Virginia Regulatory Town Hall

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Final Regulation
Agency Background Document

Agency name	Virginia Department of Health
Virginia Administrative Code (VAC) citation	12 VAC 5 -31
Regulation title	Virginia Emergency Medical Services Regulations
Action title	Comprehensive amending and revisions addressing emergency medical services in Virginia
Date this document prepared	March 15, 2011

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

Brief summary

Please provide a brief summary (no more than 2 short paragraphs) of the proposed new regulation, proposed amendments to the existing regulation, or the regulation proposed to be repealed. Alert the reader to all substantive matters or changes. If applicable, generally describe the existing regulation. Also, please include a brief description of changes to the regulation from publication of the proposed regulation to the final regulation.

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

Statement of final agency action

Please provide a statement of the final action taken by the agency including (1) the date the action was taken, (2) the name of the agency taking the action, and (3) the title of the regulation.

The Commissioner approved the final regulations, Virginia Emergency medical Services 12VAC5-31, on behalf of the Board of Health on February 17, 2011.

Legal basis

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

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

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

1. Requirements for record keeping, supplies, operating procedures and other agency operations;

2. Requirements for the sanitation and maintenance of emergency medical services vehicles and their medical supplies and equipment;

3. Procedures, including the requirements for forms, to authorize qualified emergency medical services personnel to follow Do Not Resuscitate Orders pursuant to § 54.1-2987.1;

4. Requirements for the composition, administration, duties and responsibilities of the State Emergency Medical Services Advisory Board;

5. Requirements developed in consultation with the Emergency Medical Services Advisory Board, governing the training, certification, and recertification of emergency medical services personnel;

6. Requirements for written notification to the State Emergency Medical Services Advisory Board, the State Office of Emergency Medical Services, and the Financial Assistance and Review Committee of the Board's action, and the reasons therefore, on requests and recommendations of the Advisory Board, the State Office of Emergency Medical Services or the Committee, no later than five workdays after reaching its decision, specifying whether the Board has approved, denied, or not acted on such requests and recommendations;

7. Authorization procedures, developed in consultation with the Emergency Medical Services Advisory Board, which allow the possession and administration of epinephrine or a medically accepted equivalent for emergency cases of anaphylactic shock by certain levels of certified emergency medical services personnel as authorized by § 54.1-3408 and authorization procedures that allow the possession and administration of oxygen with the authority of the local medical director and a licensed emergency medical services agency;

8. A uniform definition of "response time" and requirements, developed in consultation with the Emergency Medical Services Advisory Board, for each agency to measure response times starting from the time a call for emergency medical care is received until (i) the time an appropriate emergency medical

response unit is responding and (ii) the appropriate emergency medical response unit arrives on the scene, and requirements for agencies to collect and report such data to the Director of the Office of Emergency Medical Services who shall compile such information and make it available to the public, upon request; and

9. Enforcement provisions, including, but not limited to, civil penalties that the Commissioner may assess against any agency or other entity found to be in violation of any of the provisions of this article or any regulation promulgated under this article. All amounts paid as civil penalties for violations of this article or regulations promulgated pursuant thereto shall be paid into the state treasury and shall be deposited in the emergency medical services special fund established pursuant to § 46.2-694, to be used only for emergency medical services purposes.

B. The Board shall classify agencies and emergency medical services vehicles by type of service rendered and shall specify the medical equipment, the supplies, the vehicle specifications and the personnel required for each classification.

C. In formulating its regulations, the Board shall consider the current Minimal Equipment List for Ambulances adopted by the Committee on Trauma of the American College of Surgeons.

Purpose

Please explain the need for the new or amended regulation. Describe the rationale or justification of the proposed regulatory action. Detail the specific reasons it is essential to protect the health, safety or welfare of citizens. Discuss the goals of the proposal and the problems the proposal is intended to solve.

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

Substance

Please identify and explain the new substantive provisions, the substantive changes to existing sections, or both where appropriate. A more detailed discussion is required under the "All changes made in this regulatory action" section.

Substantive changes include amended definitions, the addition of "civil penalties" within the enforcement provisions, the addition and use of a "Local EMS Response Plan" for Designated Emergency Response agencies, the addition of a National Crime Information Center (NCIC) background check on affiliated EMS personnel, amending personnel conduct to reflect requirements similar to that of the National Registry of EMT's, require compliance with Virginia Interoperability Plan with regards to the communicates section, revise and amend the Rotor and Fixed Wing requirements for licensure, training, personnel and equipment, update the various EMS vehicle equipment requirements, update signature requirements for medication administration and use of epinephrine by the EMT and use of oxygen in personally-owned vehicles (legislative), defining a "Scope of Practice" for EMS providers, reporting requirements for

Emergency Mutual Aid Compact (EMAC) or mutual aid deployments for out-of-state EMS agencies, a more succinct revision of the Training regulations to include new national training levels, instructor levels along with testing and accreditation, adjustments to the EMS physician initial and re-endorsement process and finally minor adjustments to the Regional EMS Council Designation process.

Issues

Please identify the issues associated with the proposed regulatory action, including:
1) the primary advantages and disadvantages to the public, such as individual private citizens or businesses, of implementing the new or amended provisions;
2) the primary advantages and disadvantages to the agency or the Commonwealth; and
3) other pertinent matters of interest to the regulated community, government officials, and the public.
If there are no disadvantages to the public or the Commonwealth, please indicate.

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

Changes made since the proposed stage

Please describe all changes made to the text of the proposed regulation since the publication of the proposed stage. For the Registrar's office, please put an asterisk next to any substantive changes.

Section number	Requirement at proposed stage	What has changed	Rationale for change
10	"Advanced life support" or "ALS" means the ~~application~~ provision of care by EMS personnel who are certified as an EMT-Enhanced, Advanced EMT, EMT-Intermediate, EMT-Paramedic or equivalent as approved by the Board of Health.~~of invasive and noninvasive medical procedures or the administration of medications that is authorized by the Office of Emergency Medical Services, or both.~~	"Advanced life support" or "ALS" means the ~~application~~ provision of care by EMS personnel who are certified as an EMT-Enhanced, Advanced EMT, EMT-Intermediate [~~EMT-Intermediate~~ Intermediate] , EMT-Paramedic [~~EMT-Paramedic~~ Paramedic] or equivalent as approved by the Board of Health.~~of invasive and noninvasive medical procedures or the administration of medications that is authorized by the Office of Emergency Medical Services, or both.~~	Aligns with National Scope of Practice terminology
	"Advanced life support certification course" means a training program that allows a student to become eligible for a new ALS certification level.	"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	Aligns with National Scope of Practice terminology

	Programs must meet the educational requirements established by the Office of EMS as defined by the respective advanced life support curriculum. Initial certification courses include: 1. Emergency Medical Technician-Enhanced; 2. Advanced EMT; 3. Advanced EMT to EMT Paramedic Bridge; ~~2~~ 4. EMT-Enhanced to EMT-Intermediate Bridge; ~~3~~ 5.Emergency Medical Technician-Intermediate ; ~~4~~ 6. EMT-Intermediate to EMT-Paramedic Bridge; ~~5~~ 7. Emergency Medical Technician-Paramedic; ~~6~~ 8. Registered Nurse to EMT-Paramedic Bridge; and ~~7~~ 9. Other programs approved by the Office of EMS.	requirements established by the Office of EMS as defined by the respective advanced life support curriculum. Initial certification courses include: 1. Emergency Medical Technician-Enhanced; 2. Advanced EMT; 3. Advanced EMT to EMT Paramedic [~~EMT-Paramedic~~ Paramedic] Bridge; ~~2~~ 4. EMT-Enhanced to EMT-Intermediate [~~EMT-Intermediate~~ Intermediate] Bridge; ~~3~~ 5.Emergency Medical Technician-Intermediate [~~Emergency Medical Technician-Intermediate~~ Intermediate] ; ~~4~~ 6. EMT-Intermediate to EMT-Paramedic Bridge [~~EMT-Intermediate to EMT-Paramedic Bridge~~ Intermediate to Paramedic] ; ~~5~~ 7. Emergency Medical Technician-Paramedic [~~Emergency Medical Technician-Paramedic~~ Paramedic] ; ~~6~~ 8. Registered Nurse to EMT-Paramedic [~~EMT-Paramedic~~ Paramedic] Bridge; and ~~7~~ 9. Other programs approved by the Office of EMS.	
	Basic life support (BLS) in the air medical environment means a mission generally defined as the transport of a patient who receives care during a transport that is commensurate with the scope of practice of an Emergency Medical Technician (EMT). In the Commonwealth of Virginia, when such care is provided in the air medical environment, it must be assumed, at a minimum, by a Virginia Certified EMT-Paramedic that is a part of the regular air medical crew. (Fixed Wing excluded)	Basic life support (BLS) in the air medical environment means a mission generally defined as the transport of a patient who receives care during a transport that is commensurate with the scope of practice of an Emergency Medical Technician (EMT). In the Commonwealth of Virginia, when such care is provided in the air medical environment, it must be assumed, at a minimum, by a Virginia Certified EMT-Paramedic [~~EMT-Paramedic~~ Paramedic] that is a part of the regular air medical crew. (Fixed Wing excluded)	Aligns with National Scope of Practice terminology
		["Candidate" means any person who is enrolled in or is taking a course leading toward initial certification.]	
		["Course Coordinator" means the person identified on the Course Approval Request as the "coordinator" who is responsible with the physician course director for all aspects of the program including but not limited to assuring adherence to the rules and regulations, office polices and any contract components.]	Clarify terminology

		["FAR" means Federal Aviation Regulations.]	
	"Medic" means an EMS provider certified at the level of ~~EMT-Cardiac~~ Advanced EMT, EMT-Intermediate or EMT-Paramedic.	~~["Medic" means an EMS provider certified at the level of EMT-Cardiac Advanced EMT, EMT-Intermediate or EMT-Paramedic.]~~	Defines terminology regarding aviation regulations
	"Medical care facility" means (as defined by ~~§ 32.1-123~~ § 32.1-102.1 of the Code of Virginia) any institution, place, building or agency, whether licensed or required to be licensed by the board or the State Mental Health, Mental Retardation and Substance Abuse Services Board, whether operated for profit or nonprofit and whether privately owned or privately operated or owned or operated by a local governmental unit, by or in which health services are furnished, conducted, operated or offered for the prevention, diagnosis or treatment of human disease, pain, injury, deformity or physical condition, whether medical or surgical.	"Medical care facility" means (as defined by ~~§ 32.1-123~~ § 32.1-102.1 of the Code of Virginia) any institution, place, building or agency, whether licensed or required to be licensed by the board or the State Mental Health, Mental Retardation and Substance Abuse Services Board [~~State Mental Health, Mental Retardation and Substance Abuse Services Board~~ Department of Behavioral Health and Developmental Services], 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.	Term is confusing to regulants. Updates renamed stat Department
	"Local EMS response plan" means a written document that details the primary service area, the unit mobilization interval and responding interval standards as approved by the local government~~,~~ and the operational medical director ~~and the Office of EMS~~.	"Local EMS response plan" means a written document that details the primary service area, [~~the unit mobilization interval~~] and responding interval standards as approved by the local government~~,~~ and the operational medical director ~~and the Office of EMS~~.	Updating terminology
		"Prescriber" means a practitioner who is authorized pursuant to §§ 54.1-3303 and 54.1-3408 to issue a prescription.	
	"Registered nurse" means an individual ~~who holds a valid, unrestricted license to practice as a registered nurse in the Commonwealth.~~ a person who is licensed or	"Registered nurse" means an individual [~~an individual~~] ~~who holds a valid, unrestricted license to practice as a registered nurse in the Commonwealth.~~ who is licensed or holds a multistate privilege under the	Adding definition to term utilized within the Code of Virginia.

	holds a multistate privilege under the provisions of § 54.1-3000 to practice professional nursing.	provisions of § 54.1-3000 to practice professional nursing.	Corrects grammar oversight.
330	A. A person shall comply with these regulations. The Office of EMS will publish the Virginia EMS Compliance Manual, a document that describes and provides guidance to EMS agencies, vehicles and personnel on how to comply with these regulations.	A. A person shall comply with these regulations. ~~The Office of EMS will publish the Virginia EMS Compliance Manual, a document that describes and provides guidance to EMS agencies, vehicles and personnel on how to comply with these regulations.~~	Regulants need to consult their legal advisors as to any interpretation of the regulations.
390	~~**Destination/trauma triage**~~ **Destination to specialty care hospitals.** An EMS agency shall ~~participate in the regional Trauma Triage Plan~~ follow specialty care hospital triage plans for trauma, stroke, and others as recognized by OEMS established in accordance with § 32.1-111.3 of the Code of Virginia. EMS agencies' OMD approved patient care protocols shall have a triage component consistent with Code of Virginia mandated state specialty care hospital triage plans.	~~**Destination/trauma triage**~~ **Destination to specialty care hospitals.** An EMS agency shall ~~participate in the regional Trauma Triage Plan~~ follow specialty care hospital triage plans for trauma, stroke, and others as recognized by OEMS [~~for trauma, stroke, and others as recognized by OEMS~~] established in accordance with § 32.1-111.3 of the Code of Virginia. EMS agencies' OMD approved patient care protocols shall have a triage component consistent with Code of Virginia mandated state specialty care hospital triage plans. [~~EMS agencies' OMD approved patient care protocols shall have a triage component consistent with Code of Virginia mandated state specialty care hospital triage plans.~~]	This refers to those programs identified in the Code of Virginia.
420		D. 4. The applicant must submit a written agreement with the local governing body that states the applicant agency will assist in mutual aid requests from the local government if EMS personnel, vehicles, equipment and other resources are available.	Provides a means for applicants to agree to be part of the local EMS system and a potential resource for the local EMS system. **Rationale: provides a means for applicants to agree to be part of and a potential resources for the local EMS system**
430	D. An EMS agency license will be issued and remain valid with the following conditions: 1. An EMS agency license is valid for a period of no longer than two years from the last day of the month of issuance unless and until revoked or suspended by the Office of EMS.	A. [3. The applicant is determined by the Office of EMS to provide emergency medical services to the citizens of the Commonwealth in accordance with these regulations.] D. 1. An EMS agency is valid for a period of no longer that two years from the last day of the month of issuance unless and until revoked or suspended by the ~~Office of EMS~~ commissioner.	This allows the review and consideration as to an applicants need for an EMS agency license if it does not benefit and/or have a direct impact for EMS to the citizens of the Commonwealth. **Rationale: to answer issues relating to**

			agencies seeking agency licensure to only allow waiving of testing or seeking grant monies with no intent of providing services to the public or Commonwealth; current language does not allow for non-awarding of EMS agency licensure.
460	An application for a new EMS agency license or renewal of an EMS agency license may be denied by the Office of EMS if the applicant or agency does not comply with these regulations.	A. An application for a new EMS agency license or renewal of an EMS agency license may be denied by the Office of EMS if the applicant or agency does not comply with these regulations. B. An application for a new agency license or renewal of an EMS agency license shall not be issued by the Office of EMS to any firm, corporation, agency, organization or association that does not intend to provide emergency medical services as part of its operation to the citizens of the Commonwealth.] A.	This allows the denial for license to those who will not benefit the citizens of the Commonwealth.
650	A. A temporary EMS vehicle permit may be issued for a permanent replacement or additional EMS vehicle pending inspection. A temporary EMS vehicle permit will not be issued for a vehicle requesting a "reserved" permit. B. An EMS agency shall file written application for a temporary permit on forms specified by the Office of EMS. Submission of this application requires the EMS agency to attest that the vehicle complies with these regulations. C. The Office of EMS may verify any or all information contained in the application before issuance. D. The procedure for issuance of a temporary EMS vehicle permit is as follows: 1. An EMS agency requesting a temporary permit shall submit a completed application for an EMS vehicle permit attesting that the vehicle complies with these regulations. 2. The Office of EMS may inspect an EMS vehicle issued	A. A temporary EMS vehicle permit may be issued for a permanent replacement or additional EMS vehicle pending inspection. A temporary EMS vehicle permit will not be issued for a vehicle requesting a "reserved" permit. B. An EMS agency shall file written application for a temporary permit on forms specified by the Office of EMS. Submission of this application requires the EMS agency to attest that the vehicle complies with these regulations. C. The Office of EMS may verify any or all information contained in the application before issuance. D. The procedure for issuance of a temporary EMS vehicle permit is as follows: 1. An EMS agency requesting a temporary permit shall submit a completed application for an EMS vehicle permit attesting that the vehicle complies with these regulations. 2. The Office of EMS may inspect an EMS vehicle issued a temporary permit at any time for compliance with these regulations and issuance of an EMS vehicle permit. E. A temporary EMS vehicle permit may include but not be limited to the following information: 1. The name and address of the EMS agency. 2. The expiration date of the EMS	Current time frames are too restrictive (warranty repair issues, work volume, etc,)

	a temporary permit at any time for compliance with these regulations and issuance of an EMS vehicle permit. E. A temporary EMS vehicle permit may include but not be limited to the following information: 1. The name and address of the EMS agency. 2. The expiration date of the EMS vehicle permit. 3. The classification and type of the EMS vehicle. 4. The motor vehicle license plate number of the vehicle. 5. Any special conditions that may apply. F. A temporary EMS vehicle permit will be issued and remain valid with the following conditions: 1. A temporary EMS vehicle permit is valid for 60 days from the end of the month issued. 2. A temporary EMS vehicle permit is not transferable. 3. A temporary EMS vehicle permit is not renewable. 4. A temporary EMS vehicle permit shall be affixed on the vehicle to be readily visible and in a location and manner specified by the Office of EMS. An EMS vehicle may not be operated without a properly displayed permit.]	vehicle permit. 3. The classification and type of the EMS vehicle. 4. The motor vehicle license plate number of the vehicle. 5. Any special conditions that may apply. F. A temporary EMS vehicle permit will be issued and remain valid with the following conditions: 1. A temporary EMS vehicle permit is valid for ~~60~~ 180 days from the end of the month issued. 2. A temporary EMS vehicle permit is not transferable. 3. A temporary EMS vehicle permit is not renewable. 4. A temporary EMS vehicle permit shall be affixed on the vehicle to be readily visible and in a location and manner specified by the Office of EMS. An EMS vehicle may not be operated without a properly displayed permit.	
770	A. The vehicle body of a nontransport response vehicle, a ground ambulance or a neonatal ambulance must be marked with a reflective horizontal band permanently affixed to the sides and rear of the vehicle body. This horizontal reflective band must be of a material approved for exterior use, a minimum of four inches continuous in height. B. The Star of Life emblem may appear on an EMS vehicle that conforms to the appropriate U.S. Department of Transportation specifications for the type and class of vehicle concerned. If used on any ground ambulance or neonatal ambulance, the emblem (14-	A. The vehicle body of a nontransport response vehicle, a ground ambulance or a neonatal ambulance must be marked with a reflective horizontal band permanently affixed to the sides and rear of the vehicle body. This horizontal reflective band must be of a material approved for exterior use, a minimum of four inches continuous in height. ~~B. The Star of Life emblem may appear on an EMS vehicle that conforms to the appropriate U.S. Department of Transportation specifications for the type and class of vehicle concerned. If used on any ground ambulance or neonatal ambulance, the emblem (14-inch size minimum) must appear on both sides of the EMS vehicle.~~ ~~C.~~ B. The following must appear in permanently affixed lettering that is a minimum of three inches in height and of a color that contrasts with the surrounding vehicle background.	This is regulated at the federal level through the Department of Transportation (DOT).

	inch size minimum) must appear on both sides of the EMS vehicle. C. The following must appear in permanently affixed lettering that is a minimum of three inches in height and of a color that contrasts with the surrounding vehicle background. Lettering must comply with the restrictions and specifications listed in these regulations. 1. Nontransport response vehicle. The name of the EMS agency that the vehicle is permitted to shall appear on both sides of the vehicle body in reflective lettering. Exception: A designated emergency response agency must have the approval of the Office of EMS for a vehicle to display an alternate name. 2. Ground ambulance: a. The name of the EMS agency that the vehicle is permitted to must appear on both sides of the vehicle body in reflective lettering. Exception: A designated emergency response agency must have the approval of the Office of EMS for a vehicle to display an alternate name. b. The word "AMBULANCE" in reverse on the vehicle hood or bug deflector. c. The word "AMBULANCE" on or above rear doors. 3. Neonatal Ambulance: a. The name of the EMS agency to which the vehicle is permitted must appear on both sides of the vehicle body in reflective lettering. b. "NEONATAL CARE UNIT" or other similar designation, approved by the Office of EMS, must appear on both sides of the vehicle body.]	Lettering must comply with the restrictions and specifications listed in these regulations. 1. Nontransport response vehicle. The name of the EMS agency that the vehicle is permitted to shall appear on both sides of the vehicle body in reflective lettering. Exception: A designated emergency response agency must have the approval of the Office of EMS for a vehicle to display an alternate name. 2. Ground ambulance: a. The name of the EMS agency that the vehicle is permitted to must appear on both sides of the vehicle body in reflective lettering. Exception: A designated emergency response agency must have the approval of the Office of EMS for a vehicle to display an alternate name. b. The word "AMBULANCE" in reverse on the vehicle hood or bug deflector. c. The word "AMBULANCE" on or above rear doors. 3. Neonatal Ambulance: a. The name of the EMS agency to which the vehicle is permitted must appear on both sides of the vehicle body in reflective lettering. b. "NEONATAL CARE UNIT" or other similar designation, approved by the Office of EMS, must appear on both sides of the vehicle body.]	
790	**EMS vehicle letter restrictions and specifications.** A. The following specifications apply to an EMS vehicle: the EMS agency name must appear in lettering larger than any optional lettering on an EMS vehicle, other than	**EMS vehicle letter restrictions and specifications.** A. The following specifications apply to an EMS vehicle: the EMS agency name must appear in lettering larger than any optional lettering on an EMS vehicle, other than "Ambulance," the unit identification number or any lettering on the roof. Optional lettering, logos or	Aligns with National Scope of Practice terminology

	"Ambulance," the unit identification number or any lettering on the roof. Optional lettering, logos or emblems may not appear on an EMS vehicle in a manner that interferes with the public's ability to readily identify the EMS agency to which the EMS vehicle is permitted. 1. Additional lettering, logos or emblems must not advertise or imply a specified patient care level (i.e., Advanced Life Support Unit) unless the EMS vehicle is so equipped at all times. 2. The terms "Paramedic" or "Paramedical" may only be used when the EMS vehicle is both equipped and staffed by a state certified EMT-Paramedic at all times. B. A nontransport response vehicle with a primary purpose as a fire apparatus or law-enforcement vehicle is not required to comply with the specifications for vehicle marking and lettering, provided the vehicle is appropriately marked and lettered to identify it as an authorized emergency vehicle. C. An unmarked vehicle operated by an EMS agency is not eligible for issuance of an EMS vehicle permit except a vehicle used and operated by law-enforcement personnel.]	emblems may not appear on an EMS vehicle in a manner that interferes with the public's ability to readily identify the EMS agency to which the EMS vehicle is permitted. 1. Additional lettering, logos or emblems must not advertise or imply a specified patient care level (i.e., Advanced Life Support Unit) unless the EMS vehicle is so equipped at all times. 2. The terms "Paramedic" or "Paramedical" may only be used when the EMS vehicle is both equipped and staffed by a state certified ~~EMT-Paramedic~~ Paramedic at all times. B. A nontransport response vehicle with a primary purpose as a fire apparatus or law-enforcement vehicle is not required to comply with the specifications for vehicle marking and lettering, provided the vehicle is appropriately marked and lettered to identify it as an authorized emergency vehicle. C. An unmarked vehicle operated by an EMS agency is not eligible for issuance of an EMS vehicle permit except a vehicle used and operated by law-enforcement personnel.	
820	A. 2. ALS – ~~EMT-intermediate/EMT-paramedic~~ Advanced EMT/EMT-Intermediate/EMT-Paramedic equipment package.	2. ALS – ~~EMT-intermediate/EMT-paramedic~~ [~~Advanced EMT/EMT-Intermediate/EMT-Paramedic~~ Advanced-EMT/Intermediate/Paramedic] equipment package.	Aligns with National Scope of Practice terminology.
860	D.2. Advanced EMT/EMT-intermediate/paramedic package. D.2. d. Drug kit with all controlled drugs authorized for use by the EMS agency's Advanced EMT, EMT-Intermediate, EMT-Paramedic and other authorized licensed personnel. The drug kit may contain additional drugs if the kit is a standardized box utilized by multiple EMS agencies operating under a	D.2. Advanced EMT/EMT-intermediate/paramedic [~~Advanced EMT/EMT-intermediate/paramedic~~ Advanced-EMT/intermediate/paramedic] package. D.2. d. Drug kit with all controlled drugs authorized for use by the EMS agency's Advanced EMT, EMT-Intermediate [~~EMT-Intermediate~~ Intermediate] , EMT-Paramedic [~~EMT-Paramedic~~ Paramedic] and other authorized licensed personnel. The drug kit may contain additional drugs if the kit is a standardized box utilized by multiple	Aligns with National Scope of Practice terminology.

	joint drug exchange program (1). D.3. d. Drug kit with all controlled drugs authorized for use by the EMS agency's Advanced EMT, EMT-Intermediate , EMT-Paramedic and other authorized licensed personnel. The drug kit may contain additional drugs if the kit is a standardized box utilized by multiple EMS agencies operating under a joint drug exchange program (1). D.4. Advanced airway equipment (EMT-E, Advanced-EMT, EMT-I/P package).	EMS agencies operating under a joint drug exchange program (one). D.3. d. Drug kit with all controlled drugs authorized for use by the EMS agency's Advanced EMT, EMT-Intermediate [~~EMT-Intermediate~~ Intermediate] , EMT-Paramedic [~~EMT-Paramedic~~ Paramedic] and other authorized licensed personnel. The drug kit may contain additional drugs if the kit is a standardized box utilized by multiple EMS agencies operating under a joint drug exchange program (one). D.4. Advanced airway equipment (EMT-E, Advanced-EMT, EMT-I/P [~~EMT-I/P~~ Intermediate/Paramedic] package).	
880	1. b. (2) A registered nurse or physician assistant licensed for a minimum of two years with specialized air medical training and possessing the equivalent skills of an Emergency Medical Technician-Paramedic. A.2.c. Emergency medical technician- paramedic , certified for a minimum of two years with specialized air medical training; or A.3. An attendant shall be at a minimum a certified EMT-Paramedic have specialized air training as identified in 12VAC5-31-885]	1.b (2) A registered nurse or physician assistant licensed for a minimum of two years with specialized air medical training and possessing the equivalent skills of an Emergency Medical Technician-Paramedic [~~skills of an Emergency Medical Technician-Paramedic~~ training as identified in 12VAC5-31-885] A.2.c. Emergency medical technician-paramedic [~~Emergency medical technician-paramedic~~ Paramedic], certified for a minimum of two years with specialized air medical training; or A.3. An attendant shall be at a minimum a certified EMT-Paramedic [~~be at a minimum a certified EMT-Paramedic~~ have specialized air training as identified in 12VAC5-31-885]	Already identified in another section of the regulations. Aligns with National Scope of Practice terminology. Aligns with National Scope of Practice terminology.
890	B.1.a. A minimum of one (1) stretcher shall be provided that can be carried to the patient and properly secured to the aircraft. B.2.p. pocket mask (1)	a. A minimum of one stretcher shall be provided that can be carried to the patient and properly secured to the aircraft [as defined in FAR 27.785] . p. Pocket mask. (one) [~~p. Pocket mask. (1)~~] q. [~~q.~~ p.] Installed suction apparatus capable of providing a minimum of 20 minutes of continuous operation. (one) r. [~~q.~~ r.] Battery powered portable suction apparatus. A manually powered device does not meet this requirement. (one) s. [~~s.~~ r.] Suction catheters, wrapped, rigid tonsil tip, FR18, FR14, FR8 and	Aligns with a national standard Duplicate.

		FR6. (two each) t. [~~t.~~ s.] Stethoscope, adult, and pediatric sizes. (one each) u. [~~u.~~ t.] BP cuff, pediatric, adult, and large adult. (one each) v. [~~v.~~ u.] Obstetrics kit containing sterile surgical gloves (two pair), scissors or other cutting instrument (one), umbilical cord ties (10" long) or disposable cord clamps (four), sanitary pad (one), cloth or disposable hand towels (two), and soft tip bulb syringe (one). w. [~~w.~~ v.] Emesis basin or equivalent container. (two) x. [~~x.~~ w.] Removable stretcher or spine board with a minimum of three restraint straps and manufacturer approved aircraft mounting device. (one) [~~x. Removable stretcher or spine board with a minimum of 3 restraint straps and manufacturer approved aircraft mounting device. (1)~~] y. [~~y.~~ x.] Rigid cervical collars in small adult, medium adult, large adult, and pediatric sizes (one each). If adjustable adult collars are utilized, a minimum of three. z. [~~z.~~ y.] Cervical immobilization device. (one) aa. [~~aa.~~ z] Pediatric immobilization device. (one) bb. [~~bb.~~ aa.] Immobilization devices for upper and lower extremities. (one each) cc. [~~cc.~~ bb.] 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. (one)	
910	C. 2. Personnel operating OEMS permitted vehicles shall not have been convicted on any charge that is a felony as described in subsections A and B of this section.	C. 2. Personnel operating OEMS permitted vehicles shall not have been convicted on any charge that is a felony as described [~~that is a felony~~] in subsections A and B of this section.	Duplicative language.
1050	EMS personnel shall only perform those procedures, treatments, or techniques for which he is currently licensed or certified, provided that he is acting in accordance with local medical protocols and medical direction provided by the OMD of the EMS agency with which he is affiliated and as authorized in the Emergency Medical Services Procedures and Medications Schedule as	EMS personnel shall only perform those procedures, treatments [~~treatments~~ skills] , or techniques for which he is currently licensed or certified, provided that he is acting in accordance with local medical [treatment] protocols and medical direction provided by the OMD of the [licensed] EMS agency with which he is affiliated and [within the scope of the EMS agency licenses] as authorized in the Emergency Medical Services Procedures and Medications Schedule as approved by OEMS	Allows for enforcement and consistency within the levels of certifications throughout the Commonwealth.

	approved by OEMS.	[~~OEMS~~ the Board] .	
1140	A. EMS personnel and EMS agencies shall provide the receiving medical facility or transporting EMS agency with a copy of the prehospital patient care report for each patient treated, either with the patient or within 24 hours. B. The signature of the medical practitioner~~,~~ who assumes responsibility for the patient shall be included on the prehospital patient care report for an incident when a ~~medication~~ drug is administered, or self-administration is assisted (excluding oxygen), or an invasive procedure is performed, except when standing orders from the OMD allows the administration of the drug or procedure . ~~The medical practitioner's signature shall document that the physician has been notified of the medications administered and procedures performed by the EMS personnel. EMS personnel shall not infer that the medical practitioner's signature denotes approval, authorization or verification of compliance with protocol, standing orders or medical control orders.~~ The provider shall document on the PPCR indicating that the drug given was under the OMD's preapproved protocols for the agency. This includes instances where the patient is not transported or transported by another agency. [~~EMS personnel shall not infer that the medical practitioner's signature denotes approval, authorization or verification of compliance with protocol, standing orders or medical control orders. EMS personnel shall not infer that the medical practioner's signature denotes approval, authorization or verification of compliance with protocol, standing orders medical control orders~~. The provider shall document on	A. EMS personnel and EMS agencies shall provide the receiving medical facility or transporting EMS agency with a copy of the prehospital patient care report for each patient treated~~, either with the patient or~~ [before the transporting personnel leave the facility. Should EMS personnel be unable to provide the full prehospital patient care report prior to leaving the facility, EMS personnel shall provide an abbreviated documented report with the critical EMS findings and actions at the time of patient transfer and the full prehospital patient care report shall be provided to the accepting facility] within [~~24~~ 12] hours. B. The signature of the [~~medical practitioner,~~ prescriber, as defined in § 54.1-3401 of the Code of Virginia] who assumes responsibility for the patient shall be included on the prehospital patient care report for an incident when a ~~medication~~ drug is administered, or self-administration is assisted (excluding oxygen), or an invasive procedure is performed [~~, except when standing orders from the OMD allows the administration of the drug or procedure.~~] ~~The medical practitioner's signature shall document that the physician has been notified of the medications administered and procedures performed by the EMS personnel.~~ [EMS personnel shall not infer that the] ~~medical practitioner's~~ [prescriber's signature denotes approval, authorization or verification of compliance with protocol, standing orders or medical control orders.] [~~The provider shall document on the PPCR indicating that the drug given was under the OMD's preapproved protocols for the agency. This includes instances where the patient is not transported or transported by another agency~~] [~~C. EMS personnel shall contact medical control (on-line) for approval of drug administration or procedures that are not included in their standing orders as authorized by the agency's OMD. Such events shall require the signature of the authorized practitioner as identified by the Virginia Board of Pharmacy (licensed physician, nurse practitioner, or physician assistant).~~] The receiving [~~medical practitioner~~ prescriber] signature requirement above does not apply to ~~medications~~	Updates to current terminology within the Code of Virginia.

	the PPCR indicating that the drug given was under the OMD's preapproved protocols for the agency. This includes instances where the patient is not transported or transported by another agency.] C. EMS personnel shall contact medical control (on-line) for approval of drug administration or procedures that are not included in their standing orders as authorized by the agency's OMD. Such events shall require the signature of the authorized practitioner as identified by the Virginia Board of Pharmacy (licensed physician, nurse practitioner, or physician assistant). The receiving medical practitioner medical practitioner, signature requirement above does not apply to ~~medications~~ drugs that are maintained by EMS personnel during transport of patients between healthcare facilities, provided adequate documentation of ongoing ~~medications~~ drugs are transferred with the patient by the sending facility. If ~~a patient is not transported to the hospital or if~~ [~~a patient is not transported to the hospital or if,~~ a patient is not transported to the hospital or if] the attending medical practitioner medical practitioner, at the hospital refuses to sign the prehospital patient care report, ~~this prehospital patient care report~~ the PPCR shall be signed by the agency's operational medical director within seven days of the ~~administration~~ event and a signed copy delivered to the hospital pharmacy that was responsible for any ~~medication~~ drug kit exchange.	drugs that are maintained by EMS personnel during transport of patients between healthcare facilities, provided adequate documentation of ongoing ~~medications~~ drugs are transferred with the patient by the sending facility. If [a patient is not transported to the hospital or if] the attending [~~medical practitioner~~ prescriber] at the hospital refuses to sign the prehospital patient care report, ~~this prehospital patient care report~~ the PPCR shall be signed by the agency's operational medical director within seven days of the [administration ~~event~~] and a signed copy delivered to the hospital pharmacy that was responsible for any ~~medication~~ drug kit exchange.	
1305	The certification is issued for a period of four years from the end of the month of issuance.	**[This section will expire four years from the implementation date of these regulations]** The certification is issued for a period of four years from the end of the month of issuance.	This aligns with new national certification levels

