand, healthcare policy at the local government level is determined based on national healthcare policy. This encompasses emergency medical services (among others regulated by the EMS Act). The latest solutions in this realm have been incorporated into the Act on the Profession of Emergency Medical Technician and the Self-Government of Emergency Medical Technicians (Act of December 1, 2022, on the Profession of Emergency Medical Technician and the Self-Government of Emergency Medical Technicians, Journal of Laws 2022, item 2705).[2] The system operates within a voivodeship based on the aforementioned voivodeship action plan, prepared by the voivode. The voivode is responsible for developing a detailed plan describing the provision of emergency services within the voivodeship. This plan is updated at least once a year, no later than March 30, based on data from the previous year, and then published in the Public Information Bulletin and on the voivodeship office's website.[3] The plan encompasses various aspects

[1] As per Article 32 of the State Emergency Medical Services Act, alongside hospital emergency departments, medical emergency teams, including aerial medical teams, are considered part of the medical institution that is an independent public healthcare facility, a budgetary unit, or a joint-stock company where at least 51% of shares or stocks belong to the State Treasury or a territorial self-government unit.

[2] The introduction of a new law regulating the profession of an emergency medical technician and the self-government of emergency medical technicians is scheduled for the end of 2023. Both the draft law and its provisions have been subject to intensive discussions involving representatives from the emergency medical technician community.

[3] The scope of information contained in the voivodeship action plan is defined in Article 21(3) of the State Emergency Medical Services Act. However, the detailed range of data and the framework template for the plan have been specified in the regulation of the Minister of Health dated November 8, 2018, regarding the voivodeship action plan for the State Emergency Medical Services (Journal of Laws 2018, item 2154). The actions of the voivode regarding the deployment of EMS should aim to maintain adequate access to emergency services.

such as the number and distribution of emergency units within the region, operational areas and zones, as well as the coordination methods among these units (Article 21(3) of the PRM - National Medical Rescue Act). According to Article 32(1) of the PRM Act, the system units include hospital emergency departments, medical rescue teams (including aerial teams). Financing for medical rescue teams, excluding aerial teams, is governed by the regulations established in the Act of August 27, 2004, on healthcare services financed from public funds, provided by the National Health Fund (Article 46 of the PRM Act). In contrast, the activities of aerial medical rescue teams are financially supported through direct subsidies from the national budget, administered by the Minister responsible for health affairs (Article 48(1) of the same Act).

Despite the normative provisions, there are proposals circulating suggesting a potential adverse influence on the existing medical rescue financing system by local governments. However, in practice, the National Health Fund and the voivode allocate financial resources for medical rescue operations, with local government authorities having no direct responsibility for the amount or allocation of funds by the National Health Fund (Local government representatives comment on the Minister's statement about nationalizing emergency medical services: It's highly perilous, 2021).

Another safety threat to the functionality of emergency medical services in the West Pomeranian Voivodeship is the reported employment-related challenges faced by public services, including difficulties in meeting employer's workforce needs. Moreover, medical rescuers have expressed dissatisfaction with working conditions and proposed compensation. A study conducted by the Provincial Labor Office in Szczecin in collaboration with the Health Department of the West Pomeranian Voivodeship indicates that by the end of 2021, the West Pomeranian Voivodeship ranked fifth in the country in terms of the number of medical rescuers per 10,000 inhabitants, with a rate of 5.1. Between 2015 and 2021, the number of medical rescuers in this region increased by 128.3% (State and perspectives of emergency medical services in West Pomerania in the context of the labor market. Report, 2023, p. 6). By the end of 2021, 83 medical rescue teams were operational in the West Pomeranian Voivodeship. This number, 0.5 teams per 10,000 inhabitants, positioned the region in fourth place in the country (PL = 0.42) (ibid., p. 7). Importantly, the statistics did not include the number of individuals temporarily residing in coastal areas for tourism purposes, which often increases the potential number of casualties. Furthermore, the statistics encompassed seasonal emergency medical rescue teams, primarily stationed in tourist destinations for slightly under three months, from the latter half of June until the end of August. Among these, one team operated within the framework of aerial seasonal emergency services in Koszalin. Notably, the West Pomeranian Voivodeship was the national leader in 2020 and 2021 concerning the number of medical interventions at incident scenes performed by emergency medical rescue teams per 1,000 inhabitants (ibid.).

