

CHAPTER 31.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS.

PART I.

GENERAL PROVISIONS.

Article 1.

Definitions.

12 VAC 5-31-10. Definitions.

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise.

"Abandonment" means the termination of a health care provider-patient relationship without assurance that an equal or higher level of care meeting the assessed needs of the patient's condition is present and available.

"Acute" means a medical condition having a rapid onset and a short duration.

"Acute care hospital" means any hospital that provides emergency medical services on a 24-hour basis.

"Administrative Process Act" or "APA" means Chapter 40 (§ 2.2-4000 et seq.) of Title 2.2 of the Code of Virginia.

"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.

"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:

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 commissioner [Office of EMS].

"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.

"Advanced life support transport" means the transportation of a patient who is receiving ALS level care.

"Affiliated" means a person who is employed by or a member of an EMS agency, early defibrillation service or wheelchair interfacility transport service.

"Air medical specialist" means a person trained in the concept of flight physiology and the effects of flight on patients through documented completion of a program approved by the Office of EMS. This training must include but is not limited to aerodynamics, weather, communications, safety around aircraft/ambulances, scene safety, landing zone operations, flight physiology,

equipment/aircraft familiarization, basic flight navigation, flight documentation, and survival training specific to service area.

"Ambulance" means (as defined by § 32.1-111.1. of the Code of Virginia) any vehicle, vessel or craft that holds a valid permit issued by the Office of EMS and that is specially constructed, equipped, maintained and operated, and intended to be used for emergency medical care and the transportation of patients who are sick, injured, wounded, or otherwise incapacitated or helpless. The word "ambulance" may not appear on any vehicle, vessel or aircraft that does not hold a valid EMS vehicle permit.

"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.

"Assistant director" means the Assistant Director of the Office of Emergency Medical Services.

"Attendant-in-charge" or "AIC" means the certified or licensed person who is qualified and designated to be primarily responsible for the provision of emergency medical care.

"Attendant" means a certified or licensed person qualified to assist in the provision of emergency medical care.

"Basic life support" or "BLS" means the application by EMS personnel of invasive and noninvasive medical procedures or the administration of medications that is authorized by the Office of EMS.

"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:

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.

"Board" or "state board" means the State Board of Health.

"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.

"CDC" means the United States Centers for Disease Control and Prevention.

"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.

"Certification candidate" means a person seeking EMS certification from the Office of EMS.

"Certification examiner" means an individual designated by the Office of EMS to administer a state certification examination.

"Certification transfer" means the issuance of certification through reciprocity, legal recognition, challenge or equivalency based on prior training, certification or licensure.

"Chief executive officer" means the person authorized or designated by the agency or service as the highest in administrative rank or authority.

"Chief operations officer" means the person authorized or designated by the agency or service as the highest operational officer.

["Commercial mobile radio service" or "CMRS" as defined in Sections 3 (27) and 332 (d) of the Federal Telecommunications Act of 1996, 47 U.S.C. § 151 et seq., and the Omnibus Budget

Reconciliation Act of 1993, Public Law 103-66, 107 U.S.C. § 312. It includes the term "wireless" and service provided by any wireless real time two-way voice communication device, including radio-telephone communications used in cellular telephone service or personal communications service. (e.g., cellular telephone, 800/900 MHz Specialized Mobile Radio, Personal Communications Service, etc.).]

"Commissioner" means the State Health Commissioner, the commissioner's duly authorized representative, or in the event of the commissioner's absence or a vacancy in the office of State Health Commissioner, the Acting Commissioner or Deputy Commissioner.

"Course" means a basic or advanced life support training program leading to certification or award of continuing education credit hours.

"Critical criteria" means an identified essential element of a state practical certification examination that must be properly performed to successfully pass the station.

"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.

"Defibrillator – automated external" or "AED" means an automatic or semi-automatic device, or both, capable of rhythm analysis and defibrillation after electronically detecting the presence of ventricular fibrillation and ventricular tachycardia, approved by the United States Food and Drug Administration.

"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.

"Defibrillator – manual" means a monitor/defibrillator that has 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.

"Designated emergency response agency" means an EMS agency recognized by an ordinance or a resolution of the governing body of any county, city or town as an integral part of the official public safety program of the county, city or town with a responsibility for providing emergency medical response.

"Director" means the Director of the Office of Emergency Medical Services.

"Diversion" means a change in the normal or established pattern of patient transport at the direction of a medical care facility.

"Early defibrillation service" or "EDS" means a person who is registered to provide care to victims of cardiac arrest and who wishes to employ or retain personnel within its organization who are trained in the use of automated external defibrillation and related patient care. An early defibrillation service is not an EMS agency.

"Emergency medical services" or "EMS" means the services used in responding to an individual's perceived needs for immediate medical care in order to prevent loss of life or aggravation of physiological or psychological illness or injury including any or all of the services that could be described as first response, basic life support, advanced life support, neonatal life support, communications, training and medical control.

"EMS Advisory Board" means the Emergency Medical Services Advisory Board as appointed by the Governor.

"Emergency medical services agency" or "EMS agency" means a person licensed by the Office of EMS to engage in the business, service, or regular activity, whether or not for profit, of transporting or rendering immediate medical care to persons who are sick, injured, or otherwise incapacitated.

"EMS agency status report" means a report submitted on forms specified by the Office of EMS that documents the operational capabilities of an EMS agency or wheelchair interfacility transport service including data on personnel, vehicles and other related resources.

"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.

"Emergency medical services personnel" or "EMS personnel" means a person, affiliated with an EMS agency, responsible for the provision of emergency medical services including any or all persons who could be described as an attendant, attendant-in-charge, operator or operational medical director.

"Emergency medical services physician" or "EMS physician" means a physician who holds current endorsement from the Office of EMS and may serve as an EMS agency operational medical director or training program physician course director.

"Emergency medical services provider" or "EMS provider" means a person who holds a valid certification issued by the Office of EMS.

"Emergency medical services system" or "EMS system" means a system that provides for the arrangement of personnel, facilities, equipment, and other system components for the effective and coordinated delivery of emergency medical services in an appropriate geographical area that may be local, regional, state or national.

"Emergency medical services vehicle" or "EMS vehicle" means any vehicle, vessel, aircraft, or ambulance that holds a valid emergency medical services vehicle permit issued by the Office of EMS that is equipped, maintained or operated to provide emergency medical care or transportation of patients who are sick, injured, wounded, or otherwise incapacitated or helpless.

"Emergency medical services vehicle permit" means an authorization issued by the Office of EMS for any vehicle, vessel or aircraft meeting the standards and criteria established by regulation for emergency medical services vehicles.

"Emergency operations plan" means the Commonwealth of Virginia Emergency Operations Plan.

"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.

"Exam series" means a sequence of opportunities to complete a certification examination with any allowed retest.

"FAA" means the U.S. Federal Aviation Administration.

"FCC" means the U.S. Federal Communications Commission.

"Fund" means the Virginia Rescue Squad Assistance Fund.

"Financial Assistance Review Committee" or "FARC" means the committee appointed by the EMS Advisory Board to administer the Rescue Squad Assistance Fund.

"Grant administrator" means the Office of EMS personnel directly responsible for administration of the Rescue Squad Assistance Fund program.

"Instructor" means the teacher for a specific class or lesson of an EMS training program.

"License" means an authorization issued by the Office of EMS to provide emergency medical services in the state as an EMS agency or wheelchair interfacility transport service.

"Local EMS resource" means a person recognized by the Office of EMS to perform specified functions for a designated geographic area. This person may be designated to perform one or more of the functions otherwise provided by regional EMS councils.

"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.

"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.

"Medic" means an EMS provider certified at the level of EMT-Cardiac, EMT-Intermediate or EMT-Paramedic.

"Medical care facility" means (as defined by § 32.1-123 of the Code of Virginia) any institution, place, building or agency, whether licensed or required to be licensed by the board or the State Mental Health, Mental Retardation and Substance Abuse Services Board, whether operated for profit or nonprofit and whether privately owned or privately operated or owned or operated by a local governmental unit, by or in which health services are furnished, conducted, operated or offered for the prevention, diagnosis or treatment of human disease, pain, injury, deformity or physical condition, whether medical or surgical.

"Medical community" means the physicians and allied healthcare specialists located and available within a definable geographic area.

"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.

"Medical direction" means the direction and supervision of EMS personnel by the Operational Medical Director of the EMS agency with which he is affiliated.

"Medical emergency" means the sudden onset of a medical condition that manifests itself by symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected by a prudent layperson who possesses an average knowledge of health and medicine to result in (i) serious jeopardy to the mental or physical health of the individual, (ii) danger of serious impairment of the individual's bodily functions, (iii) serious dysfunction of any of the individual's bodily organs, or (iv) in the case of a pregnant woman, serious jeopardy to the health of the fetus.

["Medical practitioner" means a physician, dentist, podiatrist, licensed nurse practitioner, licensed physician's assistant, or other person licensed, registered or otherwise permitted to distribute, dispense, prescribe and administer, or conduct research with respect to, a controlled substance in the course of professional practice or research in this Commonwealth.]

"Medical protocol" means preestablished written physician authorized procedures or guidelines for medical care of a specified clinical situation based on patient presentation.

"Mutual aid agreement" means a written document specifying a formal understanding to lend aid to an EMS agency.

"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.

"Nonprofit" means without the intention of financial gain, advantage, or benefit as defined by federal tax law.

"OSHA" means the U.S. Occupational Safety and Health Administration or Virginia Occupational Safety and Health, the state agency designated to perform its functions in Virginia.

"Office of EMS" means the Office of Emergency Medical Services within the Virginia Department of Health.

"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.

"Operator" means a person qualified and designated to drive or pilot a specified class of permitted EMS vehicle.

"Patient" means a person who needs immediate medical attention or transport, or both, whose physical or mental condition is such that he is in danger of loss of life or health impairment, or who may be incapacitated or helpless as a result of physical or mental condition or a person who requires medical attention during transport from one medical care facility to another.

"Person" means (as defined in the Code of Virginia) any person, firm, partnership, association, corporation, company, or group of individuals acting together for a common purpose or organization of any kind, including any government agency other than an agency of the United States government.

"Physician" means an individual who holds a valid, unrestricted license to practice medicine or osteopathy in the Commonwealth.

["Physician Assistant" means an individual who holds a valid, unrestricted license to practice as a Physician Assistant in the Commonwealth.]

"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.

"Prehospital patient care report" or "PPCR" means a document used to summarize the facts and events of an EMS incident and includes, but is not limited to, the type of medical emergency or nature of the call, the response time, the treatment provided and other minimum data items as prescribed by the board. "PPCR" includes any supplements, addenda, or other related attachments that document patient information or care provided.

"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.

"Primary service area" means the specific geographic area designated or prescribed by a locality (county, city or town) in which an EMS agency provides prehospital emergency medical care or transportation. This designated or prescribed geographic area served must include all locations for which the EMS agency is principally dispatched (i.e., first due response agency).

["Private Mobile Radio Service" or "PMRS" as defined in Section 20.3 of the Federal Communications Commission's Rules, 47 C.F.R. 20.3. (For purposes of this definition, PMRS includes "industrial" and "public safety" radio services authorized under Part 90 of the Federal Communications Commission's Rules, 47 C.F.R. 90.1 et. seq., with the exception of certain for-profit commercial paging services and 800/900 MHz Specialized Mobile Radio Services that are interconnected to the public switched telephone network and are therefore classified as CMRS.)]

"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.

"Public safety answering point" or "PSAP" means a facility equipped and staffed on a 24-hour basis to receive requests for emergency medical assistance for one or more EMS agencies.

"Quality management program" or "QM" means the continuous study of and improvement of an EMS agency or system including the collection of data, the identification of deficiencies through continuous evaluation, the education of personnel and the establishment of goals, policies and programs that improve patient outcomes in EMS systems.

"Recertification" means the process used by certified EMS personnel to maintain their training certifications.

"Reentry" means the process by which EMS personnel may regain a training certification that has lapsed within the last two years.

"Regional EMS council" means an organization designated by the board that is authorized to receive and disburse public funds in compliance with established performance standards and whose function is to plan, develop, maintain, expand and improve an efficient and effective regional emergency medical services system within a designated geographical area pursuant to § 32.1-111.11 of the Code of Virginia.

"Regional trauma triage plan" means a formal written plan developed by a regional EMS council or local EMS resource and approved by the commissioner that incorporates the region's geographic variations, trauma care capabilities and resources for the triage of trauma patients pursuant to § 32.1-111.3 of the Code of Virginia.

["Registered Nurse" means an individual who holds a valid, unrestricted license to practice as a Registered Nurse in the Commonwealth.]

"Regulated medical device" means equipment or other items that may only be purchased or possessed upon the approval of a physician and that the manufacture or sale of which is regulated by the U.S. Food and Drug Administration (FDA).

"Regulated waste" means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or potentially infectious materials and are capable of releasing these materials during handling; items dripping with liquid

product; contaminated sharps; pathological and microbiological waste containing blood or other potentially infectious materials.

"Regulations" means (as defined in the Code of Virginia) any statement of general application, having the force of law, affecting the rights or conduct of any person, promulgated by an authorized board or agency.

"Rescue" means a service that may include the search for lost persons, gaining access to persons trapped, extrication of persons from potentially dangerous situations and the rendering of other assistance to such persons.

"Rescue vehicle" means a vehicle, vessel or aircraft that is maintained and operated to assist with the location and removal of victims from a hazardous or life-threatening situation to areas of safety or treatment.

"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).

"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.

"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 EMS agency is based.

"Revocation" means the permanent removal of an EMS agency license, early defibrillation service registration, wheelchair interfacility transport service license, vehicle permit, training

certification, ALS coordinator endorsement, EMS physician endorsement or any other designation issued by the Office of EMS.

"Special conditions" means a notation placed upon an EMS agency, early defibrillation service or wheelchair interfacility transport service's license, registration, variance or exemption documents that modifies or restricts specific requirements of these regulations.

"Specialized air medical training" means a course of instruction and continuing education in the concept of flight physiology and the effects of flight on patients that has been approved by the Office of EMS. This training must include but is not limited to aerodynamics, weather, communications, safety around aircraft/ambulances, scene safety, landing zone operations, flight physiology, equipment/aircraft familiarization, basic flight navigation, flight documentation, and survival training specific to service area.

"Standard of care" means the established approach to the provision of basic and advanced medical care that is considered appropriate, prudent and in the best interests of patients within a geographic area as derived by consensus among the physicians responsible for the delivery and oversight of that care. The standard of care is dynamic with changes reflective of knowledge gained by research and practice.

"Standard operating procedure" or "SOP" means preestablished written agency authorized procedures and guidelines for activities performed by affiliated EMS agency or wheelchair interfacility transport service personnel.

"Supplemented transport" means an interfacility transport for which the sending physician has determined that the medically necessary care and equipment needs of a critically injured or ill patient is beyond the scope of practice of the available EMS personnel of the EMS agency.

"Suspension" means the temporary removal of an EMS agency license, early defibrillation service registration, wheelchair interfacility transport service license, vehicle permit, training certification, ALS coordinator endorsement, EMS physician endorsement or any other designation issued by the Office of EMS.

"Test site coordinator" means an individual designated by the Office of EMS to coordinate the logistics of a state certification examination site.

"Trauma center" means a specialized hospital facility distinguished by the immediate availability of specialized surgeons, physician specialists, anesthesiologists, nurses, and resuscitation and life support equipment on a 24-hour basis to care for severely injured patients or those at risk for severe injury. In Virginia, trauma centers are designated by the Virginia Department of Health as Level I, II or III.

"Trauma center designation" means the formal recognition by the board of a hospital as a provider of specialized services to meet the needs of the severely injured patient. This usually involves a contractual relationship based on adherence to standards.

"Triage" means the process of sorting patients to establish treatment and transportation priorities according to severity of injury and medical need.

"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).

"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.

"USDOT" means the United States Department of Transportation.

"Vehicle operating weight" means the combined weight of the vehicle, vessel or craft, a full complement of fuel, and all required and optional equipment and supplies.

"Virginia Statewide Trauma Registry" or "Trauma Registry " means a collection of data on patients who receive hospital care for certain types of injuries. The collection and analysis of such data is primarily intended to evaluate the quality of trauma care and outcomes in individual institutions and trauma systems. The secondary purpose is to provide useful information for the surveillance of injury morbidity and mortality.

"Wheelchair" means a chair with wheels specifically designed and approved for the vehicular transportation of a person in an upright, seated (Fowler's) position.

"Wheelchair interfacility transport service" means a person licensed to engage in the business, service, or regular activity, whether or not for profit, of transporting wheelchair bound passengers between medical facilities. A wheelchair interfacility transport service is not an EMS agency.

"Wheelchair interfacility transport service personnel" means a person affiliated with a wheelchair interfacility transport service who is responsible for the provision of interfacility transport of wheelchair bound passengers.

"Wheelchair interfacility transport vehicle" means a vehicle that holds a valid permit issued by the Office of EMS that is maintained or operated to provide nonemergency transportation of wheelchair bound passengers between medical facilities. Wheelchair interfacility transport vehicle excludes any vehicle that could be described as an ambulance.

"Wheelchair interfacility transport vehicle permit" means an authorization issued by the Office of EMS for any vehicle meeting the standards and criteria established by regulation for wheelchair interfacility transport vehicles.

Article 2.

Purpose and Applicability.

12 VAC 5-31-20. Responsibility for regulations; application of regulations.

A. These regulations shall be administered by the following:

1. State Board of Health. The Board of Health has the responsibility to promulgate, amend, and repeal, as appropriate, regulations for the provision of emergency medical services per Article 2.1 (§ 32.1-111.1 et seq.) of Chapter 4 of Title 32.1 of the Code of Virginia.

2. State Health Commissioner. The commissioner, as executive officer of the board, will administer these regulations per § 32.1-16 of the Code of Virginia.

3. The Virginia Office of EMS. The director, assistant director and specified staff positions will have designee privileges for the purpose of enforcing these regulations.

4. Emergency Medical Services Advisory Board. The EMS Advisory Board has the responsibility to review and advise the board regarding EMS policies and programs.

B. These regulations have general application throughout Virginia to include:

1. No person may establish, operate, maintain, advertise or represent themselves, any service or any organization as an EMS agency or as EMS personnel without a valid license or certification, or in violation of the terms of a valid license or certification issued by the Office of EMS.

2. A person providing EMS to a patient received within Virginia and transported to a location within Virginia must comply with these regulations.

12 VAC 5-31-30. Powers and procedures of regulations not exclusive.

The board reserves the right to authorize any procedure for the enforcement of these regulations that is not inconsistent with the provisions set forth herein or the provisions of Article 2.1 (§ 32.1-111.1 et seq.) of Chapter 4 of Title 32.1 of the Code of Virginia.

Article 3.

Exceptions, Variances, and Exemptions.

12 VAC 5-31-40. Exceptions.

Exceptions to any provision of these regulations are specified as part of the regulation concerned. Any deviation not specified in these regulations is not allowed except by variance or exemption.

12 VAC 5-31-50. Variances.

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, 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 or wheelchair interfacility transport service, the following additional requirements apply:

1. The written variance request must be submitted for review and recommendations to the governing body of the locality in which the principal office of the EMS agency, early

defibrillation service or wheelchair interfacility transport service is located prior to submission to the Office of EMS.

2. An EMS agency operating in multiple localities will be required to notify all other localities in writing of conditions of approved variance requests.

3. Issuance of a variance does not obligate other localities to allow the conditions of such variance if they conflict with local ordinances or regulations.

B. Both the written request and the recommendation of the governing body must be submitted together to the Office of EMS.

12 VAC 5-31-60. Issuance of a variance.

A request for a variance may be approved and issued by the Office of EMS provided all of the following conditions are met:

1. The information contained in the request is complete and correct;

2. The agency, service, vehicle or person concerned is licensed, permitted or certified by the Office of EMS;

3. The Office of EMS determines the need for such a variance is genuine, and extenuating circumstances exist;

4. The Office of EMS determines that issuance of such a variance would be in the public interest and would not present any risk to, or threaten or endanger the public health, safety or welfare;

5. If the request is made by an EMS agency, early defibrillation service or wheelchair interfacility transport service, the Office of EMS will consider the recommendation of the governing body provided all of the above conditions are met; and

6. The person making the request will be notified in writing of the approval and issuance within 30 days of receipt of the request unless the request is awaiting approval or disapproval of a license or certificate. In such case, notice will be given within 30 days of the issuance of the license or certificate.

12 VAC 5-31-70. Content of variance.

A variance shall include but not be limited to the following information:

1. The name of the agency, service or vehicle to which, or the person to whom, the variance applies;

2. The expiration date of the variance;

3. The provision of the regulations that is to be varied and the type of variations authorized;
and

4. Any special conditions that may apply.

12 VAC 5-31-80. Conditions of variance.

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

2. A variance is neither transferable nor renewable under any circumstances.

12 VAC 5-31-90 Termination of variance.

A. The Office of EMS may terminate a variance at any time based upon any of the following:

1. Violations of any of the conditions of the variance;

2. Falsification of any information;

3. Suspension or revocation of the license, permit or certificate affected; or

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.

C. Termination of a variance will take effect immediately upon receipt of notification unless otherwise specified.

12 VAC 5-31-100. Denial of a variance.

A request for a variance will be denied by the Office of EMS if any of the conditions of 12 VAC 5-31-60 fail to be met.

12 VAC 5-31-110. Exemptions.

A. The board is authorized to grant exemptions from any part or all of these regulations in accordance with the procedures set forth herein. An exemption permits specified or total exceptions to these regulations for an indefinite period.

B. Request. A person may file a written request for an exemption with the Office of EMS on specified forms. If the request is made by an EMS agency, early defibrillation service or wheelchair interfacility transport service, the following additional requirements apply:

1. The written request for exemption must be submitted for review and recommendation to the governing body of the locality in which the principal office of the EMS agency, early defibrillation service or wheelchair interfacility transport service is located before submission to the Office of EMS.

2. The written request must be submitted to the Office of EMS a minimum of 30 days before the scheduled review by the governing body. At the time of submission, the agency or service must provide the Office of EMS with the date, time and location of the scheduled review by the governing body.