1325	A. The certification is issued for a period of three years from the end of the month of issuance. B. An EMS provider who posses a valid EMT-E certification is simultaneously issued an EMT certification for an additional two years after their EMT-E expiration.	**[This section will expire three years from the implementation date of these regulations]** A. The certification is issued for a period of three years from the end of the month of issuance. B. An EMS provider who posses a valid EMT-E certification is simultaneously issued an EMT certification for an additional two years after their EMT-E expiration.	This aligns with new national certification levels
1335	**Emergency Medical Technician-Intermediate (EMT-I)** B. An EMS provider who possess a valid EMT-I certification is simultaneously issued an EMT certification for an additional two years after their EMT-I .	**Emergency Medical Technician-Intermediate (EMT-I) [~~Emergency Medical Technician-Intermediate (EMT-I)~~ Intermediate].** B. An EMS provider who possesses a valid EMT-I [~~EMT-I~~ Intermediate] certification is simultaneously issued an EMT certification for an additional two years after their EMT-I [~~EMT-I~~ Intermediate] expiration.	Aligns with National Scope of Practice terminology. **Rationale: adjusts terminology and identifies certification period.**
1345	**Emergency Medical Technician-Paramedic (EMT-P) .** B. EMT-P certification is simultaneously issued an EMT certification for an additional two years after their EMT-P expiration.	**[~~Emergency Medical Technician-Paramedic (EMT-P)~~ Paramedic].** B. An EMS provider who possesses a valid [~~EMT-P~~ Paramedic] certification is simultaneously issued an EMT certification for an additional two years after his [~~EMT-P~~ Paramedic] expiration.	Aligns with National Scope of Practice terminology.
1355	A. The certification is valid for a period of two years from the end of the month of issuance. B. Instructor certification is simultaneously issued an EMT certification valid for an additional two years after their Instructor expiration.	**[This section will expire two years from the implementation date of these regulations]** A. The certification is valid for a period of two years from the end of the month of issuance. B. Instructor certification is simultaneously issued an EMT certification valid for an additional two years after their Instructor expiration.	This level will migrate to the new EMS Education Coordinator level of certification.
1375	The certification is valid for two years from the end of the month of issuance.	The certification is valid for three years from the end of the month of issuance.	This change makes the regulation less burdensome on providers and maintains appropriate regulatory oversight.
1391	A person holding valid EMS certification from another state or a recognized EMS certifying body with which Virginia has a formal written agreement of reciprocity or possesses a National Registry certification at the Intermediate 99 or Paramedic level shall apply to the commissioner for reciprocity upon demonstration of Virginia residency, Virginia EMS	A person holding valid EMS certification from another state or a recognized EMS certifying body with which Virginia has a formal written agreement of reciprocity or possesses a National Registry certification at the [EMR, EMT, Advanced EMT,] Intermediate 99 or Paramedic level shall apply to the commissioner for reciprocity upon demonstration of Virginia residency, Virginia EMS agency affiliation or a recognized need for Virginia EMS certification [and demonstrate as	Allows for all National Registry levels to apply for recognition in Virginia.

	agency affiliation or a recognized need for Virginia EMS certification ,	defined by the Office of EMS eligibility for certification at the level sought in Virginia from the state the same level training program was held.] ,	
1401	2. An EMS provider under legal recognition, 12VAC5-31-1393, must pass a written and practical EMS certification examination is not eligible for examination waiver.	2. An EMS provider under legal recognition, 12VAC5-31-1393, must pass a written and practical EMS certification examination [and] is not eligible for examination waiver.	Inserts the word "and" to clarify purpose.
1403	B. The Board of Health will determine the continuing education hour [and topic category] requirements for each certification level.	B. The Board of Health will determine the continuing education hour [and topic category] requirements for each certification level.	Add topic hours for BOH approval for recertification requirements.
1413	ALS certification programs authorized for issuance of certification in Virginia are: A. EMT-Enhanced B. EMT –Enhanced Bridge to Intermediate C. Advanced EMT D. Advanced EMT Bridge to Paramedic E. EMT-Intermediate F. EMT-Intermediate Bridge to Paramedic G. EMT-Paramedic	ALS certification programs authorized for issuance of certification in Virginia are: A. EMT-Enhanced B. EMT –Enhanced Bridge to Intermediate C. Advanced EMT D. Advanced EMT Bridge to Paramedic [~~Paramedic~~ Intermediate] E. EMT-Intermediate [~~EMT-Intermediate~~ Intermediate] F. EMT-Intermediate [~~EMT-Intermediate~~ Intermediate] Bridge to Paramedic G. EMT-Paramedic [~~EMT-Paramedic~~ Paramedic] [H. RN Bridge to Paramedic]	Corrects error in level and adds RN bridge to Paramedic program. Aligns with National Scope of Practice terminology.
1415	A. In order for a provider to receive continuing education in Virginia for a national program, the national parent organization must be recognized by the Board of Health.	A. In order for a provider to receive continuing education in Virginia for a national [~~a national~~ an auxiliary] program, the national parent organization must be recognized by the Board of Health.	Clarifying language.
1427	1. Any approved course requesting funding through the EMS Training Funds requires that the course approval request and funding contract must be post marked or received [(date/time stamped)] by the Office no less than forty-five (45) days prior to the begin date for the course.	1. Any approved course requesting funding through the EMS Training Funds requires that the course approval request and funding contract must be post marked or received [(date/time stamped)] by the office no less than 45 days prior to the begin date for the course.	Defines "received"
1431	Emergency Medical Technician Instructor, Advanced Life Support Coordinator or EMS Education Coordinator for courses leading to certification at a	[For courses leading to certification at a new or higher level, the] EMT instructor, ALS coordinator or EMS education coordinator [~~for courses leading to certification at a new or higher level~~] shall have each student	Improves readability and narrows time period for forms to be submitted. **Rationale: updates process and practice.**

	new or higher level shall have each student complete a "Virginia EMS Training Program Enrollment" form at the first meeting of the course.	complete a "Virginia EMS Training Program Enrollment" form at the first meeting of the course. [1.] These forms must be reviewed by the EMT instructor, ALS coordinator, or EMS education coordinator and submitted to the Office of EMS no later than five business days following the first meeting of the course. [2.] Any student who starts the program at a later date shall complete an enrollment form the first date of attendance providing 15% or more of the entire course has not been completed.	
1433	The Emergency Medical Technician Instructor, Advanced Life Support Coordinator or EMS Education Coordinator shall maintain records of attendance and participation of each certified EMT Instructor, ALS Course Coordinator, EMS Education Coordinator or other individual who instructs in the program.	The Emergency Medical Technician Instructor, Advanced Life Support Coordinator or EMS Education Coordinator shall maintain records of attendance [~~records of attendance~~ instructor/provider level and subject taught] and participation of each certified EMT Instructor, ALS Course Coordinator, EMS Education Coordinator or other individual who instructs in the program.	Further defines requirements for record keeping.
1435	B.4. Skill proficiency records on the applicable form:	4. Skill proficiency records on the applicable form [~~on the applicable form~~ in a format as approved by the Office of EMS] :	Defines the format as approved by OEMS.
1439	Verification of student eligibility on the CSDR by the Emergency Medical Technician Instructor, Advanced Life Support Coordinator or EMS Education Coordinator for certification testing requires that each student successfully complete a certification program and meets the competency and performance requirements contained within the applicable course curriculum and all other guidelines and procedures for the course and state certification testing eligibility.	Verification of student eligibility on the CSDR by the EMT instructor, ALS coordinator, or EMS education coordinator for certification testing requires that each student successfully complete a certification program and [~~and meet~~ that meets] the competency and performance requirements contained within the applicable course [~~curriculum~~ requirements] and all other guidelines and procedures for the course and state certification testing eligibility.	Clarify intent and language.
1443	4. A proctor who is certified at or above the level of the program shall be present at each remote site during the entire broadcast for all didactic portions of the program 5. Any lab activities at the remote site shall have direct on-site supervision by a	4. A proctor who is certified at or above the level of the program shall be present at each remote site during the entire broadcast for all didactic portions of the program [~~A proctor who is certified at or above the level of the program shall be present at each remote site during the entire broadcast for all didactic portions of the program~~	Allows for greater flexibility in using technology for delivering EMS training programs.

	course coordinator certified at or above the level of instruction. If the instructor] acts as the remote site proctor, he assumes the responsibility of the class roster.	For sites using one-way video and two-way audio, a proctor who is certified at or above the level of the program shall be present at each remote site during the entire broadcast for all didactic portions of the program.] 5. Any lab activities at the remote site shall have direct on-site supervision by a course coordinator [~~coordinator~~ faculty member] certified [~~certified~~] at or above the level of instruction. If the instructor [~~instructor~~ faculty member] acts as the remote site proctor, he assumes the responsibility of the class roster.	
1447	B. Office of EMS accredited institutions/organizations may exceed the maximum of 30 enrolled students, with [demonstrated] resources to meet class size.	B. Office of EMS accredited institutions/organizations may exceed the maximum of 30 enrolled students, with [demonstrated] resources to meet class size.	Additional emphasis regarding exceeding acceptable class sizes.
1451	D. Suspension or revocation of the EMS Instructor and/or course coordinator [~~and/or course coordinator~~ , ALS-Coordinator or EMS Educational Coordinator] .	4. Suspension or revocation of the EMS instructor [~~or course~~, ALS-coordinator, or EMS educational coordinator].	Adjusts terminology with current and proposed certification levels.
1453	A. 3. Maintain with the course materials the original copy of the completed and signed Basic Life Support Individual Age, Clinical and Skill Performance Verification Record form and provide a copy to the student form and provide a copy to the student. B. An Advanced Life Support Coordinator or EMS Education Coordinator coordinating ALS programs shall provide the following documentation of eligibility for certification testing: 1. Completion of the Course Student Disposition (CSDR) 2. A copy of the student's Enhanced competency verification summary to the Office of EMS test examiner.	**EMT instructor, ALS coordinator, [and] EMS educational coordinator responsibilities for initial student testing.** A. An EMT instructor or EMS education coordinator for BLS programs shall ensure the following for documentation of eligibility for certification testing: 1. Submit a completed Course Student Disposition Report (CSDR) in a manner as prescribed by the Office of EMS. 2. Maintain with the course materials the completed individual parental permission form for students between 16 and 18 years of age on the beginning date of the course. 3. Maintain with the course materials the original copy of the completed and signed Basic Life Support Individual Age, Clinical and Skill Performance Verification Record [~~form and provide a copy to the student~~]. B. An ALS coordinator or EMS education coordinator coordinating ALS programs shall [~~provide~~ submit] the [~~following documentation of eligibility for certification testing:~~ ~~1. Completion of the~~] Course Student Disposition [~~(CSDR)~~ report for certification testing eligibility]. [~~2. A copy of the student's EMT-~~	Clarifies required paperwork submission. **Rationale: follows current practice as described in the Training Program Administrative Manual; protects students as an enforceable requirement**

		~~Enhanced competency verification summary to the Office of EMS test examiner.~~]	
1455	**Initial certification testing requirements.** A. 1.a First Responder A.1.e. Emergency Medical Technician-Intermediate 99]provided National Registry no longer tests at this level . A.1.f. Emergency Medical Technician-Paramedic provided National Registry no longer tests at this level. B.2. Any candidate who is in reentry for EMT-Enhanced, Advanced EMT, EMT-Intermediate and EMT-Paramedic.	**[~~Initial certification~~ Certification] testing requirements.** A. An Office of EMS written and practical examination process is required by the following: 1. Any candidate who completes an initial program at the following levels: a. [~~First Responder~~ First Responder/EMR]. b. Emergency Medical Technician. c. Emergency Medical Technician-Enhanced. d. Advanced EMT. e. [~~Emergency Medical Technician-Intermediate 99~~ Intermediate] provided National Registry no longer tests at this level. [~~f. Emergency Medical Technician-Paramedic provided National Registry no longer tests at this level.~~] 2. Any candidate who is challenging the certification level. 3. Any certified EMS provider who received his current certification through legal recognition. 4. Any candidate who is in reentry for First Responder or Emergency Medical Technician. B. An Office of EMS written examination only is required for the following: 1. Any provider who recertifies prior to his certification expiration except those who received [~~their~~ his] current certification through legal recognition. 2. Any candidate who is in reentry for EMT-Enhanced, Advanced EMT, [~~EMT-Intermediate~~ Intermediate] and [~~EMT-Paramedic~~ Paramedic].	Clarifies terminology and reflects updated certification levels.
1457	A. Virginia Office of EMS certification examinations are required by all providers unless otherwise described in these regulations. B. Primary certification testing is the first attempt at the certification examination process. 1. This process includes both the written and practical examination for providers seeking a new or higher level of certification. 2. Primary testing must begin a. Within one hundred eighty (180) days of the course end date or	A. Office of EMS certification examinations are required by all providers unless otherwise described in these regulations. B. Primary certification testing is the first attempt at the certification examination process. 1. This process includes both the written and practical examination for providers seeking a new or higher level of certification. 2. Primary testing must begin [~~:~~ ~~a. Within~~ within] 180 days of the course end date [~~; or~~ [~~b. Within the enrollment expiration date for students attending an Office of EMS accredited program~~]. C. Primary retest requires the candidate	Provides clarifying language.

	b. Within the enrollment expiration date for students attending an Office of EMS accredited program. C. Primary retest requires the candidate to retest that portion of the primary test failed within ninety (90) days of the primary test attempt. D. Secondary certification testing (written and practical) occurs when a candidate fails the primary attempt and either fails the primary retest or does not retest within ninety (90) days of the primary examination attempt. 1. Secondary certification testing requires the candidate to submit as described in these regulations CE that satisfies the recertification requirements for the level of EMS certification sought. E. Secondary retest requires the candidate to retest that portion of the secondary test failed within ninety (90) days of the secondary test attempt. F. Successful completion of the certification examination process must be completed [: within 365 days of the primary test attempt.] 1. Within 365 days of the primary test attempt or 2. Prior to the enrollment expiration date for students attending an Office of EMS accredited program. G. The Certification Examination process requires that certification testing be conducted and proctored by the Office of EMS.	to retest that portion of the primary test failed within 90 days of the primary test attempt. D. Secondary certification testing (written and practical) occurs when a candidate fails the primary attempt and either fails the primary retest or does not retest within 90 days of the primary examination attempt. Secondary certification testing requires the candidate to submit as described in these regulations CE that satisfies the recertification requirements for the level of EMS certification sought. E. Secondary retest requires the candidate to retest that portion of the secondary test failed within 90 days of the secondary test attempt. F. Successful completion of the certification examination process must be completed [: ~~1. Within~~ within] 365 days of the primary test attempt [~~; or~~ [~~2. Prior to the enrollment expiration date for students attending an Office of EMS accredited program.~~]. G. The certification examination process requires that certification testing be conducted and proctored [in a manner approved] by the Office of EMS.	
1461	A certification candidate may not use another person or any electronic or mechanical means to translate certification examination material into an audible or tactile format.	A certification candidate may not use another person or any electronic or mechanical means to translate [written] certification examination material into an audible [~~or~~ ,] tactile [, or visual] format.	Additional clarification on restrictions.
1467	B.2. Eighty percent (80%) on all EMT-Instructor certification examinations. 3. Eighty-five percent (85%) on all EMT-Instructor pretest examinations.	B. The Office of EMS standard for successful completion is defined as a minimum score of: 1. 70% on all basic life support certification examinations. 2. 80% on all EMT instructor [and EMS education coordinator] certification examinations.	Adds newer level of certification.

		3. 85% on all EMT instructor [and EMS education coordinator] pretest examinations.	
1501	A. Students must be present for a [~~be present for a~~ complete] minimum of eighty five percent (85%) of the entire course [~~entire course~~ didactic and lab aspects of the course] .	A. Students must [~~be present for~~ complete] a minimum of 85% of the [~~entire~~ didactic and lab aspects of the] course.	Additional clarification for completion of course.
1525	**EMT-Intermediate certification.** A. The EMT-Intermediate curriculum will be the U. S. Department of Transportation National Standard Curriculum for the Intermediate 99 or a bridge program curriculum or Virginia education standards as amended and approved by the Office of EMS. B. Certification for the EMT-Intermediate course will be awarded through reciprocity upon successful completion of written and practical examinations created and administered by the National Registry of Emergency Medical Technicians. C. When the National Registry of Emergency Medical Technicians no longer tests EMT-Intermediate 99, the Board of Health will assume testing responsibilities for this level.	**[~~EMT-Intermediate~~ Intermediate] certification.** A. The [~~EMT-Intermediate~~ Intermediate] curriculum will be the U.S. Department of Transportation National Standard Curriculum for the Intermediate [~~Intermediate~~ EMT-Intermediate] 99 or a bridge program curriculum or Virginia education standards as amended and approved by the Office of EMS. B. Certification for the EMT-Intermediate [~~EMT-Intermediate~~ Intermediate] course will be awarded through reciprocity upon successful completion of written and practical examinations created and administered by the National Registry of Emergency Medical Technicians. C. When the National Registry of Emergency Medical Technicians no longer tests EMT-Intermediate 99, the Board of Health will assume testing responsibilities for this level.	Aligns with National Scope of Practice terminology. **Rationale: provides protection for students as an enforceable requirement**
1527	**EMT-Paramedic certification.** A. The EMT-Paramedic curriculum will be the National Standard Curriculum for the EMT Paramedic or Virginia education standards or a bridge program approved by the Office of EMS. B. Certification for the EMT-Paramedic course will be awarded through reciprocity upon successful completion of written and practical examinations created and administered by the National Registry of Emergency Medical Technicians.	**EMT-Paramedic [~~EMT-Paramedic~~ Paramedic] certification.** A. The EMT-Paramedic [~~EMT-Paramedic~~ Paramedic] curriculum will be the National Standard Curriculum for the EMT Paramedic [~~EMT-Paramedic~~ Paramedic] or Virginia education standards or a bridge program approved by the Office of EMS. B. Certification for the EMT-Paramedic [~~EMT-Paramedic~~ Paramedic] course will be awarded through reciprocity upon successful completion of written and practical examinations created and administered by the National Registry of Emergency Medical Technicians.	Aligns with National Scope of Practice terminology.
1529	A. Bridge courses are designed to allow a candidate	A. Bridge courses are designed to allow a candidate to advance from a lower	Aligns with National Scope of Practice terminology.

	to advance from a lower level of ALS certification to a higher level of ALS certification or for a Virginia licensed Registered Nurse to bridge to the EMT-Paramedic certification level: 1. EMT-Enhanced to EMT-Intermediate Bridge. 2. EMT-Intermediate to EMT-Paramedic] Bridge. 3. Registered Nurse to EMT-Paramedic Bridge. B. All Bridge programs shall use the minimum Virginia education standards approved by the Office of EMS for the certification level of the program.	level of ALS certification to a higher level of ALS certification or for a Virginia licensed registered nurse to bridge to the [~~EMT-Paramedic~~ Paramedic] certification level: 1. EMT-Enhanced to [~~EMT-Intermediate~~ Intermediate] Bridge. 2. [~~EMT-Intermediate~~ Intermediate] to [~~EMT-Paramedic~~ Paramedic] Bridge. 3. RN to [~~EMT-Paramedic~~ Paramedic] Bridge. B. All bridge programs shall use the training curriculum approved by the Office of EMS for the certification level of the program.	
1531	**Registered Nurse to EMT-Paramedic [~~EMT-Paramedic~~ Paramedic] Bridge prerequisites.** A. RN to EMT-Paramedic students must be able to document compliance with the following prerequisites:	**Registered Nurse to EMT-Paramedic [~~EMT-Paramedic~~ Paramedic] Bridge prerequisites.** A. RN to EMT-Paramedic[~~EMT-Paramedic~~ Paramedic] students must be able to document compliance with the following prerequisites:	Aligns with National Scope of Practice terminology.
1533	**Registered Nurse to EMT-Paramedic Bridge program completion requirements.** A. The R.N. to EMT-Paramedic Bridge shall be the National Standard Curriculum for the EMT-Paramedic or Virginia education standards or a bridge program approved by the Office of EMS. B. The student will receive formal instruction in all the objectives listed in the EMT-Paramedic curriculum as recognized by the Office of EMS either through an accredited EMT-Paramedic course or through a nursing education program as recognized by the Virginia Board of Nursing. C. Certification for the R.N. to EMT-Paramedic Bridge course will be awarded through reciprocity upon successful completion of written and practical examinations created and administered by the National Registry of Emergency Medical Technicians.	**Registered Nurse to EMT-Paramedic [~~EMT-Paramedic~~ Paramedic] Bridge program completion requirements.** A. The R.N. to EMT-Paramedic[~~EMT-Paramedic~~ Paramedic] Bridge shall be the National Standard Curriculum for the EMT-Paramedic[~~EMT-Paramedic~~ Paramedic] or Virginia education standards or a bridge program approved by the Office of EMS. B. The student will receive formal instruction in all the objectives listed in the EMT-Paramedic [~~EMT-Paramedic~~ Paramedic]curriculum as recognized by the Office of EMS either through an accredited EMT-Paramedic[~~EMT-Paramedic~~ Paramedic] course or through a nursing education program as recognized by the Virginia Board of Nursing. C. Certification for the R.N. to EMT-Paramedic[~~EMT-Paramedic~~ Paramedic] Bridge course will be awarded through reciprocity upon successful completion of written and practical examinations created and administered by the National Registry of Emergency Medical Technicians.	Aligns with National Scope of Practice terminology.

1541	**EMT instructor candidate.** 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 Virginia EMS certification as an EMT or higher Virginia EMS Certification level. 3. Have been certified as an EMT or higher level of EMS certification for a minimum of two years. 4. Must have a minimum of two years field experience as an EMS provider. 5. Proof of a high school diploma or equivalent. B. The EMT instructor candidate must not have any EMS compliance enforcement issued within the previous twenty-four months or twenty-four months from the end date of the issued enforcement action.]	**[~~EMT instructor candidate~~ Reserved.]** [~~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 Virginia EMS certification as an EMT or higher Virginia EMS Certification level.~~ ~~3. Have been certified as an EMT or higher level of EMS certification for a minimum of two years.~~ ~~4. Must have a minimum of two years field experience as an EMS provider.~~ ~~5. Proof of a high school diploma or equivalent.~~ ~~B. The EMT instructor candidate must not have any EMS compliance enforcement issued within the previous twenty-four months or twenty-four months from the end date of the issued enforcement action.~~]	This certification will not be offered and is transitioning to EMS Education Coordinator.
1542	A. The instructor candidate shall successfully complete a written and practical pre-test as approved by the Virginia Office of EMS. B. The instructor candidate will successfully complete an instructor program as approved by the Virginia Office of EMS.	**[~~EMT-Instructor~~ Reserved.]** [~~A. The instructor candidate shall successfully complete a written and practical pre-test as approved by the Virginia Office of EMS.~~] [~~B. The instructor candidate will successfully complete an instructor program as approved by the Virginia Office of EMS.~~]	This certification will revert to the EMS Education Coordinator. **Rationale: section was replaced by the Education Certification coordinator**
1545	**Advanced Life Support coordinator program.** An Advanced Life Support Coordinator may coordinate initial and continuing education training programs for EMT-Enhanced, Advanced EMT, EMT-Intermediate and EMT-Paramedic up to their level of EMS certification or other healthcare certification/licensure as approved by the Office of EMS.	**[~~Advanced Life Support coordinator program.~~ Reserved.]** [~~An Advanced Life Support Coordinator may coordinate initial and continuing education training programs for EMT-Enhanced, Advanced EMT, EMT-Intermediate and EMT-Paramedic up to their level of EMS certification or other healthcare certification/licensure as approved by the Office of EMS.~~]	This certification will no longer exist.
1546	A. Prerequisites for certification as an Advanced Life Support Coordinator are: 1. Be a minimum of twenty-	**[~~Advanced Life Support coordinator certification~~ Reserved.]** [~~A. Prerequisites for certification as an Advanced Life Support Coordinator are:~~	Certification will no longer exist. **Rationale: protects students as an**

	one (21) years of age. 2. The Advanced Life Support Coordinator candidate must not have any EMS compliance enforcement issued within the previous twenty-four months or two years from the end date of the issued enforcement action. 3. The applicant must hold current certification and/or licensure for one or more of the following issued by the Commonwealth of Virginia: a. EMT-Enhanced b. Advanced EMT c. EMT-Intermediate d. EMT-Paramedic e. Physician Assistant f. Nurse Practitioner g. Registered Nurse h. Doctor of Osteopathy i. Doctor of Medicine B. A Certification Application shall be completed and submitted as prescribed by the Office of EMS. C. Upon receipt of a complete Advanced Life Support Coordinator application meeting the prerequisites and qualifications for certification, the applicant must attend an Advanced Life Support Coordinator seminar. D. Performance of any medical procedure is not permitted based upon Advanced Life Support Coordinator certification.	~~1. Be a minimum of twenty-one (21) years of age.~~ ~~2. The Advanced Life Support Coordinator candidate must not have any EMS compliance enforcement issued within the previous twenty-four months or two years from the end date of the issued enforcement action.~~ ~~3. The applicant must hold current certification and/or licensure for one or more of the following issued by the Commonwealth of Virginia:~~ ~~a. EMT-Enhanced~~ ~~b. Advanced EMT~~ ~~c. EMT-Intermediate~~ ~~d. EMT-Paramedic~~ ~~e. Physician Assistant~~ ~~f. Nurse Practitioner~~ ~~g. Registered Nurse~~ ~~h. Doctor of Osteopathy~~ ~~i. Doctor of Medicine~~ ~~B. A Certification Application shall be completed and submitted as prescribed by the Office of EMS.~~ ~~C. Upon receipt of a complete Advanced Life Support Coordinator application meeting the prerequisites and qualifications for certification, the applicant must attend an Advanced Life Support Coordinator seminar.~~ ~~D. Performance of any medical procedure is not permitted based upon Advanced Life Support Coordinator certification.~~]	**enforceable requirement**
1549	3. Have three years medical experience with a minimum of two years verified field experience as an EMS provider at the appropriate level EMS level or two years of current Virginia licensure/certification as an Registered Nurse, Physicians Assistant, Doctor of Osteopathic Medicine, or Doctor of Medicine. 4. Must not have any EMS compliance enforcement actions within the previous five years.	3. [Hold current Virginia EMS certifications as an EMT or higher level Virginia EMS certification.] [~~3.~~ 4.] Have three years medical experience with a minimum of two years verified field experience as an EMS provider at the appropriate [~~level~~] EMS level or two years of current Virginia licensure as [~~an~~ a] registered nurse, [~~physicians~~ physician] assistant, doctor of osteopathic medicine, or doctor of medicine. [~~4.~~ 5.] Must not have any EMS compliance enforcement actions within the previous five years.	Adds additional prerequisite and makes format correction.
1551	A. Eligible EMS Education Coordinator candidates will submit an application to include endorsement from an	A. Eligible EMS education coordinator candidates will submit an application to include endorsement from an EMS physician.	Adds testing requirements for EMS Education certification.

	EMS physician. B. Upon receipt and verification of the application, the eligible EMS Education Coordinator candidate will be required to complete a written and practical examination. C. After successfully completing the written and practical examination, the qualified eligible EMS Education Coordinator candidate shall attend training as required by OEMS.	B. Upon receipt and verification of the application, the eligible EMS education coordinator candidate will [~~be required to~~ receive an eligibility to test letter and must] complete a written and practical examination. [1. The EMS education coordinator application is valid for a period of two years from either primary test attempt date or 180 days after the application is approved, which ever is less. During this period of time, the candidate cannot submit another EMS education coordinator application. 2. EMS education coordinator candidate written testing process shall have a primary and secondary attempt. a. Primary written testing attempt is the first attempt at the EMS education coordinator written testing process. b. Primary retest requires the candidate to retest the written within 90 days of the date the primary test was attempted. c. Secondary written testing occurs when a candidate fails the primary attempt and either fails the primary retest or does not retest within 90 days of the primary written attempt. d. Secondary written test eligibility is initiated 90 days from the date of the failed primary retest or 180 days after the date of the failed primary test, whichever is less. e. Secondary written retest requires the candidate to retest the written test within 90 days of the date the secondary test was attempted. 3. An EMS education coordinator candidate practical testing process shall have a primary and secondary attempt which cannot begin before the written primary test. a. Primary practical testing attempt is the first attempt at the EMS education coordinator practical testing process. b. Primary retest requires the candidate to retest that portion of the practical test failed. Same day retesting is allowed only if less than 75% of the practical is failed. c. Secondary practical testing is initiated after practical primary retest failure and requires the candidate test all practical stations. d. Secondary retest requires the candidate to retest that portion of the practical test failed. Same day retesting is allowed only if less than 75% of the secondary attempt on the practical testing is failed.	

		C. After successfully completing the written and practical examination, the qualified eligible EMS education coordinator candidate shall attend training as required by OEMS. [D. All components of the EMS education coordinator certification process must be completed within two years from the end of the month of the primary test attempt or 180 days after approved and eligibility for testing is initiated, which ever is less.]	
1561	The Board of Health has established the "Emergency Medical Services Training Fund" (EMSTF) to support certification and continuing education for BLS and ALS programs. Funding for various approved training programs will be administered on a contract basis between the Emergency Medical Technician Instructor, Advanced Life Support Coordinator or EMS Educational Coordinator and the Office of EMS. In addition, a tuition reimbursement component has been established to help defray the costs associated with obtaining initial certification.	The Board of Health has established the "Emergency Medical Services Training Fund" (EMSTF) to support certification and continuing education for BLS and ALS programs. Funding for various approved training programs will be administered on a contract basis between the Emergency Medical Technician Instructor, Advanced Life Support Coordinator or EMS Educational Coordinator and the Office of EMS. In addition, a tuition reimbursement component has been established to help defray the costs associated with obtaining initial certification. [~~In addition, a tuition reimbursement component has been established to help defray the costs associated with obtaining initial certification.~~]	Removes non-essential language.
1565	**12VAC5-31-1565. Individual tuition reimbursement** A. Individual Reimbursement is provided for expenses incurred by students who attend initial certification programs which received funding from the EMSTF program. Funding is made available to any certified and affiliated EMS provider in the Commonwealth. B. Reimbursement will be awarded based upon tuition expenses incurred by the student (minus grants and scholarships) up to the maximum amount defined in the EMSTF program. Funding for individual tuition reimbursement is determined by the Office of EMS based upon the EMSTF tuition award formula. There are two different funding levels: Non-EMSTF funded initial	**12VAC5-31-1565. [~~Individual tuition reimbursement.~~ Reserved.]** [~~A. Individual reimbursement is provided for expenses incurred by students who attend initial certification programs that received funding from the EMSTF program. Funding is made available to any certified and affiliated EMS provider in the Commonwealth.~~ ~~B. Reimbursement will be awarded based upon tuition expenses incurred by the student (minus grants and scholarships) up to the maximum amount defined in the EMSTF program. Funding for individual tuition reimbursement is determined by the Office of EMS based upon the EMSTF tuition award formula. There are two different funding levels:~~ ~~1. Non-EMSTF funded initial certification programs, and~~ ~~2. EMSTF funded initial certification programs~~ ~~C. Individual requests for tuition reimbursement require that the applicant:~~	Language proposed not required as a regulation. **Rationale: This section of EMSTF was rarely used so is being deleted.**

	certification programs, and EMSTF funded initial certification programs C. Individual requests for tuition reimbursement require that the applicant: 1. Be a Virginia certified EMS provider at the level of the program for which tuition is requested. 2. Submit a completed application as prescribed by the Office of EMS. 3. Ensure the submitted application shall be postmarked to the Virginia Office of EMS within 180 days of the applicant receiving Virginia certification at the level for which the tuition reimbursement is sought. 4. Not submit (or have previously submitted at the current level) their name for reimbursement under the organizational tuition reimbursement process. D. Falsification of information shall nullify the tuition reimbursement request and any subsequent requests for a period of five (5) years.	~~1. Be a Virginia certified EMS provider at the level of the program for which tuition is requested.~~ ~~2. Submit a completed application as prescribed by the Office of EMS.~~ ~~3. Ensure the submitted application shall be postmarked to the Virginia Office of EMS within 180 days of the applicant receiving Virginia certification at the level for which the tuition reimbursement is sought.~~ ~~4. Not submit or have previously submitted at the current level his name for reimbursement under the organizational tuition reimbursement process.~~	
1567	**12VAC5-31-1567. Organizational tuition reimbursement.** A. Reimbursement is provided for tuition expenses incurred by EMS agencies or governmental organizations which pay for students to attend initial certification programs. B. Funding is made available to include but are not limited to: 1. 501(c) (3) organizations 2. Governmental organizations 3. Individuals who are not considered for-profit entities. C. Reimbursement will be awarded based upon tuition expenses (minus grants and scholarships) up to the maximum amount defined in EMSTF program. 1. Funding for organizational tuition reimbursement is determined by the Office of EMS based upon the EMSTF tuition award formula:	**12VAC5-31-1567. [~~Organizational tuition reimbursement~~ Reserved] .** [~~A. Reimbursement is provided for tuition expenses incurred by EMS agencies or governmental organizations which payfor students to attend initial certification programs.~~ ~~B. Funding is made available to include but are not limited to:~~ ~~1. 501(c) (3) organizations~~ ~~2. Governmental organizations~~ ~~3. Individuals who are not considered for-profit entities.~~ ~~C. Reimbursement will be awarded based upon tuition expenses (minus grants and scholarships) up to the maximum amount defined in EMSTF program.~~ ~~1. Funding for organizational tuition reimbursement is determined by the Office of EMS based upon the EMSTF tuition award formula:~~ ~~a. There are two different funding levels:~~ ~~(1) Non-EMSTF funded initial certification programs~~ ~~(2) EMSTF funded initial certification programs~~ ~~D. Organizational requests for tuition~~	Language proposed not required as a regulation.

	a. There are two different funding levels: (1) Non-EMSTF funded initial certification programs (2) EMSTF funded initial certification programs D. Organizational requests for tuition reimbursement require that the applicant: 1. Submit for providers who are affiliated with a Virginia EMS agency that is capable of delivering care at the level of certification for which the EMS agency is seeking tuition reimbursement. 2. Submit a completed application as prescribed by the Office of EMS. 3. Ensure the submitted application for tuition reimbursement is received by the Virginia Office of EMS within 180 days of the provider(s) receiving Virginia certification at the level for which the tuition reimbursement is sought. Documents must be postmarked before the deadline in order to be accepted. 4. Complete a separate application for each type of program (level) for which tuition reimbursements is being requested. 5. Ensure that no provider on the application has been submitted (or has previously submitted at the current level) for reimbursement under the individual tuition reimbursement process. E. Falsification of information shall nullify the tuition reimbursement request and any subsequent requests for a period of five (5) years.	~~reimbursement require that the applicant:~~ ~~1. Submit for providers who are affiliated with a Virginia EMS agency that is capable of delivering care at the level of certification for which the EMS agency is seeking tuition reimbursement.~~ ~~2. Submit a completed application as prescribed by the Office of EMS.~~ ~~3. Ensure the submitted application for tuition reimbursement is received by the Virginia Office of EMS within 180 days of the provider(s) receiving Virginia certification at the level for which the tuition reimbursement is sought. Documents must be postmarked before the deadline in order to be accepted.~~ ~~4. Complete a separate application for each type of program (level) for which tuition reimbursements is being requested.~~ ~~5. Ensure that no provider on the application has been submitted (or has previously submitted at the current level) for reimbursement under the individual tuition reimbursement process.~~ ~~E. Falsification of information shall nullify the tuition reimbursement request and any subsequent requests for a period of five (5) years.~~]	
1601	A. Training programs that lead to eligibility for initial certification at the Advanced EMT, EMT-Intermediate [~~EMT-Intermediate~~ Intermediate] and EMT-Paramedic [~~EMT-Paramedic~~ Paramedic] level shall hold a valid accreditation issued by the Board of Health before any training programs are offered.	A. Training programs that lead to eligibility for initial certification at the Advanced EMT, EMT-Intermediate [~~EMT-Intermediate~~ Intermediate] and EMT-Paramedic [~~EMT-Paramedic~~ Paramedic] level shall hold a valid accreditation issued by the Board of Health before any training programs are offered. C. The program director for an Advanced EMT, EMT-	Aligns with National Scope of Practice terminology.

