



Proposed Regulation Agency Background Document

Agency name	Virginia Department of Health
Virginia Administrative Code (VAC) citation	12 VAC 5 -31
Regulation title	Virginia Emergency Medical Services Regulations
Action title	Comprehensive amending and revisions addressing emergency medical services in Virginia
Date this document prepared	January 2009

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Orders 36 (2006) and 58 (1999), and the *Virginia Register Form, Style, and Procedure Manual*.

Brief summary

The provision of Emergency Medical Services is a dynamic process that is continually changing due to advances in science, technology, legislative changes, federal mandates, evidence based practices, and more. This revision incorporates such changes as in terminology, practices in testing, enforcement, agency responsibilities, certification levels, reporting requirements, training and EMS physician requirements.

Legal basis

Please identify the state and/or federal legal authority to promulgate this proposed regulation, including (1) the most relevant law and/or regulation, including Code of Virginia citation and General Assembly chapter number(s), if applicable, and (2) promulgating entity, i.e., the agency, board, or person. Describe the legal authority and the extent to which the authority is mandatory or discretionary.

§ 32.1-111.4. Regulations; emergency medical services personnel and vehicles; response times; enforcement provisions; civil penalties.

A. The State Board of Health shall prescribe by regulation:

1. Requirements for record keeping, supplies, operating procedures and other agency operations;
 2. Requirements for the sanitation and maintenance of emergency medical services vehicles and their medical supplies and equipment;
 3. Procedures, including the requirements for forms, to authorize qualified emergency medical services personnel to follow Do Not Resuscitate Orders pursuant to § [54.1-2987.1](#);
 4. Requirements for the composition, administration, duties and responsibilities of the State Emergency Medical Services Advisory Board;
 5. Requirements developed in consultation with the Emergency Medical Services Advisory Board, governing the training, certification, and recertification of emergency medical services personnel;
 6. Requirements for written notification to the State Emergency Medical Services Advisory Board, the State Office of Emergency Medical Services, and the Financial Assistance and Review Committee of the Board's action, and the reasons therefore, on requests and recommendations of the Advisory Board, the State Office of Emergency Medical Services or the Committee, no later than five workdays after reaching its decision, specifying whether the Board has approved, denied, or not acted on such requests and recommendations;
 7. Authorization procedures, developed in consultation with the Emergency Medical Services Advisory Board, which allow the possession and administration of epinephrine or a medically accepted equivalent for emergency cases of anaphylactic shock by certain levels of certified emergency medical services personnel as authorized by § [54.1-3408](#) and authorization procedures that allow the possession and administration of oxygen with the authority of the local medical director and a licensed emergency medical services agency;
 8. A uniform definition of "response time" and requirements, developed in consultation with the Emergency Medical Services Advisory Board, for each agency to measure response times starting from the time a call for emergency medical care is received until (i) the time an appropriate emergency medical response unit is responding and (ii) the appropriate emergency medical response unit arrives on the scene, and requirements for agencies to collect and report such data to the Director of the Office of Emergency Medical Services who shall compile such information and make it available to the public, upon request; and
 9. Enforcement provisions, including, but not limited to, civil penalties that the Commissioner may assess against any agency or other entity found to be in violation of any of the provisions of this article or any regulation promulgated under this article. All amounts paid as civil penalties for violations of this article or regulations promulgated pursuant thereto shall be paid into the state treasury and shall be deposited in the emergency medical services special fund established pursuant to § [46.2-694](#), to be used only for emergency medical services purposes.
- B. The Board shall classify agencies and emergency medical services vehicles by type of service rendered and shall specify the medical equipment, the supplies, the vehicle specifications and the personnel required for each classification.
- C. In formulating its regulations, the Board shall consider the current Minimal Equipment List for Ambulances adopted by the Committee on Trauma of the American College of Surgeons.

Purpose

Please explain the need for the new or amended regulation by (1) detailing the specific reasons why this regulatory action is essential to protect the health, safety, or welfare of citizens, and (2) discussing the goals of the proposal, the environmental benefits, and the problems the proposal is intended to solve.

These regulations contain criteria, standards and requirements for emergency medical services (EMS) agencies, personnel, vehicles, training programs, medical direction, designation of regional EMS Councils and financial assistance for EMS agencies. The intent of these regulations is to protect the health, safety and welfare of Virginia's citizens and to ensure that a quality standard for the provision of emergency medical services exists throughout the Commonwealth. These regulations consolidate many guidelines and procedures that have historically been separated. It has been six years since the Rules and Regulations governing EMS were revised and adopted by the Board of Health. The provision of EMS is dynamic and these regulations address the many associated changes arising from improved practice and technology and increased public expectations and awareness.

Substance

Please briefly identify and explain the new substantive provisions, the substantive changes to existing sections, or both where appropriate. (More detail about these changes is requested in the "Detail of changes" section.)

Substantive changes include amended definitions, the addition of "civil penalties" within the enforcement provisions, the addition and use of a "Local EMS Response Plan" for Designated Emergency Response agencies, the addition of a National Crime Information Center (NCIC) background check on affiliated EMS personnel, amending personnel conduct to reflect requirements similar to that of the National Registry of EMT's, require compliance with Virginia Interoperability Plan with regards to the communicates section, revise and amend the Rotor and Fixed Wing requirements for licensure, training, personnel and equipment, update the various EMS vehicle equipment requirements, update signature requirements for medication administration and use of epinephrine by the EMT and use of oxygen in personally owned vehicles (legislative), defining a "Scope of Practice" for EMS providers, reporting requirements for Emergency Mutual Aid Compact (EMAC) or mutual aid deployments for out-of-state EMS agencies, a more succinct revision of the Training regulations to include new national training levels, instructor levels along with testing and accreditation, adjustments to the EMS physician initial and re-endorsement process and finally minor adjustments to the Regional EMS Council Designation process.

Issues

Please identify the issues associated with the proposed regulatory action, including:

- 1) the primary advantages and disadvantages to the public, such as individual private citizens or businesses, of implementing the new or amended provisions;*
- 2) the primary advantages and disadvantages to the agency or the Commonwealth; and*
- 3) other pertinent matters of interest to the regulated community, government officials, and the public.*

If the regulatory action poses no disadvantages to the public or the Commonwealth, please so indicate.

The primary advantages to the public, the Commonwealth and all who travel through is a more concise, and representative set of regulations that allow EMS agencies to conduct their activities that reflect current and potentially future advances in the delivery of emergency medical care for the emergent and non-emergent patient. These regulations also address basic public health issues to include not only minimum training standards, EMS personnel requirements, the selection of specialty centers for the acutely ill patient, reporting requirements to provide real-time information to monitor resources and trends both on a state and national level – all in the interest of protecting the health, safety and welfare of the citizens and visitors to the Commonwealth of Virginia.

Requirements more restrictive than federal

Please identify and describe any requirement of the proposal which are more restrictive than applicable federal requirements. Include a rationale for the need for the more restrictive requirements. If there are no applicable federal requirements or no requirements that exceed applicable federal requirements, include a statement to that effect.

There are no requirements that are more restrictive than applicable federal requirements.

Localities particularly affected

Please identify any locality particularly affected by the proposed regulation. Locality particularly affected means any locality which bears any identified disproportionate material impact which would not be experienced by other localities.

The provision of Emergency Medical Services within the Commonwealth is regulated by one set of regulations that pertain to all categories of EMS (career, volunteer, commercial, local government, private, fire based, etc.). The proposed changes will affect all EMS agencies that are licensed by the Commonwealth and as such should not bear any disproportionate material impact compared to any other EMS agency or locality.

Public participation

Please include a statement that in addition to any other comments on the proposal, the agency is seeking comments on the costs and benefits of the proposal and the impacts of the regulated community.

In addition to any other comments, the board/agency is seeking comments on the costs and benefits of the proposal and the potential impacts of this regulatory proposal. Also, the agency/board is seeking information on impacts on small businesses as defined in § 2.2-4007.1 of the Code of Virginia. Information may include 1) projected reporting, recordkeeping and other administrative costs, 2) probable effect of the regulation on affected small businesses, and 3) description of less intrusive or costly alternative methods of achieving the purpose of the regulation.

Anyone wishing to submit written comments may do so by mail, email or fax to Michael D. Berg, Manager, Regulation and Compliance Office of EMS, Virginia Department of Health, 109 Governor Street, UB-55, Richmond, Virginia 23219, (804) 864-7600, Toll Free (Virginia only) 800-523-6019, Facsimile (804) 864-7650 or by emailing Michael.Berg@vdh.virginia.gov. Written comments must include the name and address of the commenter. In order to be considered comments must be received by the last date of the public comment period.

Public hearings will be held and notice of public hearings may appear on the Virginia Regulatory Town Hall website (www.townhall.virginia.gov) and can be found in the Calendar of Events section of the Virginia Register of Regulations. Both oral and written comments may be submitted at that time. Public hearing dates and locations will also be posted on the Office of EMS website, www.vdh.virginia.gov/oems.

Economic impact

Please identify the anticipated economic impact of the proposed regulation.

Projected cost to the state to implement and enforce the proposed regulation, including (a) fund source / fund detail, and (b) a delineation of one-time versus on-going expenditures	The proposed changes to these regulations do not create any new costs for implementation or enforcement. Fund source: 0213, Special Funds.
Projected cost of the regulation on localities	No identified costs to localities. Funding currently exists for Virginia State Police to conduct Central Criminal Records Exchange (CCRE) for volunteer EMS agencies. The suggested additional cost requirement for National Crime Information Center (NCIC) records for affiliated applicants for EMS agencies should be addressed with current funds allocated for CCRE.
Description of the individuals, businesses or other entities likely to be affected by the regulation	EMS agencies currently licensed, localities/governments providing EMS responses.
Agency’s best estimate of the number of such entities that will be affected. Please include an estimate of the number of small businesses affected. Small business means a business entity, including its affiliates, that (i) is independently owned and operated and (ii) employs fewer than 500 full-time employees or has gross annual sales of less than \$6 million.	There are approximately 800 licensed EMS agencies with over 34,000 certified EMS personnel.
All projected costs of the regulation for affected individuals, businesses, or other entities. Please be specific. Be sure to include the projected reporting, recordkeeping, and other administrative costs required for compliance by small businesses.	No identified costs.

Alternatives

Please describe any viable alternatives to the proposal considered and the rationale used by the agency to select the least burdensome or intrusive alternative that meets the essential purpose of the action. Also, include discussion of less intrusive or less costly alternatives for small businesses, as defined in §2.2-4007.1 of the Code of Virginia, of achieving the purpose of the regulation.

These regulations are required under § 32.1-111.4 of the *Code of Virginia*. Adoption of the intended regulations will establish minimum standards for EMS agencies, providers, EMS physicians, regional councils, which reflect currently-accepted and effective approaches. There are no known alternatives that would better protect the public health and safety of Virginians.

Regulatory flexibility analysis

Please describe the agency's analysis of alternative regulatory methods, consistent with health, safety, environmental, and economic welfare, that will accomplish the objectives of applicable law while minimizing the adverse impact on small business. Alternative regulatory methods include, at a minimum: 1) the establishment of less stringent compliance or reporting requirements; 2) the establishment of less stringent schedules or deadlines for compliance or reporting requirements; 3) the consolidation or simplification of compliance or reporting requirements; 4) the establishment of performance standards for small businesses to replace design or operational standards required in the proposed regulation; and 5) the exemption of small businesses from all or any part of the requirements contained in the proposed regulation.

The review process involved soliciting stakeholders input prior to and after development of the draft proposed regulations. This process included review of other available state and national criteria and regulations. The changes suggested are less restrictive and as such decreases the burden (financial and otherwise) on all businesses, large or small.

Public comment

Please summarize all comments received during public comment period following the publication of the NOIRA, and provide the agency response.

No comments received.

Family impact

Please assess the impact of the proposed regulatory action on the institution of the family and family stability including to what extent the regulatory action will: 1) strengthen or erode the authority and rights of parents in the education, nurturing, and supervision of their children; 2) encourage or discourage economic self-sufficiency, self-pride, and the assumption of responsibility for oneself, one's spouse, and one's children and/or elderly parents; 3) strengthen or erode the marital commitment; and 4) increase or decrease disposable family income.

These regulations will greatly benefit Virginia's families by ensuring a higher level of emergency medical services statewide. Developing a comprehensive, coordinated statewide emergency medical services system is essential in reducing death and disability resulting from sudden or serious, injury and illness in the Commonwealth.

Detail of changes

Please detail all changes that are being proposed and the consequences of the proposed changes. Detail all new provisions and/or all changes to existing sections.

If the proposed regulation is intended to replace an emergency regulation, please list separately (1) all changes between the pre-emergency regulation and the proposed regulation, and (2) only changes made since the publication of the emergency regulation.

For changes to existing regulations, use this chart:

Current section number	Proposed new section number, if applicable	Current requirement	Proposed change and rationale
10	n/a	<p>"Advanced life support" or "ALS" means the application by EMS personnel of invasive and noninvasive medical procedures or the administration of medications that is authorized by the Office of Emergency Medical Services, or both.</p> <p>"Advanced life support certification course" means a training program that allows a student to become eligible for a new ALS certification level. Programs must meet the educational requirements established by the Office of EMS as defined by the respective advanced life support curriculum. Initial certification courses include:</p> <ol style="list-style-type: none"> 1. Emergency Medical Technician-Enhanced; 2. EMT-Enhanced to EMT-Intermediate Bridge; 3. Emergency Medical Technician-Intermediate; 4. EMT-Intermediate to EMT-Paramedic Bridge; 5. Emergency Medical Technician-Paramedic; 6. Registered Nurse to EMT-Paramedic Bridge; and 7. Other programs approved by the Office of 	<p><u>"Accreditation" means approval granted to an institution of learning by the Office of EMS after the institution has met specific requirements enabling the institution to conduct basic or advanced life support training and education programs.</u></p> <p><u>"Accreditation cycle" means the term, or cycle, at the conclusion of which accreditation expires unless a full self-study is performed. Accreditation cycles are typically quinquennial (five-year) but these terms may be shorter, triennial (three-year) or biennial (two-year), if the Office deems it necessary.</u></p> <p><u>"Accreditation date" means the date of the accreditation decision that is awarded to an organization following its full site visit and review.</u></p> <p><u>"Accreditation decision" means the conclusion reached about an organization's status after evaluation of the results of the onsite survey, recommendations of the site review team, and any other relevant information such as documentation of compliance with standards, documentation of plans to correct deficiencies, or evidence of recent improvements. There are four levels of Accreditation to include: Interim, Provisional, Full and Probationary.</u></p> <p><u>"Accreditation denied" means an accreditation decision that results when an EMS Training Site has been denied accreditation. This accreditation decision becomes effective only when all available appeal procedures have been exhausted.</u></p> <p><u>"Advanced life support" or "ALS" means the provision of care by EMS personnel who are certified as an EMT-Enhanced, Advanced EMT, EMT-Intermediate, EMT-Paramedic or equivalent as approved by the Board of Health of invasive and noninvasive medical procedures or the administration of medications that is authorized by the Office</u></p>

		<p>EMS.</p> <p>"Advanced life support (ALS) coordinator" means a person who has met the criteria established by the Office of EMS to assume responsibility for conducting ALS training programs.</p> <p>"Approved locking device" means a mechanism that prevents removal or opening of a medication kit by means other than securing the medication kit by the handle only.</p> <p>"Basic life support" or "BLS" means the application by EMS personnel of invasive and noninvasive medical procedures or administration of medications that is authorized by the Office of EMS.</p> <p>"BLS certification course" means a training program that allows a student to become eligible for a new BLS certification level. Programs must meet the educational requirements established by the Office of EMS as defined by the respective basic life support curriculum. Initial certification courses include:</p> <ol style="list-style-type: none"> 1. EMS First Responder; 2. EMS First Responder Bridge to EMT; 3. Emergency Medical Technician; and 4. Other programs approved by the Office of EMS. <p>"Board" or "state board" means the State Board of Health.</p>	<p>of Emergency Medical Services, or both.</p> <p><u>Advanced life support (ALS) in the air medical environment is a mission generally defined as the transport of a patient who receives care during a transport that includes an invasive medical procedure or the administration of medications (including IV infusions) in addition to any non invasive care that is authorized by the Office of Emergency Medical Services.</u></p> <p>"Advanced life support certification course" means a training program that allows a student to become eligible for a new ALS certification level. Programs must meet the educational requirements established by the Office of EMS as defined by the respective advanced life support curriculum. Initial certification courses include:</p> <ol style="list-style-type: none"> 1. Emergency Medical Technician-Enhanced; 2. <u>Advanced EMT;</u> 3. <u>Advanced EMT to EMT Paramedic Bridge;</u> 4. <u>EMT-Enhanced to EMT-Intermediate Bridge;</u> 5. <u>Emergency Medical Technician-Intermediate;</u> 6. <u>EMT-Intermediate to EMT-Paramedic Bridge;</u> 7. <u>Emergency Medical Technician-Paramedic;</u> 8. <u>Registered Nurse to EMT-Paramedic Bridge; and</u> 9. <u>Other programs approved by the Office of EMS.</u> <p>"Advanced life support (ALS) coordinator" means a person who has met the criteria established by the Office of EMS to assume responsibility for conducting ALS training programs.</p> <p>"Approved locking device" means a mechanism that prevents removal or opening of a medication <u>drug</u> kit by means other than securing the medication <u>drug</u> kit by the handle only.</p> <p>"Basic life support" or "BLS" means the</p>
--	--	--	--

	<p>"Bypass" means to transport a patient past a commonly used medical care facility to another hospital for accessing a more readily available or appropriate level of medical care.</p> <p>"Certification" means a credential issued by the Office of EMS for a specified period of time to a person who has successfully completed an approved training program.</p> <p>"Certification candidate" means a person seeking EMS certification from the Office of EMS.</p> <p>"Certification examiner" means an individual designated by the Office of EMS to administer a state certification examination.</p> <p>"Chief executive officer" means the person authorized or designated by the agency or service as the highest in administrative rank or authority.</p> <p>"Defibrillation" means the discharge of an electrical current through a patient's heart for the purpose of restoring a perfusing cardiac rhythm. For the purpose of these regulations, defibrillation includes cardioversion.</p> <p>"Defibrillator -- combination unit" means a single device designed to incorporate all of the required capabilities of both an Automated External Defibrillator and a Manual Defibrillator.</p> <p>"Defibrillator -- manual" means a monitor/defibrillator that has</p>	<p>provision of care by EMS personnel <u>who are certified as First Responder, Emergency Medical Responder (EMR) or Emergency Medical Technician or equivalent as approved by the Board of Health.</u> of invasive and noninvasive medical procedures or administration of medications that is authorized by the Office of EMS.</p> <p><u>Basic life support (BLS) – in the air medical environment is a mission generally defined as the transport of a patient who receives care during a transport that is commensurate with the scope of practice of an Emergency Medical Technician (EMT). In the Commonwealth of Virginia, when such care is provided in the air medical environment, it must be assumed, at a minimum, by a Virginia Certified EMT-Paramedic that is a part of the regular air medical crew. (Fixed Wing excluded)</u></p> <p>"BLS certification course" means a training program that allows a student to become eligible for a new BLS certification level. Programs must meet the educational requirements established by the Office of EMS as defined by the respective basic life support curriculum. Initial certification courses include:</p> <ol style="list-style-type: none"> 1. EMS First Responder; 2. EMS First Responder Bridge to EMT; 3. <u>Emergency Medical Responder;</u> 4. <u>Emergency Medical Responder Bridge to EMT;</u> 5. <u>Emergency Medical Technician; and</u> 6. Other programs approved by the Office of EMS. <p>"Board" or "state board" means the State Board of Health.</p> <p>"Bypass" means to transport a patient past a commonly used medical care facility to another hospital for accessing a more readily available or appropriate level of medical care.</p> <p><u>"Candidate status" is awarded to a program which has made application to the Office for accreditation but which is not yet accredited.</u></p>
--	--	---

		<p>no capability for rhythm analysis and will charge and deliver a shock only at the command of the operator. For the purpose of compliance with these regulations, a manual defibrillator must be capable of synchronized cardioversion and noninvasive external pacing. A manual defibrillator must be approved by the United States Food and Drug Administration.</p> <p>"Emergency medical services communications plan" or "EMS communications plan" means the state plan for the coordination of electronic telecommunications by EMS agencies as approved by the Office of EMS.</p> <p>"Emergency operations plan" means the Commonwealth of Virginia Emergency Operations Plan.</p> <p>"Emergency vehicle operator's course" or "EVOC" means an approved course of instruction for EMS vehicle operators that includes safe driving skills, knowledge of the state motor vehicle code affecting emergency vehicles, and driving skills necessary for operation of emergency vehicles during response to an incident or transport of a patient to a health care facility. This course must include classroom and driving range skill instruction.</p> <p>"Grant administrator" means the Office of EMS personnel directly responsible for</p>	<p><u>"Certification candidate status" means any candidate or provider who becomes eligible for certification testing but who has not yet taken the certification test using that eligibility.</u></p> <p>"Chief operations officer" means the person authorized or designated by the agency or service as the highest operational officer.</p> <p><u>"Continuing Education (CE)" – means an instructional program that enhances a particular area of knowledge or skills beyond compulsory/required initial training.</u></p> <p><u>Critical Care (CC) in the air medical environment is a mission defined as an interfacility transport of a critically ill or injured patient whose condition warrants care commensurate with the scope of practice of a physician or registered nurse.</u></p> <p>"Defibrillator" "combination unit" means a single device designed to incorporate all of the required capabilities of both an Automated External Defibrillator and a Manual Defibrillator.</p> <p><u>"Designated infection control officer" means a liaison between the medical facility treating the source patient and the exposed employee. This person has been formally trained for this position and is knowledgeable in proper post exposure medical follow up procedures, current regulations and laws governing disease transmission.</u></p> <p><u>"EMS Education Coordinator" means any EMS provider, RN, PA, DO, or MD who possess Virginia certification as an EMS Education Coordinator. Such certification does not confer authorization to practice EMS.</u></p> <p>"Emergency medical services communications plan" or "EMS communications plan" means the state plan for the coordination of electronic telecommunications by EMS agencies as approved by the Office of EMS.</p> <p><u>"Emergency Medical Technician Instructor" means an EMS provider who holds a valid certification issued by the Office of EMS to announce and coordinate BLS programs.</u></p> <p>"Emergency operations plan" means the</p>
--	--	--	---

		<p>administration of the Rescue Squad Assistance Fund program.</p> <p>"Local EMS response plan" means a written document that details the primary service area, the unit mobilization interval and responding interval standards as approved by the local government, the operational medical director and the Office of EMS.</p> <p>"Major medical emergency" means an emergency that cannot be managed through the use of locally available emergency medical resources and that requires implementation of special procedures to ensure the best outcome for the greatest number of patients as determined by the EMS provider in charge or incident commander on the scene. This event includes local emergencies declared by the locality's government and states of emergency declared by the Governor.</p> <p>"Medical community" means the physicians and allied healthcare specialists located and available within a definable geographic area.</p> <p>"Medical control" means the direction and advice provided through a communications device (on-line) to on-site and in-transit EMS personnel from a designated medical care facility staffed by appropriate personnel and operating under physician supervision.</p> <p>"Medical direction" means the direction and</p>	<p>Commonwealth of Virginia Emergency Operations Plan.</p> <p>"Emergency vehicle operator's course" or "EVOC" means an approved course of instruction for EMS vehicle operators that includes safe driving skills, knowledge of the state motor vehicle code affecting emergency vehicles, and driving skills necessary for operation of emergency vehicles during response to an incident or transport of a patient to a health care facility. This course must include classroom and driving range skill instruction. <u>"Approved course of instruction" to include the course objectives as identified within the U.S. Department of Transportation Emergency Vehicle Operator curriculum or as approved by OEMS.</u></p> <p><u>"Full accreditation" means an accreditation decision awarded to an EMS Training Site that demonstrates satisfactory compliance with applicable Virginia standards in all performance areas.</u></p> <p>"Grant administrator" means the Office of EMS personnel directly responsible for administration of the Rescue Squad Assistance Fund program.</p> <p><u>"Instructor Aide" means providers certified at or above the level of instruction.</u></p> <p><u>Interfacility Transport in the air medical environment is defined as a mission for whom an admitted patient (or patients) was transported from a hospital or care giving facility (clinic, nursing home, etc) to a receiving facility/airport.</u></p> <p><u>"Interim accreditation" means an accreditation decision that results when a previously unaccredited EMS Training Site has been granted approval to operate one training program, for a period not to exceed 120 days, during which their application is being considered and before a provisional or full accreditation is issued, providing the following conditions are satisfied: (i) a complete Application for Accreditation is received by the Office and (ii) a complete Institutional Self Study is submitted to the Office. Students attending a program with 'interim' accreditation will not be eligible to sit for state testing until the training site achieves official notification of accreditation</u></p>
--	--	---	---

		<p>supervision of EMS personnel by the Operational Medical Director of the EMS agency with which he is affiliated.</p> <p>"Medical protocol" means preestablished written physician authorized procedures or guidelines for medical care of a specified clinical situation based on patient presentation.</p> <p>"Neonatal life support" means a sophisticated and specialized level of out-of-hospital and interfacility emergency and stabilizing care that includes basic and advanced life support functions for the newborn or infant patient.</p> <p>"Nonprofit" means without the intention of financial gain, advantage, or benefit as defined by federal tax law.</p> <p>"Operational medical director" or "OMD" means an EMS physician, currently licensed to practice medicine or osteopathic medicine in the Commonwealth, who is formally recognized and responsible for providing medical direction, oversight and quality improvement to an EMS agency.</p> <p>"Physician course director" or "PCD" means an EMS physician who is responsible for the clinical aspects of emergency medical care training programs, including the clinical and field actions of enrolled students.</p> <p>"Prehospital patient data report" or "PPDR" means a document designed to be optically scanned that may</p>	<p><u>at the 'provisional' or 'full' level.</u></p> <p><u>"Institutional Self Study" means a document whereby training programs seeking accreditation answer questions about their program for the purpose of determining their level preparation to conduct initial EMS training programs.</u></p> <p><u>"Invasive procedure" means a medical procedure that involves entry into the living body (as by incision or by insertion of an instrument).</u></p> <p>"Local EMS response plan" means a written document that details the primary service area, the unit mobilization interval and responding interval standards as approved by the local government, and the operational medical director and the Office of EMS.</p> <p><u>"Local Governing Body or Governing Body" mean members of the governing body of a city, county or town in the Commonwealth who are elected to that position or their designee.</u></p> <p>"Medic" means an EMS provider certified at the level of EMT-Cardiac <u>Advanced EMT, EMT-Intermediate or EMT-Paramedic.</u></p> <p>"Medical community" means the physicians and allied healthcare specialists located and available within a definable geographic area.</p> <p>"Medical protocol" means preestablished written physician authorized procedures or guidelines for medical care of a specified clinical situation based on patient presentation.</p> <p>"Neonatal life support" means a sophisticated and specialized level of out-of-hospital and interfacility emergency and stabilizing care that includes basic and advanced life support functions for the newborn or infant patient.</p> <p><u>"Neonatal/Neonate," for the purpose of interfacility transportation, means any infant who is deemed a newborn within a hospital, has not been discharged since the birthing process, and is currently receiving medical care under a physician.</u></p> <p>"Operational medical director" or "OMD" means an EMS physician, currently licensed to practice medicine or osteopathic medicine</p>
--	--	---	---

		<p>be used to report to the Office of EMS, the minimum patient care data items as prescribed by the board.</p> <p>"Program site accreditation" means the verification that a training program has demonstrated the ability to meet criteria established by the Office of EMS to conduct basic or advanced life support certification courses.</p> <p>"Reentry" means the process by which EMS personnel may regain a training certification that has lapsed within the last two years.</p> <p>"Registered nurse" means an individual who holds a valid, unrestricted license to practice as a registered nurse in the Commonwealth.</p> <p>"Responding interval" means the elapsed time in minutes between the "dispatch" time and the "arrive scene" time (i.e., when the wheels of the EMS vehicle stop).</p> <p>"Responding interval standard" means a time standard in minutes for the responding interval, established by the EMS agency, the locality and OMD, in which the EMS agency will comply with 90% or greater reliability.</p> <p>"Response obligation to locality" means a requirement of a designated emergency response agency to lend aid to all other designated emergency response agencies within the locality or localities in which the</p>	<p>in the Commonwealth, who is formally recognized and responsible for providing medical direction, oversight and quality improvement to an EMS agency <u>and personnel.</u></p> <p>"Physician course director" or "PCD" means an EMS physician who is responsible for the clinical aspects of emergency medical care training programs, including the clinical and field actions of enrolled students.</p> <p>Prehospital patient data report" or "PPDR" means a document designed to be optically scanned that may be used to report to the Office of EMS, the minimum patient care data items as prescribed by the board.</p> <p><u>"Pre-Hospital (Scene) in the air medical environment refers to direct response to the scene of incident or injury, such as a roadway, etc.</u></p> <p><u>"Primary Retest status" means any candidate or provider who failed their primary certification attempt. Primary Retest status expires 90 days after the primary test date.</u></p> <p><u>"Probationary accreditation" though not a separate accreditation decision means the Office of EMS will place an institution on publicly disclosed 'Probation' when it has not completed a timely, thorough, and credible root cause analysis and action plan of any sentinel event occurring there. When the organization completes an acceptable root cause analysis and develops an acceptable action plan, the Office of EMS will remove the 'Probation' designation from the organization's accreditation status.</u></p> <p>"Program site accreditation" means the verification that a training program has demonstrated the ability to meet criteria established by the Office of EMS to conduct basic or advanced life support certification courses.</p> <p><u>"Provisional accreditation" means an accreditation decision that results when a previously unaccredited EMS Training Site has demonstrated satisfactory compliance with a subset of standards during a preliminary on-site evaluation. This decision remains in effect for a period not to exceed 365 days, until one of the other official accreditation decision categories is assigned,</u></p>
--	--	---	--