12 VAC 5-31-120. Public notice of request for exemption.

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 request.

12 VAC 5-31-130. Public hearing for exemption request.

If the board determines that there is substantial public interest in a request for an exemption, a public hearing may be held.

12 VAC 5-31-140. Issuance of an exemption.

A. A request for an exemption may be approved and an exemption issued provided all of the following conditions are met:

1. The information contained in the request is complete and correct.
2. The need for such an exemption is determined to be genuine.

3. The issuance of an exemption would not present any risk to, threaten or endanger the public health, safety or welfare of citizens.

B. If the request is made by an EMS agency, early defibrillation service or wheelchair interfacility transport service, the board may accept the recommendation of the governing body provided all of the conditions in subsection A of this section are met.

C. The person making the request will be notified in writing of the approval or denial of a request.

12 VAC 5-31-150. Content of exemption.

An exemption includes but is not limited to the following information:

1. The name of the agency, service or vehicle to which, or the person to whom, the exemption applies;
2. The provisions of the regulations that will be exempted; and
3. Any special conditions that may apply.

12 VAC 5-31-160. Conditions of exemption.

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.

B. An exemption is neither transferable nor renewable.

12 VAC 5-31-170. Termination of exemption.

A. The Office of EMS may terminate an exemption at any time based upon any of the following:

1. Violation of any of the conditions of the exemption;

2. Suspension or revocation of any licenses, permits or certificates involved; or

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.

C. Termination of an exemption takes effect immediately upon receipt of notification unless otherwise specified.

12 VAC 5-31-180. Denial of an exemption.

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.

12 VAC 5-31-190. General exemptions from these regulations.

The following are exempted from these regulations except as noted:

1. A person or privately owned vehicle not engaged in the business, service, or regular activity of providing medical care or transportation of persons who are sick, injured, wounded, or otherwise disabled;

2. A person or vehicle assisting with the rendering of emergency medical services or medical transportation in the case of a major medical emergency as reasonably necessary when the EMS agencies, vehicles, and personnel based in or near the location of such major emergency are insufficient to render the services required;

3. An EMS agency, early defibrillation service or wheelchair interfacility transport service operated by the United States government within this state. Any person holding a United

States government contract is not exempt from these regulations unless the person only provides services within an area of exclusive federal jurisdiction;

4. A medical care facility, but only with respect to the provision of emergency medical services within such facility;

5. Personnel employed by or associated with a medical care facility that provides emergency medical services within that medical care facility, but only with respect to the services provided therein;

6. An EMS agency based in a state bordering Virginia when requested to respond into Virginia for the purpose of providing mutual aid in the primary service area of a designated emergency response agency with the following conditions:

a. This agency must comply with the terms of a written mutual aid agreement with the EMS agency; and

b. This agency must comply with applicable EMS regulations of its home state.

7. An EMS agency that operates in Virginia for the exclusive purpose of interstate travel.

Article 4.

Enforcement Procedures.

12 VAC 5-31-200. Right to enforcement.

A. The Office of EMS may use the enforcement procedures provided in this article when dealing with any deficiency or violation of these regulations or any action or procedure that varies from the intent of these regulations.

B. The Office of EMS may determine that a deficiency or violation of these regulations or any action or procedure that varies from the intent of these regulations occurred.

C. The enforcement procedures provided in this article are not mutually exclusive. The Office of EMS may invoke as many procedures as the situation may require.

D. The commissioner empowers the Office of EMS to enforce the provisions of these regulations.

12 VAC 5-31-210. Enforcement actions.

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:

1. Warning: a verbal notification of an action or situation potentially in violation of these regulations.
2. Citation: a written notification for violations of these regulations.
3. Suspension: a written notification of the deactivation and removal of authorization issued under a license, permit, certification, endorsement or designation.
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.

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.

12 VAC 5-31-220. Suspension of a license, permit, certificate, endorsement or designation.

A. The Office of EMS may suspend an EMS license, permit, certificate, endorsement or designation without a hearing, pending an investigation or revocation procedure.

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.

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.

3. An EMS agency, early defibrillation service or wheelchair interfacility transport service license or registration may be suspended if the agency, service or any of its vehicles or personnel are found to be operating in a manner that presents a risk to, or threatens, or endangers the public health, safety or welfare.

4. An EMS vehicle permit may be suspended if the vehicle is found to be operated or maintained in a manner that presents a risk to, threatens, or endangers the public health, safety or welfare, or if the EMS agency, early defibrillation service or wheelchair interfacility transport service license has been suspended.

5. EMS personnel may be suspended if found to be operating or performing in a manner that presents a risk to, or threatens, or endangers the public health, safety or welfare.

6. An EMS training certification may be suspended if the certificate holder is found to be operating or performing in a manner that presents a risk to, or threatens, or endangers the public health, safety or welfare.

B. Suspension of an EMS agency, early defibrillation service or wheelchair interfacility transport service license shall result in the simultaneous and concurrent suspension of the vehicle permits.

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.

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.

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.

F. The Office of EMS may invoke any procedure set forth in this part to enforce the suspension.

12 VAC 5-31-230. Revocation of a license, permit or certificate.

A. The Office of EMS may revoke an EMS license, permit, certificate, endorsement or designation after a hearing or waiver thereof.

1. Reasonable cause for revocation must exist before such action by the Office of EMS.

2. The Office of EMS may revoke an EMS agency license, early defibrillation service registration, wheelchair interfacility transport service license, EMS vehicle permit, vehicle permit, certification, endorsement or designation for failure to adhere to the standards set forth in these regulations.

3. The Office of EMS may revoke an EMS agency license, early defibrillation service registration or wheelchair interfacility transport service 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.

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”] ~~the Administrative Procedures and Guidelines~~ 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.

5. The Office of EMS may revoke an EMS agency license, early defibrillation service registration or wheelchair interfacility transport service license for violation of federal or state laws resulting in a civil monetary penalty.

B. Revocation of an EMS agency license, early defibrillation service registration or wheelchair interfacility transport service license shall result in the simultaneous and concurrent revocation of vehicle permits.

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.

D. The holder of a license, certification, endorsement or designation will have the right to a hearing.

1. If the holder of a license, certification, endorsement or designation desires to exercise his right to a hearing, he must notify the Office of EMS in writing of his intent within 10 days of receipt of notification. In such cases, a hearing must be conducted and a decision rendered in accordance with the Administrative Process Act.

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.

E. A revocation takes effect immediately upon receipt of notification unless otherwise specified.

A revocation order is permanent unless and until overturned on appeal.

F. The holder of a license, certification, endorsement or designation shall abide by any notice of revocation and shall return all revoked licenses, permits and certificates to the Office of EMS within 10 days of receipt of the notification of revocation.

G. The Office of EMS may invoke any procedures set forth in this part to enforce the revocation.

12 VAC 5-31-240. Correction order.

A. The Office of EMS may order the holder of a license, certification, endorsement or designation to correct a deficiency, cease any violations or comply with these regulations by issuing a written correction order as follows:

1. Correction orders may be issued in conjunction with any other enforcement action in response to individual violations or patterns of violations.

2. The Office of EMS will determine that a deficiency or violation exists before issuance of any correction order.

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.

C. A correction order takes effect upon receipt and remains in effect until the deficiency is corrected or until the license, permit, certificate, endorsement or designation is suspended, revoked, or allowed to expire or until the order is overturned or reversed.

D. Should the licensee or permit, certificate, endorsement or designation holder be unable to comply with the correction order by the prescribed date, he may submit a request for modification of the correction order with the Office of EMS. The Office of EMS will approve or disapprove the request for modification of the correction order within 10 days of receipt.

E. The licensee or permit, certificate, endorsement or designation holder shall correct the deficiency or situation within the period stated in the order.

1. The Office of EMS will determine whether the correction is made by the prescribed date.

2. Should the licensee or permit, certificate, endorsement or designation holder fail to make the correction within the time period cited in the order, the Office of EMS may invoke any of the other enforcement procedures set forth in this part.

12 VAC 5-31-250. Judicial review.

A. The procedures of the Administrative Process Act controls all judicial reviews.

B. A licensee; permit, certificate, endorsement or designation holder; or applicant has the right to appeal any decision or order of the Office of EMS except as may otherwise be prohibited, and provided such a decision or order was not the final decision of an appeal.

C. The licensee; permit, certificate, endorsement or designation holder; or applicant shall abide by any decision or order of the Office of EMS, or he must cease and desist pending any appeal.

D. If the person who sought the appeal is aggrieved by the final decision, that person may seek judicial review as provided in the Administrative Process Act.

Article 5.

Complaints.

12 VAC 5-31-260. Submission of complaints.

Any person may submit a complaint. A complaint is submitted in writing to the Office of EMS, signed by the complainant and includes the following information:

1. The name and address of the complainant;
2. The name of the agency, service or person involved;
3. A description of any vehicle involved; and
4. A detailed description of the complaint, including the date, location and conditions and the practice or act that exists or has occurred.

12 VAC 5-31-270. Investigation process.

A. The Office of EMS may investigate complaints received about conditions, practices, or acts that may violate any provision of either Article 2.1 of Chapter 4 (§ 32.1-111.1 et seq.) of Title 32.1 of the Code of Virginia or provision of these regulations.

B. If the Office of EMS determines that the conditions, practices, or acts cited by the complainant are not in violation of applicable sections of the Code of Virginia or these regulations, then the Office of EMS will investigate no further.

C. If the Office of EMS determines that the conditions, practices, or acts cited by the complainant may be in violation of applicable sections of the Code of Virginia or these regulations, then the Office of EMS will investigate the complaint fully in order to determine if a violation took place.

D. The Office of EMS may investigate or continue to investigate and may take appropriate action on a complaint even if the original complainant withdraws his complaint or otherwise indicates a desire not to cause it to be investigated to completion.

E. The Office of EMS may initiate a formal investigation or action based on an anonymous or unwritten complaint.

12 VAC 5-31-280. Action by the Office of EMS.

A. If the Office of EMS determines that a violation has occurred, it may apply all provisions of these regulations that it deems necessary and appropriate.

B. At the completion of an investigation and following any appeals, the Office of EMS will notify the complainant.

12 VAC 5-31-290. Exclusions from these regulations.

A. Any person or privately owned vehicle not engaged in the business, service, or regular activity of providing medical care or transportation of persons who are sick, injured, wounded, or otherwise disabled.

B. Any person or vehicle rendering emergency medical services or medical transportation in the case of a major medical emergency when the EMS agencies, vehicles and personnel based in or near the location of such major emergency are insufficient to render services required.

C. EMS agencies, vehicles or personnel based outside of Virginia, except that any agency, vehicle or person responding from outside Virginia to an emergency within Virginia and providing emergency medical services to a patient within Virginia, whether or not the service includes transportation, shall comply with the provisions of these regulations.

D. An agency of the United States government providing emergency medical services in Virginia and any EMS vehicles operated by the agency.

E. Any EMS [agency] vehicle used exclusively for the provision of rescue services.

F. Any medical facility, but only with respect to the provision of emergency medical services within the facility.

G. Personnel employed by, or associated with, a medical facility who provides emergency medical services within the medical facility, but only with respect to the services provided therein.

PART II.

EMS AGENCY, EMS VEHICLE AND EMS PERSONNEL STANDARDS.

Article 1.

EMS Agency Licensure and Requirements.

12 VAC 5-31-300. Requirement for EMS agency licensure and EMS certification.

No person may establish, operate, maintain, advertise or represent themselves or any service or organization as an EMS agency or as EMS personnel without a valid license or certification, or in violation of the terms of a valid license or certification, issued by the Office of EMS.

12 VAC 5-31-310. Provision of EMS within Virginia.

A person providing EMS to a patient received within Virginia and transported to a location within Virginia shall comply with these regulations.

12 VAC 5-31-320. General applicability of the regulations.

These regulations have general application throughout Virginia for an EMS agency and an applicant for EMS agency licensure.

12 VAC 5-31-330. Compliance with regulations.

A. A person shall comply with these regulations. The Office of EMS will publish the Virginia EMS Compliance Manual, a document that describes and provides guidance to EMS agencies, vehicles and personnel on how to comply with these regulations.

B. An EMS agency, including its EMS vehicles and EMS personnel, shall comply with these regulations, the applicable regulations of other state agencies, the Code of Virginia and the

United States Code. An EMS agency and EMS personnel shall report any known or suspected violation of these regulations in writing to the Office of EMS within 15 days.

12 VAC 5-31-340. EMS agency name.

A person may not apply to conduct business under a name that is the same as or misleadingly similar to the name of a person licensed or registered by the Office of EMS.

12 VAC 5-31-350. Ability to pay.

In the case of an emergency illness or injury, an EMS agency may not refuse to provide required services including dispatch, response, rescue, life support, emergency transport and interfacility transport based on the inability of the patient to provide means of payment for services rendered by the agency. An EMS agency's decision to refer or refuse to provide service must be based upon the "prudent layperson" standard for determination of the existence of a medical emergency as defined under "emergency services" in § 38.2-4300 of the Code of Virginia.

12 VAC 5-31-360. Public access.

An EMS agency shall provide for a publicly listed telephone number to receive calls for service from the public.

1. The number must be answered in person on a 24-hour basis.

2. Exception: An EMS agency that does not respond to calls from the public but responds only to calls from a unique population shall provide for a telephone number known to the unique population it serves. The number must be answered during all periods when that population may require service and at all other times must direct callers to the nearest available EMS agency.

12 VAC 5-31-370. Designated emergency response agency.

An EMS agency that responds to medical emergencies for its primary service area shall be a designated emergency response agency.

12 VAC 5-31-380. EMS agency availability.

An EMS agency shall provide service within its primary service area on a 24-hour continuous basis.

12 VAC 5-31-390. Destination/trauma triage.

An EMS agency shall participate in the regional Trauma Triage Plan established in accordance with § 32.1-111.3 of the Code of Virginia.

12 VAC 5-31-400. Nondiscrimination.

An EMS agency may not discriminate due to a patient's race, gender, creed, color, national origin, location, medical condition or any other reason.

12 VAC 5-31-410. EMS agency licensure classifications.

An EMS agency license may be issued for any combination of the following classifications of EMS services:

1. Nontransport first response.

a. Basic life support.

b. Advanced life support.

2. Ground ambulance.

a. Basic life support.

b. Advanced life support.

3. Neonatal ambulance.

4. Air ambulance.

12 VAC 5-31-420. Application for EMS agency license.

A. An applicant for EMS agency licensure shall file a written application specified by the Office of EMS.

B. The Office of EMS may use whatever means of investigation necessary to verify any or all information contained in the application.

C. An ordinance or resolution from the governing body of each locality where the agency maintains an office, stations an EMS vehicle for response within a locality or is a Designated Emergency Response Agency as required by § 15.2-955 of the Code of Virginia confirming approval. This ordinance or resolution must specify the geographic boundaries of the agency's primary service area within the locality.

D. The Office of EMS will determine whether an applicant or licensee is qualified for licensure based upon the following:

1. An applicant or licensee must meet the personnel requirements of these regulations.

2. If the applicant is a company or corporation, as defined in § 12.1-1 of the Code of Virginia, it must clearly disclose the identity of its owners, officers and directors.

3. An applicant or licensee must provide information on any previous record of performance in the provision of emergency medical service or any other related licensure, registration, certification or endorsement within or outside Virginia.

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.

12 VAC 5-31-430. Issuance of an EMS agency license.

A. An EMS agency license may be issued by the Office of EMS provided the following conditions are met:

1. All information contained in the application is complete and correct; and
2. The applicant is determined by the Office of EMS to be eligible for licensure in accordance with these regulations.

B. The issuance of a license hereunder may not be construed to authorize any agency to operate any emergency medical services vehicle without a franchise or permit in any county or municipality which has enacted an ordinance pursuant to § 32.1-111.14 of the Code of Virginia making it unlawful to do so.

C. An EMS agency license may include the following information:

1. The name and address of the EMS agency;
2. The expiration date of the license;
3. The types of services for which the EMS agency is licensed; and
4. Any special conditions that may apply.

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.

2. An EMS agency license is not transferable.

3. An EMS agency license issued by the Office of EMS remains the property of the Office of EMS and may not be altered or destroyed.

12 VAC 5-31-440. Display of EMS agency license.

An EMS agency license is publicly displayed in the headquarters of the EMS agency and a copy displayed in each place of operations.

12 VAC 5-31-450. EMS agency licensure renewal.

A. An EMS agency license renewal may be granted following an inspection as set forth in these regulations based on the following conditions:

1. The renewal inspection results demonstrate that the EMS agency complies with these regulations.

2. There have been no documented violations of these regulations that preclude a renewal.

B. If the Office of EMS is unable to take action on a renewal application of a license before expiration, the license remains in full force and effect until the Office of EMS completes processing of a renewal application.

12 VAC 5-31-460. Denial of an EMS agency license.

An application for a new EMS agency license or renewal of an EMS agency license may be denied by the Office of EMS if the applicant or agency does not comply with these regulations.

12 VAC 5-31-470. Modification of an EMS agency license.

A. Any change in the classifications of the EMS vehicles or medical equipment packages permitted to an EMS agency or in any of the conditions that may apply to the EMS agency requires the notification of the Office of EMS and the modification of the EMS agency license.

B. The procedure for modification of a license is as follows:

1. The licensee shall request the modifications in writing on a form prescribed by the Office of EMS.

2. The Office of EMS may use the full provisions of these regulations in processing a request as an application.

3. Upon receiving a modified license, an EMS agency shall return the original license to the Office of EMS within 15 days and destroy all copies.

4. The issuance of a modified license hereunder may not be construed to authorize an EMS agency to provide emergency medical services or to operate an EMS vehicle without a franchise in any county or municipality that has enacted an ordinance requiring it.

C. A request for modification of an EMS agency license may be denied by the Office of EMS if the applicant or agency does not comply with these regulations.

12 VAC 5-31-480. Termination of EMS agency licensure.

A. An EMS agency terminating service shall surrender the EMS agency license to the Office of EMS.

B. An EMS agency terminating service shall submit written notice to the Office of EMS at least 90 days in advance. Written notice of intent to terminate service must verify the following:

1. Notification of the applicable OMDs, regional EMS councils or local EMS resource agencies, PSAPs and governing bodies of each locality served.

2. Termination of all existing contracts for EMS services, Mutual Aid Agreements, or both.

3. Advertised notice of its intent to discontinue service has been published in a newspaper of general circulation in its service area.

C. Within 30 days following the termination of service, the EMS agency shall provide written verification to the Office of EMS of the following:

1. The return of its EMS agency license and all associated vehicle permits to the Office of EMS.

2. The removal of all signage or insignia that advertise the availability of EMS to include but not be limited to facility and roadway signs, vehicle markings and uniform items.

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 under a Board of Pharmacy controlled substance registration.

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.

12 VAC 5-31-490. EMS agency insurance.

A. An EMS agency shall have in effect and be able to furnish proof on demand of contracts for vehicular insurance as follows:

1. Insurance coverage for emergency vehicles shall meet or exceed the minimum requirements as set forth in § 46.2-920 of the Code of Virginia.

2. Insurance coverage for nonemergency vehicles shall meet or exceed the minimum requirements as set forth in § 46.2-472 of the Code of Virginia.

3. Insurance coverage for both classes of aircraft shall meet or exceed the minimum requirements as set forth in § 5.1-88.2 of the Code of Virginia.

B. Nothing in this section prohibits an authorized governmental agency from participating in an authorized "self-insurance" program as long as the program provides for the minimum coverage levels specified in this section.

12 VAC 5-31-500. Place of operations.

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.

B. Adequate, clean and enclosed storage space for linens, equipment and supplies shall be provided at each place of operation.

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 40.1-1 of the Code of Virginia):

1. All areas used for storage of equipment and supplies shall be kept neat, clean, and sanitary.

2. All soiled supplies and used disposable items shall be stored or disposed of in plastic bags, covered containers or compartments provided for this purpose. Regulated waste shall be stored in a red or orange bag or container clearly marked with a biohazard label.

12 VAC 5-31-510. Equipment and supplies.

A. An EMS agency shall hold the permit to an EMS vehicle or have a written agreement for the access to and use of an EMS vehicle.

An EMS agency that does not use an EMS vehicle shall maintain the required equipment and supplies for a nontransport response vehicle.

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.

12 VAC 5-31-520. Storage and security of medications and related supplies.

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 manufacturer's recommendations for climate-controlled storage.

B. Medications and medication kits shall be maintained within their expiration date at all times.

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.

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.

E. An EMS agency shall protect a parked EMS vehicle and contents from climate extremes.

12 VAC 5-31-530. Preparation and maintenance of records and reports.

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:

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.

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 years.

12 VAC 5-31-540. Personnel records.

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.

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.

12 VAC 5-31-550. EMS vehicle records.

An EMS agency shall have records for each vehicle currently in use to include maintenance reports demonstrating adherence to manufacturer's recommendations for preventive maintenance, valid vehicle registration, safety inspection, vehicle insurance coverage and any reportable motor vehicle collision as defined by the Motor Vehicle Code (Title 46.2 of the Code of Virginia).

12 VAC 5-31-560. Patient care records.

A. An original prehospital patient care report (PPCR) shall specifically identify by name the personnel who meet the staffing requirements of the EMS vehicle.

B. The PPCR shall include the signature [name] and identification number of all EMS Personnel on the EMS vehicle [and the signature of the Attendant-In Charge].

C. The required minimum data set shall be submitted on a schedule established by the Office of EMS as authorized in § 32.1-116.1 of the Code of Virginia. This requirement for data collection and submission shall not apply to patient care rendered during local emergencies declared by the locality's government and states of emergency declared by the Governor. During such an incident, an approved triage tag shall be used to document patient care provided unless a standard patient care report is completed.

12 VAC 5-31-570. EMS Agency Status Report.

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:

1. Chief executive officer.

2. Chief of operations.

3. Training officer

4. Designated infection control officer.

5. Other information as required.

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.

12 VAC 5-31-580. Availability of these regulations.

An EMS agency shall have readily available at each station a current copy of these regulations for reference use by its officers and personnel.

