

PART I – General Provisions

Article 1 – Definitions

12VAC5-31-1000 Definitions

The words and terms, when used in this chapter have the following meaning 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 patients' 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 1.1:1 (§9-6.14:1 et seq.) of Title 9 of the *Code of Virginia*.

"Advanced Life Support" or "ALS" means the application by EMS personnel of invasive and noninvasive medical procedures and/or administration of medications that is authorized by the Office.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

"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 as defined by the respective Advanced Life Support Curriculum. Initial Certification courses include:

Emergency Medical Technician-Enhanced

EMT-Enhanced to EMT-Intermediate Bridge

Emergency Medical Technician-Intermediate

EMT-Intermediate to EMT-Paramedic Bridge

Emergency Medical Technician-Paramedic

Registered Nurse to EMT-Paramedic Bridge

Other programs approved by the Commissioner.

"Advanced Life Support Coordinator" means a person who has meet the criteria established by the Office 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 or a member of an EMS Agency, Early Defibrillation Service or Wheelchair Inter-Facility Transport Service.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

“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. 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, which holds a valid permit issued by the Office, that is specially constructed, equipped, maintained and operated, and is 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 and/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.

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

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

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

"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 as defined by the respective Basic Life Support Curriculum. Initial certification courses include:

EMS First Responder

Emergency Medical Technician

Other programs approved by the Office.

"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 Center for Disease Control and Prevention.

"Certification" means a credential issued by the Office, 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.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

"Certification Examiner" means an individual designated by the Office 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 and/or licensure.

"Chief Executive Officer" means the person authorized/designated by the agency or service as the highest in administrative rank or authority.

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

"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 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.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

“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 non-invasive 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.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

"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, who wishes to employ or retain personnel within their 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 which 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 to engage in the business, service, or regular activity, whether or not for profit, of transporting and/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 that documents the operational capabilities of an EMS Agency or Wheelchair

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

Inter-Facility 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.

"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 and may serve as an EMS Agency Operational Medical Director and/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.

"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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

issued by the Office 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 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 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 to provide emergency medical services in the state as an EMS Agency or Wheelchair Inter-Facility Transport Service.

"Local EMS Resource" means a person recognized by the Office 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, Operational Medical Director and the Office.

"Major Medical Emergency" means an emergency that cannot be managed through the use of locally available emergency medical resources and requiring implementation of

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

special procedures to insure the best outcome for the greatest number of patients and which is determined to be such 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 or not 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.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

"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 Protocol" means pre-established 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 the 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” or “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 this 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 and/or transport, 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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

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 this 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, the minimum patient care data items as prescribed by the Board.

“Primary Service Area” means the specific geographic area designated and/or prescribed by a locality (county, city or town) in which an EMS Agency provides prehospital emergency medical care and/or transportation. This designated and/or prescribed geographic area served must include all locations for which the EMS Agency is principally dispatched (i.e.: First due response agency).

“Program Site Accreditation” means the verification that a training program has demonstrated the ability to meet criteria established by the Office to conduct Basic and/or Advanced Life Support certification courses.

“Public Safety Answering Point” or “PSAP” means a facility equipped and staffed on a twenty-four-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 certification(s).

“Re-entry” 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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

improve an efficient and effective regional emergency medical services system within a designated geographical area pursuant to Section 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 Section 32.1-111.3 of the *Code of Virginia*.

"Regulated Medical Device" means equipment or other items that may only be purchased or possessed only upon the approval of a physician and that the manufacture or sale of such 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 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.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

“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 (when the wheels of the EMS vehicle stop).

“Responding Interval Standard” means a time standard (in minutes) for the Responding Interval that is established by the EMS Agency, the locality and OMD in which the EMS Agency will comply with ninety percent (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(s) in which the EMS Agency is based.

“Revocation” means the permanent removal of an EMS Agency license, Early Defibrillation Service registration, Wheelchair Inter-Facility Transport Service license, vehicle permit, training certification, ALS Coordinator endorsement, EMS Physician endorsement or any other designation issued by the Office.

“Special Conditions” means a notation placed upon an EMS Agency, Early Defibrillation Service or Wheelchair Inter-Facility Transport Service’s license, registration, variance

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

or exemption documents that modify or restrict 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. 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 pre-established written agency authorized procedures and guidelines for activities performed by affiliated EMS Agency or Wheelchair Inter-Facility Transport Service personnel.

"Supplemented Transport" means an inter-facility transport for which the sending physician has determined that the medically necessary care and equipment needs of a

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

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 Inter-Facility Transport Service license, vehicle permit, training certification, ALS Coordinator endorsement, EMS Physician endorsement or any other designation issued by the Office.

“Test Site Coordinator” means an individual designated by the Office 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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

"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 that is established by a Designated Emergency Response Agency, the locality and OMD in which the EMS Agency will comply.

"USDOT" means 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 Inter-Facility Transport Service" means a person licensed to engage in the business, service, or regular activity, whether or not for profit, of transporting wheelchair

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

bound passengers between medical facilities. A Wheelchair Inter-Facility Transport Service is not an EMS Agency.

"Wheelchair Inter-Facility Transport Service Personnel " means a person affiliated with a Wheelchair Inter-Facility Transport Service, who is responsible for the provision of inter-facility transport of wheelchair bound passengers.

"Wheelchair Inter-Facility Transport Vehicle" means a vehicle that holds a valid permit issued by the Office that is maintained or operated to provide non-emergency transportation of wheelchair bound passengers between medical facilities. "Wheelchair Inter-Facility Transport Vehicle" excludes any vehicle that could be described as an ambulance.

"Wheelchair Inter-Facility Transport Vehicle Permit" means an authorization issued by the Office for any vehicle meeting the standards and criteria established by regulation for Wheelchair Inter-Facility Transport Vehicles.

12VAC5-31-1001 to 12VAC5-31-1099 Reserved

Article 2 - PURPOSE AND APPLICABILITY**12VAC5-31-1100 Responsibility for Regulations**

These regulations will be administered by the following:

A. 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 Chapter 4, Article 2.1 of Title 32.1 of the *Code of Virginia*.

B. State Health Commissioner - The Commissioner, as executive officer of the Board, will administer these regulations per Section 32.1-16 of the *Code of Virginia*.

C. The Virginia Office of EMS – The Director, Assistant Director and specified staff positions will have designee privileges for the purpose of enforcing these regulations.

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

12VAC5-31-1110 Applications of Regulations

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

These regulations have general application throughout Virginia to include:

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

12VAC5-31-1120 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 and the provisions of Chapter 4, Article 2.1 of Title 32.1 of the *Code of Virginia*.

12VAC5-31-1121 to 12VAC5-31-1199 Reserved

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

Article 3 - EXCEPTIONS, VARIANCES, AND EXEMPTIONS**12VAC5-31-1200** **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.

12VAC5-31-1210 **Variances**

The Office 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, permit or certificate holder may file a written request for a variance with the Office on specified forms. If the applicant, licensee, permit or certificate holder is an EMS Agency or Wheelchair Inter-Facility Transport Service the following additional requirements apply:

A. 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 Inter-Facility Transport Service is located prior to submission to the Office;

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

2. 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.

12VAC5-31-1220 Issuance of a Variance

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

- A. The information contained in the request is complete and correct;
- B. The agency, service, vehicle, or person concerned is licensed, permitted or certified by the Office;
- C. The Office determines the need for such a variance is genuine, and extenuating circumstances exist;
- D. The Office 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.
- E. If the request is made by an EMS Agency, Early Defibrillation Service or Wheelchair Inter-Facility Transport Service, the Office will consider the

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

recommendation of the governing body provided all of the above conditions are met.

- F. The person making the request will be notified in writing of the approval and issuance within thirty (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 thirty (30) days of the issuance of the license or certificate.

12VAC5-31-1230 Content of Variance

A. A variance will 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 which is to be varied and the type of variations authorized;
4. Any special conditions that may apply.

12VAC5-31-1240 Conditions and Variance

A. A variance will be issued and remain valid with the following conditions:

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

1. A variance will be valid for a period not to exceed one year unless and until terminated by the Office;
2. A variance is neither transferable nor renewable under any circumstances.

12VAC5-31-1250 Termination of Variance

- A. The Office 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;
 4. A determination by the Office that continuation of the variance would present a risk to or threaten or endanger the public health, safety, or welfare.
- B. The Office 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.

12VAC5-31-1260 Denial of a Variance

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

A. A request for a variance will be denied by the Office if any of the conditions of 12VAC5-31-1220 fail to be met.

12VAC5-31-1270 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.

1. Request - A person may file a written request for an exemption with the Office on specified forms. If the request is made by an EMS Agency, Early Defibrillation Service or Wheelchair Inter-Facility Transport Service the following additional requirements apply;

a. 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 Inter-Facility Transport Service is located before submission to the Office.

b. The written request must be submitted to the Office a minimum of thirty (30) days before the scheduled review by the governing body. At the time

**VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS
Proposed 12VAC5-31**

of submission, the agency or service must provide the Office with the date, time and location of the scheduled review by the governing body.

12VAC5-31-1280 Public Notice of Request for Exemption

Upon receipt of a request for an exemption, the Office 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.

12VAC5-31-1290 Public Hearing for Exemption Request

Should the Board determine that there is substantial public interest in request for an exemption, a public hearing may be held.

12VAC5-31-1300 Issuance of an Exemption

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

A. The information contained in the request is complete and correct.

B. The need for such an exemption is determined to be genuine.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

- C. The issuance of an exemption would not present any risk to, threaten or endanger the public health, safety or welfare of citizens.
- D. If the request is made by an EMS Agency, Early Defibrillation Service or Wheelchair Inter-Facility Transport Service, the Board may accept the recommendation of the governing body provided all of the above conditions are met.
- E. The person making the request will be notified in writing of the approval or denial of a request.

12VAC5-31-1310 Content of Exemption

- A. An exemption will 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 exemption applies;
 2. The provisions of the regulations that will be exempted;
 3. Any special conditions that may apply.

12VAC5-31-1320 Conditions of Exemption

- A. An exemption will remain valid for an indefinite period of time unless and until terminated by the Board or the Office, or unless an expiration date is specified;

B. An exemption is neither transferable nor renewable.

12VAC5-31-1330 Termination of Exemption

A. The Office 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;
3. A determination by the Office that continuation of the exemption would present risk to, or threaten or endanger the public health, safety, or welfare.

B. The Office 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.

12VAC5-31-1340 Denial of an Exemption

A. A request for an exemption will be denied by the Office if any of the conditions of these regulations fail to be met.

12VAC5-31-1350 General Exemptions From These Regulations

A. 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 Inter-Facility 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.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

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.

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

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

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

12VAC5-31-1351 to 12VAC5-31-1399 Reserved

Article 4 - ENFORCEMENT PROCEDURES**12VAC5-31-1400 Right to Enforcement**

A. The Office may use the enforcement procedures provided herein in 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 may determine that a deficiency or violation of these regulations or any action or procedure occurred which varies from the intent of these regulations.

C. The enforcement procedures provided herein are not mutually exclusive. The Office may invoke as many procedures as the situation may require.

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

12VAC5-31-1410 Enforcement Actions

An enforcement action must be delivered to the affected person and specify information concerning the violation(s), the action(s) required to correct the violation(s) and the specific date by which correction must be made.

A. Warning – A verbal notification of an action or situation potentially in violation these Regulations

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

B. Citation - A written notification for violations of these regulations.

B. Suspension - A written notification of the deactivation and removal of authorization issued under a license, permit, certification, endorsement or designation

D. 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.

E. Criminal Enforcement - The Commissioner may elect to enforce any part of these regulations or any provision of § 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.

12VAC5-31-1420 Suspension of License, Permit, Certificate, Endorsement or Designation

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

1. Cause - There must exist reasonable cause for suspension before such action is taken by the Office. The decision must be based upon review of evidence available to the Office.

2. The Office 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 Inter-Facility 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 which 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 which presents a risk to, threatens, or endangers the public health, safety, or welfare, or if the EMS Agency, Early Defibrillation Service or Wheelchair Inter-Facility 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, 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, threatens, or endangers the public health, safety, or welfare.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

B. Concurrent Suspension - Suspension of an EMS Agency, Early Defibrillation Service or Wheelchair Inter-Facility Transport Service license results in the simultaneous and concurrent suspension of the vehicle permits.

C. Notification - The Office will notify the licensee, permit or certificate holder of the suspension in person and/or by certified mail to his last known address.

D. Period of Effect - A suspension takes effect immediately upon receipt of notification unless otherwise specified.

1. A suspension remains in effect until the Office 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 §9-6.14:1 under the Code of Virginia.

E. Responsibility of License, Permit or Certificate Holder - The licensee, permit or certificate holder must abide by any notice of suspension.