One of the most frequently discussed issues in the public debate regarding healthcare pertains to the shortage of professionals in medical occupations. The findings from the referenced research on the situation of emergency medical personnel in the labor market in the West Pomeranian Voivodeship provide information indicating the risk of potential danger in this domain.[1] Despite the statistically high number of emergency medical personnel per 10,000 inhabitants in the voivodeship, only 43% of surveyed facilities were adequately meeting the staffing needs related to employing emergency medical personnel. One of the strategies for addressing the challenge of recruiting workers in medical professions involves hiring individuals who have already reached retirement age, and also considering the possibility of employing foreigners. However, none of the surveyed facilities were utilizing such solutions. Respondents identified several factors that are expected to pose the greatest threats to meeting the demand for workers in the emergency medical profession in the West Pomeranian Voivodeship in the next five years. The most commonly cited factor was the "excessively high salary expectations" of job candidates (57% of responses). Respondents also highlighted the issue associated with the stereotype of the emergency medical profession, which is perceived as low-paying yet simultaneously very challenging and responsible. Another problem is the lack of significant salary growth in this profession and limited interest in pursuing education within this field. Furthermore, the surveyed emergency medical personnel exhibit a relatively high migratory potential (ibid., p.15). The cited report provides a proposal for a potential partial resolution of these identified threats. Investigated employers shared opinions regarding proposed solutions to address the shortage of individuals willing to work in the emergency medical personnel position (ibid., p.12).[2]

The primary goal of the healthcare policy in the West Pomeranian Voivodeship is to enhance the health state and healthcare safety of its residents.[3] Objective 1.2 outlines the optimization of emergency medical services (Healthcare Policy of the West Pomeranian Voivodeship, 2021, p. 25). The ownership structure of healthcare entities in the West Pomeranian Voivodeship is intricate. The provision of healthcare services

[1] The remaining respondents reported meeting employment needs at a level ranging from 70% to 95%. In the 12 months leading up to the study, 57% of the participating hospitals sought employees for the position of emergency medical technician. This need most frequently arose due to resignations by personnel within the given healthcare facility. Source: ibid.

[2] Primarily (57% of indications), they advocate for: reintroducing education for the emergency medical profession at the vocational school level, improving job safety within the profession, as well as allocating greater funds from both state and local budgets towards salaries (Figure 5). The respondents also highlighted the need for changes regarding the burdens associated with practicing the profession, along with the necessity of efforts to promote it. It's worth noting that, simultaneously, the vast majority of respondents acknowledged that the current standard weekly working hours (37 hours 55 minutes) are optimal (86% of respondents) (ibid., p.12).

[3] The health status, influencing overall life quality, results from various factors, prominently including those linked to lifestyle, encompassing living conditions associated with specific socio-economic statuses. The execution of policies aimed at improving residents' health conditions will thus depend on actions focused not only on enhancing access to healthcare provided by modern and efficient medical institutions equipped with adequate personnel and infrastructure but also on health promotion initiatives and effective implementation of health hazard prevention. The healthcare structure comprises three fundamental forms: inpatient care (hospitals, care and treatment facilities, rehabilitation centers, hospices), outpatient care (primary healthcare, specialized outpatient care), and emergency medical units (hospital emergency departments, medical emergency teams). However, none of these healthcare forms are managed in a cohesive and coordinated manner. [Source: http://eregion.wzp.pl/strategie/polityka-ochrony-zdrowia-wojewodztwa-zachodniopomorskiego, accessed on 1.06.2023.]

involves public units managed at both national and regional levels—provincial, county, and municipal—as well as numerous non-public entities managed by corporations, group practices, and individual professional practices. The variable legal framework for financing emergency medical services further complicates the situation.[1] The multitude of entities constituting healthcare facilities, particularly hospitals, significantly hinders the coordination of their activities within the voivodeship (Healthcare, 2021).[2] During health emergencies, medical assistance was provided by 89 emergency medical teams (including 15 specialized and 7 seasonal basic teams), 2 air medical teams, and 10 hospital emergency wards. The regional government serves as the creator for 13 independent public healthcare institutions, including the provincial emergency medical service (ibid.).

"The Medical Emergency Teams of the Provincial Emergency Medical Service in Szczecin provide assistance across the entire West Pomeranian Voivodeship. Their activities involving the organization of seasonal medical emergency teams represent a significant component of the strategy aimed at caring for the health and safety of residents and visitors frequenting seaside resorts. During the summer months, when the number of individuals in these areas substantially increases, ensuring an adequate level of health protection becomes imperative. Consequently, the demand for medical emergency services in seaside resorts significantly escalates during the summer season (Provincial Emergency Medical Service in Szczecin, 2023). In 2023, similar to previous years, seven localities in the West Pomeranian Voivodeship had additional medical emergency teams prepared to provide medical assistance.[3] This pivotal initiative aims to ensure safety and medical support for municipalities located along the coastal strip.