12 VAC 5-31-590. Operational Medical Director requirement.

A. An EMS agency shall have a minimum of one operational medical director (OMD) who is a licensed physician holding endorsement as an EMS physician from the Office of EMS.

An EMS agency shall enter into a written agreement with an EMS physician to serve as OMD with the EMS agency. This agreement shall at a minimum specify the following responsibilities and authority:

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.

2. This agreement must identify the specific responsibilities of each EMS physician if an EMS agency has multiple OMDs.

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.

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.

5. This agreement must ensure that the adequate indemnification exists for:

a. Medical malpractice; and

b. Civil liability.

B. EMS agency and OMD conflict resolution. 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. 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.

C. Change of operational medical director.

1. An EMS agency choosing to secure the services of another OMD shall provide a minimum of 30 days advance written notice of intent to the current OMD and the Office of EMS.

2. An OMD choosing to resign shall provide the EMS agency and the Office of EMS with a minimum of 30 days written notice of such intent.

3. When extenuating circumstances require an immediate change of an EMS agency's OMD (e.g., death, critical illness, etc.), the Office of EMS shall be notified by the OMD within one business day so that a qualified replacement may be approved. In the event that the OMD is not capable of making this notification, the EMS agency shall be responsible for compliance with this requirement. Under these extenuating circumstances, the Office of EMS will make a determination whether the EMS agency will be allowed to continue its operations pending the approval of a permanent or temporary replacement OMD.

4. When temporary circumstances require a short-term change of an EMS agency's OMD for a period not expected to exceed one year (e.g., military commitment, unexpected clinical conflict, etc.), the Office of EMS shall be notified by the OMD within 15 days so that a qualified replacement may be approved.

5. The Office of EMS may delay implementation of a change in an EMS agency's OMD pending the completion of any investigation of an unresolved conflict or possible violation of these regulations or the Code of Virginia.

12 VAC 5-31-600. Quality management reporting.

An EMS agency shall have an ongoing Quality Management (QM) Program designed to objectively, systematically and continuously monitor, assess and improve the quality and appropriateness of patient care provided by the agency. The QM Program shall be integrated and include activities related to patient care, communications, and all aspects of transport operations and equipment maintenance pertinent to the agency's mission. The agency shall maintain a QM report that documents quarterly PPCR reviews, supervised by the operational medical director.

12 VAC 5-31-610. Designated emergency response agency standards.

A. A designated emergency response agency shall develop or participate in a written local EMS response plan that addresses the following items:

1. The designated emergency response agency or another designated emergency response agency through mutual aid shall respond to all calls for emergency medical services.

2. A designated emergency response agency shall conform to the local unit mobilization interval standard, 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.

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.

b. If the designated emergency response 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.

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.

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.

3. A designated emergency response agency shall conform to the local responding interval standard, or in the absence of a local standard, the EMS agency shall develop a standard in conjunction with the OMD and local government in the best interests of the patient and the

community. The EMS agency shall use the responding interval standard to establish a time frame that 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).

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.

C. A designated emergency response agency shall document its compliance with the established EMS response capability, unit mobilization interval and responding interval standards.

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. [Copies shall be provided to the local governing body and/or the Office of EMS upon request.]

12 VAC 5-31-620. Designated emergency response agency staffing capability.

A. A designated emergency response agency shall have a minimum of eight EMS personnel qualified to function as attendants-in-charge.

B. A designated emergency response agency with less than 12 EMS certified personnel shall submit to the Office of EMS for approval a written plan to provide 24-hour coverage of the agency's primary service area with the available personnel.

C. A designated emergency response agency shall maintain a sufficient number of qualified EMS personnel to meet the staffing requirements for all permitted vehicles operated by the EMS agency.

12 VAC 5-31-630. Designated emergency response agency mutual aid.

A. A designated emergency response agency shall provide aid to all other designated emergency response agencies within the locality.

B. A designated emergency response agency shall maintain written mutual aid agreements with adjacent designated emergency response agencies in another locality with which it shares a common border. [Mutual aid agreement(s) shall specify the types of assistance to be provided and any condition(s) or limitation(s) for providing this assistance.]

Article 2.

Emergency Medical Services Vehicle Permit.

12 VAC 5-31-640. EMS vehicle permit requirement.

A. A person may not operate or maintain any motor vehicle, vessel or craft as an EMS vehicle without a valid permit or in violation of the terms of a valid permit.

B. An EMS agency shall file written application for a permit on forms specified by the Office of EMS.

C. The Office of EMS may verify any or all information contained in the application before issuance.

D. The Office of EMS shall inspect the EMS vehicle for compliance with the vehicle requirements for the class in which a permit is sought.

E. An EMS vehicle permit may be issued provided all of the following conditions are met:

1. All information contained in the application is complete and correct.

2. The applicant is an EMS agency.

3. The EMS vehicle is registered or permitted by the Department of Motor Vehicles or approved equivalent.

4. The inspection meets the minimum requirements as defined in these regulations.

5. The issuance of an EMS vehicle permit does not authorize any person to operate an EMS vehicle without a franchise or permit in any county or municipality that has enacted an ordinance requiring one.

F. An EMS vehicle permit may include but is not be limited to the following information:

1. The name and address of the agency.

2. The expiration date of the permit.

3. The classification and type of the EMS vehicle.

4. The motor vehicle license plate number of the vehicle.

5. Any special conditions that may apply.

G. An EMS vehicle permit may be issued and remain valid with the following conditions:

1. An EMS vehicle permit remains the property of the Office of EMS and may not be altered or destroyed.

2. An EMS vehicle permit is valid only as long as the EMS agency license is valid.

3. An EMS vehicle permit is not transferable.

4. An EMS agency must equip an EMS vehicle in compliance with these regulations at all times unless the vehicle is permitted as "reserved." A designated emergency response Agency may be issued a "reserved" permit by the Office of EMS.

12 VAC 5-31-650. Temporary EMS vehicle permit.

A. A temporary EMS vehicle permit may be issued for a permanent replacement or additional EMS vehicle pending inspection. A temporary EMS vehicle permit will not be issued for a vehicle requesting a "reserved" permit.

B. An EMS agency shall file written application for a temporary permit on forms specified by the Office of EMS. Submission of this application requires the EMS agency to attest that the vehicle complies with these regulations.

C. The Office of EMS may verify any or all information contained in the application before issuance.

D. The procedure for issuance of a temporary EMS vehicle permit is as follows:

1. An EMS agency requesting a temporary permit shall submit a completed application for an EMS vehicle permit attesting that the vehicle complies with these regulations.

2. The Office of EMS may inspect an EMS vehicle issued a temporary permit at any time for compliance with these regulations and issuance of an EMS vehicle permit.

E. A temporary EMS vehicle permit may include but not be limited to the following information:

1. The name and address of the EMS agency.

2. The expiration date of the EMS vehicle permit.

3. The classification and type of the EMS vehicle.

4. The motor vehicle license plate number of the vehicle.

5. Any special conditions that may apply.

F. A temporary EMS vehicle permit will be issued and remain valid with the following conditions:

1. A temporary EMS vehicle permit is valid for 60 days from the end of the month issued.

2. A temporary EMS vehicle permit is not transferable.

3. A temporary EMS vehicle permit is not renewable.

4. A temporary EMS vehicle permit shall be affixed on the vehicle to be readily visible and in a location and manner specified by the Office of EMS. An EMS vehicle may not be operated without a properly displayed permit.

12 VAC 5-31-660. Denial of an EMS vehicle permit.

A. An application for an EMS vehicle permit shall be denied by the Office of EMS if any conditions of these regulations fail to be met.

B. The Office of EMS will notify the applicant or licensee of the denial in writing in the event that a permit is denied.

12 VAC 5-31-670. Display of EMS vehicle permit.

A. An EMS vehicle permit shall be affixed on the EMS vehicle, readily visible, and in a location and manner specified by the Office of EMS.

B. An EMS vehicle may not be operated without a properly displayed EMS vehicle permit.

12 VAC 5-31-680. EMS vehicle advertising.

An EMS vehicle may not be marked or lettered to indicate a level of care or type of service other than that for which it is permitted.

12 VAC 5-31-690. Renewal of an EMS vehicle permit.

A. Renewal of an EMS vehicle permit may be granted following an inspection if the EMS agency and EMS vehicle comply with these regulations.

B. If the Office of EMS is unable to take action on renewal of an EMS vehicle permit before expiration, the permit will remain in effect until the Office of EMS completes processing of the renewal inspection.

Article 3.

Emergency Medical Services Vehicle Classifications and Requirements.

12 VAC 5-31-700. EMS vehicle safety.

An EMS vehicle shall be maintained in good repair and safe operating condition and shall meet the same motor vehicle, vessel or aircraft safety requirements as apply to all vehicles, vessels or craft in Virginia:

1. Virginia motor vehicle safety inspection, FAA Airworthiness Permit or Coast Guard Safety Inspection or approved equivalent must be current.
2. Exterior surfaces of the vehicle including windows, mirrors, warning devices and lights shall be kept clean of dirt and debris.
3. Ground vehicle operating weight shall be no more than the manufacturer's gross vehicle weight (GVW) minus 700 pounds (316 kg).
4. Emergency operating privileges including the use of audible and visible emergency warning devices shall be exercised in compliance with the Code of Virginia and local motor vehicle ordinances.
5. Smoking is prohibited in an EMS transport vehicle at all times.
6. Possession of a firearm, weapon, or explosive or incendiary device on any EMS vehicle is prohibited, except:

a. A sworn law-enforcement officer authorized to carry a concealed weapon pursuant to § 18.2-308 of the Code of Virginia.

b. Any rescue line gun or other rescue device powered by an explosive charge carried on a nontransport response vehicle.

12 VAC 5-31-710. EMS vehicle occupant safety.

A. An occupant shall use mechanical restraints as required by the Code of Virginia.

B. Equipment and supplies in the patient compartment shall be stored within a closed and latched compartment or fixed securely in place while not in use.

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.

12 VAC 5-31-720. EMS vehicle sanitation.

The following requirements for sanitary conditions and supplies apply to an EMS vehicle in accordance with standards established by the Centers for Disease Control and Prevention (CDC) and the Virginia Occupational Safety and Health Law:

1. The interior of an EMS vehicle, including storage areas, linens, equipment, and supplies shall be kept clean and sanitary.

2. Linen or disposable sheets and pillowcases or their equivalent used in the transport of patients shall be changed after each use.

3. Blankets, pillows and mattresses used in an EMS vehicle shall be intact and kept clean and in good repair.

4. A device inserted into the patient's nose or mouth that is single-use shall be disposed of after use. A reusable item shall be sterilized or high-level disinfected according to current CDC guidelines before reuse. If not individually wrapped, this item shall be stored in a separate closed container or bag.

5. A used sharp item shall be disposed of in a leakproof, puncture-resistant and appropriately marked biohazard container (needle-safe device/sharps box) that is securely mounted.

6. Following patient treatment/transport within the vehicle and before being occupied by another patient:

a. Contaminated surfaces shall be cleaned and disinfected using a method recommended by the Centers for Disease Control and Prevention.

b. All soiled supplies and used disposable items shall be stored or disposed of in plastic bags, covered containers or compartments provided for this purpose. Regulated waste shall be stored in a red or orange bag or container clearly marked with a biohazard label.

12 VAC 5-31-730. EMS vehicle operational readiness.

A. Required equipment and supplies shall be carried on an EMS vehicle except when the vehicle is unavailable to respond due to maintenance, repairs or as otherwise provided for in these regulations.

B. Equipment and supplies shall be stored, maintained and operational at all times in accordance with the standards established by the manufacturer, the Virginia Board of Pharmacy and the U.S. Food and Drug Administration (FDA).

12 VAC 5-31-740. EMS vehicle inspection.

A. An EMS vehicle is subject to, and shall be available for, inspection by the Office of EMS or its designee, for compliance with these regulations. An inspection may be in addition to other federal, state or local inspections required for the EMS vehicle by law.

B. The Office of EMS may conduct an inspection at any time without prior notification.

12 VAC 5-31-750. EMS vehicle warning lights and devices.

An EMS vehicle shall have emergency warning lights and audible devices as approved by the Superintendent of Virginia State Police, Virginia Department of Game and Inland Fisheries or the Federal Aviation Administration (FAA) as applicable.

1. A Ground EMS vehicle shall have flashing or blinking lights installed to provide adequate visible warning from all four sides.

2. A Ground EMS vehicle shall have flashing or blinking red or red and white lights installed on or above the front bumper and below the bottom of the windshield.

3. An EMS vehicle shall have an audible warning device installed to project sound forward from the front of the EMS vehicle.

12 VAC 5-31-760. EMS vehicle communications.

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 land mobile radio service (LMR)- [(PMRS)] or by

cellular [commercial] mobile radio service (CMRS), but shall have direct and immediate communications via push-to-talk technology.

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] land mobile radio service (LMR)– [(PMRS)] or by cellular [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.

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:

155.340 MHz (statewide HEAR);

155.400 MHz (Tidewater HEAR);

155.280 MHz (Inter-Hospital HEAR);

462.950/467.950 (MED 9 or CALL 1);

462.975/467.975 (MED 10 or CALL 2);

462.950-463.19375/467.950-468.19375 (UHF MED CHANNELS 1-103); and

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.

1. Patient care communications with medical facilities may not be conducted on the same frequencies or talkgroups as those used for dispatch and on-scene operations.

2. Before establishing direct push-to-talk communications with the receiving medical facility or central medical control, EMS vehicles may be required to dial an access code. Radios in ambulances or advanced life support-equipped, nontransport response vehicles must be programmed or equipped with encoding equipment necessary to activate tone-coded squelched radios at medical facilities to which they transport on a regular basis.

3. Nothing herein prohibits the use of CMRS for primary or secondary communications with medical facilities, provided that the requirements of this section are met.

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] land mobile radio service (LMR) [(PMRS)] or by ~~cellular~~ [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 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.

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 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.

F. FCC licensure. An EMS agency shall maintain appropriate FCC radio licensure for all radio equipment operated by the EMS agency. If the FCC radio license for any radio frequency utilized is held by another person, the EMS agency shall have written documentation on file of their assigned authority to operate on such frequencies.

G. In-vehicle communications. An ambulance shall have a means of voice communications (opening, intercom, or radio) between the patient compartment and operator's compartment.

12 VAC 5-31-770. Ground EMS vehicle markings.

A. The vehicle body of a nontransport response vehicle, a ground ambulance or a neonatal ambulance must be marked with a reflective horizontal band permanently affixed to the sides and rear of the vehicle body. This horizontal reflective band must be of a material approved for exterior use, a minimum of four inches continuous in height.

B. The Star of Life emblem may appear on an EMS vehicle that conforms to the appropriate U.S. Department of Transportation specifications for the type and class of vehicle concerned. If used on any ground ambulance or neonatal ambulance, the emblem (14-inch size minimum) must appear on both sides of the EMS vehicle.

C. The following must appear in permanently affixed lettering that is a minimum of three inches in height and of a color that contrasts with the surrounding vehicle background. Lettering must comply with the restrictions and specifications listed in these regulations.

1. Nontransport response vehicle. The name of the EMS agency that the vehicle is permitted to shall appear on both sides of the vehicle body in reflective lettering.

Exception: A designated emergency response agency must have the approval of the Office of EMS for a vehicle to display an alternate name.

2. Ground ambulance:

a. The name of the EMS agency that the vehicle is permitted to must appear on both sides of the vehicle body in reflective lettering.

Exception: A designated emergency response agency must have the approval of the Office of EMS for a vehicle to display an alternate name.

b. The word "AMBULANCE" in reverse on the vehicle hood or bug deflector.

c. The word "AMBULANCE" on or above rear doors.

3. Neonatal Ambulance:

a. The name of the EMS agency to which the vehicle is permitted must appear on both sides of the vehicle body in reflective lettering.

b. "NEONATAL CARE UNIT" or other similar designation, approved by the Office of EMS, must appear on both sides of the vehicle body.

12 VAC 5-31-780. Air Ambulance markings.

A. On a primary air ambulance, the following must appear in permanently affixed lettering that is a minimum of three inches in height and of a color that contrasts with its surrounding background. Lettering must comply with the restrictions and specifications listed in these regulations.

1. The name of the EMS agency that the aircraft is permitted to must appear on both sides of the aircraft body. This lettering may appear as part of an organization logo or emblem as long as the agency name appears in letters of the required height.

Exception: A Designated Emergency Response Agency must have the approval of the Office of EMS for a vehicle to display an alternate name.

2. Agency or FAA assigned unit/vehicle identification number must appear on both sides of the aircraft.

B. The Star of Life emblem may appear on an air ambulance. If used, the emblem (14-inch size minimum) shall appear on both sides, and/or front and rear of the air ambulance.

12 VAC 5-31-790. EMS vehicle letter restrictions and specifications.

A. The following specifications apply to an EMS vehicle: the EMS agency name must appear in lettering larger than any optional lettering on an EMS vehicle, other than "Ambulance," the unit identification number or any lettering on the roof. Optional lettering, logos or emblems may not appear on an EMS vehicle in a manner that interferes with the public's ability to readily identify the EMS agency to which the EMS vehicle is permitted.

1. Additional lettering, logos or emblems must not advertise or imply a specified patient care level (i.e., Advanced Life Support Unit) unless the EMS vehicle is so equipped at all times.

2. The terms "Paramedic" or "Paramedical" may only be used when the EMS vehicle is both equipped and staffed by a state certified EMT-Paramedic at all times.

B. A nontransport response vehicle with a primary purpose as a fire apparatus or law-enforcement vehicle is not required to comply with the specifications for vehicle marking and lettering, provided the vehicle is appropriately marked and lettered to identify it as an authorized emergency vehicle.

C. An unmarked vehicle operated by an EMS agency is not eligible for issuance of an EMS vehicle permit except a vehicle used and operated by law-enforcement personnel.

12 VAC 5-31-800. Nontransport response vehicle specifications.

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 (12 VAC 5-31-2100 et seq.) of this chapter.

A nontransport response vehicle may not be used for the transportation of patients except in the case of a major medical emergency. In such an event, the circumstances of the call shall be documented.

B. A nontransport response vehicle must be constructed to provide sufficient space for safe storage of required equipment and supplies specified in these regulations.

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 kits as specified in these regulations.

1. Sedan/zone car must have an approved locking device attached within the passenger compartment or trunk, inaccessible by the public.

2. Utility vehicle/van must have an approved locking device attached within the vehicle interior, inaccessible by the public.

3. Rescue vehicle/fire apparatus must have an approved locking device attached within the vehicle interior or a locked compartment, inaccessible by the public.

C. A nontransport response vehicle must have a motor vehicle safety inspection performed following completion of conversion and before applying for an EMS vehicle permit.

12 VAC 5-31-810. Ground ambulance specifications.

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 and for the transportation of patients shall be permitted as a ground ambulance.

B. A ground ambulance must be commercially constructed and certified to comply with the current federal specification for the Star of Life ambulance (U.S. General Services Administration KKK-A-1822 standards) as of the date of vehicle construction, with exceptions as specified in these regulations.

C. A ground ambulance must be constructed to provide sufficient space for the safe storage of all required equipment and supplies.

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.

2. Required equipment and supplies specified in these regulations, excluding those in 12 VAC 5-31-860 I, J and K, must be available for access and use from inside the patient compartment.

12 VAC 5-31-820. Advanced Life Support Equipment Package.

A. An EMS agency licensed to operate nontransport response vehicles or ground ambulances with ALS personnel shall maintain a minimum of one vehicle equipped with an ALS equipment

package of the highest category licensed. ALS equipment packages consist of the following categories:

1. ALS – EMT-enhanced equipment package; and
2. ALS – EMT-intermediate/EMT-paramedic equipment package.

B. ALS equipment packages shall consist of the equipment and supplies as specified in these regulations.

12 VAC 5-31-830. Neonatal ambulance specifications.

A. A vehicle maintained and operated exclusively for the transport of neonatal patients between medical facilities shall be permitted as a neonatal ambulance. A neonatal ambulance shall not be used for response to out-of-hospital medical emergencies.

B. A neonatal ambulance must be commercially constructed and certified to comply with the current U.S. General Services Administration KKK-A-1822 standards as of the date of vehicle construction.

C. A neonatal ambulance must be constructed to provide sufficient space for safe storage of required equipment and supplies specified in these regulations.

1. A neonatal ambulance must be equipped to transport two incubators using manufacturer-approved vehicle mounting devices.
2. A neonatal ambulance must have an installed auxiliary power unit that is capable of supplying a minimum of 1.5 Kw of 110 VAC electric power. The auxiliary power unit must operate independent of the vehicle with starter and power controls located in the patient compartment.

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 regulations.

4. Required equipment and supplies specified in these regulations must be available for access and use from inside the patient compartment.

12 VAC 5-31-840. Air ambulance specifications.

A. An aircraft 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 and for the transportation of patients shall be permitted as an air ambulance.

B. An air ambulance must be commercially constructed and certified to comply with the current U.S. Federal Aviation Administration standards as of the date of aircraft construction. An air ambulance must be constructed to provide sufficient space for safe storage of required equipment and supplies specified in these regulations.

C. Required equipment and supplies specified in these regulations, excluding those in 12 VAC 5-31-860 I and J, must be available for access and use from inside the patient compartment. A rotary wing air ambulance must be equipped with a 180-degree controllable searchlight of at least 400,000 candle power.

12 VAC 5-31-850. EMS vehicle equipment requirements.

In addition to the items otherwise listed in this article, an EMS vehicle must be equipped with all of the items required for its vehicle classification and any ALS equipment package it carries as listed in 12 VAC 5-31-860.