	C. The program director for an Advanced EMT, EMT-Intermediate[~~EMT-Intermediate~~ Intermediate], EMT-Enhanced (optional track) or EMT (optional track) program is exempt from the bachelor's degree requirement as specified by CoAEMSP standards.	Intermediate[~~EMT-Intermediate~~ Intermediate], EMT-Enhanced (optional track) or EMT (optional track) program is exempt from the bachelor's degree requirement as specified by CoAEMSP standards.	
1605	C. Advanced EMT, EMT-Intermediate programs can obtain accreditation by applying to the Board of Health for an initial grant of accreditation not to exceed five (5) years.	C. Advanced EMT, EMT-Intermediate [~~EMT-Intermediate~~ Intermediate] programs can obtain accreditation by applying to the Board of Health for an initial grant of accreditation not to exceed five years.	Aligns with National Scope of Practice terminology.
1607	A. EMT-Paramedic program applicants shall only be renewed by obtaining a valid accreditation from the Committee on Accreditation of Allied Health Education Programs (CAAHEP), CoAEMSP or an equivalent organization approved by the Board of Health. B. Advanced EMT and EMT-Intermediate , or EMT-Enhanced or EMT as optional tracks programs shall apply for renewal of their program accreditation not less than 270 days before the end of their current accreditation cycle. Reaccredidation will require submitting a new application for accreditation and an updated institutional self study. The institutional self study will be reviewed by a site review team which will determine the program's performance and provide the commissioner with a recommendation as to whether program accreditation should be renewed. 1. The commissioner will issue full accreditation for a period of five years from the reaccredidation date if the accreditation analysis determines that the training program is in full compliance with the requirements for accreditation outlined in the Virginia EMS regulations. 2. The commissioner will issue	A. [~~EMT-Paramedic~~ Paramedic] program applicants shall only be renewed by obtaining a valid accreditation from the Committee on Accreditation of Allied Health Education Programs (CAAHEP), CoAEMSP or an equivalent organization approved by the Board of Health. B. Advanced EMT and [~~EMT-Intermediate~~ Intermediate] , or EMT-Enhanced or EMT as optional tracks programs shall apply for renewal of their program accreditation not less than 270 days before the end of their current accreditation cycle. [~~Reaccredidation~~ Reaccreditation] will require submitting a new application for accreditation and an updated institutional self study. The institutional self study will be reviewed by a site review team which will determine the program's performance and provide the commissioner with a recommendation as to whether program accreditation should be renewed. 1. The commissioner will issue full accreditation for a period of five years from the [~~reaccredidation~~ reaccreditation] date if the accreditation analysis determines that the training program is in full compliance with the requirements for accreditation outlined in the Virginia EMS regulations. 2. The commissioner will issue provisional [~~reaccredidation~~ reaccreditation] if the accreditation analysis and report identifies deficiencies that are determined to be of concern but do not justify prohibiting the program from starting and completing an initial training program. Before starting any additional certification courses, the program site shall receive	Aligns with National Scope of Practice terminology.

	provisional reaccredidation if the accreditation analysis and report identifies deficiencies that are determined to be of concern but do not justify prohibiting the program from starting and completing an initial training program. Before starting any additional certification courses, the program site shall receive full accreditation by correcting the deficiencies identified at the reaccreditation date. 3. The commissioner shall issue an accreditation denied status to the applicant if the accreditation analysis identifies deficiencies that are determined to be sufficient to prohibit the program from starting an initial training program.	full accreditation by correcting the deficiencies identified at the reaccreditation date. 3. The commissioner shall issue an accreditation denied status to the applicant if the accreditation analysis identifies deficiencies that are determined to be sufficient to prohibit the program from starting an initial training program.	
1613	**Accreditation of EMT-Paramedic programs.** A. EMT-Paramedic programs with state accreditation shall be limited to one (1) initial grant of state accreditation for a five (5) year period. B. Renewal of accreditation at the EMT-Paramedic level will be issued only upon verification of accreditation issued by CoAEMSP/CAAHEP or another approved equivalent accreditation organization as specified in the Virginia EMS Regulations.	**Accreditation of EMT-Paramedic [~~EMT-Paramedic~~ Paramedic] programs.** A.[~~EMT-Paramedic~~ Paramedic] programs with state accreditation shall be limited to one initial grant of state accreditation for a five-year period. B. Renewal of [accreditation] at the [~~EMT-Paramedic~~ Paramedic] level will be issued only upon verification of accreditation issued by CoAEMSP, CAAHEP, or another approved equivalent accreditation organization as specified in this chapter.	Aligns with National Scope of Practice terminology.
1890	**Responsibilities of operational medical directors.** 7. Interacting with state, regional and local EMS authorities to develop, implement, and revise medical, operational and dispatch protocols, policies and procedures designed to deliver quality patient care. This function includes the selection and use of appropriate medications, supplies, and equipment.	7. Interacting with state, regional and local EMS authorities to develop, implement, and revise medical [~~,~~ and] operational [protocols consistent with the Code of Virginia] 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.	Provides additional clarification.

Public comment

Please summarize all comments received during the public comment period following the publication of the proposed stage, and provide the agency response. If no comment was received, please so indicate.

Commenter	Comment	Agency response
Rena Sharpe	As an ED nurse, I rely heavily on the EMS provider's documentation. I believe the current and proposed EMS regulations regarding Patient Care Documents (12VAC5-31-1140) underestimates the importance of this document. This record can assist with crucial decisions regarding the care of that patient. It is part of the whole picture of the care and or treatment given to a patient prior to arrival at the hospital. It helps with estimating time of onset of symptoms with suspected stroke, the time that trauma occurred, and the medications/treatments administered just to mention a few things. Many times a quick patient report is given hitting the highlights but leaving out important details that may be crucial when deciding the patient's plan of care. EMS is an essential part member of the health care team and their documentation is invaluable. They are the first set of eyes to see a patient and their condition/environment. To arrive 24 hours after the fact is a great disservice to the patient and, frankly, is after the fact. The lack of a patient care document upon arrival to the hospital appears of unprofessional and I know EMS providers deserve far more credit than that!	We agree with the concern; however, stakeholders feel the information is being transferred. We agree to reduce the time from 24 hours to 12 hours to leave a copy of the written report to coincide with most EMS agency shift schedules.
Paul B. Davenport, Carilion Clinic Patient Transportation & Life-Guard *	As a member of the Medevac Committee, I participated in the development of the proposed regulations 3-4 years ago. Given that time span and reviewing them in the present, I have two areas that appear to need more detail. Thank you for your time and consideration. 12VAC5-31-880 Air Medical service personnel classifications Section 4 a Prehospital Scene: Reading this regulation, it would allow a medevac to have only one flight trained EMTP and the other "attendant" as defined in #1 could be a ground EMTP	Agree and accept recommendation.

	without flight training. Given the specialized nature of air medicine and the focus on safety, both members in a medevac helicopter should be, at the minimum, EMTP with specialized air medical training (#1b, #3) . It is not acceptable to have only one member with specific flight training. Safety is the primary concern and flight trained personnel have specific training to: assist with communications in the cockpit, identify hazards (both air to air and LZ), crash or event actions, and general aviation and air medical safety culture training. I request that consideration be made so that the minimum crew make up be two flight trained EMTP. This should also extend to #1b, #1 which would require a physician (if he/she were the second crew member) to have air medical training. 12VAC5-31-890 Equipment #3 Should include language that clearly states that the design and dimensions of the interior cabin eliminate or address head strike areas. Areas that could be a head strike concern, should be padded and other eliminated (if possible). The proposed regulation begins to address the issue but misses the key point that these areas should not be in cabin. We have a duty to ensure that the design specifications clearly guard our air medical services not to have unsafe design. Though helmets are worn, they to not fully protect the air medical team from significant injury due to poorly addressed or designed head strike areas. Head strike areas are usually items such as: additional equipment (that could be mounted in other areas), radio heads (padding), O2 regulators (flush mount regulators could reduce risk), etc. I, again, than you for your time and appreciate all of the hard work that the Regulation Division places in the development and maturing of our EMS regulations.	While we agree with the concept, it is ultimately the manufacturers of the vessels that must incorporate such safety items identified.
Jon Howard, Charlottesville-Albemarle Rescue Squad *	In the definitions, an Advanced EMT is listed as a "medic". The scope of practice of an AEMT per the NASEMSD definitions is very similar to our current Enhanced EMT, which is not considered a medic. For instance, the AEMT does not have the ability to	Agree with citizen – we agree to remove the definition of “medic”.

	use a manual heart monitor, which to me seems one of the defining skills of a medic. In 12VAC5-31-880, part 2.b.3, it looks like the attendant-in-charge for a fixed-wing transport can be any level of EMT, not specifically an EMT-Paramedic -- but the assistant attendant must be a paramedic.	Agree and changes made to correct error.
Valerie Sommer, RN, Mary Immaculate Hospital *	The patient care document is a critical piece of information for the care of our patients. This information is vital to the emergency department's function, and while we get a "down and dirty" report at the bedside, we frequently return to the EMS run sheet to gleen further information later in the patient's visit. To wait up to 24 hours to get this information is a disservice to our community and is not quality patient care.	We agree with the concern; however stakeholders feel the information is being transferred. We agree to reduce the time from 24 hours to 12 hours to leave a copy of the written report to coincide with most EMS agency shift schedules.
Bruce Mathern, MD VCU Department of Neurosurgery *	I am writing to support changing the documentation requirements of EMS providers. Currently, patients can be taken to a level one trauma center and no documentation is required for up to 24 hours. As a neurosurgeon that is called upon to evaluate critical patients when they arrive, the lack of any field documentation hinders patient care. The verbal report is inadequate for the evaluation of complex patients and field assessment of neurological function and condition as well as treatment which has been rendered is needed for the trauma team to make the best care decisions as quickly as possible. I strongly urge that a full EMS field report needs to be provided in writing at the time of patient delivery to help facilitate patient care and decision making.	We agree with the concern; however stakeholders feel the information is being transferred. We agree to reduce the time from 24 hours to 12 hours to leave a copy of the written report to coincide with most EMS agency shift schedules.
Nancy Martin	Since the implementation of the computerized PPCR's, our Emergency Department has experienced a significant decrease in written documentation from the pre-hospital providers when they deliver the patient to the hospital. Any medication delivered to the patient or procedures done prior to arrival is often given in a brief verbal report, but no written documentation is left behind. Often questions regarding amount of medication, time medication given, amount of fluid given, ect. goes unanswered because the EMS agency has left the hospital. This is a patient safety issue, but with the current regulations there is no enforcement to leave written documentation at the time of patient delivery because the provider	We agree with the concern; however stakeholders feel the information is being transferred. We agree to reduce the time from 24 hours to 12 hours to leave a copy of the written report to coincide with most EMS agency shift schedules.

	has 24 hours to get that information to the hospital. 24 hours may be too late for many patients.	
Rick McClure	Page 12, under "Medic" - what about EMT-Enhanced?	Disagree – lack of invasive procedures and certain medications.
	Page 17, under "Registered Nurse" - strike the words "an individual" after the word "means"	Formatting
	Page 42, 12VAC5-31-390 - The sentence "EMS agencies shall have a component of their OMD approved patient care reports; a triage component consistent with Code of Virginia mandated state specialty care hospital triage plans." does not read right. Perhaps missing a word or two?	Agree – this has been redone.
	Page 50, 12VAC5-31-540 - Why is it necessary to have a driving record transcript if the person does not operate vehicles?	Understood concern, but driving transcript also details certain histories (i.e., DUI, suspension, accidents, etc).
	Page 54, 12VAC5-31-610 - the term "responding interval" should be changed to "responding time" as this was changed in the definitions. This occurs in various places throughout the regs.	Agree – this has been redone.
	Page 55, A.2.a - unit mobilization interval standard should be stricken from the rules as it was deleted from the definitions.	Agreed.
	Pages 76,78,79 and 80 - strike the number "4" as was done for all other numbers.	Already addressed.
	Page 87, 4.g - the term "medical protocols" was deleted from the definitions. I suggest that the term "Prehospital Treatment Protocols" be used in order to cover all treatments, regardless of the nature of the injury/illness. This is also on Page 92.	Agreed.
	Page 99, D - Why is the EMT-enhanced (lower case?) package different from the AEMT when the two are essentially the same?	Formatting error
	Pages 101 4.7 and 102 5.e - Can "End Tidal CO2" be added to the wording to emphasize the importance of this as a standard of care?	Disagree – medical director decision, not a standard of care.
	Page 104 C.2 - last sentence "per the agency's policy required in 3.a" There is no 3.a that I can find.	Formatting error
	Page 105, 12VAC5-31-885 - "The air medical agency shall have a planned	Defined within the regulations.

	and structured program that all medical transport personnel must participate in." What kind of a planned and structured program?	
	Page 106, B.6 - EMT-B should read just EMT. This should be corrected throughout the book if we are going to follow the national levels.	Agreed and adjusted.
	Page 116, 12 VAC5-31-900, 2. "Be clean and neat in appearance;" Who is going to define this? Hair length, color? Tattoos? Piercings? All the time? On a single incident?	Agree with concern, but stakeholders feel this need to remain as an expected standard.
	Page 132, 12 VAC5-31-1230, 1. - The operator of the vehicle needs to have some medical training if they are going to be a part of a two person crew. I would prefer to see EMT required. My experience is that it is a terrible thing to be on an ambulance with a driver who does not know what a suction unit is, or a bag-valve-mask, or a non-rebreather mask. Or, try teaching a non-trained person how to backboard a patient on the scene with an injured patient. Or, arrive on the scene of a motor vehicle crash with two injuries and one person has no idea how to treat the second patient. This is 2010 and the standard of care should be that there are at least two trained people on an ambulance. Certainly most of the ambulances in the state operate with just two people and it is not fair or safe for one of them to be untrained. Doing this could eliminate the need for item 3 in 12 VAC5-31-1250.	Although the concept has merit, human resources, finances and politics will not allow this to occur during this process.
	Page 133, item 4, last sentence - "Based on extenuating circumstances and documentation, the EMS agency and/or the EMS provider may be subject to enforcement action." What does this mean? You do what is right for the patient and then might be cited for it because you didn't have an EMT on the ambulance? This fully supports my position stated above.	This allows the investigator to gather all information to determine if indeed extenuating circumstances exists should a complaint be lodged regarding inadequate staffing.
	Page 145, Why do EMT instructors and ALS Coordinators have a two year certification period, yet the EMS Education Coordinator has a three year certification period?	Agreed and will adjust.
	Generally speaking, there needs to be more cross referencing of the new levels with the existing levels. For example, where the level First	Agreed and will be addressed.

	Responder is written there needs to be a reference to Emergency Medical Responder. Same goes for EMT-Enhanced and Advanced EMT. There needs to be a better way to talk about the new levels and the existing levels in the regs that makes sense. Take away all references to EMT-B if the new level is just EMT. Take away all references to EMT-P if the new term is just Paramedic. Thanks for the opportunity to provide input.	
Krista Henderson Carilion Roanoke Memorial Hospital	Twenty-four hours is an unacceptable time frame to go without any documentation by EMS providers. Poor communication is often cited as a contributing factor to medical errors, leading JCAHO to include patient handoff communication as a national patient safety goal. Although EMS providers provide a brief verbal report, the written document frequently provides additional details that are important in the development of the plan of care for the individual patient. The EMS report is a vital part of the medical record and should be regarded as such, by changing the regulations to require EMS agencies provide written documentation before they leave the facility.	We agree with the concern; however stakeholders feel the information is being transferred. We agree to reduce the time from 24 hours to 12 hours to leave a copy of the written report to coincide with most EMS agency shift schedules.
Keltcie Delamar, private citizen	The proposed change to 12VAC5-31-390 "Destination to specialty care hospitals" currently states "An EMS agency shall follow specialty care hospital triage plans for trauma, stroke, and others as recognized by OEMS…" The system of care for STEMI (ST-elevation myocardial infarction) often works, but too often it does not. I have heard many stories first-hand from family members and survivors who could have experienced a better outcome if more standardized triage plans for STEMI had been in place and acted upon. There is much documentation available demonstrating that having defined plans of care in place leads to better and more consistent patient care, and it would be fair to provide those for EMS personnel in the field trying to respond appropriately to these urgent life-threatening events. STEMI is a critically time-sensitive condition, and should be specifically named on the list of required triage plans. The language	We agree with the concept; however, this section references those programs as identified within the Code of Virginia – language will reflect that found within the Code of Virginia and not the specialty within regulations.

	should read: "An EMS agency shall follow specialty care hospital triage plans for trauma, stroke, **STEMI,** and others as recognized by OEMS…" Please consider this simple change to help elevate awareness of the need to provide consistent STEMI care based upon evidence-based standards. Thank you.	
Lawrence Wagner - private citizen	This proposal is seriously flawed. Putting aside the absence of a clear explanation of the of what the proposal is seeking to accomplish and the poor draftsmanship of many provisions which will raise a host of problems and issues, this proposal contains two major shifts in policy that will dramatically impact most, in not all, EMS agencies. The first of these is contained in Section 940 which addresses impaired EMS personnel. The section addresses 2 concepts: prohibiting personnel impaired by drug or alcohol from administering patient care or operating a motor vehicle; and requiring every EMS agency to have a substance abuse program. Both are laudable goals The regulatory language chosen is the problem. What constitutes impairment? For alcohol is it the same as the standard for blood and breath levels when operating a motor vehicle or is it lower? If it is lower, how is the threshold being set and what method is used to determine who exceeds the threshold? What consequence flows for violating whatever the criteria is? What is the consequence of refusing to participate in a testing regimen designed to ferret out impairment? When you switch to "drugs" the issue gets even worse. What drugs are we talking about? Assuming that the staring point is Federally prohibited substances, that is a shifting target. The way to define the forbidden substances in that context is to use the Federal rules by cross referencing them. Then there are the legally available drugs. Any number of prescription and over the counter drugs come with warnings about potential adverse side effects. If cold remedies make a person drowsy, does that	Disagree. The recommendation requires a policy and as such it is up to the agency to determine the parameters of the policy.

	constitute "impairment" under this rule? What about use of a muscle relaxant taken by virtue of a doctor's prescription? What test is going to be employed to determine whether an EMT is "impaired"? Next look at issue of the agency policy and the same types of issues are just below the surface. The policy must have a testing process to screen for use drugs and alcohol. Most, if not all, substance abuse professionals will say that for a screening process to be effective it must include unannounced, random, mandatory testing under closely supervised conditions. I seriously doubt most people are aware of the implications from this section. Just think about the employment and liability implications for some organizations and the compliance burden for small organizations. If an EMS agency tries to avoid some of these pitfalls with a loosely worded policy they run a whole different set of risks. For example, what consequences flow from non-compliance is hard to determine. Section 610 is another policy shift that seems loaded with potential for posing difficulty. It does three things: establishes a timeframe for responding to calls imposes a recordkeeping burden; and requires an annual review to determine if 90% of the agencies calls are responded to within the established timeframe. Look first at the process for establishing the time frame. Initially the OMD is excluded from the process. Then, instead of using the County Director of Emergency Service who by law should be the Chair of the Board of Supervisors as decision maker, it tasks the local government which it defines as the whole Board of Supervisors as the decision maker. It is hard to envision a better way to ensure making this issue a political football. Assuming that obstacle can be overcome, no agency can avoid the need to keep a new set of records and many agencies will get to struggle with liability issues relating to timeliness. Ignoring those matters, look at the need to meet the standard 90% of the time. There are no clear answers to what consequences flow form the failure to accomplish that goal.	Disagree – this is a decision formulated by the three entities responsible for the provision of care. Local government may choose who represents their interest in this process.

	There are any numbers of other problems with the draft. Some have been mentioned by other commenter's. Try asking somebody to read this and tell you in their words what training a person needs to become a basic EMT. The rule says the person must attend 85% of the course. That can mean we talking 85% of a set number of hours, or 85% of the classes or s85% of the subject matters covered. The clarity with which the proposal defines which equipment must be present on an ALS ambulance is another delight. I wonder if everyone knows what an EMT enhanced package is and I'd be curious to know if they recognize that it does not include an EKG monitor. I plan to submit written comments to the Board of Health that will cover a range of other concerns. I thought it would be helpful to share these thoughts now,	
Anne Fereday, Southside Regional Medical Center	As the Cardiovascular Service Line Director I am involved in reviewing and evaluating all the STEMI cases that we receive in our ED. I am also a member of the ODEMSA Regional STEMI Committee and a guest to VHAC. It is imperative that we include STEMI to the language of 12VAC5-31-390 to include STEMI. The American College of Cardiology has changed the time frame of door to balloon time based on extensive research stating that the quicker the culprit vessel is opened, the decrease in mortality rate for the patient. The time of coronary flow establishment is now calculated from the first medical encounter to balloon time which raises the standards in meeting 90 minutes from the time EMS encounters the patient. The change in language would emphasize this goal and allow for standardized care for the patient. Please consider and allow this change in verbage so that we can have the consistent care for our patients and reduce the effects of an MI according to evidence base practice. Thank you.	We agree with the concept; however, this section references those programs as identified within the Code of Virginia – language will reflect that found within the Code of Virginia and not the specialty within regulations.
Mark Crnarich / King George Fire and Rescue, Inc.	Agree with consolidating definitions down to one unified "Responding Time" definition, as the true system quality attribute to measure and evaluate is the *elapsed time between*	Agree and adjusted.

	notification and arrival. The terminology has not been completely updated to reflect this. Specifically, under 12VAC5-31-10 - definitions "Local EMS response plan" still refers to the old "interval" terminology. Also 12VAC5-31-610 Designated emergency response agency standards still refers to the old "interval" terminology. Recommend ensuring that the updated rules and regulations accurately reflect the unified terminology of "responding time" to avoid any misunderstanding of the system wide quality attribute that OEMS is promoting.	
John Brush, MD, Virginia Chapter, American College of Cardiology *	**Proposed change to 12VAC5-31-390, triage to specialty care hospitals** Regarding the proposed change to 12VAC5-31-390 "Destination to specialty care hospitals." The proposed change currently states "An EMS agency shall follow specialty care hospital triage plans for trauma, stroke, and others as recognized by OEMS..." The Change should specifically add the diagnosis of STEMI to trauma and stroke and read "An EMS agency shall follow specialty care hospital triage plans for trauma, stroke, STEMI, and others as recognized by OEMS..." STEMI, or ST elevation myocardial infarction, is a life threatening disease that requires rapid and highly specialized care. Numerous studies have shown that rapid treatment, in particular, treatment to open the occluded coronary artery with percutaneous coronary intervention, can save lives. National campaigns by the American College of Cardiology and the American Heart Association and other organizations have focused attention on these life-saving measures. Now, portable 12-lead EKG devices with radio transmission capabilities have created an opportunity to diagnose a STEMI in the field at an earlier stage, enabling transport of the patient to the most appropriate hospital where specialized care is available. Like trauma and stroke, STEMI patients will be best served through proper triage to the	We agree with the concept; however, this section references those programs as identified within the Code of Virginia – language will reflect that found within the Code of Virginia and not the specialty within regulations.

	appropriate facility.	
Anderson Afiliados	**Patient Care Document** Comment " In the definitions, an Advanced EMT is listed as a "medic". The scope of practice of an AEMT per the NASEMSD definitions is very similar to our current Enhanced EMT, which is not considered a medic. For instance, the AEMT does not have the ability to use a manual heart monitor, which to me seems one of the defining skills of a medic.	Agree; “medic” has been removed from definitions.
Karen C. Lea/Southside Regional Medical Center *	**Recommend a change to EMS regulation 12VAC5-31-390 (Triage to specialty care hospitals)** As the Director of Emergency Services at Southside Regional Medical Center, I would also like to recommend that "STEMI" be added to the list of critical, time sensitive conditions that would require EMS agencies to follow specialty care hospital triage plans. There is significant evidence presented by the American Heart Association/American College of Cardiology that states that patients with evidence of an ST-Segment elevation MI (STEMI) are best served by immediate treatment in facilities that are equipped to perform interventional cardiology. There have been significant strides by these types of facilities to improve their door to balloon times as well as their first medical encounter to balloon times. They work hand in hand with EMS to ensure that the patients get the best possible care.	We agree with the concept; however, this section references those programs as identified within the Code of Virginia – language will reflect that found within the Code of Virginia and not the specialty within regulations.
Joseph P. Ornato, MD, Virginia Commonwealth University *	**EMS documentation** I have a serious concern with the following section in quotes: “12VAC5-31-1140 12VAC5-31-1140. Provision of patient care documentation. EMS personnel and EMS agencies shall provide the receiving medical facility or transporting EMS agency with a copy of the prehospital patient care report for each patient treated, either with the patient or within 24 hours.” I serve as an Operational Medical Director for several urban/suburban EMS agencies as well as chairman of emergency medicine at a major level 1 medical center. It is inexcusable to allow EMS providers up to 24 hrs to leave detailed, critical, patient care	We agree with the concern; however, stakeholders feel the information is being transferred. We agree to reduce the time from 24 hours to 12 hours to leave a copy of the written report to coincide with most EMS agency shift schedules.

	documentation at receiving hospitals. Since the advent of the electronic prehospital record transition, hospitals are frequently being left with NO written documentation of vital information that is adversely affecting patient care --- all due to the "we have 24 hrs rule" above. Examples – 1) cardiac arrest patients – no initial rhythm, downtime interval, whether the arrest was witnessed/bystander CPR; 2) STEMI patients – no prehospital ECGs left, no time of initial chest pain onset; 3) stroke patients – no written documentation of initial neurological findings or time of onset. The current OEMS "24 rules" is resulting in rampant abandonment of patients and discontinuity of critical patient care. I urge OEMS to REQUIRE EMS PROVIDERS TO LEAVE EITHER THE FULL PRINTED ELECTRONIC PPCR OR AN ABBREVIATED WRITTEN SHORT FORM THAT CONTAINS CRITICAL INFORMATION WITH RECEIVING HOSPITALS.	
Wilford Mills, MD, NREMT-P; Virginia Emergency Physicians, LLP	**Patient Care Documentation** I have a concern with the 24 hour time period for EMS providers to provide patient care documentation to the receiving hospital as noted in the section below. "12VAC5-31-1140 12VAC5-31-1140. Provision of patient care documentation. EMS personnel and EMS agencies shall provide the receiving medical facility or transporting EMS agency with a copy of the prehospital patient care report for each patient treated, either with the patient or within 24 hours." It is imperative that written patient documentation is provided to the receiving hospital at the time the patient is delivered to the emergency department. Although providers do deliver a verbal report, there is still vital information from the prehospital care that must be on the chart. This includes times and rhythms in cardiac arrest, onset of symptoms in stroke care, and treatment/medications delivered by EMS that must be available to the health care team at the receiving hospital. This is especially important in critical patients who may have to go to the operating room, or receive vital life-saving care in other departments. In these situations, there must be written EMS documentation on	We agree with the concern; however, stakeholders feel the information is being transferred. We agree to reduce the time from 24 hours to 12 hours to leave a copy of the written report to coincide with most EMS agency shift schedules.

	the patient's chart to help consultants and facilitate the transfer of care. I am an emergency room physician and former paramedic. As a physician, EMS documentation is vital in caring for patients as it allows me to know how the patient initially presented, and gives information such as the initial physical exam and vital signs. The lack of a written prehospital care report or a short-report form leaves out a large portion of the patient's medical presentation. As a former paramedic, I could never imagine leaving a patient at a hospital without some form of written documentation. This is a form of abandonment, and results in an incomplete patient transfer. Although a verbal report is given, not all the vital information can be covered, nor remembered by the health care team, to allow for excellent patient care. Therefore, written documentation should be left with the patient at the time of arrival at the receiving facility, NOT within 24 hours.	
Ajai K Malhotra, VCU Health System	**Patient Care Documentation by EMS** I am a trauma surgeon at a level I trauma Center (VCU Medical Center, Richmond). 12VAC5-31-1140 A allows the EMS personnel 24 hours to provide accurate written documentation of the pre-hospital condition and treatment of the patient. Patients with time sensitive medical conditions (trauma, stroke, STEMI etc) require life saving therapies within minutes to hours of arriving at the specialty hospital. The nature of the treatment is different depending upon what care has been provided prior to arrival to the hospital. In light of that allowing 24 hours for accurate pre-hospital documentation may complete the paper record but is completely inadequate in helping with appropriate therapy. Verbal reports may be inaccurate and incomplete. EMS personnel should be required to provide an accurate written report about the pre-hospital condition and treatment of every patient they bring to the hospital AT THE TIME OF PATIENT DELIVERY.	We agree with the concern; however, stakeholders feel the information is being transferred. We agree to reduce the time from 24 hours to 12 hours to leave a copy of the written report to coincide with most EMS agency shift schedules.
Andi Wright, Program Director, Trauma Services, Carilion Clinic	**PPCR - 24 hour time frame** *Patient safety and accurate documentation will continue to be*	We agree with the concern; however, stakeholders feel the information is being transferred. We agree to reduce the time from

	imperative for providing optimal patient care. In order to provide this standard of care for all patients, both national patient safety goals and the JCAHO have focused on handing off patients between caregivers. The standard of care should be the same for any healthcare providers in that the most accurate and important information be communicated at the time of patient care delivery. Prehospital care providers often have unique and important information regarding medications, LOC, therapeutic interventions and any difficulties they encountered enroute. A delay of up to 24 hours to share this information is an extremely poor reflection of the value of the information that EMS providers contribute to patient care management.	24 hours to 12 hours to leave a copy of the written report to coincide with most EMS agency shift schedules.
Marlene Garber Carilion Roanoke Memorial Hospital	**Patient Care Documentation** The EMS report is the initial documentation of a patient's illness or injury. It paints a picture of what was found at the scene, as well as how the patient initially presented to the EMS provider. For instance, in an auto crash, was the patient restrained or not? Was there a loss of consciousness? Did the patient have to be extricated? Delaying the availability of this report up to 24 hours doesn't make sense. Why would you keep vital pieces of information from those who are trying to provide the patient with the appropriate level of care?	We agree with the concern; however, stakeholders feel the information is being transferred. We agree to reduce the time from 24 hours to 12 hours to leave a copy of the written report to coincide with most EMS agency shift schedules.
Becky Blankenship, Carilion Clinic Trauma Services	**Patient Care Documentation** EMS documentation is vital in the continued treatment of patients once they arrive at the ER. EMS providers give a brief turn over report to the receiving facility but this is only a verbal handoff of information. By having the written report available there is additional information that can be retrieved from it that was not passed on in the verbal handoff. Critical information is pulled off of the written report left at the receiving facility by a lot of hospital staff that did not receive the initial report from the EMS provider. It is imperative that the report be completed and left at the facility at the time of transport. This will only hinder or complicate the appropriate care that the patient needs to receive at the receiving facility.	We agree with the concern; however, stakeholders feel the information is being transferred. We agree to reduce the time from 24 hours to 12 hours to leave a copy of the written report to coincide with most EMS agency shift schedules.
Michael Kontos, MD Virginia	**Proposed change to 12VAC5-31-390 Triage to specialty care hospitals**	We agree with the concept; however, this section references those programs as

Commonwealth University	Acute MI represents a life-threatening disease, similar in early death rates to that of trauma and stroke that is best managed by early revascularization. This can be performed at many, but not all hospitals. If a patient with acute MI can be identified by EMS, as increasingly happens by more widespread use of pre-hospital ECGs, they should be taken to the hospital that can provide the best care, not the one that happens to be the closest. I believe the language to the regulation should be changed so that acute MI patients are included, and should read "an EMS agency shall follow specialty care hospital triage plans for trauma, stroke, STEMI, and others as recognized by OEMS..."	identified within the Code of Virginia – language will reflect that found within the Code of Virginia and not the specialty within regulations.
Stephen Simon, Roanoke County Fire and Rescue Deparment	**12VAC5-31-910 Criminal or Enforcement History - Supporting New Regulation** I am writing in support of the new language as it pertains to personnel convicted for DWI/DUI. This language corrects the current in-accurate process of double penalizing personnel who are convicted of a DWI/DUI. The current regulations caused many EMS providers in the Commonwealth to loose their jobs which no other profession in the Commonwealth would be prohibited from working their profession if they received a DWI/DUI while not employed. Granted, their employer may terminate the EMS provider for the offense the Department of Health should not have the authority. For example; a physician who is arrested/convicted of a DWI/DUI while driving home from a party and not practicing medicine at the time of intoxication can still practice medicine as a doctor. This example can be used for any other health care provider that the Department of Health regulates. As the current law states, an EMS Provider convicted of a DWI/DUI would have all the normal penalties associated with the criminal offense but the Department of Health would then enact a 5 year prohibition for the EMS Provider to drive a licensed vehicle. This was paramount more costly to the EMS Provider than what a Court of law would require. If the person was a paid	Agree and have made adjustments.

	EMS Provider than typically would loose their job and not be able to gain employment in the EMS setting. As the only person who spoke out about this in the early Summer of 2002 during the last public hearing process (Richmond Airport Hotel) I can attest that this regulation was never intended to penalize EMS providers who were convicted off the job. It was always designed to be a penalty for an EMS Provider who was charged/convicted while driving an EMS Vehicle. Which the new regulations address. Thus, I am strongly supporting the new proposed regulation 12VAC-5-31-910.	
Stephen Simon, Roanoke County Fire and Rescue Department	**PPCR Submittal - Support of 24 hour submittal of documentation (PPCR)** PPCR Submission I am supporting the language in the new regulations that allow for up to 24 hours for an EMS Agency to submit the pre-hospital patient care report (PPCR). This requirement gives EMS Agencies the flexibility during disaster situations which are both local and state declared disasters to rapidly turn ambulances around at receiving hospitals. Our County (Roanoke County) transports close to 10,000 patients a year to local hospitals and our PPCR is almost always left at the hospital at time of turn over to the ER Staff. On rare occasions (if almost never) the PPCR would be sent later that day but a full report to the ER Staff has been provided by the EMS Personnel who transported the patient. Requiring more stringent reporting is burdensome and has financial implications for local governments already dealing with the worst budget recession since the Great Depression.	We agree with the concern; however, stakeholders feel the information is being transferred. We agree to reduce the time from 24 hours to 12 hours to leave a copy of the written report to coincide with most EMS agency shift schedules.
Stephen Simon, Roanoke County Fire and Rescue Department *	**12VAC5-31-1552 and 12VAC5-31-1401 EMS Education Coordinator Re-Certification Process** EMS Education Coordinator Recertification Process I have a concern that the language in the new regulation concerning 12VAC5-31-1552 does not clearly state that the recertification test can be waived by the OMD. This topic has been discussed at length at the last two EMS Symposiums (ALS/EMT Instructor Updates). As by state statue, all EMS	Disagree – testing involves administrative processes and not medical knowledge.