1. The licensee, permit or certificate holder must return all suspended licenses, permits and certificates to the Office within ten (10) days of receipt of notification;

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

12VAC5-31-1430 Revocation of a License, Permit or Certificate

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

1. There must exist reasonable cause for revocation before such action by the Office.

2. The Office may revoke an EMS Agency license, Early Defibrillation Service registration, Wheelchair Inter-Facility 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 may revoke an EMS Agency license, Early Defibrillation Service registration or Wheelchair Inter-Facility 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 may revoke an EMS training certificate for failure to adhere to the standards as set forth in 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.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

5. The Office may revoke an EMS Agency license, Early Defibrillation Service registration or Wheelchair Inter-Facility Transport Service license for violation of Federal or State laws resulting in a civil monetary penalty.

B. Concurrent Revocation - Revocation of an EMS Agency license, Early Defibrillation Service registration or Wheelchair Inter-Facility Transport Service license results in the simultaneous and concurrent revocation of vehicle permits.

C. The Office 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 in writing of his intent within ten (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 §9-6.14:1 under the Code of Virginia.

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 may revoke the license or certificate.

E. The Office will notify the holder of a license, certification, endorsement or designation of revocation by certified mail to his last known address.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

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

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

G. The holder of a license, certification, endorsement or designation must abide by any notice of revocation.

1. The holder of a license, certification, endorsement or designation must return all revoked licenses, permits and certificates to the Office within ten (10) days of receipt of the notification of revocation.

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

12VAC5-31-1440 Correction Order

A. The Office 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.

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

2. Cause - The Office will determine that a deficiency or violation exists before issuance of any correction order.
- B. The Office will send a correction order to the licensee, 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 must not be less than thirty (30) days from receipt of such order, unless an emergency has been declared by the Office.
- 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, 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. The Office will approve or disapprove the request for modification of the Correction Order within ten (10) days of receipt.
- E. The licensee, permit, certificate, endorsement or designation holder must correct the deficiency or situation within the period stated in the order.
1. The Office will determine whether the correction is made by the prescribed date.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

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

12VAC5-31-1450 **Judicial Review**

A. The procedures of the Administrative Process Act §9-6.14:1 under the Code of Virginia 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 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 must abide by any decision or order of the Office, or he must cease and desist pending any appeal.

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

12VAC5-31-1451 to 12VAC5-31-1499 Reserved

Article 5 - COMPLAINTS**12VAC5-31-1500 Submission and Investigation**

The following procedures apply to the submission and investigation of complaints:

A. A person may submit a complaint. A complaint must be submitted in writing to the Office, signed by the complainant and include the following information:

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

12VAC5-31-1510 Investigation Process

A. The Office may investigate complaints received about conditions, practices, or acts which may violate any provision of Chapter 4, Article 2.1 of Title 32.1 of the Code of Virginia or provision of these regulations.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

- B. If the Office 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 will investigate no further;
- C. If the Office 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 will investigate the complaint fully in order to determine if a violation took place.
- D. The Office 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 may initiate a formal investigation or action based on an anonymous or unwritten complaint.

12VAC5-31-1520 Action by the Office

- A. If the Office 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 will notify the complainant.

12VAC5-31-1531 to 12VAC5-31-1599 Reserved**Part II – EMS Agency, EMS Vehicles and EMS Personnel Standards**

Article 1 - EMS Agency Licensure and Requirements**12VAC5-31-2000 Requirement for EMS Agency Licensure and EMS****Certification**

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

12VAC5-31-2005 Provision of EMS Within Virginia

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

12VAC5-31-2010 General Applicability of the Regulations

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

12VAC5-31-2015 Compliance with Regulations

A. A person must comply with these regulations. The Office 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.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

B. An EMS Agency, including its EMS Vehicles and EMS Personnel, must comply with these regulations, the applicable regulations of other state agencies, the Code of Virginia and the United States Code.

1. An EMS Agency and EMS Personnel must report any known or suspected violation of these regulations in writing to the Office within fifteen (15) days.

12VAC5-31-2020 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.

12VAC5-31-2025 Ability to Pay

In the case of an emergency illness or injury, an EMS Agency must not refuse to provide required services including dispatch, response, rescue, life support, emergency transport and inter-facility 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 Title 38.2-4300 of the Code of Virginia.

12VAC5-31-2030 Public Access

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

A. An EMS Agency must 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 must 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.

12VAC5-31-2035 Designated Emergency Response Agency

An EMS Agency that responds to medical emergencies for its primary service area must be a Designated Emergency Response Agency.

12VAC5-31-2040 EMS Agency Availability

An EMS Agency must provide service within its primary service area on a twenty-four (24) hour continuous basis.

12VAC5-31-2045 Destination/Trauma Triage

An EMS Agency must participate in the Regional Trauma Triage Plan established in accordance with Section 32.1-111.3 of the Code of Virginia.

12VAC5-31-2050 Non-discrimination

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

12VAC5-31-2055 EMS Agency Licensure Classifications

A. An EMS Agency license may be issued for any combination of the following classifications of EMS services:

1. Non-Transport 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

12VAC5-31-2060 Application for EMS Agency License

A. Application - An applicant for EMS Agency licensure must file a written application specified by the Office.

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

C. Local Government Approval - 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.

1. This ordinance or resolution must specify the geographic boundaries of the agency's primary service area within the locality.

D. Determination of Suitability - The Office 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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

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 owner(s), officers and directors.

3. 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. Inspection - An applicant agency and all places of operation must be subject to inspection by the Office 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.

12VAC5-31-2065 Issuance of an EMS Agency License

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

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

B. The issuance of a license hereunder must 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. Content of License - 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;
4. Any special conditions that may apply.

D. Conditions of Licensure - An EMS Agency license will be issued and remain valid with the following conditions:

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

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.
2. An EMS Agency license is not transferable.
3. An EMS Agency license issued by the Office remains the property of the Office and may not be altered or destroyed.

12VAC5-31-2070 Display of EMS Agency License

An EMS Agency license must be publicly displayed in the headquarters of the EMS Agency and a copy displayed in each place of operations.

12VAC5-31-2075 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.
3. Delay in Renewal - Should the Office be unable to take action on renewal

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

application of a license before expiration, the license remains in full force and effect until the Office completes processing of a renewal application.

12VAC5-31-2080 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 if the applicant or agency does not comply with these regulations.

12VAC5-31-2085 Modification of an EMS Agency License

A. Any change in the classification(s) 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 and the modification of the EMS Agency license.

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

- a. The licensee must request the modifications in writing on a form prescribed by the Office.
- b. The Office may use the full provisions of these regulations in processing a request as an application.
- c. Upon receiving a modified license, an EMS Agency must return the original license to the Office within fifteen (15) days and destroy all copies.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

- d. The issuance of a modified license hereunder must not be construed as 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.
2. A request for modification of an EMS Agency license may be denied by the Office if the applicant or agency does not comply with these regulations.

12VAC5-31-2090 Termination of EMS Agency Licensure

- A. An EMS Agency terminating service must surrender the EMS Agency license to the Office.
- B. An EMS Agency terminating service must submit written notice to the Office at least ninety (90) days in advance. Written notice of intent to terminate service must verify the following:
- 1) Notification of the applicable OMD(s), regional EMS council(s) or local EMS resource agency(s), PSAP(s) and governing body of each locality served.
 - 2) Termination of all existing contracts for EMS services and/or Mutual Aid Agreements.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

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

C. Within thirty (30) days following the termination of service, the EMS Agency must provide written verification to the Office of the following:

1. Return the EMS Agency license and all associated vehicle permits to the Office.
2. Remove 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. Return of all medication kits that are part of a local or regional medication exchange program or provide for the proper disposition of medications maintained under a Board of Pharmacy Controlled Substance Registration.
4. Maintain and securely store required agency records and prehospital patient care reports (PPCRs) for a minimum of five (5) years from the date of termination of service.

12VAC5-31-2095 EMS Agency Insurance

A. An EMS Agency must have in effect and be able to furnish proof on demand of contracts for vehicular insurance.

1. Insurance coverage for emergency vehicles must meet or exceed

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

the minimum requirements as set forth in Section 46.2-920 of the Code of Virginia.

2. Insurance coverage for non-emergency vehicles must meet or exceed the minimum requirements as set forth in Section 46.2-472 of the Code of Virginia.

3. Insurance coverage for both classes of aircraft must meet or exceed the minimum requirements as set forth in Section 5.1-88.1 et seq of the Code of Virginia (1950), as amended.

C. 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 A. 1 above.

12VAC5-31-2100 Place of Operations

A. An EMS Agency must maintain a fixed physical location. Any change in the address of this location requires notification to the Office before relocation of the office space.

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

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 Law:

1. All areas used for storage of equipment and supplies must be kept neat, clean, and sanitary.
2. 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.

12VAC5-31-2105 Equipment and Supplies

A. An EMS Agency must hold the permit to an EMS Vehicle or have a written agreement for the access to and use of an EMS Vehicle.

1. An EMS Agency that does not use an EMS Vehicle must maintain the required equipment and supplies for a Non-transport response Vehicle.

B. Adequate stocks of supplies and linens must be maintained as required for the classes of vehicles in service at each place of operations.

1. An EMS Agency must maintain a supply of at least seventy-five (75) triage tags of a design approved by the Office. These tags must be maintained in a location readily accessible by all agency personnel.

12VAC5-31-2110 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 must comply with requirements established by the Virginia Board of Pharmacy and the applicable drug manufacturer's recommendations for climate controlled storage.

1. Medications and medication kits must be maintained within their expiration date at all times.

2. Medications and medication kits must be removed from vehicles and stored in a properly maintained and locked in a 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 above.

3. An EMS Agency must notify the Office in writing of any diversion of (loss or theft) or tampering with any controlled substances, medication delivery devices or other regulated medical devices from an agency facility or vehicle. Notification must be made within fifteen (15) days of the discovery of the occurrence.

4. An EMS Agency must protect a parked EMS Vehicle and contents from climate extremes.

12VAC5-31-2115 Preparation and Maintenance of Records and

Reports

A. An EMS Agency is responsible for the preparation and maintenance of records that must be available for inspection by the Office.

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. EMS Agency records must be prepared and securely maintained, at the principal place of operations or a secured storage facility, for a period of not less than five (5) years.

12VAC5-31-2120 Personnel Records

A. An EMS Agency must have a current personnel record for each individual affiliated with the EMS Agency. Each file must contain documentation of certification (copy of EMS certification, healthcare provider license and/or EVOC), training and qualifications for the position(s) held.

1. An EMS Agency must 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 sixty (60) days prior to the individual's affiliation with the EMS Agency.

12VAC5-31-2125 EMS Vehicle Records

An EMS Agency must 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.

12VAC5-31-2130 Patient Care Records

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

B. The PPCR must include the signature and identification number of all EMS Personnel on the EMS Vehicle.

C. The required minimum data set must be submitted on a schedule established by the Office as authorized in Section 32.1-116.1 of the *Code of Virginia*.

1. 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 this incident, an approved triage tag must be used to document patient care provided unless a standard patient care report is completed.

12VAC5-31-2140 EMS Agency Status Report

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

A. An EMS Agency must submit an “EMS Agency Status Report” to the Office within thirty days (30) 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 must 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.

12VAC5-31-2145 Availability of These Regulations

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

12VAC5-31-2150 Operational Medical Director Requirement

A. An EMS Agency is required to have a minimum of one Operational Medical Director (OMD) who is a licensed physician holding endorsement as an EMS Physician from the Office.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

1. An EMS Agency must enter into a written agreement with an EMS Physician to serve as OMD with the EMS Agency. This agreement must at a minimum specify the responsibilities and authority below:

a. 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.

b. This agreement must identify the specific responsibilities of each EMS Physician if an EMS Agency has multiple OMDs.

c. 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.

d. 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.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

e. Must ensure the adequate indemnification for:

1. medical malpractice and

2. civil liability.

B. EMS Agency and OMD Conflict Resolution

1. In the event of an unresolved conflict between an EMS Agency and its OMD, the issue(s) involved must be brought before the Regional EMS Council or Local EMS Resource's Medical Direction committee (or approved equivalent) for review and resolution.
2. When an EMS Agency determines that the OMD presents an immediate significant risk to public safety and/or the health of citizens, the EMS Agency must attempt to resolve the issue(s) in question. If an immediate risk remains unresolved, the EMS Agency must contact the Office for assistance.

C. Change of Operational Medical Director

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

1. An EMS Agency choosing to secure the services of another OMD must provide a minimum of thirty (30) days advance written notice of intent to the current OMD and the Office.

2. An OMD choosing to resign must provide the EMS Agency and the Office with a minimum of thirty (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 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 must be responsible for compliance with this requirement.
 - a. Under these extenuating circumstances, the Office 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 must be notified by the OMD within fifteen (15) days so that a qualified replacement may be approved.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

5. The Office 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*.

12VAC5-31-2155 Quality Management Reporting

An EMS Agency must have an on-going 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 must 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 must maintain a QM report that documents quarterly PPCR reviews, supervised by the Operational Medical Director.