12 VAC 5-31-860. Required vehicle equipment.

<u>REQUIRED VEHICLE EQUIPMENT</u>	<u>Nontransport Vehicle</u>	<u>Ambulance</u>	<u>EMT-E Package</u>	<u>EMT-I/P Package</u>	<u>Air Ambulance</u>	<u>Neonatal Ambulance</u>
<u>A. Basic life support equipment.</u>						
<u>Automated external defibrillator (AED) with a set of patient pads. This may be a combination device that also has manual defibrillation capability.</u>	1	1				

<u>Pocket mask or disposable airway barrier device with one-way valve.</u>	<u>2</u>	<u>2</u>			<u>1</u>	<u>2</u>
<u>Oropharyngeal airways, set of 6, nonmetallic in infant, child and adult sizes, ranging from 43mm to 100 mm (sizes 0-5).</u>	<u>2</u>	<u>2</u>			<u>1</u>	<u>2</u>
<u>Nasopharyngeal airways, set of 4, varied sizes, with water-soluble lubricant.</u>	<u>1</u>	<u>1</u>			<u>1</u>	<u>1</u>
<u>Self-inflating bag-valve-mask resuscitator with oxygen reservoir in adult size with transparent mask in adult size.</u>	<u>1</u>	<u>1</u>			<u>1</u>	<u>1</u>

<p><u>Self-inflating bag-valve-mask resuscitator with oxygen reservoir in child size with transparent masks in infant and child sizes.</u></p>	<p><u>1</u></p>	<p><u>1</u></p>			<p><u>1</u></p>	<p><u>1</u></p>
<p><u>B. Oxygen apparatus.</u></p>						
<p><u>Portable oxygen 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. This unit must be capable of being manually controlled and have an appropriate flowmeter.</u></p>	<p><u>1</u></p>	<p><u>1</u></p>			<p><u>1</u></p>	<p><u>1</u></p>

<p><u>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.</u></p>	<p><u>1</u></p>			<p><u>1</u></p>	<p><u>1</u></p>
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<p><u>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.</u></p>	<p><u>2</u></p>	<p><u>4</u></p>			<p><u>2</u></p>	<p><u>4</u></p>
<p><u>Oxygen nasal cannulae, in infant, child and adult sizes. These cannulae must be made of single use soft see-through plastic or rubber.</u></p>	<p><u>2</u></p>	<p><u>4</u></p>			<p><u>2</u></p>	<p><u>4</u></p>
<p><u>C. Suction apparatus.</u></p>						

<p><u>Portable suction apparatus capable of providing a minimum of twenty minutes of continuous operation at a vacuum of 300 millimeters of mercury or greater and free air flow of over 30 liters per minute at the delivery tube. A manually powered device does not meet this requirement.</u></p>	<p><u>1</u></p>	<p><u>1</u></p>			<p><u>1</u></p>	<p><u>1</u></p>
<p><u>Installed suction apparatus capable of providing a minimum of twenty minutes of continuous operation at a vacuum of 500 millimeters of mercury or greater and free air flow of over 30 liters per minute at the delivery tube.</u></p>		<p><u>1</u></p>			<p><u>1</u></p>	<p><u>1</u></p>

<u>Suction catheters that are sterile, individually wrapped, disposable, and made of rubber or plastic in sizes as follows: Rigid Tonsil Tip, FR16, [FR18], FR14,FR 8 and FR 6.</u>	<u>2</u>	<u>2</u>			<u>2</u>	<u>2</u>
<u>D. Patient assessment equipment.</u>						
<u>Stethoscope in adult size.</u>	<u>1</u>	<u>2</u>			<u>1</u>	<u>1</u>
<u>Stethoscope in pediatric size.</u>	<u>1</u>	<u>1</u>			<u>1</u>	<u>1</u>
<u>Stethoscopes in infant and neonate sizes.</u>						<u>2</u>
<u>Sphygmomanometer in child, adult and large adult sizes.</u>	<u>1</u>	<u>1</u>			<u>1</u>	<u>1</u>
<u>Sphygmomanometer in infant size.</u>						<u>2</u>

<u>Vinyl triage tape, rolls, minimum of 150 ft. each of red, black, green and yellow.</u>	<u>1</u>	<u>1</u>				
<u>E. Dressings and supplies.</u>						
<u>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.</u>	<u>1</u>	<u>1</u>			<u>1</u>	<u>1</u>
<u>Trauma dressings, a minimum of 8" x 10" - 5/8 ply when folded, sterile and individually wrapped.</u>	<u>4</u>	<u>4</u>			<u>2</u>	<u>4</u>
<u>4" x 4" gauze pads, sterile and individually wrapped.</u>	<u>2</u>	<u>2</u>			<u>1</u>	<u>2</u>
	<u>4</u>	<u>4</u>			<u>0</u>	<u>4</u>
<u>Occlusive dressings, sterile 3" x 8" or larger.</u>	<u>4</u>	<u>4</u>			<u>2</u>	<u>4</u>

<u>Roller or conforming gauze of assorted widths.</u>	<u>1</u>	<u>1</u>			<u>1</u>	<u>1</u>
	<u>2</u>	<u>2</u>			<u>2</u>	<u>2</u>
<u>Cloth Triangular bandages, 36" x 36" x 51", triangle unfolded.</u>	<u>1</u>	<u>1</u>				
	<u>0</u>	<u>0</u>				
<u>Medical adhesive tape, rolls of 1" and 2".</u>	<u>4</u>	<u>4</u>			<u>4</u>	<u>4</u>
<u>Trauma scissors.</u>	<u>1</u>	<u>1</u>			<u>1</u>	<u>1</u>
<u>Alcohol preps.</u>	<u>1</u>	<u>1</u>			<u>1</u>	<u>1</u>
	<u>2</u>	<u>2</u>			<u>2</u>	<u>2</u>
<u>Emesis basin containers or equivalents.</u>	<u>2</u>	<u>2</u>			<u>2</u>	<u>2</u>
<u>Suspension of Activated Charcoal, 50 grams.</u>	<u>1</u>	<u>1</u>				<u>1</u>
<u>Sterile normal saline for irrigation, 1000 ml containers (or the equivalent volume in other container sizes).</u>	<u>1</u>	<u>4</u>			<u>2</u>	<u>4</u>
<u>F. Obstetrical kits, containing the following:</u>	<u>1</u>	<u>2</u>			<u>1</u>	<u>2</u>

<u>Sterile surgical gloves (pairs).</u>	<u>2</u>	<u>2</u>			<u>2</u>	<u>2</u>
<u>Scissors or other cutting instrument.</u>	<u>1</u>	<u>1</u>			<u>1</u>	<u>1</u>
<u>Umbilical cord ties (10" long) or disposable cord clamps.</u>	<u>4</u>	<u>4</u>			<u>4</u>	<u>4</u>
<u>Sanitary pads.</u>	<u>1</u>	<u>1</u>			<u>1</u>	<u>1</u>
<u>Cloth or disposable hand towels.</u>	<u>2</u>	<u>2</u>			<u>2</u>	<u>2</u>
<u>Soft-tipped bulb syringe.</u>	<u>1</u>	<u>1</u>			<u>1</u>	<u>1</u>
<u>G. Personal protection equipment.</u>						
<u>Waterless antiseptic handwash.</u>	<u>1</u>	<u>1</u>			<u>1</u>	<u>1</u>
<u>Exam gloves, nonsterile, pairs in sizes small through extra large.</u>	<u>5</u>	<u>1</u> <u>0</u>			<u>5</u>	<u>1</u> <u>0</u>

<u>Disposable gowns/coveralls, each in assorted sizes if not one-size-fits-all style.</u>	<u>2</u>	<u>4</u>			<u>4</u>
<u>Faceshield/eyewear.</u>	<u>2</u>	<u>4</u>		<u>2</u>	<u>4</u>
<u>Infectious waste trash bags.</u>	<u>2</u>	<u>4</u>		<u>2</u>	<u>4</u>
<u>H. Linen and bedding.</u>					
<u>Towels, cloth.</u>	<u>2</u>	<u>2</u>		<u>2</u>	<u>2</u>
<u>Pillows.</u>		<u>2</u>			
<u>Pillow cases.</u>		<u>2</u>			
<u>Sheets.</u>		<u>4</u>		<u>2</u>	<u>4</u>
<u>Blankets.</u>	<u>2</u>	<u>2</u>		<u>2</u>	<u>2</u>
<u>Male urinal.</u>		<u>1</u>			
<u>Bedpan with toilet paper.</u>		<u>1</u>			
<u>I. Splints and immobilization devices.</u>					

<p><u>Rigid cervical collars in sizes small adult, medium adult, large adult and pediatric. If adjustable type adult collars are used, then a minimum of three are sufficient.</u></p>	<p><u>2</u></p>	<p><u>2</u></p>			<p><u>1</u></p>	<p><u>2</u></p>
<p><u>Traction splint with ankle hitch and stand, or equivalent. Capable of adult and pediatric application.</u></p>		<p><u>1</u></p>				
<p><u>Padded board splints or equivalent for splinting fractures of the upper extremities.</u></p>		<p><u>2</u></p>			<p><u>1</u></p>	
<p><u>Padded board splints or equivalent for splinting fractures of the lower extremities.</u></p>		<p><u>2</u></p>			<p><u>1</u></p>	

<p><u>Long spineboards 16" x 72" minimum size, with at least four (4) appropriate restraint straps, cravats or equivalent restraint devices for each spine board.</u></p>	<p><u>2</u></p>			<p><u>1</u></p>	
<p><u>Short spineboard 16" x 34" minimum size or equivalent spinal immobilization devices.</u></p>	<p><u>1</u></p>				
<p><u>Pediatric immobilization device.</u></p>	<p><u>1</u></p>			<p><u>1</u></p>	
<p><u>Cervical immobilization devices (i.e., set of foam blocks/towels or other approved materials).</u></p>	<p><u>2</u></p>			<p><u>1</u></p>	
<p><u>J. Safety equipment.</u></p>					

<u>Wheeled ambulance cot with a minimum 350 lb. capacity, three restraint straps and the manufacturer-approved vehicle-mounting device.</u>		<u>1</u>				
<u>Removable cot or spineboard with a minimum of three restraint straps and the manufacturer approved aircraft-mounting device.</u>					<u>1</u>	
<u>"D" Cell or larger flashlight.</u>	<u>1</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>1</u>	<u>2</u>

<u>Five-pound ABC or equivalent fire extinguisher securely mounted in the vehicle in a quick release bracket.</u>	<u>1</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>1</u>	<u>2</u>
<u>One accessible to the patient compartment.</u>					*	
<u>*FAA requirements must be satisfied by Air Ambulances.*</u>						
<u>"No Smoking" sign located in the patient compartment.</u>		<u>1</u>			<u>1</u>	<u>1</u>
<u>K. Tools and hazard warning devices.</u>						
<u>Adjustable wrench, 10".</u>	<u>1</u>	<u>1</u>				<u>1</u>
<u>Screwdriver, regular #1 size blade.</u>	<u>1</u>	<u>1</u>				<u>1</u>
<u>Screwdriver, Phillips #1 size blade.</u>	<u>1</u>	<u>1</u>				<u>1</u>
<u>Hammer, minimum 2 lb.</u>	<u>1</u>	<u>1</u>				<u>1</u>

<u>Locking pliers, (vise grip type) 10".</u>	<u>1</u>	<u>1</u>				<u>1</u>
<u>Spring-loaded center punch.</u>	<u>1</u>	<u>1</u>				
<u>Hazard warning devices (reflective cone, triangle or approved equivalent).</u>	<u>3</u>	<u>3</u>				<u>3</u>
<u>Current U.S.-D.O.T. approved Emergency Response Guidebook.</u>	<u>1</u>	<u>1</u>			<u>1</u>	<u>1</u>
<u>L. Advanced life support equipment.</u>						
<u>ECG monitor/manual defibrillator capable of synchronized cardioversion and noninvasive external pacing with capability for monitoring and defibrillating adult and pediatric patients.</u>				<u>1</u>	<u>1</u>	<u>1</u>

<u>ECG monitoring electrodes, set, in adult and pediatric sizes as required by device used.</u>			<u>2</u>	<u>2</u>	
<u>ECG monitoring electrodes, set, in infant size as required by device used.</u>					<u>2</u>
<u>Defibrillation and pacing electrodes in adult and pediatric sizes as required by device used.</u>			<u>2</u>	<u>2</u>	<u>2</u>

<p><u>Medication kit with all controlled medications authorized for use by the EMS agency's EMT-enhanced personnel and other appropriately licensed advanced level personnel. The medication kit may contain additional medications if the kit is a standardized box utilized by multiple EMS agencies operating under a joint box exchange program.</u></p>			<u>1</u>			
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<p><u>Medication kit with all controlled medications authorized for use by the EMS agency's EMT-intermediate, EMT-paramedic and other authorized licensed personnel. The medication kit may contain additional medications if the kit is a standardized box utilized by multiple EMS agencies operating under a joint box exchange program.</u></p>			<u>1</u>	<u>1</u>	<u>1</u>
<p><u>Assorted intravenous, intramuscular, subcutaneous and other medication delivery devices and supplies as specified by the agency OMD.</u></p>			<u>1</u>	<u>1</u>	<u>1</u>

<u>M. Advanced airway equipment that must consist of:</u>						
<u>Dual lumen airway device (e.g., EOA, Combi-tube, PTL) or laryngeal mask airway (LMA).</u>			<u>1</u>	<u>1</u>		
<u>Intubation kit to include all of the following items as indicated:</u>			<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Laryngoscope handle with two sets of batteries, adult and pediatric blades in sizes 0-4.</u>			<u>1</u>	<u>1</u>	<u>1</u>	
<u>Laryngoscope handle with two sets of batteries, blades in sizes 0-1.</u>						<u>1</u>
<u>McGill forceps, in adult and pediatric sizes.</u>			<u>1</u>	<u>1</u>	<u>1</u>	

<u>Single-use disposable endotracheal tubes in sizes 8.0, 7.0, 6.0, 5.0, 4.0, 3.0 and 2.5mm or equivalent sizes.</u>			<u>2</u>	<u>2</u>	<u>2</u>	
<u>Single-use disposable endotracheal tubes in sizes 4.0, 3.0 and 2.5mm or equivalent sizes.</u>						<u>2</u>
<u>Rigid adult stylettes.</u>			<u>2</u>	<u>2</u>	<u>2</u>	
<u>10 cc disposable syringes.</u>			<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>5 ml of water-soluble surgical lubricant.</u>			<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>

12 VAC 5-31-870 to 12 VAC 5-31-890. (Reserved.)

Article 4.

EMS Personnel Requirements and Standard of Conduct.

12 VAC 5-31-900. General requirements.

EMS personnel shall meet and maintain compliance with the following general requirements:

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.)

2. Be clean and neat in appearance;

3. 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 and/or assess signs and symptoms.

4. Have no physical or mental impairment that would render him unable to perform all practical skills required for that level of training. Physical and mental performance skills include the ability of the individual to function and communicate independently to perform appropriate patient care, physical assessments and treatments without the need for an assistant.

12 VAC 5-31-910. Criminal or enforcement history.

EMS personnel shall meet and maintain compliance with the following general requirements:

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.

2. Has never been the subject of a founded complaint of child or elderly abuse or neglect within or outside the Commonwealth [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, assault on an elderly or infirm person.]

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.

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.

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.

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.

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.

B. EMS personnel [may not] acting as an operator of an EMS vehicle may not have [if they have 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] ~~been convicted or found guilty of driving under the influence (DUI), 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.

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.

12 VAC 5-31-920. [Reserved] EMS regulation compliance.

EMS personnel shall comply with these regulations and report in writing to the Office of EMS any suspected violations within 15 days.

12 VAC 5-31-930. State and federal law compliance.

EMS personnel shall comply with all federal, state, and local laws applicable to their EMS operations.

12 VAC 5-31-940. Drugs and substance ~~addiction~~ [use].

A. EMS personnel may not be ~~addicted to or~~ 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.

B. EMS personnel shall submit to testing for drugs or intoxicating substances upon request by the Office of EMS.

12 VAC 5-31-950. Disclosure of patient information.

EMS personnel may not share or disclose medical information concerning the names, treatments, conditions or medical history of patients treated. This information must be maintained as confidential, except:

1. To provide a copy of the prehospital patient care report completed by the attendant-in-charge to the receiving facility for each patient treated or transported;
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;
3. To provide for the continuing medical care of the patient;
4. To the extent necessary and authorized by the patient or his representative in order to collect insurance payments due;
5. To provide continuing medical education of EMS personnel who provide the care or assistance when patient identifiers have been removed; or
6. To assist investigations conducted by the board, department or Office of EMS.

12 VAC 5-31-960. Misrepresentation of qualifications.

EMS personnel may 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 performance of patient care by students currently enrolled in a training program when properly supervised as required by these regulations.

12 VAC 5-31-970. Weapon possession.

EMS personnel may not carry or possess on an EMS vehicle any firearm, weapon, explosive or incendiary device, except those weapons carried by sworn law-enforcement officers authorized to carry concealed weapons pursuant to § 18.2-308 of the Code of Virginia.

12 VAC 5-31-980. False application for license, permit, certificate, endorsement or designation.

EMS personnel may not obtain or aid another person in obtaining agency licensure, vehicle permitting, certification, endorsement or designation through fraud, deceit, forgery or deliberate misrepresentation or falsification of information.

12 VAC 5-31-990. False statements or submissions.

EMS personnel may not make false statements, misrepresentations, file false credentials or willfully conceal material information to the board, the department, or the Office of EMS regarding application for agency licensure, vehicle permitting, certification, endorsement or designation or in connection with an investigation conducted by the board, the department or the Office of EMS.

12 VAC 5-31-1000. Falsification of materials.

EMS personnel may not willfully alter or change the appearance or wording of any license, permit, certificate, endorsement, designation, prehospital patient care report, official agency documents, or any forms submitted to the Office of EMS.

12 VAC 5-31-1010. Misappropriation or theft of medications.

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.

12 VAC 5-31-1020. Discrimination in provision of care.

EMS personnel may not discriminate in the provision of emergency medical services based on race, gender, religion, age, national origin, medical condition or any other reason.

12 VAC 5-31-1030. Sexual harassment.

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:

1. The provision or denial of emergency medical care to a patient;
2. The provision or denial of employment;
3. The provision or denial of promotions to a coworker;
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 recover; or
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.

12 VAC 5-31-1040. Operational medical director authorization to practice.

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.

12 VAC 5-31-1050. Scope of practice.

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 control

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 Procedure and Medication Schedule.]

12 VAC 5-31-1060. Transport without required personnel.

An EMS 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 circumstances of the call must be documented in writing. Based on circumstances and documentation, the EMS agency or the EMS provider may be subject to enforcement action.

12 VAC 5-31-1070. Extraordinary care outside of protocols.

In the event of an immediate threat to loss of life or limb, medical control may authorize an EMS provider with specific training to provide care not authorized under existing protocol. The circumstances must be documented on the patient care report.

12 VAC 5-31-1080. Inability to carry out medical control orders.

In the following circumstances, EMS personnel may refuse to perform specific procedures or treatments, provided medical control is informed of the refusal and the refusal of care is documented on the prehospital patient care report:

1. If not adequately trained and proficient to perform the procedure;
2. If the procedure is not fully understood; or
3. If the procedure is judged not to be in the best interests of the patient.

12 VAC 5-31-1090. Refusal of care.

A decision not to treat or transport a patient shall be fully documented on the prehospital patient care report.

12 VAC 5-31-1100. ~~Informed~~ Consent or refusal.

A. Whenever care is rendered without first obtaining ~~informed~~ consent, the circumstances shall be documented on the prehospital patient care report.

B. ~~Informed~~ refusal of care must be obtained and documented on the prehospital patient care report.

12 VAC 5-31-1110. Transfer of patient care/patient abandonment.

EMS personnel may not leave a patient in need of emergency medical care without first providing that a level of care capable of meeting the assessed and documented needs of the patient's condition is present and available or a refusal is obtained.

12 VAC 5-31-1120. Provider disagreement over patient's needs.

In the event that responding EMS personnel at the scene of a medical emergency have made differing assessments as to a patient's treatment needs or transport destination, medical control shall be contacted to resolve the conflict.

12 VAC 5-31-1130. Attending of the patient during transports.

During transportation, the patient shall be attended in the patient compartment of the vehicle by the required attendant-in-charge. Where additional attendants are required by these regulations, they must attend the patient in the patient compartment of the vehicle during transportation unless otherwise allowed.

12 VAC 5-31-1140. Provision of patient care documentation.

A. EMS personnel and EMS agencies shall provide the receiving medical facility or transporting EMS agency with a copy of the prehospital patient care report for each patient treated, either with the patient or within 24 hours.

B. The signature of the [medical practitioner] ~~physician~~ 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] ~~physician~~ 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] ~~physician's~~ signature denotes approval, authorization or verification of compliance with protocol, standing orders or medical control orders.

The receiving [medical practitioner] ~~physician~~ 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.

If a patient is not transported to the hospital or if the attending [medical practitioner] ~~physician~~ 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.

12 VAC 5-31-1150. Emergency operation of EMS vehicle.

EMS personnel are only authorized to operate an EMS vehicle under emergency conditions, as allowed by § 46.2-920 of the Code of Virginia:

1. When responding to medical emergencies for which they have been dispatched or have witnessed.
2. When transporting patients to a hospital or other medical clinic when the attendant-in-charge has determined that the patient's condition is unstable or life threatening.

12 VAC 5-31-1160. Provision of care by mutual aid.

EMS personnel who have not been specifically requested to respond to a call may assist a responding EMS agency at the scene of a medical emergency if the provider is licensed or certified to provide a level of care at the scene that is required to meet the assessed needs of the patient, and

1. A response obligation to locality or a mutual aid agreement exists between the provider's EMS agency and the responding EMS agency, or
2. Medical control shall be contacted to obtain approval to provide patient care as the AIC. If contact with medical control is not possible or would unduly delay the provision of care, then the EMS provider may proceed with the indicated treatment with approval of the responding EMS agency's personnel on the scene. In such event, the circumstances of the incident must be documented on the prehospital patient care report.

12 VAC 5-31-1170. Provision of care by students.

A student enrolled in an approved EMS certification training program may perform the clinical skills and functions of EMS personnel who are certified at the level of the course of instruction

while participating in clinical and field internship training as provided for in these regulations when:

1. The student is caring for patients in the affiliated hospitals or other facilities approved by the training program's PCD, provided that the related didactic subject matter and practical skills laboratory have been completed and the students are under the direct supervision of a preceptor who is a physician, physician assistant, nurse practitioner, registered nurse or an EMS provider certified at or above the level of the training program. The affiliated hospital or facility must approve preceptors.