	Certifications that are up for renewal which require a test to be re-certified can be waived by the Operational Medical Director if all other recertification requirements have been met. I recommend that 12VAC5-31-14010 GENERAL RECERTIFICATION REQUIRMENTS be referenced under 12VAC5-31-1552 so all EMS Education Coordinators realize that they do have the option to have the test waived if their medical director desires to waive their test. 12VAC5-31-1552 is very vague and based on the OEMS Committee meetings that discussed this issue it was apparent that a minority of the committee wanted to have more control over who could instruct EMS Certification Courses in Virginia and the current proposed language may lead some OEMS Officials to believe that the recertification testing wavier that an OMD can approve would not apply to the EMS Education Coordinator. My second suggestion is to have the term EMS Education Coordinator referred to with all of the other EMS Certifications so their will be no mistake that the EMS Education Coordinator's re-certification test can be waived if the EMS Education Coordinator's OMD desires to do so and the EMS Education Coordinator has met all other requirements.	
Mindy Carter, Trauma/EMS Services CJW Medical Center	**EMS Patient Care Reporting Regulations** The current state regulations require EMS providers to submit their PPCR's (pre-hospital care reports) within 24 hours to the receiving hospital. EMS patient care is vital to improving outcomes for all types of patients, many of whom are gravely ill or severely injured. EMS providers render increasingly complex care to these patients, including defibrillation, medication administration, advanced airway procedures, etc. Additionally, EMS providers have the advantage of observing the patient in a different setting than hospital healthcare professionals. This observation can provide valuable insight during the course of treatment. The absence of this information can radically alter a patient's treatment plan and outcome. Healthcare professionals are expected to leave written	We agree with the concern; however, stakeholders feel the information is being transferred. We agree to reduce the time from 24 hours to 12 hours to leave a copy of the written report to coincide with most EMS agency shift schedules.

	documentation of their observations and treatment of patients during handoff to other healthcare providers. EMS providers are professionals and should be expected to report as other healthcare professionals. The state regulations should require them to leave basic, critical information (at minimum) when they treat and transport patients to hospitals. If they are unable to leave a full PPCR, they should leave a written MIVT report, or a draft of their electronic PPCR. I would like to add that many EMS agencies have been working collaboratively with the various acute care facilities in the Richmond area to improve EMS reporting. However, there is nothing in Virginia code to compel them to do it. Therefore, some agencies/providers have done nothing to solve this very serious problem. I commend the EMS agencies and hospitals who have been working hard to solve this issue because at the end of the day, this is about improving patient outcomes and patient safety. Nothing is more important than that.	
Peter O'Brien, MD, Steering Group Member-Virginia Heart Attack Coalition	Type over r**ecommend wording change to proposed EMS Regulations** The proposed change to 12VAC5-31-390 “Destination to specialty care hospitals” currently states “An EMS agency shall follow specialty care hospital triage plans for trauma, stroke, and others as recognized by OEMS…” The wording should be amended to include "STEMI", in addition to trauma and stroke. Patients presenting with a type of heart attack called a "STEMI" (ST elevation myocardial infarction), are at high risk for both immediate and long-term complications or death. As an interventional cardiologist, former State Chairman of the American College of Cardiology door-to-balloon project in Virginia, and a founding member of the Virginia Heart Attack Coalition, I think it is critically important to add STEMI to the list of time-critical illnesses. Rapid reperfusion, or restoration of blood flow in a blocked coronary artery during a heart attack, has been shown in multiple studies to improve patient outcome. For every 30 minute delay of this lifesaving treatment, the patient's risk of death increases by 7.5%!! Numerous studies, and personal experience, have	We agree with the concept; however, this section references those programs as identified within the Code of Virginia – language will reflect that found within the Code of Virginia and not the specialty within regulations.

	shown us that triage plans and protocols improve prehospital care and reduce "e2b" time--the time from first medical contact to reperfusion.	
Dustin Campbell, Roanoke County	**PPCR Submittal - Support of 24 hour submittal of documentation (PPCR)** In reviewing the comments regarding PPCR submission, I can see the validity and support the clinical providers desiring a complete report prior to EMS providers leaving the hospital. While the Va. EMS system is moving towards an electronic format in submitting reports, arguing against a 24 hour time frame for turning-in PPCR's in pre-mature. Until all Va. EMS agencies convert to some type of electronic PPCR submission and hospitals provide secure access points to exchange this information upon receiving a patient, it's imperative for EMS agencies to maintain flexibility in returning to service. I support a 24 hour submittal time frame.	We agree with the concern; however, stakeholders feel the information is being transferred. We agree to reduce the time from 24 hours to 12 hours to leave a copy of the written report to coincide with most EMS agency shift schedules.
Valeta Daniels EMS Liaison Henrico Doctors Hospital	**Word change to proposed EMS regulations** The proposed change to 12VAC5-31-390 "Destination to specialty care hospitals" currently states "An EMS agency shall follow specialty care hospital triage plans for trauma, stroke, and others as recognized by OEMS..." I recommend that STEMI be included with trauma and stroke. All 3 of these conditions can be made less severe when the appropriate interventions are performed earlier rather than later. EMS is an important key in recognizing and pre alerting the receiving facility.	We agree with the concept; however, this section references those programs as identified within the Code of Virginia – language will reflect that found within the Code of Virginia and not the specialty within regulations.
Kathy Butler, Trauma Program Mgr	**EMS written hand-off of critical information** These are my personal opinions and not those of the University of Virginia where I am employed. Transport caregiver's initial findings (including date/time), interventions, responses to those interventions, and contact information for further questions need to be presented legibly in writing to the care team prior to leaving the facility. That information is actually used by clinicians in the care of patients. For instance, when a neurosurgeon estimates anoxic periods - we use the	We agree with the concern; however stakeholders feel the information is being transferred. We agree to reduce the time from 24 hours to 12 hours to leave a copy of the written report to coincide with most EMS agency shift schedules.

	EMS sheet. If they want to know how soon they can perform physical exams without paralytic interference, they use EMS info. Many more examples exist. On a separate note, there must be an efficient manner to assure EMS electronic documentation makes its way into patient records throughout hospitals in Va. Hopefully there will be EMS & hospital collaborative efforts towards this end.	
Eric Walker, Private Citizen	**Proposed Wording Change to Proposed Regulation** In reading the language for the proposed change to 12VAC5-31-390 "Destination to specialty care hospitals" currently states "An EMS agency shall follow specialty care hospital triage plans for trauma, stroke, and others as recognized by OEMS…" I noticed that unfortunately STEMI was not included. As a citizen of the Commonwealth of Virginia, I believe it is imperative to include the focus of STEMI in this language. Care for STEMI patients is very time sensitive and standards need to be put in place to ensure adequate care is provided for all STEMI patients.	We agree with the concept; however, this section references those programs as identified within the Code of Virginia – language will reflect that found within the Code of Virginia and not the specialty within regulations.
Richard Melia, Ph.D., Private Citizen	**Include STEMI (ST-elevation myocardial infarction) in Required Triage Plans** I support the proposed change*: 12VAC5-31-390 "Destination to specialty care hospitals" states "An EMS agency shall follow specialty care hospital triage plans for trauma, stroke, and others as recognized by OEMS…" As a critically time-sensitive condition, STEMI (ST-elevation myocardial infarction) should be included in the list of required triage plans. The recommended language should read: "An EMS agency shall follow specialty care hospital triage plans for trauma, stroke, **STEMI,** and others as recognized by OEMS…"* Joseph P. Ornato, MD, of the Department of Emergency Medicine at Virginia Commonwealth University, wrote of the significant need for NATIONAL attention to "The ST-Segment-Elevation Myocardial Infarction Chain of Survival" in *Circulation.* 2007;116:6-9. Virginia should be in the fore front of	We agree with the concept; however, this section references those programs as identified within the Code of Virginia – language will reflect that found within the Code of Virginia and not the specialty within regulations.

	implementing needed STEMI changes. As a retired Federal official who helped plan and fund rehabilitation for traumatic brain injury and stroke survivors that depended upon excellence in triage, and as the father of a son who has recovered from cardiac bypass surgery, I am very aware of the need to update State policies to conform to research findings. I look forward to learning that the Commonwealth has moved forward on this important need. Richard P. Melia, Ph.D. Arlington, VA	
David R. Burt MD, EM Physician at UVA (private comments)	**The proposed change to 12VAC5-31-390 "Destination to specialty care hospitals"** *The proposed change to 12VAC5-31-390 "Destination to specialty care hospitals" states "An EMS agency shall follow specialty care hospital triage plans for trauma, stroke, and others as recognized by OEMS…" As a critically time-sensitive condition, STEMI (ST-elevation myocardial infarction) should be included in the list of required triage plans. The recommended language should read: "An EMS agency shall follow specialty care hospital triage plans for trauma, stroke,* ***STEMI,*** *and others as recognized by OEMS*. ST segment elevation myocardial infarction (STEMI) is a heart attack diagnosed by looking at the EKG. If STEMI is apparent on the EKG, the SINGLE most important thing that emergency care providers can do is insure that each STEMI patient receives timely opening of the blocked artery (reperfusion) as fast as possible. Truly, "Time equals Muscle." This reperfusion treatment must take place at a hospital, either by use of clot busting drugs or emergent angioplasty in a heart catheterization lab. However, STEMI is a rare event that is often diagnosed when least expected, usually under chaotic circumstances. This point to the value of having a triage plan in place for when it does occur, allowing rapid planning and execution to occur.	We agree with the concept; however, this section references those programs as identified within the Code of Virginia – language will reflect that found within the Code of Virginia and not the specialty within regulations.

	Indeed, study after study has shown that the single most important factor in improving STEMI treatment (time to reperfusion) is simple: "Does each emergency provide have a STEMI plan (triage plan) in place for when STEMI is diagnosed?" Thus, requiring that each agency have a STEMI ALERT plan in place is vital and essential if Virginia hopes to offer excellence in care to each Virginia resident who in the future suffers from a STEMI. If agencies do not have these plans of execution in place, then they will be unable to guarantee rapid reperfusion based on a consistent plan. Please note that the exact plan in place is not as important as simply having a STEMI triage plan in place. What this implies is that the exact STEMI ALERT triage plan (though required via this change) will still be developed by the care providers in each area who will collaborate together to determine what constitute the best and most exact STEMI ALERT triage plans within their areas of service. This type of flexible and collaborative "systems engineering" approach to optimizing STEMI care is being enacted throughout the US; by adopting this approach Virginia will be in-step with many areas and states within the US currently striving to optimize care for patients diagnosed with ST elevation heart attack.	
Matt Tatum, Henry County Department of Public Safety	**Definitions** The new national scope has specific definitions for the terms, credentialed, licensed, and certified. VA should adopt those definitions word for word with the adoption of the scope. **"Basic Life Support"-** (page 4) The term is applicable across the entire EMS sector which would include the air medical environment therefore does not need "air medical environment" designation. **"Critical Care"-** (page 7) The term is applicable across the entire EMS sector which would include the air medical environment therefore does not need "air medical environment" designation. **"Medic"**-(*page 12*) This designation should be reserved for those providers who are certified to provide complete	Disagree – this highlights specific issues surrounding air medical programs. Disagree – this highlights specific issues surrounding air medical programs. Agreed – addressed.

	pre-hospital care from basic comfort measures to advanced cardiac monitoring and/or intervention and certain pre-hospital surgical procedures. The Advanced EMT, as outlined in the National Scope of Practice Standards, will not be certified for advanced cardiac monitoring and or care. **"Pre-hospital scene"-** (page 15) The term is applicable across the entire EMS sector which would include the air medical environment therefore does not need "air medical environment" designation. **"Specialty Care Mission"-** (page 20) The term is applicable across the entire EMS sector which would include the air medical environment therefore does not need "air medical environment" designation. **"Specialty Care Provider"-** (page 20) The term is applicable across the entire EMS sector which would include the air medical environment therefore does not need "air medical environment" designation.	Disagree – this highlights specific issues surrounding air medical programs. Disagree – this highlights specific issues surrounding air medical programs. Disagree – this highlights specific issues surrounding air medical programs.
Matt Tatum, Henry County Department of Public Safety *	**Personnel Records** **12VAC5-31-540 Part B- <u>Personnel Records</u>**-(*page 50*) The way I read the current proposal, a actual copy of the DMV Transcript will have to be maintained. Does a copy of the actual driver's transcript have to be maintained or, as with the CCH, documentation that it was verified. If the intention is to be like the CCH, the wording needs to match it.	DMV records are protected as other personnel files are.
Matt Tatum, Henry County Department of Public Safety *	**Required Vehicle Equipment** **12VAC5-31-860 Part B Sec. 9(a) <u>Required Vehicle Equipment</u>**-(*page 94*) The statement is not clear. If adjustable sized collars are used, do you have to have three total or 3 of each size (pediatric and adult), 2 of each size which would be a total of 4. The statement just does not read well and is not clear.	Clarification will be provided to reader.
Matt Tatum, Henry County Department of Public Safety	**DUI** **12VAC5-31-910 Part C Sec. 4 <u>Criminal or enforcement history</u>**-(*page120*) Implementation of this section as written will undermine the seriousness of an infraction that cost many innocent lives on the highways of the Commonwealth of Virginia. By allowing individual agencies to develop, implement and regulate policies	Agreed and adjusted.

	regarding utilization of operators with recent DUI convictions (<5 years), those agencies with manpower/staffing shortages will be inclined to utilize operators who would not otherwise be eligible to function in that capacity under current regulations. This would further serve to undermine professional ethics and standards of an allied health profession.	
Matt Tatum, Henry County Department of Public Safety	**OMD** **12VAC5-31-1050 Scope of Practice**- (*page 125*) This all read fine until it the "and". This eliminates the Agency OMD from having control of his/her providers. Who better to be familiar with their system and its needs than the local OMD. This statement also refers to "medical protocols" which is deleted from the definitions in an earlier page. The Local OMD is the ultimate in medical advice to the provider; they should have the ultimate say in what a provider does or does not do in the field.	Disagree – language allows flexibility for the local OMD and a process to investigate variations from established practices.
Robert Fines, MD, FACEP, Mary Washington Healthcare *	**proposed change to 12VAC5-31-390 / STEMI** The proposed change to 12VAC5-31-390 "Destination to specialty care hospitals" currently states "An EMS agency shall follow specialty care hospital triage plans for trauma, stroke, and others as recognized by OEMS…" The language should read: "An EMS agency shall follow specialty care hospital triage plans for trauma, stroke, **STEMI,** and others as recognized by OEMS…" STEMI stands for ST Elevation Myocardial Infarction. ST Elevation is a specific EKG change and a Myocardial Infarction is a heart attack. A STEMI is the most life threatening form of heart attack. Medical research has shown conclusively that patients with STEMI have significantly less death and disability if the blocked vessel in the heart is opened up quickly. This can only be accomplished consistently if specific STEMI protocols are in place and utilized. The simple change of adding the word "STEMI" to the proposed verbage of this regulation would save many lives.	We agree with the concept; however, this section references those programs as identified within the Code of Virginia – language will reflect that found within the Code of Virginia and not the specialty within regulations.
Matt Tatum, Henry	**EMS Student's Age**	Disagree – National curriculum requires 18

County Department of Public Safety *	**12VAC5-31-1453 Part 2** Minimum ages for students-(*page 164*) This requires students to be 16 for BLS and 18 for ALS classes before the official start date of the class. In regards to ALS, we have students graduating High School now at 17. They are enrolling in college programs at this age. With this requirement, they are forced to delay their education because they will not be 18 at the beginning of class. I think a more reasonable age restraint would be 18 prior to beginning of clinical rotations for ALS programs. This issue appears again in **12VAC5-31-1503 Part A Sec. 2** (page 178) and again in **12VAC5-31-1521 Part B** (*page 180*).	years of age for ALS programs, to include high school diploma (DOT Paramedic Curriculum).
Matt Tatum, Henry County Department of Public Safety *	**Successful Completion of test-timeline** **12VAC5-31-1457 Part F Sec. 2 Successful Completion of test-timeline**-(*page 166*) This states the test must be completed prior to the enrollment expiration of an accredited program. This is confusing. I think it is suppose to say 365 days from initial testing or 365 days from the enrollment expiration, but the current wording does not say this. This appears again in **12VAC5-31-1471 Part G** (page 253).	Disagree. This aspect of Section F deals with future programming that enables greater flexibility for programs to manage students. This change simplifies administrative management of students. This is designed for future use and not currently applicable.
Matt Tatum, Henry County Department of Public Safety	**EMS Educator Recert** **12VAC5-31-1552 Part B EMS Education coordinator** The recert should be either/or not both. Either they are actively teaching noted by the minimum number of hours being taught or have them to test. Having an active instructor to retest is not necessary if the EMS Physician is willing to sign a waiver. In theory, this contradicts the accreditation process. If a program is accredited, it is up to the program director to assure the instructors are competent. It has been explained to me that the testing process is to assure the quality of the instructors but an instructor for an accredited agency does not even have to acquire initial certification. I agree maintaining instructors are a must but if accredited institutions can use instructors who have never obtained initial certification to instruct, requiring our already established instructors to do so is not justifiable.	Disagree – testing involves administrative processes and not medical knowledge
Matt Tatum. Henry County Department of Public Safety *	**Advanced EMT Definition** It is unclear of whether Advanced EMT	Clarification provided.

	is replacing Enhanced or Intermediate. It is categorized with the Intermediate in regards to definitions and equipment requirements but the verbal report from OEMS says it is replacing the Enhanced.	
Tiffany McGhee, private citizen	**Proposed wording change to EMS regulations** I am in favor of the proposed language change to EMS regulations 12VAC5-31-390 "An EMS agency shall follow specialty care hospital triage plans for trauma, stroke, **STEMI,** and others as recognized by OEMS…" STEMI is an extremely time sensitive condition and with a delay in care, the patient can experience irreversible damage to their body and delays can even cause death. It is very important that STEMI patients receive the appropriate care in a timely manner. By including this language in the EMS regulations, the Commonwealth can help to ensure that EMS personnel have a defined plan of care for STEMI patients and ensure that all STEMI patients receive appropriate care.	We agree with the concept; however, this section references those programs as identified within the Code of Virginia – language will reflect that found within the Code of Virginia and not the specialty within regulations.
Wayne Woo / Old Dominion EMS Alliance	**12vac5-31-390** I'm a retired Battalion Chief Paramedic with 31 years service to Public Safety and feel I have to write on this topic. ST segment elevation myocardial infarction (STEMI) is a heart attack diagnosed by looking at the EKG. If STEMI is apparent on the EKG, the SINGLE most important thing that emergency care providers can do is insure that each STEMI patient receives timely opening of the blocked artery (reperfusion) as fast as possible. Truly, "***TIME EQUALS MUSCLE***." This reperfusion treatment must take place at a hospital, either by use of clot busting drugs or emergent angioplasty in a heart catheterization lab. However, STEMI is a rare event that is often diagnosed when least expected, usually under chaotic circumstances. This point to the value of having a triage plan in place for when it does occur, allowing rapid planning and execution to occur. Indeed, study after study has shown that the single most important factor in improving STEMI treatment (time to reperfusion) is simple:	We agree with the concept; however, this section references those programs as identified within the Code of Virginia – language will reflect that found within the Code of Virginia and not the specialty within regulations.

	"Does each emergency provider have a STEMI plan (triage plan) in place for when a STEMI is diagnosed?" Thus, requiring that each agency have a STEMI ALERT plan in place is vital and essential if Virginia hopes to offer excellence in care to each Virginia resident who in the future suffers from a STEMI. If agencies do not have these plans of execution in place, then they will be unable to guarantee rapid reperfusion based on a consistent plan. Please note that the exact plan in place is not as important as simply having a STEMI triage plan in place. What this implies is that the exact STEMI ALERT triage plan (though required via this change) will still be developed by the care providers in each area who will collaborate together to determine what constitute the best and most exact STEMI ALERT triage plans within their areas of service. This type of flexible and collaborative "systems engineering" approach to optimizing STEMI care is being enacted throughout the US; by adopting this approach Virginia will be in-step with many areas and states within the US currently striving to optimize care for patients diagnosed with ST elevation heart attack. More lives will be saved by a simple change of words and policies about STEMI care and education.	
Bill Duff, Roanoke County Fire and Rescue Department	**Patient care Report submittal** I thoroughly understand the reason for leaving a written report at the ED at the time the patient is brought in. In our system it is standard practice to leave a printed PCR with the staff. But even with this, reports are lost in the hospital, requiring the trauma registrar and Chest Pain staff to contact our agency on a regular basis because they cannot find the PCR in the patient's chart. As the state moves to electronic reporting there will be many issues to arise. One we have experienced is when the EMS printer (multi-agency partnership) at the hospital breaks leaving no way to print the report. Reports have to be printed somewhere else and brought back to the hospital. Printing issues will become more frequent as more agencies use electronic reporting. Keep in mind that the agencies are	We agree with the concern; however stakeholders feel the information is being transferred. We agree to reduce the time from 24 hours to 12 hours to leave a copy of the written report to coincide with most EMS agency shift schedules.

	providing the printers, not the hospitals. This is an expensive, complex, and time consuming program to maintain. **The ultimate goal would be to have a way for everyone to send the PCR to a website or offsite server where the information would be automatically sent back to the hospital in an electronic format.** This is going to be very challenging as there are different EMS PCR programs and each Hospital IT Dept. and Agency IT Dept. have their own security rules and measures. **The 2- hour time period is essential when printers are down or the computer will not connect with the printer.** Leaving a PCR with the patient is "Best Practice" and should be encouraged until electronic data can be sent quickly to the ED. It will take much more than changing the regulation to truly fix the problem.	
Rob Johnson, Salem Fire-EMS	**PCR submittal time frame** In regards to the ruling that allows agencies 24 hours to submit PCRs, I am in favor of keeping the 24 hour time period in place. I completely agree with previous comments made about the importance of proper documentation and the need for agencies to leave a copy of the PCR with the receiving facility on departure. However, a ruling against the 24-hour time period would tie the hands of agencies and could negatively impact patient care in the long run. Our agency runs approximately 80% of the EMS calls in our jurisdiction and we only have 3 front line/staffed medic units. There are times when it is necessary for our units to clear from the hospital (before finishing the PCR) in order to run another EMS call because our other medic units are on other calls and it would be detrimental to wait for mutual aid to arrive. This would also be the case if we were to have a disaster/MCI in our region/jurisdiction where it would be beneficial to have quick turn-around times for our medic units in order to treat/transport more victims. Being that we are a Fire and EMS department, all of our full-time personnel are cross-trained in both fire and EMS. When a structure fire occurs in our area, we rely heavily on all of our personnel, even those staffing the medic units in order to get enough fire/EMS personnel on scene to operate safely and effectively. Our department leaves	We agree with the concern; however, stakeholders feel the information is being transferred. We agree to reduce the time from 24 hours to 12 hours to leave a copy of the written report to coincide with most EMS agency shift schedules.

	PCRs at the hospital upon departure 98% of the time. The only time we do not leave a copy of the PCR on departure is when the printer is malfunctioning, in which case we go back to the station and print off the PCR and are usually able to provide a copy to the ER within a couple of hours. We also allow our medic units to clear EDs before finishing a PCR in cases where all other medic units are tied up on calls and it would be detrimental to the patient to wait for another EMS service and/or for structure fires/major emergencies in which we need their manpower (however, our personnel are instructed to notify the receiving RN that they are leaving without leaving a copy of the PCR, but will return as soon as possible to do so). I would ask that the regulation stay in place to allow for the 24 hour time frame, with the understanding that agencies will leave a copy of the PCR upon departure except under extenuating circumstances (such as those listed above).	
John Peterman	**The proposed change to 12VAC5-31-390** The proposed change to 12VAC5-31-390 "Destination to specialty care hospitals" states "An EMS agency shall follow specialty care hospital triage plans for trauma, stroke, and others as recognized by OEMS…" leaves out a very important disease process. It is important to note that cardiovascular disease including heart attack and stroke is the number one killer of Virginians yet there is no mandate to require an EMS plan for heart attack. It is commendable that stroke is now included in addition to trauma but this still leaves out heart attack and particularly a very serious heart attack condition called STEMI (ST-elevation myocardial infarction). Effective treatment options including primary angioplasty and stenting to open blocked arteries now exist at many Virginia hospitals Including STEMI in the list of required triage plans could have a dramatic impact on survivability and outcomes for patients with this condition. The recommended language should read: "An EMS agency shall follow specialty care hospital triage plans for trauma, stroke, STEMI, and others as recognized by	We agree with the concept; however, this section references those programs as identified within the Code of Virginia – language will reflect that found within the Code of Virginia and not the specialty within regulations.

	OEMS…"	
Mark Crnarich / King George Fire and Rescue, Inc	**Remove 12VAC5-31-610. Designated emergency response agency standards.** Does this regulation on its own contribute to the improvement or decline of mortality rate versus contributing to the improvement or decline in EMS responder safety. Does it make sense to apply this same requirement to both a PSAP call for service of a Blood Pressure Check and one for Uncontrolled Bleeding, or Cardiac Arrest? The decision to run lights and siren ("hot") to a call for service is a calculated risk based on information obtained and supplied during each individual call. That calculation should not be unduly influenced by a single arbitrary response threshold. Instead, OEMS should be promoting an EMS Quality Management System that supports continuous process improvement with respect to delivery of patient care. This should include measuring and assessing all facets of delivering EMS care, such as: • Proper triaging of PSAP calls for service to determine resources required (EMS response, Nurse referral, etc.) • Properly prioritizing EMS response via an EMD system • Measuring and reviewing EMS response against thresholds established for each priority, not a single catch-all threshold • Measuring and reviewing delivery of care and patient outcome for EMS responses. This regulation as written is designed to reward systems that set an arbitrary high number and punish those systems that try to be more aggressive, and should be withdrawn unless a prioritization scheme is also enforced to properly	Disagree – criteria to be established by entities involved – not the state.

	categorize PSAP calls for service. Only then should enforcement of thresholds for each priority be considered. It does not make sense to enforce a single attribute outside of a coordinated management system.	
James Dudley, Operational Medical Director, Riverside Tappahannock Hospital *	**Proposed EMS Regulations** I recommend STEMI be specifically included on the list of conditions warranting field triage to specialty centers, as we require for Trauma, Stroke, and other conditions identified the OEMS. Thank you, James Dudley	We agree with the concept; however, this section references those programs as identified within the Code of Virginia – language will reflect that found within the Code of Virginia and not the specialty within regulations.
Robin Foster MD Virginia Commonwealth University Health Systems	**Patient Care Documentation** I am a pediatric emergency medicine physician in a level 1 trauma center and I believe that written documentation of prehospital care should be provided with the patient. I understand that a verbal report is given at the bedside but the most critical patients have the most chaotic bedsides and if a question arises after the prehospital providers leave it is ideal to be able to refer to a written record. I believe this directly impacts the quality of patient care especially in small children who are more significantly affected by prehospital fluid management etc.	We agree with the concern; however, stakeholders feel the information is being transferred. We agree to reduce the time from 24 hours to 12 hours to leave a copy of the written report to coincide with most EMS agency shift schedules.
Mark Crnarich / King George Fire and Rescue, Inc.	**12VAC5-31-1165. EMS agency mutual aid response.** This section appears to be written towards disaster assistance. However this adversely impacts border counties that have automatic mutual aid agreements (ex. Charles County, MD) for daily operations, as well as counties that service Federal installations (ex. NSWC, FT. AP Hill, Quantico). This also appears to impact EMS transport vehicles where "closest appropriate" medical facility is actually out of state (ex. Civista Medical Center in Laplata, MD). Recommend revising this section to either limit it to disaster assistance, allow submittal of automatic aid agreements, or place a time threshold (e.g. less than 24 hours), in lieu of verbal notification for each response.	Disagree – language identifies requests specific to EMAC and others. Does not involve everyday operations.

Randy Breton, PTS *	1. *From the Definition section:* *"Critical care" or "CC" in the air medical environment is a mission defined as an interfacility transport of a critically ill or injured patient whose condition warrants care commensurate with the scope of practice of a physician or registered nurse.* *"Specialty care mission" in the air medical environment means the transport of a patient requiring specialty patient care by one or more medical professionals who are added to the regularly scheduled medical transport team.* *"Specialty care provider" in the air medical environment means a provider of specialized medical care, to include but not limited to neonatal, pediatric, and perinatal.* Physicians Transport Service is concerned that this definition is too limiting. Medicare recognizes that paramedics with additional training can transport critically ill and specialty care patients. There is concern that there are not enough nurses to supplement ground transport ambulances. Office of EMS should expand the critical care and specialty care provider to include paramedics with advanced training in a ground ambulance. Specialty care transports of critically ill patients should not be limited to the air medical environment, nor should paramedics not be able to reach the critical care level. **2. *12VAC5-31-1050. Scope of practice.*** *EMS personnel shall only perform those procedures, treatments, or techniques for which he is currently licensed or certified, provided that he is acting in accordance with local medical protocols and medical direction provided by the OMD of the EMS agency with which he is affiliated and as authorized in the Emergency Medical Services Procedures and Medications Schedule as approved by OEMS.* We think that the OMD of an agency is the best judge of the agencies capabilities and would like to see this section changed to read: **12VAC5-31-1050. Scope of practice.** EMS personnel shall only perform those procedures, treatments, or techniques for which he is currently licensed or certified, provided that he is acting in accordance with local medical protocols and medical	Disagree – this highlights specific issues surrounding air medical programs. Reviewed and adjusted.

	direction provided by the OMD of the EMS agency with which he is affiliated. 3. ***12VAC5-31-540. Personnel records*** *B. An EMS agency shall have a record for each individual affiliated with the EMS agency documenting the results of a criminal history background check conducted through the Central Criminal Records Exchange operated by and the National Crime Information Center via the Virginia State Police, a driving record transcript from the individual's state Department of Motor Vehicles office, and any documents required by the Code of Virginia, no more than 60 days prior to the individual's affiliation with the EMS agency.* Physicians Transport Service is concerned that as a private agency it will meet resistance from the Virginia State Police in receiving information from the NCIC.	Currently supported by stakeholders and AG review.
Stephanie Mensh, private citizen	**EMS responders on STEMI emergency care** As the wife of a stroke survivor in Northern Virginia, I have seen first hand the importance of immediate action for acute cardiovascular events. There are many hospitals in my area and a lot of traffic almost all day long. If I were having a heart attack or one of my friends, I would want to be sure we went directly to the most appropriate hospital for care. Knowing the traffic delays in my region, and having learned that anyone can have an emergency at any time and any place (my husband was only 36, and at the gym), I urge the regulations governing triage and destination to be changed to include ST-elevation myocardial infarction, along with trauma, and stroke. The specific regulatory citation and edit is listed below. This change has the potential of saving lives, and reducing disability from cardiovascular disease. Thank you, Stephanie Mensh, Falls Church, Virginia *The proposed change to 12VAC5-31-390 "Destination to specialty care hospitals" states "An EMS agency shall follow specialty care hospital triage plans for trauma, stroke, and others as recognized by OEMS…" As a critically time-sensitive condition, STEMI (ST-*	We agree with the concept; however, this section references those programs as identified within the Code of Virginia – language will reflect that found within the Code of Virginia and not the specialty within regulations.

	elevation myocardial infarction) should be included in the list of required triage plans. The recommended language should read: "An EMS agency shall follow specialty care hospital triage plans for trauma, stroke, ***STEMI,*** *and others as recognized by OEMS…"*	
Robin Foser MD Virginia Commonwealth University Health Systems	**Omission of pediatric designee for licensed ems agencies** It was my understanding that the new ems regulations would include the requirement of a designated pediatric contact person within each licensed EMS agency. This requirement would not require new staffing or training etc but instead would designate a go-to person within each agency to contact with pediatric related questions or issues and on the converse would allow organizations such as EMSC to have a contact with whom to share pediatric information, equipment and resources made available thru federal funding dollars and programs. I feel that the emergency care of children would benefit from this simple measure by improving the ability to communicate within and with agencies regarding pediatric prehospital care and am disappointed to find that it has been removed.	Disagree – The identified agency head would be responsible for this process and can "delegate" this responsibility. In addition, the current regulations mandate certain pediatric equipment already in accordance with recommendation from the EMS-C materials and their staff review. Such a requirement would have a name submitted only by the agencies.
Barbara Kahler, MD VA Chapter AAP	**VA Ems regulations** I have concerns about the delay of up to 24hrs on ems run documentation. Especially in pediatric patients whose clinical status can change rapidly. Also we had thought that there would be a pediatric contact person in each squad to be able to channel peds specific info. Thank you	We agree with the concern; however, stakeholders feel the information is being transferred. We agree to reduce the time from 24 hours to 12 hours to leave a copy of the written report to coincide with most EMS agency shift schedules.
Petra Connell, PhD	**Pediatric Coordinator Omission** It was shared by OEMS at the October 16, 2008 and January 8, 2009 EMS for Children's Committee meetings that the new regulations would require each EMS agency to designate a pediatric coordinator/officer. This would be a simple requirement that could make large strides in improving pediatric emergency care. I am disappointed that this was omitted from the revised regulations. Having a pediatric contact at each EMS agency would enhance pediatric EMS system development through enabling EMS for Children to share pediatric education, resources, funding opportunities, etc. with EMS providers across the Commonwealth.	Disagree – The identified agency head would be responsible for this process and can "delegate" this responsibility. In addition, the current regulations mandate certain pediatric equipment already in accordance with recommendation from the EMS-C materials and their staff review. Such a requirement would have a name submitted only by the agencies.

L.V. Pokey Harris - Private Citizen/Washington County DEM *	**12VAC5-31-910. Criminal or enforcement history, subsection C, pages 1369 & 1370.** I am adamantly opposed to the elimination of the current regulation. Striking this passage could have a detrimental effect on the overall standard of care provided to our citizens and would erode the trust placed upon us by those same citizens we serve. Emergency response personnel must be held to a high professional and personal standard. We would be exempting ourselves from the social norm that is already exercised in lesser settings. By not retaining this current regulation as a minimal requirement, we are empowering a failure to address and abate the issue professionally in a pro-active approach.	Disagree – complies with a national model, exceeds current regulatory requirement and is consistent with other public safety agency and health care practioner's polices and procedures.
Gregory Cassis on behalf of the Tuckahoe Vol. Rescue Squad	12VAC5-31-10 Definitions "Advanced Life Support" or "ALS" While this change seems small it has the potential to cause serious liability for providers and ultimately cause inefficient use of resources in many EMS systems. Currently ALS providers often perform an assessment of a patient and turn care over to BLS providers if no advanced evaluations (ECG) or treatments are indicated. The change in definition seems to make this unacceptable. This change should be eliminated or clarified to insure that ALS providers are not obligated to remain with patients if no ALS procedures or assessments have been performed. 12VAC5-31-210 Application of civil penalty is proposed as a potential enforcement action for ANY violation. This is unreasonable. Civil penalties should be imposed only for violations of a serious, repeated or willful nature. Many other state agencies allow specific punishments for specific violations, but not for others. There is no need to give blanket authorization for civil penalties, which in the case of minor or accidental violations are unnecessary and will foster animosity between OEMS and the agencies they supervise. 12VAC5-31-530	Disagree – this is a local agency/OMD matter to address. Disagree and is already established and follows current Code of Virginia language.