The noteworthy fact is that the Air Ambulance Service (AAS), during the period under the Supreme Audit Office's review (Functioning of the emergency medical services system. Report on control results, 2020, p.9), ensured continuous readiness of its aerial teams to carry out medical rescue operations. The AAS diligently executed its duties in accordance with the PRM Act provisions, the conditions specified in contracts concluded with the Minister of Health, and the principles derived from regional PRM action plans.

[1] Starting from January 1, 2023, the funding for emergency medical teams is provided by the National Health Fund. This change stems from the revised directive by the President of the National Health Fund (Directive No. 179/2022/DSM of the President of the National Health Fund dated December 30, 2022, amending the directive regarding the determination of conditions for the conclusion and implementation of agreements in the field of emergency medical services). Based on the amended regulations, the funding for emergency medical teams will follow the guidelines and procedures specified in the Healthcare Services Act, through the National Health Fund. These actions have been taken as part of the implementation of Goal 2 of the National Health Fund Strategy for 2019-2023 – Improving the quality and accessibility of healthcare services.

[2] Healthcare in a stationary setting within the region is provided across general and specialized hospitals, along with other healthcare facilities such as psychiatric institutions, care and treatment centers, nursing and care facilities, hospices, health resorts, and stationary rehabilitation facilities. As of December 31, 2019, the West Pomeranian Voivodeship housed 41 general hospitals (excluding MSWiA hospitals), comprising 29 hospitals operating within the Hospital Network in 31 locations, 22 nursing and care/treatment centers, 5 stationary hospices, alongside 12 stationary psychiatric institutions, and 28 long-term care facilities.

[3] The earliest of such seasonal teams commence operations in Świnoujście, maintaining their duty from June 1st to the end of September, as is the case every year. Subsequent seasonal ambulances with medical rescuers will be present in Międzyzdroje, Darłowo, Dziwnów, Ustronie Morskie, Mielenko, and Pobierowo. They will be on duty from June 24th to August 31st (ibid).

The Koszalin AAS base stands out as the only one among the seven ground helipad bases and the sole seasonal base in the country (SAO, p.45).[1] The seasonal nature of emergency medical services in the West Pomeranian Voivodeship is evident in the report from the Regional Director of the Air Ambulance Service 'Zachód,' presented in the Safety and Order Commission for the City of Koszalin and Koszalin County for the year 2021. It outlines the operations of the seasonal Air Ambulance Base in Zegrze, operating only from June 1st to September 5th, 2021, averaging over one mission per day during this period. During this timeframe, the Air Ambulance Service conducted 129 missions, including 44 flights for accidents, 56 for medical emergencies, 17 inter-hospital transports, 10 canceled missions, and 2 missions canceled due to helicopter malfunctions before departure. 96 missions were related to road accidents, and 10 involved beach landings.

Similarly, the Water Volunteer Ambulance Service (WOPR) supports local governments in ensuring safety and health protection in West Pomeranian Voivodeship. The difference lies in WOPR being a non-profit organization established in 1968 to provide assistance and save lives or health on water bodies. It operates eighteen field units with members, rescuers, and instructors. Sixteen mobile intervention groups of water rescuers equipped with motorized rescue equipment, specialized medical gear, and digital wireless communication operate in the voivodeship. The Coordination Center for Water Rescue was established in Szczecin to coordinate the efforts and resources of water rescuers within the voivodeship. Its responsibilities include receiving alarm reports about incidents on water bodies and dispatching resources registered in the Water Safety System (WOPR and other water rescue entities). WOPR WZ supports local governments in water body safety, collaborates with government administrative units, and other entities working toward enhancing safety and environmental protection. This is facilitated through grants obtained from local and primarily regional government administrations within the voivodeship.

## 4. The health policy at the county level

The health policy at the county level extends beyond healthcare responsibilities, mainly encompassing local education at the secondary level, certain social services, and consumer protection. These functions are primarily financed by county self-government budgets and partially by the central budget.