2. The student is caring for patients during a required course internship program with an EMS agency approved by the training program's PCD and EMS agency's OMD, provided that the related didactic subject matter and practical skills laboratory have been completed and the student is under direct supervision of and accompanied by an EMS provider certified at or above the level of the training program, or under the direct supervision of a licensed physician.

3. Nothing in subdivision 1 or 2 of this section removes the obligation of the supervising hospital, facility or licensed EMS agency for ultimate responsibility for provision of appropriate patient care during clinical or internship training.

4. Nothing in subdivision 1 or 2 of this section may be construed to authorize a noncertified or unlicensed individual to provide care outside of the approved supervised settings of the training program in which they are enrolled.

5. Nothing in subdivision 1 or 2 of this section may be construed to authorize a noncertified or unlicensed individual to provide care or to operate an emergency medical services vehicle in a

county or municipality that has enacted an ordinance pursuant to § 32.1-111.14 A 8 of the Code of Virginia making it unlawful to do so.

12 VAC 5-31-1180. Adequate response staffing.

An EMS agency shall provide for an adequate number of trained or certified EMS personnel to perform all essential tasks necessary for provision of timely and appropriate patient care on all calls to which the EMS agency responds.

1. A responding EMS vehicle shall be staffed with the appropriately trained and qualified personnel to fulfill the staffing requirements for its vehicle classification. An operator may respond alone with an EMS vehicle to a medical emergency if the required EMS providers is known to be responding to the scene.

2. An EMS agency shall respond with a sufficient number of agency or mutual aid agency personnel to lift and move all patients who are in need of treatment or transport.

12 VAC 5-31-1190. Attendant-In-Charge authorization.

An attendant-in-charge shall be authorized by the EMS agency's OMD to use all skills and equipment required for his level of certification and the type of transport to be performed.

12 VAC 5-31-1200. Minimum age of EMS vehicle personnel.

A. EMS personnel serving in a required staffing position on an EMS vehicle shall be at a minimum 18 years of age.

B. An EMS agency may allow assistants or observers in addition to the required personnel. An assistant or observer must be at a minimum 16 years of age.

12 VAC 5-31-1210. Nontransport response vehicle staffing.

At a minimum, one person may satisfy both of the following requirements:

1. An operator shall at a minimum possess a valid motor vehicle operator's permit issued by Virginia or another state and have successfully completed an approved emergency vehicle operator's course (EVOC) training course or an equivalent.
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.

12 VAC 5-31-1220. Transfer of ALS package.

Advanced life support equipment may be transferred from one EMS vehicle to another EMS vehicle not otherwise equipped to provide the needed level of ALS. When this equipment is transferred, the EMS vehicle shall have required EMS personnel in compliance with these regulations.

12 VAC 5-31-1230. Ground ambulance staffing requirements.

A ground ambulance transport requires a minimum of two persons:

1. An operator shall at a minimum possess a valid motor vehicle operator's permit issued by Virginia or another state and have successfully completed an approved Emergency Vehicle Operator's Course (EVOC) training course or an equivalent.
2. An attendant-in-charge who must meet the requirements listed for the type of transport to be performed.

12 VAC 5-31-1240. Basic life support vehicle transport.

During a basic life support transport, the attendant-in-charge must be certified as an emergency medical technician or an equivalent approved by the Office of EMS.

12 VAC 5-31-1250. Advanced life support vehicle transport.

Advanced life support transport requirements:

1. A ground ambulance equipped with an ALS equipment package. An ALS equipment package may be transferred to a ground ambulance not otherwise equipped to provide the needed level of ALS patient care from another appropriately equipped EMS vehicle. This transfer must include all items required for the type of ALS equipment package that the attendant-in-charge is authorized to use.

2. The attendant-in-charge must be certified as an advanced life support level provider or an equivalent approved by the Office of EMS.

3. An Attendant must be certified as an emergency medical technician or an equivalent approved by the Office of EMS in addition to the attendant-in-charge. The attendant must not serve as the attendant-in-charge. An operator may serve as the attendant if certified as an emergency medical technician or an equivalent approved by the Office of EMS.

12 VAC 5-31-1260. Supplemented transport requirements.

A. Supplemented transports require the following:

1. An ambulance equipped with an ALS intermediate/paramedic equipment package;

2. A determination by the sending physician that the patient's medically necessary care exceeds the scope of practice of available personnel certified at an advanced life support level or an equivalent approved by the Office of EMS; or

3. A determination by the sending physician that the specific equipment needed to care for the patient exceeds that required for a ground ambulance equipped with an ALS intermediate/paramedic equipment package.

B. An attendant-in-charge who must be a physician, registered nurse or physician assistant who is trained and experienced in the care and the equipment needed for the patient being transported.

C. An Attendant who must be certified as an emergency medical technician or an equivalent approved by the Office of EMS in addition to the attendant-in-charge. The attendant must be a third person who is not the Operator.

D. An EMS agency requested to perform a supplemented transport, is responsible for the following:

1. Obtaining a written statement from the sending physician detailing the specific nature of the patient's medical condition and the medical equipment necessary for the transport. The written statement may be in the form of transport orders documented in the patient's medical record.

2. Verifying that the individual acting as attendant-in-charge for the transport is experienced in the patient care required and the operation of all equipment to be used for the patient to be transported.

An EMS agency requested to perform a supplemented transport shall refuse to perform the transport if compliance with the requirements of this section cannot be satisfied. Refusal to provide the transport must be documented by the EMS agency.

12 VAC 5-31-1270. Neonatal transport requirements.

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 12 VAC 5-31-860 D, L and M and staffed in compliance with this section.

B. A minimum of three persons is required:

1. An operator who at a minimum possesses a valid motor vehicle operator's permit issued by Virginia or another state, and who has successfully completed an approved emergency vehicle operator's course (EVOC) training course or an equivalent approved by the Office of EMS.

2. An attendant-in-charge who must be one of the following:

a. Physician;

b. Registered nurse or physician's assistant, licensed for a minimum of two years, with specialized neonatal transport training; or

c. Other health care personnel with equivalent training or experience as approved by the Office of EMS.

3. An attendant.

The operator, attendant-in-charge or attendant must be certified as an emergency medical technician or an equivalent approved by the Office of EMS.

12 VAC 5-31-1280. Air ambulance transport requirements.

An air ambulance transport requires a minimum of three persons, the aircraft flight crew and two air medical personnel.

1. Rotary Wing Air Ambulance.

a. A pilot in command shall meet all the requirements of the Federal Aviation Administration, including possession of a valid commercial pilot's certificate for rotor craft and must have a minimum of 1,000 hours in category, of which a minimum of 200 hours must be nighttime.

b. An attendant-in-charge shall be an air medical specialist who must be one of the following:

(1) Physician;

(2) 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;

(3) Emergency medical technician – paramedic, certified for a minimum of two years with specialized air medical training; or

(4) Other health care personnel with equivalent training or experience as approved by the Office of EMS.

c. An attendant who shall be an emergency medical technician or an equivalent approved by the Office of EMS.

d. The attendant-in-charge and the attendant shall not be members of the required flight crew.

2. Fixed Wing Air Ambulance.

a. A pilot in command shall meet all the requirements of the Federal Aviation Administration Regulations Part 135.

b. An attendant-in-charge who at a minimum shall be an air medical specialist who shall be one of the following:

(1) A physician;

(2) A 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;

(3) An emergency medical technician – paramedic, certified for a minimum of two years with specialized air medical training; or

(4) Any other health care personnel with equivalent training or experience as approved by the Office of EMS.

c. An attendant shall be an emergency medical technician or an equivalent approved by the Office of EMS.

d. The attendant-in-charge and the attendant shall not be members of the required flight crew.

12 VAC 5-31-1290. Exemptions.

A. On [January 1, 2003] an EMS vehicle must meet the requirements for vehicle construction and required markings in effect at the time the EMS vehicle was permitted. This exception does not apply to the medication kit storage requirements or if the EMS vehicle permit is surrendered or expires.

B. An EMS vehicle permitted before [January 1, 2003] is exempted as follows:

1. From 12 VAC 5-31-860 A (AED requirement) and 12 VAC 5-31-860 L (ECG monitor/manual defibrillator with synchronized cardioversion and non-invasive pacing requirement) until [January 1, 2004].

2. From 12 VAC 5-31-760 (EMS vehicle communications requirement) until [January 1, 2004]. [The communications requirements of 12 VAC 5-30-200 B e shall remain in effect until January 1, 2004.]

C. On January 1, 2003, an EMS vehicle may be reclassified as follows:

1. An immediate response vehicle (Class A) becomes a nontransport response vehicle.

2. A basic life support vehicle (Class B) or an advanced life support vehicle (Class C) becomes a ground ambulance.

3. A specialized life support transport unit (Class D) becomes a ground ambulance unless the EMS agency applies for an EMS vehicle permit as a neonatal ambulance.

4. A life support vehicle for air transportation (Class F) becomes an air ambulance.

D. Existing forms, licenses, certificates, and other materials may be used by the Office of EMS or modified as considered necessary by the Office of EMS until existing stocks are depleted.

E. Current specialized air medical training programs as approved by the Office of EMS comply with these regulations.

F. A designated emergency response agency shall comply with 12 VAC 5-31-620 (staffing capability) by [January 1, 2004].

PART III.

EMS EDUCATION AND CERTIFICATION.

12 VAC 5-31-1300. Applicability.

This part applies to initial, refresher or bridge certification courses and EMS continuing education (CE) programs.

12 VAC 5-31-1310. BLS certification programs.

A. BLS certification programs authorized for issuance of certification in Virginia are:

1. EMS First Responder;
2. EMS First Responder Bridge [to EMT]; and
3. Emergency Medical Technician (EMT).

B. A course coordinator for a BLS certification program must be an EMT instructor.

C. A course coordinator for a BLS certification program must use the following curriculum:

1. The Virginia standard curriculum for the EMS first responder for an EMS First Responder certification program.
2. The U.S. Department of Transportation National Standard Curriculum for the EMT-Basic for an EMS First Responder Bridge certification program or an EMT certification program.

12 VAC 5-31-1320. ALS certification programs.

A. ALS certification programs authorized for issuance of certification in Virginia are:

1. EMT-Enhanced;
2. EMT-Enhanced to EMT Intermediate Bridge;

3. EMT-Intermediate;

4. EMT-Intermediate to EMT-Paramedic Bridge;

5. Registered Nurse to Paramedic Bridge; and

6. EMT-Paramedic.

B. Transitional ALS certification programs that are authorized for issuance of certification in Virginia for six years from [January 1, 2003] are:

1. EMT-Shock Trauma to EMT-Enhanced.

2. EMT-Cardiac to EMT-Intermediate.

a. After recertifying once at his current certification level, an EMS provider with EMT-Shock Trauma or EMT-Cardiac certification shall complete the designated "transition" program to certify at the corresponding replacement certification level listed in this subsection.

b. An EMS provider in an initial or bridge EMT-Shock Trauma or EMT-Cardiac certification program who completes the program and attains certification shall complete the designated "transition" program to certify at the corresponding replacement certification level listed in this subsection.

c. An EMS provider with EMT-Shock Trauma or EMT-Cardiac certification shall complete the requirements for the designated "transition" certification level by [January 1, 2009].

C. A course coordinator for an ALS certification program shall be an ALS coordinator who is certified or licensed at or above the certification level of the course to be announced.

D. A course coordinator for an ALS certification program shall use the following curriculum:

1. The Virginia Standard Curriculum for the EMT-Enhanced or an equivalent approved by the Office of EMS for an EMT-Enhanced certification program.

2. The U.S. Department of Transportation National Standard Curriculum for the EMT-Intermediate or a bridge certification program approved by the Office of EMS for an EMT-Enhanced to EMT-Intermediate Bridge or an EMT-Intermediate certification program.

3. The U.S. Department of Transportation National Standard Curriculum for the EMT-Paramedic or a bridge certification program approved by the Office of EMS for an EMT-Intermediate to EMT-Paramedic Bridge, a Registered Nurse to EMT-Paramedic Bridge or EMT-Paramedic certification program.

12 VAC 5-31-1330. EMT Instructor certification program.

The EMS Instructor certification program authorized for issuance of certification in Virginia is EMT-Instructor.

12 VAC 5-31-1340. Program site accreditation.

A. Program site accreditation. Training programs that lead to eligibility for [initial] certification at an initial certification level [at the EMT- Intermediate and EMT-Paramedic level] shall hold a valid "Program Site Accreditation" issued by the Office of EMS. ~~This requirement for program site accreditation will apply for all programs and certification levels for which the Office of EMS has adopted a program site accreditation process and requirement. [("Program Site Accreditation" is not required when conducting continuing education programs for recertification purposes.)]~~

B. All certification programs seeking accreditation in Virginia must comply with these regulations and the standards for an Accredited Educational Program for the Emergency Medical Technician-Paramedic established by the Committee on Accreditation of Educational Programs

for the Emergency Medical Services Professions (CoAEMSP) as initially adopted in 1978, and revised in 1989 and 1999, by the American Academy of Pediatrics, American College of Cardiology, American College of Emergency Physicians, American College of Surgeons, American Society of Anesthesiologists, Commission on Accreditation of Allied Health Education Programs, National Association of Emergency Medical Technicians, and National Registry of Emergency Medical Technicians.

C. The CoAEMSP standards are adopted by reference with the following provisions:

1. In any instance where the CoAEMSP standards conflict with these regulations, these regulations will prevail.

2. The CoAEMSP standards, as adopted by reference, will apply equally to all training programs required to hold accreditation by these regulations with these exclusions:

a. ~~Accreditation is not required for programs leading to certification at any Basic Life Support certification level.~~ [The following are optional components of the Virginia Paramedic Accreditation Standards:

- 1) Section 1: General Requirements, A. Sponsorship, 1. Institutional Accreditation
- 2) Section 1: General Requirements, A. Sponsorship, 2. Institutional Authority
- 3) Section 1: General Requirements, A. Sponsorship, 4. Eligible Sponsors
- 4) Section 1: General Requirements, A. Sponsorship, 6. Institutional Commitment
- 5) Section 1: General Requirements, B. Resources, 1 Personnel, a. Administrative Personnel, (1) Program Director/Direction, (c) Qualifications or Equivalents, 1).
- 6) Section 1: General Requirements, B. Resources, 1 Personnel, c. Support Staff

- 7) Section 1: General Requirements, B. Resources, 1 Personnel, d. Professional Development
- 8) Section 1: General Requirements, D. Operation Policies, 1. Fair Practices, i.]

b. Accreditation is not required for programs leading to certification at the EMT-Enhanced certification level. [The following are optional components of the Virginia Intermediate Accreditation Standards:

- 1) Section 1: General Requirements, A. Sponsorship, 1. Institutional Accreditation
- 2) Section 1: General Requirements, A. Sponsorship, 2. Institutional Authority
- 3) Section 1: General Requirements, A. Sponsorship, 4. Eligible Sponsors
- 4) Section 1: General Requirements, A. Sponsorship, 6. Institutional Commitment
- 5) Section 1: General Requirements, B. Resources, 1 Personnel, a. Administrative Personnel, (1) Program Director/Direction, (c) Qualifications or Equivalents, 1).
- 6) Section 1: General Requirements, B. Resources, 1 Personnel, c. Support Staff
- 7) Section 1: General Requirements, B. Resources, 1 Personnel, d. Professional Development
- 8) Section 1: General Requirements, D. Operation Policies, 1. Fair Practices, i.

c. Training programs that hold current "Program Site Accreditation" to conduct EMT-Paramedic programs may also conduct EMT-Intermediate programs.]

3. The program director for an EMT-Intermediate program is not required to hold a bachelor's degree as specified in subsection B 1 a (1) (c) 1) of the CoAEMSP standards.

4. The medical director required by subsection B 1 a (2) of the CoAEMSP standards shall also meet the requirements for a physician course director (PCD) as required by these regulations.

5. The guidelines accompanying the CoAEMSP standards and printed in that document in italics typeface provide examples intended to assist in interpreting the CoAEMSP standards. These guidelines are not regulations as defined by the Code of Virginia.

12 VAC 5-31-1350. Training site accreditation process.

A. The accreditation process will begin upon the receipt by the Office of EMS of a written request for accreditation.

B. The Office of EMS will forward the request to a site reviewer who will conduct the accreditation analysis. Independent site reviewers utilized by the Office of EMS shall be persons who are not affiliated with the applicant training program or another similar program located in the same geographical region.

C. The applicable regional EMS council or local EMS resource shall submit to the site reviewer an evaluation indicating its position toward the applicant program's accreditation request.

D. The Office of EMS will determine the suitability of the training site for program site accreditation upon review of the accreditation analysis submitted to the Office of EMS by the site reviewer. The Office of EMS may either accept or deny the application for accreditation.

1. If the accreditation analysis determines that the training program is in full compliance with the requirements for accreditation, the Office of EMS will issue full accreditation for a period of five years.

2. The Office of EMS will issue conditional accreditation for a period of less than five years if the accreditation analysis 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 identified deficiencies.

3. The Office of EMS will deny an application for accreditation if the accreditation analysis identifies deficiencies that are determined to be sufficient to prohibit the program from starting an initial training program.

12 VAC 5-31-1360. Renewal of program site accreditation.

A. A training program site shall apply for renewal not less than 90 days before expiration of its current accreditation period. Reaccreditation will require review by a site reviewer of the program's performance and a recommendation to the Office of EMS for approval. However, programs conducting training courses leading to certification at the EMT-Paramedic level may be renewed only through compliance with the requirements of 12 VAC 5-31-1390. Renewal of a "Program Site Accreditation" will be valid for an additional five-year period.

B. If the site reviewer does not recommend renewal of a program site's accreditation, the Office of EMS will review all supporting documentation and make a determination of suitability for "Program Site Accreditation" renewal.

12 VAC 5-31-1370. Appeal of site accreditation application results.

Appeals by a program concerning the denial of initial or renewal accreditation, or the issuance of conditional accreditation by the Office of EMS will be reviewed by a committee of the State EMS Advisory Board and follow the Administrative Process Act.

12 VAC 5-31-1380. Program site accreditation administration.

A. State accreditation will be administered through the process established in the "Training Program Administration Manual" for the certification levels of the training programs conducted by the program site.

B. Any program that has achieved accreditation issued by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) or an equivalent organization approved by the Office of EMS will be considered in compliance with this Section. State "Program Site Accreditation" will be issued for a period concurrent with that issued by the CoAEMSP or other approved organization up to a maximum of five years.

1. As a condition for equivalent accreditation, a representative from the Office of EMS must be included with each visit by the CoAEMSP or any other approved accreditation organization.

2. The program must notify the Office of EMS immediately upon receiving the dates for any visits and include:

a. Dates;

b. Times; and

c. The schedule of events.

3. Accreditation issued by CoAEMSP or other organization approved by the Office of EMS must remain current during any certification training program that requires accreditation by the Office of EMS. Revocation, removal or expiration of accreditation issued by CoAEMSP or other another organization approved by the Office of EMS will invalidate the corresponding state accreditation of the training program.

C. Each program must meet all other requirements as outlined in these regulations and the state-approved curriculum and course guide.

12 VAC 5-31-1390. Program site accreditation of EMT-Paramedic programs.

A. A training program that leads to eligibility for certification at the EMT-Paramedic level must be an accredited program before the course begins.

B. Initial accreditation can be issued by the Office of EMS pursuant to 12 VAC 5-31-1340 or by acceptance of accreditation issued by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) or another approved equivalent accreditation organization.

C. Following an initial five-year state accreditation period, renewal of accreditation at the EMT-Paramedic level will be issued only upon verification of accreditation issued by the CoAEMSP or another approved equivalent accreditation organization per 12 VAC 5-31-1380.

12 VAC 5-31-1400. Course approval request.

A. A course coordinator shall submit to the Office of EMS a complete course approval request form 30 days before the beginning date of a certification or continuing education course that includes the following:

1. The signature of the course coordinator.

2. The signature of the physician course director if requesting a BLS or ALS certification program or "Required (Category 1)" CE hours.

B. The course coordinator shall use the course number assigned by the Office of EMS to identify the certification or CE program.

C. The course coordinator shall only use those CE topic and subtopic numbers assigned for the specific course approved by the Office of EMS when submitting a CE record/scancard.

D. In addition, training programs leading to certification at an initial or higher certification level shall also comply with the requirements for "Program Site Accreditation" listed in 12 VAC 5-31-1340 through 12 VAC 5-31-1390, if an accreditation process for the involved certification level has been adopted by the Office of EMS.

12 VAC 5-31-1410. Physician course director involvement.

A course coordinator must inform the physician course director of the program schedule, progress of individual student performance, student or instructor complaints and the status of other program activities.

12 VAC 5-31-1420. Course coordinator and instructor accountability.

A. A course coordinator or instructor who violates these regulations is subject to enforcement action by the Office of EMS. The Office of EMS may suspend the instruction of an ongoing course or withhold issuance of certification until an investigation is concluded.

B. A course coordinator or instructor found to be in violation of these regulations following an investigation may be subject to the following:

1. Termination of the certification program.
2. Invalidation of certificates or CE hours issued to students.
3. Suspension or revocation of any or all certifications of the course coordinator.
4. Suspension or revocation of any or all certifications of an instructor.

12 VAC 5-31-1430. Certification examination.

A Test Site Coordinator shall comply with the requirements for certification examinations. The Office of EMS will publish the "Virginia EMS Certification Examination Manual," a document that describes and provides guidance to a test site coordinator on how to comply with these regulations.

12 VAC 5-31-1440. Certification course enrollment.

A. For all courses leading to certification at a new or higher level, the course coordinator shall have each student complete a "Virginia EMS Training Program Enrollment" form. These forms shall be reviewed by the course coordinator and submitted to the Office of EMS no later than 15 days following instruction of the third lesson of the training program and no later than 15 days prior to the course's end date. (Earlier submission is allowed and encouraged.)

B. Only students listed as enrolled in the designated training program will be allowed to test for certification using the assigned course number for the specified training program.

All students attending a certification course for recertification must submit the necessary CE record/scan form for award of CE credits and issuance of a "Recertification Eligibility Notice" from the Office of EMS.