12VAC5-31-2160 Designated Emergency Response Agency Standards

A. A Designated Emergency Response Agency must 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 must respond to all calls for emergency medical services.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

2. A Designated Emergency Response Agency must conform to the local Unit Mobilization Interval Standard, or in the absence of a local standard, the EMS Agency must 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 must 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 must notify the PSAP of its availability to respond.

c. If the Designated Emergency Response Agency is unable to respond (i.e.: lack of operational response vehicle or available personnel), the EMS Agency must 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 must notify its PSAP.

—

3. A Designated Emergency Response Agency must conform to the local Responding Interval Standard, or in the absence of a local standard, the EMS Agency must develop a standard in conjunction with OMD and local government, in the best interests of the patient and the community. The Responding Interval

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

Standard must establish a time frame that the EMS Agency complies with on a ninety percentile (90%) basis within its primary service area. (i.e.: 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 must have available for review, a copy of the local EMS response plan that must include the established EMS Responding Interval standards.

1. A Designated Emergency Response Agency must document its compliance with the established EMS response capability, Unit Mobilization Interval and Responding Interval Standards.

2. A Designated Emergency Response Agency must document an annual review of exceptions to established EMS response capability and time interval standards. The results of this review must be provided to the agency's Operational Medical Director(s), local governing body(s) and the Office.

12VAC5-31-2165 Designated Emergency Response Agency Staffing Capability

A. A Designated Emergency Response Agency must have a minimum of eight (8) EMS personnel qualified to function as Attendant-In-Charge.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

1. A Designated Emergency Response Agency with less than twelve (12) EMS certified personnel must submit to the Office for approval a written plan to provide twenty-four (24) hour coverage of the agency's primary service area with the available personnel.

2. A Designated Emergency Response Agency must maintain a sufficient number of qualified EMS personnel to meet the staffing requirements for all permitted vehicles operated by the EMS Agency.

12VAC5-31-2170 Designated Emergency Response Agency Mutual**Aid**

A. Response Obligation to Locality – A Designated Emergency Response Agency is obligated to provide aid to all other Designated Emergency Response Agencies within the locality.

B. Mutual Aid Agreements - A Designated Emergency Response Agency must maintain written Mutual Aid Agreements with adjacent Designated Emergency Response Agencies in another locality with which it shares a common border.

12VAC5-31-2171 to 12VAC5-31-2199 Reserved

Article 2 - EMERGENCY MEDICAL SERVICES VEHICLE PERMIT**12VAC5-31-2200 EMS Vehicle Permit Requirement**

- A. A person must 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 must file written application for a permit on forms specified by the Office.
- C. The Office may verify any or all information contained in the application before issuance.
- D. The Office must 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.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

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:

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

1. An EMS Vehicle Permit remains the property of the Office 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. A Designated Emergency Response Agency may be issued a “Reserved” permit by the Office.

12VAC5-31-2220 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 “Reserve” permit.

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

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

D. The procedure for issuance of a temporary EMS Vehicle Permit is as follows:

1. An EMS Agency requesting a temporary permit must submit a completed Application for an EMS Vehicle Permit attesting that the vehicle complies with these regulations.

2. The Office 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:

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

1. A Temporary EMS Vehicle Permit is valid for sixty (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 must be affixed on the vehicle to be readily visible and in a location and manner specified by the Office. An EMS Vehicle may not be operated without a properly displayed permit.

12VAC5-31-2230 Denial of an EMS Vehicle Permit

- A. An application for an EMS Vehicle Permit must be denied by the Office if any conditions of these regulations fail to be met.

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

12VAC5-31-2240 Display of EMS Vehicle Permit

- A. An EMS Vehicle Permit must be affixed on the EMS Vehicle to be readily visible and in a location and manner specified by the Office.

- C. An EMS Vehicle may not be operated without a properly displayed EMS Vehicle Permit.

12VAC5-31-2250 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.

12VAC5-31-2260 Renewal of an EMS 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.

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

12VAC5-31-2261 to 12VAC5-31-2299 Reserved

Article 3 - Emergency Medical Services Vehicle Classifications and Requirements**12VAC5-31-2300 EMS Vehicle Safety**

A. An EMS Vehicle must be maintained in good repair and safe operating condition and must meet the same motor vehicle, vessel or aircraft safety requirements as apply to all vehicles, vessel 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 must be kept clean of dirt and debris.
3. Ground Vehicle Operating Weight must 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 must 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.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

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 per Section 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 non-transport response Vehicle.

12VAC5-31-2305 EMS Vehicle Occupant Safety

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

B. Equipment and supplies in the patient compartment must 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 must be secured in place to prevent movement.

12VAC5-31-2310 EMS Vehicle Sanitation

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

A. 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 must be kept clean and sanitary.
2. Linen or disposable sheets and pillowcases or their equivalent used in the transport of patients must be changed after each use.
3. Blankets, pillows and mattresses used in an EMS Vehicle must be intact and kept clean and in good repair.
4. A device inserted into the patient's nose or mouths that are single-use must be disposed of after use. A reusable item must be sterilized or high-level disinfected according to current CDC guidelines before reuse. If not individually wrapped, this item must be stored in a separate closed container or bag.
5. A used sharp item must be disposed of in a leak proof, puncture resistant and appropriately marked biohazard container (needle-safe device / sharps box) that is securely mounted.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

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

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

- 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.

12VAC5-31-2315 EMS Vehicle Operational Readiness

A. Required equipment and supplies must 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.

1. Equipment and supplies must be stored, maintained and be 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).

12VAC5-31-2320 EMS Vehicle Inspection

- A. An EMS Vehicle is subject to, and must be available for, inspection by the Office 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 may conduct an inspection at any time without prior notification.

12VAC5-31-2325 EMS Vehicle Warning Lights and Devices

- A. An EMS Vehicle must 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 must have flashing and/or blinking lights installed to provide adequate visible warning from all four sides.
 2. A Ground EMS Vehicle must have flashing and/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 must have an audible warning device installed to project sound forward from the front of the EMS Vehicle.

12VAC5-31-2330 EMS Communications

- A. Dispatch and Operations - An EMS Vehicle must have fixed communications equipment that provides direct two-way (push-to-talk) 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 communications capability must be available within the agency's primary service area.
1. A ground or air ambulance must have a means of communication with other Emergency Medical Service agencies through incorporation of two-way radio equipment capable of operating on any one of the three EMS Mutual Aid Frequencies. Those frequencies are 155.205 MHz, 462.950/467.950 MHz (MED 9) and 462.975/467.975 MHz (MED 10).
- B. An Ambulance and a Non-Transport Response Vehicle equipped with an Advanced Life Support Package must have communications equipment that provides direct, two-way voice communication capabilities between the EMS Vehicle's Attendant-In-Charge and the receiving medical facility or a designated central medical control.
- C. A Designated Emergency Response Agency's EMS Vehicle must have fixed communications equipment that provides direct two-way voice communications capabilities between the EMS Vehicle and EMS Vehicles of other Designated Emergency Response Agencies within the locality.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

- D. A Designated Emergency Response Agency's EMS Vehicle must have direct two-way voice communications capabilities between the EMS Vehicle and Air Ambulance(s) designated to serve its primary response area.
- E. An EMS Agency must 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 agency or organization, the EMS Agency must have written documentation on-file of their authority to operate on the frequencies.

12VAC5-31-2335 Ground EMS Vehicle Markings

- A. The vehicle body of a Non-Transport 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 (4") 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.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

C. The following must appear in permanently affixed lettering that is a minimum of three inches (3") in height and of a color that contrasts with the surrounding vehicle background. Lettering must comply with the restrictions/specifications listed in these regulations.

1. Non-Transport Response Vehicle:

- 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.

(1) Exception: A Designated Emergency Response Agency must have the approval of the Office 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.

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

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

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, must appear on both sides of the vehicle body.

12VAC5-31-2340 Air Ambulance Markings

A. On a primary Air Ambulance, the following must appear in permanently affixed lettering which is a minimum of three inches (3") in height and of a color that contrasts with its surrounding background. Lettering must comply with the restrictions/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.

a. 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.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

(1) Exception: A Designated Emergency Response Agency must have the approval of the Office 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) must appear on both sides, and/or front and rear of the air ambulance.

12VAC5-31-2345 EMS Vehicle Letter Restrictions/Specifications

A. The following specifications apply to an EMS Vehicle:

1. 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 must 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.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

- a. 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.
- b. 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 Non-Transport 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.

12VAC5-31-2350 Non-Transport 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) must be permitted as a Non-Transport Response Vehicle unless specifically authorized under 12VAC5-31 Part 6.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

1. A Non-Transport Response Vehicle must 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 must be documented.

B. A Non-Transport Response Vehicle must be constructed to provide sufficient space for safe storage of required equipment and supplies specified in these regulations.

1. A Non-Transport 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 kit(s). When not in use medications and medication kit(s) must be kept locked in the required storage compartment or approved bracket at all times. The EMS Agency must maintain medications and medication kit(s) as specified in these regulations.
 - a. Sedan/Zone Car must have an approved locking device attached within the passenger compartment or trunk, inaccessible by the public.
 - b. Utility Vehicle/Van must have an approved locking device attached within the vehicle interior, inaccessible by the public.
 - c. Rescue Vehicle/Fire Apparatus must have an approved locking device attached within the vehicle interior or a locked compartment, inaccessible by the public.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

C. A Non-Transport Response Vehicle must have a motor vehicle safety inspection performed following completion of conversion and before applying for an EMS Vehicle Permit.

12VAC5-31-2355 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 a patient(s) must 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 below and in these regulations.

1. A Ground Ambulance must be constructed to provide sufficient space for the safe storage of all required equipment and supplies.

a. A Ground Ambulance must have a locking interior storage compartment or approved locking bracket used for the secure storage of medications and medication kit(s) that is accessible from within the patient compartment. Medications and medication kit(s) 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 kit(s) as specified in these regulations.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

b. Required equipment and supplies specified in these regulations, excluding Sections 12VAC5-31-2420, 12VAC5-31-2425 and 12VAC5-31-2428, must be available for access and use from inside the patient compartment.

12VAC5-31-2360 Advanced Life Support Equipment Package

A. An EMS Agency licensed to operate Non-Transport Response vehicles or Ground Ambulances with ALS personnel must 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
2. ALS – EMT-Intermediate/EMT-Paramedic Equipment Package

B. ALS Equipment Packages must consist of the equipment and supplies as specified in these regulations.

12VAC5-31-2365 Neonatal Ambulance Specifications

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

A. A vehicle maintained and operated exclusively for the transport of neonatal patients between medical facilities must be permitted as a Neonatal Ambulance. A Neonatal Ambulance must 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.

1. A Neonatal Ambulance must be constructed to provide sufficient space for safe storage of required equipment and supplies specified in these regulations.
 - a. A Neonatal Ambulance must be equipped to transport two incubators using manufacturer-approved vehicle mounting devices.
 - b. 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.
 - c. A Neonatal Ambulance must have a locking interior storage compartment or approved locking bracket used for the secure storage of medications and medication kit(s) that is accessible from within the patient compartment. Medications and medication kit(s) must be kept in a locked storage compartment or approved bracket at all times when not in use. The EMS

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

Agency must maintain medications and medication kit(s) as specified in these regulations.

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

12VAC5-31-2370 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 a patient(s) must 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.

1. 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 Sections **12VAC5-31-2420** and **12VAC5-31-2425**, must be available for access and use from inside the patient compartment.

—

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

1. A Rotary Wing Air Ambulance must be equipped with a 180-degree controllable searchlight of at least 400,000-candle power.

12VAC5-31-2375 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 the following sections.