[1] The Air Ambulance Service operates in twenty-one permanent bases where helicopter medical rescue teams are stationed. Each base is equipped with specialized medical transport vehicles meeting the technical and qualitative criteria outlined in the Polish Standards transposing European harmonized standards, as well as the requirements stipulated in the Act of July 3, 2002, Aviation Law (Journal of Laws No. 130 item 1112).

Within the counties, the County Sanitary and Epidemiological Stations operate as territorial administration units. According to the Act of March 14, 1985, on the State Sanitary Inspection, these inspections fall under the jurisdiction of the Minister responsible for health matters. The sanitary and epidemiological inspection is directed by the Chief Sanitary Inspector, serving as a central body of government administration. The Chief Sanitary Inspector performs their duties through the auxiliary apparatus - the Main Sanitary Inspectorate, a central government administrative office whose organization is defined by statute granted by the Minister responsible for health. Therefore, County Sanitary Inspections are budgetary units and healthcare entities financed by the state budget, with their organizational rights held by voivodeships. The activities of the County Station are managed by the State County Sanitary Inspector as a part of the integrated government administration in the voivodeship. The State County Sanitary Inspector carries out specified tasks within the county through the County Sanitary and Epidemiological Station.

As such, the execution of the tasks presented below cannot be classified as an extension of the county self-government's competencies in the field of health care and emergency medical services. There are twenty County Sanitary and Epidemiological Stations in the West Pomeranian Voivodeship, and their cooperation with the local government administration involves legal collaboration with public administration bodies. In practice, some local governments also provide extra support to the county sanitary and epidemiological stations beyond legal requirements: local governments assign their employees to these stations to support them during the summer when there is increased demand for monitoring seasonal gastronomy. However, these solutions are faced with difficulties related to legal regulations. County Sanitary and Epidemiological Stations are subject to government administration, resulting in the absence of clear provisions in Polish law allowing for such forms of support (unlike the widely characterized forms of cooperation, including financial support between local governments in the form of unions and agreements). To enable such actions, local governments usually establish agreements with county sanitary and epidemiological stations that would allow for delegating employees within temporary and extended duties. In this context, local governments remain employers of these employees and are responsible for paying their salaries. Further research indicating the scale and nature of this phenomenon would be necessary. Nonetheless, the support in this category burdens not so much the counties but primarily the municipal self-governments.

Similarly, additional tasks related to the seasonal tourist nature, arising from the geographical location of the Koszalin county, can be categorized. These were outlined by the Inspector of the Office of Safety and Crisis Management (BZK) of the City of Koszalin in the report on the implementation of recommendations from the West Pomeranian Governor regarding the organization of activities for public safety and order during the 2021 vacation period (Report of the President of the City of Koszalin and the Starosta of Koszalin on the activities of the Safety and Order Committee for the City of Koszalin and the Koszalin County for the

year 2021, 2022, p.5). During the holiday period, the institutions in Koszalin such as the Police, Municipal Guard, State Fire Service, Road Transport Inspection, WOPR (Water Volunteer Ambulance Service), State Sanitary Inspection, Sports Facilities Management, cultural institutions, and neighborhood clubs, effectively planned actions and collaboration, including the delegation of additional employees and officers to carry out tasks related to summer leisure. As a result, no cases of children or youths drowning were recorded (ibid).

The Safety and Order Committees are mandatory consultative bodies of the executive authorities of the county self-government in matters concerning public safety and order within the county, including healthcare. These committees are established to fulfill the tasks of the Starosta in supervising county services, inspections, and guards, as well as tasks defined in the laws related to public order and citizen safety according to article 38a of the county government law.[1] The increase in financial and personnel resources for healthcare tasks within the Koszalin county during the summer season, as indicated in the above report, originates from the self-government of the city of Koszalin as a municipality, and its list of own tasks. The joint Safety and Order Committee for the Koszalin municipality, which is simultaneously a city with county rights (still categorized as a unitary municipality), allows for the simultaneous creation, according to the legislator, of a joint mandatory safety and order committee for the neighboring Koszalin county. However, this does not result in increased costs for the county self-government unit.

Hence, the role of the county self-government seems to be limited to coordinating services and inspections within the municipalities falling within the administrative area of the county self-government unit, primarily through territorial administration in the form of county sanitary and epidemiological stations and the creation of a county-wide crime prevention program and citizen safety and public order.