	The change places an unreasonable burden on agencies. Call sheets are often removed from long term storage facilities for the purpose of review, copying or transfer. The change means that storage in a locked cabinet within an ambulance station will be a violation, as many older stations are not equipped with full sprinkler systems. Additionally, it is impossible to guarantee that call sheets will always be stored in water resistant containers without incurring unreasonable costs. The change to the regulation is unreasonable and makes storage of paper call sheets nearly impossible under the regulations, forcing all agencies to digitize their record keeping. While digital record keeping will, and should be achieved in the future, it places too large a financial burden to implement this regulation immediately. The existing regulation places a sufficient burden on organizations to insure the safekeeping of records. 12VAC5-31-900 Requiring personnel to notify the office of EMS within 15 days of a change in phone number or email address is both overly burdensome and unnecessary. 12VAC5-31-1140 We support this section and believe it should remain as written. Providing a call sheet 24 hours after a patient is delivered to the hospital is not ideal and should not be the target to which any agency aspires, but this regulation seeks to set a minimum, violation of which is actionable by OEMS, not a goal. Although agencies should try to deliver detailed written report as soon as possible, call volume or technical difficulties may cause an agency delays in producing written reports. A requirement that reports be delivered at the time of transfer may cause ambulances to remain at the hospital for extended time periods and delay responses to other patients in need.	Disagree – current language is sufficient and does not create any additional burden to the agency. Disagree – technology is such it can be done “on-line” in real time. We agree with the concern; however, stakeholders feel the information is being transferred. We agree to reduce the time from 24 hours to 12 hours to leave a copy of the written report to coincide with most EMS agency shift schedules.
Meg Sander	**PPCR Submission Timeframe** I appreciate the comments posted above by hospital-based personnel regarding their interest in having	We agree with the concern; however, stakeholders feel the information is being transferred. We agree to reduce the time from 24 hours to 12 hours to leave a copy of the written report to coincide with most EMS

	PPCRs provided with the patient; however, in the practice of field EMS it is not practical and, at times, is impossible. Completing care reports while being the sole patient care provider is often not possible given our call volumes and the time demands that are the essence of 911 services. Even when PPCRs are complete, efforts to print the report are thwarted by any number of technology issues. To satisfy hospital-based provider that we are providing reports as soon as is practicable, perhaps the AIC should note the reason for submitting a PPCR after care is transferred in the report itself.	agency shift schedules.
Richard Rubino, Stonewall Jackson VFD on behalf of Battalion 1 Departments	**Comments of Battalion 1 Departments to Proposed OEMS Regulations** The Nokesville Volunteer Fire & Rescue Department, Stonewall Jackson Volunteer Fire Department and Rescue Squad, Yorkshire Volunteer Fire Department and Evergreen Volunteer Fire Department (collectively, "Battalion 1 Departments") submit the following comments to the proposed regulations of the State Board of Health. Revocation of EMT level certifications – Currently, the term "Revocation" is defined as "the permanent removal of an EMS agency license, vehicle permit, training certification, ALS coordinator endorsement, EMS education coordinator, EMS physician endorsement or other designation issued by the Office of EMS." Under the regulations as proposed, the revocation of a provider's EMT certification would be permanent without recourse for appeal at some future date. This stance is harsher than that applied to those licensed to practice any of the healing arts by the Commonwealth. In this regard, Section 54.1-2917 of the Code of Virginia permits the holder of a medical license that has been revoked in certain circumstances to apply for reinstatement of the license. Because the revocation of a medical license may not be permanent in all situations, the Health Commissioner should create a vehicle for providers whose EMT certifications have been revoked to demonstrate that they have been	Disagree – at this time revocation to remain permanent – due process is afforded to the regulant and changed can be recommended during the APA process.

	rehabilitated. The Battalion 1 Departments believe that this is consistent with the structure of the regulations that allow for certification of a provider in the first instant following certain criminal convictions after the passage of the requisite period from release for custodial confinement and/or probation.	
	12VAC5-31-210 – Civil Penalty: During EMS Symposium, the Office of EMS advised that the purpose of civil penalties was to impel compliance with the Office of EMS regulations where other enforcement actions had not been successful. In reviewing the language of the proposed section, the following phrase is used: "may impose a civil penalty on any agency or entity that fails or refuses compliance with these regulations." If the purpose of this provision is to provide the Office of EMS with a last resort to address non-compliance issues, then this section should be revised accordingly. The Battalion 1 Departments recommend that the words "fails or" be removed from the phrase described above so that it is clear that the standard of non-compliance is a refusal to comply and not merely a failure to comply, the latter of which could result in the imposition of a civil penalty in the first instant.	Disagree and is already established and follows current Code of Virginia language.
	12VAC5-31-570 – EMS Agency Status Report: Under the proposed regulation, the Office of EMS has proposed to delete the "Chief of operations" from the positions that must be kept up to date with the Office of EMS. The Battalion 1 Departments believe that the removal of the Chief of operations as a reportable position is inappropriate and could potentially be dangerous. This is because the Chief of operations in most volunteer fire and rescue agencies is also the Chief of the department and ultimately responsible for the day-to-day operations of the agency in the field. Additionally, mailings from the Office of EMS are frequently more appropriately addressed to the Chief of operations rather than the Training Officer, Infection Control Officer or Chief executive officer.	Disagree – The identified agency head would be responsible for this process and can "delegate" this responsibility.
	12VAC5-31-700 – Possession of firearms and weapons: In the draft	Disagree – this is to correct an oversight from

	regulations, the Office of EMS has proposed, without explanation, to eliminate the prohibition against the carrying of a firearm, weapon or explosive or incendiary device on any EMS vehicle. For the safety of their personnel, the Battalion 1 Departments submit that this prohibition should be reinstated. The Battalion 1 Departments can find no logical reason to permit an individual (other than a law enforcement officer in the performance of their official duties) to carry a weapon on an EMS vehicle. Further, allowing patients and/or providers to carry weapons only increases the potential for danger should a patient become combative and a scuffle ensue. 12VAC5-31-750 – EMS Vehicle Occupant Safety: The Office of EMS has proposed to require that all stretcher patients be secured on the stretcher utilizing a minimum of three straps unless contraindicated by patient condition. The Battalion 1 Departments believe that the proposed requirement is not strong enough and should be strengthened to require the use of all straps in accordance with the stretcher manufacturer's recommendations, unless otherwise contraindicated by patient condition and/or size/placement on the stretcher (e.g., use of straps would cut across patient's neck, etc.). On April 3, 2009, there was a significant crash on I-81 involving an ambulance licensed to Carillion Clinic that was involved in an interfacility transport. The March 2010 issue of EMS Magazine reports that the patient was properly secured to the stretcher using all of the straps (including shoulder harnesses, as recommended by the stretcher's manufacturer). During the accident, the stretcher broke free of its mounting hardware, became airborne, and landed at a 45-degree angle facing the bench seat, with the patient landing on his left side. EMS Magazine further reported that the patient did not receive any injuries as a result of the collision and was able to be transferred to his destination for treatment of his original injuries. Had the patient not been properly restrained in accordance with the cot manufacturer's recommendations, it is quite possible that the patient would have suffered	the last promulgation of the EMS regulations as the "weapons" section was identified in two sections and mistakenly not removed from one section upon final review. Agree.

	additional injury in the crash. The shoulder straps provide an important tool for properly restraining a patient to the cot in those circumstances where the straps can be appropriately fitted to the patient. The drafting of a regulation to permit the routine use of the patient cot in a manner that is inconsistent with manufacturer recommendations or otherwise permits the routine disregard of safety equipment sends a bad message and potentially could result in injury to the public and further liability to EMS agencies. 12VAC5-31-900 – EMS Provider Notice: The proposed regulation requires that providers notify the Office of EMS within 15 days of any change in contact information, including: mailing address, e-mail address or telephone number. The fifteen day standard in this section is stricter than the 30-day standard for agencies in 12VAC5-31-570. The Battalion 1 Departments believe that a more reasonable standard would be 30 days, which is the time-frame allotted to agencies for the update of their records. 12VAC5-31-910 – Criminal History: At the outset, the Battalion 1 Departments believe that if a criminal offense is sufficient to be a bar to hold a certification from the Office of EMS it should likewise be a bar to affiliation with an EMS agency. This is because of the governmental interest in protecting the public from potential harm that could result from individuals with criminal pasts. Accordingly, the Battalion 1 Departments urge the Office of EMS to change the threshold for criminal history impacts from a bar to certification to a bar to affiliation. The Battalion 1 Departments support the Office of EMS' proposal to require national criminal background checks rather than background checks limited to the Commonwealth of Virginia. It is well known that much of Virginia, especially northern Virginia and Tidewater are very transient in nature. As a result, it is very possible that an individual could have a clean record in Virginia, but otherwise have a criminal past from another state or military jurisdiction that would go undetected.	Disagree – technology is such it can be done "on-line" in real time. Agree – but this is addressed in the definitions for "Affiliation."

	The proposed regulations require the conduct of a criminal background check not earlier than 60 days prior to application. The Battalion 1 Departments feel that this requirement will result in a snap-shot in time and urge the Office of EMS to require recurring background checks on a periodic basis (either bi-annual or tri-annual) without any grandfather provisions for existing members. This is because public safety demands that the system ensure that we protect the public from individuals who have received convictions for offenses that would constitute a bar to affiliation and/or certification. These bars are in place for a reason – namely to ensure the safety of the lives and property of the citizens that we serve. The Battalion 1 Departments can think of nothing more embarrassing than to have a provider commit a criminal act, only to discover that had a background check been run subsequent to affiliation, that the individual would have been discovered before he could enter the citizen's house and perpetrate his criminal activity during an incident.	Disagree – this can be established at the agency level for recurring background checks with agency specific polices and procedures.
	12VAC5-31-1140 – Provision of Patient Care Documentation: The Battalion 1 Departments oppose recommendations from Emergency Room physicians to require that EMS units be required to leave their pre-hospital care reports at the receiving facility prior to taking the next call for service. While the Battalion 1 Departments agree that leaving pre-hospital patient care reports at the receiving facility at the time of patient transport is important and in certain cases could impact patient outcome in the hospital setting, the likelihood is diminished if there is a proper transfer of care at the time the patient is delivered to the Emergency Department. As a result, the recommendation of these physicians needs to be balanced with the needs of the EMS system at the time in question. In most circumstances, EMS crews are not so busy that they cannot complete their report prior to leaving the receiving facility. However, there are times where there is sufficient call volume when an EMS unit must clear the hospital in order to provide emergency medical service to the public. In those circumstances, the	We agree with the concern; however, stakeholders feel the information is being transferred. We agree to reduce the time from 24 hours to 12 hours to leave a copy of the written report to coincide with most EMS agency shift schedules.

	EMS unit should be allowed to clear and submit the completed patient care report to the receiving facility as soon thereafter, but in any event, no later than 24-hours after transferring the patient to the receiving facility. The Battalion 1 Departments would recommend that in those instances where an EMS unit clears the hospital without first leaving the prehospital patient care report, that the Attendant in Charge notify the nursing and/or medical staff at the receiving facility prior to departure. It should also be noted that many agencies have not moved to computer based EMS patient care reporting. Because the reporting system relies on mechanical devices (e.g., computers, printers, fax machines, etc.), it is important to provide an exception for equipment failure, whether it be with the underlying computer or the fax machine or printer at the hospital. Respectfully submitted, The Battalion 1 Departments	
Rao R Ivaury, VCU Medical Center	**Copy of EMS reportwithin24 hours** It is absolutely essential that the EMS bringing patients to the trauma center and emergency departments are mandated to provide a patient care report with all details of prehospital vital signs, evaluation and treatment provided in a FORMAL PRINT OUT within 24 hours. A brief MIVT form also is very important to be left with the Emergency Departments AT THE TIME OF INITIAL ARRIVAL. This is crucial for good patient care and is a patient safety issue.	We agree with the concern; however, stakeholders feel the information is being transferred. We agree to reduce the time from 24 hours to 12 hours to leave a copy of the written report to coincide with most EMS agency shift schedules.
Kyle Ghear	**12 VAC 5-31 910** I am writing in support of the proposed change to this regulation for the following reasons: 1.) The proposed regulation will reflect the actual intent of the regulation. It was meant to prevent, or at least deter, personnel from showing up at work or for duty and operating emergency vehicles while under the influence. 2.) The current regulation includes convictions for DUI that occur in private vehicles when personnel are not on duty or on the clock. A conviction while	Agree.

	driving a personal vehicle prohibits operating EMS vehicles for 5 years. Since operating apparatus is a key component in most job descriptions, this will normally result in loss of employment. This was not the intent of the original regulation. 3.) The proposed changes do not eliminate penalties for off-duty DUI convictions; they simply put the responsibility on the jurisdiction. Some jurisdictions, such as King George County, already have personnel policies that are far more stringent than the current VA Code in regards to DUI convictions. Providers, who have waited the current 5 year period, would still not be eligible for employment there. 4.) The proposed regulation does not lower the Standard of Care that patients receive in Virginia. Someone who operates EMS vehicles under the influence would be dealt with even more severely under the proposed regulation than the current one. Again I fully support the proposed amendments which will allow this regulation to serve it's designed purpose.	
Steven Rasmussen BSN, RN CEN VA Emergency Nurses Association	**Patient Care Documentation** As a nurse with over 20 years of ER experience I can not stress the importance of the EMS report. Verbal reports at the bedside are invaluable, but many times review of the written report becomes critical when decisions need to be made and medical consults have questions. These records should be readily available to provide immediate information not only from the patient safety standpoint but might prevent expensive and needless tests and procedures. Steven Rasmussen BSN, RN, CEN VA EMS Symposium Committee Member Virginia Emergency Nurses Association	We agree with the concern; however, stakeholders feel the information is being transferred. We agree to reduce the time from 24 hours to 12 hours to leave a copy of the written report to coincide with most EMS agency shift schedules.
Theresa Guins, MD Medical Director Virginia EMSC Program	**Pediatric Contacts in Licensed EMS Agencies** The goal of the Virginia EMSC program is to improve the emergency care of pediatric patients throughout the Commonwealth of Virginia. To be able to accomplish this task, it is imperative that we work closely with the EMS	Disagree – The identified agency head would be responsible for this process and can “delegate” this responsibility.

	agencies. The designation of a pediatric contact person for each agency is a very important link in this process. This will enable exchange of information, educational opportunities, etc. It was my understand that the new regulations were to call for establishment of such a "pediatric contact person" at each agency. I can certainly understand the concerns that no agency has funding for a new position, however, that would not be required, simply the designation of someone already working for the agency to be the contact person. No additional expenditure of money and very little time would be required, but the benefit would be far reaching. I am very disappointed that these items have been removed from the regulations and feel this issue should be revisited. Secondly, as an Emergency Department Physician, I feel very strongly that documentation by the EMS provider to the ED staff should be provided immediately and not "within 24 hours". Crucial information regarding the care that the patient received in the field could be missed having a very significant impact on patient care in the ED and perhaps ultimate outcome. Thank you, Theresa Guins, MD	We agree with the concern; however, stakeholders feel the information is being transferred. We agree to reduce the time from 24 hours to 12 hours to leave a copy of the written report to coincide with most EMS agency shift schedules.

All changes made in this regulatory action

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

Current section number	Proposed new section number, if applicable	Current requirement	Proposed change and rationale
10			"Accreditation" means approval granted to an entity by the Office of Emergency Medical Services (EMS) after the institution has met specific requirements enabling the institution to conduct basic or advanced life support training and education programs. There are four levels of accreditation: interim, provisional, full, and probationary.

			"Accreditation cycle" means the term, or cycle, at the conclusion of which accreditation expires unless a full self-study is performed. Accreditation cycles are typically quinquennial (five-year) but these terms may be shorter, triennial (three-year) or biennial (two-year), if the office deems it necessary. "Accreditation date" means the date of the accreditation decision that is awarded to an organization following its full site visit and review. "Accreditation decision" means the conclusion reached about an organization's status after evaluation of the results of the onsite survey, recommendations of the site review team, and any other relevant information such as documentation of compliance with standards, documentation of plans to correct deficiencies, or evidence of recent improvements. There are four levels of Accreditation to include: Interim, Provisional, Full and Probationary. "Accreditation denied" means an accreditation decision that results when an EMS Training Site has been denied accreditation. This accreditation decision becomes effective only when all available appeal procedures have been exhausted. **Rationale: Provides additional clarification and definition to terminology utilized within the section.**
		"Advanced life support" or "ALS" means the application by EMS personnel of invasive and noninvasive medical procedures or the administration of medications that is authorized by the Office of Emergency Medical Services, or both.	"Advanced life support" or "ALS" means the ~~application~~ provision of care by EMS personnel who are certified as an EMT-Enhanced, Advanced EMT, EMT-Intermediate [~~EMT-Intermediate~~ Intermediate] , EMT-Paramedic [~~EMT-Paramedic~~ Paramedic] or equivalent as approved by the Board of Health.~~of invasive and noninvasive medical procedures or the administration of medications that is authorized by the Office of Emergency Medical Services, or both.~~ **Rationale: Provides additional clarification and definition to terminology utilized within the section.** Advanced life support (ALS) in the air medical environment is a mission generally defined as the transport of a patient who receives care during a transport that includes an invasive medical procedure or the administration of medications (including IV infusions) in addition to any non invasive care that is authorized by the Office of Emergency Medical Services. **Rationale: Provides additional clarification and definition to terminology utilized within the section.**
		"Advanced life support certification course" means a training program that allows a student to become eligible for a new ALS certification level. Programs must meet the educational requirements established by the Office of EMS as defined by the	"Advanced life support certification course" means a training program that allows a student to become eligible for a new ALS certification level. Programs must meet the educational requirements established by the Office of EMS as defined by the respective advanced life support curriculum. Initial certification courses include:

		respective advanced life support curriculum. Initial certification courses include: 1. Emergency Medical Technician-Enhanced; 2. EMT-Enhanced to EMT-Intermediate Bridge; 3. Emergency Medical Technician-Intermediate; 4. EMT-Intermediate to EMT-Paramedic Bridge; 5. Emergency Medical Technician-Paramedic; 6. Registered Nurse to EMT-Paramedic Bridge; and 7. Other programs approved by the Office of EMS.	1. Emergency Medical Technician-Enhanced; 2. Advanced EMT; 3. Advanced EMT to EMT Paramedic [~~EMT-Paramedic~~ Paramedic] Bridge; ~~2~~ 4. EMT-Enhanced to EMT-Intermediate [~~EMT-Intermediate~~ Intermediate] Bridge; ~~3~~ 5.Emergency Medical Technician-Intermediate [~~Emergency Medical Technician-Intermediate~~ Intermediate] ; ~~4~~ 6. EMT-Intermediate to EMT-Paramedic Bridge [~~EMT-Intermediate to EMT-Paramedic Bridge~~ Intermediate to Paramedic] ; ~~5~~ 7. Emergency Medical Technician-Paramedic [~~Emergency Medical Technician-Paramedic~~ Paramedic] ; ~~6~~ 8. Registered Nurse to EMT-Paramedic [~~EMT-Paramedic~~ Paramedic] Bridge; and ~~7~~ 9. Other programs approved by the Office of EMS. **Rationale: Provides updated terminology reflecting new national standards/ levels of certification.**
		"Approved locking device" means a mechanism that prevents removal or opening of a medication kit by means other than securing the medication kit by the handle only.	"Approved locking device" means a mechanism that prevents removal or opening of a ~~medication~~ drug kit by means other than securing the ~~medication~~ drug kit by the handle only. **Rationale: Reflects actual *Code* language.**
		"Basic life support" or "BLS" means the application by EMS personnel of invasive and noninvasive medical procedures or administration of medications that is authorized by the Office of EMS.	"Basic life support" or "BLS" means the ~~application~~ provision of care by EMS personnel who are certified as First Responder, Emergency Medical Responder (EMR) or Emergency Medical Technician or equivalent as approved by the Board of Health. ~~of invasive and noninvasive medical procedures or administration of medications that is authorized by the Office of EMS.~~ **Rationale: More specifically defines the terminology.** Basic life support (BLS) in the air medical environment means a mission generally defined as the transport of a patient who receives care during a transport that is commensurate with the scope of practice of an Emergency Medical Technician (EMT). In the Commonwealth of Virginia, when such care is provided in the air medical environment, it must be assumed, at a minimum, by a Virginia Certified EMT-Paramedic [~~EMT-Paramedic~~ Paramedic] that is a part of the regular air medical crew. (Fixed Wing excluded) **Rationale: Provides additional clarification and definition to terminology utilized within the section.**
		"BLS certification course"	"BLS certification course" means a training

		means a training program that allows a student to become eligible for a new BLS certification level. Programs must meet the educational requirements established by the Office of EMS as defined by the respective basic life support curriculum. Initial certification courses include: 1. EMS First Responder; 2. EMS First Responder Bridge to EMT; 3. Emergency Medical Technician; and 4. Other programs approved by the Office of EMS.	program that allows a student to become eligible for a new BLS certification level. Programs must meet the educational requirements established by the Office of EMS as defined by the respective basic life support curriculum. Initial certification courses include: 1. EMS First Responder; 2. EMS First Responder Bridge to EMT; 3. Emergency Medical Responder; 4. Emergency Medical Responder Bridge to EMT; ~~3~~ 5.Emergency Medical Technician; and ~~4~~ 6. Other programs approved by the Office of EMS. "Board" or "state board" means the State Board of Health. **Rationale: Provides updated terminology reflecting new national standards/ levels of certification.**
		"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.	~~"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.~~ **Rationale: Not utilized within Regulations.**
			["Candidate" means any person who is enrolled in or is taking a course leading toward initial certification.] "Candidate status" is awarded to a program which has made application to the Office for accreditation but which is not yet accredited. "Certification candidate status" means any candidate or provider who becomes eligible for certification testing but who has not yet taken the certification test using that eligibility. **Rationale: Provides additional clarification and definition to terminology utilized within the section.**
		"Chief operations officer" means the person authorized or designated by the agency or service as the highest operational officer.	~~"Chief operations officer" means the person authorized or designated by the agency or service as the highest operational officer.~~ **Rationale: Not utilized within Regulations.** "Continuing education"" or "CE" – means an instructional program that enhances a particular area of knowledge or skills beyond compulsory/required initial training. ["Course Coordinator" means the person identified on the Course Approval Request as the "coordinator" who is responsible with the physician course director for all aspects of the program including but not limited to assuring adherence to

			the rules and regulations, office polices and any contract components.] "Critical care: or "CC" in the air medical environment is a mission defined as an interfacility transport of a critically ill or injured patient whose condition warrants care commensurate with the scope of practice of a physician or registered nurse. **Rationale: Provides additional clarification and definition to terminology utilized within the section.**
		"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 -- combination unit" means a single device designed to incorporate all of the required capabilities of both an Automated External Defibrillator and a Manual Defibrillator.~~ **Rationale: Not utilized within Regulations.**
			"Designated infection control officer" means a liaison between the medical facility treating the source patient and the exposed employee. This person has been formally trained for this position and is knowledgeable in proper post exposure medical follow up procedures, current regulations and laws governing disease transmission. "EMS education coordinator" means any EMS provider, Registered Nurse, Physicians Assistant, Doctor of Osteopathic Medicine, or Doctor of Medicine who possess Virginia certification as an EMS education coordinator. Such certification does not confer authorization to practice EMS. **Rationale: Provides additional clarification and definition to terminology utilized within the section.**
		"Emergency medical services communications plan" or "EMS communications plan" means the state plan for the coordination of electronic telecommunications by EMS agencies as approved by the Office of EMS.	~~"Emergency medical services communications plan" or "EMS communications plan" means the state plan for the coordination of electronic telecommunications by EMS agencies as approved by the Office of EMS.~~ **Rationale: Not utilized within Regulations.**
			"Emergency medical technician instructor" means an EMS provider who holds a valid certification issued by the Office of EMS to announce and coordinate BLS programs. **Rationale: Provides additional clarification and definition to terminology utilized within the section.**
		"Emergency operations plan" means the Commonwealth of Virginia	~~"Emergency operations plan" means the Commonwealth of Virginia Emergency Operations Plan.~~

		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. "Grant administrator" means the Office of EMS personnel directly responsible for administration of the Rescue Squad Assistance Fund program.	**Rationale: Not utilized within Regulations.** "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. "Approved course of instruction" includes the course objectives as identified within the U.S. Department of Transportation Emergency Vehicle Operator curriculum or as approved by OEMS. **Rationale: Provides additional clarification and definition to terminology utilized within the section.** ["FAR" means Federal Aviation Regulations.] "Full accreditation" means an accreditation decision awarded to an EMS Training Site that demonstrates satisfactory compliance with applicable Virginia standards in all performance areas. **Rationale: Provides additional clarification and definition to terminology utilized within the section.** ~~"Grant administrator" means the Office of EMS personnel directly responsible for administration of the Rescue Squad Assistance Fund program.~~ **Rationale: Not utilized within Regulations.** "Institutional self study" means a document whereby training programs seeking accreditation answer questions about their program for the purpose of determining their level preparation to conduct initial EMS training programs. "Instructor aide" means providers certified at or above the level of instruction. "Interfacility transport" in the air medical environment means as a mission for whom an admitted patient (or patients) was transported from a hospital or care giving facility (clinic, nursing home, etc) to a receiving facility/airport. "Interim accreditation" means an accreditation decision that results when a previously unaccredited EMS Training Site has been granted approval to operate one training program, for a period not to exceed 120 days, during which their application is being considered and before a provisional or full accreditation is issued, providing the following conditions are satisfied: (i) a complete Application for Accreditation is received

			by the office and (ii) a complete Institutional Self Study is submitted to the office. Students attending a program with 'interim' accreditation will not be eligible to sit for state testing until the training site achieves official notification of accreditation at the 'provisional' or 'full' level. "Invasive procedure" means a medical procedure that involves entry into the living body (as by incision or by insertion of an instrument). **Rationale: Provides additional clarification and definition to terminology utilized within the section.**
		"Local EMS response plan" means a written document that details the primary service area, the unit mobilization interval and responding interval standards as approved by the local government, the operational medical director and the Office of EMS.	"Local EMS response plan" means a written document that details the primary service area, [~~the unit mobilization interval~~] and responding interval standards as approved by the local government~~,~~ and the operational medical director ~~and the Office of EMS~~. **Rationale: Provides additional clarification and definition to terminology utilized within the section.**
			"Local governing body or governing body" means members of the governing body of a city, county or town in the Commonwealth who are elected to that position or their designee. **Rationale: Provides additional clarification and definition to terminology utilized within the section.**
		"Medic" means an EMS provider certified at the level of EMT-Cardiac, EMT-Intermediate or EMT-Paramedic.	[~~"Medic" means an EMS provider certified at the level of EMT-Cardiac~~ Advanced EMT~~, EMT-Intermediate or EMT-Paramedic.~~] **Rationale: Not utilized within Regulations.**
		"Medical care facility" means (as defined by §32.1-123 of the Code of Virginia) any institution, place, building or agency, whether licensed or required to be licensed by the board or the State Mental Health, Mental Retardation and Substance Abuse Services Board, whether operated for profit or nonprofit and whether privately owned or privately operated or owned or operated by a local governmental unit, by or in which health services are furnished, conducted, operated or offered for the prevention, diagnosis or treatment of human disease, pain, injury, deformity or physical condition, whether medical or surgical.	"Medical care facility" means (as defined by ~~§ 32.1-123~~ § 32.1-102.1 of the Code of Virginia) any institution, place, building or agency, whether licensed or required to be licensed by the board or the State Mental Health, Mental Retardation and Substance Abuse Services Board [~~State Mental Health, Mental Retardation and Substance Abuse Services Board~~ Department of Behavioral Health and Developmental Services], 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. **Rationale: Reflects actual *Code* language.**

		"Medical community" means the physicians and allied healthcare specialists located and available within a definable geographic area.	~~"Medical community" means the physicians and allied healthcare specialists located and available within a definable geographic area.~~ **Rationale: Not utilized within Regulations.**
		"Medical protocol" means preestablished written physician authorized procedures or guidelines for medical care of a specified clinical situation based on patient presentation.	~~"Medical protocol" means preestablished written physician authorized procedures or guidelines for medical care of a specified clinical situation based on patient presentation.~~ **Rationale: Not utilized within Regulations.**
		"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.	~~"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.~~ **Rationale: Not utilized within Regulations.**
			"Neonatal/neonate," for the purpose of interfacility transportation, means any infant who is deemed a newborn within a hospital, has not been discharged since the birthing process, and is currently receiving medical care under a physician. **Rationale: Provides additional clarification and definition to terminology utilized within the section.**
		"Operational medical director" or "OMD" means an EMS physician, currently licensed to practice medicine or osteopathic medicine in the Commonwealth, who is formally recognized and responsible for providing medical direction, oversight and quality improvement to an EMS agency.	"Operational medical director" or "OMD" means an EMS physician, currently licensed to practice medicine or osteopathic medicine in the Commonwealth, who is formally recognized and responsible for providing medical direction, oversight and quality improvement to an EMS agency and personnel. **Rationale: Provides additional clarification and definition to terminology utilized within the section.**
		"Prehospital patient data report" or "PPDR" means a document designed to be optically scanned that may be used to report to the Office of EMS, the minimum patient care data items as prescribed by the board.	~~Prehospital patient data report" or "PPDR" means a document designed to be optically scanned that may be used to report to the Office of EMS, the minimum patient care data items as prescribed by the board.~~ **Rationale: Not utilized within Regulations.**
			"Pre-hospital (scene) in the air medical environment refers to direct response to the scene of incident or injury, such as a roadway, etc. **Rationale: Provides additional clarification and definition to terminology utilized within the section.**

			["Prescriber" means a practitioner who is authorized pursuant to §§ 54.1-3303 and 54.1-3408 to issue a prescription.] **Rationale: Reflects actual *Code* language.** "Primary retest status" means any candidate or provider who failed their primary certification attempt. Primary Retest status expires 90 days after the primary test date. "Probationary accreditation" though not a separate accreditation decision means the Office of EMS will place an institution on publicly disclosed 'Probation' when it has not completed a timely, thorough, and credible root cause analysis and action plan of any sentinel event occurring there. When the organization completes an acceptable root cause analysis and develops an acceptable action plan, the Office of EMS will remove the 'Probation' designation from the organization's accreditation status. **Rationale: Provides additional clarification and definition to terminology utilized within the section.**
		"Program site accreditation" means the verification that a training program has demonstrated the ability to meet criteria established by the Office of EMS to conduct basic or advanced life support certification courses.	~~"Program site accreditation" means the verification that a training program has demonstrated the ability to meet criteria established by the Office of EMS to conduct basic or advanced life support certification courses.~~ **Rationale: Not utilized within Regulations.**
			"Provisional accreditation" means an accreditation decision that results when a previously unaccredited EMS Training Site has demonstrated satisfactory compliance with a subset of standards during a preliminary on-site evaluation. This decision remains in effect for a period not to exceed 365 days, until one of the other official accreditation decision categories is assigned, based upon an a follow-up site visit against all applicable standards. "Reaccreditation date" means the date of the reaccreditation decision that is awarded to an organization following a full site visit and review. "Reentry status" means any candidate or provider whose certification has lapsed within the last two years. **Rationale: Provides additional clarification and definition to terminology utilized within the section.**
		"Registered nurse" means an individual who holds a valid,	"Registered nurse" means an individual [~~an individual~~] ~~who holds a valid, unrestricted license~~

		unrestricted license to practice as a registered nurse in the Commonwealth.	~~to practice as a registered nurse in the Commonwealth.~~ who is licensed or holds a multistate privilege under the provisions of § 54.1-3000 to practice professional nursing. **Rationale: Reflects actual *Code* language.**
		"Responding interval" means the elapsed time in minutes between the "dispatch" time and the "arrive scene" time (i.e., when the wheels of the EMS vehicle stop).	"Responding ~~interval~~ time" means the elapsed time in minutes between the ~~"dispatch" time and the "arrive scene" time (i.e., when the wheels of the EMS vehicle stop)~~ time a call for emergency medical services is received by the PSAP until the appropriate emergency medical response unit arrives on the scene.
		"Responding interval standard" means a time standard in minutes for the responding interval, established by the EMS agency, the locality and OMD, in which the EMS agency will comply with 90% or greater reliability.	"Responding ~~interval~~ time standard" means a time standard in minutes ~~for the responding interval~~, established by the EMS agency, the locality and OMD, in which the EMS agency will comply with 90% or greater reliability. **Rationale: Provides additional clarification and definition to terminology utilized within the section.**
		"Revocation" means the permanent removal of an EMS agency license, vehicle permit, training certification, ALS coordinator endorsement, EMS physician endorsement or any other designation issued by the Office of EMS.	"Revocation" means the permanent removal of an EMS agency license, vehicle permit, training certification, ALS coordinator endorsement, EMS Education Coordinator, EMS physician endorsement or any other designation issued by the Office of EMS. **Rationale: Provides additional clarification and definition to terminology utilized within the section.**
			"Safety apparel" means personal protective safety clothing that is intended to provide conspicuity during both daytime and nighttime usage, and that meets the Performance Class 2 or 3 requirements of the ANSI/ISEA 107–2004 publication entitled "American National Standard for High-Visibility Safety Apparel and Headwear." "Secondary certification status" means any candidate or provider who is no longer in primary retest status. "Secondary retest status" means any candidate or provider who failed their secondary certification attempt. Secondary retest status expires 90 days after the secondary test date. "Sentinel event" means any significant occurrence, action or change in the operational status of the entity from the time when it either applied for candidate status or was accredited. The change in status can be based on, but not limited to one or all of the events indicated below: Entering into an agreement of sale of an accredited entity or an accreditation candidate.