<u>REQUIRED VEHICLE EQUIPMENT</u>	<u>Non-Transport 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>12VAC5-31-2380 Basic Life Support Equipment</u>								
Automated External Defibrillator (AED)	1	1						

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

<u>REQUIRED VEHICLE EQUIPMENT</u>	<u>Non-Transport Vehicle Ambulance</u>	<u>EMT-E Package</u>	<u>EMT-I/P Package</u>	<u>Air Ambulance</u>	<u>Neonatal Ambulance</u>
with a set of patient pads. This may be a combination device that also has manual defibrillation capability.					
Pocket mask or disposable airway barrier device with one-way valve.	<u>2</u>	<u>2</u>		<u>1</u>	<u>2</u>
Oropharyngeal airways, set of 6, non-metallic in infant, child, and adult sizes ranging from 43mm to 100 mm (sizes 0-5).	<u>2</u>	<u>2</u>		<u>2</u>	<u>2</u>
Nasopharyngeal airways set of 4, varied sizes, with water-soluble lubricant.	<u>1</u>	<u>1</u>		<u>1</u>	<u>1</u>
Self-inflating bag-valve-mask resuscitator with oxygen reservoir in adult size with transparent mask in adult size.	<u>1</u>	<u>1</u>		<u>1</u>	<u>1</u>
Self-inflating bag-valve-mask resuscitator with oxygen reservoir in child size with transparent masks in infant and child sizes.	<u>1</u>	<u>1</u>		<u>1</u>	<u>1</u>
<u>12VAC5-31-2385 Oxygen Apparatus</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 ten (10) liters per minute for fifteen (15) minutes. This unit must be capable of being	<u>1</u>	<u>1</u>		<u>1</u>	<u>1</u>

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

<u>REQUIRED VEHICLE EQUIPMENT</u>	<u>Non-Transport Vehicle Ambulance</u>	<u>EMT-E Package</u>	<u>EMT-I/P Package</u>	<u>Air Ambulance</u>	<u>Neonatal Ambulance</u>
<u>manually controlled and have an appropriate flowmeter.</u>					
<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 ten (10) liters per minute for thirty (30) minutes. This unit must be capable of being manually controlled, have two (2) flowmeters, and have an attachment available for a single use humidification device.</u>		<u>1</u>		<u>1</u>	<u>1</u>
<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>	<u>2</u>	<u>4</u>		<u>2</u>	<u>4</u>
<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>	<u>2</u>	<u>4</u>		<u>2</u>	<u>4</u>
<u>12VAC5-31-2390 Suction Apparatus</u>					
<u>Portable suction apparatus capable of providing a minimum of twenty minutes of continuous operation at a vacuum of</u>	<u>1</u>	<u>1</u>		<u>1</u>	<u>1</u>

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

<u>REQUIRED VEHICLE EQUIPMENT</u>	<u>Non-Transport Vehicle Ambulance</u>	<u>EMT-E Package</u>	<u>EMT-I/P Package</u>	<u>Air Ambulance</u>	<u>Neonatal Ambulance</u>
<u>three hundred (300) millimeters of mercury or greater and free air flow of over thirty (30) liters per minute at the delivery tube. A manually powered device does not meet this requirement.</u>					
<u>Installed suction apparatus capable of providing a minimum of twenty minutes of continuous operation at a vacuum of five hundred (500) millimeters of mercury or greater and free air flow of over thirty (30) liters per minute at the delivery tube.</u>		<u>1</u>		<u>1</u>	<u>1</u>
<u>Suction catheters that are sterile, individually wrapped, disposable, and made of rubber or plastic in sizes as follows: Rigid Tonsil Tip, FR16, FR14,FR 8 and FR 6 .</u>	<u>2</u>	<u>2</u>		<u>2</u>	<u>2</u>
<u>12VAC5-31-2395 Patient Assessment Equipment</u>					
<u>Stethoscope in adult size.</u>	<u>1</u>	<u>2</u>		<u>2</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>

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

<u>REQUIRED VEHICLE EQUIPMENT</u>	<u>Non-Transport Vehicle Ambulance</u>	<u>EMT-E Package</u>	<u>EMT-I/P Package</u>	<u>Air Ambulance</u>	<u>Neonatal Ambulance</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>12VAC5-31-2400 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>24</u>	<u>24</u>		<u>10</u>	<u>24</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 assorted widths.</u>	<u>12</u>	<u>12</u>		<u>12</u>	<u>12</u>
<u>Cloth Triangular bandages, 36" x 36" x 51", triangle unfolded.</u>	<u>10</u>	<u>10</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>12</u>	<u>12</u>		<u>12</u>	<u>12</u>

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

<u>REQUIRED VEHICLE EQUIPMENT</u>	<u>Non-Transport Vehicle Ambulance</u>	<u>EMT-E Package</u>	<u>EMT-I/P Package</u>	<u>Air Ambulance</u>	<u>Neonatal Ambulance</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, Fifty (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>4</u>	<u>4</u>
<u>12VAC5-31-2405 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>

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

<u>REQUIRED VEHICLE EQUIPMENT</u>	<u>Non-Transport Vehicle Ambulance</u>	<u>EMT-E Package</u>	<u>EMT-I/P Package</u>	<u>Air Ambulance</u>	<u>Neonatal Ambulance</u>
<u>12VAC5-31-2410 Personal Protection Equipment</u>					
<u>Waterless Antiseptic Handwash</u>		<u>1</u>		<u>1</u>	<u>1</u>
<u>Exam Gloves, non-sterile, pairs in sizes small through extra-large.</u>		<u>10</u>		<u>5</u>	<u>10</u>
<u>Disposable Gowns/Coveralls each in assorted sizes if not One-Size-Fits-All style.</u>		<u>4</u>			<u>4</u>
<u>Faceshield / Eyewear</u>		<u>4</u>		<u>2</u>	<u>4</u>
<u>Infectious Waste Trash Bags</u>		<u>4</u>		<u>2</u>	<u>4</u>
<u>12VAC5-31-2415 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>

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

<u>REQUIRED VEHICLE EQUIPMENT</u>	<u>Non-Transport Vehicle Ambulance</u>	<u>EMT-E Package</u>	<u>EMT-I/P Package</u>	<u>Air Ambulance</u>	<u>Neonatal Ambulance</u>
<u>Male urinal.</u>		<u>1</u>			
<u>Bedpan with toilet paper</u>		<u>1</u>			
<u>12VAC5-31-2420 Splints and Immobilization Devices</u>					
<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>	<u>2</u>	<u>2</u>		<u>1</u>	<u>2</u>
<u>Traction splint with ankle hitch and stand, or equivalent. Capable of adult and Pediatric application.</u>		<u>1</u>			
<u>Padded board splints or equivalent for splinting fractures of the upper extremities.</u>		<u>2</u>		<u>1</u>	
<u>Padded board splints or equivalent for splinting fractures of the lower extremities.</u>		<u>2</u>		<u>1</u>	
<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>		<u>2</u>		<u>1</u>	
<u>Short spineboard 16" x 34" minimum size or equivalent spinal immobilization devices.</u>		<u>1</u>			

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

<u>REQUIRED VEHICLE EQUIPMENT</u>	<u>Non-Transport Vehicle Ambulance</u>	<u>EMT-E Package</u>	<u>EMT-I/P Package</u>	<u>Air Ambulance</u>	<u>Neonatal Ambulance</u>
<u>Pediatric Immobilization Device</u>		<u>1</u>			<u>1</u>
<u>Cervical Immobilization Devices (i.e., set of foam blocks/towels or other approved materials).</u>		<u>2</u>		<u>1</u>	
<u>12VAC5-31-2425 Safety Equipment</u>					
<u>Wheeled ambulance cot with a minimum of 350lb capacity, three (3) 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>Five-pound ABC or equivalent fire extinguisher securely mounted in the vehicle in a quick release bracket. One accessible to the patient compartment.</u>	<u>1</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>1</u>
<u>"No Smoking" sign located in the patient compartment.</u>		<u>1</u>			<u>1</u>

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

<u>REQUIRED VEHICLE EQUIPMENT</u>	<u>Non-Transport Vehicle Ambulance</u>	<u>EMT-E Package</u>	<u>EMT-I/P Package</u>	<u>Air Ambulance</u>	<u>Neonatal Ambulance</u>
<u>12VAC5-31-2428 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>12VAC5-31-2430 Advanced Life Support Equipment</u>					
<u>ECG Monitor/Manual Defibrillator capable of synchronized cardioversion and non- invasive external pacing with capability for monitoring and defibrillating adult and pediatric patients.</u>			<u>1</u>	<u>1</u>	<u>1</u>

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

<u>REQUIRED VEHICLE EQUIPMENT</u>	<u>Non-Transport 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>ECG Monitoring Electrodes, set, in adult and pediatric sizes as required by device used.</u>				2	2	
<u>ECG Monitoring Electrodes, set, in infant size as required by device used</u>						2
<u>Defibrillation and Pacing Electrodes in adult and pediatric sizes as required by device used.</u>				2	2	2
<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>			1			
<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>				1	1	1

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

<u>REQUIRED VEHICLE EQUIPMENT</u>	<u>Non-Transport Vehicle Ambulance</u>	<u>EMT-E Package</u>	<u>EMT-I/P Package</u>	<u>Air Ambulance</u>	<u>Neonatal Ambulance</u>
<u>Assorted Intravenous, intramuscular, subcutaneous and other medication delivery devices and supplies as specified by the agency OMD.</u>		<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>12VAC5-31-2435 Advanced Airway Equipment</u> that which must consist of:					
<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</u> to include all of the following items as indicated:		<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>

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

<u>REQUIRED VEHICLE EQUIPMENT</u>	<u>Non-Transport Vehicle Ambulance</u>	<u>EMT-E Package</u>	<u>EMT-I/P Package</u>	<u>Air Ambulance</u>	<u>Neonatal Ambulance</u>
<u>Rigid adult stylettes.</u>		2	2	2	
<u>10 cc disposable syringes.</u>		2	2	2	2
<u>5 ml of water-soluble surgical lubricant.</u>		1	1	1	1

12VAC5-31-2426 to 12VAC5-31-2499 Reserved

Article 4 - EMS Personnel Requirements and Standard of Conduct**12VAC5-31-2500 General Requirements**

A. EMS personnel must meet and maintain compliance with the following general requirements:

1. Be a minimum of sixteen (16) years of age. (An EMS Agency may have associated personnel who are less than sixteen (16) years of age. This person is not allowed to participate in any EMS response, a training program or other activity which 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. Has 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.

12VAC5-31-2505 **Criminal or Enforcement History**

A. EMS personnel must 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.
3. Has never been convicted or found guilty of any crime (including abuse, neglect, theft from, or financial exploitation) of a person entrusted to their 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 (5) 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 (5) years after the date of final release if no additional felonies have been committed during that time.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

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 having these disciplinary or enforcement action may be eligible for certification provided there have been no further disciplinary or enforcement actions for five (5) 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 acting as an Operator of an EMS Vehicle must not 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 (5) years. A person having these conviction(s), in Virginia or another state, may be eligible for reinstatement as an Operator after five (5) 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.

12VAC5-31-2510 EMS Regulation Compliance

EMS personnel must comply with these regulations and report in writing to the Office any suspected violations within fifteen (15) days.

12VAC5-31-2515 State and Federal Law Compliance

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

12VAC5-31-2520 Drugs and Substance Addiction

- A. EMS personnel must not be addicted to or under the influence of any drugs or intoxicating substances while on duty or when responding or assisting in the care of a patient.
- B. EMS Personnel must submit to testing for drugs or intoxicating substances upon request by the Office.

12VAC5-31-2525 Disclosure of Patient Information

A. EMS personnel must 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:

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS**Proposed 12VAC5-31**

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 patient(s);
 - a. 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 patient(s) 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;

6. To assist investigations conducted by the Board, Department or Office.

12VAC5-31-2530**Misrepresentation of Qualifications**

- A. EMS personnel must not misrepresent themselves as authorized to perform a level of care for which they are not currently qualified, licensed and/or certified.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

1. 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.

12VAC5-31-2535 Weapon Possession

EMS Personnel must 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 per Section 18.2-308 of the Code of Virginia.

12VAC5-31-2540 False Application for License, Permit, Certificate, Endorsement or Designation

EMS personnel must 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.

12VAC5-31-2545 False Statements or Submissions

EMS personnel must not make false statements, misrepresentations, file false credentials or willfully conceal material information to the Board, the Department, or the Office 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.

12VAC5-31-2550 Falsification of Materials

EMS personnel must 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.

12VAC5-31-2555 Misappropriation or Theft of Medications

EMS personnel must 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.

12VAC5-31-2560 Discrimination in Provision of Care

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

12VAC5-31-2565 Sexual Harassment

A. EMS personnel must not engage in sexual harassment of patients or co-workers. 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:

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

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 co-worker,
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 the co-workers ability to perform his work.

12VAC5-31-2570 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.

12VAC5-31-2575 Scope of Practice

EMS personnel must only perform those procedures, treatments, or techniques for which he is currently licensed and/or certified, provided that he is acting in accordance

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

with local medical control protocols and medical direction provided by the OMD of the EMS Agency with which he is affiliated.

12VAC5-31-2580 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 and/or the EMS Provider may be subject to enforcement action.

12VAC5-31-2585 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.

12VAC5-31-2590 Inability to Carry Out Medical Control Orders

A. 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;

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

2. If the procedure is not fully understood;
3. If the procedure is judged not to be in the best interests of the patient.

12VAC5-31-2595 Refusal of Care

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

12VAC5-31-2600 Informed Consent or Refusal

A. Whenever care is rendered without first obtaining informed consent, the circumstances must be documented on the Prehospital Patient Care Report.

B. Informed refusal of care must be obtained and documented on the Prehospital Patient Care Report.

12VAC5-31-2605 Transfer of Patient Care / Patient Abandonment

EMS personnel must not leave a patient in need of emergency medical care without first providing for 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.

12VAC5-31-2610 Provider Disagreement Over Patient's Needs

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

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

12VAC5-31-2615 Attending of the Patient During Transports

During transportation, the patient must 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.