		<p>EMS agency is based.</p> <p>"Revocation" means the permanent removal of an EMS agency license, vehicle permit, training certification, ALS coordinator endorsement, EMS physician endorsement or any other designation issued by the Office of EMS.</p> <p>"Unit mobilization interval" means the elapsed time (in minutes) between the "dispatched" time of the EMS agency and the "responding" time (the wheels of the EMS vehicle start moving).</p> <p>"Unit mobilization interval standard" means a time standard (in minutes) for the unit mobilization interval, established by a designated emergency response agency, the locality and OMD, in which the EMS agency will comply.</p> <p>"Wheelchair" means a chair with wheels specifically designed and approved for the vehicular transportation of a person in an upright, seated (Fowler's) position.</p>	<p><u>based upon an a follow-up site visit against all applicable standards.</u></p> <p><u>"Reaccreditation date" means the date of the reaccreditation decision that is awarded to an organization following a full site visit and review.</u></p> <p><u>"Reentry status" means any candidate or provider whose certification has lapsed within the last two years.</u></p> <p><u>"Registered nurse" means an individual who holds a valid, unrestricted license to practice as a registered nurse in the Commonwealth, a person who is licensed or holds a multistate privilege under the provisions of § 54.1-3000 to practice professional nursing.</u></p> <p><u>"Responding interval time" means the elapsed time in minutes between the "dispatch" time and the "arrive scene" time (i.e., when the wheels of the EMS vehicle stop) time a call for emergency medical services is received by the PSAP until the appropriate emergency medical response unit arrives on the scene.</u></p> <p><u>"Responding interval time standard" means a time standard in minutes for the responding interval, established by the EMS agency, the locality and OMD, in which the EMS agency will comply with 90% or greater reliability.</u></p> <p>"Revocation" means the permanent removal of an EMS agency license, vehicle permit, training certification, ALS coordinator endorsement, <u>EMS Education Coordinator</u>, EMS physician endorsement or any other designation issued by the Office of EMS.</p> <p><u>"Safety apparel" means personal protective safety clothing that is intended to provide conspicuity during both daytime and nighttime usage, and that meets the Performance Class 2 or 3 requirements of the ANSI/ISEA 107-2004 publication entitled "American National Standard for High-Visibility Safety Apparel and Headwear."</u></p> <p><u>"Secondary certification status" means any candidate or provider who is no longer in primary retest status.</u></p> <p><u>"Secondary retest status" means any candidate or provider who failed their secondary certification attempt. Secondary</u></p>
--	--	---	--

			<p><u>retest status expires 90 days after the secondary test date.</u></p> <p><u>"Sentinel event" means any significant occurrence, action or change in the operational status of the entity from the time when it either applied for candidate status or was accredited. The change in status can be based on, but not limited to one or all of the events indicated below:</u></p> <p><u>Entering into an agreement of sale of an accredited entity or an accreditation candidate.</u></p> <p><u>Entering into an agreement to purchase or otherwise directly or indirectly acquire an accredited entity or accreditation candidate.</u></p> <p><u>Financial impairment of an Accredited Entity or Candidate for Accreditation, which affects its operational performance or entity control.</u></p> <p><u>Insolvency/bankruptcy filing.</u></p> <p><u>Change in ownership or control > 25%.</u></p> <p><u>Disruption of service to student body</u></p> <p><u>Discontinuance of classes and/or business operations.</u></p> <p><u>Failure to report a change in program personnel, location, change in training level or CoAEMSP accreditation status.</u></p> <p><u>Failure to meet minimum examination scores as established by the Office</u></p> <p><u>Loss of CoAEMSP/CAAHEP accreditation.</u></p> <p><u>Company fine(s) of > \$100K for regulatory violation, marketing or advertising practices, antitrust, or tax disputes.</u></p> <p><u>"Specialty Care Mission" in the air medical environment is defined as the transport of a patient requiring specialty patient care by one or more medical professionals who are added to the regularly scheduled medical transport team.</u></p> <p><u>"Specialty Care Provider" in the air medical environment is a provider of specialized medical care, to include but not limited to neonatal, pediatric, and perinatal.</u></p> <p><u>"Suspension" means the temporary removal</u></p>
--	--	--	--

			<p>of an EMS agency license, vehicle permit, training certification, ALS coordinator endorsement, <u>EMS Education Coordinator</u>, EMS physician endorsement or any other designation issued by the Office of EMS.</p> <p><u>"Training Officer"</u> means an individual responsible for the maintenance and completion of agency personnel training records, a liaison between the agency and the operational medical director(s) and a participant in the agency and regional quality assurance process.</p> <p>"Unit mobilization interval" means the elapsed time (in minutes) between the "dispatched" time of the EMS agency and the "responding" time (the wheels of the EMS vehicle start moving).</p> <p>"Unit mobilization interval standard" means a time standard (in minutes) for the unit mobilization interval, established by a designated emergency response agency, the locality and OMD, in which the EMS agency will comply.</p> <p>"Wheelchair" means a chair with wheels specifically designed and approved for the vehicular transportation of a person in an upright, seated (Fowler's) position.</p> <p><i>Rationale: Adds current language and omits outdate or non-used terminology.</i></p>
20	n/a	<p>B. These regulations have general application throughout Virginia to include:</p> <p>2. A person providing EMS to a patient received within Virginia and transported to a location within Virginia must comply with these regulations.</p>	<p>B. These regulations have general application throughout Virginia to include:</p> <p>2. A person providing EMS to a patient received within Virginia and transported to a location within Virginia must comply with these regulations <u>unless exempted in these regulations</u>.</p> <p><i>Rationale: additional clarifying language.</i></p>
50	n/a	<p>A. The Office of EMS is authorized to grant variances for any part or all of these regulations in accordance with the procedures set forth herein. A variance permits temporary specified exceptions to these regulations. An applicant,</p>	<p>A. The Office of EMS <u>commissioner</u> is authorized to grant variances for any part or all of these regulations in accordance with the procedures set forth herein. A variance permits temporary specified exceptions to these regulations. An applicant, licensee, or permit or certificate holder may file a written request for a variance with the Office of EMS on specified forms. If the applicant, licensee, or permit or certificate holder is an EMS</p>

		licensee, or permit or certificate holder may file a written request for a variance with the Office of EMS on specified forms. If the applicant, licensee, or permit or certificate holder is an EMS agency, the following additional requirements apply:	agency, the following additional requirements apply: Rationale: Follows Code language.
80	n/a	A variance shall be issued and remain valid with the following conditions: 1. A variance will be valid for a period not to exceed one year unless and until terminated by the Office of EMS; and	A variance shall be issued and remain valid with the following conditions: 1. A variance will be valid for a period not to exceed one year unless and until terminated by the Office of EMS commissioner; and Rationale: Follows Code language.
90	n/a	A. The Office of EMS may terminate a variance at any time based upon any of the following: 4. A determination by the Office of EMS that continuation of the variance would present a risk to or threaten or endanger the public health, safety or welfare. B. The Office of EMS will notify the license, permit or certificate holder of the termination by certified mail to his last known address.	A. The Office of EMS commissioner may terminate a variance at any time based upon any of the following: 4. A determination by the Office of EMS <u>to the commissioner</u> that continuation of the variance would present a risk to or threaten or endanger the public health, safety or welfare. B. The Office of EMS commissioner will notify the license, permit or certificate holder of the termination by certified mail to his last known address. Rationale: Follows Code language.
100	n/a	A request for a variance will be denied by the Office of EMS if any of the conditions of 12VAC5-31-60 fail to be met.	A request for a variance will be denied by the Office of EMS commissioner if any of the conditions of 12 VAC 5-31-60 fail to be met. Rationale: Follows Code language.
120	n/a	Upon receipt of a request for an exemption, the Office of EMS will cause notice of such request to be published in a newspaper of general circulation in the area wherein the person making the request resides and in other major	Upon receipt of a request for an exemption, the Office of EMS will cause notice of such request to be published in a newspaper of general circulation in the area wherein the person making the request resides and in other major newspapers of general circulation in major regions of the Commonwealth. The cost of such public notice will be borne by the person making the

		newspapers of general circulation in major regions of the Commonwealth. The cost of such public notice will be borne by the person making the request.	request posted on the Office of EMS section of the Virginia Department of Health's web site. Rationale: Uses current technology, less cost to consumer.
160	n/a	A. An exemption remains valid for an indefinite period of time unless and until terminated by the board or the Office of EMS, or unless an expiration date is specified. .	A. An exemption remains valid for an indefinite period of time unless and until terminated by the <u>commissioner</u> or the <u>Office of EMS</u> , or unless an expiration date is specified. Rationale: Follows <u>Code</u> language.
170	n/a	A. The Office of EMS may terminate an exemption at any time based upon any of the following: 3. A determination by the Office of EMS that continuation of the exemption would present risk to, or threaten or endanger the public health, safety or welfare. B. The Office of EMS will notify the person to whom the exemption was issued of the termination by certified mail to his last known address.	A. The Office of EMS <u>commissioner</u> may terminate an exemption at any time based upon any of the following: 3. A determination by the Office of EMS <u>to the commissioner</u> that continuation of the exemption would present risk to, or threaten or endanger the public health, safety or welfare. B. The Office of EMS <u>commissioner</u> will notify the person to whom the exemption was issued of the termination by certified mail to his last known address. Rationale: Follows <u>Code</u> language.
180	n/a	A request for an exemption will be denied by the Office of EMS if any of the conditions of these regulations fail to be met.	A request for an exemption will be denied by the Office of EMS <u>commissioner</u> if any of the conditions of these regulations fail to be met. Rationale: Follows <u>Code</u> language.
200		Add	E. An agency and all places of operation shall be subject to inspection by the <u>Office of EMS</u> for compliance with these regulations. <u>The inspection may include any or all of the following:</u> <u>1. All fixed places of operations, including all offices, stations, repair shops or training facilities.</u> <u>2. All applicable records maintained by the agency.</u> <u>3. All EMS vehicles and required equipment used by the agency.</u>

			<p>Rationale: clarifies for regulant what is available for inspection by OEMS,</p>
<p>210</p>	<p>n/a</p>	<p>An enforcement action must be delivered to the affected person and must specify information concerning the violations, the actions required to correct the violations and the specific date by which correction must be made as follows:</p> <p>4. Action of the commissioner: the commissioner may command a person operating in violation of these regulations or state law pursuant to the commissioner's authority under § 32.1-27 of the Code of Virginia and the Administrative Process Act to halt such operation or to comply with applicable law or regulation. A separate and distinct offense will be deemed to have been committed on each day during which any prohibited act continues after written notice to the offender.</p> <p>5. Criminal enforcement: the commissioner may elect to enforce any part of these regulations or any provision of Title 32.1 of the Code of Virginia by seeking to have criminal sanctions imposed. The violation of any of the provisions of these regulations constitutes a misdemeanor. A separate and distinct offense will be deemed to have been committed on each day during which any prohibited act continues after written notice by the commissioner to the offender.</p>	<p>An enforcement action must be delivered to the affected person and must specify information concerning the violations, the actions required to correct the violations and the specific date by which correction must be made as follows:</p> <p><u>4. Civil penalty: The commissioner (or designee) may impose a civil penalty to an agency or entity that fails or refuses compliance with these regulations. Civil penalties may be assessed up to \$1,000 per offense. Violations shall be single, different occurrence for each calendar day the violation occurs and remains uncorrected.</u></p> <p>4 5. Action of the commissioner: the commissioner may command a person operating in violation of these regulations or state law pursuant to the commissioner's authority under §32.1-27 of the Code of Virginia and the Administrative Process Act to halt such operation or to comply with applicable law or regulation. A separate and distinct offense will be deemed to have been committed on each day during which any prohibited act continues after written notice to the offender.</p> <p>5 6. Criminal enforcement: the commissioner may elect to enforce any part of these regulations or any provision of Title 32.1 of the Code of Virginia by seeking to have criminal sanctions imposed. The violation of any of the provisions of these regulations constitutes a misdemeanor. A separate and distinct offense will be deemed to have been committed on each day during which any prohibited act continues after written notice by the commissioner to the offender.</p> <p>Rationale: Adds legislated inclusion of civil penalties (HB2238 2005).</p>

<p>220</p>	<p>n/a</p>	<p>A. The Office of EMS may suspend an EMS license, permit, certificate, endorsement or designation without a hearing, pending an investigation or revocation procedure.</p> <p>1. Reasonable cause for suspension must exist before such action is taken by the Office of EMS. The decision must be based upon a review of evidence available to the Office of EMS.</p> <p>2. The Office of EMS may suspend an agency or service license, vehicle permit, personnel certificate, endorsement or designation for failure to adhere to the standards set forth in these regulations. .</p> <p>C. The Office of EMS will notify the licensee, or permit or certificate holder of the suspension in person or by certified mail to his last known address.</p> <p>D. A suspension takes effect immediately upon receipt of notification unless otherwise specified. A suspension remains in effect until the Office of EMS further acts upon the license, permit, certificate, endorsement or designation or until the order is overturned on appeal as specified in the Administrative Process Act.</p> <p>E. The licensee, or permit or certificate holder shall abide by any notice of suspension and shall return all suspended licenses, permits and certificates to the Office of EMS within 10 days of receipt of notification.</p>	<p>A. The Office of EMS commissioner may suspend an EMS license, permit, certificate, endorsement or designation without a hearing, pending an investigation or revocation procedure.</p> <p>1. Reasonable cause for suspension must exist before such action is taken by the Office of EMS commissioner. The decision must be based upon a review of evidence available to the Office of EMS commissioner.</p> <p>2. The Office of EMS commissioner may suspend an agency or service license, vehicle permit, personnel certificate, endorsement or designation for failure to adhere to the standards set forth in these regulations.</p> <p>C. The Office of EMS commissioner will notify the licensee, or permit or certificate holder of the suspension in person or by certified mail to his last known address.</p> <p>D. A suspension takes effect immediately upon receipt of notification unless otherwise specified. A suspension remains in effect until the Office of EMS commissioner further acts upon the license, permit, certificate, endorsement or designation or until the order is overturned on appeal as specified in the Administrative Process Act.</p> <p><i>Rationale: Follows <u>Code</u> language.</i></p>
------------	------------	---	---

		F. The Office of EMS may invoke any procedure set forth in this part to enforce the suspension	
230	n/a	<p>A. The Office of EMS may revoke an EMS license, permit, certificate, endorsement or designation after a hearing or waiver thereof.</p> <p>1. Reasonable cause for revocation must exist before such action by the Office of EMS.</p> <p>2. The Office of EMS may revoke an EMS agency license, EMS vehicle permit, vehicle permit, certification, endorsement or designation for failure to adhere to the standards set forth in these regulations.</p> <p>3. The Office of EMS may revoke an EMS agency license, an EMS vehicle permit, or EMS personnel certificate for violation of a correction order or for engaging in or aiding, abetting, causing, or permitting any act prohibited by these regulations.</p> <p>4. The Office of EMS may revoke an EMS training certificate for failure to adhere to the standards as set forth in these regulations and the "Training Program Administration Manual" in effect for the level of instruction concerned, or for lack of competence at such level as evidenced by lack of basic knowledge or skill, or for incompetent or unwarranted acts inconsistent with the standards in effect for the level of certification</p>	<p>A. The Office of EMS commissioner may revoke an EMS license, permit, certificate, endorsement or designation after a hearing or waiver thereof.</p> <p>1. Reasonable cause for revocation must exist before such action by the Office of EMS commissioner.</p> <p>2. The Office of EMS commissioner may revoke an EMS agency license, EMS vehicle permit, vehicle permit, certification, endorsement or designation for failure to adhere to the standards set forth in these regulations.</p> <p>3. The Office of EMS commissioner may revoke an EMS agency license, an EMS vehicle permit, or EMS personnel certificate for violation of a correction order or for engaging in or aiding, abetting, causing, or permitting any act prohibited by these regulations.</p> <p>4. The Office of EMS commissioner may revoke an EMS training certificate for failure to adhere to the standards as set forth in these regulations and the "Training Program Administration Manual" in effect for the level of instruction concerned, or for lack of competence at such level as evidenced by lack of basic knowledge or skill, or for incompetent or unwarranted acts inconsistent with the standards in effect for the level of certification concerned.</p> <p>5. The Office of EMS commissioner may revoke an EMS agency license for violation of federal or state laws resulting in a civil monetary penalty.</p> <p>C. The Office of EMS commissioner will notify the holder of a license, certification, endorsement or designation of the intent to revoke by <u>signed receipt in person or certified mail</u> to his last known address.</p> <p>2. Should the holder of a license, certification, endorsement or designation fail to file such notice, he will be deemed to have waived the right to a hearing. In such case,</p>

		<p>concerned.</p> <p>5. The Office of EMS may revoke an EMS agency license for violation of federal or state laws resulting in a civil monetary penalty.</p> <p>C. The Office of EMS will notify the holder of a license, certification, endorsement or designation of the intent to revoke by certified mail to his last known address.</p> <p>2. Should the holder of a license, certification, endorsement or designation fail to file such notice, he will be deemed to have waived the right to a hearing. In such case, the Office of EMS may revoke the license or certificate.</p>	<p>the Office of EMS commissioner may revoke the license or certificate.</p> <p>Rationale: Follows <u>Code language</u>.</p>
240	n/a	<p>B. The Office of EMS will send a correction order to the licensee or permit or certificate holder by certified mail to his last known address. Notification will include, but not be limited to, a description of the deficiency or violation to be corrected, and the period within which the deficiency or situation must be corrected, which shall not be less than 30 days from receipt of such order, unless an emergency has been declared by the Office of EMS.</p>	<p>B. The Office of EMS will send a correction order to the licensee or permit or certificate holder by <u>a signed receipt in person or certified mail</u> to his last known address. Notification will include, but not be limited to, a description of the deficiency or violation to be corrected, and the period within which the deficiency or situation must be corrected, which shall not be less than 30 days from receipt of such order, unless an emergency has been declared by the Office of EMS.</p> <p>Rationale: Allows for personal delivery.</p>
290	n/a	<p>E. Any EMS agency vehicle used exclusively for the provision of rescue services.</p>	<p>E. Any <u>vehicle owned or leased by an EMS agency</u> vehicle used exclusively for the provision of rescue services.</p> <p>H. <u>Wheelchair interfacility transport services and wheelchair interfacility transport service vehicles that are engaged, whether or not for profit, in the business, service, or regular activity of and exclusively used for transporting wheelchair bound passengers</u></p>

			<p><u>between medical facilities in the Commonwealth when no ancillary medical care or oversight is necessary. However, such services and vehicles shall comply with Department of Medical Assistance Services regulations regarding the transportation of Medicaid recipients to covered services.</u></p> <p>Rationale: Adds clarification for vehicles exempt and removes wheelchair services from any regulatory oversight by OEMS (SB1344 2005).</p>
370	n/a	An EMS agency that responds to medical emergencies for its primary service area shall be a designated emergency response agency.	<p>An EMS agency that responds to medical emergencies for its primary service area shall be a designated emergency response agency. <u>A designated emergency response agency shall provide services within its primary service area as defined by the Local EMS Response Plan.</u></p> <p>Rationale: Allows for variation of coverage by an established, approved plan between the EMS agency, local government and the agency OMD.</p>
380	n/a	An EMS agency shall provide service within its primary service area on a 24-hour continuous basis.	<p><u>A. An EMS agency shall provide service within its primary service area on a 24-hour continuous basis as defined by the Local EMS Response Plan.</u></p> <p>B. Licensed EMS agencies that meet the criteria stated in 12VAC5-31-370, but that operate under special conditions, i.e., time of year, etc., must also meet the criteria outlined in 12VAC5-31-430 A 2 and C 4.</p> <p>Rationale: Allows for variation of coverage by an established, approved plan between the EMS agency, local government and the agency OMD.</p>
390	n/a	An EMS agency shall participate in the regional Trauma Triage Plan established in accordance with § <u>32.1-111.3</u> of the Code of Virginia.	<p>An EMS agency shall participate in the regional Trauma Triage Plan <u>follow Specialty Care Hospital Triage Plans (Trauma, Stroke, and others as recognized by OEMS)</u> established in accordance with § 32.1-111.3 of the Code of Virginia. <u>EMS agencies shall have a component of their OMD approved patient care protocols; a triage component consistent with Code of Virginia mandated state specialty care hospital triage plans.</u></p> <p>Rationale: Adheres to legislation (SB344, HB479, 2008) and allows for additional specialties as developed.</p>

400	n/a	An EMS agency may not discriminate due to a patient's race, gender, creed, color, national origin, location, medical condition or any other reason.	An EMS agency may <u>shall</u> not discriminate due to a patient's race, gender, creed, color, national origin, location, medical condition or any other reason. Rationale: adjust language for meaning.
420	n/a	E. An applicant agency and all places of operation shall be subject to inspection by the Office of EMS for compliance with these regulations. The inspection may include any or all of the following: 1. All fixed places of operations, including all offices, stations, repair shops or training facilities. 2. All applicable records maintained by the applicant agency. 3. All EMS vehicles and required equipment used by the applicant agency.	E. An applicant agency and all places of operation shall be subject to inspection by the Office of EMS for compliance with these regulations. The inspection may include any or all of the following: 1. All fixed places of operations, including all offices, stations, repair shops or training facilities. 2. All applicable records maintained by the applicant agency. 3. All EMS vehicles and required equipment used by the applicant agency. Rationale: This is a duplicate regulation and as such is addressed in another section.
430	n/a	D. An EMS agency license will be issued and remain valid with the following conditions: 1. An EMS agency license is valid for a period of no longer than two years from the last day of the month of issuance unless and until revoked or suspended by the Office of EMS.	D. An EMS agency license will be issued and remain valid with the following conditions: 1. An EMS agency license is valid for a period of no longer than two years from the last day of the month of issuance unless and until revoked or suspended by the Office of EMS <u>commissioner</u> . Rationale: Follows Code language.
480	n/a	3. Advertised notice of its intent to discontinue service has been published in a newspaper of general circulation in its service area. 3. The return of all medication kits that are part of a local or regional medication exchange program or provision for the proper disposition of medications maintained	3. Advertised notice of its intent to discontinue service has been published in a newspaper of general circulation in its service area <u>and to be posted on the Office of EMS section of the Virginia Department of Health's web site.</u> 3. The return of all medication <u>drug</u> kits that are part of a local or regional medication <u>drug kit</u> exchange program or provision for the proper disposition of medications <u>drugs</u> maintained under a Board of Pharmacy controlled substance registration.

		<p>under a Board of Pharmacy controlled substance registration.</p> <p>4. The maintenance and secure storage of required agency records and prehospital patient care reports (PPCRs) for a minimum of five years from the date of termination of service.</p>	<p>4. The maintenance and secure storage of required agency records and prehospital patient care reports (PPCRs) for a minimum of five <u>six</u> years from the date of termination of service.</p> <p><i>Rationale: Utilizes current technology and reduces cost to consumer, utilizes correct Code language.</i></p>
500	n/a	<p>A. An EMS agency shall maintain a fixed physical location. Any change in the address of this location requires notification to the Office of EMS before relocation of the office space.</p> <p>C. The following sanitation measures are required at each place of operation in accordance with standards established by the Centers for Disease Control and Prevention (CDC) and the Virginia occupational safety and health laws (Title <u>40.1-1</u> of the Code of Virginia):</p>	<p>A. An EMS agency shall maintain a fixed physical location. Any change in the address of this location <u>the primary business location and any satellite locations</u> require notification to the Office of EMS before relocation of the office space.</p> <p>C. The following sanitation measures are required at each place of operation in accordance with standards established by the Centers for Disease Control and Prevention (CDC) and the Virginia occupational safety and health laws (Title 40.4-4 <u>40.1</u> of the Code of Virginia):</p> <p><i>Rationale: Clarifies responsibility of regulant with multiple office locations and corrects incorrect citation.</i></p>
510	n/a	<p>B. Adequate stocks of supplies and linens shall be maintained as required for the classes of vehicles in service at each place of operations. An EMS agency shall maintain a supply of at least 75 triage tags of a design approved by the Office of EMS. These tags must be maintained in a location readily accessible by all agency personnel.</p>	<p>B. Adequate stocks of supplies and linens shall be maintained as required for the classes of vehicles in service at each place of operations. An EMS agency shall maintain a supply of at least 75 <u>25</u> triage tags of a design approved by the Office of EMS. <u>on each permitted EMS vehicle.</u> These tags must be maintained in a location readily accessible by all agency personnel.</p> <p><i>Rationale: Provides a more accessible location for immediate use of triage tags in major medical events.</i></p>
520	n/a	<p>A. An area used for storage of medications and administration devices and a medication kit used on an EMS vehicle shall comply with requirements established by the Virginia Board of Pharmacy and the applicable drug</p>	<p>A. An area used for storage of medications <u>drugs</u> and administration devices and a medication <u>drug</u> kit used on an EMS vehicle shall comply with requirements established by the Virginia Board of Pharmacy and the applicable drug manufacturer's recommendations for climate-controlled storage.</p>

		<p>manufacturer's recommendations for climate-controlled storage.</p> <p>B. Medications and medication kits shall be maintained within their expiration date at all times.</p> <p>C. Medications and medication kits shall be removed from vehicles and stored in a properly maintained and locked secure area when the vehicle is not in use unless the ambient temperature of the vehicle's interior medication storage compartment is maintained within the climate requirements specified in this section.</p> <p>D. An EMS agency shall notify the Office of EMS in writing of any diversion of (i.e., loss or theft) or tampering with any controlled substances, medication delivery devices or other regulated medical devices from an agency facility or vehicle. Notification shall be made within 15 days of the discovery of the occurrence.</p>	<p>B. Medications <u>Drugs</u> and medication <u>drug</u> kits shall be maintained within their expiration date at all times.</p> <p>C. Medications <u>Drugs</u> and medication <u>drug</u> kits shall be removed from vehicles and stored in a properly maintained and locked secure area when the vehicle is not in use unless the ambient temperature of the vehicle's interior medication <u>drug</u> storage compartment is maintained within the climate requirements specified in this section.</p> <p>D. An EMS agency shall notify the Office of EMS in writing of any diversion of (i.e., loss or theft) or tampering with any controlled substances, medication <u>drug</u> delivery devices or other regulated medical devices from an agency facility or vehicle. Notification shall be made within 15 days of the discovery of the occurrence.</p> <p>Rationale: Follows <u>Code</u> language</p>
530	n/a	<p>An EMS agency is responsible for the preparation and maintenance of records that shall be available for inspection by the Office of EMS as follows:</p> <p>1. Records and reports shall be stored in a manner to ensure reasonable safety from water and fire damage and from unauthorized disclosure to persons other than those authorized by law.</p> <p>2. EMS agency records</p>	<p>An EMS agency is responsible for the preparation and maintenance of records that shall be available for inspection by the Office of EMS as follows:</p> <p>1. Records and reports shall, <u>at all times</u>, be stored in a manner to ensure reasonable safety from water and fire damage and from unauthorized disclosure to persons other than those authorized by law.</p> <p>2. EMS agency records shall be prepared and securely maintained at the principal place of operations or a secured storage facility for a period of not less than five <u>six</u> years.</p> <p>Rationale: Clarifies <u>regulant's</u></p>

		shall be prepared and securely maintained at the principal place of operations or a secured storage facility for a period of not less than five years.	<i>responsibility in record keeping and corrects to coincide with Virginia Records Retention act for maintenance of records.</i>
540	n/a	<p>A. An EMS agency shall have a current personnel record for each individual affiliated with the EMS agency. Each file shall contain documentation of certification (copy of EMS certification, healthcare provider license or EVOC, or both), training and qualifications for the positions held.</p> <p>B. An EMS agency shall have a record for each individual affiliated with the EMS agency documenting the results of a criminal history background check conducted through the Central Criminal Records Exchange operated by the Virginia State Police no more than 60 days prior to the individual's affiliation with the EMS agency.</p>	<p>A. An EMS agency shall have a current personnel record for each individual affiliated with the EMS agency. Each file shall contain documentation of certification (copy of EMS certification, healthcare provider license or EVOC, or both), training and qualifications for the positions held.</p> <p>B. An EMS agency shall have a record for each individual affiliated with the EMS agency documenting the results of a criminal history background check conducted through the Central Criminal Records Exchange (<u>CCRE</u>) and the <u>National Crime Information Center (NCIC)</u> operated via by the Virginia State Police, <u>a driving record transcript from the individuals state Department of Motor Vehicles (DMV) office, and any documents required by the Code of Virginia,</u> no more than 60 days prior to the individual's affiliation with the EMS agency.</p> <p><i>Rationale: eliminates excessive language, requires additional national criminal background check which is not found in Virginia State Police Criminal records review as well as DMV record.</i></p>
570	n/a	<p>A. An EMS agency must submit an "EMS Agency Status Report" to the Office of EMS within 30 days of a request or change in status of the following:</p> <ol style="list-style-type: none"> 1. Chief executive officer. 2. Chief of operations. 3. Training officer 4. Designated infection control officer. 5. Other information as required. <p>B. The EMS agency shall provide the leadership position held, to include</p>	<p>A. An EMS agency must submit an "EMS Agency Status Report" to the Office of EMS within 30 days of a request or change in status of the following:</p> <ol style="list-style-type: none"> 1. Chief executive officer. 2. Chief of operations. 3. 2. Training officer 4. 3. Designated infection control officer 5. Other information as required. <p>B. The EMS agency shall provide the leadership position held, to include title, term of office, mailing address, home and work telephone numbers, and other available electronic addresses for each individual <u>and other information as required.</u></p>