12 VAC 5-31-1450. BLS student enrollment requirements.

The enrolled student, certification candidate or EMS provider must comply with the following:

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 or to assess signs and symptoms.

2. Be a minimum of 16 years of age at the beginning date of the certification program. If less than 18 years of age, he shall provide the course coordinator with a completed parental permission form with the signature of a parent or guardian verifying approval for enrollment in the course.

3. Have no physical or mental impairment that would render him unable to perform all practical skills required for that level of certification including the ability to function and communicate independently and perform appropriate patient care, physical assessments and treatments without the need for an assistant.

4. Hold current certification in an approved course in cardio-pulmonary resuscitation (CPR) at the beginning date of the certification program. This certification shall also be current at the time of state testing.

5. May not have been convicted or found guilty of any crime, offense or regulatory violation, or participated in any other prohibited conduct identified in these regulations.

6. If in a bridge certification program, he shall hold current Virginia certification at the EMS first responder level.

7. Meet other requirements for course enrollment as set by the regional EMS council or local EMS resource, the PCD or the course coordinator, approved by the Office of EMS.

12 VAC 5-31-1460. ALS student enrollment requirements.

An enrolled student in an ALS certification program (EMT-Enhanced, EMT-Intermediate or EMT-Paramedic) must comply with the following:

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 or to assess signs and symptoms.

2. Be a minimum of 18 years of age at the beginning date of the certification program.

3. [Hold current certification as an EMT or higher EMS certification level.]

~~3.~~ [4.] Hold, at a minimum, a high school or general equivalency diploma.

4. [5.] Have no physical or mental impairment that would render him unable to perform all practical skills required for that level of training. Physical performance skills must include the ability of the student to function and communicate independently, to perform appropriate patient care, physical assessments and treatments without the need for an assistant.

5. [6.] Not have been convicted or found guilty of any crime, offense or regulatory violation, or participated in any other prohibited conduct identified in these regulations.

6. [7.] Meet requirements for course enrollment as set by the regional EMS council or local EMS resource, the PCD or the course coordinator, approved by the Office of EMS.

7. [8.] If in an ALS bridge certification program between certification levels, have completed the eligibility requirements for certification at the prerequisite lower ALS level at the beginning date of the ALS bridge certification program. He shall also become certified at the lower ALS certification level before certification testing for the higher level of the ALS bridge certification program.

12 VAC 5-31-1470. Course coordinator responsibility for certification candidate eligibility.

A course coordinator shall provide the successful certification candidate the following documentation of eligibility for testing:

1. A "Virginia EMS Certification Application" with required signature attesting to the eligibility for certification testing.

a. If a BLS certification program, the course coordinator shall by his signature attest to the eligibility of the certification candidate for certification testing.

b. If an ALS certification program, the physician course director shall by his signature attest to the eligibility of the certification candidate for certification testing.

2. If a certification candidate is less than 18 years of age on the beginning date of the program, the parental permission form that was completed and signed at the beginning of the program.

3. A completed individual skill performance, clinical training or field internship record, or a combination of these, as applicable for the EMS certification program.

12 VAC 5-31-1480. Eligibility for certification examination.

A. A certification candidate shall take the initial EMS certification examination within 180 days of the end date of the EMS certification program by presenting the following at a state certification examination:

1. A completed "Virginia EMS Certification Application" form signed by the course coordinator for BLS programs or the physician course director for ALS programs.

2. A parental permission form if the certification candidate was less than 18 years of age on the beginning date of a BLS program.

3. A completed individual skill performance, clinical training or field internship record, or a combination of these, as applicable for the EMS certification program.

4. For BLS certification courses, a current CPR card or a valid copy of the course roster from a CPR course approved by the Office of EMS unless an individual skill performance record verifies this information.

5. Positive identification in the form of a government issued picture identification card.

B. A certification candidate in recertification, reentry, equivalency challenge or legal recognition status shall present the following at a state certification examination:

1. A "Recertification Eligibility Notice" or test authorization letter from the Office of EMS.

2. Positive identification in the form of a government-issued picture identification card.

12 VAC 5-31-1490. Recertification Eligibility Notice.

An EMS provider who has satisfied the CE hours specified for his certification level may be issued a "Recertification Eligibility Notice."

B. A "Recertification Eligibility Notice" remains valid until the expiration of the current certification period or the two-year "reentry" period for the level indicated unless the requirements for recertification are changed by the Office of EMS.

12 VAC 5-31-1500. Eligibility for EMT-Instructor certification program.

A. An EMS provider must comply with the following in order to be eligible to take the EMT Instructor written examination:

1. Be a minimum of 21 years of age.

2. Hold current certification as an EMT or higher EMS certification level, and have been certified as an EMT for a minimum of two years.

3. Be a high school graduate or equivalent.

4. Have completed any other prerequisite training required by the Office of EMS.

5. Obtain a minimum score of 85% on a written pretest examination.

a. Instructor pretest results are valid for a period of two years from the date of the written examination.

b. An EMS provider failing a written pretest examination is not eligible to repeat the examination for a period of 90 days from the date of the examination.

B. An EMT instructor candidate shall demonstrate competency during a formal practical pretest examination. An EMT instructor candidate shall provide the Office of EMS the following to be eligible for the practical examination:

1. An EMT instructor candidate affiliated with an EMS agency shall be recommended by the EMS physician serving as the agency's OMD.

2. An EMT instructor candidate who is not affiliated with an EMS agency shall provide both a recommendation from an EMS physician and a statement from his employer or perspective employer attesting to the need for instructor certification to meet the EMS training needs of the organization.

C. An EMT instructor candidate shall receive an invitation from the Office of EMS to attend an instructor institute.

1. An EMT instructor candidate shall successfully complete an EMT-instructor institute conducted by the Office of EMS. Attendance of some portions of the EMT-instructor institute may be waived for qualified candidates who present documentation of completion of equivalent programs in adult education approved by the Office of EMS.

2. An EMT instructor candidate shall demonstrate application of the knowledge and skills required of an Instructor during a teaching presentation made at the Instructor Institute.

a. An EMT instructor candidate who performs to an acceptable level may be certified.

b. An EMT instructor candidate who performs at an unacceptable level will be deemed to have failed the instructor institute. The candidate will be required to repeat the entire EMT Instructor certification process to apply for EMT-instructor certification.

c. An EMT instructor candidate who performs at a marginal level may be granted "Conditional Instructor Status."

12 VAC 5-31-1510. EMS certification written examination.

A certification candidate shall pass the written certification examination with a minimum score of:

1. 70% on a BLS certification examination.

2. 80% on an ALS certification examination.

3. 85% on an EMT-Instructor pretest examination.

4. 80% on an EMT-Instructor recertification examination.

12 VAC 5-31-1520. EMS certification practical examination.

A. A certification candidate shall pass all practical stations required for the certification level being tested.

B. A grade of UNSATISFACTORY on a critical criteria within a practical station will result in failure of that station.

C. A grade of UNSATISFACTORY on a practical station that uses numeric scoring will include failure to obtain the minimum required points.

12 VAC 5-31-1530. Certification examination retest.

A. A certification candidate may have up to two series of state certification examinations before being required to repeat an entire BLS or ALS certification program.

B. A certification candidate failing the written or practical certification examination of an exam series shall retest within 90 days from the date of the original examination.

C. A certification candidate failing a practical examination but passing the written examination of an exam series shall only repeat the practical examination of an exam series. A certification candidate failing the written examination but passing the practical examination shall only repeat the written examination for the exam series.

D. A certification candidate who has failed the retest of the initial examination series or has not taken the retest within the 90 day series retest period, shall satisfy the following before an additional certification test may be attempted:

1. Completion of the recertification CE hour requirements for the level to be tested.

2. Receipt of a "Second Certification Testing Eligibility Notice" from the Office of EMS.

E. A certification candidate who has received a "Second Certification Testing Eligibility Notice" must pass both the written and practical certification examinations for the certification level.

F. A certification candidate who fails a retest during the second certification examination series must complete an initial certification program or applicable bridge course in order to be eligible for further certification examination.

G. A certification candidate shall complete all certification examination series within 12 months from the date of the first certification examination attempt. This 12-month maximum testing period may shorten the time available for retesting specified in subsection B of this section.

12 VAC 5-31-1540. Prohibition of oral examination administration.

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.

12 VAC 5-31-1550. Certification examination security.

A person found to have given or obtained information or aid before, during or following a certification examination may be subject to disqualification of eligibility for certification examination and to further enforcement action. Unauthorized giving or obtaining of information will include but not be limited to:

1. Unauthorized access to a certification examination question;
2. Copying, reproducing or obtaining all or any portion of material from a certification examination;
3. Divulging any material from a certification examination;
4. Altering in any manner the response of a certification candidate, except by the Office of EMS;
5. Providing false certification or identification on any certification examination form;
6. Taking a certification examination on behalf of another person; or
7. Participating in, directing, aiding, or assisting in any of the acts prohibited by this section.

12 VAC 5-31-1560. BLS course coordinator reimbursement.

A. The BLS course coordinator for approved first responder and emergency medical technician certification courses and Category 1 "Required" CE programs is eligible to request

reimbursement. Reimbursement is designed to cover estimated costs for instruction and coordination of approved programs.

B. [A BLS course coordinator is eligible for reimbursement if he is not receiving payment or reimbursement from any source other than a rescue squad or other emergency medical services organization that operates on a nonprofit basis exclusively for the benefit of the general public for instruction of the same course.] A BLS course coordinator not receiving payment or reimbursement from any other source other than a for instruction of the same course is eligible for reimbursement .

1. Reasonable [Fees not exceeding actual cost] may be charged to students for textbooks, handouts, disposable medical supplies, and other course materials [and payment of assisting instructors] actually utilized in the instruction of the course. Upon request, a schedule of fees charged shall be provided to the Office of EMS.

2. Tuition or unusually large enrollment or institutional fees charged students for taking the course may be reason for denial of reimbursement payment.

[3. The sponsoring rescue squad or other emergency medical services organization may make payment to the Course Coordinator in an amount up to the hourly reimbursement rate established by the Office for BLS programs.]

C. Requirements for Reimbursement Approval. A BLS course coordinator requesting reimbursement shall complete and sign the "Independent Contractor" agreement section of the Course Approval Request form.

1. A BLS course coordinator requesting reimbursement is an "Independent Contractor" and is not an employee of the Office of EMS or any agency of the Commonwealth of Virginia while fulfilling this independent contractor agreement.

2. The training program shall be "open" to any qualified student up to the maximum of 30 allowed in a single program. No requirement for specific agency or employment affiliation may be imposed to limit or exclude enrollment by any individual in reimbursed courses.

3. There shall be a minimum enrollment of 13 students at the start of the program to qualify for full reimbursement, unless the Office of EMS has granted specific prior approval.

a. Programs with enrollments of less than 13 students at the time of instruction of the third lesson of the course curriculum shall submit a "Small Course Special Approval Request" form to the Office of EMS. This form requires justification of the need for continued instruction of this program for reimbursement.

b. Programs approved for reimbursement with enrollments of less than 13 will be reimbursed at a lower rate than larger programs.

4. "Small Course Special Approval Request" forms will be reviewed by Office of EMS staff and returned to the course coordinator indicating approval or denial. Programs are initially approved for reimbursement based upon the information provided at the time of request. Failure to properly coordinate and instruct the program, or other violations of applicable sections of these regulations may be deemed as grounds to deny or modify reimbursement payments at course completion.

D. Final Payment. Upon course completion, and after all requirements of these regulations and the reimbursement contract have been satisfied, the course coordinator may request reimbursement.

1. To make application for payment, the Reimbursement Claim Form shall be submitted to the Office of EMS for review and final approval.

2. A course coordinator may request that payment be made out in his name or that of a sole proprietorship or partnership he operates as a principal party. Checks made to organizations require submission of the business' federal employers identification number (FEIN) in place of the course coordinator's social security number in these cases. Reimbursement may not be paid to anyone other than the course coordinator who announced and contracted for the involved course.

12 VAC 5-31-1570. EMS training grant program.

A reimbursement fund has been established to support certification and continuing education programs through the "Virginia Rescue Squad Assistance Fund" grant program. Reimbursement for coordination and instruction of approved programs will be administered through the separate regulations established for the "Virginia Rescue Squad Assistance Fund."

12 VAC 5-31-1580. Certification period.

An EMS certification may be issued for the following certification period unless suspended or revoked by the Office of EMS:

1. A BLS certification is valid for four years from the end of the month of issuance, except as noted below.

2. An ALS certification is valid for three years from the end of the month of issuance. An EMS provider with ALS certification may be simultaneously issued an EMT certification for an additional two years.

3. An EMT instructor certification is valid for two years from the end of the month of issuance. An EMS provider with EMT instructor certification may be simultaneously issued an EMT certification for an additional two years.

12 VAC 5-31-1590. Certification through reciprocity.

[Upon demonstration of Virginia residency, Virginia EMS agency affiliation or a recognized need for Virginia EMS certification, a] 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 may be issued a certification.

12 VAC 5-31-1600. Certification through legal recognition.

[Upon demonstration of Virginia residency, Virginia EMS agency affiliation or a recognized need for Virginia EMS certification, a person holding valid EMS certification from another state or a recognized EMS certifying body with which Virginia does not have a formal written agreement of reciprocity but who has] A person having completed a training program in compliance with the minimum training standards established by the National Standard Curriculum for the level requested, may be issued certification 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 Office has determined that no equivalent National Standard Curriculum exists at the level requested.]

12 VAC 5-31-1610. Certification through equivalency.

A Virginia licensed practical nurse, registered nurse, physician assistant or military corpsman with current credentials may be issued EMT certification through equivalency after completing the requirements of 12 VAC 5-31-1640 B, including passing a written and practical certification examination.

12 VAC 5-31-1620. Certification through reentry.

A. An EMS provider whose EMS certification has expired within the previous two years may be issued certification after completing the requirements of 12 VAC 5-31-1640 B, including passing a written or practical certification examination, or both, as required by the Office of EMS. An EMS provider who fails to complete the reentry process by the end of the two-year period following expiration is required to complete an initial certification program.

B. An EMS provider who has resided outside of Virginia for a minimum of two years, has maintained certification through another state or the national registry of EMTs and whose eligibility to regain certification through reentry has expired, may be issued certification through 12 VAC 5-31-1590 or 12 VAC 5-31-1600 as applicable.

12 VAC 5-31-1630. Voluntary inactivation of certification.

Requests from individuals desiring to permanently surrender or downgrade their current certification on a voluntary basis will not be processed except upon verification of the individual's ineligibility for continued certification under these regulations (e.g., felony conviction, permanent disability, etc.).

1. Any individual holding a current EMS certification who is affiliated with a licensed EMS agency and no longer wishes to practice at their current level of certification; may request to have their certification placed in inactive status by the Office of EMS.

2. Requests for inactive status will require a minimum inactive period of 180 days during which time requests for reinstatement to active status will not be allowed.

12 VAC 5-31-1640. EMS recertification requirement.

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.

B. An EMS provider requesting recertification must complete the CE hour requirements for the level to be recertified.

C. An EMS provider requesting recertification must pass the written state certification examination.

1. Except an EMS provider under legal recognition, 12 VAC 5-31-1600, must pass a written and practical EMS certification examination.

2. 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:

a. The EMS provider meets the recertification requirements including those established by the OMD; and

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.

(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.

(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 12 VAC 5-31-1620.

12 VAC 5-31-1650. EMT instructor recertification.

An EMT instructor requesting recertification must complete the following requirements within the two-year certification period to maintain current certification:

1. Instruct a minimum of 50 hours in BLS certification courses or other programs approved for BLS (Category 1) CE hours;
2. Attend one EMT-Instructor/ALS Coordinator Update Seminar;
3. Attend a minimum of 10 hours of approved continuing education. An instructor holding an ALS level certification is not required to attend these additional 10 hours of continuing education if his ALS certification is current at the time of EMT-Instructor recertification;
4. Pass the EMT-basic written certification examination with a minimum passing score of 80%. This examination may be attempted only after attending an EMT-Instructor/ALS Coordinator Update Seminar. If the EMT-instructor is affiliated with a licensed EMS agency, this examination may be waived by the EMS agency's OMD per 12 VAC 5-31-1580; and
5. Have no physical or mental impairment that would render the EMT Instructor unable to perform and evaluate all practical skills and tasks required of an EMT.

An EMT instructor's certification will revert back to his highest level of EMS certification remaining current upon expiration.

12 VAC 5-31-1660. EMT instructor reentry.

An EMS provider whose EMT instructor certification has expired may regain certification through completion of the reentry program within two years of the expiration date of his EMT Instructor certification:

1. If the EMT instructor had completed the teaching requirements of subdivision 1 of 12 VAC 5-31-1650, but was unable to fulfill one or more of the requirements of subdivisions 2-5 of 12 VAC 5-31-1650, the remaining requirements shall be completed within two years following the expiration date. If the EMT basic examination required under subdivision 4 of 12 VAC 5-31-1650 was not completed before expiration, this examination may not be waived by an EMS agency OMD.

2. If an EMT instructor does not complete the teaching requirements of 12 VAC 5-31-1650, the following requirements will be necessary for reentry:

a. Successful completion of the EMT-instructor written and practical pretest examinations as specified under 12 VAC 5-31-1480; and

b. Attendance of the administrative portions of an EMT-Instructor Institute.

12 VAC 5-31-1670. Continuing education categories.

A CE hour may be issued for one of the following categories:

1. "Required" (Category 1). CE hours may be issued provided the objectives listed in the applicable "Basic Life Support Category 1 Training Modules" or "Advanced Life Support Category 1 Training Modules" are followed, a qualified instructor is present and available to

respond to students, requirements for specific contact hours are met and the course coordinator complies with these regulations.

2. "Approved" (Category 2). CE hours may be issued provided that a qualified instructor is present and available to respond to students, topics are approved and the course coordinator complies with these regulations.

3. "Multimedia" (Category 3). CE hours may be issued for contact with periodicals, videotapes, and other multimedia sources provided that specific contact hours for the certification level involved are met.

12 VAC 5-31-1680. Submission of continuing education.

A CE hour may be issued for attendance of a program approved by the Office of EMS provided:

1. A course coordinator must submit a CE record/scancard within 15 days of the course end date or the student's attendance of an individual lesson for an EMS provider attending a training program for recertification hours.

2. An EMS provider is responsible for the accuracy of all information submitted for CE hours.

12 VAC 5-31-1690. Recertification Eligibility Notice.

An EMS provider who has satisfied the CE hours specified for his certification level may be issued a "Recertification Eligibility Notice" that remains valid until the expiration of the current certification period for the level indicated or the two-year "reentry" period.

12 VAC 5-31-1700. ALS coordinator endorsement.

A. A person applying for endorsement as an ALS coordinator must:

1. Be a minimum of 21 years of age.

2. Hold ALS certification or licensure as one of the following:

a. Registered nurse;

b. Physician assistant; or

c. Physician.

3. Submit an "ALS Coordinator Application" form with the required recommendations and supporting documentation of qualifications to the Office of EMS including:

a. A recommendation for acceptance from an EMS physician knowledgeable of the applicant's qualifications. If the applicant is an EMS physician, the support of another EMS physician is not required on his "ALS Coordinator Application."

b. A recommendation for acceptance of the applicant's qualifications from the regional EMS council or local EMS resource.

B. A separate ALS Coordinator Application is required for each region in which the applicant intends to coordinate ALS certification or CE programs. An application submitted for approval to serve in additional regions will not alter the expiration date of the current ALS coordinator endorsement and all regional endorsements will be due for renewal on the current expiration date.

C. An ALS coordinator candidate meeting the requirements for endorsement shall attend an ALS Coordinator Seminar.

D. An ALS coordinator candidate that completes all requirements for ALS coordinator endorsement may be issued an endorsement that is valid for two years. An ALS coordinator endorsement does not provide concurrent provider credentials at any EMS certification level.

E. An ALS coordinator endorsement alone does not authorize the performance of any medical procedure.

12 VAC 5-31-1710. Renewal of ALS coordinator endorsement.

A. An ALS coordinator shall maintain current and unrestricted certification as an ALS provider, or licensure as a registered nurse, physician assistant or physician.

B. An ALS coordinator shall resubmit an ALS coordinator application before the expiration date of his ALS coordinator endorsement. A separate ALS coordinator application is required for each region in which the applicant desires to continue to coordinate an ALS certification or CE programs.

C. An ALS coordinator must attend one EMT Instructor/ALS Coordinator Update Seminar within his certification period.

D. An ALS coordinator attempting to regain endorsement through the reentry program shall, within two years of his expiration date, complete the ALS coordinator application and the requirements of subsections A, B and C of this section.

12 VAC 5-31-1720 to 12 VAC 5-31-1790. (Reserved.)

PART IV.

EMS PHYSICIAN REGULATIONS.

12 VAC 5-31-1800. Requirement for EMS physician endorsement.

A physician wishing to serve as an EMS agency operational medical director (OMD) or an EMS training program physician course director (PCD) shall hold current endorsement as an EMS physician issued by the Office of EMS.

12 VAC 5-31-1810. Qualifications for EMS physician endorsement.

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:

1. Board certification in emergency medicine or [is in the active] ~~that applicant is active in the 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] ~~that applicant is active in the 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. ~~A physician must submit documentation of~~ Completion of an EMS medical direction program approved by the Office of EMS within the past five years.
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.

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.

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) 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.

12 VAC 5-31-1820. Application for EMS physician endorsement.

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.

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.

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 applicable.

12 VAC 5-31-1830. Conditional endorsement.

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.

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.

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.

12 VAC 5-31-1840. Lapse of EMS physician endorsement.

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.

B. Any EMS agency notified of the loss of their OMD's EMS physician endorsement will be required to immediately obtain the services of another endorsed EMS physician to serve as operational medical director pursuant to Part II (12 VAC 5-31-300 et seq.) of these regulations.

C. Upon loss of EMS physician endorsement, a new endorsement may only be issued upon completion of the application requirements of these regulations.

12 VAC 5-31-1850. Change in EMS physician contact information.

An EMS physician must report any changes of his name, contact addresses and contact telephone numbers to the Office of EMS within 15 days.