12VAC5-31-2620 Provision of Patient Care Documentation

A. EMS personnel and EMS agencies must provide the receiving medical facility and/or transporting EMS Agency with a copy of the prehospital patient care report for each patient treated either with the patient or within twenty-four (24) hours.

B. The signature of the physician who assumes responsibility for the patient must 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 physician signature must document that the physician has been notified of the medications administered and procedures performed by the EMS personnel. EMS personnel must not infer that the physician's signature denotes approval, authorization or verification of compliance with protocol, standing orders or Medical Control orders.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

1. The receiving physician signature requirement above does not apply to medications which are maintained by EMS personnel during transport of patients between healthcare facilities, provided adequate documentation of on-going medications are transferred with the patient by the sending facility.
 - a. If a patient is not transported to the hospital or if the attending physician at the hospital refuses to sign the prehospital patient care report, this prehospital patient care report must 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.

12VAC5-31-2625 Emergency Operation of EMS Vehicle

A. 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.

12VAC5-31-2630 Provision of Care by Mutual Aid

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

A. 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 and/or certified to provide a level of care at the scene which 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 must 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.

12VAC5-31-2635 Provision of Care by Students

A. 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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

- 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 1. or 2. above removes the obligation of the supervising hospital, facility or licensed EMS Agency for ultimate responsibility for provision of appropriate patient care during a clinical or internship.
 4. Nothing in 1. or 2. above may be construed to authorize a non-certified and/or unlicensed individual to provide care outside of the approved supervised settings of the training program in which they are enrolled.
 5. Nothing in 1. or 2. above may be construed to authorize a noncertified and/or unlicensed individual to provide care or to operate a emergency medical services vehicle in a county or municipality which has enacted an ordinance pursuant to § 32.1-111.14 A. 8. of the *Code of Virginia* making it unlawful to do so.

12VAC5-31-2640 Adequate Response Staffing

A. An EMS Agency must provide for an adequate number of trained and/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 must be staffed with the appropriately trained and qualified personnel to fulfill the staffing requirements for its vehicle classification.

a. An Operator may respond alone with an EMS Vehicle to a medical emergency if the required EMS Provider(s) is known to be responding to the scene.

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

12VAC5-31-2645 Attendant-In-Charge Authorization

An Attendant-In-Charge must be authorized by the EMS Agency's OMD to use all skills and equipment required for their level of certification and the type of transport to be performed.

12VAC5-31-2650 Minimum Age of EMS Vehicle Personnel

A. EMS personnel serving in a required staffing position on an EMS Vehicle must be at a minimum eighteen (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 sixteen (16) years of age.

12VAC5-31-2655 Non-Transport Response Vehicle Staffing

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

1. An Operator must at a minimum possess a valid motor vehicle operator's permit issued by Virginia or another state and have successfully completed:

a. An approved Emergency Vehicle Operator's Course (EVOC) training course or an equivalent.

2. Attendant-in-Charge must be currently certified as an EMS First Responder or Emergency Medical Technician or an equivalent approved by the Office.

12VAC5-31-2660 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 must have required EMS Personnel in compliance with these regulations.

12VAC5-31-2665 Ground Ambulance Staffing Requirements

A. A Ground Ambulance Transport requires a minimum of two persons:

1. An Operator must at a minimum possess a valid motor vehicle operator's permit issued by Virginia or another state and have successfully completed:

a. 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.

12VAC5-31-2670 Basic Life Support Vehicle Transport

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

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.

12VAC5-31-2675 Advanced Life Support Vehicle Transport**A. Advanced Life Support Transport Requirements.****1. A Ground Ambulance equipped with an ALS Equipment Package.**

a. 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.

3. An Attendant must be certified as an Emergency Medical Technician or an equivalent approved by the Office in addition to the Attendant-In-Charge. The Attendant must not serve as the Attendant-In-Charge.

- a. An Operator may serve as the Attendant if certified as an Emergency Medical Technician or an equivalent approved by the Office.

12VAC5-31-2680 **Supplemented Transport Requirements**

A. Supplemented Transports Require the following:

1. An ambulance equipped with an ALS Intermediate/Paramedic Equipment Package.

2. The sending physician must determine 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 and/or:

3. The sending physician must determine 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.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

C. An Attendant who must be certified as an Emergency Medical Technician or an equivalent approved by the Office 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.

3. An EMS Agency requested to perform a Supplemented Transport must refuse to perform the transport if compliance with the requirements above cannot be satisfied. Refusal to provide the transport must be documented by the EMS Agency.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

A. Neonatal transports require:1. A Neonatal Ambulance

a. If a ground ambulance is utilized to perform an interfacility neonatal transport the vehicle must be equipped with the additional items listed in 12VAC5-2395, 12VAC5-2430, and 12VAC5-2435 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.

2. An Attendant-in-Charge 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.

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

3. An Attendant.

4. The Operator, Attendant-in-Charge or Attendant must be certified as an Emergency Medical Technician or an equivalent approved by the Office.

12VAC5-31-2690 Air Ambulance Transport Requirements

A. 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 must 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 one thousand (1000) hours in category, of which a minimum of two hundred (200) hours must be night time.

b. An Attendant-in-Charge must 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;

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

3) Emergency Medical Technician – Paramedic, certified for a minimum of two years, with specialized air medical training.

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

c. An Attendant who must be an Emergency Medical Technician or an equivalent approved by the Office.

d. The Attendant-In-Charge and the Attendant must not be members of the required flight crew.

2. Fixed Wing Air Ambulance

a. A Pilot in command must meet all the requirements of the Federal Aviation Administration Part 135.

b. An Attendant-in-Charge, who at a minimum must be an Air Medical Specialist who must 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;

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

3) An Emergency Medical Technician – Paramedic, certified for a minimum of two years, with specialized air medical training.

4) An other health care personnel with equivalent training or experience as approved by the Office.

c. An Attendant must be an Emergency Medical Technician or an equivalent approved by the Office.

d. The Attendant-In-Charge and the Attendant must not be members of the required flight crew.

12VAC5-31-2691 to 12VAC5-31-2699 Reserved

Attachment - Part II

1. An EMS Vehicle, on the effective date of these regulations, 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.

2. An EMS Vehicle Permitted before the effective date of these regulations is exempted as follows:
 - a. Section **12VAC5-31-2380** (AED Requirement) and Section **12VAC5-31-2430** (ECG Monitor/Manual Defibrillator with Synchronized Cardioversion and Non-Invasive Pacing Requirement) until twelve (12) months from the effective date of these regulations.

 - b. Section **12VAC5-31-2330** (EMS Vehicle Communications Requirement) until twelve (12) months from the effective date of these regulations.

3. Upon the effective date of these regulations, an EMS Vehicle may be reclassified as follows:
 - a. An Immediate Response Vehicle (Class A) becomes a Non-Transport Response Vehicle.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

b. A Basic Life Support Vehicle (Class B) or an Advanced Life Support Vehicle (Class C) becomes a Ground Ambulance.

c. 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.

d. A Life Support Vehicle for Air Transportation (Class F) becomes an Air Ambulance.

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

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

6. A Designated Emergency Response Agency must comply with Section **12VAC5-31-2165** Staffing Capability, within twelve (12) months of the effective date of these regulations.

PART III – EMS Education and Certification**12VAC5-31-3000 Applicability**

These regulations apply to an initial or refresher certification or continuing education (CE) EMS program.

12VAC5-31-3010 BLS Certification Programs

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

1. EMS First Responder
2. EMS First Responder Bridge
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.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

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.

12VAC5-31-3020 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
6. EMT-Paramedic

B. Transitional ALS certification programs are authorized for issuance of certification in Virginia for six (6) years from the effective date of these regulations are:

1. EMT-Shock Trauma to EMT-Enhanced.
2. EMT-Cardiac to EMT-Intermediate.

- a. An EMT-Shock Trauma or EMT- Cardiac, after recertifying once at his

**VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS
Proposed 12VAC5-31**

current certification level, must complete the designated "Transition" program to certify at the corresponding replacement certification level listed above.

b. An EMS provider in an EMT-Shock Trauma or EMT-Cardiac certification program who completes the training program and attains certification must complete the designated "Transition" program to certify at the corresponding replacement certification level listed above.

c. An EMT-Shock Trauma or EMT- Cardiac must complete the requirements for the designated "Transition" certification level within six (6) years from the effective date of these regulations.

C. A Course Coordinator for an ALS certification program must be an ALS Coordinator.

D. A Course Coordinator for an ALS certification program must use the following curriculum:

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

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

12VAC5-31-3030 EMT Instructor Certification Program

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

12VAC5-31-3040 Program Site Accreditation

Certification programs must comply with the requirements for Program Site Accreditation. The Office will publish the "Training Program Administration Manual" a document that describes and provides guidance to certification programs on how to comply with these regulations.

12VAC5-31-3050 Course Approval Request

A. A Course Coordinator must submit to the Office a completed Course Approval Request form thirty (30) days before the beginning date of the course including the following:

1. The signature of the Course Coordinator.

2. The signature of the PCD if requesting "Required (Category 1)" ALS certification or CE hours.

B. The Course Coordinator must use the course number assigned by the Office to identify the certification or CE program.

C. The Course Coordinator must only use those CE topic and sub-topic numbers assigned for the specific course approved by the Office when submitting a CE record/scancard.

12VAC5-31-3060 PCD Involvement

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

A Course Coordinator must inform the PCD of the program schedule, progress of individual student performance, student or instructor complaints and the status of other program activities.

12VAC5-31-3070 Course Coordinator and Instructor Accountability

A. A Course Coordinator or Instructor who violates these regulations is subject to enforcement action by the Office. The Office 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.

12VAC5-31-3080 Certification Examination

A Course Coordinator and Certification Candidate must comply with the requirements for certification examinations. The Office will publish the "Virginia EMS Certification

Examination Manual” a document that describes and provides guidance to a Course Coordinator and Certification Candidate on how to comply with these regulations.

12VAC5-31-3090 Certification Course Enrollment

A Course Coordinator and the student must submit to the Office a complete “Virginia EMS Training Program Enrollment” form for the student to be enrolled in a certification program.

12VAC5-31-3100 BLS Student Enrollment Requirements

- A. 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 and/or assess signs and symptoms.
 2. Be a minimum of sixteen (16) years of age at the beginning date of the certification program.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

- a. If less than eighteen (18) years of age, he must 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 must also be current at the time of state testing.

5. Must 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 must hold current Virginia certification at the EMS First Responder level.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

7. Meet other requirements for course enrollment as set by the Regional EMS Council or Local EMS Resource, the PCD and/or the Course Coordinator, approved by the Office.

12VAC5-31-3110 ALS Student Enrollment Requirements

A. 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 and/or assess signs and symptoms.

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

3. Hold, at a minimum, a high school or general equivalency diploma.

4. 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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

independently, to perform appropriate patient care, physical assessments and treatments without the need for an assistant.

5. Must 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. Meet requirements for course enrollment as set by the Regional EMS Council or Local EMS Resource, the PCD and/or the Course Coordinator, approved by the Office.
7. If in an ALS Bridge certification program between certification levels, he must have completed the eligibility requirements for certification at the prerequisite lower ALS level at the beginning date of the ALS Bridge certification program. He must also become certified at the lower ALS certification level before certification testing for the higher level of the ALS Bridge certification program.

12VAC5-31-3120 Course Coordinator Responsibility for Certification Candidate**Eligibility**

A. A Course Coordinator must provide the certification candidate the following documentation of eligibility for testing:

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

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 must by his signature attest to the eligibility of the certification candidate for certification testing.
 - b. If an ALS certification program, the PCD must by his signature attest to the eligibility of the certification candidate for certification testing.
2. If a Certification Candidate is less than eighteen (18) years of age on the beginning date of the program, a parental permission form that was completed and signed at the beginning of the program.
3. A completed Individual Skill Performance, Clinical Training and/or Field Internship record as applicable for the EMS certification program.

12VAC5-31-3130 Eligibility for Certification Examination

A. A Certification Candidate must take the initial EMS certification examination within one hundred-eighty (180) days of the End Date of the EMS certification program by presenting the following at a state certification examination:

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

1. A completed "Virginia EMS Certification Application" form signed by the Course Coordinator for BLS program or PCD for ALS programs.
2. A parental permission form if the Certification Candidate was less than eighteen (18) years of age on the beginning date of a BLS program.
3. A completed Individual Skill Performance, Clinical Training and/or Field Internship record as applicable for the EMS certification program.
4. A current CPR card or a valid copy of the course roster from a CPR course approved by the Office 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, Re-entry, Equivalency Challenge or Legal Recognition status must present the following at a state certification examination:

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

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

12VAC5-31-3140 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 (2) "Re-entry" period.

12VAC5-31-3150 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.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

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

5. Obtain a minimum score of eighty-five (85%) percent 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 ninety (90) days from the date of the examination.