		<p>title, term of office, mailing address, home and work telephone numbers and other available electronic addresses for each individual.</p>	<p><i>Rationale: Reduces the number of reported positions, but identifies those who specialties are unique and required for the organization. This also allows for expansion for information as needed,</i></p>
<p>590</p>	<p>n/a</p>	<p>1. This agreement must describe the process or procedure by which the OMD or EMS agency may discontinue the agreement with prior notification of the parties involved in accordance with these regulations.</p> <p>3. This agreement must specify that EMS agency personnel may only provide emergency medical care and participate in associated training programs while acting under the authority of the operational medical director's license and within the scope of the EMS agency license in accordance with these regulations.</p> <p>4. This agreement must provide for EMS agency personnel to have direct access to the agency OMD in regards to discussion of issues relating to provision of patient care, application of patient care protocols or operation of EMS equipment used by the EMS agency.</p> <p>5. This agreement must ensure that the adequate indemnification exists for:</p> <p>a. Medical malpractice; and</p> <p>b. Civil liability.</p> <p>B. EMS agency and OMD conflict resolution. In the event of an unresolved conflict between an EMS agency and its OMD, the</p>	<p>1. This agreement must describe the process or procedure by which the OMD or EMS agency may discontinue the agreement with prior notification of the parties involved in accordance with these regulations, <u>pursuant to 12VAC5-31-1910.</u></p> <p>3. This agreement must specify that EMS agency personnel may only provide emergency medical care and participate in associated training programs while acting under with the authority <u>authorization</u> of the operational medical director's license <u>director</u> and within the scope of the EMS agency license in accordance with these regulations.</p> <p>4. This agreement must provide for EMS agency personnel to have direct access to the agency OMD in regards to discussion of issues relating to provision of patient care, application of patient care protocols or operation of EMS equipment used by the EMS agency.</p> <p>5. This agreement must ensure that the adequate indemnification <u>and/or insurance coverage</u> exist for:</p> <p>a. Medical malpractice; and</p> <p>b. Civil liability <u>claims</u>.</p> <p>B. EMS agency and OMD conflict resolution.</p> <p><u>1.</u> In the event of an unresolved conflict between an EMS agency and its OMD, the issues involved shall be brought before the regional EMS council or local EMS resource's medical direction committee (or approved equivalent) for review and resolution.</p> <p><u>2.</u> When an EMS agency determines that the OMD presents an immediate significant risk to the public safety or health of citizens, the EMS agency shall attempt to resolve the issues in question. If an immediate risk remains unresolved, the EMS agency shall contact the Office of EMS for assistance.</p>

		<p>issues involved shall be brought before the regional EMS council or local EMS resource's medical direction committee (or approved equivalent) for review and resolution. When an EMS agency determines that the OMD presents an immediate significant risk to the public safety or health of citizens, the EMS agency shall attempt to resolve the issues in question. If an immediate risk remains unresolved, the EMS agency shall contact the Office of EMS for assistance.</p>	<p><i>Rationale: Identifies specific section of the regulations as well as clarify terminology.</i></p>
<p>610</p>	<p>610</p>	<p>Add</p>	<p><u>Designated emergency response agency standards.</u></p> <p><u>A. A designated emergency response agency shall develop or participate in a written Local EMS Response plan that addresses the following items:</u></p> <p><u>1. The designated emergency response agency shall develop and maintain, in coordination with their locality, a written plan to provide 24-hour coverage of the agency's primary service area with the available personnel to achieve the approved responding interval standard.</u></p> <p><u>2. A designated emergency response agency shall conform to the local responding interval, or in the absence of a local standard, the EMS agency shall develop a standard in conjunction with OMD and local government, in the best interests of the patient and the community. The EMS agency shall use the response time standard to establish a time frame the EMS agency complies with on a 90% basis within its primary service area (i.e., a time frame in which the EMS agency can arrive at the scene of a medical emergency in 90% or greater of all calls).</u></p> <p><u>a. If the designated emergency response agency finds it is unable to respond within the established unit mobilization interval standard, the call shall be referred to the closest available mutual aid EMS agency.</u></p> <p><u>b. If the designated emergency response</u></p>

			<p><u>agency finds it is able to respond to the patient location sooner than the mutual aid EMS agency, the EMS agency shall notify the PSAP of its availability to respond.</u></p> <p><u>c. If the designated emergency response agency is unable to respond (e.g., lack of operational response vehicle or available personnel), the EMS agency shall notify the PSAP.</u></p> <p><u>d. If a designated emergency response agency determines in advance that it will be unable to respond for emergency service for a specified period of time, it shall notify its PSAP.</u></p> <p><u>B. A designated emergency response agency shall have available for review, a copy of the local EMS response plan that shall include the established EMS Responding Interval standards.</u></p> <p><u>C. A designated emergency response agency shall document its compliance with the established EMS response capability, unit mobilization interval and responding interval standards.</u></p> <p><u>D. A designated emergency response agency shall document an annual review of exceptions to established EMS response capability and time interval standards. The results of this review shall be provided to the agency's operational medical director and local governing body.</u></p> <p><i>Rationale: Defines a benchmark for an agency to achieve and measure annually in agreement with local government, the agency and the agency OMD.</i></p>
650	n/a	F. A temporary EMS vehicle permit will be issued and remain valid with the following conditions:	<p>F. A temporary EMS vehicle permit will be issued and shall remain valid with the following conditions:</p> <p><i>Rationale: clarification of language and intent.</i></p>
700	n/a	<p>5. Smoking is prohibited in an EMS transport vehicle at all times.</p> <p>6. Possession of a firearm, weapon, or explosive or incendiary device on any EMS vehicle is prohibited,</p>	<p>5. Smoking Tobacco use is prohibited in an EMS transport vehicle at all times.</p> <p>6. Possession of a firearm, weapon, or explosive or incendiary device on any EMS vehicle is prohibited, except:</p> <p>a. A sworn law enforcement officer</p>

		<p>except:</p> <p>a. A sworn law-enforcement officer authorized to carry a concealed weapon pursuant to § 18.2-308 of the Code of Virginia.</p> <p>b. Any rescue line gun or other rescue device powered by an explosive charge carried on a nontransport response vehicle.</p>	<p>authorized to carry a concealed weapon pursuant to §18.2-308 of the Code of Virginia.</p> <p>b. Any rescue line gun or other rescue device powered by an explosive charge carried on a nontransport response vehicle.</p> <p>Rationale: Removes the use of any tobacco products from the EMS unit (chewed, snuff, etc), addresses a section that was not removed from the last revision although removed in another section.</p>
710	n/a	<p>A. An occupant shall use mechanical restraints as required by the Code of Virginia.</p> <p>C. While the vehicle is in motion, equipment and supplies at or above the level of the patient's head while supine on the primary ambulance stretcher shall be secured in place to prevent movement.</p>	<p>A. An occupant shall use mechanical restraints as required by the Code of Virginia. <u>Stretcher patients shall be secured on the stretcher utilizing a minimum of three straps unless contraindicated by patient condition.</u></p> <p>C. While the vehicle is in motion, equipment and supplies at or above the level of the patient's head while supine on the primary ambulance stretcher shall be secured in place to prevent movement.</p> <p>Rationale: Mandates the use of safety straps for patients on a stretcher and removed section already addressed elsewhere in the regulations.</p>
750	n/a	<p>3. An EMS vehicle shall have an audible warning device installed to project sound forward from the front of the EMS vehicle.</p>	<p>3. An <u>A ground</u> EMS vehicle shall have an audible warning device installed to project sound forward from the front of the EMS vehicle.</p> <p>Rationale: Removes air ambulance requirement for audible warning device.</p>
760	n/a	<p>A. An EMS vehicle shall have fixed communications equipment that provides direct two-way voice communications capabilities between the EMS vehicle, other EMS vehicles of the same agency, and either the agency's base of operations (dispatch point) or a governmental public safety answering point (PSAP). This communication capability must be available within the</p>	<p>A. An EMS vehicle shall have fixed communications equipment that provides direct two-way voice communications capabilities between the EMS vehicle, other EMS vehicles of the same agency, and either the agency's base of operations (dispatch point) or a governmental public safety answering point (PSAP). This communication capability must be available within the agency's primary service area or within a 25-mile radius of its base of operations, whichever is greater. Service may be provided by private mobile radio service (PMRS) or by commercial mobile radio service (CMRS), but shall have direct and immediate communications via push-to-talk</p>

		<p>agency's primary service area or within a 25-mile radius of its base of operations, whichever is greater. Service may be provided by private mobile radio service (PMRS) or by commercial mobile radio service (CMRS), but shall have direct and immediate communications via push-to-talk technology.</p> <p>B. An ambulance transporting outside its primary service area shall have fixed or portable communications equipment that provides two-way voice communications capabilities between the EMS vehicle and either the agency's base of operations (dispatch point) or a governmental public safety answering point (PSAP) during the period of transport. Service may be provided by private mobile radio service (PMRS) or by commercial mobile radio service (CMRS). When operating outside the agency's primary service area or a 25-mile radius of its base of operations, the requirement for direct and immediate communications via push-to-talk technology does not apply. This requirement does not apply in areas where CMRS is not available.</p> <p>C. An ambulance or an advanced life support-equipped, nontransport response vehicle shall have communications equipment that provides two-way voice communications capabilities between the EMS vehicle's attendant-in-charge and the receiving medical facilities to which it regularly transports or a</p>	<p>technology.</p> <p>B. An ambulance transporting outside its primary service area shall have fixed or portable communications equipment that provides two-way voice communications capabilities between the EMS vehicle and either the agency's base of operations (dispatch point) or a governmental public safety answering point (PSAP) during the period of transport. Service may be provided by private mobile radio service (PMRS) or by commercial mobile radio service (CMRS). When operating outside the agency's primary service area or a 25-mile radius of its base of operations <u>of routine responsibility</u>, the requirement for direct and immediate communications via push-to-talk technology does not apply or in areas where CMRS is <u>not available</u>. This requirement does not apply in areas where CMRS is not available. <u>If an agency is licensed as a DERA, it will be required to have direct and immediate communications via push-to-talk technology for either the agency's base of operations (dispatch point) or governmental public safety answering point (PSAP) for which the EMS agency vehicle is used for emergency response to the public in the jurisdiction where a memorandum of understanding, memorandum of agreement is in place or is contractually obligated to provide emergency response.</u></p> <p>C. An ambulance or an advanced life support-equipped, nontransport response vehicle shall have communications equipment that provides two-way voice communications capabilities between the EMS vehicle's attendant-in-charge and the receiving medical facilities to which it regularly transports or a designated central medical control on one or more of the following frequencies:</p> <p>155.340 MHz (statewide HEAR);</p> <p>155.400 MHz (Tidewater HEAR);</p> <p>155.280 MHz (Inter-Hospital HEAR);</p> <p>462.950/467.950 (MED 9 or CALL 1);</p> <p>462.975/467.975 (MED 10 or CALL 2);</p> <p>462.950-463.19375/467.950-468.19375</p>
--	--	--	---

		<p>designated central medical control on one or more of the following frequencies:</p> <p>155.340 MHz (statewide HEAR);</p> <p>155.400 MHz (Tidewater HEAR);</p> <p>155.280 MHz (Inter-Hospital HEAR);</p> <p>462.950/467.950 (MED 9 or CALL 1);</p> <p>462.975/467.975 (MED 10 or CALL 2);</p> <p>462.950-463.19375/467.950-468.19375 (UHF MED CHANNELS 1-103); and</p> <p>220 MHz, 700MHz, 800MHz, or 900MHz frequency and designated talkgroup or channel identified as part of an agency, jurisdictional, or regional communications plan for ambulance to hospital communications.</p> <p>D. Mutual aid interoperability. An EMS vehicle must have fixed communications equipment that provides direct two-way voice communications capabilities between the EMS vehicle and EMS vehicles of other EMS agencies within the jurisdiction and those EMS agencies with which it has mutual aid agreements. Service may be provided by private mobile radio service (PMRS) or by commercial mobile radio service (CMRS), but requires direct and immediate communications via push-to-talk technology. This requirement may be met by interoperability on a</p>	<p>(UHF MED CHANNELS 4-103 1-10); and</p> <p>220 MHz, 700MHz, 800MHz, or 900MHz frequency and designated talk group or channel identified as part of an agency, jurisdictional, or regional communications plan for ambulance to hospital communications.</p> <p>D. Mutual aid interoperability. An EMS vehicle must have fixed communications equipment that provides direct two-way voice communications capabilities between the EMS vehicle and EMS vehicles of other EMS agencies within the jurisdiction and those EMS agencies with which it has mutual aid agreements. Service may be provided by private mobile radio service (PMRS) or by commercial mobile radio service (CMRS), but requires direct and immediate communications via push-to-talk technology. This requirement may be met by interoperability on a common radio frequency or talk group, or by fixed or interactive cross-patching under supervision of an agency dispatch center or governmental PSAP. The means of communications interoperability must be identified in any mutual aid agreements required by these regulations.</p> <p><u>1. Must comply with the Virginia Interoperability Plan as defined by the Governor’s Office of Commonwealth Preparedness.</u></p> <p>E. Air ambulance interoperability. A non-transport EMS vehicle or ground ambulance must have fixed communications equipment that provides direct two-way voice communications capabilities between the EMS vehicle and air ambulances designated to serve its primary response area by the State Medevac Plan. An air ambulance must have fixed communications equipment that provides direct two-way voice communications capabilities between the air ambulance, other EMS vehicles in its primary response area, and public safety vehicles or personnel at landing zones on frequencies adopted in accordance with this section. Radio communications must be direct and immediate via push-to-talk technology. This requirement may be met by interoperability on a common radio frequency or talk group, or by fixed or interactive cross-patching under supervision of an agency dispatch</p>
--	--	--	---

	<p>common radio frequency or talkgroup, or by fixed or interactive cross-patching under supervision of an agency dispatch center or governmental PSAP. The means of communications interoperability must be identified in any mutual aid agreements required by these regulations.</p> <p>E. Air ambulance interoperability. A nontransport EMS vehicle or ground ambulance must have fixed communications equipment that provides direct two-way voice communications capabilities between the EMS vehicle and air ambulances designated to serve its primary response area by the State Medevac Plan. An air ambulance must have fixed communications equipment that provides direct two-way voice communications capabilities between the air ambulance, other EMS vehicles in its primary response area, and public safety vehicles or personnel at landing zones on frequencies adopted in accordance with this section. Radio communications must be direct and immediate via push-to-talk technology. This requirement may be met by interoperability on a common radio frequency or talkgroup, or by fixed or interactive cross-patching under supervision of an agency dispatch center or governmental PSAP. The frequencies used for this purpose will be those set forth by an agreement among air ambulance providers and EMS agencies for a specific</p>	<p>center or governmental PSAP. The frequencies used for this purpose will be those set forth by an agreement among air ambulance providers and EMS agencies for a specific jurisdiction or region, and must be identified in agency, jurisdictional, or regional protocols for access and use of air ambulances. Any nontransport EMS vehicle or ground ambulance not participating in such an agreement must be capable of operating on VHF frequency 155.205 MHz (carrier squelch), which is designated as the Statewide EMS Mutual Aid Frequency. An air ambulance must be capable of operating on VHF frequency 155.205 MHz (carrier squelch) in addition to any other frequencies adopted for jurisdictional or regional interoperability.</p> <p><i>Rationale: Concurs with technological growth, includes compliance with Virginia's Interoperability Plan and removes burden for additional radios for non-DEIRA agencies.</i></p>
--	---	--

		<p>jurisdiction or region, and must be identified in agency, jurisdictional, or regional protocols for access and use of air ambulances. Any nontransport EMS vehicle or ground ambulance not participating in such an agreement must be capable of operating on VHF frequency 155.205 MHz (carrier squelch), which is designated as the Statewide EMS Mutual Aid Frequency. An air ambulance must be capable of operating on VHF frequency 155.205 MHz (carrier squelch) in addition to any other frequencies adopted for jurisdictional or regional interoperability.</p>	
<p>800</p>	<p>n/a</p>	<p>A. A vehicle maintained and operated for response to the location of a medical emergency to provide immediate medical care at the basic or advanced life support level (excluding patient transport) shall be permitted as a nontransport response vehicle unless specifically authorized under Part VI (12VAC5-31-2100 et seq.) of this chapter.</p> <p>A nontransport response vehicle used for the delivery of advanced life support must have a locking storage compartment or approved locking bracket for the security of medications and medication kits. When not in use, medications and medication kits must be kept locked in the required storage compartment or approved bracket at all times. The EMS agency shall maintain medications and medication</p>	<p>A. A vehicle maintained and operated for response to the location of a medical emergency to provide immediate medical care at the basic or advanced life support level (excluding patient transport) shall be permitted as a nontransport response vehicle unless specifically authorized under Part VI (12VAC5-31-2100 et seq.) of this chapter.</p> <p>A nontransport response vehicle used for the delivery of advanced life support must have a locking storage compartment or approved locking bracket for the security of medications drugs and medication drug kits. When not in use, medications drugs and medication drug kits must be kept locked in the required storage compartment or approved bracket at all times. The EMS agency shall maintain medications drugs and medication drug kits as specified in these regulations.</p> <p><i>Rationale: Follows Code language and removes outdated citations.</i></p>

		kits as specified in these regulations. .	
810	n/a	<p>1. A ground ambulance must have a locking interior storage compartment or approved locking bracket used for the secure storage of medications and medication kits that is accessible from within the patient compartment. Medications and medication kits must be kept in a locked storage compartment or approved bracket at all times when not in use. The EMS agency must maintain medications and medication kits as specified in these regulations.</p> <p>2. Required equipment and supplies specified in these regulations, excluding those in 12VAC5-31-860 I, J and K, must be available for access and use from inside the patient compartment.</p>	<p>1. A ground ambulance must have a locking interior storage compartment or approved locking bracket used for the secure storage of medications drugs and medication drug kits that is accessible from within the patient compartment. Medications Drugs and medication drug kits must be kept in a locked storage compartment or approved bracket at all times when not in use. The EMS agency must maintain medications drugs and medication drug kits as specified in these regulations.</p> <p>2. Required equipment and supplies specified in these regulations, excluding those in 12VAC5-31-860 I, J and K, must be available for access and use from inside the patient compartment.</p> <p>Rationale: Follows <u>Code</u> language and removes outdated citations.</p>
820	n/a	2. ALS – EMT-intermediate/EMT-paramedic equipment package.	<p>2. ALS – EMT-intermediate/EMT-paramedic <u>Advanced EMT/EMT-Intermediate/EMT-Paramedic</u> equipment package.</p> <p>Rationale: Update certification level language.</p>
830	n/a	3. A neonatal ambulance must have a locking interior storage compartment or approved locking bracket used for the secure storage of medications and medication kits that is accessible from within the patient compartment. Medications and medication kits must be kept in a locked storage compartment or approved bracket at all times when not in use. The EMS agency must maintain medications and medication kits as specified in these	<p>3. A neonatal ambulance must have a locking interior storage compartment or approved locking bracket used for the secure storage of medications drugs and medication drug kits that is accessible from within the patient compartment. Medications Drugs and medication drug kits must be kept in a locked storage compartment or approved bracket at all times when not in use. The EMS agency must maintain medications drugs and medication drug kits as specified in these regulations.</p> <p>Rationale: Follows <u>Code</u> language.</p>

		regulations.	
840	n/a	Air ambulance specifications.	Air Ambulance specifications <i>Rationale: Addressed in a new section.</i>
860	n/a	Amend	<p><u>A. Nontransport vehicle.</u></p> <p><u>1. Basic life support equipment.</u></p> <p><u>a. Automated external defibrillator (AED) with two sets of patient pads. This may be a combination device that also has manual defibrillation capability (1).</u></p> <p><u>b. Pocket mask or disposable airway barrier device with on-way valve (2).</u></p> <p><u>c. Oropharyngeal airways set of six, nonmetallic in infant, child, and adult sizes ranging from 43mm to 100mm (sizes 0-5) (1 each).</u></p> <p><u>d. Nasopharyngeal airways set of four, varied sizes, with water soluble lubricant (1).</u></p> <p><u>e. Self-inflating bag-valve-mask resuscitation with oxygen reservoir in adult size with transparent mask in adult and child sizes (1).</u></p> <p><u>f. Self-inflating bag-valve-mask resuscitation with oxygen reservoir in infant size with transparent masks in infant size (1).</u></p> <p><u>2. Oxygen apparatus.</u></p> <p><u>a. Portable oxygen unit containing a quantity of oxygen sufficient to supply the patient at the approximate flow rate for the period of time in is anticipated oxygen will be needed, but not less that 10 liters per minute for 15 minutes. The unit must be capable of being manually controlled and have an appropriate flowmeter (1).</u></p> <p><u>b. High concentration oxygen masks (80% or higher delivery) in child and adult sizes. These masks must be made of single use soft see-through plastic or rubber (2 each).</u></p> <p><u>c. Oxygen nasal cannula, in child and adult sizes. This cannula must be made of single use soft see-through plastic or rubber (2 each).</u></p> <p><u>3. Suction apparatus.</u></p>

			<p><u>a. Battery powered portable suction apparatus. A manually powered device does not meet this requirement (1).</u></p> <p><u>b. Suction catheters that are sterile, individually wrapped, disposable, and made of rubber or plastic in sizes as follows: Rigid Tonsil Tip, FR18, FR14, FR 8 and FR 6 (2 each).</u></p> <p><u>4. Patient assessment equipment.</u></p> <p><u>a. Stethoscope in adult size (1).</u></p> <p><u>b. Stethoscope in pediatric size (1).</u></p> <p><u>c. Sphygmomanometer in child, adult and large adult sizes (1 each).</u></p> <p><u>d. Vinyl triage tape rolls of red, black, green and yellow (1 each).</u></p> <p><u>e.25 OEMS approved triage tags</u></p> <p><u>f. Penlight (1).</u></p> <p><u>g. Medical Protocols (1).</u></p> <p><u>5. Dressing and supplies.</u></p> <p><u>a. First aid kit of durable construction and suitably equipped. These contents of this kit may be used to satisfy these supply requirements completely or in part (1).</u></p> <p><u>b. Trauma dressings, a minimum of 8" x 10" - 5/8 ply when folded, sterile and individually wrapped (4).</u></p> <p><u>c. 4" x4" gauze pads, sterile and individually wrapped (24).</u></p> <p><u>d. Occlusive dressings, sterile 3" x 8" or larger (4).</u></p> <p><u>e. Roller or conforming gauze of assorted widths (12).</u></p> <p><u>f. Cloth triangular bandages, 36" x 36" x 51", triangle unfolded (10).</u></p> <p><u>g. Medical adhesive tape, rolls of 1" and 2" (4).</u></p> <p><u>h. Trauma scissors (1).</u></p> <p><u>i. Emesis basin containers or equivalents (2).</u></p>
--	--	--	--

			<p><u>j. Sterile normal saline for irrigation, 1000 ml containers (or equivalent volume in other container sizes) (1).</u></p> <p><u>k. Oral Glucose (1).</u></p> <p><u>6. Obstetrical kits (1). It must contain the following:</u></p> <p><u>a. Sterile surgical gloves (pairs) (2).</u></p> <p><u>b. Scissors or other cutting instrument (1).</u></p> <p><u>c. Umbilical cord ties (10" long) or disposable cord clamps (4).</u></p> <p><u>d. Sanitary pads (1).</u></p> <p><u>e. Cloth or disposable hand towels (2).</u></p> <p><u>f. Soft-tipped bulb syringe (1).</u></p> <p><u>7. Personal protection equipment.</u></p> <p><u>a. Waterless antiseptic hand wash (1).</u></p> <p><u>b. Exam gloves, non-sterile, pairs in sizes small through extra large (5 each).</u></p> <p><u>c. Disposable gowns/coveralls, each in assorted sizes if not one-size-fits all style (2).</u></p> <p><u>d. Face shield/eyewear (2).</u></p> <p><u>e. Infectious waste trash bags (2).</u></p> <p><u>8. Linen and bedding.</u></p> <p><u>a. Towels, cloth (2).</u></p> <p><u>b. Blankets (2).</u></p> <p><u>9. Splints and immobilization devices.</u></p> <p><u>Rigid cervical collars in sizes small adult, medium adult, large adult and pediatric. If adjustable type collars are used, then a minimum of three are sufficient (2 each).</u></p> <p><u>10. Safety equipment.</u></p> <p><u>a. "D" cell or larger flashlight (1).</u></p> <p><u>b. Five-pound ABC or equivalent fire extinguisher securely mounted in the vehicle in a quick release bracket (1).</u></p> <p><u>c. Safety apparel (2).</u></p>
--	--	--	--

			<p><u>d. Sharps container (1).</u></p> <p><u>11. Tools and hazard warning devices.</u></p> <p><u>a. Adjustable wrench, 10" (1).</u></p> <p><u>b. Screwdriver, regular #1 size blade (1).</u></p> <p><u>c. Screwdriver, Phillips #1 size blade (1).</u></p> <p><u>d. Spring loaded center punch (1).</u></p> <p><u>e. Hazard warning devices (reflective cone, triangle or approved equivalent) (3 each).</u></p> <p><u>f. Current US-DOT approved Emergency Response Guidebook (1).</u></p> <p><u>B. Ground ambulance.</u></p> <p><u>1. Basic life support equipment.</u></p> <p><u>a. Automated external defibrillator (AED) with two sets of patient pads. This may be a combination device that also has manual defibrillation capability (1).</u></p> <p><u>b. Pocket mask or disposable airway barrier device with on-way valve (2).</u></p> <p><u>c. Oropharyngeal airways set of 6, nonmetallic in infant, child, and adult sizes ranging from 43mm to 100mm (sizes 0-5) (1 each).</u></p> <p><u>d. Nasopharyngeal airways set of 4, varied sizes, with water soluble lubricant (1).</u></p> <p><u>e. Self-inflating bag-valve-mask resuscitation with oxygen reservoir in adult size with transparent mask in adult and child sizes (1 each).</u></p> <p><u>f. Self-inflating bag-valve-mask resuscitation with oxygen reservoir in infant size with transparent masks in infant size (1).</u></p> <p><u>2. Oxygen apparatus.</u></p> <p><u>a. Portable oxygen unit containing a quantity of oxygen sufficient to supply the patient at the approximate flow rate for the period of time in is anticipated oxygen will be needed, but not less that 10 liters per minute for 15 minutes. The unit must be capable of being manually controlled and have an appropriate flowmeter (1).</u></p>
--	--	--	---

			<p><u>b. Installed oxygen system containing a sufficient quantity of oxygen to supply two patient flowmeters at the appropriate flow rate for the period of time it is anticipated oxygen will be needed, but not less than 10 liters per minute for 30 minutes. This unit must be capable of being manually controlled, have two flowmeters, and have an attachment available for a single-use humidification device (1).</u></p> <p><u>c. High concentration oxygen masks (80% or higher delivery) in child and adult sizes. These masks must be made of single use soft see-through plastic or rubber (4 each).</u></p> <p><u>d. Oxygen nasal cannula, in child and adult sizes. This cannula must be made of single use soft see-through plastic or rubber (4 each).</u></p> <p><u>3. Suction apparatus.</u></p> <p><u>a. Battery powered portable suction apparatus. A manually powered device does not meet this requirement (1).</u></p> <p><u>b. Installed suction apparatus capable of providing a minimum of 20 minutes of continuous operation (1).</u></p> <p><u>c. Suction catheters that are sterile, individually wrapped, disposable, and made of rubber or plastic in sizes as follows: Rigid Tonsil Tip, FR18, FR14, FR 8 and FR 6 (2 each).</u></p> <p><u>4. Patient assessment equipment.</u></p> <p><u>a. Stethoscope in adult size (2).</u></p> <p><u>b. Stethoscope in pediatric size (1).</u></p> <p><u>c. Sphygmomanometer in child, adult and large adult sizes (1 each).</u></p> <p><u>d. Vinyl triage tape rolls of red, black, green and yellow (1 each).</u></p> <p><u>e. 25 OEMS approved triage tags.</u></p> <p><u>f. Penlight (1).</u></p> <p><u>g. Medical Protocols (1).</u></p> <p><u>5. Dressing and supplies.</u></p>
--	--	--	--