			Entering into an agreement to purchase or otherwise directly or indirectly acquire an accredited entity or accreditation candidate. Financial impairment of an Accredited Entity or Candidate for Accreditation, which affects its operational performance or entity control. Insolvency/bankruptcy filing. Change in ownership or control greater than 25%. Disruption of service to student body. Discontinuance of classes and/or business operations. Failure to report a change in program personnel, location, change in training level or CoAEMSP accreditation status. Failure to meet minimum examination scores as established by the Office. Loss of CoAEMSP/CAAHEP accreditation. Company fine(s) of greater than $100 thousand dollars for regulatory violation, marketing or advertising practices, antitrust, or tax disputes. "Specialty care mission" in the air medical environment is defined as the transport of a patient requiring specialty patient care by one or more medical professionals who are added to the regularly scheduled medical transport team. "Specialty care provider" in the air medical environment is a provider of specialized medical care, to include but not limited to neonatal, pediatric, and perinatal.
		"Suspension" means the temporary removal of an EMS agency license, vehicle permit, training certification, ALS coordinator endorsement, EMS physician endorsement or any other designation issued by the Office of EMS.	"Suspension" means the temporary removal of an EMS agency license, vehicle permit, training certification, ALS coordinator endorsement, EMS education coordinator, EMS physician endorsement or any other designation issued by the Office of EMS. "Training officer" means an individual responsible for the maintenance and completion of agency personnel training records, a liaison between the agency and the operational medical director(s) and a participant in the agency and regional quality assurance process. **Rationale: Provides additional clarification and definition to terminology utilized within the section.**
		"Unit mobilization interval" means the elapsed time (in minutes) between the "dispatched" time of the EMS agency and the "responding"	~~"Unit mobilization interval" means the elapsed time (in minutes) between the "dispatched" time of the EMS agency and the "responding" time (the wheels of the EMS vehicle start moving).~~ **Rationale: Not utilized within Regulations.**

		time (the wheels of the EMS vehicle start moving). "Unit mobilization interval standard" means a time standard (in minutes) for the unit mobilization interval, established by a designated emergency response agency, the locality and OMD, in which the EMS agency will comply. "Wheelchair" means a chair with wheels specifically designed and approved for the vehicular transportation of a person in an upright, seated (Fowler's) position.	~~"Unit mobilization interval standard" means a time standard (in minutes) for the unit mobilization interval, established by a designated emergency response agency, the locality and OMD, in which the EMS agency will comply.~~ **Rationale: Not utilized within Regulations.** ~~"Wheelchair" means a chair with wheels specifically designed and approved for the vehicular transportation of a person in an upright, seated (Fowler's) position.~~ **Rationale: Not utilized within Regulations.**
20		B.2. A person providing EMS to a patient received within Virginia and transported to a location within Virginia must comply with these regulations.	2. A person providing EMS to a patient received within Virginia [~~and~~ whether treated and released or] transported to a location within Virginia must comply with these regulations unless exempted in these regulations. **Rationale: Provides additional clarification and definition to terminology utilized within the section.**
50		A. The Office of EMS is authorized to grant variances for any part or all of these regulations in accordance with the procedures set forth herein. A variance permits temporary specified exceptions to these regulations. An applicant, licensee, or permit or certificate holder may file a written request for a variance with the Office of EMS on specified forms. If the applicant, licensee, or permit or certificate holder is an EMS agency, the following additional requirements apply:	A. The ~~Office of EMS~~ commissioner is authorized to grant variances for any part or all of these regulations in accordance with the procedures set forth herein. A variance permits temporary specified exceptions to these regulations. An applicant, licensee, or permit or certificate holder may file a written request for a variance with the Office of EMS on specified forms. If the applicant, licensee, or permit or certificate holder is an EMS agency, the following additional requirements apply: **Rationale: Reflects actual *Code* language.**
60		A request for a variance may be approved and issued by the Office of EMS provided all of the following conditions are met: 1. The information contained in the request is complete and correct; 2. The agency, service, vehicle or person concerned is licensed, permitted or certified by the Office of EMS; 3. The Office of EMS determines the need for such a variance is genuine, and	A request for a variance may be approved and issued by the ~~Office of EMS~~ commissioner provided all of the following conditions are met: 1. The information contained in the request is complete and correct; 2. The agency, service, vehicle or person concerned is licensed, permitted or certified by the Office of EMS; 3. The ~~Office of EMS~~ commissioner determines the need for such a variance is genuine, and extenuating circumstances exist; 4. The ~~Office of EMS~~ commissioner 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

		extenuating circumstances exist; 4. The Office of EMS determines that issuance of such a variance would be in the public interest and would not present any risk to, or threaten or endanger the public health, safety or welfare; 5. If the request is made by an EMS agency, the Office of EMS will consider the recommendation of the governing body provided all of the above conditions are met; and	or welfare; 5. If the request is made by an EMS agency, the ~~Office of EMS~~ commissioner will consider the recommendation of the governing body provided all of the above conditions are met; and **Rationale: Reflects actual *Code* language.**
80		A variance shall be issued and remain valid with the following conditions: 1. A variance will be valid for a period not to exceed one year unless and until terminated by the Office of EMS; and	A variance shall be issued and remain valid with the following conditions: 1. A variance will be valid for a period not to exceed one year unless and until terminated by the ~~Office of EMS~~ commissioner; and **Rationale: Reflects actual *Code* language.**
90		A. The Office of EMS may terminate a variance at any time based upon any of the following: 1. Violations of any of the conditions of the variance; 2. Falsification of any information; 3. Suspension or revocation of the license, permit or certificate affected; or 4. A determination by the Office of EMS that continuation of the variance would present a risk to or threaten or endanger the public health, safety or welfare. B. The Office of EMS will notify the license, permit or certificate holder of the termination by certified mail to his last known address.	A. The ~~Office of EMS~~ commissioner may terminate a variance at any time based upon any of the following: 1. Violations of any of the conditions of the variance; 2. Falsification of any information; 3. Suspension or revocation of the license, permit or certificate affected; or 4. A determination by ~~the Office of EMS~~ the commissioner that continuation of the variance would present a risk to or threaten or endanger the public health, safety or welfare. B. The ~~Office of EMS~~ commissioner will notify the license, permit or certificate holder of the termination by certified mail to his last known address. **Rationale: Reflects actual *Code* language.**
100		A request for a variance will be denied by the Office of EMS if any of the conditions of 12 VAC 5-31-60 fail to be met.	A request for a variance will be denied by the ~~Office of EMS~~ commissioner if any of the conditions of 12 VAC 5-31-60 fail to be met. **Rationale: Reflects actual *Code* language.**
120		Upon receipt of a request for an exemption, the Office of EMS will cause notice of such request to be published in a newspaper of general circulation in the area wherein the person making the request resides and in other major newspapers of general circulation in major regions of the Commonwealth. The cost of such public notice will be	Upon receipt of a request for an exemption, the Office of EMS will cause notice of such request to be ~~published in a newspaper of general circulation in the area wherein the person making the request resides and in other major newspapers of general circulation in major regions of the Commonwealth. The cost of such public notice will be borne by the person making the request~~ posted on the Office of EMS section of the Virginia Department of Health's web site. **Rationale: As recommended by the Governor's Commission on Government.**

		borne by the person making the request.	
160		A. An exemption remains valid for an indefinite period of time unless and until terminated by the board or the Office of EMS, or unless an expiration date is specified.	A. An exemption remains valid for an indefinite period of time unless and until terminated by ~~the board or the Office of EMS~~ commissioner, or unless an expiration date is specified. **Rationale: Reflects actual *Code* language.**
170		A. The Office of EMS may terminate an exemption at any time based upon any of the following: 1. Violation of any of the conditions of the exemption; 2. Suspension or revocation of any licenses, permits or certificates involved; or 3. A determination by the Office of EMS that continuation of the exemption would present risk to, or threaten or endanger the public health, safety or welfare. B. The Office of EMS will notify the person to whom the exemption was issued of the termination by certified mail to his last known address.	A. The ~~Office of EMS~~ commissioner may terminate an exemption at any time based upon any of the following: 1. Violation of any of the conditions of the exemption; 2. Suspension or revocation of any licenses, permits or certificates involved; or 3. A determination by ~~the Office of EMS~~ the commissioner that continuation of the exemption would present risk to, or threaten or endanger the public health, safety or welfare. B. The ~~Office of EMS~~ commissioner will notify the person to whom the exemption was issued of the termination by certified mail to his last known address. **Rationale: Reflects actual *Code* language.**
180		A request for an exemption will be denied by the Office of EMS if any of the conditions of these regulations fail to be met.	A request for an exemption will be denied by the ~~Office of EMS~~ commissioner if any of the conditions of these regulations fail to be met. **Rationale: Reflects actual *Code* language.**
200		A. The Office of EMS may use the enforcement procedures provided in this article when dealing with any deficiency or violation of these regulations or any action or procedure that varies from the intent of these regulations. B. The Office of EMS may determine that a deficiency or violation of these regulations or any action or procedure that varies from the intent of these regulations occurred. C. The enforcement procedures provided in this article are not mutually exclusive. The Office of EMS may invoke as many procedures as the situation may require. D. The commissioner empowers the Office of EMS to enforce the provisions of these regulations.	A. The Office of EMS may use the enforcement procedures provided in this article when dealing with any deficiency or violation of these regulations or any action or procedure that varies from the intent of these regulations. B. The Office of EMS may determine that a deficiency or violation of these regulations or any action or procedure that varies from the intent of these regulations occurred. C. The enforcement procedures provided in this article are not mutually exclusive. The Office of EMS may invoke as many procedures as the situation may require. D. The commissioner empowers the Office of EMS to enforce the provisions of these regulations. E. An agency and all places of operation shall be subject to inspection by the Office of EMS for compliance with these regulations. The inspection may include any or all of the following: 1. All fixed places of operations, including all offices, stations, repair shops or training facilities. 2. All applicable records maintained by the agency. 3. All EMS vehicles and required equipment used

			by the agency. **Rationale: Provides additional clarification and definition to terminology utilized within the section.**
210		An enforcement action must be delivered to the affected person and must specify information concerning the violations, the actions required to correct the violations and the specific date by which correction must be made as follows: 1. Warning: a verbal notification of an action or situation potentially in violation of these regulations. 2. Citation: a written notification for violations of these regulations. 3. Suspension: a written notification of the deactivation and removal of authorization issued under a license, permit, certification, endorsement or designation. 4. Action of the commissioner: the commissioner may command a person operating in violation of these regulations or state law pursuant to the commissioner's authority under §32.1-27 of the Code of Virginia and the Administrative Process Act to halt such operation or to comply with applicable law or regulation. A separate and distinct offense will be deemed to have been committed on each day during which any prohibited act continues after written notice to the offender. 5. Criminal enforcement: the commissioner may elect to enforce any part of these regulations or any provision of Title 32.1 of the Code of Virginia by seeking to have criminal sanctions imposed. The violation of any of the provisions of these regulations constitutes a misdemeanor. A separate and distinct offense will be deemed to have been committed on each day during which any prohibited act continues after written notice by the commissioner to the offender.	An enforcement action must be delivered to the affected person and must specify information concerning the violations, the actions required to correct the violations and the specific date by which correction must be made as follows: 1. Warning: a verbal notification of an action or situation potentially in violation of these regulations. 2. Citation: a written notification for violations of these regulations. 3. Suspension: a written notification of the deactivation and removal of authorization issued under a license, permit, certification, endorsement or designation. 4. Civil penalty: The commissioner (or designee) may impose a civil penalty to an agency or entity that fails or refuses compliance with these regulations. Civil penalties may be assessed up to $1,000 per offense. Violations shall be single, different occurrence for each calendar day the violation occurs and remains uncorrected (§32.1-111.4 of the Code of Virginia). ~~4~~ 5. Action of the commissioner: the commissioner may command a person operating in violation of these regulations or state law pursuant to the commissioner's authority under §32.1-27 of the Code of Virginia and the Administrative Process Act to halt such operation or to comply with applicable law or regulation. A separate and distinct offense will be deemed to have been committed on each day during which any prohibited act continues after written notice to the offender. ~~5~~ 6. Criminal enforcement: the commissioner may elect to enforce any part of these regulations or any provision of Title 32.1 of the Code of Virginia by seeking to have criminal sanctions imposed. The violation of any of the provisions of these regulations constitutes a misdemeanor. A separate and distinct offense will be deemed to have been committed on each day during which any prohibited act continues after written notice by the commissioner to the offender. **Rationale: Reflects actual *Code* language.**

220		A. The Office of EMS may suspend an EMS license, permit, certificate, endorsement or designation without a hearing, pending an investigation or revocation procedure. 1. Reasonable cause for suspension must exist before such action is taken by the Office of EMS. The decision must be based upon a review of evidence available to the Office of EMS. 2. The Office of EMS may suspend an agency or service license, vehicle permit, personnel certificate, endorsement or designation for failure to adhere to the standards set forth in these regulations. 3. An EMS agency may be suspended if the agency, service or any of its vehicles or personnel are found to be operating in a manner that presents a risk to, or threatens, or endangers the public health, safety or welfare. 4. An EMS vehicle permit may be suspended if the vehicle is found to be operated or maintained in a manner that presents a risk to, threatens, or endangers the public health, safety or welfare, or if the EMS agency license has been suspended. 5. EMS personnel may be suspended if found to be operating or performing in a manner that presents a risk to, or threatens, or endangers the public health, safety or welfare. 6. An EMS training certification may be suspended if the certificate holder is found to be operating or performing in a manner that presents a risk to, or threatens, or endangers the public health, safety or welfare. B. Suspension of an EMS agency license shall result in the simultaneous and concurrent suspension of the vehicle permits. C. The Office of EMS will notify the licensee, or permit or certificate holder of the suspension in person or by	A. The ~~Office of EMS~~ commissioner may suspend an EMS license, permit, certificate, endorsement or designation without a hearing, pending an investigation or revocation procedure. 1. Reasonable cause for suspension must exist before such action is taken by the ~~Office of EMS~~ commissioner. The decision must be based upon a review of evidence available to the ~~Office of EMS~~ commissioner. 2. The ~~Office of EMS~~ commissioner may suspend an agency or service license, vehicle permit, personnel certificate, endorsement or designation for failure to adhere to the standards set forth in these regulations. 3. An EMS agency may be suspended if the agency, service or any of its vehicles or personnel is found to be operating in a manner that presents a risk to, or threatens, or endangers the public health, safety or welfare. 4. An EMS vehicle permit may be suspended if the vehicle is found to be operated or maintained in a manner that presents a risk to, threatens, or endangers the public health, safety or welfare, or if the EMS agency license has been suspended. 5. EMS personnel may be suspended if found to be operating or performing in a manner that presents a risk to, or threatens, or endangers the public health, safety or welfare. 6. An EMS training certification may be suspended if the certificate holder is found to be operating or performing in a manner that presents a risk to, or threatens, or endangers the public health, safety or welfare. B. Suspension of an EMS agency license shall result in the simultaneous and concurrent suspension of the vehicle permits. C. The ~~Office of EMS~~ commissioner will notify the licensee, or permit or certificate holder of the suspension in person or by certified mail to his last known address. D. A suspension takes effect immediately upon receipt of notification unless otherwise specified. A suspension remains in effect until the ~~Office of EMS~~ commissioner further acts upon the license, permit, certificate, endorsement or designation or until the order is overturned on appeal as specified in the Administrative Process Act. **Rationale: Reflects actual *Code* language.**

		certified mail to his last known address. D. A suspension takes effect immediately upon receipt of notification unless otherwise specified. A suspension remains in effect until the Office of EMS further acts upon the license, permit, certificate, endorsement or designation or until the order is overturned on appeal as specified in the Administrative Process Act.	
230		A. The Office of EMS may revoke an EMS license, permit, certificate, endorsement or designation after a hearing or waiver thereof. 1. Reasonable cause for revocation must exist before such action by the Office of EMS. 2. The Office of EMS may revoke an EMS agency license, EMS vehicle permit, vehicle permit, certification, endorsement or designation for failure to adhere to the standards set forth in these regulations. 3. The Office of EMS may revoke an EMS agency license, an EMS vehicle permit, or EMS personnel certificate for violation of a correction order or for engaging in or aiding, abetting, causing, or permitting any act prohibited by these regulations. 4. The Office of EMS may revoke an EMS training certificate for failure to adhere to the standards as set forth in these regulations and the "Training Program Administration Manual" in effect for the level of instruction concerned, or for lack of competence at such level as evidenced by lack of basic knowledge or skill, or for incompetent or unwarranted acts inconsistent with the standards in effect for the level of certification concerned. 5. The Office of EMS may revoke an EMS agency license	A. The ~~Office of EMS~~ commissioner may revoke an EMS license, permit, certificate, endorsement or designation after a hearing or waiver thereof. 1. Reasonable cause for revocation must exist before such action by the ~~Office of EMS~~ commissioner. 2. The ~~Office of EMS~~ commissioner may revoke an EMS agency license, EMS vehicle permit, vehicle permit, certification, endorsement or designation for failure to adhere to the standards set forth in these regulations. 3. The ~~Office of EMS~~ commissioner may revoke an EMS agency license, an EMS vehicle permit, or EMS personnel certificate for violation of a correction order or for engaging in or aiding, abetting, causing, or permitting any act prohibited by these regulations. 4. The ~~Office of EMS~~ commissioner may revoke an EMS training certificate for failure to adhere to the standards as set forth in these regulations ~~and the "Training Program Administration Manual" in effect for the level of instruction concerned~~, or for lack of competence at such level as evidenced by lack of basic knowledge or skill, or for incompetent or unwarranted acts inconsistent with the standards in effect for the level of certification concerned. 5. The ~~Office of EMS~~ commissioner may revoke an EMS agency license for violation of federal or state laws resulting in a civil monetary penalty. B. Revocation of an EMS agency license shall result in the simultaneous and concurrent revocation of vehicle permits. C. The ~~Office of EMS~~ commissioner will notify the holder of a license, certification, endorsement or designation of the intent to revoke by signed receipt in person or certified mail to his last known address. D. The holder of a license, certification, endorsement or designation will have the right to a hearing. 1. If the holder of a license, certification, endorsement or designation desires to exercise his right to a hearing, he must notify the Office of EMS in writing of his intent within ten days of receipt of notification. In such cases, a hearing

		for violation of federal or state laws resulting in a civil monetary penalty. B. Revocation of an EMS agency license shall result in the simultaneous and concurrent revocation of vehicle permits. C. The Office of EMS will notify the holder of a license, certification, endorsement or designation of the intent to revoke by certified mail to his last known address. D. The holder of a license, certification, endorsement or designation will have the right to a hearing. 1. If the holder of a license, certification, endorsement or designation desires to exercise his right to a hearing, he must notify the Office of EMS in writing of his intent within 10 days of receipt of notification. In such cases, a hearing must be conducted and a decision rendered in accordance with the Administrative Process Act. 2. Should the holder of a license, certification, endorsement or designation fail to file such notice, he will be deemed to have waived the right to a hearing. In such case, the Office of EMS may revoke the license or certificate.	must be conducted and a decision rendered in accordance with the Administrative Process Act. 2. Should the holder of a license, certification, endorsement or designation fail to file such notice, he will be deemed to have waived the right to a hearing. In such case, the ~~Office of EMS~~ commissioner may revoke the license or certificate. **Rationale: Reflects actual *Code* language.**
240		B. The Office of EMS will send a correction order to the licensee or permit or certificate holder by certified mail to his last known address. Notification will include, but not be limited to, a description of the deficiency or violation to be corrected, and the period within which the deficiency or situation must be corrected, which shall not be less than 30 days from receipt of such order, unless an emergency has been declared by the Office of EMS.	B. The Office of EMS will send a correction order to the licensee or permit or certificate holder by a signed receipt in person or by certified mail to his last known address. Notification will include, but not be limited to, a description of the deficiency or violation to be corrected, and the period within which the deficiency or situation must be corrected, which shall not be less than 30 days from receipt of such order, unless an emergency has been declared by the Office of EMS. **Rationale: Allows for personal delivery of the enforcement action.**
290		E. Any EMS agency vehicle used exclusively for the provision of rescue services. F. Any medical facility, but only	E. Any vehicle owned or leased by an EMS agency ~~vehicle~~ used exclusively for the provision of rescue services. F. Any medical facility, but only with respect to the

		with respect to the provision of emergency medical services within the facility. G. Personnel employed by, or associated with, a medical facility who provides emergency medical services within the medical facility, but only with respect to the services provided therein.	provision of emergency medical services within the facility. G. Personnel employed by, or associated with, a medical facility that provides emergency medical services within the medical facility, but only with respect to the services provided therein. H. Wheelchair interfacility transport services and wheelchair interfacility transport service vehicles that are engaged, whether or not for profit, in the business, service, or regular activity of and exclusively used for transporting wheelchair bound passengers between medical facilities in the Commonwealth when no ancillary medical care or oversight is necessary. However, such services and vehicles shall comply with Department of Medical Assistance Services regulations regarding the transportation of Medicaid recipients to covered services. **Rationale: Reflects the removal of Wheelchair services as a regulant for OEMS as per the *Code* of Virginia.**
330		A. A person shall comply with these regulations. The Office of EMS will publish the Virginia EMS Compliance Manual, a document that describes and provides guidance to EMS agencies, vehicles and personnel on how to comply with these regulations. B. An EMS agency, including its EMS vehicles and EMS personnel, shall comply with these regulations, the applicable regulations of other state agencies, the Code of Virginia and the United States Code.	A. A person shall comply with these regulations. ~~The Office of EMS will publish the Virginia EMS Compliance Manual, a document that describes and provides guidance to EMS agencies, vehicles and personnel on how to comply with these regulations.~~ B. An EMS agency, including its EMS vehicles and EMS personnel, shall comply with these regulations, the applicable regulations of other state agencies, the Code of Virginia, and the United States Code.] **Rationale: Interpretation of the *EMS Regulations* needs to be done through legal counsel similar to other Departments and Offices.**
370		An EMS agency that responds to medical emergencies for its primary service area shall be a designated emergency response agency.	An EMS agency that responds to medical emergencies for its primary service area shall be a designated emergency response agency. A designated emergency response agency shall provide services within its primary service area as defined by the Local EMS Response Plan. **Rationale: Allows a written plan to account for variations within the EMS agency and EMS System.**
380		An EMS agency shall provide service within its primary service area on a 24-hour continuous basis.	A. An EMS agency shall provide service within its primary service area ~~on a 24-hour continuous basis~~ as defined by the Local EMS Response Plan. B. Licensed EMS agencies that meet the criteria stated in 12VAC5-31-370, but that operate under special conditions, i.e., time of year, etc., must also meet the criteria outlined in 12VAC5-31-430 A 2 and C 4. **Rationale: Allows a written plan to account for variations within the EMS agency and EMS System.**

390		**Destination/trauma triage.** An EMS agency shall participate in the regional Trauma Triage Plan established in accordance with § 32.1-111.3 of the Code of Virginia.	~~**Destination/trauma triage**~~ **Destination to specialty care hospitals.** An EMS agency shall ~~participate in the regional Trauma Triage Plan~~ follow specialty care hospital triage plans [~~for trauma, stroke, and others as recognized by OEMS~~] established in accordance with § 32.1-111.3 of the Code of Virginia. [~~EMS agencies' OMD approved patient care protocols shall have a triage component consistent with Code of Virginia mandated state specialty care hospital triage plans.~~] **Rationale: Removes attempts to cover all interests and utilize that which is identified within the *Code.***
400		An EMS agency may not discriminate due to a patient's race, gender, creed, color, national origin, location, medical condition or any other reason.	An EMS agency ~~may~~ shall not discriminate due to a patient's race, gender, creed, color, national origin, location, medical condition or any other reason. **Rationale: Provides additional clarification and definition to terminology utilized within the section.**
420		D. The Office of EMS will determine whether an applicant or licensee is qualified for licensure based upon the following: 1. An applicant or licensee must meet the personnel requirements of these regulations. 2. If the applicant is a company or corporation, as defined in § 12.1-1 of the Code of Virginia, it must clearly disclose the identity of its owners, officers and directors. 3. An applicant or licensee must provide information on any previous record of performance in the provision of emergency medical service or any other related licensure, registration, certification or endorsement within or outside Virginia. E. An applicant agency and all places of operation shall be subject to inspection by the Office of EMS for compliance with these regulations. The inspection may include any or all of the following: 1. All fixed places of operations, including all offices, stations, repair shops or training facilities. 2. All applicable records maintained by the applicant agency. 3. All EMS vehicles and	D. The Office of EMS will determine whether an applicant or licensee is qualified for licensure based upon the following: 1. An applicant or licensee must meet the personnel requirements of these regulations. 2. If the applicant is a company or corporation, as defined in § 12.1-1 of the Code of Virginia, it must clearly disclose the identity of its owners, officers and directors. 3. An applicant or licensee must provide information on any previous record of performance in the provision of emergency medical service or any other related licensure, registration, certification or endorsement within or outside Virginia. 4. The applicant must submit a written agreement with the local governing body that states the applicant agency will assist in mutual aid requests from the local government if EMS personnel, vehicles, equipment and other resources are available.

		required equipment used by the applicant agency.	
430		A. An EMS agency license may be issued by the Office of EMS provided the following conditions are met: 1. All information contained in the application is complete and correct; and 2. The applicant is determined by the Office of EMS to be eligible for licensure in accordance with these regulations. B. The issuance of a license hereunder may not be construed to authorize any agency to operate any emergency medical services vehicle without a franchise or permit in any county or municipality which has enacted an ordinance pursuant to § 32.1-111.14 of the Code of Virginia making it unlawful to do so. C. An EMS agency license may include the following information: 1. The name and address of the EMS agency; 2. The expiration date of the license; 3. The types of services for which the EMS agency is licensed; and 4. Any special conditions that may apply. D. An EMS agency license will be issued and remain valid with the following conditions: 1. An EMS agency license is valid for a period of no longer than two years from the last day of the month of issuance unless and until revoked or suspended by the Office of EMS.	A. An EMS agency license may be issued by the Office of EMS provided the following conditions are met: 1. All information contained in the application is complete and correct; and 2. The applicant is determined by the Office of EMS to be eligible for licensure in accordance with these regulations. [3. The applicant is determined by the Office of EMS to provide emergency medical services to the citizens of the Commonwealth in accordance with these regulations.] B. The issuance of a license hereunder may not be construed to authorize any agency to operate any emergency medical services vehicle without a franchise or permit in any county or municipality which has enacted an ordinance pursuant to § 32.1-111.14 of the Code of Virginia making it unlawful to do so. C. An EMS agency license may include the following information: 1. The name and address of the EMS agency; 2. The expiration date of the license; 3. The types of services for which the EMS agency is licensed; and 4. Any special conditions that may apply. D. An EMS agency license will be issued and remain valid with the following conditions: 1. An EMS agency license is valid for a period of no longer than two years from the last day of the month of issuance unless and until revoked or suspended by the ~~Office of EMS~~ commissioner. 2. An EMS agency license is not transferable. 3. An EMS agency license issued by the Office of EMS remains the property of the Office of EMS and may not be altered or destroyed.
460		An application for a new EMS agency license or renewal of an EMS agency license may be denied by the Office of EMS if the applicant or agency does not comply with these regulations.	A. An application for a new EMS agency license or renewal of an EMS agency license may be denied by the Office of EMS if the applicant or agency does not comply with these regulations. B. An application for a new agency license or renewal of an EMS agency license shall not be issued by the Office of EMS to any firm, corporation, agency, organization, or association that does not intend to provide emergency medical services as part of its operation to the citizens of the Commonwealth.]

			Rationale: Adds the ability to determine actual need for EMS agency licensure by the Office.
480		B. An EMS agency terminating service shall submit written notice to the Office of EMS at least 90 days in advance. Written notice of intent to terminate service must verify the following: 1. Notification of the applicable OMDs, regional EMS councils or local EMS resource agencies, PSAPs and governing bodies of each locality served. 2. Termination of all existing contracts for EMS services, Mutual Aid Agreements, or both. 3. Advertised notice of its intent to discontinue service has been published in a newspaper of general circulation in its service area. C. Within 30 days following the termination of service, the EMS agency shall provide written verification to the Office of EMS of the following: 1. The return of its EMS agency license and all associated vehicle permits to the Office of EMS. 2. The removal of all signage or insignia that advertise the availability of EMS to include but not be limited to facility and roadway signs, vehicle markings and uniform items. 3. The return of all medication kits that are part of a local or regional medication kit exchange program or provision for the proper disposition of medications maintained under a Board of Pharmacy controlled substance registration. 4. The maintenance and secure storage of required agency records and prehospital patient care reports (PPCRs) for a minimum of five years from the date of termination of service.	B. An EMS agency terminating service shall submit written notice to the Office of EMS at least 90 days in advance. Written notice of intent to terminate service must verify the following: 1. Notification of the applicable OMDs, regional EMS councils or local EMS resource agencies, PSAPs and governing bodies of each locality served. 2. Termination of all existing contracts for EMS services, Mutual Aid Agreements, or both. 3. Advertised notice of its intent to discontinue service has been published in a newspaper of general circulation in its service area and to be posted on the Office of EMS section of the Virginia Department of Health's web site. C. Within 30 days following the termination of service, the EMS agency shall provide written verification to the Office of EMS of the following: 1. The return of its EMS agency license and all associated vehicle permits to the Office of EMS. 2. The removal of all signage or insignia that advertise the availability of EMS to include but not be limited to facility and roadway signs, vehicle markings and uniform items. 3. The return of all ~~medication~~ drug kits that are part of a local or regional ~~medication~~ drug kit exchange program or provision for the proper disposition of ~~medications~~ drugs maintained under a Board of Pharmacy controlled substance registration. 4. The maintenance and secure storage of required agency records and prehospital patient care reports ~~(PPCRs)~~ for a minimum of ~~five~~ six years from the date of termination of service. **Rationale: As recommended by the Governor's Commission on Government, reflects actual *Code* language.**
500		A. An EMS agency shall maintain a fixed physical location. Any change in the address of this location	A. An EMS agency shall maintain a fixed physical location. Any change in the address of ~~this location~~ the primary business location and any satellite locations require notification to the Office

		requires notification to the Office of EMS before relocation of the office space. B. Adequate, clean and enclosed storage space for linens, equipment and supplies shall be provided at each place of operation. C. The following sanitation measures are required at each place of operation in accordance with standards established by the Centers for Disease Control and Prevention (CDC) and the Virginia occupational safety and health laws (Title 40.1 of the Code of Virginia):	of EMS before relocation of the office space. B. Adequate, clean and enclosed storage space for linens, equipment and supplies shall be provided at each place of operation. C. The following sanitation measures are required at each place of operation ~~in accordance with standards established by the Centers for Disease Control and Prevention (CDC)~~ established by the CDC and the Virginia occupational safety and health laws (Title ~~40.1-1~~ 40.1 of the Code of Virginia): **Rationale: Provides additional clarification and definition to terminology utilized within the section.**
510		B. Adequate stocks of supplies and linens shall be maintained as required for the classes of vehicles in service at each place of operations. An EMS agency shall maintain a supply of at least 75 triage tags of a design approved by the Office of EMS. These tags must be maintained in a location readily accessible by all agency personnel.	B. Adequate stocks of supplies and linens shall be maintained as required for the classes of vehicles in service at each place of operations. An EMS agency shall maintain a supply of at least ~~75~~ 25 triage tags of a design approved by the Office of EMS~~.~~ on each permitted EMS vehicle. ~~These tags must be maintained in a location readily accessible by all agency personnel.~~ **Rationale: Need to have the immediate use of the triage tags at an event.**
520		A. An area used for storage of medications and administration devices and a medication kit used on an EMS vehicle shall comply with requirements established by the Virginia Board of Pharmacy and the applicable drug manufacturer's recommendations for climate-controlled storage. B. Medications and medication kits shall be maintained within their expiration date at all times. C. Medications and medication kits shall be removed from vehicles and stored in a properly maintained and locked secure area when the vehicle is not in use unless the ambient temperature of the vehicle's interior medication storage compartment is maintained within the climate requirements specified in this section. D. An EMS agency shall notify the Office of EMS in writing of any diversion of (i.e., loss or	A. An area used for storage of ~~medications~~ drugs and administration devices and a ~~medication~~ drug kit used on an EMS vehicle shall comply with requirements established by the Virginia Board of Pharmacy and the applicable drug manufacturer's recommendations for climate-controlled storage. B. ~~Medications~~ Drugs and ~~medication~~ drug kits shall be maintained within their expiration date at all times. C. ~~Medications~~ Drugs and ~~medication~~ drug kits shall be removed from vehicles and stored in a properly maintained and locked secure area when the vehicle is not in use unless the ambient temperature of the vehicle's interior ~~medication~~ drug storage compartment is maintained within the climate requirements specified in this section. D. An EMS agency shall notify the Office of EMS in writing of any diversion of (i.e., loss or theft) or tampering with any controlled substances, ~~medication~~ drug delivery devices or other regulated medical devices from an agency facility or vehicle. Notification shall be made within 15 days of the discovery of the occurrence. **Rationale: Reflects actual *Code* language.**

		theft) or tampering with any controlled substances, medication delivery devices or other regulated medical devices from an agency facility or vehicle. Notification shall be made within 15 days of the discovery of the occurrence.	
530		An EMS agency is responsible for the preparation and maintenance of records that shall be available for inspection by the Office of EMS as follows: 1. Records and reports shall be stored in a manner to ensure reasonable safety from water and fire damage and from unauthorized disclosure to persons other than those authorized by law. 2. EMS agency records shall be prepared and securely maintained at the principal place of operations or a secured storage facility for a period of not less than six years.	An EMS agency is responsible for the preparation and maintenance of records that shall be available for inspection by the Office of EMS as follows: 1. Records and reports shall, at all times, be stored in a manner to ensure reasonable safety from water and fire damage and from unauthorized disclosure to persons other than those authorized by law. 2. EMS agency records shall be prepared and securely maintained at the principal place of operations or a secured storage facility for a period of not less than ~~five~~ six years. **Rationale: Provides additional clarification and definition to terminology utilized within the section.**
540		A. An EMS agency shall have a current personnel record for each individual affiliated with the EMS agency. Each file shall contain documentation of certification (copy of EMS certification, healthcare provider license or EVOC, or both), training and qualifications for the positions held. B. An EMS agency shall have a record for each individual affiliated with the EMS agency documenting the results of a criminal history background check conducted through the Central Criminal Records Exchange operated by the Virginia State Police no more than 60 days prior to the individual's affiliation with the EMS agency.	A. An EMS agency shall have a current personnel record for each individual affiliated with the EMS agency. Each file shall contain documentation of certification ~~(copy of EMS certification, healthcare provider license or EVOC, or both)~~, training and qualifications for the positions held. B. An EMS agency shall have a record for each individual affiliated with the EMS agency documenting the results of a criminal history background check conducted through the Central Criminal Records Exchange and the National Crime Information Center ~~operated~~ via ~~by~~ the Virginia State Police, a driving record transcript from the individuals state Department of Motor Vehicles office, and any documents required by the Code of Virginia, no more than 60 days prior to the individual's affiliation with the EMS agency. **Rationale: removes excess language while allowing for additional security in screening potential applicants by broadening search criteria for criminal activity disallowed by these regulations.**
560		A. An original prehospital patient care report (PPCR) shall specifically identify by name the personnel who meet the staffing requirements of the EMS vehicle.	A. An original ~~prehospital patient care report (PPCR)~~ PPCR shall specifically identify by name the personnel who meet the staffing requirements of the EMS vehicle. **Rationale: duplicative language.**