## 5. Healthcare Policy at the Municipality Level

Meeting the collective needs of a community is among the inherent tasks of a municipality, as listed in Article 7 of the Local Government Act. Municipal activities encompass various areas such as public transportation, primary education, social care, and cultural services, listed across more than twenty thematic areas. These tasks, identified as an open catalog in doctrine, imply an association with responsibilities not assigned to the county or regional self-government as the municipality's own tasks. Therefore,

[1] It allows the mayor of a city with county rights and the county governor bordering such a city to create, through an agreement, a joint committee for the city with county rights and the neighboring county. The main tasks of the committee include assessing threats to public order and citizen safety within the county, providing opinions on the work of the Police and other county services, inspections, and guards, as well as organizational units performing tasks related to public order and citizen safety within the county. It also involves preparing a draft county program for crime prevention and public order, and citizen safety.

municipalities, particularly in the domain of local health protection, public order, and citizen safety, bear significant responsibility compared to other local government entities. Most of their tasks are funded from their own budgets.

Certain local governments at the municipal level must consider the geographical specificity that comes with distinctive aspects of their functioning as part of their institutional tasks. These specifics might affect their budget or introduce additional tasks not encountered in other local governments. This occurs, among others, in municipalities where raw material mines are located or in those predominantly focused on tourism, or those within coastal zones. What if such a municipality is both a tourist destination and situated in a coastal area? This unique characteristic applies to the municipality of Mielno. With a population of 4527 residents, this municipality records the presence of over one hundred thousand people during the summer season (Report on the State of the Municipality of Mielno for the year 2022, 2023, p.4). This brings numerous implications, including the efficiency of water and sewage infrastructure, waste management, or handling a larger number of visitors at municipal offices. It also poses challenges related to ensuring safety and healthcare.

Mielno, being a popular vacation spot for both Polish and international tourists, attracts thousands of additional people annually alongside its permanent residents. The localities within the Mielno municipality are among the most attractive tourist areas along the Polish coast. This municipality is situated in the eastern part of the West Pomeranian Voivodeship, 12 km north of Koszalin, adjacent to the Baltic Sea and Lake Jamno.[1] To secure this administrative area, there remains a 25km$^2$ stretch of beach, and the increased number of tourists could lead to emergency situations along the coastline. The Mielno Center for Sport and Recreation, established as a communal budgetary institution of the Mielno Commune, alongside the services overseen by the voivode in charge of rescue operations and healthcare within the commune, fulfills tasks within the aforementioned scope. It secures the development of sports, tourism, culture, recreation, the operation of beaches and bathing areas, as well as maintaining cleanliness, order, and tidiness within the territory of the Mielno commune.[3] The basic tasks of the Municipal Sport and Recreation Center (MOSIR) include, among others:

a) Organizing bathing areas and places used for bathing, ensuring the safety of beach users, b) Maintaining cleanliness and order in publicly accessible municipal areas, c) Ensuring cleanliness and order

[1] This is the third-largest lake in the West Pomeranian Voivodeship and the ninth largest in Poland, located within the administrative area of this small municipality.
[2] The commune is divided into the following administrative units: 1) Chłopy village, 2) Gąski - covering a part of Gąski and the village of Paprotno, 3) Gąski - "Osiedle" - covering a part of Gąski, 4) Łazy village, 5) Mielenko village, 6) Centrum estate - covering a part of the town of Mielno, 7) Niegoszcz - covering the localities: Komorniki, Niegoszcz, Radzichowo, 8) Sarbinowo - covering the localities: Pękalin and Sarbinowo, 9) Unieście estate - covering a part of the town of Mielno.
[3] Mielno Center for Sport and Recreation operates based on the Resolution of the Commune Council No. XXII/166/97 dated February 7, 1997.

in areas transferred to MOSIR by agreement with the Maritime Office and the County Governor, including beaches.