			<p><u>a. First aid kit of durable construction and suitably equipped. These contents of this kit may be used to satisfy these supply requirements completely or in part (1).</u></p> <p><u>b. Trauma dressings, a minimum of 8" x 10" - 5/8 ply when folded, sterile and individually wrapped (4).</u></p> <p><u>c. 4" x4" gauze pads, sterile and individually wrapped (24).</u></p> <p><u>d. Occlusive dressings, sterile 3" x 8" or larger (4).</u></p> <p><u>e. Roller or conforming gauze of assorted widths (12).</u></p> <p><u>f. Cloth triangular bandages, 36" x 36" x 51", triangle unfolded (10).</u></p> <p><u>g. Medical adhesive tape, rolls of 1" and 2" (4).</u></p> <p><u>h. Trauma scissors (1).</u></p> <p><u>i. Alcohol preps (12).</u></p> <p><u>j. Emesis basin containers or equivalents (2).</u></p> <p><u>k. Sterile normal saline for irrigation, 1000 ml containers (or equivalent volume in other container sizes) (4).</u></p> <p><u>l. Oral Glucose (2).</u></p> <p><u>6. Obstetrical kits (2). It must contain the following:</u></p> <p><u>a. Sterile surgical gloves (pairs) (2).</u></p> <p><u>b. Scissors or other cutting instrument (1).</u></p> <p><u>c. Umbilical cord ties (10" long) or disposable cord clamps (4).</u></p> <p><u>d. Sanitary pads (1).</u></p> <p><u>e. Cloth or disposable hand towels (2).</u></p> <p><u>f. Soft-tipped bulb syringe (1).</u></p> <p><u>7. Personal protection equipment.</u></p> <p><u>a. Waterless antiseptic hand wash (1).</u></p> <p><u>b. Exam gloves, non-sterile, pairs in sizes small through extra large (10 each).</u></p>
--	--	--	---

			<p><u>c. Disposable gowns/coveralls, each in assorted sizes if not one-size-fits all style (4).</u></p> <p><u>d. Face shield/eyewear (4).</u></p> <p><u>e. Infectious waste trash bags (4).</u></p> <p><u>8. Linen and bedding.</u></p> <p><u>a. Towels, cloth (2).</u></p> <p><u>b. Pillows (2).</u></p> <p><u>c. Pillow cases (2).</u></p> <p><u>d. Sheets (4).</u></p> <p><u>e. Blankets (2).</u></p> <p><u>f. Male urinal (1).</u></p> <p><u>g. Bedpan with toilet paper (1).</u></p> <p><u>9. Splints and immobilization devices.</u></p> <p><u>a. Rigid cervical collars in sizes small adult, medium adult, large adult and pediatric. If adjustable type collars are used, then a minimum of three are sufficient (2 each).</u></p> <p><u>b. Traction splint with ankle hitch and stand in adult and pediatric size (one each), or an equivalent traction splint device capable of adult and pediatric application.</u></p> <p><u>c. Padded board splints or equivalent for splinting fractures of the upper extremities (2).</u></p> <p><u>d. Padded board splints or equivalent for splinting fractures of the lower extremities (2).</u></p> <p><u>e. Long spine boards 16" x 72" minimum size, with at least four appropriate restraint straps, cravats or equivalent restraint devices for each spine board (2).</u></p> <p><u>f. Short spine board 16" x 34" minimum size or equivalent spinal immobilization devices (1).</u></p> <p><u>g. Pediatric immobilization device (1).</u></p> <p><u>h. Cervical immobilization devices (i.e., set of foam blocks/towels or other approved materials) (2).</u></p>
--	--	--	--

			<p><u>10. Safety equipment.</u></p> <p><u>a. Wheeled ambulance cot with a minimum 350 lb. capacity, three restraint straps and the manufacturer-approved vehicle mounting device (1).</u></p> <p><u>b. "D" cell or larger flashlight (2).</u></p> <p><u>c. Five-pound ABC or equivalent fire extinguisher securely mounted in the vehicle in a quick release bracket. One accessible to the patient compartment (2).</u></p> <p><u>d. Safety apparel (2).</u></p> <p><u>e. Sharps container, mounted/commercially secured (1).</u></p> <p><u>f. "No Smoking" sign located in the patient compartment (1).</u></p> <p><u>11. Tools and hazard warning devices.</u></p> <p><u>a. Adjustable wrench, 10" (1).</u></p> <p><u>b. Screwdriver, regular #1 size blade (1).</u></p> <p><u>c. Screwdriver, Phillips #1 size blade (1).</u></p> <p><u>d. Spring loaded center punch (1).</u></p> <p><u>e. Hazard warning device (i.e., reflective cone, triangle or approved equivalent) (3 total).</u></p> <p><u>f. Current US-DOT approved Emergency Response Guidebook (1).</u></p> <p><u>C. Neonatal ambulance</u></p> <p><u>1. Basic life support equipment.</u></p> <p><u>a. Pocket mask or disposable airway barrier device with on-way valve (2).</u></p> <p><u>b. Oropharyngeal airways set of six, nonmetallic in infant, child, and adult sizes ranging from 43mm to 100mm (sizes 0-5) (2 each).</u></p> <p><u>c. Nasopharyngeal airways set of four, varied sizes, with water soluble lubricant (1).</u></p> <p><u>d. Self-inflating bag-valve-mask resuscitation with oxygen reservoir in adult size with transparent mask in adult size (1).</u></p>
--	--	--	--

			<p><u>e. Self-inflating bag-valve-mask resuscitation with oxygen reservoir in child size with transparent masks in child size (1).</u></p> <p><u>f. Self-inflating bag-valve-mask resuscitation with oxygen reservoir in infant size with transparent masks in infant size (1).</u></p> <p><u>2. Oxygen apparatus.</u></p> <p><u>a. Portable oxygen unit containing a quantity of oxygen sufficient to supply the patient at the approximate flow rate for the period of time in is anticipated oxygen will be needed, but not less that 10 liters per minute for 15 minutes. The unit must be capable of being manually controlled and have an appropriate flowmeter (1).</u></p> <p><u>b. Installed oxygen system containing a sufficient quantity of oxygen to supply two patient flowmeters at the appropriate flow rate for the period of time it is anticipated oxygen will be needed, but not less that 10 liters per minute for 30 minutes. This unit must be capable of being manually controlled, have two flowmeters, and have an attachment available for a single-use humidification device (1).</u></p> <p><u>c. High concentration oxygen masks (80% or higher delivery) in child and adult sizes. These masks must be made of single use soft see-through plastic or rubber (4 each).</u></p> <p><u>d. Oxygen nasal cannula, in child and adult sizes. This cannula must be made of single use soft see-through plastic or rubber (4 each).</u></p> <p><u>3. Suction apparatus.</u></p> <p><u>a. Battery powered portable suction apparatus. A manually powered device does not meet this requirement (1).</u></p> <p><u>b. Installed suction apparatus capable of providing a minimum of 20 minutes of continuous operation (1).</u></p> <p><u>c. Suction catheters that are sterile, individually wrapped, disposable, and made of rubber or plastic in sizes as follows: Rigid Tonsil Tip, FR18, FR14, FR 8 and FR 6 (2 each).</u></p>
--	--	--	---

			<p><u>4. Patient assessment equipment.</u></p> <p><u>a. Stethoscope in adult size (1).</u></p> <p><u>b. Stethoscope in pediatric size (1).</u></p> <p><u>c. Stethoscopes in infant and neonate sizes (2 each).</u></p> <p><u>d. Sphygmomanometer in child, adult and large adult sizes (1 each).</u></p> <p><u>e. Sphygmomanometer in infant size (2).</u></p> <p><u>5. Dressing and supplies.</u></p> <p><u>a. First aid kit of durable construction and suitably equipped. These contents of this kit may be used to satisfy these supply requirements completely or in part (1).</u></p> <p><u>b. Trauma dressings, a minimum of 8" x 10" - 5/8 ply when folded, sterile and individually wrapped (4).</u></p> <p><u>c. 4" x4" gauze pads, sterile and individually wrapped (24).</u></p> <p><u>d. Occlusive dressings, sterile 3" x 8" or larger (4).</u></p> <p><u>e. Roller or conforming gauze of assorted widths (12).</u></p> <p><u>f. Medical adhesive tape, rolls of 1" and 2" (4).</u></p> <p><u>h. Trauma scissors (1).</u></p> <p><u>i. Alcohol preps (12).</u></p> <p><u>j. Emesis basin containers or equivalents (2).</u></p> <p><u>k. Sterile normal saline for irrigation, 1000 ml containers (or equivalent volume in other container sizes) (4).</u></p> <p><u>6. Obstetrical kits (2). It must contain the following:</u></p> <p><u>a. Sterile surgical gloves (pairs) (2).</u></p> <p><u>b. Scissors or other cutting instrument (1).</u></p> <p><u>c. Umbilical cord ties (10" long) or disposable cord clamps (4).</u></p> <p><u>d. Sanitary pads (1).</u></p>
--	--	--	---

			<p><u>e. Cloth or disposable hand towels (2).</u></p> <p><u>f. Soft-tipped bulb syringe (1).</u></p> <p><u>7. Personal protection equipment.</u></p> <p><u>a. Waterless antiseptic hand wash (1).</u></p> <p><u>b. Exam gloves, non-sterile, pairs in sizes small through extra large (10 each).</u></p> <p><u>c. Disposable gowns/coveralls, each in assorted sizes if not one-size-fits all style (4).</u></p> <p><u>d. Face shield/eyewear (4).</u></p> <p><u>e. Infectious waste trash bags (4).</u></p> <p><u>8. Linen and bedding.</u></p> <p><u>a. Towels, cloth (2).</u></p> <p><u>b. Sheets (4).</u></p> <p><u>c. Blankets (2).</u></p> <p><u>9. Splints and immobilization devices.</u></p> <p><u>a. Rigid cervical collars in sizes small adult, medium adult, large adult and pediatric. If adjustable type collars are used, then a minimum of three are sufficient (2 each).</u></p> <p><u>b. Pediatric immobilization device (1).</u></p> <p><u>10. Safety equipment.</u></p> <p><u>a. "D" cell or larger flashlight (2).</u></p> <p><u>b. Five-pound ABC or equivalent fire extinguisher securely mounted in the vehicle in a quick release bracket. One accessible to the patient compartment (2).</u></p> <p><u>c. Safety apparel (2).</u></p> <p><u>d. Sharps container, mounted/commercially secured (1).</u></p> <p><u>e. "No Smoking" sign located in the patient compartment (1).</u></p> <p><u>11. Tools and hazard warning devices.</u></p> <p><u>a. Adjustable wrench, 10" (1).</u></p> <p><u>b. Screwdriver, regular #1 size blade (1).</u></p>
--	--	--	--

			<p><u>c. Screwdriver, Phillips #1 size blade (1).</u></p> <p><u>d. Spring loaded center punch (1).</u></p> <p><u>e. Hazard warning devices (reflective cone, triangle or approved equivalent) (3 each).</u></p> <p><u>f. Current US-DOT approved Emergency Response Guidebook (1).</u></p> <p><u>D. Advanced life support equipment.</u></p> <p><u>1. EMT enhanced package.</u></p> <p><u>a. Drug kit with all controlled drugs authorized for use by the EMS agency's EMT Enhanced personnel; and other appropriately certified advanced level personnel. The drug kit may contain additional drugs if the kit is a standardized box utilized by multiple EMS agencies operating under a joint drug exchange program (1).</u></p> <p><u>b. Assorted intravenous, intramuscular, subcutaneous and other drug delivery devices and supplies as specified by the agency OMD (1).</u></p> <p><u>2. Advanced EMT/EMT-intermediate/paramedic package.</u></p> <p><u>a. ECG monitor/manual defibrillator capable of synchronized cardioversion and non-invasive external pacing with capability for monitoring and defibrillating adult and pediatric patients (1).</u></p> <p><u>b. ECG monitoring electrodes, in adult and pediatric sizes as required by device used. (2 set each).</u></p> <p><u>c. Defibrillation and pacing electrodes in adult and pediatric sizes as required by device used (2 set each).</u></p> <p><u>d. Drug kit with all controlled drugs authorized for use by the EMS agency's Advanced EMT, EMT-Intermediate, EMT-Paramedic and other authorized licensed personnel. The drug kit may contain additional drugs if the kit is a standardized box utilized by multiple EMS agencies operating under a joint drug exchange program (1).</u></p> <p><u>e. Assorted intravenous, intramuscular, subcutaneous and other drug delivery</u></p>
--	--	--	---

			<p><u>devices and supplies as specified by the agency OMD (1).</u></p> <p><u>f. Pediatric assessment guides.</u></p> <p><u>3. Neonatal ambulance.</u></p> <p><u>a. ECG monitor/manual defibrillator capable of synchronized cardioversion and non-invasive external pacing with capability for monitoring and defibrillating adult and pediatric patients (1).</u></p> <p><u>b. ECG monitoring electrodes in infant size as required by device used (2 sets).</u></p> <p><u>c. Defibrillation and pacing electrodes in adult and pediatric sizes as required by device used (2 set each).</u></p> <p><u>d. Drug kit with all controlled drugs authorized for use by the EMS agency's Advanced EMT, EMT-Intermediate, EMT-Paramedic and other authorized licensed personnel. The drug kit may contain additional drugs if the kit is a standardized box utilized by multiple EMS agencies operating under a joint drug exchange program (1).</u></p> <p><u>e. Assorted intravenous, intramuscular, subcutaneous and other drug delivery devices and supplies as specified by the agency OMD (1).</u></p> <p><u>4. Advanced airway equipment (EMT-E, Advanced EMT, EMT-I/P package).</u></p> <p><u>a. Secondary airway device (e.g., Combitube type or supra-glottic devices) or laryngeal mask airway (LMA) (1).</u></p> <p><u>b. Intubation kit to include all of the following items as indicated:</u></p> <p><u>(1) Laryngoscope handle with two sets of batteries, adult and pediatric blades in sizes 0-4 (1 set each).</u></p> <p><u>(2) Magill forceps in adult and pediatric sizes (1 each).</u></p> <p><u>(3) Single-use disposable endotracheal tubes in sizes 8.0, 7.0, 6.0, 5.0, 4.0, 3.0 and 2.5m or equivalent sizes (2 each).</u></p> <p><u>(4) Rigid adult stylettes (2).</u></p>
--	--	--	--

			<p><u>(5) 10 cc disposable syringes (2).</u></p> <p><u>(6) 5 ml of water soluble surgical lubricant (1).</u></p> <p><u>(7) Secondary confirmation device (esophageal detection devices, colorimetric evaluation devices, or equivalent) (2).</u></p> <p><u>5. Advanced airway equipment (neonatal). Intubation kit to include all of the following items as indicated:</u></p> <p><u>a. Laryngoscope handle with two sets of batteries, blades in sizes 0-1 (1 set each).</u></p> <p><u>b. Single-use disposable endotracheal tubes in sizes 4.0, 3.0 and 2.5mm or equivalent sizes (2 each).</u></p> <p><u>c. 10 cc disposable syringes (2).</u></p> <p><u>d. 5 ml of water soluble surgical lubricant (1).</u></p> <p><u>e. Secondary confirmation device (esophageal detection devices, colorimetric evaluation devices, or equivalent) (2).</u></p> <p><i>Rationale: Removes sections from a grid to specific vehicle classification requirements by section for equipment to reflect changes in technology and use, also meet at least one Federal safety apparel requirement.</i></p>
870	870	Reserved	<p>Article 4</p> <p>Air Medical Regulations, Rotor and Fixed Wing Operations</p> <p>12VAC5-31-870 to 12VAC5-31-890. [Reserved] Application for agency licensure.</p> <p><u>A. General Provisions</u></p> <p><u>Air medial public service agencies will meet or exceed Federal Aviation Regulations (FAR) part 91 and commercial operators will meet or exceed FAR part 135.</u></p> <p><u>B. Interruption of service (Rotor wing only)</u></p> <p><u>The air medical service shall notify the Office of EMS of temporary discontinuation of service from any base expected to last twenty-four (24) hours or greater.</u></p> <p><i>Rationale: adds minimums for air</i></p>

			<p>agencies to meet and notification if going to be out-of-service for a defined time period.</p>
	875	Add	<p><u>Operations and safety.</u></p> <p><u>Operational policies must be present to address the following areas:</u></p> <p><u>A. Medical flight personnel</u></p> <p><u>1. Hearing protection</u></p> <p><u>2. Protective clothing and dress codes relative to:</u></p> <p><u>a. Mission type</u></p> <p><u>b. Infection control</u></p> <p><u>3. Flight status during pregnancy</u></p> <p><u>4. Flight status during acute illness</u></p> <p><u>5. Flight status while taking medications</u></p> <p><i>Rationale: Adds required safety polices for all air services.</i></p>
880	880	Add	<p><u>} Air medical service personnel classifications.</u></p> <p><u>Air Medical Service Personnel Classifications are as follows:</u></p> <p><u>A. Air Medical Crew (Rotary)</u></p> <p><u>1. A Pilot-in-command in accordance to current Federal Aviation Administration requirements.</u></p> <p><u>2. An attendant-in-charge shall be an air medical specialist who must be one of the following:</u></p> <p><u>a. Physician;</u></p> <p><u>b. Registered nurse or physician's assistant, licensed for a minimum of two years with specialized air medical training and possessing the equivalent skills of an emergency medical technician – paramedic;</u></p> <p><u>c. Emergency medical technician – paramedic, certified for a minimum of two years with specialized air medical training; or</u></p> <p><u>d. Other health care personnel with</u></p>

			<p><u>equivalent training or experience as approved by the Office of EMS.</u></p> <p><u>3. An attendant shall be, at a minimum, a certified EMT-Paramedic.</u></p> <p><u>B. Air Medical Crew (Fixed Wing)</u></p> <p><u>1. A Pilot-in-command in accordance to current Federal Aviation Administration requirements.</u></p> <p><u>2. An attendant-in-charge shall be an air medical specialist who shall be one of the following:</u></p> <p><u>a. A physician;</u></p> <p><u>b. A registered nurse or physician's assistant, licensed for a minimum of two years with specialized air medical training;</u></p> <p><u>c. An emergency medical technician – certified for a minimum of two years with specialized air medical training; or</u></p> <p><u>d. Any other health care personnel with equivalent training or experience as approved by the Office of EMS.</u></p> <p><u>3. An attendant shall be an emergency medical technician paramedic or an equivalent approved by the Office of EMS.</u></p> <p><u>C. Specialty Care Mission Providers</u></p> <p><u>1. The agency shall have in place policies that identify the crew composition for each specialty mission type that it is willing to perform and be consistent with industry standards. These policies shall be approved by the agency OMD and have a method of continuously monitoring adherence to those policies.</u></p> <p><u>2. The specialty care team must, minimally consist of a physician or registered nurse, or other specialists as the primary caregiver whose expertise must be consistent with the needs of the patient, per the agency's policy required in 3.a.</u></p> <p><u>3. All specialty care team members must have received an orientation to the air medical service which includes in-flight treatment protocols, general aircraft safety and emergency procedures, operational</u></p>
--	--	--	--

			<p><u>policies, infection control and altitude physiology and emergency procedures annually.</u></p> <p><u>4. Specialty care mission personnel must be accompanied by at least one regularly scheduled air medical staff member of the air medical service.</u></p> <p><u>D. Staffing for Specific Mission Types</u></p> <p><u>1. Prehospital Scene Responses – consists of the pilot-in-command, attendant-in-charge who shall be an EMT-Paramedic and an attendant.</u></p> <p><u>2. Inter-facility Transports</u></p> <p><u>a. ALS -.Consists of the pilot-in-command, attendant-in-charge and an attendant.</u></p> <p><u>b. For Fixed Wing, the attendant may be a BLS provider.</u></p> <p><u>c. Critical Care – Consists of the pilot-in-command, attendant-in-charge and an attendant. A member of the medical crew shall be a physician, physician assistant or a registered nurse</u></p> <p><i>Rationale: Adds air crew personnel minimums as well as training minimums – Developed by Medevac Committee of EMS Advisory Board.</i></p>
	885	Add	<p><u>Training.</u></p> <p><u>The air medical agency shall have a planned and structured program that all medical transport personnel must participate in. Competency and currency must be ensured and documented through relevant continuing education programs/certification programs listed in this section. Training and continuing education programs will be guided by each air medical transport service's mission statement and medical direction. Measurable objectives shall be developed and documented for each experience</u></p> <p><u>A. Pilot Initial Training Requirements</u></p> <p><u>In addition to FAA requirements pilots must have the following:</u></p> <p><u>1. Orientation to the hospital or health care system associated with the air medical</u></p>

			<p><u>service.</u></p> <p><u>2. Orientation to infection control, medical systems installed on the aircraft and patient loading and unloading procedures.</u></p> <p><u>3. Orientation to the EMS and public service agencies unique to the specific coverage area (Fixed Wing excluded).</u></p> <p><u>B. Registered Nurse Training Requirements</u></p> <p><u>1. Valid unrestricted nursing license to practice in Virginia.</u></p> <p><u>2. Cardio-Pulmonary Resuscitation (CPR) - documented evidence of current CPR certification according to the American Heart Association (AHA) standards, or equivalent as approved by OEMS.</u></p> <p><u>3. Advanced Cardiac Life Support (ACLS) - documented evidence of current ACLS according to the AHA, or equivalent as approved by OEMS.</u></p> <p><u>4. Pediatric Advanced Life Support (PALS) - documented evidence of current PALS or equivalent education.</u></p> <p><u>5. Neonatal Resuscitation Program (NRP) - documented evidence of current NRP according to the AHA or American Academy of Pediatrics (AAP) or equivalent education within one year of hire. (Fixed Wing, Mission specific).</u></p> <p><u>6. EMT-B or equivalent education within six months of hire (Fixed Wing excluded).</u></p> <p><u>C. Paramedic Training Requirements</u></p> <p><u>1. Valid Virginia Paramedic certification.</u></p> <p><u>2. Cardio-Pulmonary Resuscitation (CPR) - documented evidence of current CPR certification according to the American Heart Association (AHA) standards, or equivalent as approved by OEMS.</u></p> <p><u>3. Advanced Cardiac Life Support (ACLS) - documented evidence of current ACLS certification according to the AHA, or equivalent as approved by OEMS.</u></p> <p><u>4. Pediatric Advanced Life Support (PALS) - documented evidence of current PALS or</u></p>
--	--	--	---

			<p><u>equivalent education.</u></p> <p><u>5. Neonatal Resuscitation Program (NRP) - documented evidence of current NRP according to the AHA or AAP or equivalent education. (Fixed Wing, mission specific).</u></p> <p><u>D. Minimum Initial Training for Air Medical Crew Members</u></p> <p><u>A. Didactic Component of Initial Education - shall be specific for the mission statement and scope of care of the medical transport service. Measurable objectives shall be developed and documented for each experience by the program.</u></p> <p><u>a. Minimum Training for all air medical crew members, including the OMD, shall include:</u></p> <p><u>(1) Altitude physiology/stressors of flight.</u></p> <p><u>(2) Air Medical Resource Management.</u></p> <p><u>(3) Aviation - aircraft orientation/safety & in-flight procedures/general aircraft safety including depressurization procedures for fixed wing</u></p> <p><u>(4) Cardiology.</u></p> <p><u>(5) Disaster and triage.</u></p> <p><u>(6) EMS radio communications.</u></p> <p><u>(7) Hazardous materials recognition and response.</u></p> <p><u>(8) External pacemakers, automatic implantable cardiac defibrillator (AICD), central lines.</u></p> <p><u>(9) High risk obstetric emergencies (bleeding, medical, trauma).</u></p> <p><u>(10) Infection control.</u></p> <p><u>(11) Mechanical ventilation and respiratory physiology for adult, pediatric and neonatal patients as it relates to the mission statement and scope of care of the medical transport service specific to the equipment.</u></p> <p><u>(12) Metabolic/endocrine emergencies.</u></p> <p><u>(13) Multi-trauma (adult trauma and burns).</u></p> <p><u>(14) Neuro.</u></p>
--	--	--	---

			<p><u>(15) Pediatric medical emergencies.</u></p> <p><u>(16) Pediatric trauma.</u></p> <p><u>(17) Pharmacology (specialty application).</u></p> <p><u>(18) Quality Management – didactic education that supports the medical transport services mission statement and scope of care of the medical transport service.</u></p> <p><u>(19) Respiratory emergencies.</u></p> <p><u>(20) Scene management/rescue/extrication.</u></p> <p><u>(12) Survival training.</u></p> <p><u>(22) Toxicology.</u></p> <p><u>B. Additional training for Critical Care air medical crew members, including Paramedics, RN's, MD's and the air medical services OMD shall include within their mission profile:</u></p> <ol style="list-style-type: none"> <u>1. Hemodynamic monitoring.</u> <u>2. Intra-aortic balloon pump.</u> <u>3. Pulmonary and arterial catheters.</u> <u>4. Ventricular assist devices.</u> <u>5. Extracorporeal membrane oxygenation (ECMO).</u> <p><u>C. Clinical Component of Initial Education – clinical experiences shall include the following points (experiences shall be specific to the mission statement and scope of care of the medical transport service). Measurable objectives shall be developed and documented for each experience listed below reflecting hands-on experience versus observation only. (Fixed Wing excluded)</u></p> <ol style="list-style-type: none"> <u>1. Advanced Airway Management.</u> <u>2. Basic care for Pediatrics, Neonatal/OB.</u> <u>3. Critical care.</u> <u>4. Emergency care.</u> <u>5. Invasive procedures on mannequin equivalent for practicing invasive procedures.</u> <u>6. Pediatric Critical Care.</u>
--	--	--	--

			<p><u>7. Pre-hospital care.</u></p> <p><u>D. Annual Continuing Education Requirements</u></p> <p><u>Continuing education/staff development programs shall include reviews and/or updates for all air medical crew members and the agency OMD of the following areas:</u></p> <p><u>1. Aviation-safety issues.</u></p> <p><u>2. Altitude physiology.</u></p> <p><u>3. Air Medical Resource Management.</u></p> <p><u>4. Hazardous materials recognition and response.</u></p> <p><u>5. Invasive procedures labs.</u></p> <p><u>6. Management of emergency/critical care adults, pediatric and neonatal patients (medical and trauma).</u></p> <p><u>7. Survival training.</u></p> <p><i>Rationale: Adds air crew personnel minimums as well as training minimums – Developed by Medevac Committee of EMS Advisory Board.</i></p>
890	890	Add	<p><u>Equipment.</u></p> <p><u>A. Aircraft Equipment</u></p> <p><u>1. General Aircraft Inspection Requirements</u></p> <p><u>a. Current FAA Documented Compliance.</u></p> <p><u>b. Current EMS Permit posted.</u></p> <p><u>c. Interior/supplies clean and sanitary.</u></p> <p><u>d. Exterior clean.</u></p> <p><u>e. Equipment in good working order.</u></p> <p><u>f. Current US DOT Emergency Response Book.</u></p> <p><u>2. Aircraft Warning Devices</u></p> <p><u>a. 180 degree controllable searchlight 400,000 candle power (Fixed Wing excluded).</u></p> <p><u>3. Design and Dimensions</u></p>

			<p><u>a. All interior edges and corners padded.</u></p> <p><u>b. Surfaces easily cleaned and non-stainable.</u></p> <p><u>c. Security restraints for stretcher to aircraft.</u></p> <p><u>d. Climate controlled environment for operator and patient care compartments.</u></p> <p><u>e. The service's mission and ability to transport two or more patients shall not compromise the airway or stabilization or the ability to perform emergency procedures on any on-board patient.</u></p> <p><u>4. Aircraft Markings</u></p> <p><u>a. Lettering is minimum three inches in height.</u></p> <p><u>b. Name of agency aircraft is permitted to on both sides, three inches in height, contrasting color.</u></p> <p><u>5. Aircraft Communications (use of cellular phones does not satisfy these requirements):</u></p> <p><u>a. The aircraft shall be equipped with a functioning emergency locator transmitter (ELT).</u></p> <p><u>b. Attendant-in-Charge to Medical Control (Fixed Wing excluded).</u></p> <p><u>c. Patient compartment to Pilot.</u></p> <p><u>d. The pilot must be able to control and override radio transmissions from the cockpit in the event of an emergency situation.</u></p> <p><u>e. The flight crew must be able to communicate internally.</u></p> <p><u>6. Aircraft Safety Equipment</u></p> <p><u>a. Head strike envelope - Helmets shall be worn by all routine flight crews and scheduled specialty teams.</u></p> <p><u>b. Seatbelts for all occupants.</u></p> <p><u>c. Flashlight.</u></p> <p><u>d. Fire extinguisher mounted in a quick release bracket or other FAA approved fire suppression system.</u></p>
--	--	--	--

			<p><u>e. All items secured to prevent movement while the Air Ambulance is in motion.</u></p> <p><u>f. No Smoking Sign posted.</u></p> <p><u>g. The aircraft shall be equipped with survival gear specific to the coverage area and the number of occupants.</u></p> <p><u>h. Survival kit to include: Signaling capabilities and shelter.</u></p> <p><u>i. Safety apparel (3 minimum)</u></p> <p><u>j. All items shall be capable of being secured.</u></p> <p><u>B. Medical Equipment</u></p> <p><u>Any in-service air ambulance shall be configured in such a way that the medical transport personnel can provide patient care consistent with the mission statement and scope of care of the medical transport service.</u></p> <p><u>1. General Patient Care Equipment</u></p> <p><u>a. A minimum of one (1) stretcher shall be provided that can be carried to the patient and properly secured to the aircraft.</u></p> <p><u>(1) The stretcher shall be age appropriate, full length in the supine position.</u></p> <p><u>(2) The stretcher shall be sturdy and rigid enough that it can support cardiopulmonary resuscitation. If a backboard or equivalent device is required to achieve this, such device will be readily available (1)</u></p> <p><u>(3) The head of the stretcher shall be capable of being elevated for patient care and comfort.</u></p> <p><u>b. Biohazard container for contaminated sharp objects (ALS), secured/mounted. (1)</u></p> <p><u>c. Waterless antiseptic hand wash. (1)</u></p> <p><u>d. Exam gloves, non-sterile, pairs in sizes small through extra large (small, medium, large and extra large), if not one size fits all. (5)</u></p> <p><u>e. Face shield/Eyewear. (2)</u></p> <p><u>f. Infectious waste trash bags. (2)</u></p>
--	--	--	---