B. An EMT Instructor Candidate must demonstrate competency during a formal practical pretest examination.

1. An EMT Instructor Candidate must provide the Office the following to be eligible for the Practical Examination:

a. An EMT Instructor Candidate affiliated with an EMS agency must be recommended by the EMS Agency's OMD.

**VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS
Proposed 12VAC5-31**

b. An EMT Instructor Candidate who is not affiliated with an EMS agency must 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 must receive an invitation from the Office in order to attend an Instructor Institute.

1. An EMT Instructor Candidate must attend an EMT-Instructor Institute conducted by the Office.

a. 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.

2. An EMT Instructor Candidate must 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."

12VAC5-31-3160 EMS Certification Written Examination

A. A Certification Candidate must pass the written certification examination with a minimum score of:

1. Seventy percent (70%) on a BLS certification examination.
2. Eighty percent (80%) on an ALS certification examination.
3. Eighty-five percent (85%) on an EMT-Instructor pretest examination.
4. Eighty percent (80%) on an EMT-Instructor recertification examination.

12VAC5-31-3170 EMS Certification Practical Examination

A. A Certification Candidate must pass all practical stations required for the certification level being tested.

1. A grade of UNSATISFACTORY on a Critical Criteria within a practical station will result in failure of that station.

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

12VAC5-31-3180 Certification Examination Retest

A. A Certification Candidate may have up to two (2) series of state certification examinations before being required to repeat an entire BLS or ALS certification program.

B. A Certification Candidate failing the written and/or practical certification examination of an exam series must retest within ninety (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 must only repeat the practical examination of an exam

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

series. A Certification Candidate failing the written examination but passing the practical examination must 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 ninety (90) day retest period, must complete the following before an additional certification test may be attempted:

1. The recertification CE hour requirements for the level to be tested.
2. Receive a “Second Certification Testing Eligibility Notice” from the Office.

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 ALS bridge course in order to be eligible for certification examination.

G. A Certification Candidate must complete all certification examination series within twelve (12) months from the date of the first certification examination attempt. This

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

twelve month maximum testing period may shorten the time available for retesting specified in "B" above.

12VAC5-31-3190 Prohibition of Oral Examination Administration

A Certification Candidate must not use another person or any means, electronic or mechanical, to translate certification examination material into an audible or tactile format.

12VAC5-31-3200 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 further enforcement action. Unauthorized giving or obtaining information will include but not be limited to:

A. Unauthorized access to a certification examination question.

B. Copying, reproducing or obtaining all or any portion of material from a certification examination.

C. Divulging any material from a certification examination.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

D. Altering in any manner the response of a Certification Candidate, except by the Office.

E. Providing false certification or identification on any certification examination form.

F. Taking a certification examination on behalf of another person.

G. Participating in, directing, aiding, or assisting in any of the acts prohibited by this section.

12VAC5-31-3210 Course Coordinator and Instructor Reimbursement

A Course Coordinator must comply with the administrative requirements for reimbursement established by the Office. The Office will publish the "Training Program Administration Manual," a document that describes and provides guidance to a Course Coordinator on how to comply with these regulations.

12VAC5-31-3220 Provision of Patient Care

An EMS Provider must comply with 12VAC5-31 Part II Article 4.

12VAC5-31-3230 Certification Period

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

A. An EMS certification may be issued for the following certification period unless suspended or revoked by the Office:

1. A BLS certification is valid for four (4) years from the end of the month of issuance, except as noted below.

2. An ALS certification is valid for three (3) years from the end of the month of issuance.

a. An EMS provider with ALS certification may be simultaneously issued an EMT certification for an additional two (2) years of EMT certification.

3. An EMT Instructor certification is valid for two (2) years from the end of the month of issuance.

1. An EMS provider with EMT Instructor certification may be simultaneously issued an EMT certification for an additional two (2) years of EMT certification.

12VAC5-31-3240 Certification through Reciprocity

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.

12VAC5-31-3250 Certification through Legal Recognition

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 (1) year or the duration of their current certification whichever is shorter.

12VAC5-31-3260 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 Section **12VAC5-31-3120**, including passing a written and practical EMS certification examination.

12VAC5-31-3270 Certification through Re-entry

A. An EMS provider whose EMS certification has expired within two (2) years of his expiration date may be issued certification after completing the requirements of Section

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

12VAC5-31-3120, including passing a written and practical EMS certification examination. An EMS provider who fails to complete the Re-entry process by the end of the two (2) 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 (2) years and his eligibility to regain certification through Re-entry has expired, may be issued certification through Section 12VAC5-31-3120.

12VAC5-31-3280 Voluntary Inactivation of Certification

An EMS provider affiliated with a licensed EMS agency who no longer desires to practice at their current level of certification may have his certification placed into INACTIVE status by the Office.

12VAC5-31-3290 EMS Recertification Requirement

A. An EMS provider must complete the requirements for recertification 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 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.

b. The EMS provider must submit a completed "Virginia EMS Certification Application" with the "Exam Waiver" approval signed by the EMS Agency OMD must be received by the Office within thirty (30) days following the expiration of his certification.

(1) If the "Virginia EMS Certification Application" form is received by the Office after the EMS provider's certification expiration date, the EMS provider may not practice at the

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

expired certification level until a valid certification is received from the Office.

(2) If the "Virginia EMS Certification Application" form is received by the Office more than thirty (30) days after the EMS provider's certification expiration date, his certification will be in Re-entry.

12VAC5-31-3300 EMT Instructor Recertification

A. An EMT-Instructor requesting recertification must complete the following requirements within the two year (2) 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 ten (10) hours of approved continuing education.

a. An Instructor holding an ALS level certification is not required to attend these additional ten (10) hours of continuing education if his ALS certification is current at the time of EMT-Instructor recertification.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

4. Pass the EMT-Basic written certification examination with a minimum passing score of eighty (80) percent. This examination may be attempted only after attending an EMT-Instructor/ALS Coordinator Update Seminar.
 - a. If the EMT-instructor is affiliated with a licensed EMS Agency, this examination may be waived by the EMS Agency's OMD per **12VAC5-31-3280**.

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.

6. An EMT Instructor's certification will revert back to his highest level of EMS certification remaining current upon expiration.

12VAC5-31-3310 EMT Instructor Re-Entry

- A. An EMS provider whose EMT-Instructor certification has expired may regain certification through completion of the Re-entry program within two (2) years of the expiration date of his EMT Instructor certification:
 1. If the EMT-Instructor had completed the teaching requirements of Section **12VAC5-31-3290 A.1** 1above, but was unable to fulfill one or more of the

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

requirements of Sections 12VAC5-31-3290 A. 2-6 above, the remaining requirements must be completed within two (2) years following the expiration date.

a. If the EMT-Basic examination required under Section 12VAC5-31-3290 A.4 above 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 Section 12VAC5-31-3290 A above, the following requirements will be necessary for Re-entry:

a. Successful completion of the EMT-Instructor written and practical pretest examinations as specified under Section 12VAC5-31-3130.

b. Attendance of the administrative portions of an EMT-Instructor Institute.

12VAC5-31-3320 Continuing Education Categories

A CE hour may be issued for one the following categories:

A. "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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

available to respond to students, requirements for specific contact hours are met and the Course Coordinator complies with these regulations.

B. “Approved” (Category 2) - CE hours may be issued provided a qualified instructor is present and available to respond to students, topics must be approved and the Course Coordinator complies with these regulations.

C. “Multimedia” (Category 3) - CE hours may be issued for contact with periodicals, videotapes, and other multi-media sources provided that specific contact hours for the certification level involved are met.

12VAC5-31-3330 Submission of Continuing Education

A. A CE hour may be issued for attendance of a program approved by the Office provided:

1. A Course Coordinator must submit a CE record/scancard, within fifteen (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.

12VAC5-31-3340 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 (2) "Re-entry" period.

12VAC5-31-3350 ALS Coordinator Endorsement

A. A person applying for endorsement as an ALS Coordinator must:

1. Be a minimum of twenty-one (21) years of age.

2. Hold ALS certification or licensure in one of the following:

a. Registered Nurse

b. Physician Assistant

c. Physician

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

3. Submit an “ALS Coordinator Application” form with the required recommendations and supporting documentation of qualifications to the Office including:

a. A recommendation for acceptance from an EMS Physician knowledgeable of the applicant’s qualifications.

1) If the applicant is an EMS Physician, the support of another EMS physician is not required on their “ALS Coordinator Application”.

b. A recommendation for acceptance of the applicant’s qualifications from the Regional EMS Council or Local EMS Resource.

C. A separate “ALS Coordinator Application” is required for each region in which the applicant intends to coordinate ALS certification or CE programs.

1. 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.

D. An ALS Coordinator Candidate meeting the requirements for endorsement must attend an ALS Coordinator Seminar.

E. An ALS Coordinator Candidate that completes all requirements for ALS Coordinator endorsement may be issued a endorsement that is valid for two (2) years.

1. An ALS Coordinator endorsement does not provide concurrent provider credentials at any EMS certification level.

F. ALS Coordinator endorsement alone does not authorize the performance of any medical procedure.

12VAC5-31-3360 Renewal of ALS Coordinator Endorsement

A. An ALS Coordinator must maintain current and unrestricted certification as an ALS provider, or licensure as a registered nurse, physician assistant or physician.

B. An ALS Coordinator must resubmit an ALS Coordinator application before the expiration date of his ALS Coordinator Endorsement.

1. 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.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

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 Re-entry program must, within two (2) years of his expiration date, provide:

1. Complete the "ALS Coordinator Application" and the requirements of Sections A, B and C above.

PART IV. EMS PHYSICIAN REGULATIONS**12VAC5-31-4000 Requirement for EMS Physician Endorsement**

A. A physician wishing to serve as an EMS agency Operational Medical Director (OMD) or an EMS training program Physician Course Director (PCD) must hold current endorsement as an EMS Physician issued by the Office.

12VAC5-31-4010 Qualifications for EMS Physician Endorsement

A. A physician seeking endorsement as an EMS Physician must 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. The documentation required must present evidence of the following:

1. Board certification in emergency medicine or is in the active application process for Board certification in emergency medicine issued by a national organization recognized by the Office.
2. Board certification in family practice, internal medicine or surgery; or be in the active application process for Board certification in family practice,

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

internal medicine or surgery issued by a national organization recognized by the Office.

a. 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 (5) years.

3. A physician must submit documentation of completion of an EMS Medical Direction Program approved by the Office within the past five (5) 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 1, or 2 above, 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 sub-section by the Office is limited to service within the designated geographic area(s) of the recommending Regional EMS Council(s) or Local EMS Resource(s).

a. A physician seeking review for endorsement under this section may apply to any number of Regional EMS Councils and/or Local EMS resources for service within each respective geographic service area.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

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.

1) All or part of this requirement may be waived if the Office determines this training is not required due to the specialized nature of the EMS agency to be served.

12VAC5-31-4020 Application for EMS Physician Endorsement

A. Physicians seeking endorsement as an EMS Physician must make application on forms prescribed by the Office. 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 within fifteen (15) days of the review.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

C. The Office will review the application and the enclosed documents and notify the physician in writing of the status of their application within thirty (30) days of receipt.

1. Final disposition of an application may be delayed pending further review by the EMS Advisory Board Medical Direction Committee as applicable.

12VAC5-31-4030 Conditional Endorsement

A. Physicians who are otherwise eligible but who have not completed an approved EMS Medical Direction Program as required by 12VAC5-31-4010 A. 3 within the past five (5) years will be issued "Conditional" endorsement for a period of one year.

1. Upon verification of EMS Medical Direction Program attendance and the training required per 12VAC5-31-4010 4. b., the Office will reissue endorsement with an expiration date five (5) 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 per 12VAC5-31-4010 4. b., within the initial one-year period, his endorsement will lapse.

12VAC5-31-4040 Lapse of EMS Physician Endorsement

A. If an EMS Physician fails to reapply for endorsement prior to expiration, the Office will notify the EMS Physician, applicable Regional EMS Council(s) or Local EMS

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

Resource(s), and any EMS agency or training course that the EMS Physician is associated with, of the loss of endorsement. Any training program(s) 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 per section 12VAC5-31 Part II 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.

12VAC5-31-4050 Change in EMS Physician Contact Information

An EMS Physician must report any changes of their name, contact address(es) and contact telephone numbers to the Office within fifteen (15) days.

12VAC5-31-4060 Renewal of Endorsement

A. Continued endorsement as an EMS Physician requires submission of an application for renewal to the Office 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 Section **12VAC5-31-4010.**

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

1. 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.

12VAC5-31-4070 Service by an EMS Physician

A. An endorsed EMS Physician may serve within the limits of their endorsement as an Operational Medical Director (OMD) and/or as a Physician Course Director (PCD).

B. The Office may limit the number and type of agencies and/or training programs an EMS Physician may oversee in order to insure appropriate medical direction and clinical oversight is available.