The expenditure on MOSIR's summer activities, associated with seasonal tourism, notably burdens the budget of this nearly five-thousand-resident municipality. Specifically, the direct grant-based support for beach services provided by the MOSIR budget entity amounted to over PLN 2.5 million in 2022 (Mayor of Mielno's report on the implementation of the Mielno Municipality budget for the year 2022, Official Journal of the West Pomeranian Voivodeship, no. 2023, item 3997). In 2022, MOSIR equipped all bathing spots on the beaches managed by the municipality with the required equipment according to statutory requirements to enhance safety. Additionally, annual additional costs related to lifeguarding involve replacing worn-out rescue equipment, primarily towers, binoculars, radios, defibrillators, and acoustic tubes. Across approximately 25 kilometers of beaches in the Mielno Municipality, there are 17 bathing spots, comprising 19 towers and 1 command post. To ensure the safety of bathers, 84 lifeguards were employed in July and 83 in August. Importantly, these posts were manned in compliance with all requirements, ensuring the safety of individuals on the beach. Access from the beach entrance to the water's edge was established and secured daily to allow rapid access for lifeguards, medical services, and security personnel to assist those in need through designated "life corridors." Platforms were installed on the beaches in the Mielno Municipality for the disabled (Report on the State of the Mielno Municipality for the year 2022, 2023, p. 98). Additionally, in collaboration with the Provincial Sanitary and Epidemiological Station in Koszalin, one official quality water control test was conducted before the start of the season. Independently, MOSIR also conducted a total of 51 water tests in cooperation with a certified laboratory. All conducted tests yielded positive results, ensuring safe bathing for tourists. Moreover, 19 sanitary-hygienic inspections were carried out on the beach and bathing spots in collaboration with the County Sanitary Station. These inspections aimed to assess the cleanliness of beaches, the marking and securing of lifeguard posts, and conducting internal water quality assessments at bathing spots. As a result of these inspections, the beach in Mielno was awarded the Blue Flag, an accolade for beaches meeting high ecological and quality standards (ibid., p. 99).

During the summer season, WOPR lifeguards (co-financed by municipal governments in the West Pomeranian Voivodeship, among others) participated in various rescue actions, providing assistance where needed. They conducted 29 rescue operations in the water, an additional 7 using quads, and 7 other operations (a total of 43). First aid services were required 17 times, where lifeguards assisted in wound care and bandaging, providing 106 dressings. Furthermore, they were involved in 64 searches for missing children on the beach. Lifeguards also conducted preventive activities such as training sessions, talks, and demonstrations regarding first aid for tourists using water and sunbathing (ibid., p. 94). As Falecki points out (Falecki, 2014, p. 337), non-governmental rescue organizations should complement professional rescue

systems. The Polish Red Cross (PCK) fulfills this role. The PCK Rescue System consists of 19 specialized rescue groups deployed nationwide. The primary task of all Rescue Groups forming the PCK Rescue System is to conduct comprehensive rescue operations involving the provision of qualified first aid and medical rescue activities directly at the disaster site (Polish Red Cross, n.d.). In cooperation with the Mielno Municipality, active volunteer rescuers from the PCK patrol the municipality's area. This collaboration is not new; in 2007, two three-person bicycle patrols patrolled the Mielno Municipality during the summer holidays, providing basic medical assistance and becoming part of seasonal health and safety measures within the municipality, funded by the municipality itself. The task of the Mielno Bicycle Rescue Patrols was to move around the Mielno Municipality, provide assistance to injured individuals, prevent further injuries, and apply rescue techniques to sustain the lives of those injured until qualified rescue services arrived (Wojcieszonek, 2008). Compared to ambulance services, bicycle patrols possess a certain advantage in terms of faster response to individuals in need. Equipped with bicycles, rescuers began patrolling beaches, promenades, and other popular areas in the municipality to be closer to tourists and react promptly to emergency situations. The presence of rescuers on bicycles allows them to cover significant distances rapidly and swiftly arrive at the scene. If necessary, they can provide first aid, stabilize the injured, and call for additional medical assistance or water rescuers if needed. Thanks to bicycle patrols, rescuers effectively monitor beaches and other areas, respond to sudden situations, and provide early warnings of potential hazards, contributing to increased safety levels in coastal towns.

Cooperation between PCK and the Mielno Municipality mainly involved financial support between 2007 and 2022, in line with the Public Benefit Activities Act. For example, in 2019, within department 754 dedicated to mountain and water rescue tasks, PCK received a grant of PLN 12,000. Additionally, as indicated by previous studies, the predominant form of cooperation between local government administration and the non-governmental sector in the West Pomeranian Voivodeship is financial support (Włodyka, 2020). This highlights another area where the financial resources of municipalities with particular geographic locations are involved, expanding their range of statutory tasks due to their specific location—in this case, along the coastal strip.

The initiative of the Mielno Bicycle Patrols proved to be innovative. This form of collaboration has served as inspiration for other local governments, including the city of Kielce, particularly concerning healthcare. A visit by rescue teams from Kielce to Mielno on the Baltic Sea, where they observed the operations of bicycle rescue patrols, resulted in their support for the city's service in ensuring safety within the municipality. Such a method of patrolling has also been positively received by residents (Ratownik.pl, 2023).