			<p><u>g. Linen; towels, blankets and sheets. (2 each)</u></p> <p><u>2. Basic Life Support Air Ambulance Equipment Requirements</u></p> <p><u>a. Roller or conforming gauze of assorted widths. (12)</u></p> <p><u>b. Medical adhesive tape, rolls of 1" and 2". (4)</u></p> <p><u>c. Trauma scissors. (1)</u></p> <p><u>d. Trauma dressings, minimum of 8" x 10"-5/8 ply, sterile, individually wrapped. (2)</u></p> <p><u>e. Sterile 4" x 4" gauze pads, individually wrapped. (10)</u></p> <p><u>f. Occlusive dressings, sterile 3" x 8" or larger. (2)</u></p> <p><u>g. Oropharyngeal airways, one of each sizes 0-5 wrapped or in closed container. (1 set)</u></p> <p><u>h. Nasopharyngeal airways set of four, varied sizes, with water soluble lubricant. (1 set)</u></p> <p><u>i. Bag valve mask with oxygen attachment, adult size, with transparent mask. (1)</u></p> <p><u>j. Bag valve mask with oxygen attachment, child size, with transparent mask. (1)</u></p> <p><u>k. BVM Infant Mask. (1)</u></p> <p><u>l. Pocket Mask (1)</u></p> <p><u>m. Portable O2 unit containing a quantity of oxygen sufficient to supply the patient at the appropriate flow rate for the period of time it is anticipated oxygen will be needed, but not less than 10 liters per minute for 15 minutes. The unit must be manually controlled and have an approved flow meter.</u></p> <p><u>n. Installed oxygen system containing a sufficient quantity of oxygen to supply two patient flowmeters at the approximate flow rate for the period of time it is anticipated oxygen will be needed, but not less than 10 liters per minute for 30 minutes. This unit must be capable of being manually controlled, have two flowmeters, and have an attachment available for a single use humidification device.</u></p>
--	--	--	---

			<p><u>o. O2 high concentrate mask and cannula, child and adult (2 each).</u></p> <p><u>p. Pocket mask. (1)</u></p> <p><u>q. Installed suction apparatus capable of providing a minimum of 20 minutes of continuous operation (1).</u></p> <p><u>r. Battery powered portable suction apparatus. A manually powered device does not meet this requirement (1).</u></p> <p><u>s. Suction catheters, wrapped, rigid, tonsil tip, Fr 18, FR 14, FR 8 and FR 6. (2 each)</u></p> <p><u>t. Stethoscope, adult and pediatric sizes. (1 each)</u></p> <p><u>u. BP cuff, pediatric, adult, and large adult. (1 each)</u></p> <p><u>v. OB kit containing: sterile surgical gloves (2 pair), scissors or other cutting instrument (1), umbilical cord ties (10" long) or disposable cord clamps (4), sanitary pad (1), cloth or disposable hand towels (2) and soft tip bulb syringe (1).</u></p> <p><u>w. Emesis basin or equivalent container. (2)</u></p> <p><u>x. Removable stretcher or spine board with a minimum of 3 restraint straps and manufacturer approved aircraft mounting device. (1)</u></p> <p><u>y. Rigid cervical collars in small adult, medium adult, large adult and pediatric sizes (1 each). If adjustable adult collars are utilized, a minimum of three (3).</u></p> <p><u>z. Cervical immobilization device. (1)</u></p> <p><u>aa. Pediatric immobilization device. (1)</u></p> <p><u>bb. Immobilization devices for upper and lower extremities. (1 each)</u></p> <p><u>cc. First aid kit of durable construction and suitably equipped. The contents of this kit may be used to satisfy these supply requirements completely or in part. (1)</u></p> <p><u>3. Advanced Life Support Air Ambulance Equipment Requirements</u></p> <p><u>a. A drug kit with controlled medications</u></p>
--	--	--	--

			<p><u>authorized by the agency's OMD for use by Paramedic personnel. (1)</u></p> <p><u>b. Lockable storage for drug kit and supplies.</u></p> <p><u>c. All drugs shall be in date.</u></p> <p><u>d. Intubation kit with two (2) sets of batteries, adult and pediatric blades and handles (sizes 0-4) (1 set), Magill forceps in adult and pediatric sizes (1 each), two (2 each) of disposable tubes in sizes 8.0, 7.0, 6.0, 5.0, 4.0, 3.0, 2.5 or equivalent, rigid adult stylettes (2 each), 10cc disposable syringe (2), 5ml of water soluble lubricant (1).</u></p> <p><u>e. There shall be an approved secondary airway device as prescribed by the agency's OMD. (1)</u></p> <p><u>f. Assorted IV, IM, subcutaneous and other drug and IV fluid administration delivery devices and supplies as specified by agency's OMD.</u></p> <p><u>g. IV infusion pump. (1)</u></p> <p><u>h. Defibrillator, cardioversion/external pacing capable. (1)</u></p> <p><u>i. EKG monitor. (1)</u></p> <p><u>j. Monitor electrodes, with of adult and pediatric defibrillation pads. (2 each)</u></p> <p><u>k. Adult and pediatric External Pacing pads. (2 each)</u></p> <p><u>l. Non invasive blood pressure monitoring device capable of adult and pediatric use. (1)</u></p> <p><u>m. Continuous End Tidal CO2 monitoring device. (1)</u></p> <p><u>n. Pulse Oximetry monitoring device. (1)</u></p> <p><u>4. Critical Care Package Air Ambulance Equipment Requirements (Items listed are in addition to the Air Ambulance ALS package)</u></p> <p><u>a. Invasive pressure monitoring equipment. (1)</u></p> <p><u>b. Internal pacemaker/pulse generator immediately available. (1)</u></p> <p><u>c. Ventilator as appropriate for mission.</u></p>
--	--	--	---

			<p>d. IV infusion pumps. (2)</p> <p>Rationale: Adds air crew personnel minimums as well as training minimums – Developed by Medevac Committee of EMS Advisory Board.</p>
900		<p>EMS personnel shall meet and maintain compliance with the following general requirements:</p> <p>1. Be a minimum of 16 years of age. (An EMS agency may have associated personnel who are less than 16 years of age. This person is not allowed to participate in any EMS response, or any training program or other activity that may involve exposure to a communicable disease, hazardous chemical or other risk of serious injury.)</p>	<p>EMS personnel shall meet and maintain compliance with the following general requirements:</p> <p>1. Be a minimum of 16 years of age. (An EMS agency may have associated personnel who are less than 16 years of age. This person is not allowed to participate in any EMS response, or any training program or other activity that may involve exposure to a communicable disease, hazardous chemical or other risk of serious injury.)</p> <p>5. <u>Provide to the Office of EMS within 15 days, any change in contact information to include mailing address, electronic notification (email) or telephone number.</u></p> <p>Rationale: Adds use of electronic mailing for notification, etc.</p>
910		<p>EMS personnel shall meet and maintain compliance with the following general requirements:</p> <p>1. Has never been convicted or found guilty of any crime involving sexual misconduct where the lack of affirmative consent by the victim is an element of the crime, such as forcible rape.</p> <p>2. Has never been convicted of a felony involving the sexual or physical abuse of children, the elderly or the infirm, such as sexual misconduct with a child, making or distributing child pornography or using a child in a sexual display, incest involving a child, or assault on an elderly or infirm person.</p>	<p>EMS personnel shall meet and maintain compliance with the following general requirements <u>A. General denial. Application for or certification of individuals convicted of certain crimes present an unreasonable risk to public health and safety. Thus, applications for certification by individuals convicted of the following crimes will be denied in all cases:</u></p> <p>1. Has never been convicted or found guilty of any crime <u>Felonies</u> involving sexual misconduct where the lack of affirmative <u>victim's failure to affirmatively consent by the victim</u> is an element of the crime, such as forcible rape.</p> <p>2. Has never been convicted of a felony <u>Felonies</u> involving the sexual or physical abuse of children, the elderly or the infirm, such as sexual misconduct with a child, making or distributing child pornography or using a child in a sexual display, incest involving a child, or assault on an elderly or infirm person.</p> <p>3. Has never been convicted or found guilty of any <u>Any crime (including abuse, neglect,</u></p>

	<p>3. Has never been convicted or found guilty of any crime (including abuse, neglect, theft from, or financial exploitation) of a person entrusted to his care or protection in which the victim is a patient or is a resident of a health care facility.</p> <p>4. Has never been convicted or found guilty of any crime involving the use, possession, or distribution of illegal drugs except that the person is eligible for affiliation five years after the date of final release if no additional crimes of this type have been committed during that time.</p> <p>5. Has never been convicted or found guilty of any other act that is a felony except that the felon is eligible for affiliation five years after the date of final release if no additional felonies have been committed during that time.</p> <p>6. Is not currently under any disciplinary or enforcement action from another state EMS office or other recognized state or national healthcare provider licensing or certifying body. Personnel subject to these disciplinary or enforcement actions may be eligible for certification provided there have been no further disciplinary or enforcement actions for five years prior to application for certification in Virginia.</p> <p>7. Has never been subject to a permanent revocation of license or certification by another state EMS office or other recognized state or national healthcare provider</p>	<p>theft from, or financial exploitation) of a person entrusted to his care or protection in which the victim is a <u>an out-of-hospital patient or is a patient or resident of a health care healthcare facility including abuse, neglect, theft from, or financial exploitation of a person entrusted to the care or protection of the applicant.</u></p> <p><u>4. Serious crimes of violence against persons, such as assault or battery with a dangerous weapon, aggravated assault and battery, murder or attempted murder, manslaughter except involuntary manslaughter, kidnapping, robbery of any degree; or arson.</u></p> <p><u>5. Has never been subject to a permanent revocation of license or certification by another state EMS office or other recognized state or national healthcare provider licensing or certifying body.</u></p> <p><u>B. Presumptive denial. Application for or current certification by individuals in the following categories will be denied except in extraordinary circumstances, and then will be granted only if the applicant/provider establishes by clear and convincing evidence that certification will not jeopardize public health and safety.</u></p> <p><u>1. Application for certification by individuals who have been convicted of any crime and who are currently incarcerated, on work release, on probation or on parole.</u></p> <p><u>2. Application for or certification by individuals convicted of crimes in the following categories unless at least five years have passed since the conviction or five years have passed since release from custodial confinement whichever occurs later:</u></p> <p><u>a. Crimes involving controlled substances or synthetics, including unlawful possession or distribution, or intent to distribute unlawfully, Scheduled I through V drugs as defined by the Uniform Controlled Dangerous Substances Act.</u></p> <p><u>b. Serious crimes against property, such as grand larceny, burglary, embezzlement or insurance fraud.</u></p> <p><u>c. Any other crime involving sexual</u></p>
--	--	---

		<p>licensing or certifying body.</p> <p>B. EMS personnel may not act as an operator of an EMS vehicle if he has been convicted upon a charge of driving under the influence of alcohol or drugs, convicted of a felony or assigned to any alcohol safety action program or driver alcohol rehabilitation program pursuant to § 18.2-271.1 of the Code of Virginia, hit and run, or operating on a suspended or revoked license within the past five years. A person having any of these convictions in Virginia or another state may be eligible for reinstatement as an operator after five years and after successful completion of an approved emergency vehicle operator's course (EVOC) within the year prior to reinstatement.</p> <p>C. All references to criminal acts or convictions under this section refer to substantially similar laws or regulations of any other state or the United States. Convictions include prior adult convictions, juvenile convictions and adjudications of delinquency based on an offense that would have been, at the time of conviction, a felony conviction if committed by an adult within or outside Virginia.</p>	<p><u>misconduct.</u></p> <p>4. Has never been convicted or found guilty of any crime involving the use, possession, or distribution of illegal drugs except that the person is eligible for affiliation five years after the date of final release if no additional crimes of this type have been committed during that time.</p> <p>5. Has never been convicted or found guilty of any other act that is a felony except that the felon is eligible for affiliation five years after the date of final release if no additional felonies have been committed during that time.</p> <p>6. 3. Is not currently under any disciplinary or enforcement action from another state EMS office or other recognized state or national healthcare provider licensing or certifying body. Personnel subject to these disciplinary or enforcement actions may be eligible for certification provided there have been no further disciplinary or enforcement actions for five years prior to application for certification in Virginia.</p> <p>7. Has never been subject to a permanent revocation of license or certification by another state EMS office or other recognized state or national healthcare provider licensing or certifying body.</p> <p><u>B. C. Permitted vehicle operations. Agencies are responsible for the monitoring of compliance with all driving criteria set forth in these regulations.</u></p> <p><u>1. Personnel operating OEMS permitted vehicles shall possess a valid operator or driver's license from his state of residence.</u></p> <p><u>2. Personnel operating OEMS permitted vehicles shall not have been convicted on any charge that is a felony as described in subsections A and B of this section.</u></p> <p><u>3. Personnel who are convicted or sentenced as the proximate result of having operated an OEMS permitted vehicle of any of the following: driving under the influence of alcohol or drugs, assigned to any alcohol safety action program, or driver alcohol rehabilitation program pursuant to the Code of Virginia shall be prohibited from operating any OEMS permitted vehicle. Personnel</u></p>
--	--	---	---

			<p><u>and/or agencies shall be required to report these situations to OEMS.</u></p> <p><u>4. Agencies shall develop and maintain policies that address driver eligibility, record review and vehicle operation. Such policies must minimally address:</u></p> <p><u>a. Driving education and/or training required for personnel to include information on the agency's policy content;</u></p> <p><u>b. Safe operation of vehicles;</u></p> <p><u>c. Agency driving record review procedures;</u></p> <p><u>d. Require immediate agency notification by personnel regarding any convictions (regardless of the state where an infraction occurred) and/or changes to their operator's or driver's license. The immediate agency notification shall be defined as no more than 10 calendar days following the conviction date; and</u></p> <p><u>e. Identify internal mechanisms regarding agency level actions for driver penalties (i.e., probation or suspension of driving privileges).</u></p> <p>EMS personnel may not act as an operator of an EMS vehicle if he has been convicted upon a charge of driving under the influence of alcohol or drugs, convicted of a felony or assigned to any alcohol safety action program or driver alcohol rehabilitation program pursuant to § 18.2-271.1 of the Code of Virginia, hit and run, or operating on a suspended or revoked license within the past five years. A person having any of these convictions in Virginia or another state may be eligible for reinstatement as an operator after five years and after successful completion of an approved emergency vehicle operator's course (EVOC) within the year prior to reinstatement.</p> <p>C. D. All references to criminal acts or convictions under this section refer to substantially similar laws or regulations of any other state or the United States. Convictions include prior adult convictions, juvenile convictions and adjudications of delinquency based on an offense that would have been, at the time of conviction, a felony conviction if committed by an adult within or outside Virginia.</p>
--	--	--	---

			<p><u>E. Agencies shall submit a report regarding items in this section to OEMS upon request.</u></p> <p><i>Rationale: Current language allows for certain felons to still gain access to EMS training and agencies. The proposed language follows that of the National Registry of EMT's and is widely used as a standard for personnel wishing to enter into the EMS field.</i></p>
940	940	Add	<p><u>Drugs and substance use.</u></p> <p><u>A. EMS personnel may not be under the influence of any drugs or intoxicating substances that impairs his ability to provide patient care or operate a motor vehicle while on duty or when responding or assisting in the care of a patient.</u></p> <p><u>B. EMS agency shall have a drug and substance abuse policy which includes a process for testing for drugs or intoxicating substances.</u></p> <p><i>Rationale: Mandates that an agency develop policies and procedures regarding drug or intoxicating substances, provides for a regulations noting non-acceptance for this activity – a measure to ensure the health, safety and welfare for the citizen's of the Commonwealth.</i></p>
950		2. To provide a copy of the prehospital patient care report completed by the attendant-in-charge for each patient treated to the agency that responds and transports the patients. The prehospital patient care report copy may be released to the transporting agency upon request after the patient transport to complete the transporting agency's records of all care provided to the patients transported;	<p>2. To provide a copy of the prehospital patient care report completed by the attendant-in-charge for each patient treated to the agency that responds and transports the patients. The prehospital patient care report copy may <u>shall</u> be released to the transporting agency upon request after the patient transport to complete the transporting agency's records of all care provided to the patients transported;</p> <p><i>Rationale: removes option and must provide a copy of the report for continuity of care.</i></p>
960		EMS personnel may not misrepresent themselves as authorized to perform a level of care for which they are not currently qualified,	<p>EMS personnel may <u>shall</u> not misrepresent themselves as authorized to perform a level of care for which they are not currently qualified, licensed or certified. This requirement does not prohibit the</p>

		licensed or certified. This requirement does not prohibit the performance of patient care by students currently enrolled in a training program when properly supervised as required by these regulations.	performance of patient care by students currently enrolled in a training program when properly supervised as required by these regulations. Rationale: strengthen regulatory language.
970	970	Add	<u>Interference or obstruction of investigation.</u> <u>Any EMS agency, personnel or entity who attempts knowingly or willfully to interfere or obstruct an Office of EMS investigation may be subject to enforcement action.</u> Rationale: Adds language to allow for action enforcement action – not currently in regulations.
1010		EMS personnel may not possess, remove, use or administer any controlled substances, medication delivery devices or other regulated medical devices from any EMS agency, EMS vehicle, health care facility, academic institution or other location without proper authorization.	Misappropriation or theft of medications <u>drugs</u> . EMS personnel may not possess, remove, use or administer any controlled substances, medication <u>drug</u> delivery devices or other regulated medical devices from any EMS agency, EMS vehicle, health care facility, academic institution or other location without proper authorization. Rationale: Follows Code language.
1030		EMS personnel may not engage in sexual harassment of patients or coworkers. Sexual harassment includes making unwelcome sexual advances, requesting sexual favors, and engaging in other verbal or physical conduct of a sexual nature as a condition of: 2. The provision or denial of employment; 4. For the purpose or effect of creating an intimidating, hostile, or offensive environment for the patient or unreasonably interfering with a patient's ability to	EMS personnel may not engage in sexual harassment of patients or coworkers . Sexual harassment includes making unwelcome sexual advances, requesting sexual favors, and engaging in other verbal or physical conduct of a sexual nature as a condition of: 2. The provision or denial of employment <u>or course advancement</u> ; 4. For the purpose or effect of creating an intimidating, hostile, or offensive environment for the patient/ <u>student</u> or unreasonably interfering with a patient's ability to recover; or 5. For the purpose or effect of creating an intimidating, hostile or offensive <u>classroom and/or</u> working environment or unreasonably interfering with a coworker's <u>or student's</u> ability to perform his work. Rationale: No existing language

		<p>recover; or</p> <p>5. For the purpose or effect of creating an intimidating, hostile or offensive working environment or unreasonably interfering with a coworker's ability to perform his work.</p>	<p><i>addressing students in a class regarding sexual harassment.</i></p>
<p>1040</p>		<p>EMS personnel may only provide emergency medical care while acting under the authority of the operational medical director for the EMS agency for which they are affiliated and within the scope of the EMS agency license.</p>	<p><u>A. EMS personnel as defined in §54.3408 of the Code of Virginia may only provide emergency medical care while acting under the authority of the operational medical director for the EMS agency for which they are affiliated and within the scope of the EMS agency license.</u></p> <p><u>1. Privileges to practice must be on the agency's official stationary or indicated in the agency records which are signed and dated by the OMD.</u></p> <p><u>B. Agencies shall establish a written policy that identifies the selection, response criteria, utilization and approval process for EMS personnel to carry and administer an epinephrine auto injector or medically accepted equivalent for emergency cases of anaphylactic shock; and for the possession and administration of oxygen carried on personally owned vehicles (POV). The policy shall also include:</u></p> <p><u>1. Annual approval and authorization by EMS agency and OMD.</u></p> <p><u>2. Drug storage criteria to include:</u></p> <p><u>a. Compliance with all applicable temperature requirements specified by the Virginia Board of Pharmacy.</u></p> <p><u>b. Requirements that describe how the cylinder/device is to be secured in a manner to prevent any free movement within the occupant or storage compartment of the vehicle.</u></p> <p><u>c. Evidence of approval by personal vehicle insurance carrier must be on-file with EMS agency for all EMS personnel authorized to carry oxygen on personally owned vehicles.</u></p> <p><u>3. The personal vehicle utilized to carry oxygen may be subject to inspection by the Office of EMS.</u></p>

			<p>Rationale: adds additional documentation to OMD and OEMS for providers working under their authorization. It also addresses the use of oxygen in personally owned vehicles and the carrying of epinephrine as passed by legislature (HB 1743, 2005, HB 594, 2006 respectively).</p>
1050	1050	Add	<p><u>Scope of practice.</u></p> <p><u>EMS personnel shall only perform those procedures, treatments or techniques for which he is currently licensed or certified, provided that he is acting in accordance with local medical protocols and medical direction provided by the OMD of the EMS agency with which he is affiliated and as authorized in the Emergency Medical Services Procedures and Medications Schedule as approved by OEMS.</u></p> <p>Rationale: No such language exists now that defines to what operational maximums a provider cannot exceed.</p>
1060		Repeal	<p>Transport without required personnel.</p> <p>Rationale: addressed in another section.</p>
1140		<p>B. The signature of the medical practitioner who assumes responsibility for the patient shall be included on the prehospital patient care report for an incident when a medication is administered, or self-administration is assisted (excluding oxygen), or an invasive procedure is performed. The medical practitioner's signature shall document that the physician has been notified of the medications administered and procedures performed by the EMS personnel. EMS personnel shall not infer that the medical practitioner's signature denotes approval, authorization or verification of compliance with protocol, standing orders or medical</p>	<p>B. The signature of the medical practitioner who assumes responsibility for the patient shall be included on the prehospital patient care report for an incident when a medication <u>drug</u> is administered, or self-administration is assisted (excluding oxygen), or an invasive procedure is performed, <u>except when standing orders from the OMD allows the administration of the drug and/or procedure.</u> The medical practitioner's signature shall document that the physician has been notified of the medications administered and procedures performed by the EMS personnel. EMS personnel shall not infer that the medical practitioner's signature denotes approval, authorization or verification of compliance with protocol, standing orders or medical control orders. <u>The provider shall document on the PPCR indicating that the drug given was under the OMD's pre-approved protocols for the agency. This includes instances where the patient is not transported or transported by another agency.</u></p> <p><u>C. EMS personnel shall contact medical</u></p>

		<p>control orders.</p> <p>The receiving medical practitioner signature requirement above does not apply to medications that are maintained by EMS personnel during transport of patients between healthcare facilities, provided adequate documentation of ongoing medications are transferred with the patient by the sending facility.</p> <p>If a patient is not transported to the hospital or if the attending medical practitioner at the hospital refuses to sign the prehospital patient care report, this prehospital patient care report shall be signed by the agency's operational medical director within seven days of the administration and a signed copy delivered to the hospital pharmacy that was responsible for any medication kit exchange.</p>	<p><u>control (on-line) for approval of drug administration and/or procedures that are not included in their standing orders as authorized by the agency's OMD. Such events shall require the signature of the authorized practitioner as identified by the Virginia Board of Pharmacy (licensed physician, nurse practitioner, physician's assistant).</u></p> <p>The receiving medical practitioner signature requirement above does not apply to medications <u>drugs</u> that are maintained by EMS personnel during transport of patients between healthcare facilities, provided adequate documentation of ongoing medications <u>drugs</u> are transferred with the patient by the sending facility.</p> <p>If a patient is not transported to the hospital or if the attending medical practitioner at the hospital refuses to sign the prehospital patient care report, this prehospital patient care report the PPCR shall be signed by the agency's operational medical director within seven days of the <u>administration event</u> and a signed copy delivered to the hospital pharmacy that was responsible for any medication <u>drug</u> kit exchange.</p> <p><i>Rationale: Follows Code language. In cooperation with the Board of Pharmacy, adheres to their current practice regarding documentation, recognizing the OMD protocols and removes additional burdens to receiving practitioners.</i></p>
	<p>1165</p>	<p>Add</p>	<p><u>EMS agency mutual aid response.</u></p> <p><u>An EMS agency providing resources, certified personnel, permitted vehicles or equipment, as a result of an Emergency Management Assistance Compact (EMAC), Federal Emergency Management Agency (FEMA) or any other out-of-state mutual aid request shall notify OEMS upon commitment of requested resources. Notification by direct verbal communication shall be made to the local OEMS program representative.</u></p> <p><i>Rationale: Allows for better tracking of EMS resources being deployed – no requirement now for notification of resources leaves the Commonwealth.</i></p>

1250		Add	<p>4. An ALS provider may provide care in the event that the required EMS personnel do not respond to a call to fully staff the ambulance that has responded to the scene. The extenuating circumstances of the call must be documented in writing. Based on extenuating circumstances and documentation, the EMS agency and/or the EMS provider may be subject to enforcement action.</p> <p>Rationale: Relocates from a previous section to more appropriate section within the regulations – still allows for patient to receive care.</p>
1270		A. Neonatal transports require a neonatal ambulance. If a ground ambulance is utilized to perform an interfacility neonatal transport, the vehicle must be equipped with the additional items listed in 12VAC5-31-860 D, L and M and staffed in compliance with this section.	<p>A. Neonatal transports require a neonatal ambulance. If a ground ambulance is utilized to perform an interfacility neonatal transport, the vehicle must be equipped with the additional items listed in 12VAC5-31-860 C, D (3) (5) L and M and staffed in compliance with this section.</p> <p>Rationale: Corrects citation.</p>
1280		Repeal	<p>Air ambulance transport requirements</p> <p>Rationale: Addressed in new section.</p>
1290		Repeal	<p>Exemptions</p> <p>Rationale: Section expired.</p>
1300		Repeal	<p>Applicability.</p> <p>Rationale: Outdated.</p>
	1305	Add	<p><u>EMS First Responder (FR).</u></p> <p><u>The certification is issued for a period of four years from the end of the month of issuance.</u></p> <p>Rationale: Addresses changes in terminology, level of certification and certification period.</p>
	1307	Add	<p><u>Emergency Medical Responder (EMR).</u></p> <p><u>The certification is issued for a period of four years from the end of the month of issuance.</u></p> <p>Rationale: Addresses changes in terminology, level of certification and certification period.</p>

1310		Repeal	BLS certification programs. Rationale: Addressed in new section.
	1315	Add	<u>Emergency Medical Technician (EMT).</u> <u>The certification is issued for a period of four years from the end of the month of issuance.</u> Rationale: Addresses changes in terminology, level of certification and certification period.
1320		Repeal	ALS certification programs. Rationale: Addressed in new section.
	1325	Add	<u>Emergency Medical Technician-Enhanced (EMT-E).</u> <u>A. The certification is issued for a period of three years from the end of the month of issuance.</u> <u>B. An EMS provider who possesses a valid EMT-E certification is simultaneously issued an EMT certification for an additional two years after their EMT-E expiration.</u> Rationale: Addresses changes in terminology, level of certification and certification period.
1330		Repeal	EMT Instructor certification program. Rationale: Addressed in new section.
	1335	Add	<u>Emergency Medical Technician-Intermediate (EMT-I).</u> <u>A. The certification is issued for a period of three years from the end of the month of issuance.</u> <u>B. An EMS provider who possess a valid EMT-I certification is simultaneously issued an EMT certification for an additional two years after their EMT-I expiration.</u> Rationale: Addresses changes in terminology, level of certification and certification period.
	1337	Add	<u>Advanced Emergency Medical Technician (AEMT).</u> <u>A. The certification is issued for a period of three years from the end of the month of issuance.</u>

			<p><u>B. An EMS provider who possess a valid Advanced EMT certification is simultaneously issued an EMT certification for an additional two years after their EMT Advanced expiration.</u></p> <p>Rationale: Addresses changes in terminology, level of certification and certification period.</p>
1340		Repeal	<p>Program site accreditation</p> <p>Rationale: Addressed in new section.</p>
	1345	Add	<p><u>Emergency Medical Technician-Paramedic (EMT-P).</u></p> <p><u>A. The certification is issued for a period of three years from the end of the month of issuance.</u></p> <p><u>B. EMT-P certification is simultaneously issued an EMT certification for an additional two years after their EMT-P expiration.</u></p> <p>Rationale: Addresses changes in terminology, level of certification and certification period.</p>
1350		Repeal	<p>Training site accreditation process.</p> <p>Rationale: Addressed in new section.</p>
	1355	Add	<p><u>Emergency Medical Technician-Instructor.</u></p> <p><u>A. The certification is valid for a period of two years from the end of the month of issuance.</u></p> <p><u>B. Instructor certification is simultaneously issued an EMT certification valid for an additional two years after their Instructor expiration.</u></p> <p>Rationale: Addresses changes in terminology, level of certification and certification period.</p>
1360		Repeal	<p>Renewal of program site accreditation.</p> <p>Rationale: Addressed in new section.</p>
	1365	Add	<p><u>Advanced Life Support Coordinator.</u></p> <p><u>The certification is valid for a period of two years from the end of the month of issuance.</u></p> <p>Rationale: Addresses changes in terminology, level of certification and certification period.</p>

1370		Repeal	Appeal of site accreditation application results. Rationale: Addressed in new section.
	1375	Add	<u>EMS Education Coordinator.</u> <u>The certification is valid for a period of three years from the end of the month of issuance.</u> Rationale: Addresses changes in terminology, level of certification and certification period.
1380		Repeal	Program site accreditation administration Rationale: Addressed in new section.
	1385	Add	<u>Certification periods.</u> <u>An EMS certification is valid for the prescribed period as defined in Article 1 of this part for each level of certification unless suspended or revoked by the commissioner.</u> Rationale: Not previously addressed.
	1387	Add	<u>Virginia EMS certification is required to practice.</u> <u>In order to function as an EMS provider in the Commonwealth of Virginia, providers must hold a valid certification as issued by the commissioner and as defined in 12VAC5-31-1040.</u> Rationale: addresses those providers whose certification may have expired and are not valid.
	1389	Add	<u>Initial course certification.</u> <u>A. Candidates must successfully complete an approved Virginia Certification Course to be eligible for the certification examination.</u> <u>B. Candidates must then successfully complete the certification examination to receive Virginia certification at the level for which the course is approved.</u> Rationale: Defines required process for certification eligibility and certification.
1390		Repeal	Program site accreditation of EMT-Paramedic programs Rationale: Addressed in new section.