12VAC5-31-4080 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 must enter into a written agreement to serve as OMD with the EMS agency. This agreement must 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

per 12VAC5-31-4110.

2. Must identify the specific responsibilities of each EMS Physician if an agency has multiple OMDs.

3. Must ensure the adequate indemnification for:

a. medical malpractice and

b. civil liability.

12VAC5-31-4090 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:

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

1. Use of 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. Verification that qualifications and credentials for the agency's patient care and/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; Section 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 and/or field internships.

5. Suspension of certified EMS personnel from medical care duties pending review and evaluation. Following final review, the OMD must notify the provider, the EMS Agency and the Office in writing of the nature and length of any suspension of practice privileges that are the result of disciplinary action.

6. The OMD must report in writing to the Office any known or suspected violation of these regulations within fifteen (15) days of becoming aware of the suspected violation.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

7. Reviewing and auditing agency activities to ensure an effective Quality Management Program for continuous system and patient care improvement. Function 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.

8. Interact 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.

9. 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.

10. Establishing any other agency rules or regulations pertaining to proper delivery of patient care by the agency.

11. Providing for the maintenance of written records of actions taken by the OMD to fulfill the requirements of this section.

12VAC5-31-4100 OMD and EMS Agency Conflict Resolution

A. In the event of an unresolved conflict between the OMD and an EMS agency, the issue(s) 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 and/or the health of citizens, the OMD must attempt to resolve the issue(s) in question. If a risk remains unresolved and presents an immediate threat to public safety and/or the health of citizens, the OMD must contact the Office for assistance.

12VAC5-31-4110 Change of Operational Medical Director

A. An OMD choosing to resign must provide the agency and the Office a minimum of thirty (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 thirty (30) days advance written notice of intent to the current OMD and the Office.

C. When extenuating circumstances require an immediate change of an agency's OMD (i.e.: death, critical illness, etc.), the Office 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.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

1. Under these extenuating circumstances, the Office 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 (i.e.: military commitment, unexpected clinical conflict, etc.), the OMD must notify the Office within ten business days so that a qualified interim replacement may be approved.

1. Any circumstances which 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 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*.

12VAC5-31-4120 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.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

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 approved training curriculum for the course of instruction.

1) 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 approved recertification curriculum.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

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.

e. Any additional requirements imposed for programs conducted for a single EMS agency or other organization must comply with the minimum guidelines defined in sections 12VAC5-31-4120. B. 3. a. – d. above.

12VAC5-31-4130 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 may suspend the instruction of any on-going course(s), withhold issuance of certifications, and/or suspend certifications issued to the course's students, instructors, or the Course Coordinator until an investigation is concluded.

1. Investigations resulting in a finding of a violation of these regulations by a PCD may result in enforcement action.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS
Proposed 12VAC5-31

a. The Office may report the results of any investigation to the State Board of Medicine for further review and action as deemed necessary.

12VAC5-31-4140 Physician Course Director Responsibility to Students

- A. PCD / Student Relationship - The PCD must assure that students are made aware of the PCD's responsibilities for the course, how to contact the PCD and if possible, meet the PCD during the first lessons of any certification course.
- B. Hospital Based Experiences and Field Internships - The PCD must 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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

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 related didactic subject matter has 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.

3. Nothing in 12VAC5-31-4140 B.1. or B.2. above 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.

12VAC5-31-4141 - 12VAC5-31-4999 RESERVED

ATTACHMENT -

1. Upon enactment of these regulations, 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. Issuance of EMS Physician endorsement will be subject to renewal per Section 12VAC5-31-4020.

2. EMS Physicians initially endorsed through the “grandfather” clause that fail to request renewal before expiration will be subject to compliance with the full provisions of Section 12VAC5-31-4010 in order to regain endorsement as an EMS Physician.

**PART V – WHEELCHAIR INTER-FACILITY TRANSPORT SERVICES, VEHICLES
AND PERSONNEL STANDARDS**

12VAC5-31-5000 Wheelchair Inter-Facility 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 Inter-Facility Transport Service without a valid license or in violation of the terms of a valid license issued by the Office.
2. A person holding a Wheelchair Inter-Facility Transport Service license must operate, at a minimum, one (1) Wheelchair Inter-Facility Transport Vehicle.
3. Wheelchair Inter-Facility 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 Inter-Facility Transport Services and applicants for Wheelchair Inter-Facility 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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

Office. Further, no person may advertise for services other than those for which the Wheelchair Inter-Facility Transport Service is licensed, or imply such services in the Service name.

C. Each Wheelchair Inter-Facility Transport Service must 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 person during all periods when the Wheelchair Inter-Facility Transport Service has advertised its availability or has vehicles in operation.

1. Exception - Any Wheelchair Inter-Facility 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 Inter-Facility Transport Service must provide for a telephone number and must make this number known to the unique population it serves.

D. A Wheelchair Inter-Facility Transport Service providing service to the public must insure that service is available during all periods when the Wheelchair Inter-Facility Transport Service has advertised its availability.

E. A Wheelchair Inter-Facility Transport Service must not discriminate due to the passenger's race, creed, gender, color, national origin, location, medical condition or any other reason.

**12VAC5-31-5010 Application and Issuance of Wheelchair Inter-Facility
Transport Service License**

- A. An applicant for Wheelchair Inter-Facility Transport Service licensure must file a written application specified by the Office.
- B. The Office may use whatever means of investigation necessary to verify any or all information contained in the application.
- C. The Office 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 owner(s), officers and directors.
 3. Any previous record of performance in the provision Wheelchair Inter-Facility 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.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

5. A statement of approval for the Wheelchair Inter-facility 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.

a. If a Wheelchair Inter-facility 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 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 Inter-Facility Transport vehicles used by the applicant Service.

E. Issuance

1. A Wheelchair Inter-Facility Transport Service license may be issued by the Office provided all of the following conditions are met:

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

- a. All information contained in the application is complete and correct.
 - b. The applicant is determined by the Office 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 Inter-Facility Transport Service license will include the following information:
1. The name and address of the Wheelchair Inter-Facility Transport Service;
 2. The expiration date of the license;
 3. Any special conditions that may apply.
- G. Wheelchair Inter-Facility Transport Service licenses will be issued and remain valid with the following conditions:

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

1. Wheelchair Inter-Facility 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.
2. Wheelchair Inter-Facility Transport Service licenses are not transferable.

H. A Wheelchair Inter-Facility 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 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 completes processing of the renewal application.

J. An application for new Wheelchair Inter-Facility Transport Service licensure or renewal of a Wheelchair Inter-Facility Transport Service license may be denied by the Office if the applicant or Service does not comply with these regulations.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

K. Termination of service by a Wheelchair Inter-Facility Transport Service requires the Service to surrender the Wheelchair Inter-Facility Transport Service license.

1. A Wheelchair Inter-Facility Transport Service must notify the Office at least thirty (30) days in advance of its intention to discontinue service. Written notice of intent to terminate service must 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 thirty (30) days following the termination of service, the Wheelchair Inter-Facility Transport Service must:

1. Return the Wheelchair Inter-Facility Transport Service license and all associated vehicle permits to the Office.
2. Remove all signage or insignia that advertise the availability of Wheelchair Inter-Facility 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 (5) years from the date of termination of service.

M. Failure of a Wheelchair Inter-Facility Transport Service to comply with these regulations may result in the denial of a future application for Wheelchair Inter-Facility Transport Service licensure and/or an enforcement action.

12VAC5-31-5020 General Requirements Governing Service Operations

- A. The Wheelchair Inter-Facility Transport Service is responsible for ensuring that all Wheelchair Inter-Facility Transport vehicles and associated Wheelchair Inter-Facility 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 Inter-Facility 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 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 Inter-Facility 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 (5) years:
 - a. Current personnel records, including a file for each Wheelchair Inter-Facility Transport Service member or employee, that provides documentation of qualifications for the position(s) 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 Inter-Facility 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 (5) years.

3. Each Wheelchair Inter-Facility Transport Service must submit a complete **Service Status Report** to the Office providing requested information within thirty

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

days (30) of request on a form prescribed by the Office. The form will include the following and other information as required:

a. 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 with, if applicable, outside work numbers.

4. Each Wheelchair Inter-Facility 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 Inter-Facility 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 Section 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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

The Wheelchair Inter-Facility Transport Service license must be publicly displayed in the primary office space of the Wheelchair Inter-Facility Transport Service and a copy displayed in each other fixed place of operations.

12VAC5-31-5030 Wheelchair Inter-Facility Transport Vehicle Permitting

- A. No person may operate or maintain any motor vehicle as a Wheelchair Inter-Facility Transport vehicle without a valid permit or in violation of the terms of a valid permit.
- B. The Wheelchair Inter-Facility Transport Service must file written application for a permit on forms specified by the Office.
- C. The Office may verify any or all information contained in the application before issuance.
- D. The Office will inspect the Wheelchair Inter-Facility Transport vehicle for compliance with these regulations.
- E. A Wheelchair Inter-Facility Transport permit will be issued as follows:
1. The application may be approved and a permit may be issued for the Wheelchair Inter-Facility Transport vehicle by the Office provided all of the following conditions are met:
 - a. All information contained in the application is complete and correct;

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

b. The applicant is a Wheelchair Inter-Facility Transport Service licensed by the Office;

c. The Wheelchair Inter-Facility Transport vehicle is registered or permitted by the Department of Motor Vehicles;

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 Inter-Facility Transport vehicle without a franchise in any county or municipality that has enacted an ordinance requiring it.

F. The Wheelchair Inter-Facility 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;
3. Any special conditions that may apply.

G. Wheelchair Inter-Facility Transport vehicle permits will be issued and remain valid with the following conditions:

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

1. A regularly issued Wheelchair Inter-Facility Transport vehicle permit is valid for a period coincident with the Wheelchair Inter-Facility Transport Service license unless and until revoked or suspended by the Office.

2. Wheelchair Inter-Facility Transport vehicle permits are not transferable under any circumstances.

H. Renewal of a Wheelchair Inter-Facility Transport vehicle permit may be granted without reapplication if the Wheelchair Inter-Facility Transport Service and Wheelchair Inter-Facility Transport vehicle comply with these regulations.

1. Should the Office be unable to take action on renewal of a Wheelchair Inter-Facility Transport vehicle permit before expiration, the permit will remain in effect until the Office 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. A Wheelchair Inter-Facility Transport vehicle may not be operated without a properly displayed permit.

J. A Wheelchair Inter-Facility Transport vehicle may not be marked to indicate a type of service other than that for which it is permitted.

12VAC5-31-5040 Denial of an Wheelchair Inter-Facility Transport Vehicle Permit

A. An application for a Wheelchair Inter-Facility Transport vehicle permit will be denied by the Office if any conditions of these regulations fail to be met.

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

12VAC5-31-5050 Wheelchair Inter-Facility Transport Vehicle Requirements

A. Each Wheelchair Inter-Facility Transport vehicle must be maintained in good repair and safe operating condition and must 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*.

1. 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 Inter-Facility 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:

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

1. The interior of the Wheelchair Inter-Facility 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;
4. 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.
5. 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 Inter-Facility Transport vehicles are subject to, and available for, inspection by the Office or its designee, for compliance with these regulations. Inspections are in addition to other Federal, State, or Local inspections required for the Wheelchair Inter-Facility Transport vehicle by law. The Office may conduct inspection at any time and without prior notification.

12VAC5-31-5060 Wheelchair Inter-Facility Transport Vehicle SpecificationsA. Capabilities

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS
Proposed 12VAC5-31

1. The Wheelchair Inter-Facility Transport vehicles is intended for the transportation of a person in a wheelchair who requires transportation for non-emergency purposes between medical care facilities.

a. A passenger who requires emergency medical services, transport on a stretcher or transport in a supine position must not be transported in a Wheelchair Inter-Facility Transport vehicle.

b. A Wheelchair Inter-Facility Transport vehicle must not be used for emergency transportation.

B. Dimensions and Construction - All Wheelchair Inter-Facility Transport vehicles must be constructed to provide sufficient space for safe storage of all required equipment and supplies. All Wheelchair Inter-Facility Transport vehicles must have a state motor vehicle safety inspection performed following completion of conversion and before the application for a Wheelchair Inter-Facility Transport permit.

1. A Wheelchair Inter-Facility 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.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

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(s).

d. Interior surfaces must be designed for passenger safety. Protruding sharp edges and corners must be padded.

e. All interior surfaces must be of a material easily cleaned and non-stainable. 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 fifty-six inches (56") 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.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

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, one and one-half inches (1.5") 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 (3") 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 the 49 C.F.R. §§ 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.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

2. Warning Lights and Devices – Wheelchair Inter-Facility 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

1. Lettering - On a Wheelchair Inter-Facility Transport Vehicles the following must appear in permanently affixed lettering that is a minimum of three inches (3") in height and of a color that contrasts with its surrounding background:

a. The name of the Wheelchair Inter-Facility Transport Service that the vehicle is permitted to must appear on both sides of the vehicle body.