While the State Treasury owns the coastal strip, municipalities have so far lacked the authority to manage beaches. They can individually enter into one-time agreements with maritime authorities. Currently, beaches, known as the technical strip of the Polish coast, are managed by maritime authorities on behalf of the State Treasury. Nevertheless, in the public's perception, it is ultimately the municipalities that bear responsibility for the quality of services provided in terms of lifeguarding on beaches adjacent to their administrative areas. In practice, municipalities oversee and finance or co-finance many tasks arising from the above. Consequently, they are responsible not only for organizing water rescue services on beaches in the form of seasonal lifeguarding but also for the costs of beach cleanliness maintenance.[1] To the tasks that are not statutory responsibilities of the local government but, due to the presented geographical specifics and the disposition of the beaches, the nature of these tasks extends beyond ensuring beach cleanliness to include ensuring safety on the beach accesses. Therefore, an additional cost incurred by the examined municipality in the summer of 2022 was the execution of current repairs to the beach accesses in the Mielno municipality.[2] The tasks involved replacing boards on the steps and performing minor maintenance work on the beach accesses (Report on the State of Mielno Municipality for the year 2022, 2023, p.93).

As part of the seasonal lifeguard service on the municipality's beaches, they can practically finance: setting up a lifeguard station (installation of lifeguard towers on beaches, their transport, and after the summer season, dismantling and storage along with all the equipment for the remaining period); or ensuring human resources. In the latter case, it is common practice not only to cover the costs of employment along with necessary examinations but also to provide accommodation and meals. For instance, in Mielno municipality, to ensure beach safety and high-quality lifeguard services every year, local entrepreneurs support the municipality by offering preferential accommodation rates. Additionally, restaurant owners provide free meals to lifeguards throughout the summer season.

In 2023, Mielno municipality designated 17 seaside bathing areas that should be guarded from July 1st, with 20 positions prepared for 80 lifeguards. Due to a shortage of lifeguards, not all designated seaside bathing areas by the municipality will be guarded from July 1st, including the beach lifeguard stations in Mielenko and Chłopy.

[1] During the summer season of 2022, a 25 km stretch of coastline was maintained by 90 cleaners, mostly employed on a seasonal basis, within the municipality of Mielno. This involved 1-3 patrols of specific areas daily, scheduled between 5:00 and 20:00. Approximately 800 frames with 120-liter capacity bags were placed on the beach, involving the coordination of six heavy-duty vehicles with up to 120 horsepower, incurring a fuel cost of nearly 80 thousand złoty. Beach cleaning operations occurred between 20:00 and 6:00. The removal of solid waste from the beaches and promenades between January 1st and December 31st, 2022, amounted to over 730 thousand złoty (approximately 180 thousand US dollars).

[2] The additional costs of the above task increased in 2022 due to: Damage to beach accesses and beach infrastructure - approximately 50 interventions; damage, vandalism to TOI TOI toilets - around 45 interventions; damage to regulations and signs at bathing areas - approximately 55 interventions; damage to wooden platforms for the disabled on beaches - around 15 interventions.

Mielno municipality presents a typical scenario for other coastal municipalities. Another municipality within the West Pomeranian Voivodeship, Rewal, also highlighted financial problems arising from the significantly increased medical care duties, particularly lifeguarding, during the summer season. They addressed an inquiry to the Minister of Health (Oświęcimski, 2010), stating: 'In the Rewal municipality alone, over 100,000 people stay daily during the summer. Health centers are usually prepared to serve residents, whose number does not exceed a few thousand.[1]

## 6. Conclusions

The conclusions drawn from the examination indicate that, as highlighted by the Supreme Audit Office (Najwyższa Izba Kontroli)[2], the emergency medical services system in Poland requires improvement. Government administrative bodies responsible for organizing, planning, coordinating, and supervising the implementation of tasks in the State Emergency Medical Services system, i.e., the Ministry of Health and voivodeships, have not created conditions for the efficient functioning of this system (Functioning of the emergency medical services system. Report on the control results, 2020, p.8). In this context, the activities of local government units, exemplified by the municipality of Mielno, Koszalin County, and West Pomeranian Voivodeship, appear to proceed without reservations. This assessment is particularly noteworthy after highlighting, in the study, a series of difficulties in implementing emergency medical services tasks for municipal units that, proportionately to their resources, carry out these tasks along the coastal strip during the summer period. The extensive nature of these tasks stems from the geographical specificity of these mentioned units. The extensive nature of these tasks is due to the geographical specificity of these units. Their location means that they carry out more and for a greater number of people their health care tasks - this is due to the developed tourism in the area and the increased seasonal migration of people. A study of the local system may have an impact on the whole national system in Poland, identifying weaknesses and

[1] The further content of the inquiry states: 'I am asking the Minister to respond to the following questions: Who is to finance, and on what basis, the increased demand for medical services in tourist destinations? What support and from whom can local government authorities expect concerning securing medical assistance in tourist destinations?