	1391	Add	<p><u>Certification through reciprocity.</u></p> <p><u>A person holding valid EMS certification from another state or a recognized EMS certifying body with which Virginia has a formal written agreement of reciprocity or possesses a National Registry certification at the Intermediate 99 or Paramedic level shall apply to the commissioner for reciprocity upon demonstration of Virginia residency, Virginia EMS agency affiliation or a recognized need for Virginia EMS certification.</u></p> <p><i>Rationale: Defines process for gaining Virginia certification through reciprocity with the National Registry of EMT's.</i></p>
	1393	Add	<p><u>Certification through legal recognition.</u></p> <p><u>A person holding valid EMS certification from another state or a recognized EMS certifying body at the EMT level or higher who does not meet the criteria in 12VAC5-31-1391 shall apply to the commissioner for legal recognition upon demonstration of Virginia residency, Virginia EMS agency affiliation or a recognized need for Virginia EMS certification. Legal recognition may be issued at the EMT level only for a period of one year or the duration of their current certification, whichever is shorter. Legal recognition is not available for any Virginia certification level if the Board of Health has determined that no equivalent exists at the level requested.</u></p> <p><i>Rationale: Defines process for gaining Virginia certification through legal recognition from another state.</i></p>
	1395	Add	<p><u>EMT certification challenge.</u></p> <p><u>A Virginia licensed practical nurse, registered nurse (to include those recognized through the Nurse Licensure Compact, §54.1-3030 et seq. of the Code of Virginia), physician assistant or military corpsman with current credentials, 3rd or 4th year medical students, licensed dentists and Chiropractors shall apply to the commissioner for authorization to challenge at the EMT level. Upon completing the requirements for the EMT recertification and receiving notification of testing eligibility the candidate must complete the written and practical examination. Examination waivers are not allowed.</u></p>

			<i>Rationale: Defines process for certain healthcare professionals to challenge the Virginia EMT certification process.</i>
1400		Repeal	Course approval request. Rationale: Addressed in Course Contract.
	1401	Add	<p><u>General recertification requirements.</u></p> <p><u>A. An EMS provider must complete the requirements for recertification and the Office must receive the required documentation within the issued certification period to maintain a current certification.</u></p> <p><u>B. An EMS provider requesting recertification must complete the continuing education (CE) hour requirements for the level to be recertified.</u></p> <p><u>C. An EMS provider requesting recertification must pass the written state certification examination.</u></p> <p><u>1. An EMS provider affiliated with an EMS agency may be granted an exam waiver from the state written certification examination by the OMD of the EMS agency, provided:</u></p> <p><u>a. The EMS provider meets the recertification requirements including those established by the OMD; and</u></p> <p><u>b. The EMS provider must submit a completed "Virginia EMS Certification Application" with the exam waiver approval signed by the EMS agency OMD, which must be received by the Office of EMS within 30 days following the expiration of his certification.</u></p> <p><u>(1) If the "Virginia EMS Certification Application" form is received by the Office of EMS after the EMS provider's certification expiration date, the EMS provider may not practice at the expired certification level until a valid certification is received from the Office of EMS.</u></p> <p><u>(2) If the "Virginia EMS Certification Application" form is received by the Office of EMS more than 30 days after the EMS provider's certification expiration date, his certification will be in reentry and he will be required to test pursuant to 12VAC5-31-1407.</u></p>

			<p><u>2. An EMS provider under legal recognition, 12VAC5-31-1393, must pass a written and practical EMS certification examination is not eligible for examination waiver.</u></p> <p><i>Rationale: Defines process for various methods for recertification for Virginia EMS provider.</i></p>
	1403	Add	<p><u>EMS provider recertification required.</u></p> <p><u>A. Recertification of EMS credentials requires each individual to complete continuing education requirements as approved by the Board of Health and fulfill the recertification process before the expiration date of an applicable certification or reentry period.</u></p> <p><u>B. The Board of Health will determine the continuing education hour requirements for each certification level.</u></p> <p><u>C. Evidence of completion of the continuing education requirements must be received by the Office of EMS prior to the certification expiration.</u></p> <p><i>Rationale: Defines process and who sets requirements for recertification.</i></p>
	1405	Add	<p><u>Documentation of continuing education (CE).</u></p> <p><u>A. Continuing education credit is only awarded to courses announced to the Office in a format as approved by the Office of EMS prior to the course being conducted and other programs approved by the Office for award of CE.</u></p> <p><u>B. Award of credit for attendance in a continuing education program shall be submitted in a format approved by the Office of EMS</u></p> <p><i>Rationale: Defines process for documentation of continuing education.</i></p>
	1407	Add	<p><u>Recertification through reentry.</u></p> <p><u>A. Individuals whose certification has expired may regain certification through completion of the reentry program within two years of the specific certification's expiration date. To reenter the person must fulfill the requirements as applicable in these regulations including all required testing</u></p>

			<p><u>within the two-year reentry period.</u></p> <p><u>B. Individuals failing to complete the reentry process by the end of the two-year period following certification expiration will be required to complete and initial training program for the level lost.</u></p> <p><i>Rationale: Defines process for reentry into Virginia EMS certification programs.</i></p>
	1409	Add	<p><u>Course curriculum.</u></p> <p><u>A. Course Coordinators (Emergency Medical Technician Instructor, Advanced Life Support Coordinator, EMS Education Coordinator) shall utilize curricula or educational standards authorized and approved by the Office of EMS when conducting EMS education programs.</u></p> <p><u>B. Continuing Education topics must be submitted for review and approval in a format as approved by the Office of EMS.</u></p> <p><i>Rationale: Defines specific course curricula authorized in Virginia for EMS certification.</i></p>
1410		Repealed	<p>Physician course director involvement.</p> <p><i>Rationale: Defined in another section.</i></p>
	1411	Add	<p><u>BLS certification programs.</u></p> <p><u>BLS certification programs authorized for issuance of certification in Virginia are:</u></p> <p><u>A. EMS First Responder</u></p> <p><u>B. EMS First Responder Bridge to EMT</u></p> <p><u>C. Emergency Medical Responder (EMR)</u></p> <p><u>D. Emergency Medical Responder Bridge to EMT</u></p> <p><u>E. Emergency Medical Technician (EMT)</u></p> <p><i>Rationale: Defines BLS certification programs recognized in Virginia.</i></p>
	1413	Add	<p><u>Advanced life support certification programs.</u></p> <p><u>ALS certification programs authorized for issuance of certification in Virginia are:</u></p> <p><u>A. EMT-Enhanced</u></p>

			<p><u>B. EMT –Enhanced Bridge to Intermediate</u></p> <p><u>C. Advanced EMT</u></p> <p><u>D. Advanced EMT Bridge to Paramedic</u></p> <p><u>E. EMT-Intermediate</u></p> <p><u>F. EMT-Intermediate Bridge to Paramedic</u></p> <p><u>G. EMT-Paramedic</u></p> <p><i>Rationale: Defines ALS certification programs recognized in Virginia.</i></p>
	1415	Add	<p><u>Nationally recognized continuing education programs.</u></p> <p><u>A. In order for a provider to receive continuing education in Virginia for a national program, the national parent organization must be recognized by the Board of Health.</u></p> <p><u>B. The instructor approved by the national parent organization referenced above may award category one (1) continuing education credit for providers successfully completing an approved course. The instructor is not required to be an Emergency Medical Technician Instructor, Advanced Life Support Coordinator or an EMS Education Coordinator in order to submit for course approval.</u></p> <p><i>Rationale: Defines criteria for non-Virginia developed or Nationally approved course to receive continuing education credit for Virginia EMS provider.</i></p>
	1417	Add	<p><u>Approved courses in cardio-pulmonary resuscitation.</u></p> <p><u>A. Recognized programs for certification in Cardiopulmonary Resuscitation (CPR) for the purposes of testing for all certification levels are based upon programs approved by the Board of Health.</u></p> <p><u>B. Completion of an approved course which tests the following skills is required:</u></p> <p><u>1. One and Two Rescuer CPR – Adult, Child, Infant Resuscitation</u></p> <p><u>2. Complete Airway Obstruction - Unconscious Victim - Adult, Child, Infant,</u></p>

			<p><u>3. Complete Airway Obstruction - Conscious Victim - Adult, Child, Infant</u></p> <p><u>4. Automated external defibrillation</u></p> <p><i>Rationale: Defines criteria for acceptance of CPR course recognition.</i></p>
	1419	Add	<p><u>Continuing education programs.</u></p> <p><u>The programs must utilize the approved format for the corresponding level of certification as designed by the Office:</u></p> <p><u>1. Category 1 (One) (Required) are topic areas that are required as part of the recertification criteria.</u></p> <p><u>2. Category 2 (Two) (Approved) are topic areas that support EMS activities.</u></p> <p><u>3. Category 3 (Three) are topic areas that are delivered through a multimedia format as approved by the Board of Health.</u></p> <p><i>Rationale: Defines categories of continuing education hours.</i></p>
1420		Repeal	<p>Course coordinator and instructor accountability.</p> <p><i>Rationale: Defined in another section.</i></p>
	1421	Add	<p><u>Teaching materials/approved texts.</u></p> <p><u>A. Emergency Medical Technician Instructor, Advanced Life Support Coordinator or an EMS Education Coordinator shall use teaching materials and textbooks that reflect current EMS practices.</u></p> <p><u>B. All textbooks and primary teaching materials utilized in a program shall be reviewed and receive written approval prior to the start of the program by the Physician Course Director (PCD)/OMD and maintained with other course records in accordance with the state records retention act.</u></p> <p><i>Rationale: Defines course text approval process.</i></p>
	1423	Add	<p><u>Course announcement requirements.</u></p> <p><u>A. BLS certification courses and continuing education programs that award Category 1 ("Required") continuing education credits shall be announced by an Emergency</u></p>

			<p><u>Medical Technician Instructor or EMS Education Coordinator. An Emergency Medical Technician Instructor/EMS Education Coordinator shall be present in the classroom at all times except;</u></p> <p><u>1. In courses offered by the Office of EMS accredited programs</u></p> <p><u>2. In BLS continuing education programs.</u></p> <p><u>B. ALS certification courses and continuing education programs that award Category 1 ("Required") continuing education credits shall be announced by an Advanced Life Support Coordinator or EMS Education Coordinator.</u></p> <p><i>Rationale: Defines BLS course approval process.</i></p>
	1425	Add	<p><u>Emergency Medical Technician Instructor, Advanced Life Support Coordinator or EMS Education Coordinator responsibilities as employee or contractor.</u></p> <p><u>A. Emergency Medical Technician Instructor, Advanced Life Support Coordinator or EMS Education Coordinator conducting training program as an employee or contractor for any other "Person" (§1.230, Code of Virginia) whether or not for profit; shall retain responsibility for compliance with the Office of EMS regulations.</u></p> <p><u>B. Any other "Person" (§1.230, Code of Virginia) who operates an organization for the purpose of providing EMS training programs that employs or contracts with an Emergency Medical Technician Instructor, Advanced Life Support Coordinator or EMS Education Coordinator to conduct a training program may not vary from, or direct the Emergency Medical Technician Instructor, Advanced Life Support Coordinator or EMS Education Coordinator to vary from, compliance with Office of EMS regulations.</u></p> <p><i>Rationale: Defines requirement to comply with OEMS regulations.</i></p>
	1427	Add	<p><u>Course approval request submission.</u></p> <p><u>A. An Emergency Medical Technician Instructor, Advanced Life Support Coordinator or EMS Education Coordinator shall submit a course approval request in a</u></p>

			<p><u>format approved by the Board of Health prior to the beginning date of a certification or continuing education course.</u></p> <p><u>1. Any approved course requesting funding through the EMS Training Funds requires that the course approval request and funding contract must be post marked or received by the Office no less than forty-five (45) days prior to the begin date for the course.</u></p> <p><u>2. Courses shall not start prior to receiving course number and topic(s) from the Office of EMS.</u></p> <p><u>B. The Emergency Medical Technician Instructor, Advanced Life Support Coordinator or EMS Education Coordinator shall use only those topic numbers assigned for the course as approved by the Office of EMS.</u></p> <p><i>Rationale: Defines course approval process for approved course coordinator.</i></p>
	1429	Add	<p><u>Course approval request changes.</u></p> <p><u>The Course Coordinator shall immediately notify the Office of EMS in writing of any changes in the information submitted on the "Course Approval Request" form.</u></p> <p><i>Rationale: Ability to address any changes in the contract , personnel, etc.</i></p>
1430		Repealed	<p>Certification examination.</p> <p><i>Rationale: Addressed in another section.</i></p>
	1431	Add	<p><u>Student course enrollment.</u></p> <p><u>Emergency Medical Technician Instructor, Advanced Life Support Coordinator or EMS Education Coordinator for courses leading to certification at a new or higher level shall have each student complete a "Virginia EMS Training Program Enrollment" form at the first meeting of the course.</u></p> <p><u>A. These forms must be reviewed by the Emergency Medical Technician Instructor, Advanced Life Support Coordinator or EMS Education Coordinator and submitted to the Office no later than five (5) business days following the first meeting of the course.</u></p> <p><u>B. Any student who starts the program at a later date shall complete an enrollment form</u></p>

			<p><u>the first date of attendance providing 15% or more of the entire course has not been completed.</u></p> <p><i>Rationale: To register student appropriately and correctly for EMS training programs.</i></p>
	1433	Add	<p><u>Instructor participation records.</u></p> <p><u>The Emergency Medical Technician Instructor, Advanced Life Support Coordinator or EMS Education Coordinator shall maintain records of attendance and participation of each certified EMT Instructor, ALS Course Coordinator, EMS Education Coordinator or other individual who instructs in the program.</u></p> <p><i>Rationale: Provide direction in retain course records.</i></p>
	1435	Add	<p><u>Student records for certification courses.</u></p> <p><u>A. The Emergency Medical Technician Instructor, Advanced Life Support Coordinator or EMS Education Coordinator shall maintain records of class dates, topics instructed, attendance and performance records for all students attending a certification course.</u></p> <p><u>B. Student records shall be maintained in accordance with the state record retention act from the end date of the program, shall include but not limited to:</u></p> <ol style="list-style-type: none"> <u>1. Signed student acknowledgment forms collected upon completion of review of the appropriate BLS or ALS enrollment requirements.</u> <u>2. Student signed class roster.</u> <u>3. Scores on all course quizzes, exams and other didactic knowledge and/or practical skill evaluations.</u> <u>4. Skill proficiency records on the applicable form:</u> <ol style="list-style-type: none"> <u>a. For BLS programs “Basic Life Support Individual Age, Clinical and Skill Performance Verification Record” in a format as approved by the Office of EMS.</u> <u>b. For ALS Coordinator, EMS Education</u>

			<p><u>Coordinator programs, on forms/documents as approved by the ALS Coordinator, EMS Education Coordinator, or an Accredited Program.</u></p> <p><u>5. All hospital and/or Field Internship activities including dates, locations, competencies performed, student evaluations, preceptor name and certification level; as applicable.</u></p> <p><u>6. All corrective or disciplinary actions taken during the training program to include dates, findings supporting the need for corrective or disciplinary action and all applicable details of steps taken to determine the degree and nature of the actions taken.</u></p> <p><u>7. Copy of the Course Student Disposition Report (CSDR) form.</u></p> <p><u>8. All other records requested to be maintained by the PCD/OMD for the program.</u></p> <p><u>9. Any other records or reports as required by the Office of EMS.</u></p> <p><i>Rationale: Provide direction in retain course records.</i></p>
	1437	Add	<p><u>Continuing education record submission.</u></p> <p><u>The course coordinator shall submit the CE records in a format approved by the Office of EMS within 15 days of the student's attendance.</u></p> <p><i>Rationale: Provides time frame for student to expect records to be processed.</i></p>
	1439	Add	<p><u>Verification of student course completion.</u></p> <p><u>Verification of student eligibility on the CSDR by the Emergency Medical Technician Instructor, Advanced Life Support Coordinator or EMS Education Coordinator for certification testing requires that each student successfully complete a certification program and meets the competency and performance requirements contained within the applicable course curriculum and all other guidelines and procedures for the course and state certification testing eligibility.</u></p> <p><i>Rationale: Defines responsibility on</i></p>

			<i>student verification for course completion.</i>
1440		Repeal	Certification course enrollment <i>Rationale: Found in another section.</i>
	1441	Add	<p><u>Communications with PCD/OMD.</u></p> <p><u>A. The Emergency Medical Technician Instructor, Advanced Life Support Coordinator or EMS Education Coordinator shall inform the PCD/OMD of the progress of the training program to include:</u></p> <ol style="list-style-type: none"> <u>1. Any program schedule changes.</u> <u>2. Individual student performances.</u> <u>3. Any student or instructor complaints.</u> <u>4. The general progress of program activities.</u> <p><u>B. The Emergency Medical Technician Instructor, Advanced Life Support Coordinator or EMS Education Coordinator will assist the PCD/OMD with fulfillment of their course duties as required by Office of EMS regulations.</u></p> <p><i>Rationale: Defines communication and involvement of course physician/director.</i></p>
	1443	Add	<p><u>Alternative course presentation format.</u></p> <p><u>EMS certification courses utilizing an approved alternative course presentation format using two-way video interactive technology shall comply with the following:</u></p> <ol style="list-style-type: none"> <u>A. Use electronic media as real time two-way audio and video transmissions.</u> <u>B. The Emergency Medical Technician Instructor, Advanced Life Support Coordinator or EMS Education Coordinator must indicate in writing the desire to use such media which shall accompany the Course Approval Request Form.</u> <u>C. Any other requirements established by but not limited to the Office of EMS, and if applicable the Virginia Community College System (VCCS) and the Virginia Department of Education.</u> <u>D. A proctor who is certified at or above the level of the program shall be present at each</u>

			<p><u>remote site during the entire broadcast for all didactic portions of the program.</u></p> <p><u>E. Any lab activities at the remote site shall have direct on-site supervision by a course coordinator certified at or above the level of instruction. If the instructor acts as the remote site proctor, he assumes the responsibility of the class roster.</u></p> <p><u>F. In cases where the remote site proctor is absent or when the remote site electronics are not fully operational (transmit and receive audio and/or video) the students do not receive credit for attending and the session shall be rescheduled.</u></p> <p><u>G. All course tests for the program whether at the origin or remote site must comply with "D" above.</u></p> <p><u>H. The course coordinator must maintain records of student participation in the Approved Alternative Presentation Format and submit continuing education records for each involved student for programs used for continuing education purposes.</u></p> <p><u>I. Non-Compliance with these regulations shall result in removal of Office of EMS approval and students shall lose eligibility for certification testing at the level of program certification.</u></p> <p><u>J. The "Guidelines for Video Broadcasting of EMS Educational Programs" document must be signed by the Emergency Medical Technician Instructor, Advanced Life Support Coordinator or EMS Education Coordinator and PCD/OMD and accompany any request for electronic transmission of a program with the Course Approval Request Form.</u></p> <p><u>K. Letter of agreement from the remote site(s) confirming and agreeing to the guidelines.</u></p> <p><i>Rationale: Allows for use of technology for internet based and other training programs for continuing education by Virginia EMS providers.</i></p>
	1445	Add	<p><u>Course scheduling.</u></p> <p><u>Course schedules shall reflect the minimum hours for the course of instruction of all required lessons of the program education</u></p>

			<p><u>standards prior to the course end date as approved by the Office of EMS.</u></p> <p><i>Rationale: Defines course completion within approved time frames.</i></p>
	1447	Add	<p><u>Maximum BLS or ALS course enrollment.</u></p> <p><u>A. Initial and bridge certification course size shall be limited to a maximum of 30 enrolled students.</u></p> <p><u>1. Additional students seeking continuing education credit may be admitted as reasonably allowed by facility size and instructional staff availability.</u></p> <p><u>2. The group size for practical/lab skill sessions shall not exceed six (6) students per instructor aide (6:1 ratio).</u></p> <p><u>B. Office of EMS accredited institutions/organizations may exceed the maximum of 30 enrolled students, with resources to meet class size.</u></p> <p><u>1. The group size for practical/lab skill sessions shall not exceed six (6) students per instructor aide (6:1 ratio).</u></p> <p><i>Rationale: defines course size and student/instructor ratios in skills to maximize learning potential.</i></p>
	1449	Add	<p><u>Lesson instructors.</u></p> <p><u>A. In addition to the lead instructor for each lesson, arrangements must be made to provide for instructor aides to assist in all practical skill sessions. Instructor aides shall be providers certified at or above the level of instruction.</u></p> <p><u>B. Course Coordinators who are certified EMT's may be used for instruction of basic skill stations in advanced life support programs. Basic skills are those procedures not requiring invasive activities or use of Advanced Life Support equipment.</u></p> <p><i>Rationale: Allows for use of aides in certain course settings.</i></p>
1450		Repeal	<p>BLS student enrollment requirements.</p> <p><i>Rationale: Addressed in another section.</i></p>

	1451	Add	<p><u>Course monitoring.</u></p> <p><u>All programs and courses approved for issuance of certification or award of continuing education shall allow unannounced monitoring by the Office of EMS. Failure to comply with such course monitoring may result in the following disciplinary actions to include, but not limited to:</u></p> <p><u>A. Revocation of the training program's course approval.</u></p> <p><u>B. Suspension or revocation of the training program's authority to award continuing education credits.</u></p> <p><u>C. Revocation of the enrolled student's eligibility for certification testing.</u></p> <p><u>D. Suspension or revocation of the EMS Instructor and/or course coordinator.</u></p> <p><i>Rationale: Applies ability of OEMS to monitor and addressed through enforcement course issues.</i></p>
	1453	Add	<p><u>Emergency Medical Technician Instructor, Advanced Life Support Coordinator, EMS Educational Coordinator responsibilities for initial student testing.</u></p> <p><u>A. An Emergency Medical Technician Instructor or EMS Education Coordinator for BLS programs shall ensure the following for documentation of eligibility for certification testing:</u></p> <p><u>1. Submit a completed Course Student Disposition Report (CSDR) form in a manner as prescribed by the Office of EMS.</u></p> <p><u>2. Maintain with the course materials the completed individual parental permission form (for students between 16 and 18 years of age on the beginning date of the course).</u></p> <p><u>3. Maintain with the course materials the original copy of the completed and signed Basic Life Support Individual Age, Clinical and Skill Performance Verification Record form and provide a copy to the student.</u></p> <p><u>B. An Advanced Life Support Coordinator or EMS Education Coordinator coordinating ALS programs shall provide the following</u></p>

			<p><u>documentation of eligibility for certification testing:</u></p> <p><u>1. Completion of the Course Student Disposition (CSDR) form.</u></p> <p><u>2. A copy of the student's Enhanced competency verification summary to the Office of EMS test examiner.</u></p> <p><i>Rationale: Defines material necessary for a student to test and during course of program.</i></p>
	1454	Add	<p><u>Admission to certification test.</u></p> <p><u>A. The person desiring to take the certification examination must present the following:</u></p> <p><u>1. The Virginia Certification Eligibility letter.</u></p> <p><u>2. Current government issued photo identification.</u></p> <p><u>3. If a retest, the latest testing results.</u></p> <p><u>B. Must be registered for the test site.</u></p> <p><i>Rationale: Defines testing candidates' requirements for entry to a test site for entry to test.</i></p>
	1455	Add	<p><u>Initial certification testing requirements.</u></p> <p><u>A. An Office of EMS written and practical examination process is required by the following:</u></p> <p><u>1. Any candidate who completes an initial program at the following levels:</u></p> <p><u>a. First Responder</u></p> <p><u>b. Emergency Medical Technician</u></p> <p><u>c. Emergency Medical Technician – Enhanced</u></p> <p><u>d. Advanced EMT</u></p> <p><u>e. Emergency Medical Technician-Intermediate 99 provided National Registry no longer tests at this level.</u></p> <p><u>f. Emergency Medical Technician-Paramedic provided National Registry no longer tests at this level.</u></p>

			<p><u>2. Any candidate who is challenging the certification level.</u></p> <p><u>3. Any certified EMS provider who received their current certification through Legal Recognition.</u></p> <p><u>4. Any candidate who is in reentry for First Responder or Emergency Medical Technician.</u></p> <p><u>B. An Office of EMS written examination only is required for the following:</u></p> <p><u>1. Any provider who recertifies prior to their certification expiration except those who received their current certification through Legal Recognition.</u></p> <p><u>2. Any candidate who is in reentry for EMT-Enhanced, Advanced EMT, EMT-Intermediate and EMT-Paramedic.</u></p> <p><i>Rationale: Defines what is required for various levels to test (written versus practical).</i></p>
	1457	Add	<p><u>General description of certification examination.</u></p> <p><u>A. Virginia Office of EMS certification examinations are required by all providers unless otherwise described in these regulations.</u></p> <p><u>B. Primary certification testing is the first attempt at the certification examination process.</u></p> <p><u>1. This process includes both the written and practical examination for providers seeking a new or higher level of certification.</u></p> <p><u>2. Primary testing must begin:</u></p> <p><u>a. Within one hundred eighty (180) days of the course end date or</u></p> <p><u>b. Within the enrollment expiration date for students attending an Office of EMS accredited program.</u></p> <p><u>C. Primary retest requires the candidate to retest that portion of the primary test failed within ninety (90) days of the primary test attempt.</u></p>

			<p><u>D. Secondary certification testing (written and practical) occurs when a candidate fails the primary attempt and either fails the primary retest or does not retest within ninety (90) days of the primary examination attempt.</u></p> <p><u>1. Secondary certification testing requires the candidate to submit as described in these regulations CE that satisfies the recertification requirements for the level of EMS certification sought.</u></p> <p><u>E. Secondary retest requires the candidate to retest that portion of the secondary test failed within ninety (90) days of the secondary test attempt.</u></p> <p><u>F. Successful completion of the certification examination process must be completed:</u></p> <p><u>1. Within 365 days of the primary test attempt or</u></p> <p><u>2. Prior to the enrollment expiration date for students attending an Office of EMS accredited program.</u></p> <p><u>G. The Certification Examination process requires that certification testing be conducted and proctored by the Office of EMS.</u></p> <p><i>Rationale: Defines initial and retesting time frames.</i></p>
	1459	Add	<p><u>Certification eligibility.</u></p> <p><u>Certification eligibility will be demonstrated by the possession of a valid eligibility letter from the Office of EMS by the candidate.</u></p> <p><i>Rationale: Candidate must have a letter form OEMS noting eligibility to test.</i></p>
1460		Repeal	<p>ALS student enrollment requirements.</p> <p><i>Rationale: Defined in another section.</i></p>
	1461	Add	<p><u>Prohibition of oral examinations.</u></p> <p><u>A certification candidate may not use another person or any electronic or mechanical means to translate certification examination material into an audible or tactile format.</u></p> <p><i>Rationale: The functional job description of an EMT requires the ability to read,</i></p>

			<i>write and speak the English language.</i>
	1463	Add	<p><u>Candidates requirements for state recertification.</u></p> <p><u>A. This section shall apply to individuals requesting state recertification who hold current certification at or below the level requested to be recertified (Excluding those who gained their current certification through Legal Recognition.)</u></p> <p><u>B. Students requesting recertification must demonstrate eligibility as evidenced by completion of the continuing education requirements for the corresponding recertification program for the level to be recertified. Evidence of completion for the continuing education requirements shall be received by the Office of EMS in an approved method prior to certification expiration for the provider to be classified in Current Provider Status.</u></p> <p><i>Rationale: Defines recertification requirements.</i></p>
	1465	Add	<p><u>Recertification examination requirement.</u></p> <p><u>A. Individuals who are eligible to recertify and hold current certifications are required to successfully complete the state written examination process based upon the following:</u></p> <p><u>1. All individuals who are not affiliated with a licensed EMS agency must take the state written examination to recertify.</u></p> <p><u>2. Individuals affiliated with a licensed EMS agency may be granted an Exam Waiver from the state written recertification examination by the Operational Medical Director (OMD) of the EMS agency, provided:</u></p> <p><u>a. A completed "Virginia EMS Certification Application" signed by the OMD and the individual is submitted to the Office of EMS documenting the Exam Waiver or a format approved by the Office of EMS.</u></p> <p><u>b. A "Virginia EMS Certification Application" form submitted as an Exam Waiver must be received by the Office of EMS no later than thirty (30) days following the expiration of the individual's certification at the level being</u></p>