(1) 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.

(2) If the Wheelchair Inter-Facility Transport Service is also licensed by the Office 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.

b. Any additional lettering, logos or emblems may appear on

**VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS
Proposed 12VAC5-31**

the vehicle at the discretion of the Wheelchair Inter-Facility Transport Service. The height of any additional lettering must be less than the lettering used for the Service's name.

(1) All additional lettering, logos or emblems may not advertise or imply the capability to provide emergency medical services (EMS).

(2) The Star of Life emblem may not appear on any Wheelchair Inter-Facility Transport vehicle.

12VAC5-31-5070 General Personnel Requirements and Standards of Conduct

All Wheelchair Inter-Facility Transport personnel must meet and maintain compliance with the following general requirements:

A. Personnel Qualifications

1. Be a minimum of eighteen (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. Be able to read, write, and speak the English language as necessary to perform all assigned duties.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

4. Has no physical impairment that would render him or her unable to perform all required skills.
5. 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.
6. Has never been convicted or found guilty of any crime (including abuse, neglect, theft from, or financial exploitation of a person entrusted to their care or protection) in which the victim is a patient or is a resident of a health care facility.
7. Not be 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 (5) years after the date of final release if no additional crimes of this type have been committed during that time.
8. Not be convicted or found guilty of any other act that is a felony except that the felon is eligible for affiliation five (5) years after the date of final release if no additional felonies have been committed during that time.
9. An EMS Personnel acting as an Operator must not 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 (5) years. Personnel

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

having conviction(s), in Virginia or another state, are eligible for reinstatement after five (5) years, without further convictions.

10. Is not currently under any disciplinary or enforcement action from the Office 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 (5) years.
11. Has never been subject to a permanent revocation of license or certification by the Office 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, "Convictions" include 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.

B. Standards of Conduct

1. Wheelchair Inter-Facility Transport personnel must comply with the requirements of these regulations.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

2. Wheelchair Inter-Facility Transport personnel must comply with all federal, state, and/or local laws applicable to their Wheelchair Inter-Facility Transport operations.
3. Wheelchair Inter-Facility Transport personnel must not be addicted to or under the influence of any drugs or intoxicating substances while on duty;
4. Wheelchair Inter-Facility Transport personnel must not share or disclose medical information concerning the names, treatment, or conditions of passengers transported. This information is confidential and may be disclosed only:
 - a. To provide for the continuing medical care of the passenger;
 - b. To the extent necessary and authorized by the passenger or his representative in order to collect insurance payments due;
 - c. To provide continuing education of Wheelchair Inter-Facility Transport personnel who provide this assistance;
 - d. To assist investigations conducted by the Board, Department or Office.
5. Wheelchair Inter-Facility Transport personnel must not represent themselves as authorized to perform any level of patient care.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

6. Wheelchair Inter-Facility Transport personnel must 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 Inter-Facility Transport personnel must not make false statements, misrepresentations to or willfully conceal information from the Board, Department, or Office.
8. Wheelchair Inter-Facility Transport personnel must not possess, remove, use or administer any narcotics, drugs, supplies or equipment from any EMS Agency or Wheelchair Inter-Facility Transport Service, EMS or Wheelchair Inter-Facility Transport vehicle, health care facility, academic institution or other location, without proper authorization.
9. Wheelchair Inter-Facility Transport personnel must not discriminate in the provision of service based on race, gender, religion, age, national origin, location, medical condition or any other reason.
10. Wheelchair Inter-Facility Transport personnel must not, under any circumstances, engage in sexual harassment of passengers or co-workers. 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,

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

b. The provision or denial of employment,

c. The provision or denial of promotions to a co-worker,

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 the co-
workers ability to perform his work.

C. Provision of Services - Wheelchair Inter-Facility Transport personnel are expected
to provide consistently high quality transportation to all passengers.

1. Wheelchair Inter-Facility Transport personnel are responsible for providing only
those services allowed within the scope of licensure of the Wheelchair Inter-
Facility Transport Service with which they are operating.

2. During transportation, the passenger must be transported in the passenger
compartment of the vehicle involved.

3. Wheelchair Inter-Facility Transport personnel must not leave a passenger
unattended at the destination facility without properly informing the facility staff of
the passenger's arrival and location.

4. Wheelchair Inter-Facility Transport personnel must not leave a passenger unattended except while loading or unloading another passenger.

12VAC5-31-5080 Wheelchair Inter-Facility Transport Vehicle Personnel

The following minimum Wheelchair Inter-Facility Transport vehicle personnel requirements apply to all Wheelchair Inter-Facility Transport vehicles:

A. General Personnel Requirements

1. All personnel serving as the Operator of any Wheelchair Inter-Facility Transport vehicle must be a minimum of eighteen (18) years of age.

2. It is the responsibility of each Wheelchair Inter-Facility Transport Service to insure that adequate numbers of trained Wheelchair Inter-Facility Transport personnel are available to perform all essential tasks necessary for provision of timely and appropriate transportation for all passengers.

Attachment

1. An Wheelchair Inter-Facility Transport Vehicle, on the effective date of these regulations, must meet the requirements for vehicle construction in effect at the time the Wheelchair Inter-Facility Transport Vehicle was permitted.

2. Upon the effective date of these regulations, a Medical Wheelchair Transport Vehicle (Class E) may be reclassified as a Wheelchair Inter-Facility Transport Vehicle.

—

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

Part VI – Early Defibrillation Service Registration**12VAC5-31-6000 Requirement for Early Defibrillation Service Registration**

A. A person must not operate or maintain an Automated External Defibrillator for use on or to provide service to the public without an Early Defibrillation Service registration.

1. Exception - A person specifically exempted by § 32.1-111 of the *Code of Virginia*.

B. A person obtaining an AED for use on the public must register it with the Office, unless specifically exempted, before placing the AED in use.

C. An Early Defibrillation Service must not provide emergency medical services.

12VAC5-31-6010 Applicability

These regulations have general application throughout Virginia.

12VAC5-31-6020 Compliance with these Regulations

A. A person must comply with these regulations.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

B. An Early Defibrillation Service and its personnel must report any known or suspected violation of these regulations in writing to the Office within fifteen (15) days of the suspected violation.

12VAC5-31-6030 Specific Exemptions of Registration

A. The following are exempted from registration under these regulations:

1. A vehicle used by an interstate commercial passenger carrier regulated by an agency(s) 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/or federal human research guidelines and has obtained approval from the Office.

12VAC5-31-6040 Application and Issuance of Early Defibrillation Service Registration

A. An applicant for Early Defibrillation Service registration must submit a complete application to the Office.

1. The application must include a registration fee of twenty-five dollars (\$25)

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

for each distinct geographic location where an AED is to be maintained or available for use.

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

C. The Office will determine whether an applicant or registrant is qualified for registration based upon the following:

1. An applicant or registrant must meet 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 must be subject to and available for inspection by the Office.

E. Issuance

1. An Early Defibrillation Service registration may be issued by the Office provided the following conditions are met:

- a. Information contained in the application is complete and correct;

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

b. An applicant is determined by the Office 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.
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 (4)

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

years from the date of issuance unless and until revoked or suspended by the Office.

2. An Early Defibrillation Service registration is not transferable.

12VAC5-31-6050 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 must be submitted a minimum of sixty (60) days prior to expiration of the current registration;

a. The application for renewal must include a registration fee of twenty-five dollars (\$25) for each distinct geographic location where an AED is to be maintained or available for use.

B. If the Office is unable to take action on renewal of a registration before expiration the registration will remain in effect until the Office completes processing of the renewal application.

12VAC5-31-6060 Modification of a Registration

A. An Early Defibrillation Service registration must be modified whenever there is a change in the location 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 must request the modifications in writing.
2. The Office may use the full provisions of these regulations in processing the request.
3. A registrant will be notified in writing of the disposition of the request.

12VAC5-31-6070 Denial of a Registration

A. An application for an Early Defibrillation Service registration or renewal of registration may be denied by the Office 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 if any of the conditions of these regulations are not met.

C. In the event that a registration or application is denied, the Office will notify the applicant or registrant of the denial in writing.

12VAC5-31-6080 Termination of Early Defibrillation Service

A. An Early Defibrillation Service intending to discontinue service must:

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

1. Notify the Office, in writing, of its intent to terminate service and verify that the local public safety agency(s) has been notified of its intent to discontinue service at least thirty (30) days in advance.
2. Provide for secure storage of required Service records for a minimum of five (5) years from the date of termination of service.

B. An Early Defibrillation Service must surrender its Early Defibrillation Service registration in order to terminate service.

12VAC5-31-6090 General Requirements for Early Defibrillation Service

A. An Early Defibrillation Service must provide service only at a specified geographic location.

1. Exception - A Law Enforcement agency, as defined under § 9-183.14 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.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

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.

1. The following equipment and supplies must be available for each automated external defibrillator in use:

a. Pocket mask or other CPR barrier device.

b. CDC recommended protective gloves, four (4) pair.

c. 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. 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.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

4. Waterless antiseptic handwash must be available with the AED.

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 (5) 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 which 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, will consist of an original and two copies to be distributed as follows:

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

(1) Original – Maintained by the Early Defibrillation

Service as prescribed above;

(2) Copy 2 – Forwarded to the Office for review not more than

five (5) days following the patient care incident;

(3) Copy 3 – 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 (5) 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.

12VAC5-31-6100 Registration Identification

An Early Defibrillation Service must be registered under the name of the sponsoring

organization and its specific geographical location.

12VAC5-31-6110 Notification of Public Safety

An Early Defibrillation Service must notify local public safety agency(s) as required by

these regulations.

12VAC5-31-6120 Availability of Service

An Early Defibrillation Service must be available to the service's population within its regular operating areas and hours.

12VAC5-31-6130 Non-Discrimination

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, medical condition or any other reason.

12VAC5-31-6140 Communication Capability

An Early Defibrillation Service must 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.

12VAC5-31-6150 Communication Responsibilities with Public Safety

An Early Defibrillation Service must notify the following local public safety agencies of current information about the location and extent of its operations:

1. The EMS Agency(s) with primary responsibility for providing emergency response and patient transport service.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

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.)

12VAC5-31-6160 Early Defibrillation Service Medical Direction**A. An Early Defibrillation Service must have a Medical Director.**

1. The Medical Director must be a physician and meet the following qualifications:
 - a. The physician must hold valid, unrestricted licensure to practice in Virginia.
 - b. The physician must provide proof of licensure with the service registration materials.
 - c. The physician must 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 must report current information about the name, address, and telephone number of the Medical Director to the Office

B. The responsibilities of the Medical Director include but are not limited to the following:

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

1. Function 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, develop and monitor a mechanism to ensure the continued competency of the service's personnel to include periodic training, and skill proficiency demonstrations at least every six months.
3. Review and evaluate periodic reviews of the service's activities to ensure an effective patient care quality assurance program.
4. Establish and maintain policies and procedures needed to ensure the delivery of proper patient care within the Early Defibrillation Service's scope of practice.

12VAC5-31-6170 Personnel Requirements and Standards of Conduct

Early Defibrillation Service personnel must comply with the following general requirements to serve as an "AED Operator":

A. Personnel Qualifications:

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

1. Be a minimum of sixteen (16) years of age.

2. Must have successfully completed training in cardiopulmonary resuscitation and the use of automated external defibrillators in a course(s) approved by the Office.
 - a. Any person certified by the Office as an EMS First Responder, Emergency Medical Technician or an equivalent approved by the Office, without restriction of EMS certification meets this training requirement.

 - b. Be capable of performing all assigned duties necessary for the performance of Cardiopulmonary Resuscitation and Automated External Defibrillation.

B. Standards of Conduct

1. Early Defibrillation Service personnel must comply with the requirements of these regulations.

2. Early Defibrillation Service personnel must comply with all federal, state or local laws applicable to Early Defibrillation Service operations.

3. Early Defibrillation Service personnel must not share or disclose medical information concerning the names, treatment, or conditions of patients treated. This information is confidential and may be disclosed only:

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

- a. To provide for continuing medical care of the patient;
 - b. To the extent necessary and authorized by the patient or his representative in order to collect insurance payments;
 - c. To provide continuing education of Early Defibrillation Service personnel who provide patient care;
 - d. To assist investigations conducted by the Board, Department or Office.
4. Early Defibrillation Service personnel must not represent himself as qualified to perform a level of care for which he is not trained or qualified to provide.
 5. Early Defibrillation Service personnel must not leave a patient without assuring that an equal or higher level of care is provided.
- C. Personnel are expected to provide consistently high quality care to all patients.
1. Early Defibrillation Service personnel must 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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Proposed 12VAC5-31

those procedures, treatments, or techniques for which they are trained to perform.

12VAC5-31-6181 through 12VAC5-31-6999 - Reserved