[2] As the most significant, long-standing issues identified in the post-control outcomes, the following have been highlighted: insufficient staffing resources (the system lacks approximately 1500 emergency medicine doctors), the overload of hospital emergency departments with patients not requiring emergency medical care, long waiting times in these departments to receive medical assistance, exceeding specified time parameters for emergency medical teams to reach individuals in urgent health risks. Voivodes in any of the voivodeships, including the West Pomeranian Voivodeship under scrutiny, have not created organizational conditions that would enable emergency medical teams to achieve the time parameters specified in Article 24 of the State Emergency Medical Services Act for reaching individuals facing urgent health risks (except for individuals experiencing sudden cardiac arrest). Additionally, in West Pomerania, an insufficient number of provincial emergency medical services coordinators were employed, which is essential for ensuring round-the-clock task fulfillment.

challenges related to seasonality. It can contribute to improving the national system, as certain phenomena take place on a larger scale and on a seasonal basis, allowing variables to be observed more clearly. The study can also provide guidance for other seasonal but not coastal municipalities, e.g. in the mountains (like in alinp area: (Turcato i in., 2023), where some challenges are analogous and others quite different.

The research hypothesis (H1), following an analysis of the conditions related to health protection, safety, and emergency medical services in the West Pomeranian Voivodeship, Koszalin County, and Mielno Municipality, has been verified in the following scope: a) At the level of regional self-government units, no increase in resources was observed concerning proprietary tasks in the realm of safety and health protection. This is a result of the systemic transfer of some tasks of this nature to the competence of governmental administration represented by the voivode, as well as services and inspections under its jurisdiction. This also arises from the organization of the State Emergency System, which primarily engages, in areas that are difficult to access like beaches, services supervised by the voivode, such as the Water Emergency Service and the Air Emergency Service. b) At the level of county self-government, no increase in resources was noted in the realm of proprietary tasks related to safety and health protection. This is due to the transfer of some tasks of this nature to the non-integrated competence of governmental administration in the form of the County Sanitary and Epidemiological Inspection. This inspection is supervised and financed by state budget funds, not local government funds. Committees for safety and order, as an obligatory consultative body to the executive authority of the county self-government in matters of public safety and order in the county, including health protection, created to fulfill the tasks of the county head in supervising county services, inspections, and guards, as well as tasks defined by laws in the field of public order and citizen safety under Article 38a of the county administrative law, do not generate additional expenditure in the examined scope. c) At the municipal level, exemplified by the coastal municipality of Mielno, the hypothesis of a significant increase in involvement in proprietary tasks related to safety and health protection was confirmed. This is due, among other reasons, to the geographically attractive nature of the coastal municipal territory and the administration of beaches by these municipalities.

Perhaps comparative studies on the health care systems of neighbouring countries (e.g. Germany) or also with a coastal location (e.g. Japan) will be helpful to improve the challenges identified in the study. The German and Japanese health care systems have common roots, but have evolved differently (Rump & Schöffski, 2016, p. 63) which can be a starting point for further comparative studies. A comparison of patient satisfaction with the actual state of the healthcare system would also be an interesting area of research. As in most countries the main restriction to positive change in the polish pre-hospital and hospital emergency medical servicesis the limited resources available in an area where demand will always outstrip supply. The seasonal medical care of tourists by the local councils of Croatia is also similar in this respect (Hunyadi-

Anticevic, 2006). As a general rule, as studies show, that public satisfaction is higher in predominantly publicly-funded health care systems (as in Poland) than privately-funded ones (Yuan, 2021 p.1359).

The relevance, importance and relevance of public policies providing citizens with well-functioning public policies to save human life and health are evident at the level of European Union legislation and Poland as a member. In addition, Poland is a frontline country located on NATO's eastern flank. Hence, as a complement to the research thesis (H1), it is important to point out the relevance also at the local level of embedding a rescue system and decision-making processes in Poland in case of a crisis related to potential military aggression.

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