12 VAC 5-31-1860. Renewal of endorsement.

A. Continued endorsement as an EMS physician requires submission of an application for renewal to the Office of EMS before expiration of the five-year endorsement period. Renewal of an EMS physician endorsement is based upon the physician's continuing to meet and maintain the qualifications specified in 12 VAC 5-31-1810.

B. Completion of equivalent related continuing education programs may be substituted for formal certification in ACLS, ATLS and PALS for the purposes of endorsement renewal. Acceptance of these continuing education hours is subject to approval by the Office of EMS.

12 VAC 5-31-1870. Service by an EMS physician.

A. An endorsed EMS physician may serve within the limits of his endorsement as an operational medical director (OMD) or as a physician course director (PCD), or both.

B. The Office of EMS may limit the number and type of agencies or training programs an EMS physician may oversee in order to insure that appropriate medical direction and clinical oversight is available.

12 VAC 5-31-1880. Agreement to serve as an operational medical director.

A. An EMS physician may serve as the sole operational medical director (OMD) or one of multiple OMDs required for licensure of an EMS agency.

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:

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:

a. Medical malpractice; and

b. Civil liability.

12 VAC 5-31-1890. Responsibilities of operational medical directors.

A. Responsibilities of the operational medical director regarding medical control functions include but are not limited to medical directions provided directly to prehospital providers by the OMD or a designee either on-scene or through direct voice communications.

B. Responsibilities of the operational medical director regarding medical direction functions include but are not limited to:

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.
2. Verifying that qualifications and credentials for the agency's patient care or emergency medical dispatch personnel are maintained on an ongoing basis through training, testing and certification that, at a minimum, meet the requirements of these regulations, other applicable state regulations and including, but not limited to, § 32.1-111.5 of the Code of Virginia.
3. Functioning as a resource to the agency in planning and scheduling the delivery of training and continuing education programs for agency personnel.
4. Taking or recommending appropriate remedial or corrective measures for EMS personnel, consistent with state, regional and local EMS policies that may include but are not limited to counseling, retraining, testing, probation, and in-hospital or field internships.
5. Suspending certified EMS personnel from medical care duties pending review and evaluation. Following final review, the OMD shall notify the provider, the EMS agency and the Office of EMS in writing of the nature and length of any suspension of practice privileges that are the result of disciplinary action.
6. Reporting in writing to the Office of EMS any known or suspected violation of these regulations within 15 days of becoming aware of the suspected violation. Reviewing and auditing agency activities to ensure an effective quality management program for continuous system and patient care improvement, and functioning as a resource in the development and implementation of a comprehensive mechanism for the management of records of agency activities including prehospital patient care and dispatch reports, patient complaints,

allegations of substandard care and deviations from patient care protocols or other established standards.

7. Interacting with state, regional and local EMS authorities to develop, implement, and revise medical, operational and dispatch protocols, policies and procedures designed to deliver quality patient care. This function includes the selection and use of appropriate medications, supplies, and equipment.

8. Maintaining appropriate professional relationships with the local community including but not limited to medical care facilities, emergency departments, emergency physicians, allied health personnel, law enforcement, fire protection and dispatch agencies.

9. Establishing any other agency rules or regulations pertaining to proper delivery of patient care by the agency.

10. Providing for the maintenance of written records of actions taken by the OMD to fulfill the requirements of this section.

12 VAC 5-31-1900. OMD and EMS agency conflict resolution.

A. In the event of an unresolved conflict between the OMD and an EMS agency, the issues involved must be brought before the medical direction committee of the regional EMS council or local EMS resource for review and resolution.

B. When the EMS agency presents a significant risk to public safety or health, the OMD must attempt to resolve the issues in question. If a risk remains unresolved and presents an immediate threat to public safety or health, the OMD shall contact the Office of EMS for assistance.

12 VAC 5-31-1910. Change of operational medical director.

A. An OMD choosing to resign must provide the agency and the Office of EMS a minimum of 30 days written notice of intent. When possible, the OMD should assist the agency in securing a successor for this position.

B. An agency choosing to secure the services of another OMD must provide a minimum of 30 days advance written notice of intent to the current OMD and the Office of EMS.

C. When extenuating circumstances require an immediate change of an agency's OMD (e.g., death, critical illness, etc.), the Office of EMS must be notified by the OMD within one business day so that a qualified replacement may be approved. In the event that the OMD is not capable of making this notification, the EMS agency will be responsible for compliance with this requirement. Under these extenuating circumstances, the Office of EMS may authorize the EMS agency to continue its operations pending the approval of a permanent or temporary replacement OMD.

D. When temporary circumstances make an agency's OMD unavailable to serve for a period not expected to exceed one year (e.g., military commitment, unexpected clinical conflict, etc.), the OMD must notify the Office of EMS within 10 business days so that a qualified interim replacement may be approved. Any circumstances that make an agency's OMD unavailable to serve for a period expected to exceed one-year will require a change in the agency OMD as required by this section.

E. The Office of EMS may delay implementation of a change in an EMS agency's OMD pending the completion of any investigation of an unresolved conflict or possible violation of these regulations or the Code of Virginia.

12 VAC 5-31-1920. Responsibilities of physician course directors.

A. Every basic or advanced life support training program and course requesting the award of certification or "Required" (Category 1) continuing education (CE) credits must have a minimum of one physician course director (PCD) who is a licensed physician holding endorsement as an EMS physician from the Office of EMS.

B. The PCD will have the following responsibilities as they relate to the selection and training of basic and advanced life support personnel:

1. The PCD must verify that all students accepted into the course of training meet state, regional, and local prerequisites for certification.

2. The PCD must confirm that all instructors for the course are certified at or above the level being instructed or have expertise in the particular subject being taught.

3. The PCD must regularly monitor and confirm that the training program adheres to the following criteria:

a. Satisfaction of the minimum objectives prescribed in the Office of EMS-approved training curriculum for the course of instruction. Upon presentation of an individual's "Virginia EMS Certification Application" for the PCD's signature by the course coordinator (ALS Coordinator) of an advanced life support training program, the PCD should confirm the student's successful completion of the course including their assessed competency to perform all required skills;

b. Continuing education programs are based upon the objectives prescribed in the Office of EMS approved recertification curriculum;

c. Consistency is maintained with local medical direction protocols and guidelines;

d. Consistency is maintained with any other local guidelines established by the regional EMS council or local EMS resource; and

e. Any additional requirements imposed for programs conducted for a single EMS agency or other organization must comply with the minimum guidelines defined in subdivisions 3 a through d of this subsection.

12 VAC 5-31-1930. Compliance with training regulations.

A. The PCD must verify that the course coordinator and all instructors are aware that possession or distribution of study guides or other written materials obtained through reconstruction of any state or national registry of EMTs certification examination is not permitted.

B. Where violations of this section or any part of these regulations are suspected of any PCD, the Office of EMS may suspend the instruction of any ongoing courses, withhold issuance of certifications, or suspend certifications issued to the course's students, instructors, or the course coordinator until an investigation is concluded.

Investigations resulting in a finding of a violation of these regulations by a PCD may result in an enforcement action. The Office of EMS may report the results of any investigation to the State Board of Medicine for further review and action as deemed necessary.

12 VAC 5-31-1940. Physician course director responsibility to students.

A. PCD/student relationship. The PCD shall assure that students are made aware of the PCD's responsibilities for the course, and of how to contact and if possible meet the PCD during the first lessons of any certification course.

B. Hospital-based experiences and field internships. The PCD shall provide clinical oversight and operational authority for the field practice of students enrolled in an approved EMS

certification training program while the students are participating in clinical and field internship training. During these training programs the enrolled students may perform the clinical skills and functions of EMS personnel who are certified at the level of the course of instruction when:

1. The students are caring for patients in the affiliated hospitals or other healthcare-related facilities approved by the PCD, provided that the related didactic subject matter and practical skills laboratory have been completed and the students are under the direct supervision of a preceptor who is a physician, physician's assistant, nurse practitioner, registered nurse or an EMS provider certified at or above the level of the training program. All preceptors must be approved by the affiliated hospital or facility.

2. The students are caring for patients during a required course field internship program with a licensed EMS agency approved by the PCD, provided that the related didactic subject matter and practical skills laboratory have been completed and the students are under the direct supervision of and accompanied by an EMS provider certified at or above the level of the training program, or under the direct supervision of a licensed physician.

Nothing in this subsection removes the obligation of the supervising hospital, facility or licensed EMS agency for ultimate responsibility for provision of appropriate patient care by students participating in clinical or internship training.

12 VAC 5-31-1950. Physician endorsement exemptions.

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.

B. EMS physicians initially endorsed through the "grandfather" clause who fail to request renewal before expiration will be subject to compliance with the full provisions of 12 VAC 5-31-1810 in order to regain endorsement as an EMS physician.

12 VAC 5-31-1960 through 12 VAC 5-31-1990. (Reserved.)

PART V.

WHEELCHAIR INTERFACILITY TRANSPORT SERVICES, VEHICLES AND PERSONNEL
STANDARDS.

12 VAC 5-31-2000. Wheelchair interfacility transport service licensure.

A. General provisions.

1. No person may establish operate, maintain, advertise or represent himself or herself, any service or any organization as a wheelchair interfacility transport service without a valid license or in violation of the terms of a valid license issued by the Office of EMS.

2. A person holding a wheelchair interfacility transport service license must operate, at a minimum, one wheelchair interfacility transport vehicle.

3. Wheelchair interfacility transport services, vehicles, or personnel based outside this Commonwealth receiving a person within this Commonwealth for transportation to a location within this Commonwealth must comply with the regulations.

4. These regulations have general application throughout the Commonwealth for wheelchair interfacility transport services and applicants for wheelchair interfacility transport service licensure.

B. A person may not apply to conduct business under a name that is the same as, or misleadingly similar to, the name of a person licensed or registered by the Office of EMS.

Further, no person may advertise for services other than those for which the wheelchair interfacility transport service is licensed, or imply such services in the service name.

C. Each wheelchair interfacility transport service shall provide for a publicly listed telephone number to receive calls for service from the public within its regular operating area. This number is required to be answered by a person during all periods when the wheelchair interfacility transport service has advertised its availability or has vehicles in operation.

Exception: any wheelchair interfacility transport service that limits its services to scheduled transports between specified health care facilities are not required to provide for a publicly listed telephone number. However, the wheelchair interfacility transport service shall provide for a telephone number and must make this number known to the unique population it serves.

D. A wheelchair interfacility transport service providing service to the public shall ensure that service is available during all periods when the wheelchair interfacility transport service has advertised its availability.

E. A wheelchair interfacility transport service must not discriminate due to the passenger's race, creed, gender, color, national origin, location or medical condition or any other reason.

12 VAC 5-31-2010. Application and issuance of wheelchair interfacility transport service license.

A. An applicant for a wheelchair interfacility transport service license must file a written application specified by the Office of EMS.

B. The Office of EMS may use whatever means of investigation necessary to verify any or all information contained in the application.

C. The Office of EMS will determine whether an applicant or licensee is qualified for licensure based upon the following:

1. Any applicant or licensee must meet the personnel requirements found in these regulations.
2. If the applicant is a company or corporation, as defined in § 12.1-1 of the Code of Virginia, it must clearly disclose the identity of its owners, officers and directors.
3. Any previous record of performance in the provision of wheelchair interfacility transport service or any other related licensure, registration, certification or endorsement within or outside Virginia.
4. Availability of sufficient resources (such as personnel and equipment) for the provision of the proposed service in compliance with these regulations.
5. A statement of approval for the wheelchair interfacility transport service's operations from the governing body of the jurisdiction where the service maintains its primary office. Evidence of the governing body's approval to operate within its jurisdiction may take the form of a valid business license, permit, franchise or other documentation of operating authority. If a wheelchair interfacility transport service maintains its primary office outside of the Commonwealth, the service must maintain a place of operations in the Commonwealth.

D. All places of operation must be subject to and available for inspection by the Office of EMS for compliance with these regulations. This inspection may be in addition to any other federal, state, or local inspections required by law. 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 service;
3. All wheelchair interfacility transport vehicles used by the applicant service.

E. Issuance.

1. A wheelchair interfacility transport service license may be issued by the Office of EMS provided both of the following conditions are met:

a. All information contained in the application is complete and correct.

b. The applicant is determined by the Office of EMS to be qualified for licensure in accordance with these regulations.

2. The applicant will be notified in writing of the disposition of the application upon receipt of the completed application and required supporting documents.

3. The issuance of a license does not authorize any service to operate any vehicle without a franchise or permit in any county or municipality that has enacted an ordinance requiring one.

F. The wheelchair interfacility transport service license will include the following information:

1. The name and address of the wheelchair interfacility transport service;

2. The expiration date of the license; and

3. Any special conditions that may apply.

G. Wheelchair interfacility transport service licenses will be issued and remain valid with the following conditions:

1. Wheelchair interfacility transport service licenses are valid for a period of two years from the last day of the month of issuance unless and until revoked or suspended by the Office of EMS.

2. Wheelchair interfacility transport service licenses are not transferable.

H. A wheelchair interfacility transport service license renewal may be granted following an inspection as set forth in these regulations based on the following conditions:

1. The renewal inspection results demonstrate that the service complies with these regulations.

2. There have been no documented violations of these regulations that preclude renewal.

I. Should the Office of EMS be unable to take action on an application for renewal of a license prior to expiration, the license will remain in effect until such time as the Office of EMS completes processing of the renewal application.

J. An application for new wheelchair interfacility transport service licensure or renewal of a wheelchair interfacility transport service license may be denied by the Office of EMS if the applicant or service does not comply with these regulations.

K. Termination of service by a wheelchair interfacility transport service requires the service to surrender the wheelchair interfacility transport service license.

A wheelchair interfacility transport service must notify the Office of EMS at least 30 days in advance of its intention to discontinue service. Written notice of intent to terminate service shall include verification that a notice of its intent to discontinue service has been published in a newspaper of general circulation in its service area.

L. Within 30 days following the termination of service, the wheelchair interfacility transport service must:

1. Return the wheelchair interfacility transport service license and all associated vehicle permits to the Office of EMS.

2. Remove all signage or insignia that advertise the availability of wheelchair interfacility transport services to include but not be limited to facility and roadway signs, vehicle markings and uniform items.

3. Provide for maintenance and secure storage of required service records for a minimum of five years from the date of termination of service.

M. Failure of a wheelchair interfacility transport service to comply with these regulations may result in the denial of a future application for wheelchair interfacility transport service licensure or an enforcement action, or both.

12 VAC 5-31-2020. General requirements governing service operations.

A. The wheelchair interfacility transport service is responsible for ensuring that all wheelchair interfacility transport vehicles and associated wheelchair interfacility transport service personnel comply with these regulations, the Motor Vehicle Code, the Child Labor Laws and the Virginia Occupational Safety and Health Law.

B. All wheelchair interfacility transport services must comply with the following requirements.

1. The service must 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.

2. The following sanitation measures are required at each place of operation in accordance with standards established by the Centers for Disease Control (CDC) and the Virginia Occupational Safety and Health Law:

a. All areas used for storage of equipment and supplies must be kept neat, clean and sanitary.

b. All soiled supplies and used disposable items must be stored or disposed of in plastic bags, covered containers or compartments provided for this purpose. Regulated waste must be stored in a red or orange bag or container clearly marked with a biohazard label.

C. A wheelchair interfacility transport service is responsible for the preparation and maintenance of the following:

1. Records and reports must be stored in a manner to assure reasonable safety from water and fire damage and from unauthorized disclosure to persons other than those authorized by law.

2. The following records must be maintained at the primary place of operation or a secured storage facility, for a period of not less than five years:

a. Current personnel records, including a file for each wheelchair interfacility transport service member or employee, that provide documentation of qualifications for the positions held.

b. Records for each vehicle currently in use to include maintenance reports, valid vehicle registration, safety inspections, vehicle insurance coverage, and any reportable motor vehicle collision as defined by the Motor Vehicle Code.

c. Records of wheelchair interfacility transport service activity including call reports that specifically identify the vehicle operator, dispatch records and summary data for a period of not less than five years.

3. Each wheelchair interfacility transport service must submit a complete service status report to the Office of EMS providing requested information within 30 days of request on a form prescribed by the Office of EMS. The form will include the following and other information as required:

This report must list all personnel affiliated to include name, social security number or equivalent federal identification number, mailing address, home telephone numbers and other

electronic addresses. The list must specifically identify the chief executive officer and chief operations officer and include, if applicable, their work numbers.

4. Each wheelchair interfacility transport service must have readily available a current copy of these regulations for reference use by its officers and personnel.

E. Insurance.

1. Each wheelchair interfacility transport service must have in effect and be able to furnish proof on demand of contracts for vehicular insurance coverage that must meet or exceed the minimum requirements as set forth in § 46.2-472 of the Code of Virginia.

2. Nothing in this section prohibits authorized governmental agencies from participating in authorized "self-insurance" programs as long as the programs provide for the minimum coverage levels specified.

F. Display of license. The wheelchair interfacility transport service license must be publicly displayed in the primary office space of the wheelchair interfacility transport service and a copy displayed in each other fixed place of operations.

12 VAC 5-31-2030. Wheelchair interfacility transport vehicle permitting.

A. No person may operate or maintain any motor vehicle as a wheelchair interfacility transport vehicle without a valid permit or in violation of the terms of a valid permit.

B. The wheelchair interfacility transport service must file written application for a permit on forms specified by the Office of EMS.

C. The Office of EMS may verify any or all information contained in the application before issuance.

D. The Office of EMS will inspect the wheelchair interfacility transport vehicle for compliance with these regulations.

E. A wheelchair interfacility transport permit will be issued as follows:

1. The application may be approved and a permit may be issued for the wheelchair interfacility transport vehicle by the Office of EMS provided all of the following conditions are met:

a. All information contained in the application is complete and correct;

b. The applicant is a wheelchair interfacility transport service licensed by the Office of EMS;

c. The wheelchair interfacility transport vehicle is registered or permitted by the Department of Motor Vehicles; and

d. The inspection meets the minimum requirements as defined in these regulations.

2. The issuance of a permit does not authorize any person to operate a wheelchair interfacility transport vehicle without a franchise in any county or municipality that has enacted an ordinance requiring it.

F. The wheelchair interfacility transport vehicle permit will include but not be limited to the following information:

1. The name and address of the Service;

2. The expiration date of the permit; and

3. Any special conditions that may apply.

G. Wheelchair interfacility transport vehicle permits will be issued and remain valid with the following conditions:

1. A regularly issued wheelchair interfacility transport vehicle permit is valid for a period coincident with the wheelchair interfacility transport service license unless and until revoked or suspended by the Office of EMS.

2. Wheelchair interfacility transport vehicle permits are not transferable under any circumstances.

H. Renewal of a wheelchair interfacility transport vehicle permit may be granted without reapplication if the wheelchair interfacility transport service and wheelchair interfacility transport vehicle comply with these regulations.

Should the Office of EMS be unable to take action on renewal of a wheelchair interfacility transport vehicle permit before expiration, the permit will remain in effect until the Office of EMS completes processing of the renewal application.

I. The permit must be affixed on the vehicle to be readily visible and in a location and manner specified by the Office of EMS. A wheelchair interfacility transport vehicle may not be operated without a properly displayed permit.

J. A wheelchair interfacility transport vehicle may not be marked to indicate a type of service other than that for which it is permitted.

12 VAC 5-31-2040. Denial of a wheelchair interfacility transport vehicle permit.

A. An application for a wheelchair interfacility transport vehicle permit will be denied by the Office of EMS if any conditions of these regulations fail to be met.

B. In the event that a permit is denied, the Office of EMS will notify the applicant or licensee of the denial in writing.

12 VAC 5-31-2050. Wheelchair interfacility transport vehicle requirements.

A. Each wheelchair interfacility transport vehicle must be maintained in good repair and safe operating condition and shall meet the same motor vehicle safety requirements as apply to all vehicles in Virginia:

1. State motor vehicle safety inspection must be current.
2. Exterior surfaces of the vehicle including windows, mirrors, warning devices and lights must be kept clean of dirt and debris.

B. All occupants must use mechanical restraints while the vehicle is in motion as required by the Code of Virginia.

All equipment and supplies must be secured in place to prevent movement while the vehicle is in motion.

C. The following requirements for sanitary conditions and supplies apply to all wheelchair interfacility transport vehicles in accordance with recommendations and standards established by the Centers for Disease Control and Prevention (CDC) and the Virginia Occupational Safety and Health Law:

1. The interior of the wheelchair interfacility transport vehicle, including all storage areas, equipment, and supplies must be kept clean and sanitary.
2. Waterless antiseptic handwash must be available on the unit.
3. Following transport and before being occupied by another passenger, all contaminated surfaces must be cleaned and disinfected using a method recommended by the Centers for Disease Control. Cleaning and disinfection supplies must be carried on each vehicle.

4. All soiled supplies and used disposable items must be stored or disposed of in plastic bags, covered containers or compartments provided for this purpose. Red or orange bags must be used for regulated waste.

D. All wheelchair interfacility transport vehicles are subject to, and available for, inspection by the Office of EMS or its designee, for compliance with these regulations. Inspections are in addition to other federal, state, or local inspections required for the wheelchair interfacility transport vehicle by law. The Office of EMS may conduct inspection at any time and without prior notification.

12 VAC 5-31-2060. Wheelchair interfacility transport vehicle specifications.

A. Capabilities. The wheelchair interfacility transport vehicles is intended for the transportation of a person in a wheelchair who requires transportation for nonemergency purposes between medical care facilities.

1. A passenger who requires emergency medical services, transport on a stretcher or transport in a supine position must not be transported in a wheelchair interfacility transport vehicle.

2. A wheelchair interfacility transport vehicle must not be used for emergency transportation.

B. Dimensions and construction. All wheelchair interfacility transport vehicles must be constructed to provide sufficient space for safe storage of all required equipment and supplies. All wheelchair interfacility transport vehicles must have a state motor vehicle safety inspection performed following completion of conversion and before the application for a wheelchair interfacility transport permit.