570		A. An EMS agency must submit an "EMS Agency Status Report" to the Office of EMS within 30 days of a request or change in status of the following: 1. Chief executive officer. 2. Chief of operations. 3. Training officer 4. Designated infection control officer. 5. Other information as required. B. The EMS agency shall provide the leadership position held, to include title, term of office, mailing address, home and work telephone numbers and other available electronic addresses for each individual.	A. An EMS agency must submit an "EMS Agency Status Report" to the Office of EMS within 30 days of a request or change in status of the following: 1. Chief executive officer. ~~2. Chief of operations.~~ ~~3~~. 2. Training officer ~~4.~~ 3. Designated infection control officer ~~5. Other information as required.~~ B. The EMS agency shall provide the leadership position held, to include title, term of office, mailing address, home and work telephone numbers~~,~~ ~~and~~ other available electronic addresses for each individual and other information as required. **Rationale: Removes outdated information and duplicative language.**
590		A. An EMS agency shall have a minimum of one operational medical director (OMD) who is a licensed physician holding endorsement as an EMS physician from the Office of EMS. An EMS agency shall enter into a written agreement with an EMS physician to serve as OMD with the EMS agency. This agreement shall at a minimum specify the following responsibilities and authority: 1. This agreement must describe the process or procedure by which the OMD or EMS agency may discontinue the agreement with prior notification of the parties involved in accordance with these regulations. 2. This agreement must identify the specific responsibilities of each EMS physician if an EMS agency has multiple OMDs. 3. This agreement must specify that EMS agency personnel may only provide emergency medical care and participate in associated training programs while acting under the authority of the operational medical director's license and within the scope of the EMS agency license in accordance with these regulations. 4. This agreement must	A. An EMS agency shall have a minimum of one operational medical director (OMD) who is a licensed physician holding endorsement as an EMS physician from the Office of EMS. An EMS agency shall enter into a written agreement with an EMS physician to serve as OMD with the EMS agency. This agreement shall at a minimum specify the following responsibilities and authority: 1. This agreement must describe the process or procedure by which the OMD or EMS agency may discontinue the agreement with prior notification of the parties involved ~~in accordance with these regulations~~, pursuant to 12VAC5-31-1910. 2. This agreement must identify the specific responsibilities of each EMS physician if an EMS agency has multiple OMDs. 3. This agreement must specify that EMS agency personnel may only provide emergency medical care and participate in associated training programs while acting ~~under~~ with the ~~authority~~ authorization of the operational medical ~~director's license~~ director and within the scope of the EMS agency license in accordance with these regulations. 4. This agreement must provide for EMS agency personnel to have ~~direct~~ access to the agency OMD in regards to discussion of issues relating to provision of patient care, application of patient care protocols or operation of EMS equipment used by the EMS agency. 5. This agreement must ensure that the adequate indemnification and/or insurance coverage exist for: a. Medical malpractice; and b. Civil ~~liability~~ claims. B. EMS agency and OMD conflict resolution. 1. In the event of an unresolved conflict between an EMS agency and its OMD, the issues involved shall be brought before the regional EMS council

		provide for EMS agency personnel to have direct access to the agency OMD in regards to discussion of issues relating to provision of patient care, application of patient care protocols or operation of EMS equipment used by the EMS agency. 5. This agreement must ensure that the adequate indemnification exists for: a. Medical malpractice; and b. Civil liability. B. EMS agency and OMD conflict resolution. In the event of an unresolved conflict between an EMS agency and its OMD, the issues involved shall be brought before the regional EMS council or local EMS resource's medical direction committee (or approved equivalent) for review and resolution. When an EMS agency determines that the OMD presents an immediate significant risk to the public safety or health of citizens, the EMS agency shall attempt to resolve the issues in question. If an immediate risk remains unresolved, the EMS agency shall contact the Office of EMS for assistance.	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 the public safety or health of citizens, the EMS agency shall attempt to resolve the issues in question. If an immediate risk remains unresolved, the EMS agency shall contact the Office of EMS for assistance. **Rationale: adjusts terminology.**
610		N/A	~~**Reserved.**~~ **Designated emergency response agency standards.** A. A designated emergency response agency shall develop or participate in a written Local EMS Response plan that addresses the following items: 1. The designated emergency response agency shall develop and maintain, in coordination with their locality, a written plan to provide 24-hour coverage of the agency's primary service area with the available personnel to achieve the approved responding interval standard. 2. A designated emergency response agency shall conform to the local responding interval, or in the absence of a local standard, the EMS agency shall develop a standard in conjunction with OMD and local government, in the best interests of the patient and the community. The EMS agency shall use the response time standard to establish a time frame the EMS agency complies with on a 90% basis within its primary service area (i.e., a time frame in which the EMS agency can arrive at the scene of a medical emergency in 90% or greater of all calls). a. If the designated emergency response agency finds it is unable to respond within the established

			unit mobilization interval standard, the call shall be referred to the closest available mutual aid EMS agency. b. If the designated emergency response agency finds it is able to respond to the patient location sooner than the mutual aid EMS agency, the EMS agency shall notify the PSAP of its availability to respond. c. If the designated emergency response agency is unable to respond (e.g., lack of operational response vehicle or available personnel), the EMS agency shall notify the PSAP. d. If a designated emergency response agency determines in advance that it will be unable to respond for emergency service for a specified period of time, it shall notify its PSAP. B. A designated emergency response agency shall have available for review, a copy of the local EMS response plan that shall include the established EMS Responding Interval standards. C. A designated emergency response agency shall document its compliance with the established EMS response capability, unit mobilization interval and responding interval standards. D. A designated emergency response agency shall document an annual review of exceptions to established EMS response capability and time interval standards. The results of this review shall be provided to the agency's operational medical director and local governing body. **Rationale: Provides for evaluation of and review of agency performance for ongoing process improvement and a responsive EMS system.**
650		F. A temporary EMS vehicle permit will be issued and remain valid with the following conditions: 1. A temporary EMS vehicle permit is valid for 60 days from the end of the month issued.	F. A temporary EMS vehicle permit ~~will be issued and~~ shall remain valid with the following conditions: 1. A temporary EMS vehicle permit is valid for 60 [~~60~~ 180] days from the end of the month issued. **Rationale: adjusts terminology and time to reflect reality challenges.**
700		5. Smoking is prohibited in an EMS transport vehicle at all times. 6. Possession of a firearm, weapon, or explosive or incendiary device on any EMS vehicle is prohibited, except: a. A sworn law-enforcement officer authorized to carry a concealed weapon pursuant to § 18.2-308 of the Code of Virginia. b. Any rescue line gun or other rescue device powered by an explosive charge carried on a nontransport response vehicle.	5. ~~Smoking~~ [~~Tobacco~~ The] use [of any and all tobacco products] is prohibited in [~~an~~] EMS transport [~~vehicle~~ vehicles] at all times. ~~6. Possession of a firearm, weapon, or explosive or incendiary device on any EMS vehicle is prohibited, except:~~ ~~a. A sworn law-enforcement officer authorized to carry a concealed weapon pursuant to § 18.2-308 of the Code of Virginia.~~ ~~b. Any rescue line gun or other rescue device powered by an explosive charge carried on a nontransport response vehicle.~~ **Rationale: Reflects industry standard regarding tobacco use and removes previous language mistakenly left from last regulatory review.**
710		A. An occupant shall use	A. An occupant shall use mechanical restraints as

		mechanical restraints as required by the Code of Virginia. B. Equipment and supplies in the patient compartment shall be stored within a closed and latched compartment or fixed securely in place while not in use. C. While the vehicle is in motion, equipment and supplies at or above the level of the patient's head while supine on the primary ambulance stretcher shall be secured in place to prevent movement.	required by the Code of Virginia. Stretcher patients shall be secured on the stretcher utilizing a minimum of three straps unless contraindicated by patient condition. B. Equipment and supplies in the patient compartment shall be stored within a closed and latched compartment or fixed securely in place while not in use. ~~C. While the vehicle is in motion, equipment and supplies at or above the level of the patient's head while supine on the primary ambulance stretcher shall be secured in place to prevent movement.~~ **Rationale: Reflects industry standard and best practices for EMS safety within ambulances.**
750		3. An EMS vehicle shall have an audible warning device installed to project sound forward from the front of the EMS vehicle.	3. ~~An~~ A ground EMS vehicle shall have an audible warning device installed to project sound forward from the front of the EMS vehicle. **Rationale: Removes need for air ambulances to have a siren.**
760		A. An EMS vehicle shall have fixed communications equipment that provides direct two-way voice communications capabilities between the EMS vehicle, other EMS vehicles of the same agency, and either the agency's base of operations (dispatch point) or a governmental public safety answering point (PSAP). This communication capability must be available within the agency's primary service area or within a 25-mile radius of its base of operations, whichever is greater. Service may be provided by private mobile radio service (PMRS) or by commercial mobile radio service (CMRS), but shall have direct and immediate communications via push-to-talk technology. B. An ambulance transporting outside its primary service area shall have fixed or portable communications equipment that provides two-way voice communications capabilities between the EMS vehicle and either the agency's base of operations (dispatch point) or a governmental public safety answering point (PSAP) during the period of transport. Service may be provided by	A. An EMS vehicle shall have fixed communications equipment that provides direct two-way voice communications capabilities between the EMS vehicle, other EMS vehicles of the same agency, and either the agency's base of operations (dispatch point) or a governmental public safety answering point (PSAP). This communication capability must be available within the agency's primary service area ~~or within a 25-mile radius of its base of operations, whichever is greater~~. Service may be provided by private mobile radio service (PMRS) or by commercial mobile radio service (CMRS), but shall have direct and immediate communications via push-to-talk technology. B. An ambulance transporting outside its primary service area shall have fixed or portable communications equipment that provides two-way voice communications capabilities between the EMS vehicle and either the agency's base of operations (dispatch point) or ~~a governmental public safety answering point (PSAP)~~ PSAP during the period of transport. Service may be provided by private mobile radio service (PMRS) or by commercial mobile radio service (CMRS). When operating outside the agency's ~~primary service~~ area ~~or a 25-mile radius of its base of operations~~ of routine responsibility, the requirement for direct and immediate communications via push-to-talk technology does not apply or in areas where CMRS is not available. ~~This requirement does not apply in areas where CMRS is not available.~~ If an agency is licensed as a DERA, it will be required to have direct and immediate communications via push-to-talk technology for either the agency's base of operations (dispatch point) or governmental public

		private mobile radio service (PMRS) or by commercial mobile radio service (CMRS). When operating outside the agency's primary service area or a 25-mile radius of its base of operations, the requirement for direct and immediate communications via push-to-talk technology does not apply. This requirement does not apply in areas where CMRS is not available C. An ambulance or an advanced life support-equipped, nontransport response vehicle shall have communications equipment that provides two-way voice communications capabilities between the EMS vehicle's attendant-in-charge and the receiving medical facilities to which it regularly transports or a designated central medical control on one or more of the following frequencies: 155.340 MHz (statewide HEAR); 155.400 MHz (Tidewater HEAR); 155.280 MHZ (Inter-Hospital HEAR); 462.950/467.950 (MED 9 or CALL 1); 462.975/467.975 (MED 10 or CALL 2); 462.950-463.19375/467.950-468.19375 (UHF MED CHANNELS 1-10); and 220 MHz, 700MHz, 800MHz, or 900MHz frequency and designated talkgroup or channel identified as part of an agency, jurisdictional, or regional communications plan for ambulance to hospital communications. 1. Patient care communications with medical facilities may not be conducted on the same frequencies or talkgroups as those used for dispatch and on-scene operations. 2. Before establishing direct push-to-talk communications with the receiving medical facility or central medical control, EMS vehicles may be required to dial an access	safety answering point (PSAP) for which the EMS agency vehicle is used for emergency response to the public in the jurisdiction where a memorandum of understanding, memorandum of agreement is in place or is contractually obligated to provide emergency response. C. An ambulance or an advanced life support-equipped, nontransport response vehicle shall have communications equipment that provides two-way voice communications capabilities between the EMS vehicle's attendant-in-charge and the receiving medical facilities to which it regularly transports or a designated central medical control on one or more of the following frequencies: 155.340 MHz (statewide HEAR); 155.400 MHz (Tidewater HEAR); 155.280 MHZ (Inter-Hospital HEAR); 462.950/467.950 (MED 9 or CALL 1); 462.975/467.975 (MED 10 or CALL 2); 462.950-463.19375/467.950-468.19375 (UHF MED CHANNELS ~~1-103)~~ 1-10); and 220 MHz, 700MHz, 800MHz, or 900MHz frequency and designated talkgroup or channel identified as part of an agency, jurisdictional, or regional communications plan for ambulance to hospital communications. 1. Patient care communications with medical facilities may not be conducted on the same frequencies or talkgroups as those used for dispatch and on-scene operations. 2. Before establishing direct push-to-talk communications with the receiving medical facility or central medical control, EMS vehicles may be required to dial an access code. Radios in ambulances or advanced life support-equipped, nontransport response vehicles must be programmed or equipped with encoding equipment necessary to activate tone-coded squelched radios at medical facilities to which they transport on a regular basis. 3. Nothing herein prohibits the use of CMRS for primary or secondary communications with medical facilities, provided that the requirements of this section are met. D. Mutual aid interoperability. An EMS vehicle must have ~~fixed~~ communications equipment that provides direct two-way voice communications capabilities between the EMS vehicle and EMS vehicles of other EMS agencies within the jurisdiction and those EMS agencies with which it has mutual aid agreements. Service may be provided by private mobile radio service (PMRS) or by commercial mobile radio service (CMRS), but requires direct and immediate communications via push-to-talk technology. This requirement may be met by interoperability on a common radio frequency or talkgroup, or by fixed or interactive cross-patching under supervision of an agency dispatch center or governmental PSAP. The means of communications interoperability must be

		code. Radios in ambulances or advanced life support-equipped, nontransport response vehicles must be programmed or equipped with encoding equipment necessary to activate tone-coded squelched radios at medical facilities to which they transport on a regular basis. 3. Nothing herein prohibits the use of CMRS for primary or secondary communications with medical facilities, provided that the requirements of this section are met. D. Mutual aid interoperability. An EMS vehicle must have fixed communications equipment that provides direct two-way voice communications capabilities between the EMS vehicle and EMS vehicles of other EMS agencies within the jurisdiction and those EMS agencies with which it has mutual aid agreements. Service may be provided by private mobile radio service (PMRS) or by commercial mobile radio service (CMRS), but requires direct and immediate communications via push-to-talk technology. This requirement may be met by interoperability on a common radio frequency or talkgroup, or by fixed or interactive cross-patching under supervision of an agency dispatch center or governmental PSAP. The means of communications interoperability must be identified in any mutual aid agreements required by these regulations. E. Air ambulance interoperability. A nontransport EMS vehicle or ground ambulance must have fixed communications equipment that provides direct two-way voice communications capabilities between the EMS vehicle and air ambulances designated to serve its primary response area by the State Medevac Plan. An air ambulance must have fixed communications equipment that provides direct two-way	identified in any mutual aid agreements required by these regulations and must comply with the Virginia Interoperability Plan as defined by the Governor's Office of Commonwealth Preparedness. E. Air ambulance interoperability. A nontransport EMS vehicle or ground ambulance must have ~~fixed~~ communications equipment that provides direct two-way voice communications capabilities between the EMS vehicle and air ambulances designated to serve its primary response area by the State Medevac Plan. An air ambulance must have fixed communications equipment that provides direct two-way voice communications capabilities between the air ambulance, other EMS vehicles in its primary response area, and public safety vehicles or personnel at landing zones on frequencies adopted in accordance with this section. Radio communications must be direct and immediate via push-to-talk technology. This requirement may be met by interoperability on a common radio frequency or talkgroup, or by fixed or interactive cross-patching under supervision of an agency dispatch center or governmental PSAP. The frequencies used for this purpose will be those set forth by an agreement among air ambulance providers and EMS agencies for a specific jurisdiction or region, and must be identified in agency, jurisdictional, or regional protocols for access and use of air ambulances. Any nontransport EMS vehicle or ground ambulance not participating in such an agreement must be capable of operating on VHF frequency 155.205 MHz (carrier squelch), which is designated as the Statewide EMS Mutual Aid Frequency. An air ambulance must be capable of operating on VHF frequency 155.205 MHz (carrier squelch) in addition to any other frequencies adopted for jurisdictional or regional interoperability. **Rationale: Provides additional clarification and definition to terminology utilized within the section.**

		voice communications capabilities between the air ambulance, other EMS vehicles in its primary response area, and public safety vehicles or personnel at landing zones on frequencies adopted in accordance with this section. Radio communications must be direct and immediate via push-to-talk technology. This requirement may be met by interoperability on a common radio frequency or talkgroup, or by fixed or interactive cross-patching under supervision of an agency dispatch center or governmental PSAP. The frequencies used for this purpose will be those set forth by an agreement among air ambulance providers and EMS agencies for a specific jurisdiction or region, and must be identified in agency, jurisdictional, or regional protocols for access and use of air ambulances. Any nontransport EMS vehicle or ground ambulance not participating in such an agreement must be capable of operating on VHF frequency 155.205 MHz (carrier squelch), which is designated as the Statewide EMS Mutual Aid Frequency. An air ambulance must be capable of operating on VHF frequency 155.205 MHz (carrier squelch) in addition to any other frequencies adopted for jurisdictional or regional interoperability.	
770		B. The Star of Life emblem may appear on an EMS vehicle that conforms to the appropriate U.S. Department of Transportation specifications for the type and class of vehicle concerned. If used on any ground ambulance or neonatal ambulance, the emblem (14-inch size minimum) must appear on both sides of the EMS vehicle. C. The following must appear in permanently affixed lettering	[~~B. The Star of Life emblem may appear on an EMS vehicle that conforms to the appropriate U.S. Department of Transportation specifications for the type and class of vehicle concerned. If used on any ground ambulance or neonatal ambulance, the emblem (14-inch size minimum) must appear on both sides of the EMS vehicle.~~] C. [~~C~~. B.] The following must appear in permanently affixed lettering that is a minimum of three inches in height and of a color that contrasts with the surrounding vehicle background. Lettering must comply with the restrictions and specifications listed in these regulations. **Rationale: The Star of Life Enforcement is handled by the federal government.**

		that is a minimum of three inches in height and of a color that contrasts with the surrounding vehicle background. Lettering must comply with the restrictions and specifications listed in these regulations.	
790		A. The following specifications apply to an EMS vehicle: the EMS agency name must appear in lettering larger than any optional lettering on an EMS vehicle, other than "Ambulance," the unit identification number or any lettering on the roof. Optional lettering, logos or emblems may not appear on an EMS vehicle in a manner that interferes with the public's ability to readily identify the EMS agency to which the EMS vehicle is permitted. 1. Additional lettering, logos or emblems must not advertise or imply a specified patient care level (i.e., Advanced Life Support Unit) unless the EMS vehicle is so equipped at all times. 2. The terms "Paramedic" or "Paramedical" may only be used when the EMS vehicle is both equipped and staffed by a state certified EMT-Paramedic at all times.	A. The following specifications apply to an EMS vehicle: the EMS agency name must appear in lettering larger than any optional lettering on an EMS vehicle, other than "Ambulance," the unit identification number or any lettering on the roof. Optional lettering, logos or emblems may not appear on an EMS vehicle in a manner that interferes with the public's ability to readily identify the EMS agency to which the EMS vehicle is permitted. 1. Additional lettering, logos or emblems must not advertise or imply a specified patient care level (i.e., Advanced Life Support Unit) unless the EMS vehicle is so equipped at all times. 2. The terms "Paramedic" or "Paramedical" may only be used when the EMS vehicle is both equipped and staffed by a state certified EMT-Paramedic [~~EMT-Paramedic~~ Paramedic] at all times. **Rationale: Provides updated terminology reflecting new national standards/ levels of certification.**
800		A. A vehicle maintained and operated for response to the location of a medical emergency to provide immediate medical care at the basic or advanced life support level (excluding patient transport) shall be permitted as a nontransport response vehicle. A nontransport response vehicle may not be used for the transportation of patients except in the case of a major medical emergency. In such an event, the circumstances of the call shall be documented. B. A nontransport response vehicle must be constructed to provide sufficient space for safe storage of required equipment and supplies	A. A vehicle maintained and operated for response to the location of a medical emergency to provide immediate medical care at the basic or advanced life support level (excluding patient transport) shall be permitted as a nontransport response vehicle ~~unless specifically authorized under Part VI (12VAC5-31-2100 et seq.) of this chapter~~. A nontransport response vehicle may not be used for the transportation of patients except in the case of a major medical emergency. In such an event, the circumstances of the call shall be documented. B. A nontransport response vehicle must be constructed to provide sufficient space for safe storage of required equipment and supplies specified in these regulations. A nontransport response vehicle used for the delivery of advanced life support must have a locking storage compartment or approved locking bracket for the security of ~~medications~~ drugs and ~~medication~~ drug kits. When not in use,

		specified in these regulations. A nontransport response vehicle used for the delivery of advanced life support must have a locking storage compartment or approved locking bracket for the security of medications and medication kits. When not in use, medications and medication kits must be kept locked in the required storage compartment or approved bracket at all times. The EMS agency shall maintain medications and medication kits as specified in these regulations.	~~medications~~ drugs and ~~medication~~ drug kits must be kept locked in the required storage compartment or approved bracket at all times. The EMS agency shall maintain ~~medications~~ drugs and ~~medication~~ drug kits as specified in these regulations. **Rationale: Reflects actual *Code* language.**
810		C. A ground ambulance must be constructed to provide sufficient space for the safe storage of all required equipment and supplies. 1. A ground ambulance must have a locking interior storage compartment or approved locking bracket used for the secure storage of medications and medication kits that is accessible from within the patient compartment. Medications and medication kits must be kept in a locked storage compartment or approved bracket at all times when not in use. The EMS agency must maintain medications and medication kits as specified in these regulations. 2. Required equipment and supplies specified in these regulations, excluding those in 12VAC5-31-860 I, J and K, must be available for access and use from inside the patient compartment.	C. A ground ambulance must be constructed to provide sufficient space for the safe storage of all required equipment and supplies. 1. A ground ambulance must have a locking interior storage compartment or approved locking bracket used for the secure storage of ~~medications~~ drugs and ~~medication~~ drug kits that is accessible from within the patient compartment. ~~Medications~~ Drugs and ~~medication~~ drug kits must be kept in a locked storage compartment or approved bracket at all times when not in use. The EMS agency must maintain ~~medications~~ drugs and ~~medication~~ drug kits as specified in these regulations. ~~2. Required equipment and supplies specified in these regulations, excluding those in 12VAC5-31-860 I, J and K, must be available for access and use from inside the patient compartment.~~ **Rationale: Reflects actual *Code* language, removes excess language.**
820		A. An EMS agency licensed to operate nontransport response vehicles or ground ambulances with ALS personnel shall maintain a minimum of one vehicle equipped with an ALS equipment package of the highest category licensed. ALS equipment packages consist of the following categories: 1. ALS – EMT-enhanced equipment package; and	A. An EMS agency licensed to operate nontransport response vehicles or ground ambulances with ALS personnel shall maintain a minimum of one vehicle equipped with an ALS equipment package of the highest category licensed. ALS equipment packages consist of the following categories: 1. ALS – EMT-enhanced equipment package; and 2. ALS – ~~EMT-intermediate/EMT-paramedic~~ [~~Advanced EMT/EMT-Intermediate/EMT-Paramedic~~ Advanced-EMT/Intermediate/Paramedic] equipment package.

		2. ALS – EMT-intermediate/EMT-paramedic equipment package.	B. ALS equipment packages shall consist of the equipment and supplies as specified in these regulations.
830		C. A neonatal ambulance must be constructed to provide sufficient space for safe storage of required equipment and supplies specified in these regulations. 1. A neonatal ambulance must be equipped to transport two incubators using manufacturer-approved vehicle mounting devices. 2. A neonatal ambulance must have an installed auxiliary power unit that is capable of supplying a minimum of 1.5 Kw of 110VACelectric power. The auxiliary power unit must operate independent of the vehicle with starter and power controls located in the patient compartment. 3. A neonatal ambulance must have a locking interior storage compartment or approved locking bracket used for the secure storage of medications and medication kits that is accessible from within the patient compartment. Medications and medication kits must be kept in a locked storage compartment or approved bracket at all times when not in use. The EMS agency must maintain medications and medication kits as specified in these regulations.	C. A neonatal ambulance must be constructed to provide sufficient space for safe storage of required equipment and supplies specified in these regulations. 1. A neonatal ambulance must be equipped to transport two incubators using manufacturer-approved vehicle mounting devices. 2. A neonatal ambulance must have an installed auxiliary power unit that is capable of supplying a minimum of 1.5 Kw of 110V AC electric power. The auxiliary power unit must operate independent of the vehicle with starter and power controls located in the patient compartment. 3. A neonatal ambulance must have a locking interior storage compartment or approved locking bracket used for the secure storage of ~~medications~~ drugs and ~~medication~~ drug kits that is accessible from within the patient compartment. ~~Medications~~ Drugs and ~~medication~~ drug kits must be kept in a locked storage compartment or approved bracket at all times when not in use. The EMS agency must maintain ~~medications~~ drugs and ~~medication~~ drug kits as specified in these regulations. **Rationale: Reflects actual *Code* language.**
840		**12 VAC 5-31-840. Air ambulance specifications.** A. An aircraft maintained and operated for response to the location of a medical emergency to provide immediate medical care at the basic or advanced life support level and for the transportation of patients shall be permitted as an air ambulance. B. An air ambulance must be commercially constructed and certified to comply with the current U.S. Federal Aviation Administration standards as of the date of aircraft construction. An air ambulance	~~**12 VAC 5-31-840. Air ambulance specifications.**~~ **Repealed** ~~A. An aircraft maintained and operated for response to the location of a medical emergency to provide immediate medical care at the basic or advanced life support level and for the transportation of patients shall be permitted as an air ambulance.~~ ~~B. An air ambulance must be commercially constructed and certified to comply with the current U.S. Federal Aviation Administration standards as of the date of aircraft construction. An air ambulance must be constructed to provide sufficient space for safe storage of required equipment and supplies specified in these regulations.~~ ~~C. Required equipment and supplies specified in these regulations, excluding those in~~

		must be constructed to provide sufficient space for safe storage of required equipment and supplies specified in these regulations. C. Required equipment and supplies specified in these regulations, excluding those in 12 VAC 5-31-860 I and J, must be available for access and use from inside the patient compartment. A rotary wing air ambulance must be equipped with a 180-degree controllable searchlight of at least 400,000 candle power.	~~12 VAC 5-31-860 I and J, must be available for access and use from inside the patient compartment. A rotary wing air ambulance must be equipped with a 180-degree controllable searchlight of at least 400,000 candle power.~~ **Rationale: Section rewritten and updated.**
860		Table Omitted secondary to size – being replaced with individual vehicle equipment requirements.	A. Nontransport vehicle. 1. Basic life support equipment. a. Automated external defibrillator (AED) with two sets of patient pads. This may be a combination device that also has manual defibrillation capability (one). b. Pocket mask or disposable airway barrier device with one-way valve (two). c. Oropharyngeal airways set of six, nonmetallic in infant, child, and adult sizes ranging from 43mm to 100mm (sizes 0-5) (one each). d. Nasopharyngeal airways set of four, varied sizes, with water soluble lubricant (one). e. Self-inflating bag-valve-mask resuscitation with oxygen reservoir in adult size with transparent mask in adult and child sizes (one). f. Self-inflating bag-valve-mask resuscitation with oxygen reservoir in infant size with transparent masks in infant size (one). 2. Oxygen apparatus. a. Portable oxygen unit containing a quantity of oxygen sufficient to supply the patient at the approximate flow rate for the period of time in is anticipated oxygen will be needed, but not less that 10 liters per minute for 15 minutes. The unit must be capable of being manually controlled and have an appropriate flowmeter (one). b. High concentration oxygen masks (80% or higher delivery) in child and adult sizes. These masks must be made of single use soft see-through plastic or rubber (two each). c. Oxygen nasal cannula, in child and adult sizes. This cannula must be made of single use soft see-through plastic or rubber (two each). 3. Suction apparatus. a. Battery powered portable suction apparatus. A manually powered device does not meet this requirement (one). b. Suction catheters that are sterile, individually wrapped, disposable, and made of rubber or plastic in sizes as follows: Rigid Tonsil Tip, FR18, FR14, FR 8 and FR 6 (two each). 4. Patient assessment equipment. a. Stethoscope in adult size (one).

			b. Stethoscope in pediatric size (one). c. Sphygmomanometer in child, adult and large adult sizes (one each). d. Vinyl triage tape rolls of red, black, green and yellow (one each). e.25 OEMS approved triage tags f. Penlight (one). g. Medical Protocols (one). 5. Dressing and supplies. a. First aid kit of durable construction and suitably equipped. These contents of this kit may be used to satisfy these supply requirements completely or in part (one). b. Trauma dressings, a minimum of 8" x 10" - 5/8 ply when folded, sterile and individually wrapped (four). c. 4" x4" gauze pads, sterile and individually wrapped (24). d. Occlusive dressings, sterile 3" x 8" or larger (four). e. Roller or conforming gauze of assorted widths (12). f. Cloth triangular bandages, 36" x 36" x 51", triangle unfolded (ten). g. Medical adhesive tape, rolls of 1" and 2" (four). h. Trauma scissors (one). i. Emesis basin containers or equivalents (two). j. Sterile normal saline for irrigation, 1000 ml containers (or equivalent volume in other container sizes) (one). k. Oral Glucose (one). 6. Obstetrical kits (one). It must contain the following: a. Sterile surgical gloves (pairs) (two). b. Scissors or other cutting instrument (one). c. Umbilical cord ties (10" long) or disposable cord clamps (four). d. Sanitary pads (one). e. Cloth or disposable hand towels (two). f. Soft-tipped bulb syringe (one). 7. Personal protection equipment. a. Waterless antiseptic hand wash (one). b. Exam gloves, non-sterile, pairs in sizes small though extra large (five each). c. Disposable gowns/coveralls, each in assorted sizes if not one-size-fits all style (two). d. Face shield/eyewear (two). e. Infectious waste trash bags (two). 8. Linen and bedding. a. Towels, cloth (two). b. Blankets (two). 9. Splints and immobilization devices. Rigid cervical collars in sizes small adult, medium adult, large adult and pediatric. If adjustable type collars are used, then a minimum of three are sufficient (two each). 10. Safety equipment. a. "D" cell battery or larger flashlight (one). b. Five-pound ABC or equivalent fire extinguisher securely mounted in the vehicle in a quick release bracket (one).

			c. Safety apparel (two). d. Sharps container (one). 11. Tools and hazard warning devices. a. Adjustable wrench, 10" (one). b. Screwdriver, regular #1 size blade (one). c. Screwdriver, Phillips #1 size blade (one). d. Spring loaded center punch (one). e. Hazard warning devices (reflective cone, triangle or approved equivalent) (three each). f. Current US-DOT approved Emergency Response Guidebook (one). B. Ground ambulance. 1. Basic life support equipment. a. Automated external defibrillator (AED) with two sets of patient pads. This may be a combination device that also has manual defibrillation capability (one). b. Pocket mask or disposable airway barrier device with one-way valve (two). c. Oropharyngeal airways set of six, nonmetallic in infant, child, and adult sizes ranging from 43mm to 100mm (sizes 0-5) (one each). d. Nasopharyngeal airways set of four, varied sizes, with water soluble lubricant (one). e. Self-inflating bag-valve-mask resuscitation with oxygen reservoir in adult size with transparent mask in adult and child sizes (one each). f. Self-inflating bag-valve-mask resuscitation with oxygen reservoir in infant size with transparent masks in infant size (one). 2. Oxygen apparatus. a. Portable oxygen unit containing a quantity of oxygen sufficient to supply the patient at the approximate flow rate for the period of time in is anticipated oxygen will be needed, but not less than ten liters per minute for 15 minutes. The unit must be capable of being manually controlled and have an appropriate flowmeter (one). b. Installed oxygen system containing a sufficient quantity of oxygen to supply two patient flowmeters at the appropriate flow rate for the period of time it is anticipated oxygen will be needed, but not less than ten liters per minute for 30 minutes. This unit must be capable of being manually controlled, have two flowmeters, and have an attachment available for a single-use humidification device (one). c. High concentration oxygen masks (80% or higher delivery) in child and adult sizes. These masks must be made of single use soft see-through plastic or rubber (four each). d. Oxygen nasal cannula, in child and adult sizes. This cannula must be made of single use soft see-through plastic or rubber (four each). 3. Suction apparatus. a. Battery powered portable suction apparatus. A manually powered device does not meet this requirement (one). b. Installed suction apparatus capable of providing a minimum of 20 minutes of continuous operation (one).

			c. Suction catheters that are sterile, individually wrapped, disposable, and made of rubber or plastic in sizes as follows: Rigid Tonsil Tip, FR18, FR14, FR 8 and FR 6 (two each). 4. Patient assessment equipment. a. Stethoscope in adult size (two). b. Stethoscope in pediatric size (one). c. Sphygmomanometer in child, adult and large adult sizes (one each). d. Vinyl triage tape rolls of red, black, green and yellow (one each). e. 25 OEMS approved triage tags. f. Penlight (one). g. Medical Protocols (one). 5. Dressing and supplies. a. First aid kit of durable construction and suitably equipped. These contents of this kit may be used to satisfy these supply requirements completely or in part (one). b. Trauma dressings, a minimum of 8" x 10" - 5/8 ply when folded, sterile and individually wrapped (four). c. 4" x4" gauze pads, sterile and individually wrapped (24). d. Occlusive dressings, sterile 3" x 8" or larger (four). e. Roller or conforming gauze of assorted widths (12). f. Cloth triangular bandages, 36" x 36" x 51", triangle unfolded (ten). g. Medical adhesive tape, rolls of 1" and 2" (four). h. Trauma scissors (one). i. Alcohol preps (12). j. Emesis basin containers or equivalents (two). k. Sterile normal saline for irrigation, 1000 ml containers (or equivalent volume in other container sizes) (four). l. Oral Glucose (two). 6. Obstetrical kits (two). It must contain the following: a. Sterile surgical gloves (pairs) (two). b. Scissors or other cutting instrument (two). c. Umbilical cord ties (10" long) or disposable cord clamps (four). d. Sanitary pads (one). e. Cloth or disposable hand towels (two). f. Soft-tipped bulb syringe (one). 7. Personal protection equipment. a. Waterless antiseptic hand wash (one). b. Exam gloves, non-sterile, pairs in sizes small though extra large (ten each). c. Disposable gowns/coveralls, each in assorted sizes if not one-size-fits all style (four). d. Face shield/eyewear (four). e. Infectious waste trash bags (four). 8. Linen and bedding. a. Towels, cloth (two). b. Pillows (two). c. Pillow cases (two). d. Sheets (four). e. Blankets (two).

			f. Male urinal (one). g. Bedpan with toilet paper (one). 9. Splints and immobilization devices. a. Rigid cervical collars in sizes small adult, medium adult, large adult and pediatric. If adjustable type collars are used, then a minimum of three are sufficient (two each). b. Traction splint with ankle hitch and stand in adult and pediatric size (one each), or an equivalent traction splint device capable of adult and pediatric application. c. Padded board splints or equivalent for splinting fractures of the upper extremities (two). d. Padded board splints or equivalent for splinting fractures of the lower extremities (two). e. Long spine boards 16" x 72" minimum size, with at least four appropriate restraint straps, cravats or equivalent restraint devices for each spine board (two). f. Short spine board 16" x 34" minimum size or equivalent spinal immobilization devices (one). g. Pediatric immobilization device (one). h. Cervical immobilization devices (i.e., set of foam blocks/towels or other approved materials) (two). 10. Safety equipment. a. Wheeled ambulance cot with a minimum 350 lb. capacity, three restraint straps and the manufacturer-approved vehicle mounting device (1). b. "D" cell battery or larger flashlight (two). c. Five-pound ABC or equivalent fire extinguisher securely mounted in the vehicle in a quick release bracket. One accessible to the patient compartment (two). d. Safety apparel (two). e. Sharps container, mounted/commercially secured (one). f. "No Smoking" sign located in the patient compartment (one). 11. Tools and hazard warning devices. a. Adjustable wrench, 10" (one). b. Screwdriver, regular #1 size blade (one). c. Screwdriver, Phillips #1 size blade (one). d. Spring loaded center punch (one). e. Hazard warning device (i.e., reflective cone, triangle or approved equivalent) (three total). f. Current US-DOT approved Emergency Response Guidebook (one). C. Neonatal ambulance 1. Basic life support equipment. a. Pocket mask or disposable airway barrier device with on-way valve (two). b. Oropharyngeal airways set of six, nonmetallic in infant, child, and adult sizes ranging from 43mm to 100mm (sizes 0-5) (two each). c. Nasopharyngeal airways set of four, varied sizes, with water soluble lubricant (one). d. Self-inflating bag-valve-mask resuscitation with oxygen reservoir in adult size with transparent mask in adult size (one).

			e. Self-inflating bag-valve-mask resuscitation with oxygen reservoir in child size with transparent masks in child size (one). f. Self-inflating bag-valve-mask resuscitation with oxygen reservoir in infant size with transparent masks in infant size (on). 2. Oxygen apparatus. a. Portable oxygen unit containing a quantity of oxygen sufficient to supply the patient at the approximate flow rate for the period of time in is anticipated oxygen will be needed, but not less that 10 liters per minute for 15 minutes. The unit must be capable of being manually controlled and have an appropriate flowmeter (one). b. Installed oxygen system containing a sufficient quantity of oxygen to supply two patient flowmeters at the appropriate flow rate for the period of time it is anticipated oxygen will be needed, but not less than ten liters per minute for 30 minutes. This unit must be capable of being manually controlled, have two flowmeters, and have an attachment available for a single-use humidification device (one). c. High concentration oxygen masks (80% or higher delivery) in child and adult sizes. These masks must be made of single use soft see-through plastic or rubber (four each). d. Oxygen nasal cannula, in child and adult sizes. This cannula must be made of single use soft see-through plastic or rubber (four each). 3. Suction apparatus. a. Battery powered portable suction apparatus. A manually powered device does not meet this requirement (one). b. Installed suction apparatus capable of providing a minimum of 20 minutes of continuous operation (one). c. Suction catheters that are sterile, individually wrapped, disposable, and made of rubber or plastic in sizes as follows: Rigid Tonsil Tip, FR18, FR14, FR 8 and FR 6 (two each). 4. Patient assessment equipment. a. Stethoscope in adult size (one). b. Stethoscope in pediatric size (one). c. Stethoscopes in infant and neonate sizes (two each). d. Sphygmomanometer in child, adult and large adult sizes (one each). e. Sphygmomanometer in infant size (two). 5. Dressing and supplies. a. First aid kit of durable construction and suitably equipped. These contents of this kit may be used to satisfy these supply requirements completely or in part (one). b. Trauma dressings, a minimum of 8" x 10" - 5/8 ply when folded, sterile and individually wrapped (four). c. 4" x4" gauze pads, sterile and individually wrapped (24). d. Occlusive dressings, sterile 3" x 8" or larger (four).