			<p><u>"Waived".</u></p> <p><u>(1) "Virginia EMS Certification Application" forms received by the Office of EMS during the thirty (30) days after the individual's certification expiration date will be considered valid for recertification purposes. However, during this period following expiration, the individual may not practice at the expired certification level.</u></p> <p><u>(2) "Virginia EMS Certification Application" forms received by the Office of EMS more than thirty (30) days after the individual's certification expiration date will be considered as invalid and the individual will be deemed in reentry status and required to test to regain current certification.</u></p> <p><u>B. Candidates in current provider status required or choosing to take the state recertification examination must demonstrate eligibility as evidenced by possession of a valid Recertification Eligibility Notice letter from the Office of EMS.</u></p> <p><i>Rationale: Defines recertification testing and/or test waiver ability for recertification.</i></p>
	1467	Add	<p><u>Basic and advanced life support written certification examinations.</u></p> <p><u>A. All State written examinations shall be conducted by the Office of EMS.</u></p> <p><u>B. The Office of EMS standard for successful completion is defined as a minimum score of:</u></p> <p><u>1. Seventy percent (70%) on all basic life support certification examinations.</u></p> <p><u>2. Eighty percent (80%) on all EMT-Instructor certification examinations.</u></p> <p><u>3. Eighty-five percent (85%) on all EMT-Instructor pretest examinations.</u></p> <p><u>4. Eighty percent (80%) on all advanced life support certification examinations.</u></p> <p><i>Rationale: Defines written testing minimums for successful completion.</i></p>
	1469	Add	<p><u>Basic and advanced life support practical certification examinations.</u></p> <p><u>A. Practical examinations shall be conducted</u></p>

			<p><u>by the Office of EMS or as approved for accredited training programs</u></p> <p><u>B. Candidates taking a practical examination conducted by the Office of EMS shall demonstrate proficiency on all practical stations required for the program level being tested. Grades of UNSATISFACTORY will constitute failure of that station, requiring a retest.</u></p> <p><u>C. Candidates failing any practical station examination conducted by the Office of EMS will have an opportunity to retest the station(s) failed.</u></p> <p><u>D. If a primary retest is failed, the candidate examination conducted by the Office of EMS must complete the secondary retest requirements.</u></p> <p><i>Rationale: Defines practical examination minimums for successful completion.</i></p>
1470		Repeal	<p>Course coordinator responsibility for certification candidate eligibility.</p> <p><i>Rationale: addressed in another section.</i></p>
	1471	Add	<p><u>Examination retest</u></p> <p><u>A. Candidates failing to achieve a minimum passing score on any state administered written and/or practical examinations must retest within 90 days from the original exam date.</u></p> <p><u>B. BLS and EMT Enhanced Candidates failing one or more stations of the practical but passing the written examination are not required to repeat a successful written examination of a testing series. Likewise, a Candidate failing the written examination would not be required to repeat a successful practical examination of a testing series.</u></p> <p><u>C. If any retest is failed or a retest is not taken within the allowed 90 day retest period, the Candidate will be considered to have failed the initial testing series and must complete secondary eligibility before secondary certification testing may be attempted.</u></p> <p><u>D. Secondary Certification Testing Eligibility Requires:</u></p>

		<p><u>1. Satisfaction of all requirements as set forth in the minimum continuing education requirements for the corresponding recertification CE program for the level being tested.</u></p> <p><u>a. This training may not include any course or program completed before the initial series of testing.</u></p> <p><u>b. May include those CE hours completed after the initial certification examination has been attempted.</u></p> <p><u>c. This training must be submitted on CE cards or a format as approved by the Office of EMS.</u></p> <p><u>2. Receive written notification from the Office of EMS of eligibility for secondary certification testing.</u></p> <p><u>E. Upon notification of eligibility to test from the Office of EMS, a candidate who has previously failed a written and/or practical retest will be allowed one (1) additional series of testing.</u></p> <p><u>1. Candidates attempting a second series of testing are required to successfully complete both the written and practical examinations, regardless of the results of the previous testing attempts.</u></p> <p><u>2. This requirement for successful completion of both the written and practical examinations will apply equally to initial, recertification, and reentry candidates who have failed a previous series of testing.</u></p> <p><u>3. All appropriate sections of these regulations will apply to the second series of testing.</u></p> <p><u>F. Failure of any retest during the second series of testing will require the candidate to complete an entire initial basic training program or applicable bridge course before any additional testing may be attempted at this certification level.</u></p> <p><u>G. The requirements of this section including initial and secondary certification testing series must be completed within 365 days from the date of the initial certification test attempt (i.e. first test date) or prior to the enrollment expiration date for students</u></p>
--	--	--

			<p><u>attending an OEMS accredited program. Failure to complete this process within this prescribed period will require the candidate to repeat an entire initial basic training program or applicable bridge course before any additional testing may be attempted at this certification level.</u></p> <p><u>H. Future testing of candidates required to complete an entire initial basic training program under Sections F or G above will be processed in the same manner as any candidate completing a similar course for the first time.</u></p> <p><i>Rationale: Defines process for retesting and time frames for such.</i></p>
	1473	Add	<p><u>Candidate evidence of eligibility for retesting.</u></p> <p><u>Candidates requesting to retest a failed written and/or practical exam(s) must demonstrate eligibility as evidenced by presentation of the letter of Retest Eligibility from the Office of EMS and the latest test results.</u></p> <p><i>Rationale: Requires documentation from OEMS for testing eligibility.</i></p>
	1475	Add	<p><u>Candidate evidence of eligibility for secondary testing.</u></p> <p><u>Candidates requesting testing a second series of exams after failure of an initial testing series must demonstrate eligibility as evidenced by valid "Secondary Eligibility Notice" from the Office of EMS.</u></p> <p><i>Rationale: Requires documentation from OEMS for testing eligibility.</i></p>
	1477	Add	<p><u>Examination security and review.</u></p> <p><u>A. All Virginia examinations are the property of the Office of EMS. Individuals taking an examination may not copy or make recordings or reproduce in any other manner any material from the examination. Failure to return the examination will subject the individual to disqualification for certification.</u></p> <p><u>B. Giving or obtaining information or aid prior to, during or following any exam, as evidenced by direct observation of the state examination administrator(s), subsequent analysis of examination results or other</u></p>

			<p><u>prohibited acts, may be sufficient cause to terminate candidate participation, to invalidate the results of a candidate's examination, to take enforcement action against other involved persons, or to take other appropriate action even if there is no evidence of improper conduct by the candidate. In these cases, the Office of EMS reserves the right to delay processing of examination results until a thorough and complete investigation may be conducted.</u></p> <p><u>1. Unauthorized giving or obtaining information will include but not be limited to:</u></p> <p><u>a. Giving unauthorized access to secure test questions.</u></p> <p><u>b. Copying or reproducing all or any portion of any secure test booklet.</u></p> <p><u>c. Divulging the contents of any portion of a secure test.</u></p> <p><u>d. Altering candidate's responses in any way.</u></p> <p><u>e. Making available any answer keys.</u></p> <p><u>f. Providing a false certification on any test security form required by the Office of EMS.</u></p> <p><u>g. Retaining a copy of secure test questions.</u></p> <p><u>h. Falsely taking any examination, or part thereof, on behalf of another individual.</u></p> <p><u>i. Participating in, directing, aiding, or assisting in any of the acts prohibited by this section.</u></p> <p><u>2. For the purposes of this section the term "secure test" means any item, question, or test that has not been made publicly available by the Office of EMS.</u></p> <p><u>3. Nothing in this section may be construed to prohibit or restrict the reasonable and necessary actions of the Office of EMS in test development or selection, test form construction, standard setting, test scoring and reporting, or any other related activities which, in the judgment of the Office of EMS, are necessary and appropriate.</u></p> <p><u>C. Under no circumstances will written examinations and practical scenarios be provided to EMT-Instructor, ALS-Coordinator,</u></p>
--	--	--	---

			<p><u>EMS-Education Coordinator, PCD/OMD or candidates for their review at any time.</u></p> <p><i>Rationale: defines criteria for test violation and its security.</i></p>
1480		Repealed	<p>Eligibility for certification examination</p> <p><i>Rationale: Defined in another section.</i></p>
1490		Repealed	<p>Recertification Eligibility Notice.</p> <p><i>Rationale: Defined in another section.</i></p>
1500		Repealed	<p>Eligibility for EMT-Instructor certification program.</p> <p><i>Rationale: Defined in another section.</i></p>
	1501	Add	<p><u>BLS certification course attendance.</u></p> <p><u>A. Students must be present for a minimum of eighty five percent (85%) of the entire course.</u></p> <p><u>B. Students must complete all healthcare facility competency and field internship requirements for the program.</u></p> <p><u>C. Students must successfully demonstrate competency to perform all required skills as specified by the Office of EMS for the level of the training program attended. Use of training manikin practice may not substitute for performance of skills involving actual patients in a clinical setting except as allowed by the Office of EMS.</u></p> <p><i>Rationale: Defines student's minimum participation in BLS course.</i></p>
	1503	Add	<p><u>BLS course student requirements.</u></p> <p><u>A. The enrolled student, certification candidate or EMS provider must comply with the following:</u></p> <p><u>1. Be proficient in reading, writing and speaking the English language in order to clearly communicate with a patient, family or bystander to determine a chief complaint, nature of illness, mechanism of injury, to assess signs and symptoms, and interpret protocols.</u></p> <p><u>2. Be a minimum of 16 years of age at the beginning date of the certification program.</u></p> <p><u>a. If less than 18 years of age, the student must provide the Emergency Medical</u></p>

			<p><u>Technician Instructor or the EMS-Education Coordinator with a completed parental permission form as approved by the Office of EMS with the signature of a parent or guardian supporting enrollment in the course.</u></p> <p><u>3. Have no physical or mental impairment that would render the student or provider unable to perform all practical skills required for that level of certification including the ability to function and communicate independently and perform patient care, physical assessments and treatments.</u></p> <p><u>4. Hold current certification in an approved course in cardio-pulmonary resuscitation (CPR) at the beginning date of the certification program. This certification must also be current at the time of state testing.</u></p> <p><u>5. If in a bridge certification program, the student must hold current Virginia Certification at the EMS First Responder Level through completion of the certification examination process.</u></p> <p><i>Rationale: Defines minimums for BLS course enrollment.</i></p>
	1505	Add	<p><u>EMS First Responder certification program.</u></p> <p><u>The EMS First Responder curriculum will be the current version of the Virginia Standard Curriculum or Virginia education standards for the EMS First Responder as approved by the Office of EMS and will consist of a minimum number of hours of didactic training.</u></p> <p><i>Rationale: Defines course curriculum.</i></p>
	1507	Add	<p><u>First Responder bridge to EMT.</u></p> <p><u>The Virginia EMS First Responder Bridge curriculum will be based upon the National Standard Curriculum for the EMT or Virginia education standards and the bridge program approved by the Office of EMS.</u></p> <p><i>Rationale: Defines course curriculum.</i></p>
	1509	Add	<p><u>EMS First Responder bridge length.</u></p> <p><u>The Virginia EMS First Responder Bridge will consist of a minimum number of hours of didactic training and competency.</u></p>

			<i>Rationale: Defines course curriculum.</i>
1510		Repealed	EMS certification written examination. <i>Rationale: Defined in another section.</i>
	1511	Add	<u>First Responder bridge to EMT certification examinations.</u> <u>Candidates completing the Virginia EMS First Responder Bridge program must complete the current Emergency Medical Technician written and practical examinations administered by the Office of EMS.</u> <i>Rationale: Defines requirements for certification.</i>
	1513	Add	<u>Emergency Medical Technician (EMT) certification.</u> <u>The EMT curriculum will be based upon the current version of the National Standard Curriculum for the EMT or Virginia education standards and any additions, deletions or other modifications as approved by the Office of EMS and will consist of a minimum number of hours of didactic training and competency.</u> <i>Rationale: Defines course curriculum.</i>
	1515	Add	<u>Emergency Medical Technician (EMT) certification examination.</u> <u>Candidates completing the Emergency Medical Technician Training Program must successfully complete the Office of EMS approved EMT written and practical examinations.</u> <i>Rationale: Defines requirements for certification,</i>
1520		Repealed	EMS certification practical examination. <i>Rationale: Defined in another section.</i>
	1521	Add	<u>ALS course student requirements.</u> <u>An enrolled student in an ALS certification Program shall comply with the following:</u> <u>A. Be proficient in reading, writing and speaking the English language in order to clearly communicate with a patient, family or bystander to determine a chief complaint, nature of illness, mechanism of injury, to assess signs and symptoms, and interpret</u>

			<p><u>protocols.</u></p> <p><u>B. Be a minimum of 18 years of age at the beginning date of the certification program.</u></p> <p><u>C. Certification as an EMT or higher EMS certification level.</u></p> <p><u>D. Posses a high school or general equivalency diploma.</u></p> <p><u>E. Have no physical or mental impairment that would render the student or provider unable to perform all practical skill required for that level of certification including the ability to function and communicate independently and perform appropriate patient care, physical assessments and treatments.</u></p> <p><u>F. If in a bridge certification program, the student shall be eligible for certification at the prerequisite lower ALS level at the beginning date of the bridge program and shall have obtained certification at the bridge program's prerequisite certification level before certification testing for the bridge level.</u></p> <p><i>Rationale: Defines minimums for ALS course enrollment.</i></p>
	1523	Add	<p><u>EMT-Enhanced certification.</u></p> <p><u>A. The EMT-Enhanced curriculum will be the current Virginia Standard Curriculum for the EMT-Enhanced or Virginia education standards as approved by the Office of EMS.</u></p> <p><u>B. Certification for the EMT-Enhanced course will be awarded upon successful completion of written and practical examinations administered by the Office of EMS.</u></p> <p><u>C. EMT-Enhanced certification practical testing will follow practical testing guidelines as approved by the Office of EMS.</u></p> <p><i>Rationale: Defines course curriculum and successful completion.</i></p>
	1524	Add	<p><u>Advanced EMT certification</u></p> <p><u>A. The Advanced EMT curriculum will be the current Virginia Standard Curriculum for the Advanced EMT or Virginia education standards as approved by the Office of</u></p>

			<p><u>EMS.</u></p> <p><u>B. Certification for the Advanced EMT course will be awarded upon successful completion of written and practical examinations administered by the Office of EMS.</u></p> <p><u>C. Advanced EMT certification practical testing will follow practical testing guidelines as approved by the Office of EMS.</u></p> <p><i>Rationale: Defines course curriculum and successful completion.</i></p>
	1525	Add	<p><u>EMT-Intermediate certification.</u></p> <p><u>A. The EMT-Intermediate curriculum will be the U. S. Department of Transportation National Standard Curriculum for the Intermediate 99 or a bridge program curriculum or Virginia education standards as amended and approved by the Office of EMS.</u></p> <p><u>B. Certification for the EMT-Intermediate course will be awarded through reciprocity upon successful completion of written and practical examinations created and administered by the National Registry of Emergency Medical Technicians.</u></p> <p><u>C. When the National Registry of Emergency Medical Technicians no longer tests EMT-Intermediate 99, the Board of Health will assume testing responsibilities for this level.</u></p> <p><i>Rationale: Defines course curriculum and successful completion.</i></p>
	1527	Add	<p><u>EMT-Paramedic certification.</u></p> <p><u>A. The EMT-Paramedic curriculum will be the National Standard Curriculum for the EMT Paramedic or Virginia education standards or a bridge program approved by the Office of EMS.</u></p> <p><u>B. Certification for the EMT-Paramedic course will be awarded through reciprocity upon successful completion of written and practical examinations created and administered by the National Registry of Emergency Medical Technicians.</u></p> <p><i>Rationale: Defines course curriculum and successful completion.</i></p>

	1529	Add	<p><u>Advanced life support bridge courses.</u></p> <p><u>A. Bridge courses are designed to allow a candidate to advance from a lower level of ALS certification to a higher level of ALS certification or for a Virginia licensed Registered Nurse to bridge to the EMT-Paramedic certification level:</u></p> <ol style="list-style-type: none"> <u>1. EMT-Enhanced to EMT-Intermediate Bridge</u> <u>2. EMT-Intermediate to EMT-Paramedic Bridge</u> <u>3. Registered Nurse to EMT-Paramedic Bridge</u> <p><u>B. All Bridge programs shall use the minimum Virginia education standards approved by the Office of EMS for the certification level of the program.</u></p> <p><i>Rationale: Defines recognized bridge courses.</i></p>
1530		Repeal	<p>Certification examination retest</p> <p><i>Rationale: Defined in another section.</i></p>
	1531	Add	<p><u>Registered Nurse to EMT-Paramedic Bridge prerequisites.</u></p> <p><u>A. RN to EMT-Paramedic students must be able to document compliance with the following prerequisites:</u></p> <ol style="list-style-type: none"> <u>1. The candidate must be currently licensed as a Registered Nurse (RN) in Virginia or as recognized through the Nursing Compact Agreement as approved by the Virginia Board of Nursing.</u> <u>B. The candidate must currently hold certification as a Virginia EMT or higher certification.</u> <u>C. The candidate must be currently participating as an EMS field provider or actively working as an RN.</u> <p><i>Rationale: Defines process for RN to enter into Paramedic bridge course.</i></p>
	1533	Add	<p><u>Registered Nurse to EMT-Paramedic Bridge program completion requirements.</u></p> <p><u>A. The R.N. to EMT-Paramedic Bridge shall</u></p>

			<p><u>be the National Standard Curriculum for the EMT-Paramedic or Virginia education standards or a bridge program approved by the Office of EMS.</u></p> <p><u>B. The student will receive formal instruction in all the objectives listed in the EMT-Paramedic curriculum as recognized by the Office of EMS either through an accredited EMT-Paramedic course or through a nursing education program as recognized by the Virginia Board of Nursing.</u></p> <p><u>C. Certification for the R.N. to EMT-Paramedic Bridge course will be awarded through reciprocity upon successful completion of written and practical examinations created and administered by the National Registry of Emergency Medical Technicians.</u></p> <p><i>Rationale: Defines course completion requirements</i></p>
	1535	Add	<p><u>NREMT Paramedic endorsements.</u></p> <p><u>A. Physician Assistants (P.A.) and/or Nurse Practitioners (N.P.) may receive Virginia endorsement to sit for the National Registry of EMT's Paramedic written and practical examinations after providing verification of successful completion of the following criteria:</u></p> <p><u>1. The P.A. and/or N.P. shall be currently Virginia certified as an EMT or may, with written permission from the Office of EMS, complete the thirty-six (36) hour EMT continuing education (CE) hours and successfully complete the EMT written and practical certification examination.</u></p> <p><u>2. The P.A. and/or the N.P. shall receive endorsement from an EMS physician who verifies the candidate satisfies the Paramedic Competencies by completing a form as prescribed by the Office of EMS.</u></p> <p><u>3. Team Leader Skills shall be completed and verified on a form as prescribed by the Office of EMS.</u></p> <p><u>B. Third (3rd) and fourth (4th) year Medical Students, Virginia licensed Dentists or Chiropractors may receive Virginia endorsement to sit for the National Registry of EMT-Paramedic written and practical</u></p>

			<p><u>examinations after providing successful completion of the following criteria:</u></p> <p><u>1. Must be a Virginia certified EMT or may, with written permission from the Office of EMS, complete the thirty-six (36) hour EMT continuing education (CE) hours and successfully complete the EMT written and practical certification examination</u></p> <p><u>2. Dentists and Chiropractors must possess or have possessed Pre-Hospital ALS certification that must not have expired more than 24 months prior to submission.</u></p> <p><u>3. Third and fourth year Medical Students shall submit a copy of their official medical school transcripts. Dentists or Chiropractors shall submit to the Office a copy of their license to practice in Virginia.</u></p> <p><i>Rationale: Defines process for other healthcare professional to test/certify for Paramedic certification.</i></p>
1540		Repeal	<p>Prohibition of oral examination administration.</p> <p><i>Rationale: Defined in another section.</i></p>
	1541	Add	<p><u>EMT-Instructor candidate.</u></p> <p><u>A. An EMS provider must comply with the following in order to be eligible to take the EMT Instructor written examination:</u></p> <p><u>1. Be a minimum of 21 years of age</u></p> <p><u>2. Hold current Virginia EMS certification as an EMT or higher Virginia EMS Certification level.</u></p> <p><u>3. Have been certified as an EMT or higher level of EMS certification for a minimum of two (2) years.</u></p> <p><u>4. Must have a minimum of two (2) years field experience as an EMS provider.</u></p> <p><u>5. Proof of a high school diploma or equivalent.</u></p> <p><u>B. The Instructor candidate must not have any EMS compliance enforcement issued within the previous twenty-four months or twenty-four months from the end date of the issued enforcement action.</u></p>

			<p><i>Rationale: Defines requirements to be eligible for EMT-Instructor status.</i></p>
	1542	Add	<p><u>EMT-Instructor.</u></p> <p><u>A. The instructor candidate shall successfully complete a written and practical pre-test as approved by the Virginia Office of EMS.</u></p> <p><u>B. The instructor candidate will successfully complete an instructor program as approved by the Virginia Office of EMS.</u></p> <p><i>Rationale: Defines minimums for successful testing.</i></p>
	1543	Add	<p><u>EMT-Instructor recertification.</u></p> <p><u>A. The EMT-Instructor's certification shall be renewed every two (2) years. To fulfill the recertification requirements, the EMT-Instructor must:</u></p> <p><u>1. Instruct a minimum of 50 hours of EMT or First Responder subject material in approved courses within the two-year certification period. This requirement only may be met through instruction of standard Basic Life Support training courses or other programs approved for Basic Life Support (Category 1) continuing education credit.</u></p> <p><u>2. Successfully complete a minimum of one (1) EMS Instructor Update within the two-year certification period.</u></p> <p><u>3. Successfully complete the EMT-Basic written certification examination with a minimum passing score of eighty (80) percent. This examination may be completed at any time following attendance of an EMS Instructor Update.</u></p> <p><u>a. If the EMT-Instructor is affiliated with a licensed EMS Agency, this examination may be waived by the EMS Agency's OMD.</u></p> <p><u>B. Have no physical or mental impairment that would render the instructor unable to perform and evaluate all practical skills and tasks required of an EMT.</u></p> <p><i>Rationale: Defines minimums for recertification as EMT-Instructor.</i></p>
	1544	Add	<p><u>EMT-Instructor reentry.</u></p>

			<p><u>Individuals whose EMT-Instructor certification has expired may regain full certification through completion of the Reentry program within two (2) years of their previous expiration date provided:</u></p> <p><u>A. If the EMT-Instructor has completed the teaching requirements but unable to fulfill one or more of the remaining requirements, the remaining requirements for recertification shall be completed within two (2) years following the expiration date:</u></p> <p><u>However if the EMT-Basic examination required was not completed prior to expiration, this examination may not be waived by an EMS Agency OMD.</u></p> <p><u>B. If the EMT-Instructor had not completed the teaching requirements, the following requirements will be necessary for reentry:</u></p> <p><u>1. Successful completion of the EMT-Instructor written and practical pretest examinations.</u></p> <p><u>2. Attendance of the administrative portions of an EMT-Instructor Institute.</u></p> <p><u>C. Upon completion of the applicable requirements for Reentry, new EMT-Instructor credentials will be issued for a two (2) year period. Thereafter, all of the requirements for recertification under 12VAC5-31-1545 will apply.</u></p> <p><i>Rationale: Defines process for loss of certification and reentry as EMT-Instructor.</i></p>
	1545	Add	<p><u>Advanced Life Support coordinator program.</u></p> <p><u>An Advanced Life Support Coordinator may coordinate initial and continuing education training programs for EMT-Enhanced, Advanced EMT, EMT-Intermediate and EMT-Paramedic up to their level of EMS certification or other healthcare certification/licensure as approved by the Office of EMS.</u></p> <p><i>Rationale: Defines criteria for course instruction by coordinator.</i></p>
1550		Repeal	<p>Certification examination security.</p> <p><i>Rationale: Defined in another section.</i></p>

	1546	Add	<p><u>Advanced Life Support coordinator certification.</u></p> <p><u>A. Prerequisites for certification as an Advanced Life Support Coordinator are:</u></p> <p><u>1. Be a minimum of twenty-one (21) years of age.</u></p> <p><u>2. The Advanced Life Support Coordinator candidate must not have any EMS compliance enforcement issued within the previous twenty-four months or two years from the end date of the issued enforcement action.</u></p> <p><u>3. The applicant must hold current certification and/or licensure for one or more of the following issued by the Commonwealth of Virginia:</u></p> <p><u>a. EMT-Enhanced</u></p> <p><u>b. Advanced EMT</u></p> <p><u>c. EMT-Intermediate</u></p> <p><u>d. EMT-Paramedic</u></p> <p><u>e. Physician Assistant</u></p> <p><u>f. Nurse Practitioner</u></p> <p><u>g. Registered Nurse</u></p> <p><u>h. Doctor of Osteopathy</u></p> <p><u>i. Doctor of Medicine</u></p> <p><u>B. A Certification Application shall be completed and submitted as prescribed by the Office of EMS.</u></p> <p><u>C. Upon receipt of a complete Advanced Life Support Coordinator application meeting the prerequisites and qualifications for certification, the applicant must attend an Advanced Life Support Coordinator seminar.</u></p> <p><u>D. Performance of any medical procedure is not permitted based upon Advanced Life Support Coordinator certification.</u></p> <p><i>Rationale: Defines eligibility for Advanced Life Support Coordinator.</i></p>
	1547	Add	<p><u>Renewal of Advanced Life Support</u></p>

			<p><u>coordinator.</u></p> <p><u>A. An Advanced Life Support Coordinator must maintain current certification as a Virginia ALS provider, or licensure as a doctor of medicine, doctor of osteopathy, registered nurse, or physician assistant.</u></p> <p><u>B. An Advanced Life Support Coordinator must resubmit an Advanced Life Support Coordinator Certification Application before their expiration month.</u></p> <p><u>C. Successfully complete a minimum of one EMS Instructor Update or an Advanced Life Support Coordinator meeting within the two-year certification period.</u></p> <p><u>D. Individuals whose Advanced Life Support Coordinator certification has expired may regain full endorsement through completion of the Reentry program within two (2) years of their previous expiration date provided:</u></p> <p><u>1. Submit a completed Advanced Life Support Coordinator Certification Application,</u></p> <p><u>2. Successfully complete a minimum of one EMS Instructor Update or an Advanced Life Support Coordinator meeting within the two-year certification period.</u></p> <p><i>Rationale: Defines renewal process for Advanced Life Support Coordinator.</i></p>
	1548	Add	<p><u>EMS Education coordinator</u></p> <p><u>Note: Current EMT-Instructors and or ALS Coordinators will be transitioned to EMS Education Coordinator within 4 years of adoption of these regulations.</u></p> <p><u>A. The EMS Education Coordinator may announce and teach courses at or below their provider certification level.</u></p> <p><u>1. An EMS-Education Coordinator who certifies at a higher level may not begin announcing/coordinating courses at that level until they have attained one year of field experience at that level.</u></p> <p><u>B. Performance of any medical procedure is not permitted based upon EMS Education Coordinator certification.</u></p> <p><i>Rationale: Defines new level of</i></p>

			<i>coordinator.</i>
	1549	Add	<p><u>EMS Education coordinator prerequisites.</u></p> <p><u>Prerequisites for certification as an EMS Education Coordinator are:</u></p> <p>A. <u>Be a minimum of 21 years of age.</u></p> <p>B. <u>Posses a high school diploma or equivalent.</u></p> <p>C. <u>Have three years medical experience with a minimum of two years verified field experience as an EMS provider at the appropriate level EMS level or two years of current Virginia licensure as an RN, PA, DO, or MD.</u></p> <p>D. <u>Must not have any EMS compliance enforcement actions within the previous five years.</u></p> <p><i>Rationale: Defines minimum requirements for eligibility for new coordinator level.</i></p>
	1551	Add	<p><u>EMS Education coordinator certification process.</u></p> <p>A. <u>Eligible EMS Education Coordinator candidates will submit an application to include endorsement from an EMS physician.</u></p> <p>B. <u>Upon receipt and verification of the application, the eligible EMS Education Coordinator candidate will be required to complete a written and practical examination.</u></p> <p>C. <u>After successfully completing the written and practical examination, the qualified eligible EMS Education Coordinator candidate shall attend training as required by OEMS.</u></p> <p><i>Rationale: Defines certification process for new coordinator</i></p>
	1552	Add	<p><u>EMS Education coordinator recertification process.</u></p> <p>A. <u>To be eligible to recertify, the EMS Education Coordinator shall:</u></p> <p>1. <u>Maintain their provider certification.</u></p> <p>2. <u>Teach a minimum of 50 hours of initial certification or Category 1 CE and documentation of completion submitted in a</u></p>

			<p><u>process established by OEMS.</u></p> <p><u>3. Complete one (1) EMS Education Coordinator update in the three-year certification period.</u></p> <p><u>4. Submit an EMS Education Coordinator application to include endorsement from an EMS Physician.</u></p> <p><u>B. Upon completion of the recertification requirements, the EMS Education Coordinator will receive an “Eligibility Notice” and must take and pass the EMS Education Coordinator recertification examination.</u></p> <p><u>C. All recertification requirements must be completed and submitted to OEMS prior to the certification expiration date.</u></p> <p><i>Rationale: Defines recertification process for new coordinator level.</i></p>
	1553	Add	<p><u>EMS Education coordinator reentry.</u></p> <p><u>A. If an EMS Education Coordinator does not complete or submit all recertification requirements prior to their expiration date, they will go into a two-year reentry period.</u></p> <p><u>B. During the reentry, the EMS Education Coordinator will not be allowed to coordinate any certification of CE courses.</u></p> <p><u>1. Any current courses in progress at the time of loss of EMS Education Coordinator certification will be suspended.</u></p> <p><u>C. All outstanding recertification requirements shall be completed during the reentry period.</u></p> <p><u>D. Failure to complete all recertification requirements during the reentry period will require the provider to complete the entire certification process as prescribed in 12VAC5-31-1551.</u></p> <p><i>Rationale: Defines reentry process for new coordinator level.</i></p>
1560		Repeal	<p>BLS course coordinator reimbursement</p> <p><i>Rationale: Defined in another section.</i></p>
	1561	Add	<p><u>EMS training fund.</u></p> <p><u>The Board of Health has established the</u></p>