1. A wheelchair interfacility transport vehicle must comply with the following:

- a. Adequate height for safe passenger loading and transport in an upright position for the size and style of wheelchair in use.
- b. A minimum width of 48 inches as measured from a distance 15 inches above floor level where the wheelchair is to be secured.
- c. A minimum length of 60 inches as measured from the rear of the driver's seat to the rear door.
- d. Interior surfaces must be designed for passenger safety. Protruding sharp edges and corners shall be padded.
- e. All interior surfaces must be of a material easily cleaned and nonstainable. All aisles, steps, floor areas where people walk and floors in securement locations must have slip-resistant surfaces.
- f. The door openings must include a passenger door for the loading or unloading of an occupied wheelchair on the right side or rear of the vehicle. This door opening must be a minimum of 56 inches measured from the top of the door opening and the raised lift platform or the highest point of a ramp to permit the loading and unloading of a person occupying any size or style of wheelchair.
- g. A loading device, consisting of a mechanized lift or a ramp, must be provided to load and unload an occupied wheelchair. If a mechanized lift is used, the lift must be equipped with a barrier, 1.5 inches tall, to prevent any of the wheels of the wheelchair from rolling off the lift's platform during operation. The barrier must be in place and secure the passenger at all times that the platform is more than three inches above the ground. If a ramp is used, it must have raised edges and be securely fastened to the vehicle while in use.

h. Safety and security restraints adequate to stabilize and secure any size or style of wheelchair transported must be provided. Safety and security devices must conform to the standards established by 49 CFR § 571.222, S5.4.1 to S5.4.4 (Rev. October 1, 1999), as amended.

i. Safety belts must be provided for all passengers including those transported in wheelchairs.

j. A climate environmental system must supply and maintain clean air conditions and a controlled temperature inside the passenger compartment.

2. Warning lights and devices. Wheelchair interfacility transport vehicles are prohibited from having any emergency warning lights or audible devices not approved by the Superintendent of Virginia State Police for a general passenger vehicle.

C. Vehicle markings general requirements.

Lettering. On a wheelchair interfacility transport vehicle the following must appear in permanently affixed lettering that is a minimum of three inches in height and of a color that contrasts with its surrounding background:

1. The name of the wheelchair interfacility transport service that the vehicle is permitted to must appear on both sides of the vehicle body.

a. This lettering may appear as part of an organization's logo or emblem as long as the service name appears in letters of the required height.

b. If the wheelchair interfacility transport service is also licensed by the Office of EMS as an EMS agency, the terms "Ambulance" or "Emergency Medical Service" or any combination of similar terms may appear on the vehicle only as a part of the service's name.

2. Any additional lettering, logos or emblems may appear on the vehicle at the discretion of the wheelchair interfacility transport service. The height of any additional lettering must be less than the lettering used for the service's name.

a. All additional lettering, logos or emblems may not advertise or imply the capability to provide emergency medical services (EMS).

b. The Star of Life emblem may not appear on any wheelchair interfacility transport vehicle.

12 VAC 5-31-2070. General personnel requirements and standards of conduct.

A. All wheelchair interfacility transport personnel must meet and maintain compliance with the general requirements specified in subsections B through D of this section.

B. Personnel shall:

1. Be a minimum of 18 years of age.

2. Be clean and neat in appearance.

3. Be proficient in reading, writing and speaking the English language. English proficiency must be sufficient to allow the individual to clearly communicate with a passenger, family or bystanders. Personnel shall be able to read, write and speak the English language as necessary to perform all assigned duties.

4. Have no physical impairment that would render him or her unable to perform all required skills.

5. Have 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.

6. Have 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.

7. Not have 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.

8. Not have 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.

9. Not, ~~when an EMS Personnel acting as an operator~~ if they have 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], ~~have been convicted or found guilty of Driving Under the Influence (DUI), hit and run or operating on a suspended or revoked license within the past five years.~~ Personnel having such a conviction, in Virginia or another state, are eligible for reinstatement after five years, without further convictions.

10. Not currently be under any disciplinary or enforcement action from the Office of EMS or another state EMS office, state regulatory agency or other recognized state or national healthcare provider licensing or certifying body. Personnel having this disciplinary or enforcement action may be eligible for service provided there have been no further disciplinary or enforcement actions for five years.

11. Have never been subject to a permanent revocation of license or certification by the Office of EMS or another state EMS office, state regulatory agency or other recognized state or national healthcare provider licensing or certifying body.

12. References to criminal acts or convictions under this section refer to substantially similar laws or regulations of any other state or the United States. When used in these regulations, a conviction includes prior adult convictions and 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 the Commonwealth.

C. Standards of conduct.

1. Wheelchair interfacility transport personnel shall comply with the requirements of these regulations.

2. Wheelchair interfacility transport personnel shall comply with all federal, state, and local laws applicable to their wheelchair interfacility transport operations.

3. Wheelchair interfacility transport personnel may not be addicted to or under the influence of any drugs or intoxicating substances while on duty;

4. Wheelchair interfacility transport personnel may not share or disclose medical information concerning the names, treatment or conditions of passengers transported. This information is confidential and may be disclosed only to:

a. Provide for the continuing medical care of the passenger;

b. Collect insurance payments due and then only to the extent necessary and authorized by the passenger or his representative;

c. Provide continuing education of wheelchair interfacility transport personnel who provide this assistance; and

d. Assist investigations conducted by the board, department or Office of EMS.

5. Wheelchair interfacility transport personnel may not represent themselves as authorized to perform any level of patient care.

6. Wheelchair interfacility transport personnel may not obtain or aid another person in obtaining a license, permit, certification, endorsement or designation through fraud, deceit, forgery or deliberate misrepresentation or falsification of information.

7. Wheelchair interfacility transport personnel may not make false statements, misrepresentations to or willfully conceal information from the board, department, or Office of EMS.

8. Wheelchair interfacility transport personnel may not possess, remove, use or administer any narcotics, drugs, supplies or equipment from any EMS agency or wheelchair interfacility transport service, EMS or wheelchair interfacility transport vehicle, health care facility, academic institution or other location, without proper authorization.

9. Wheelchair interfacility transport personnel may not discriminate in the provision of service based on race, gender, religion, age, national origin, location or medical condition or any other reason.

10. Wheelchair interfacility transport personnel may not under any circumstances engage in sexual harassment of passengers 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:

a. The provision or denial of services to a passenger;

b. The provision or denial of employment;

c. The provision or denial of promotions to a coworker;

d. For the purpose or effect of creating an intimidating, hostile or offensive environment for the passenger, or unreasonably interfering with a passenger's ability to recover; or

e. 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.

D. Provision of services. Wheelchair interfacility transport personnel are expected to provide consistently high quality transportation to all passengers.

1. Wheelchair interfacility transport personnel are responsible for providing only those services allowed within the scope of licensure of the wheelchair interfacility transport service with which they are operating.

2. During transportation, the passenger shall be transported in the passenger compartment of the vehicle involved.

3. Wheelchair interfacility transport personnel may not leave a passenger unattended at the destination facility without properly informing the facility staff of the passenger's arrival and location.

4. Wheelchair interfacility transport personnel may not leave a passenger unattended except while loading or unloading another passenger.

12 VAC 5-31-2080. Wheelchair interfacility transport vehicle personnel.

The following minimum wheelchair interfacility transport vehicle personnel requirements apply to all wheelchair interfacility transport vehicles:

1. Personnel serving as the operator of a wheelchair interfacility transport vehicle must be a minimum of 18 years of age.
2. It is the responsibility of each wheelchair interfacility transport service to ensure that adequate numbers of trained wheelchair interfacility transport personnel are available to perform all essential tasks necessary for provision of timely and appropriate transportation for all passengers.

12 VAC 5-31-2090. Exemptions.

A. A wheelchair interfacility transport vehicle on [January 1, 2003] must meet the requirements for vehicle construction in effect at the time the wheelchair interfacility transport vehicle was permitted.

B. On [January 1, 2003] a medical wheelchair transport vehicle (Class E) may be reclassified as a wheelchair interfacility transport vehicle.

C. Existing forms, licenses, certificates and other materials may be used by the Office of EMS or modified as considered necessary by the Office of EMS until existing stocks are depleted.

PART VI.

EARLY DEFIBRILLATION SERVICE REGISTRATION.

12 VAC 5-31-2100. Requirement for early defibrillation service registration.

A. A person may not operate or maintain an automated external defibrillator for use on or to provide service to the public without an early defibrillation service registration unless specifically exempted by § 32.1-111.14:1 of the Code of Virginia.

B. A person obtaining an AED for use on the public shall register it with the Office of EMS, unless specifically exempted, before placing the AED in use.

C. An early defibrillation service shall not provide emergency medical services.

12 VAC 5-31-2110. [Reserved] Report violations.

An early defibrillation service and its personnel shall report any known or suspected violation of these regulations in writing to the Office of EMS within 15 days of the suspected violation.

12 VAC 5-31-2120. Specific exemptions of registration.

The following are exempted from registration under these regulations:

1. A vehicle used by an interstate commercial passenger carrier regulated by an agency of the United States government. This exemption includes but is not limited to a commercial airline, an interstate bus service and passenger rail service.

2. A person conducting research into the effectiveness of an early defibrillation program provided he complies with state and federal human research guidelines and has obtained approval from the Office of EMS.

12 VAC 5-31-2130. Application and issuance of early defibrillation service registration.

A. An applicant for early defibrillation service registration shall submit a complete application to the Office of EMS. The application must include a registration fee of \$25 for each distinct geographic location where an AED is to be maintained or [based] available for use.

B. The Office of EMS may use whatever means of investigation necessary to verify information contained in the application.

C. The Office of EMS will determine qualification for registration based upon the applicant's or registrant's:

1. Meeting the personnel qualifications in these regulations.

2. Previous record of performance as an EMS agency or early defibrillation service in or outside of Virginia.

3. Availability of sufficient resources needed to comply with these regulations.

D. The location of an AED shall be subject to and available for inspection by the Office of EMS.

E. Issuance.

1. An early defibrillation service registration may be issued by the Office of EMS provided the following conditions are met:

a. Information contained in the application is complete and correct;

b. An applicant is determined by the Office of EMS to be qualified and suitable for registration.

2. An applicant will be notified in writing of the disposition of the application upon receipt of the completed application and required supporting documents.

3. The issuance of a registration does not authorize a registrant to operate an AED without a franchise or permit in any county or municipality that has enacted an ordinance requiring one.

F. The early defibrillation service registration may include the following information:

1. The name and address of the early defibrillation service;

2. The expiration date of the registration;

3. The serial number and the manufacturer of each AED operated and maintained by the early defibrillation service; and

4. Any special conditions that may apply.

G. An early defibrillation service registration may be issued and remain valid with the following conditions:

1. An early defibrillation service registration is valid for a period of four years from the date of issuance unless and until revoked or suspended by the Office of EMS.

2. An early defibrillation service registration is not transferable.

12 VAC 5-31-2140. Renewal of a registration.

A. Renewal of an early defibrillation service registration may be issued based upon the following conditions:

1. An application for renewal shall be submitted a minimum of 60 days prior to expiration of the current registration;

2. The application for renewal shall include a registration fee of \$25 for each distinct geographic location where an AED is to be maintained or [based] available for use.

B. If the Office of EMS is unable to take action on renewal of a registration before expiration, the registration will remain in effect until the Office of EMS completes processing of the renewal application.

12 VAC 5-31-2150. Modification of a registration.

A. An early defibrillation service registration shall be modified whenever there is a change in the location [where the AED is based] of an AED, the number of AEDs or the ownership of the early defibrillation service.

B. The procedure for modification of a registration is as follows:

1. A registrant shall request the modifications in writing;
2. The Office of EMS may use the full provisions of these regulations in processing the request; and
3. A registrant will be notified in writing of the disposition of the request.

12 VAC 5-31-2160. Denial of a registration.

A. An application for an early defibrillation service registration or renewal of registration may be denied by the Office of EMS if any of the conditions of these regulations are not met.

B. A request for modification of any early defibrillation service registration may be denied by the Office of EMS if any of the conditions of these regulations are not met.

C. In the event that a registration or application is denied, the Office of EMS will notify the applicant or registrant of the denial in writing.

12 VAC 5-31-2170. Termination of early defibrillation service.

A. An early defibrillation service intending to discontinue service shall:

1. Notify the Office of EMS, in writing, of its intent to terminate service and verify that the local public safety agencies have been notified of its intent to discontinue service at least 30 days in advance.

2. Provide for secure storage of required service records for a minimum of five years from the date of termination of service.

B. An early defibrillation service shall surrender its early defibrillation service registration in order to terminate service.

12 VAC 5-31-2180. General requirements for early defibrillation service.

A. An early defibrillation service must provide service only at a specified geographic location, [except as follows:]

1. ~~Exception:~~ A law-enforcement agency, as defined in § 9-1.165 of the Code of Virginia, may provide early defibrillation service to the public within the agency's jurisdiction.

2. ~~Exception:~~ A fire company or fire department as defined under § 27-8 of the Code of Virginia that is not an EMS agency, may provide early defibrillation service if the agency is not dispatched for a medical emergency or otherwise prohibited by these regulations.

[3. An early defibrillation service may transport an AED for the purpose of having the device available to service personnel at remote locations. A vehicle transporting an AED for this purpose may not be used to respond to medical emergencies.]

B. An early defibrillation service and its personnel must maintain each automated external defibrillator and required equipment in compliance with manufacturer's recommendations and federal, state or local laws and regulations.

The following equipment and supplies must be available for each automated external defibrillator in use:

1. Pocket mask or other CPR barrier device.
2. CDC-recommended protective gloves, four pairs.
3. ~~Equipment bag of durable construction to store the required supplies.~~

C. An early defibrillation service must comply with the following:

1. Equipment, supplies and storage areas must be kept clean and sanitary.
2. [Any soiled supplies or infectious waste generated must be disposed of in compliance with current CDC guidelines.] ~~Plastic bags, covered containers or compartments must be used for storage of soiled supplies and used disposable items. Red or orange (biohazard) bags must be used for infectious waste.~~
3. Devices inserted into the patient's nose or mouth that are single-use must be disposed of after use. Reusable items must be sterilized or high-level disinfected according to current CDC guidelines before reuse. If not individually wrapped, these items must be stored in a closed container or bag.
4. Waterless antiseptic handwash must be available with the AED [if other handwashing facilities are not available.]

D. The early defibrillation service coordinator and the medical director must provide sufficient training to personnel for optional first aid equipment used by the service.

E. An early defibrillation service must maintain the following records:

1. A personnel record for each personnel including documentation of training.

2. The following records must be maintained at the primary place of operation or a secured storage facility, for a period of not less than five years to insure reasonable safety from water and fire damage and from disclosure to persons other than those authorized by law:

a. Maintenance records for each automated external defibrillator in use.

b. Records of early defibrillation service activity including call reports that specifically identify service personnel, dispatch records and summary data.

3. An early defibrillation service must complete an "incident report" for each instance where the AED is deployed and eventually applied to an actual or potential patient. This report form, provided by the Office of EMS, will consist of an original and two copies to be distributed as follows:

a. Original shall be maintained by the early defibrillation service as prescribed in this section;

b. Copy 2 shall be forwarded to the Office of EMS for review not more than five days following the patient care incident;

c. Copy 3 shall be provided to the responding EMS agency that assumed care for the patient. This copy of the completed report may be provided either during the patient care incident or at a later time, not more than five days following the patient care incident.

F. The registration must be publicly displayed in the headquarters of the early defibrillation service.

G. No person may advertise for services other than those for which the early defibrillation service is registered, or imply such services in the business' name.

12 VAC 5-31-2190. Registration identification.

An early defibrillation service shall be registered under the name of the sponsoring organization and [the] its specific geographical location [where it is maintained or based.]

12 VAC 5-31-2200. Notification of public safety.

An early defibrillation service shall notify local public safety agencies as required by these regulations.

12 VAC 5-31-2210. Availability of service.

An early defibrillation service shall be available to the service's population within its regular operating areas and hours.

12 VAC 5-31-2220. Nondiscrimination.

No early defibrillation service may refuse to provide required services based on the inability of the patient to provide means of payment or based on the race, creed, color, national origin, location or medical condition or any other reason.

12 VAC 5-31-2230. Communication capability.

An early defibrillation service shall have telephone or radio service available at all times to notify the local EMS agency in the event of a medical emergency at the location of the AED. [This requirement may be satisfied by availability of a public telephone.]

12 VAC 5-31-2240. Communication responsibilities with public safety.

An early defibrillation service shall notify the following local public safety agencies of current information about the location and extent of its operations:

1. The EMS agencies with primary responsibility for providing emergency response and patient transport service.

2. The Public Safety Answering Point (PSAP) responsible for dispatch of EMS response. (The PSAP may be a municipal dispatch center, law-enforcement, fire or independent EMS agency with primary EMS dispatch responsibility.)

12 VAC 5-31-2250. Early defibrillation service medical direction.

A. An early defibrillation service shall have a medical director.

1. The medical director shall be a physician and meet the following qualifications:

a. The physician shall hold valid, unrestricted licensure to practice in Virginia.

b. The physician shall provide proof of licensure with the service registration materials.

c. The physician shall provide proof of having completed training in cardiopulmonary resuscitation and automated external defibrillation equal to that required of the early defibrillation service personnel.

2. An early defibrillation service shall report current information about the name, address, and telephone number of the medical director to the Office of EMS

B. The responsibilities of the medical director include but are not limited to the following:

1. Functioning as a resource to the service in planning, scheduling, and delivery of training and continuing education programs for the service's personnel;

2. In consultation with the coordinator, developing and monitoring a mechanism to ensure the continued competency of the service's personnel to include periodic training and [AED operation review] skill proficiency demonstrations at least every six months;

3. Reviewing and evaluating periodic reviews of the service's activities to ensure an effective patient care quality assurance program; and

4. Establishing and maintaining policies and procedures needed to ensure the delivery of proper patient care within the early defibrillation service's scope of practice.

12 VAC 5-31-2260. Personnel requirements and standards of conduct.

A. Early defibrillation service personnel shall comply with the requirements to serve as an "AED Operator" as specified in subsections B through D of this section.

B. Personnel qualifications:

1. Be a minimum of 16 years of age.

2. Have successfully completed training in cardiopulmonary resuscitation and the use of automated external defibrillators in a course or courses approved by the Office of EMS. Any person certified by the Office of EMS as an EMS First Responder, Emergency Medical Technician or an equivalent approved by the Office of EMS, without restriction of EMS certification, meets this training requirement.

3. Be capable of performing all assigned duties necessary for the performance of cardiopulmonary resuscitation and automated external defibrillation.

C. Standards of conduct.

1. Early defibrillation service personnel shall comply with the requirements of these regulations.

2. Early defibrillation service personnel shall comply with all federal, state or local laws applicable to early defibrillation service operations.

3. Early defibrillation service personnel may not share or disclose medical information concerning the names, treatment or conditions of patients treated. This information is confidential and may be disclosed only to:

a. Provide for continuing medical care of the patient;

b. The extent necessary and authorized by the patient or his representative in order to collect insurance payments;

c. Provide continuing education of early defibrillation service personnel who provide patient care;

d. Assist investigations conducted by the board, department or Office of EMS.

4. Early defibrillation service personnel may not represent themselves as qualified to perform a level of care for which they are not trained or qualified to provide.

5. Early defibrillation service personnel may not leave a patient [in need of medical care] without assuring that an equal or higher level of care is provided [care is available from EMS or other trained medical personnel who are present at the scene.]

D. Personnel are expected to provide consistently high quality care to all patients.

1. Early defibrillation service personnel shall provide automated external defibrillation consistent with their levels of training and within the scope of the early defibrillation service with which they may be affiliated.

2. Early defibrillation service personnel are permitted to perform only those procedures, treatments or techniques for which they are trained to perform.

NOTICE: The forms used in administering 12 VAC 5-31, Virginia Emergency Medical Services Regulations, are not being published due to the large number; however, the name of each form is listed below. The forms are available for public inspection at the Office of Emergency Medical Services, Department of Health, 1538 E. Parham Rd., Richmond, Virginia, or at the office of the Registrar of Regulations, General Assembly Building, 910 Capitol St., 2nd Floor, Richmond, Virginia.

FORMS

Clinical Training Record, EMS-TR-05 (rev. 4/95).

Training Program/Instructor Complaint Form, EMS-TR-30 (rev. 8/93).

Virginia Course Approval Request Form, EMS-TR-01 (rev. 6/02).

Consolidated Test Site – Reimbursement Claim Form, EMS-TR-02C (rev. 10/98).

Student Course Fee Summary for State Reimbursed BLS Training Programs, EMS-TR-01-SF (rev. 9/97).

Application for EMS Variance/Exemption, EMS-TR-10 (rev. 4/00).

Course Summary Form, EMS-TR-03 (rev. 9/97).

EMS Continuing Education (CE) Registration Card Scan Form, EM-156839:6543 (rev. 1/96).

Virginia EMS Training Program Enrollment Form, EM-234503-1:6543 (rev. 1/01).

Virginia EMS Certification Application, EM-210983-5:65432 (rev. 1/97).

Application for EMS Agency License, EMS-AGENCY-APP (rev. 1/00).

Application for EMS Vehicle Permit, EMS-6010F (rev. 2/02).

Complaint Form (rev. 1/00).

OMD Personnel Information Form/Agreement To Serve, OMD-PIS (rev. 1/02).

Certified Advanced Life Support Coordinator Application, Certified ALS Coordinator Application
2000.doc (rev. 1/00).

Reimbursement Claim Form, EMS-TR-02 (rev. 5/99).

Small Course Approval Request Form, EMS-TR-01-S (rev. 9/99).

Pre-Hospital Patient Care Report, 5936-0225-1306 (rev. 6/01).

Registered Automated External Defibrillation Service Patient Care Incident Report, EMS-AED-
001 (rev. 7/99).

DOCUMENTS INCORPORATED BY REFERENCE

Standards and Guidelines for an Accredited Education Program for the Emergency Medical
Technician-Paramedic. Standards initially adopted in 1978, revised in 1989 and 1999, by the
American Academy of Pediatrics, American College of Cardiology, American College of
Emergency Physicians, American College of Surgeons, American Society of Anesthesiologists,
Commission on Accreditation of Allied Health Education Programs, National Association of
Emergency Medical Technicians, and National Registry of Emergency Medical Technicians.

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