			<p><u>“Emergency Medical Services Training Fund” (EMSTF) to support certification and continuing education for BLS and ALS programs. Funding for various approved training programs will be administered on a contract basis between the Emergency Medical Technician Instructor, Advanced Life Support Coordinator or EMS Educational Coordinator and the Office of EMS. In addition, a tuition reimbursement component has been established to help defray the costs associated with obtaining initial certification.</u></p> <p><i>Rationale: Defines use of EMS Training funds.</i></p>
	1563	Add	<p><u>Contracting through the EMS training fund.</u></p> <p><u>The Board of Health promulgates funding contracts for EMS training programs annually on July 1. Only Emergency Medical Technician Instructors, Advanced Life Support Coordinators or EMS Educational Coordinators are eligible to submit funding contracts. The requirements of the funding contracts supersede these regulations as they are legal documents.</u></p> <p><i>Rationale: Defines who can contract for ALS training funds.</i></p>
	1565	Add	<p><u>Individual tuition reimbursement.</u></p> <p><u>A. Individual Reimbursement is provided for expenses incurred by students who attend initial certification programs which received funding from the EMSTF program.</u></p> <p><u>1. Funding is made available to any certified and affiliated EMS provider in the Commonwealth.</u></p> <p><u>B. Reimbursement will be awarded based upon tuition expenses incurred by the student (minus grants and scholarships) up to the maximum amount defined in the EMSTF program.</u></p> <p><u>1. Funding for individual tuition reimbursement is determined by the Office of EMS based upon the EMSTF tuition award formula:</u></p> <p><u>a. There are two different funding levels:</u></p> <p><u>(1) Non-EMSTF funded initial certification programs</u></p>

			<p><u>(2) EMSTF funded initial certification programs</u></p> <p><u>C. Individual requests for tuition reimbursement require that the applicant:</u></p> <ol style="list-style-type: none"> <u>1. Be a Virginia certified EMS provider at the level of the program for which tuition is requested.</u> <u>2. Submit a completed application as prescribed by the Office of EMS.</u> <u>3. Ensure the submitted application shall be postmarked to the Virginia Office of EMS within 180 days of the applicant receiving Virginia certification at the level for which the tuition reimbursement is sought.</u> <u>4. Not submit (or have previously submitted at the current level) their name for reimbursement under the organizational tuition reimbursement process.</u> <p><u>D. Falsification of information shall nullify the tuition reimbursement request and any subsequent requests for a period of five (5) years.</u></p> <p><i>Rationale: Defines parameters for use of ALS training funds for individual providers.</i></p>
	<p>1567</p>	<p>Add</p>	<p><u>Organizational tuition reimbursement.</u></p> <p><u>A. Reimbursement is provided for tuition expenses incurred by EMS agencies or governmental organizations which pay for students to attend initial certification programs.</u></p> <p><u>B. Funding is made available to include but are not limited to:</u></p> <ol style="list-style-type: none"> <u>1. 501(c) (3) organizations</u> <u>2. Governmental organizations</u> <u>3. Individuals who are not considered for-profit entities.</u> <p><u>C. Reimbursement will be awarded based upon tuition expenses (minus grants and scholarships) up to the maximum amount defined in EMSTF program.</u></p> <ol style="list-style-type: none"> <u>1. Funding for organizational tuition</u>

			<p><u>reimbursement is determined by the Office of EMS based upon the EMSTF tuition award formula:</u></p> <p><u>a. There are two different funding levels:</u></p> <p><u>(1) Non-EMSTF funded initial certification programs</u></p> <p><u>(2) EMSTF funded initial certification programs</u></p> <p><u>D. Organizational requests for tuition reimbursement require that the applicant:</u></p> <p><u>1. Submit for providers who are affiliated with a Virginia EMS agency that is capable of delivering care at the level of certification for which the EMS agency is seeking tuition reimbursement.</u></p> <p><u>2. Submit a completed application as prescribed by the Office of EMS.</u></p> <p><u>3. Ensure the submitted application for tuition reimbursement is received by the Virginia Office of EMS within 180 days of the provider(s) receiving Virginia certification at the level for which the tuition reimbursement is sought. Documents must be postmarked before the deadline in order to be accepted.</u></p> <p><u>4. Complete a separate application for each type of program (level) for which tuition reimbursements is being requested.</u></p> <p><u>5. Ensure that no provider on the application has been submitted (or has previously submitted at the current level) for reimbursement under the individual tuition reimbursement process.</u></p> <p><u>E. Falsification of information shall nullify the tuition reimbursement request and any subsequent requests for a period of five (5) years.</u></p> <p><i>Rationale: Defines parameters for use of ALS training funds for organizations.</i></p>
1570		Repeal	<p>EMS training grant program</p> <p><i>Rationale: Defined in another section.</i></p>
1580		Repeal	<p>Certification period.</p> <p><i>Rationale: Defined in another section.</i></p>

1590		Repeal	<p>Certification through reciprocity <i>Rationale: Defined in another section.</i></p>
1600		Repeal	<p>Certification through legal recognition. <i>Rationale: Defined in another section.</i></p>
	1601	Add	<p><u>Accreditation of EMS training programs.</u></p> <p><u>A. Training programs that lead to eligibility for initial certification at the Advanced EMT, EMT-Intermediate and EMT-Paramedic level shall hold a valid accreditation issued by the Board of Health before any training programs are offered.</u></p> <p><u>B. All certification programs seeking accreditation in Virginia shall comply with these regulations and the current version of the Standards and Guidelines for an Accredited Educational Program for the Emergency Medical Services Profession established by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) or an equivalent organization approved by the Board of Health.</u></p> <p><u>C. The program director for an Advanced EMT, EMT-Intermediate, EMT-Enhanced (optional track) or EMT (optional track) program is exempt from the bachelor's degree requirement as specified by CoAEMSP standards.</u></p> <p><u>D. The medical director required by CoAEMSP standards shall also meet the requirements for an OMD/PCD as required by these regulations.</u></p> <p><u>E. All accredited programs shall notify the Board of Health immediately upon receiving notice about the following changes:</u></p> <p><u>1. in program personnel to include:</u></p> <p><u>a. the Program Director,</u></p> <p><u>b. OMD or PCD, and</u></p> <p><u>c. primary faculty/instructional staff</u></p> <p><u>2. additions and/or deletions to clinical site contracts and field site contracts.</u></p> <p><u>3. location</u></p>

			<p>4. <u>learning/teaching modalities</u></p> <p>5. <u>any sentinel event</u></p> <p><i>Rational: Updates and defines accreditation process.</i></p>
	1603	Add	<p><u>Sentinel events.</u></p> <p><u>In cases where a sentinel event occurs, the commissioner may:</u></p> <p>A. <u>Place a program on probationary accreditation until the sentinel event is satisfactorily resolved, or</u></p> <p>B. <u>Revoke accreditation for said program.</u></p> <p><i>Rationale: Defines and addresses enforcement for sentinel events.</i></p>
	1605	Add	<p><u>Initial accreditation.</u></p> <p>A. <u>The initial accreditation process will begin upon the receipt by the Board of Health of an Application for Accreditation and a completed Institutional Self Study.</u></p> <p>B. <u>EMT-Paramedic programs can obtain initial accreditation in one of two ways:</u></p> <p>1. <u>State accreditation by applying to the Board of Health for an initial grant of accreditation not to exceed five (5) years.</u></p> <p>2. <u>Programs achieving accreditation issued by CoAEMSP or an equivalent organization approved by the Board of Health shall apply to the Office for state accreditation. "Full Accreditation" will be issued for a period concurrent with that issued by the CoAEMSP or other approved organization up to a maximum of five (5) years.</u></p> <p>C. <u>Advanced EMT, EMT-Intermediate programs can obtain accreditation by applying to the Board of Health for an initial grant of accreditation not to exceed five (5) years.</u></p> <p>D. <u>EMT-Enhanced programs (optional track) can obtain accreditation by applying to the Board of Health for an initial grant of accreditation not to exceed five (5) years.</u></p> <p>E. <u>EMT programs (optional track) can obtain accreditation by applying to the Board of</u></p>

			<p><u>Health for an initial grant of accreditation not to exceed five (5) years.</u></p> <p><u>F. The commissioner shall grant initial accreditation as follows:</u></p> <p><u>1. The commissioner will issue full accreditation for a period of five (5) years from the accreditation date if the accreditation analysis determines that the training program is in full compliance with the requirements for accreditation outlined in the appropriate section of EMS regulations,</u></p> <p><u>2. The commissioner will issue provisional accreditation if the accreditation analysis and report identifies deficiencies that are determined to be of concern but do not justify prohibiting the program from starting and completing an initial training program. Before starting any additional certification courses, the program site must receive full accreditation by correcting the deficiencies identified in the accreditation analysis and report.</u></p> <p><u>3. The commissioner will issue an accreditation denied status to the applicant if the accreditation analysis and report identifies deficiencies that are determined to be sufficient to prohibit the program from starting an initial training program.</u></p> <p><i>Rationale: Updates and defines initial process for accreditation.</i></p>
	<p>1607</p>	<p>Add</p>	<p><u>Renewal of accreditation.</u></p> <p><u>A. EMT-Paramedic program applicants shall only be renewed by obtaining a valid accreditation from the Committee on Accreditation of Allied Health Education Programs (CAAHEP)/ CoAEMSP or an equivalent organization approved by the Board of Health.</u></p> <p><u>B. Advanced EMT, EMT-Intermediate, EMT-Enhanced (optional track) and EMT (optional track) programs shall apply for renewal of their program accreditation not less than 270 days before the end of its current accreditation cycle. Reaccreditation will require submitting a new Application for Accreditation and an updated Institutional Self Study. The Institutional Self Study will be reviewed by a site review team which will determine the program's performance and</u></p>

			<p><u>provide the Commissioner with a recommendation as to whether program accreditation should be renewed.</u></p> <p><u>1. The commissioner will issue full accreditation for a period of five (5) years from the reaccreditation date if the accreditation analysis determines that the training program is in full compliance with the requirements for accreditation outlined in the Virginia EMS regulations.</u></p> <p><u>2. The commissioner will issue provisional reaccreditation if the accreditation analysis and report identifies deficiencies that are determined to be of concern but do not justify prohibiting the program from starting and completing an initial training program. Before starting any additional certification courses, the program site shall receive full accreditation by correcting the deficiencies identified at the reaccreditation date.</u></p> <p><u>3. The commissioner shall issue an accreditation denied status to the applicant if the accreditation analysis identifies deficiencies that are determined to be sufficient to prohibit the program from starting an initial training program.</u></p> <p><i>Rationale: Updates and defines renewal process for accreditation.</i></p>
	1609	Add	<p><u>Accreditation of alternative locations/learning sites.</u></p> <p><u>Accredited training programs in Virginia shall contact the Board of Health for accreditation of alternative training sites which differ from the site receiving initial accreditation.</u></p> <p><u>A. Institutions that intend to operate entire programs or parts of programs at a different location or learning site shall prepare and submit on a form prescribed by the Board of Health for each additional location.</u></p> <p><i>Rationale: Requires approval for use of alternate sites other than those approved initially for accredited sites.</i></p>
1610		Repeal	<p>Certification through equivalency</p> <p><i>Rationale: Defined in another section.</i></p>
	1611	Add	<p><u>Appeal of site accreditation application results.</u></p>

			<p><u>Appeals by a program concerning the denial of initial or renewal of accreditation, or the issuance of probationary accreditation shall be submitted in writing within 10 days to the Board of Health pursuant to the Administrative Process Act of Virginia § 2.2-4019 Informal fact finding proceedings.</u></p> <p><i>Rationale: Provides process to appeal denial of accreditation.</i></p>
	1613	Add	<p><u>Accreditation of EMT-Paramedic programs.</u></p> <p><u>A. EMT-Paramedic programs with state accreditation shall be limited to one (1) initial grant of state accreditation for a five (5) year period.</u></p> <p><u>B. Renewal of accreditation at the EMT-Paramedic level will be issued only upon verification of accreditation issued by CoAEMSP/CAAHEP or another approved equivalent accreditation organization as specified in the Virginia EMS Regulations.</u></p> <p><i>Rationale: Defines time frame and need to gain national accreditation.</i></p>
	1615	Add	<p><u>Equivalent accreditation of EMS programs.</u></p> <p><u>A. The commissioner may issue an equivalent accreditation to programs obtaining a valid accreditation from the Committee on Accreditation of Allied Health Education Programs (CAAHEP)/ CoAEMSP or an equivalent organization approved by the Board of Health.</u></p> <p><u>B. As a condition for equivalent accreditation, a representative from the Board of Health must be included with each visit by the CoAEMSP or any other approved accreditation organization.</u></p> <p><u>1. Programs with equivalent accreditation shall notify the Board of Health immediately upon receiving notice about the following changes:</u></p> <p><u>a. Scheduling of site team visits to include:</u></p> <p><u>(1) Dates;</u></p> <p><u>(2) Times; and</u></p> <p><u>(3) The agenda or schedule of events.</u></p>

			<p><u>b. changes in program personnel to include:</u></p> <p><u>(1) the Program Director,</u></p> <p><u>(2) OMD or PCD,</u></p> <p><u>c. changes to or additions and/or deletions to clinical site contracts and field site contracts.</u></p> <p><u>d. notice of revocation, removal or expiration of accreditation issued by CoAEMSP.</u></p> <p><u>e. any sentinel event.</u></p> <p><u>2. Accreditation issued by CoAEMSP or other organization approved by the Board of Health shall remain current during any certification training program that requires accreditation by the Board of Health. Revocation, removal or expiration of accreditation issued by CoAEMSP or other another organization approved by the Board of Health shall invalidate the corresponding state accreditation of the training program.</u></p> <p><i>Rationale: Allows for alternate programs to apply for accreditation.</i></p>
1620		Repeal	<p>Certification through reentry.</p> <p><i>Rationale: Defined in another section.</i></p>
1630		Repeal	<p>Voluntary inactivation of certification</p> <p><i>Rationale: Defined in another section.</i></p>
1640		Repeal	<p>EMS recertification requirement</p> <p><i>Rationale: Defined in another section.</i></p>
1650		Repeal	<p>EMT instructor recertification</p> <p><i>Rationale: Defined in another section.</i></p>
1660		Repeal	<p>EMT instructor reentry</p> <p><i>Rationale: Defined in another section.</i></p>
1670		Repeal	<p>Continuing education categories</p> <p><i>Rationale: Defined in another section.</i></p>
1680		Repeal	<p>Submission of continuing education</p> <p><i>Rationale: Defined in another section.</i></p>
1690		Repeal	<p>Recertification Eligibility Notice</p> <p><i>Rationale: Defined in another section.</i></p>
1700		Repeal	<p><i>Rationale: Defined in another section.</i></p>

1710		Repeal	Renewal of ALS coordinator endorsement <i>Rationale: Defined in another section.</i>
1810		<p>A physician seeking endorsement as an EMS physician shall hold a current unrestricted license to practice medicine or osteopathy issued by the Virginia Board of Medicine. The applicant must submit documentation of his qualifications for review by the medical direction committee of the regional EMS council or local EMS resource on a form prescribed by the Office of EMS. The documentation required shall present evidence of the following:</p> <ol style="list-style-type: none"> 1. Board certification in emergency medicine or is in the active application process for board certification in emergency medicine issued by a national organization recognized by the Office of EMS, or, 2. Board certification in family practice, internal medicine or surgery or is in the active application process for board certification in family practice, internal medicine or surgery issued by a national organization recognized by the Office of EMS. As an applicant under this section, a physician must also submit documentation of successful course completion or current certification in ACLS, ATLS and PALS (or present documentation of equivalent education in cardiac care, trauma care and pediatric care) completed within the past 	<p>A physician seeking endorsement as an EMS physician shall hold a current unrestricted license to practice medicine or osteopathy issued by the Virginia Board of Medicine. The applicant must submit documentation of his qualifications for review by the medical direction committee of the regional EMS council or local EMS resource on a form prescribed by the Office of EMS. The documentation required shall present evidence of the following:</p> <ol style="list-style-type: none"> 1. Board certification in emergency medicine or is in the active application process for board certification in emergency medicine issued by a national organization recognized by the Office of EMS, <u>or Board certification in family practice, internal medicine or surgery or is in the active application process for board certification in family practice, internal medicine or surgery issued by a national organization recognized by the Office of EMS.</u> If not Board certified in Emergency Medicine, then a physician must also submit <u>documentation of successful course completion or current certification in ACLS, ATLS and PALS (or present documentation of equivalent education in cardiac care, trauma care and pediatric care) completed within the past five years.</u> 2. Board certification in family practice, internal medicine or surgery or is in the active application process for board certification in family practice, internal medicine or surgery issued by a national organization recognized by the Office of EMS. As an applicant under this section, a physician must also submit documentation of successful course completion or current certification in ACLS, ATLS and PALS (or present documentation of equivalent education in cardiac care, trauma care and pediatric care) completed within the past five years. 3 2. Completion of an EMS medical direction program approved by the Office of EMS within the past five years prior to submitting application for consideration of endorsement as an EMS physician. 4 3. In the event that an EMS agency or training program is located in a geographic

		<p>five years.</p> <p>3. Completion of an EMS medical direction program approved by the Office of EMS within the past five years.</p> <p>4. In the event that an EMS agency or training program is located in a geographic area that does not have available a physician meeting the requirements stated in subdivisions 1 or 2 of this section, or if an EMS agency has a specific need for a physician meeting specialized knowledge requirements (i.e., pediatrics, neonatology, etc.), then an available physician may submit their qualifications to serve as an EMS physician under these circumstances. An EMS physician endorsed under this subsection by the Office of EMS is limited to service within the designated geographic areas of the recommending regional EMS councils or local EMS resources.</p> <p>a. A physician seeking review for endorsement under this section may apply to any number of regional EMS councils or local EMS resources for service within each respective geographic service area.</p> <p>b. A physician seeking endorsement under this section must provide documentation of successful course completion or current certification in cardiac care, trauma care and pediatric care or equivalent education (such as ACLS, ATLS and PALS)</p>	<p>area that does not have available a physician meeting the requirements stated in subdivisions 1 or 2 of this section, or if an EMS agency has a specific need for a physician meeting specialized knowledge requirements (i.e., pediatrics, neonatology, etc.), then an available physician may submit their <u>his</u> qualifications to serve as an EMS physician under these circumstances. An EMS physician endorsed under this subsection by the Office of EMS is limited to service within the designated geographic areas <u>area and/or agency</u>, of the recommending regional EMS councils or local EMS resources.</p> <p>a. A physician seeking review for endorsement under this section may apply to any number of regional EMS councils or local EMS resources for service within each respective geographic service area.</p> <p>a. <u>b.</u> A physician seeking endorsement under this section must provide documentation of successful course completion or current certification in cardiac care, trauma care and pediatric care or equivalent education (such as ACLS, ATLS and PALS) completed within one year of endorsement. All or part of this requirement may be waived if the Office of EMS determines this training is not required due to the specialized nature of the EMS agency to be served.</p> <p><i>Rationale: Corrects formatting error, requires training prior to submission for endorsement, and removes regional council involvement in endorsement process.</i></p>
--	--	---	---

		<p>completed within one year of endorsement. All or part of this requirement may be waived if the Office of EMS determines this training is not required due to the specialized nature of the EMS agency to be served.</p>	
<p>1820</p>		<p>A. Physicians seeking endorsement as an EMS physician must make application on forms prescribed by the Office of EMS. The physician must submit the application with all requested documentation of their qualifications to the regional EMS council or local EMS resource for review.</p> <p>B. Upon receipt of the application, the regional EMS council or local EMS resource will review the physician's qualifications, verify credentials and review the application at the next scheduled meeting of the medical direction committee of the regional EMS council or local EMS resource. The review will specify either recommendation or rejection with justification documented on the physician's application. The application will be submitted to the Office of EMS within 15 days of the review.</p> <p>C. The Office of EMS will review the application and the enclosed documents and notify the physician in writing of the status of his application within 30 days of receipt. Final disposition of an application may be delayed pending further review by the EMS Advisory Board Medical Direction Committee as</p>	<p>A. Physicians A physician seeking endorsement as an EMS physician must make application on forms prescribed <u>provided</u> by the Office of EMS. The physician must submit the application with all requested documentation of their qualifications to the regional EMS council or local EMS resource for review.</p> <p>B. Upon receipt of the application, the regional EMS council or local EMS resource will review the physician's qualifications, verify credentials and review the application at the next scheduled meeting of the medical direction committee of the regional EMS council or local EMS resource. The review will specify either recommendation or rejection with justification documented on the physician's application. The application will be submitted to the Office of EMS within 15 days of the review.</p> <p>B. C. The Office of EMS will review the application and the enclosed documents and notify the physician in writing of the status of his application within 30 days of receipt. Final disposition of an application may be delayed pending further review by the EMS advisory board medical direction committee <u>Advisory Board Medical Direction Committee</u> as applicable.</p> <p><i>Rationale: Removes regional council involvement in the endorsement process and involves the Medical Direction Committee of the EMS Advisory Board.</i></p>

		applicable.	
1830		<p>Physicians who are otherwise eligible but who have not completed an approved EMS Medical Direction Program as required by 12 VAC 5-31-1810 within the past five years will be issued a conditional endorsement for a period of one year.</p> <p>1. Upon verification of EMS medical direction program attendance and the training required pursuant to 12 VAC 5-31-1810, the Office of EMS will reissue endorsement with an expiration date five years from the date of original issuance.</p> <p>2. If the conditional EMS physician fails to complete the required EMS medical direction program or the training pursuant to 12 VAC 5-31-1810 within the initial one-year period, his endorsement will lapse.</p>	<p>Physicians who are otherwise eligible but who have not completed an approved EMS Medical Direction Program as required by 12 VAC 5-31-1810 within the past five years will be issued a conditional endorsement for a period of one year <u>pending the completion of the following requirements:</u></p> <p>1. Upon verification of EMS medical direction program attendance <u>(one four-hour “Currents” session within the one-year conditional endorsement)</u> and the training required pursuant to 12 VAC 5-31-1810, the Office of EMS will reissue endorsement with an expiration date five years from the date of original issuance.</p> <p>2. If the conditional EMS physician fails to complete the required EMS medical direction program or the training pursuant to 12 VAC 5-31-1810 within the initial one-year period, his endorsement will lapse.</p> <p><i>Rationale: Updates renewal process.</i></p>
1850		<p>An EMS physician must report any changes of his name, contact addresses and contact telephone numbers to the Office of EMS within 15 days.</p>	<p>An EMS physician must report any changes of his name, contact addresses and contact telephone numbers to the Office of EMS within 45 <u>30</u> days.</p> <p><i>Rationale: Amends time requirement – less burden on physician.</i></p>
1860		<p>Add</p>	<p><u>C. An EMS physician must also attend a minimum of two “Currents” sessions as sponsored by OEMS within the five-year endorsement period.</u></p> <p><i>Rationale: Addition of this requirement lessens the existing requirement to attend a full training program for renewal.</i></p>
1880		<p>B. The EMS physician shall enter into a written agreement to serve as OMD with the EMS agency. This agreement shall at a minimum incorporate the</p>	<p>B. The EMS physician shall enter into a written agreement to serve as OMD with the EMS agency. This agreement shall at a minimum incorporate the specific responsibilities and authority specified below</p>

		<p>specific responsibilities and authority specified below:</p> <ol style="list-style-type: none"> 1. Must describe the process or procedure by which the OMD or EMS agency may discontinue the agreement with prior notification of the parties involved pursuant to 12 VAC 5-31-1910; 2. Must identify the specific responsibilities of each EMS physician if an agency has multiple OMDs; and 3. Must ensure that adequate indemnification exists for: <ol style="list-style-type: none"> a. Medical malpractice; and b. Civil liability. 	<p><u>as defined in 12VAC5-31-590.</u></p> <ol style="list-style-type: none"> 1. Must describe the process or procedure by which the OMD or EMS agency may discontinue the agreement with prior notification of the parties involved pursuant to 12 VAC 5-31-1910; 2. Must identify the specific responsibilities of each EMS physician if an agency has multiple OMDs; and 3. This agreement M must ensure that adequate indemnification and/or insurance coverage exists for: <ol style="list-style-type: none"> a. Medical malpractice; and b. Civil liability. <p>Rationale: defines specific section referenced and removes language found in another section.</p>
1890		<ol style="list-style-type: none"> 1. Using protocols, operational policies and procedures, medical audits, reviews of care and determination of outcomes, direction of education, and limitation of provider patient care functions. 	<ol style="list-style-type: none"> 1. Using protocols, operational policies and procedures, medical audits, reviews of care and determination of outcomes, <u>for the purpose of establishing</u> direction of education, and limitation of provider patient care functions. <p>Rationale: Adds additional clarification.</p>
1950		<p>A. On [January 1, 2003], endorsement as an EMS physician will be initially issued to each licensed physician currently recorded as having previously been endorsed to serve as an operational medical director by the Office of EMS. Issuance of an EMS physician endorsement will be subject to renewal pursuant to 12 VAC 5-31-1820.</p>	<p>A. On [January 1, 2003], endorsement as an EMS physician will be initially issued to each licensed physician currently recorded as having previously been endorsed to serve as an operational medical director by the Office of EMS. Issuance of an EMS physician endorsement will be subject to renewal pursuant to 12 VAC 5-31-1820 <u>1860</u>.</p> <p>Rationale: Corrects reference.</p>
2330		<ol style="list-style-type: none"> 2. Hospital catchment areas for all hospitals within the applicant's proposed geographic service delivery area. Hospital catchment areas are the geographic area from which a hospital draws the majority of its 	<ol style="list-style-type: none"> 2. Hospital catchment areas <u>A listing for</u> of all hospitals within the applicant's proposed geographic service delivery area. Hospital catchment areas are the geographic area from which a hospital draws the majority of its patients. <p>Rationale: Provides better description of</p>

		patients.	<i>hospitals in service region.</i>
2570		B. The Office of EMS will send a correction order to the agent of the designated regional EMS council by certified mail to his last known address. Notification will include, but not be limited to, a description of the deficiency or violation to be corrected, and the period within which the deficiency or situation must be corrected, which shall not be less than 30 days from receipt of such order, unless an emergency has been declared by the Office of EMS.	B. The Office of EMS will send a correction order to the agent of the designated regional EMS council by certified mail to his last known address <u>or via personal service with written receipt</u> . Notification will include, but not be limited to, a description of the deficiency or violation to be corrected, and the period within which the deficiency or situation must be corrected, which shall not be less than 30 days from receipt of such order, unless an emergency has been declared by the Office of EMS. Rationale: Allows for personal delivery.
2740		C. A designated regional EMS council shall have an independent annual audit of financial records with management letters. D. A designated regional EMS council may have an independent audit of financial records conducted by a Certified Professional Accountant (CPA) upon change of an executive director.	C. A designated regional EMS council shall have an independent annual audit of financial records with management letters- <u>conducted by a Certified Public Accountant</u> . D. A designated regional EMS council may <u>shall</u> have an independent audit review <u>audit review</u> of financial records conducted by a Certified Professional <u>Public Accountant (CPA)</u> upon change of an executive director. Rationale: Corrects language and allows for a defined professional to conduct the review.
60		A request for a variance may be approved and issued by the Office of EMS provided all of the following conditions are met:	A request for a variance may be approved and issued by the Office of EMS <u>commissioner</u> provided all of the following conditions are met: Rationale: Follows Code Language.
1210		2. Attendant-in-charge shall be currently certified as an EMS first responder or emergency medical technician or an equivalent approved by the Office of EMS.	2. Attendant-in-charge shall be currently certified as an EMS first responder, <u>Emergency Medical Responder</u> , or emergency medical technician or an equivalent approved by the Office of EMS. Rationale: Includes updated certification level
1260		3. A determination by the sending physician that the specific equipment needed	3. A determination by the sending physician that the specific equipment needed to care for the patient exceeds that required for a

		to care for the patient exceeds that required for a ground ambulance equipped with an ALS intermediate/paramedic equipment package.	ground ambulance equipped with an ALS <u>Advanced EMT</u> /intermediate/paramedic equipment package. Rationale: Includes updated certification level
1550		Repeal	Certification examination security Rationale: Addressed in another section.
1840		A. If an EMS physician fails to reapply for endorsement prior to expiration, the Office of EMS will notify the EMS physician, applicable regional EMS councils or local EMS resources, and any EMS agency or training course that the EMS physician is associated with, of the loss of endorsement. Any training programs already begun may be completed under the direction of the involved EMS physician, but no other programs may be started or announced.	A. If an EMS physician fails to reapply for endorsement prior to expiration, the Office of EMS will notify the EMS physician, applicable regional EMS councils or local EMS resources, and any EMS agency or training course that the EMS physician is associated with, of the loss of endorsement. Any training programs already begun may be completed under the direction of the involved EMS physician, but no other programs may be started or announced. Rationale: Removes Regional Council from endorsement process.