			e. Roller or conforming gauze of assorted widths (12). f. Medical adhesive tape, rolls of 1" and 2" (four). h. Trauma scissors (one). i. Alcohol preps (12). j. Emesis basin containers or equivalents (two). k. Sterile normal saline for irrigation, 1000 ml containers (or equivalent volume in other container sizes) (four). 6. Obstetrical kits (two). It must contain the following: a. Sterile surgical gloves (pairs) (two). b. Scissors or other cutting instrument (one). c. Umbilical cord ties (10" long) or disposable cord clamps (four). d. Sanitary pads (one). e. Cloth or disposable hand towels (two). f. Soft-tipped bulb syringe (one). 7. Personal protection equipment. a. Waterless antiseptic hand wash (one). b. Exam gloves, non-sterile, pairs in sizes small though extra large (ten each). c. Disposable gowns/coveralls, each in assorted sizes if not one-size-fits all style (four). d. Face shield/eyewear (four). e. Infectious waste trash bags (four). 8. Linen and bedding. a. Towels, cloth (two). b. Sheets (four). c. Blankets (two). 9. Splints and immobilization devices. a. Rigid cervical collars in sizes small adult, medium adult, large adult and pediatric. If adjustable type collars are used, then a minimum of three are sufficient (two each). b. Pediatric immobilization device (one). 10. Safety equipment. a. "D" cell battery or larger flashlight (two). b. Five-pound ABC or equivalent fire extinguisher securely mounted in the vehicle in a quick release bracket. One accessible to the patient compartment (two). c. Safety apparel (two). d. Sharps container, mounted/commercially secured (one). e. "No Smoking" sign located in the patient compartment (one). 11. Tools and hazard warning devices. a. Adjustable wrench, 10" (one). b. Screwdriver, regular #1 size blade (one). c. Screwdriver, Phillips #1 size blade (one). d. Spring loaded center punch (one). e. Hazard warning devices (reflective cone, triangle or approved equivalent) (three each). f. Current US-DOT approved Emergency Response Guidebook (one). D. Advanced life support equipment. 1. [~~EMT-enhanced~~, EMT-Enhanced] package. a. Drug kit with all controlled drugs authorized for use by the EMS agency's EMT-Enhanced personnel; and other appropriately certified

			advanced level personnel. The drug kit may contain additional drugs if the kit is a standardized box utilized by multiple EMS agencies operating under a joint drug exchange program one1). b. Assorted intravenous, intramuscular, subcutaneous and other drug delivery devices and supplies as specified by the agency OMD (one). 2. Advanced EMT/EMT-intermediate/paramedic [~~Advanced EMT/EMT-intermediate/paramedic~~ Advanced-EMT/intermediate/paramedic] package. a. Electrocardiogram (ECG) monitor and manual defibrillator capable of synchronized cardioversion and non-invasive external pacing with capability for monitoring and defibrillating adult and pediatric patients (1). b. ECG monitoring electrodes, in adult and pediatric sizes as required by device used. (two sets each). c. Defibrillation and pacing electrodes in adult and pediatric sizes as required by device used (two sets each). d. Drug kit with all controlled drugs authorized for use by the EMS agency's Advanced EMT, EMT-Intermediate [~~EMT-Intermediate~~ Intermediate] , EMT-Paramedic [~~EMT-Paramedic~~ Paramedic] and other authorized licensed personnel. The drug kit may contain additional drugs if the kit is a standardized box utilized by multiple EMS agencies operating under a joint drug exchange program (one). e. Assorted intravenous, intramuscular, subcutaneous and other drug delivery devices and supplies as specified by the agency OMD (one). f. Pediatric assessment guides. 3. Neonatal ambulance. a. ECG monitor and manual defibrillator capable of synchronized cardioversion and non-invasive external pacing with capability for monitoring and defibrillating adult and pediatric patients (one). b. ECG monitoring electrodes in infant size as required by device used (two sets). c. Defibrillation and pacing electrodes in adult and pediatric sizes as required by device used (two set each). d. Drug kit with all controlled drugs authorized for use by the EMS agency's Advanced EMT, EMT-Intermediate [~~EMT-Intermediate~~ Intermediate] , EMT-Paramedic [~~EMT-Paramedic~~ Paramedic] and other authorized licensed personnel. The drug kit may contain additional drugs if the kit is a standardized box utilized by multiple EMS agencies operating under a joint drug exchange program (one). e. Assorted intravenous, intramuscular, subcutaneous and other drug delivery devices and supplies as specified by the agency OMD (one). 4. Advanced airway equipment (EMT-E, Advanced-EMT, EMT-I/P [~~EMT-I/P~~ Intermediate/Paramedic] package). a. Secondary airway device (e.g., Combitube type

			or supra-glottic devices) or laryngeal mask airway (LMA) (one). b. Intubation kit to include all of the following items as indicated: (1) Laryngoscope handle with two sets of batteries, adult and pediatric blades in sizes 0-4 (one set each). (2) Magill forceps in adult and pediatric sizes (one each). (3) Single-use disposable endotracheal tubes in sizes 8.0, 7.0, 6.0, 5.0, 4.0, 3.0 and 2.5m or equivalent sizes (two each). (4) Rigid adult stylettes (two). (5) 10 cc disposable syringes (two). (6) 5 ml of water soluble surgical lubricant (one). (7) Secondary confirmation device (esophageal detection devices, colorimetric evaluation devices, or equivalent) (tw). 5. Advanced airway equipment (neonatal). Intubation kit to include all of the following items as indicated: a. Laryngoscope handle with two sets of batteries, blades in sizes 0-1 (one set each). b. Single-use disposable endotracheal tubes in sizes 4.0, 3.0 and 2.5mm or equivalent sizes (two each). c. 10 cc disposable syringes (two). d. 5 ml of water soluble surgical lubricant (one). e. Secondary confirmation device (esophageal detection devices, colorimetric evaluation devices, or equivalent) (two). **Rationale: Identifies individual vehicle type and minimum equipment requirements for that vehicle type.**
870		12 VAC 5-31-870 to 12 VAC 5-31-890. (Reserved).	**~~[Reserved]~~ Application for agency licensure.** A. General Provisions Air medial public service agencies will meet or exceed Federal Aviation Regulations (FAR) part 91 and commercial operators will meet or exceed FAR part 135. B. Interruption of service (Rotor wing only) The air medical service shall notify the Office of EMS of temporary discontinuation of service from any base expected to last 24 hours or greater. **Rationale: Provides language consistent with national criterion for air medical industry.**
	875	N/A	**Operations and safety.** Operational policies must be present to address the following areas pursuant to medical flight personnel: A. Hearing protection. B. Protective clothing and dress codes relative to: 1. Mission type; and 2. Infection control. C. Flight status during pregnancy. D. Flight status during acute illness. E. Flight status while taking medications. **Rationale: Provides language consistent with national criterion for air medical industry.**
880		12 VAC 5-31-870 to	**12VAC5-31-880. ~~[Reserved]~~ Air medical service**

		12 VAC 5-31-890. (Reserved).	**personnel classifications.** Air medical service personnel classifications are as follows: 1. Air medical crew (rotary). a. A pilot-in-command in accordance with current [~~FAA~~ Federal Aviation Administration (FAA)] requirements. b. An attendant-in-charge shall be an air medical specialist who must be one of the following: (1) [~~A physician~~ Physician]; (2) [~~A registered~~ Registered] nurse or physician assistant, licensed for a minimum of two years with specialized air medical training and possessing the equivalent [~~skills of an Emergency Medical Technician-Paramedic~~ [training as identified in 12VAC5-31-885]; (3) [~~An Emergency Medical Technician-Paramedic~~ Paramedic], certified for a minimum of two years with specialized air medical training; or (4). [~~Any other~~ Other] health care personnel with equivalent training or experience as approved by the Office of EMS. c. An attendant shall [~~be at a minimum a certified EMT-Paramedic~~ have specialized air training as identified in 12VAC5-31-885]. 2. Air medical crew (fixed wing). a. A pilot-in-command in accordance with current FAA requirements. b. An attendant-in-charge shall be an air medical specialist who shall be one of the following: (1). A physician; (2) A registered nurse or physician assistant licensed for a minimum of two years with specialized air medical training; (3). An [~~Emergency Medical Technician~~ emergency medical technician] certified for a minimum of two years with specialized air medical training; or (4) Any other health care personnel with equivalent training or experience as approved by the Office of EMS. c. An attendant shall be [~~an Emergency Medical Technician-Paramedic~~ a Paramedic] or an equivalent approved by the Office of EMS. 3. Specialty care mission providers. a. The agency shall have in place policies that identify the crew composition for each specialty mission type that it is willing to perform and are consistent with industry standards. These policies shall be approved by the agency OMD and have a method of continuously monitoring adherence to those policies. b. The specialty care team must minimally consist of a physician, registered nurse or other [~~specialist~~ specialists] as the primary caregiver whose expertise must be consistent with the needs of the patient, per the agency's policy required in subdivision 3 a of this section. c. All specialty care team members must have received an orientation to the air medical service which includes (i) in-flight treatment protocols, (ii)

			general aircraft safety and emergency procedures, (iii) operational policies, [~~and~~] (iv) infection control, [and] (v) altitude physiology [~~, and emergency procedures~~] annually. d. Specialty care mission personnel must be accompanied by at least one regularly scheduled air medical staff member of the air medical service. 4. Staffing for specific mission types. a. Prehospital scene responses - consists of the pilot-in-command, attendant-in-charge who shall be an [~~EMT-Paramedic~~ Paramedic] and an attendant. b. Inter-facility transports. (1) ALS - consists of the pilot-in-command, attendant-in-charge, and an attendant. (2) For fixed wing, the attendant may be a BLS provider. (3) Critical care - consists of the pilot-in-command, attendant-in-charge, and an attendant. A member of the medical crew shall be a physician, physician assistant, or a registered nurse. **Rationale: Provides language consistent with national criterion for air medical industry.**
	885	N/A	A. The air medical agency shall have a planned and structured program in which all medical transport personnel must participate. Competency and currency must be ensured and documented through relevant continuing education programs or certification programs listed in this section. Training and continuing education programs will be guided by each air medical transport service's mission statement and medical direction. Measurable objectives shall be developed and documented for each experience. B. Pilot initial training requirements. In addition to FAA requirements pilots must have the following: 1. Orientation to the hospital or health care system associated with the air medical service. 2. Orientation to infection control, medical systems installed on the aircraft, and patient loading and unloading procedures. 3. Orientation to the EMS and public service agencies unique to the specific coverage area (fixed wing excluded). C. Registered nurse training requirements. 1. Valid unrestricted license to practice nursing in Virginia. 2. Cardio-Pulmonary Resuscitation (CPR) - documented evidence of current CPR certification according to the American Heart Association (AHA) standards or equivalent as approved by OEMS. 3. Advanced Cardiac Life Support (ACLS) - documented evidence of current ACLS according to the AHA or equivalent as approved by OEMS. 4. Pediatric Advanced Life Support (PALS) - documented evidence of current PALS or equivalent education. 5. Neonatal Resuscitation Program (NRP) - documented evidence of current NRP according

			to the AHA or American Academy of Pediatrics (AAP) or equivalent education within one year of hire. (fixed wing, mission specific). 6. [~~EMT-B~~ EMT] or equivalent education within six months of hire (fixed wing excluded). D. Paramedic training requirements. 1. Valid Virginia Paramedic certification. 2. CPR - documented evidence of current CPR certification according to the AHA standards or equivalent as approved by OEMS. 3. ACLS - documented evidence of current ACLS certification according to the AHA or equivalent as approved by OEMS. 4. PALS - documented evidence of current PALS or equivalent education. 5. NRP - documented evidence of current NRP according to the AHA or AAP or equivalent education. (fixed wing, mission specific). E. Minimum initial training for air medical crew members. 1. Didactic component of initial education - shall be specific for the mission statement and scope of care of the medical transport service. Measurable objectives shall be developed and documented for each experience by the program. Minimum training for all air medical crew members, including the OMD, shall include: a. Altitude physiology and stressors of flight. b. Air medical resource management. c. Aviation - aircraft orientation, safety, in-flight procedures, and general aircraft safety including depressurization procedures for fixed wing. d. Cardiology. e. Disaster and triage. f. EMS radio communications. g. Hazardous materials recognition and response. h. External pacemakers, automatic implantable cardiac defibrillator (AICD), and central lines. i. High risk obstetric emergencies (bleeding, medical, trauma). j. Infection control. k. Mechanical ventilation and respiratory physiology for adult, pediatric, and neonatal patients as it relates to the mission statement and scope of care of the medical transport service specific to the equipment. l. Metabolic or endocrine emergencies. m. Multi-trauma (adult trauma and burns). n. Neuro. o. Pediatric medical emergencies. p. Pediatric trauma. q. Pharmacology (specialty application). r. Quality management - didactic education that supports the medical transport services mission statement and scope of care of the medical transport service. s. Respiratory emergencies. t. Scene management, rescue and extrication. u. Survival training. v. Toxicology. 2. Additional training for critical care air medical

			crew members, including paramedics, RNs, MDs, and the air medical services OMD shall include within their mission profile: a. Hemodynamic monitoring. b. Intra-aortic balloon pump. c. Pulmonary and arterial catheters. d. Ventricular assist devices. e. Extracorporeal membrane oxygenation (ECMO). 3. Clinical component of initial education. Clinical experiences shall include the following points (experiences shall be specific to the mission statement and scope of care of the medical transport service). Measurable objectives shall be developed and documented for each experience listed below reflecting hands-on experience versus observation only (fixed wing excluded). a. Advanced airway management. b. Basic care for pediatrics, neonatal and obstetrics. c. Critical care. d. Emergency care. e. Invasive procedures on mannequin equivalent for practicing invasive procedures. f. Pediatric critical care. g. Prehospital care. 4. Annual continuing education requirements. Continuing education or staff development programs shall include reviews or updates for all air medical crew members and the agency OMD on the following areas: a. Aviation safety issues. b. Altitude physiology. c. Air medical resource management. d. Hazardous materials recognition and response. e. Invasive procedures labs. f. Management of emergency or critical care adults, pediatric, and neonatal patients (medical and trauma). g. Survival training. **Rationale: new section added as written and agreed to by the state Medevac committee.**
890		12 VAC 5-31-870 to 12 VAC 5-31-890. (Reserved).	**~~[Reserved]~~ Equipment.** A. Aircraft Equipment 1. General Aircraft Inspection Requirements a. Current FAA Documented Compliance. b. Current EMS Permit posted. c. Interior/supplies clean and sanitary. d. Exterior clean. e. Equipment in good working order. f. Current US DOT Emergency Response Book. 2. Aircraft Warning Devices a. 180 degree controllable searchlight 400,000 candle power (Fixed Wing excluded). 3. Design and Dimensions a. All interior edges and corners padded. b. Surfaces easily cleaned and non-stainable. c. Security restraints for stretcher to aircraft. d. Climate controlled environment for operator and patient care compartments. e. The service's mission and ability to transport

			two or more patients shall not compromise the airway or stabilization or the ability to perform emergency procedures on any on-board patient. 4. Aircraft Markings a. Lettering is minimum three inches in height. b. Name of agency aircraft is permitted to on both sides, three inches in height, contrasting color. 5. Aircraft Communications (use of cellular phones does not satisfy these requirements): a. The aircraft shall be equipped with a functioning emergency locator transmitter (ELT). b. Attendant-in-Charge to Medical Control (Fixed Wing excluded). c. Patient compartment to Pilot. d. The pilot must be able to control and override radio transmissions from the cockpit in the event of an emergency situation. e. The flight crew must be able to communicate internally. 6. Aircraft Safety Equipment a. Head strike envelope - Helmets shall be worn by all routine flight crews and scheduled specialty teams. b. Seatbelts for all occupants. c. Flashlight. d. Fire extinguisher mounted in a quick release bracket or other FAA approved fire suppression system. e. All items secured to prevent movement while the Air Ambulance is in motion. f. No Smoking Sign posted. g. The aircraft shall be equipped with survival gear specific to the coverage area and the number of occupants. h. Survival kit to include: Signaling capabilities and shelter. i. Safety apparel (three minimum) j. All items shall be capable of being secured. B. Medical Equipment Any in-service air ambulance shall be configured in such a way that the medical transport personnel can provide patient care consistent with the mission statement and scope of care of the medical transport service. 1. General Patient Care Equipment a. A minimum of one (one) stretcher shall be provided that can be carried to the patient and properly secured to the aircraft [as defined in FAR 27.785] . (1) The stretcher shall be age appropriate, full length in the supine position. (2) The stretcher shall be sturdy and rigid enough that it can support cardiopulmonary resuscitation. If a backboard or equivalent device is required to achieve this, such device will be readily available (one) (3) The head of the stretcher shall be capable of being elevated for patient care and comfort. b. Biohazard container for contaminated sharp objects (ALS), secured/mounted. (one) c. Waterless antiseptic hand wash. (one)

			d. Exam gloves, non-sterile, pairs in sizes small through extra large (small, medium, large and extra large), if not one size fits all. (five) e. Face shield/Eyewear. (two) f. Infectious waste trash bags. (two) g. Linen; towels, blankets and sheets. (two each) 2. Basic Life Support Air Ambulance Equipment Requirements a. Roller or conforming gauze of assorted widths. (12) b. Medical adhesive tape, rolls of 1'' and 2". (four) c. Trauma scissors. (one) d. Trauma dressings, minimum of 8" x 10"-5/8 ply, sterile, individually wrapped. (two) e. Sterile 4" x 4" gauze pads, individually wrapped. (ten) f. Occlusive dressings, sterile 3" x 8" or larger. (two) g. Oropharyngeal airways, one of each sizes 0-5 wrapped or in closed container. (one set) h. Nasopharyngeal airways set of four, varied sizes, with water soluble lubricant. (one set) i. Bag valve mask with oxygen attachment, adult size, with transparent mask. (one) j. Bag valve mask with oxygen attachment, child size, with transparent mask. (one) k. BVM Infant Mask. (one) l. Pocket Mask (one) m. Portable O2 unit containing a quantity of oxygen sufficient to supply the patient at the appropriate flow rate for the period of time it is anticipated oxygen will be needed, but not less than ten liters per minute for 15 minutes. The unit must be manually controlled and have an approved flow meter. n. Installed oxygen system containing a sufficient quantity of oxygen to supply two patient flowmeters at the approximate flow rate for the period of time it is anticipated oxygen will be needed, but not less than ten liters per minute for 30 minutes. This unit must be capable of being manually controlled, have two flowmeters, and have an attachment available for a single use humidification device. o. O2 high concentrate mask and cannula, child and adult (two each). p. Pocket mask. (one) [~~p. Pocket mask. (1)~~] q. [~~q.~~ p.] Installed suction apparatus capable of providing a minimum of 20 minutes of continuous operation. (one) r. [~~q.~~ r.] Battery powered portable suction apparatus. A manually-powered device does not meet this requirement. (one) s. [~~s.~~ r.] Suction catheters, wrapped, rigid tonsil tip, FR18, FR14, FR8 and FR6. (two each) t. [~~t.~~ s.] Stethoscope, adult, and pediatric sizes. (one each) u. [~~u.~~ t.] BP cuff, pediatric, adult, and large adult. (one each) v. [~~v.~~ u.] Obstetrics kit containing sterile surgical gloves (two pair), scissors or other cutting

			instrument (one), umbilical cord ties (10" long) or disposable cord clamps (four), sanitary pad (one), cloth or disposable hand towels (two), and soft tip bulb syringe (one). w. [~~w.~~ v.] Emesis basin or equivalent container. (two) x. [~~x.~~ w.] Removable stretcher or spine board with a minimum of three restraint straps and manufacturer approved aircraft mounting device. (1) [~~x. Removable stretcher or spine board with a minimum of 3 restraint straps and manufacturer approved aircraft mounting device. (1)~~] y. [~~y.~~ x.] Rigid cervical collars in small adult, medium adult, large adult, and pediatric sizes (one each). If adjustable adult collars are utilized, a minimum of three. z. [~~z.~~ y.] Cervical immobilization device. (one) aa. [~~aa.~~ z] Pediatric immobilization device. (one) bb. [~~bb.~~ aa.] Immobilization devices for upper and lower extremities. (one each) cc. [~~cc.~~ bb.] 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. (one) 3. Advanced Life Support Air Ambulance Equipment Requirements a. A drug kit with controlled medications authorized by the agency's OMD for use by Paramedic personnel. (one) b. Lockable storage for drug kit and supplies. c. All drugs shall be in date. d. Intubation kit with two sets of batteries, adult and pediatric blades and handles (sizes 0-4) (one set), Magill forceps in adult and pediatric sizes (one each), two (two each) of disposable tubes in sizes 8.0, 7.0, 6.0, 5.0, 4.0, 3.0, 2.5 or equivalent, rigid adult stylettes (two each), 10cc disposable syringe (two), 5ml of water soluble lubricant (one). e. There shall be an approved secondary airway device as prescribed by the agency's OMD. (one) f. Assorted IV, IM, subcutaneous and other drug and IV fluid administration delivery devices and supplies as specified by agency's OMD. g. IV infusion pump. (one) h. Defibrillator, cardioversion/external pacing capable. (one) i. EKG monitor. (one) j. Monitor electrodes, with of adult and pediatric defibrillation pads. (two each) k. Adult and pediatric External Pacing pads. (two each) l. Non invasive blood pressure monitoring device capable of adult and pediatric use. (one) m. Continuous End Tidal CO2 monitoring device. (one) n. Pulse Oximetry monitoring device. (one) 4. Critical Care Package Air Ambulance Equipment Requirements (Items listed are in addition to the Air Ambulance ALS package) a. Invasive pressure monitoring equipment. (one) b. Internal pacemaker/pulse generator

			immediately available. (one) c. Ventilator as appropriate for mission. d. IV infusion pumps. (2) **Rationale: Provides language consistent with national criterion for air medical industry.**
900		EMS personnel shall meet and maintain compliance with the following general requirements: 1. Be a minimum of 16 years of age. (An EMS agency may have associated personnel who are less than 16 years of age. This person is not allowed to participate in any EMS response, or any training program or other activity that may involve exposure to a communicable disease, hazardous chemical or other risk of serious injury.) 2. Be clean and neat in appearance; 3. Be proficient in reading, writing and speaking the English language in order to clearly communicate with a patient, family or bystander to determine a chief complaint, nature of illness, mechanism of injury and/or assess signs and symptoms. 4. Have no physical or mental impairment that would render him unable to perform all practical skills required for that level of training. Physical and mental performance skills include the ability of the individual to function and communicate independently to perform appropriate patient care, physical assessments and treatments without the need for an assistant.	EMS personnel shall meet and maintain compliance with the following general requirements: 1. Be a minimum of 16 years of age. (An EMS agency may have associated personnel who are less than 16 years of age. This person is not allowed to participate in any EMS response, or ~~any training program or~~ other activity that may involve exposure to a communicable disease, hazardous chemical or other risk of serious injury.) 2. Be clean and neat in appearance; 3. Be proficient in reading, writing and speaking the English language in order to clearly communicate with a patient, family or bystander to determine a chief complaint, nature of illness, mechanism of injury and/or assess signs and symptoms. 4. Have no physical or mental impairment that would render him unable to perform all practical skills required for that level of training. Physical and mental performance skills include the ability of the individual to function and communicate independently to perform appropriate patient care, physical assessments and treatments without the need for an assistant. 5. Provide to the Office of EMS within 15 days, any change in contact information to include mailing address, electronic notification (email) or telephone number. **Rationale: Provides for updated contact information in the event EMS personnel need to be contacted for immediate activities.**
910		EMS personnel shall meet and maintain compliance with the following general requirements: 1. Has never been convicted or found guilty of any crime involving sexual misconduct where the lack of affirmative consent by the victim is an element of the crime, such as forcible rape. 2. Has never been convicted of a felony involving the sexual or physical abuse of children, the	~~EMS personnel shall meet and maintain compliance with the following general requirements~~ A. General denial. Application for or certification of individuals convicted of certain crimes present an unreasonable risk to public health and safety. Thus, applications for certification by individuals convicted of the following crimes will be denied in all cases: 1. ~~Has never been convicted or found guilty of any crime~~ Felonies involving sexual misconduct where the ~~lack of affirmative~~ victim's failure to affirmatively consent ~~by the victim~~ is an element of the crime, such as forcible rape. 2. ~~Has never been convicted of a felony~~ Felonies

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

		alcohol or drugs, convicted of a felony or assigned to any alcohol safety action program or driver alcohol rehabilitation program pursuant to §18.2-271.1, hit and run, or operating on a suspended or revoked license within the past five years. A person having any of these convictions in Virginia or another state may be eligible for reinstatement as an operator after five years and after successful completion of an approved emergency vehicle operator's course (EVOC) within the year prior to reinstatement. C. All references to criminal acts or convictions under this section refer to substantially similar laws or regulations of any other state or the United States. Convictions include prior adult convictions, juvenile convictions and adjudications of delinquency based on an offense that would have been, at the time of conviction, a felony conviction if committed by an adult within or outside Virginia.	~~final release if no additional felonies have been committed during that time.~~ ~~6.~~ 3. Is not currently under any disciplinary or enforcement action from another state EMS office or other recognized state or national healthcare provider licensing or certifying body. Personnel subject to these disciplinary or enforcement actions may be eligible for certification provided there have been no further disciplinary or enforcement actions for five years prior to application for certification in Virginia. ~~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.~~ C. Permitted vehicle operations. Agencies are responsible for the monitoring of compliance with all driving criteria set forth in these regulations. 1. Personnel operating OEMS permitted vehicles shall posses a valid operator or driver's license from his state of residence. 2. Personnel operating OEMS permitted vehicles shall not have been convicted on any charge that is a felony as described [~~that is a felony~~] in subsections A and B of this section. 3. Personnel who are convicted or sentenced as the proximate result of having operated an OEMS permitted vehicle of any of the following: driving under the influence of alcohol or drugs, assigned to any alcohol safety action program, or driver alcohol rehabilitation program pursuant to the Code of Virginia shall be prohibited from operating any OEMS permitted vehicle. Personnel and/or agencies shall be required to report these situations to OEMS. 4. Agencies shall develop and maintain policies that address driver eligibility, record review and vehicle operation. Such policies must minimally address: a. Driving education and/or training required for personnel to include information on the agency's policy content; b. Safe operation of vehicles; c. Agency driving record review procedures; d. Require immediate agency notification by personnel regarding any convictions (regardless of the state where an infraction occurred) and/or changes to their operator's or driver's license. The immediate agency notification shall be defined as no more than 10 calendar days following the conviction date; and e. Identify internal mechanisms regarding agency level actions for driver penalties (i.e., probation or suspension of driving privileges). ~~EMS personnel may not act as an operator of an EMS vehicle if he has been convicted upon a charge of driving under the influence of alcohol or drugs, convicted of a felony or assigned to any alcohol safety action program or driver alcohol rehabilitation program pursuant to § 18.2-271.1 of~~

			~~the Code of Virginia, hit and run, or operating on a suspended or revoked license within the past five years. A person having any of these convictions in Virginia or another state may be eligible for reinstatement as an operator after five years and after successful completion of an approved emergency vehicle operator's course (EVOC) within the year prior to reinstatement.~~ ~~C.~~ D. All references to criminal acts or convictions under this section refer to substantially similar laws or regulations of any other state or the United States. Convictions include prior adult convictions, juvenile convictions and adjudications of delinquency based on an offense that would have been, at the time of conviction, a felony conviction if committed by an adult within or outside Virginia. E. Agencies shall submit a report regarding items in this section to OEMS upon request. **Rationale: Removes unintended loophole and aligns with national criterion utilized by the NREMT.**
940		Reserved.	~~**Reserved.**~~ **Drugs and substance abuse.** A. EMS personnel may not be under the influence of any drugs or intoxicating substances that impairs his ability to provide patient care or operate a motor vehicle while on duty or when responding or assisting in the care of a patient. B. EMS agency shall have a drug and substance abuse policy which includes a process for testing for drugs or intoxicating substances. **Rationale: Places burden on EMS agency to address individual provider challenges and not on the state.**
950		2. To provide a copy of the prehospital patient care report completed by the attendant-in-charge for each patient treated to the agency that responds and transports the patients. The prehospital patient care report copy may be released to the transporting agency upon request after the patient transport to complete the transporting agency's records of all care provided to the patients transported;	2. To provide a copy of the prehospital patient care report completed by the attendant-in-charge for each patient treated to the agency that responds and transports the patients. The prehospital patient care report copy ~~may~~ shall be released to the transporting agency upon request after the patient transport to complete the transporting agency's records of all care provided to the patients transported; **Rationale: adjusts terminology.**
960		EMS personnel may not misrepresent themselves as authorized to perform a level of care for which they are not currently qualified, licensed or certified. This requirement does not prohibit the performance of patient care by students currently enrolled in a training program when properly supervised as required by these regulations.	EMS personnel ~~may~~ shall not misrepresent themselves as authorized to perform a level of care for which they are not currently qualified, licensed or certified. This requirement does not prohibit the performance of patient care by students currently enrolled in a training program when properly supervised as required by these regulations. **Rationale: adjusts terminology.**

970		Reserved.	~~**Reserved.**~~ **Interference or obstruction of investigation.** Any EMS agency, personnel or entity who attempts knowingly or willfully to interfere or obstruct an Office of EMS investigation may be subject to enforcement action. **Rationale: Provides additional clarification and definition to terminology utilized within the section.**
1010		**Misappropriation or theft of medications.** EMS personnel may not possess, remove, use or administer any controlled substances, medication delivery devices or other regulated medical devices from any EMS agency, EMS vehicle, health care facility, academic institution or other location without proper authorization.	**Misappropriation or theft of ~~medications~~ drugs.** EMS personnel may not possess, remove, use or administer any controlled substances, ~~medication~~ drug delivery devices or other regulated medical devices from any EMS agency, EMS vehicle, health care facility, academic institution or other location without proper authorization. **Rationale: Reflects actual *Code* language.**
1030		EMS personnel may not engage in sexual harassment of patients or coworkers. Sexual harassment includes making unwelcome sexual advances, requesting sexual favors, and engaging in other verbal or physical conduct of a sexual nature as a condition of: 1. The provision or denial of emergency medical care to a patient; 2. The provision or denial of employment; 3. The provision or denial of promotions to a coworker; 4. For the purpose or effect of creating an intimidating, hostile, or offensive environment for the patient or unreasonably interfering with a patient's ability to recover; or 5. For the purpose or effect of creating an intimidating, hostile or offensive working environment or unreasonably interfering with a coworker's ability to perform his work.	EMS personnel may not engage in sexual harassment ~~of patients or coworkers~~. Sexual harassment includes making unwelcome sexual advances, requesting sexual favors, and engaging in other verbal or physical conduct of a sexual nature as a condition of: 1. The provision or denial of emergency medical care to a patient; 2. The provision or denial of employment or course advancement; 3. The provision or denial of promotions to a coworker; 4. For the purpose or effect of creating an intimidating, hostile, or offensive environment for the patient/student or unreasonably interfering with a patient's ability to recover; or 5. For the purpose or effect of creating an intimidating, hostile or offensive classroom and/or working environment or unreasonably interfering with a coworker's or student's ability to perform his work. **Rationale: Further defines restrictions and addresses unintended loophole.**
1040		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	**Operational medical director authorization to extend privileges for EMS practice.** A. EMS personnel as defined in §54.3408 of the Code of Virginia may only provide emergency medical care while acting under the authority of the operational medical director for the EMS agency for which they are affiliated and within the

		of the EMS agency license.	scope of the EMS agency license. 1. Privileges to practice must be on the agency's official stationary or indicated in the agency records which are signed and dated by the OMD. B. Agencies shall establish a written policy that identifies the selection, response criteria, utilization and approval process for EMS personnel to carry and administer an epinephrine auto injector or medically accepted equivalent for emergency cases of anaphylactic shock; and for the possession and administration of oxygen carried on personally owned vehicles (POV). The policy shall also include: 1. Annual approval and authorization by EMS agency and OMD. 2. Drug storage criteria to include: a. Compliance with all applicable temperature requirements specified by the Virginia Board of Pharmacy. b. Requirements that describe how the cylinder/device is to be secured in a manner to prevent any free movement within the occupant or storage compartment of the vehicle. c. Evidence of approval by personal vehicle insurance carrier must be on-file with EMS agency for all EMS personnel authorized to carry oxygen on personally owned vehicles. 3. The personal vehicle utilized to carry oxygen may be subject to inspection by the Office of EMS. **Rationale: Provides additional clarification as to role of the OMD as well as incorporating *Code* language.**
1050		Reserved.	~~**Reserved.**~~ **Scope of practice.** EMS personnel shall only perform those procedures, treatments [~~treatments~~ skills] , or techniques for which he is currently licensed or certified, provided that he is acting in accordance with local medical [treatment] protocols and medical direction provided by the OMD of the [licensed] EMS agency with which he is affiliated and [within the scope of the EMS agency licenses] as authorized in the Emergency Medical Services Procedures and Medications Schedule as approved by OEMS [~~OEMS~~ the Board] . **Rationale: Provides a structure for the various levels of certification to include restrictions.**
1060		**Transport without required personnel.** An EMS provider may provide care in the event that the required EMS personnel do not respond to a call to fully staff the ambulance that has responded to the scene. The circumstances of the call must be documented in writing. Based on circumstances and documentation, the EMS agency or the EMS provider may be subject to enforcement	~~**Transport without required personnel.**~~ **Reserved** ~~An EMS provider may provide care in the event that the required EMS personnel do not respond to a call to fully staff the ambulance that has responded to the scene. The circumstances of the call must be documented in writing. Based on circumstances and documentation, the EMS agency or the EMS provider may be subject to enforcement action.~~ **Rationale: Addressed in another section.**

		action.	
1140		A. EMS personnel and EMS agencies shall provide the receiving medical facility or transporting EMS agency with a copy of the prehospital patient care report for each patient treated, either with the patient or within 24 hours. B. The signature of the medical practitioner who assumes responsibility for the patient shall be included on the prehospital patient care report for an incident when a medication is administered, or self-administration is assisted (excluding oxygen), or an invasive procedure is performed. The medical practitioner's signature shall document that the physician has been notified of the medications administered and procedures performed by the EMS personnel. EMS personnel shall not infer that the medical practitioner's signature denotes approval, authorization or verification of compliance with protocol, standing orders or medical control orders. The receiving medical practitioner signature requirement above does not apply to medications that are maintained by EMS personnel during transport of patients between healthcare facilities, provided adequate documentation of ongoing medications are transferred with the patient by the sending facility. If a patient is not transported to the hospital or if the attending medical practitioner at the hospital refuses to sign the prehospital patient care report, this prehospital patient care report the PPCR shall be signed by the agency's operational medical director within seven days of the administration and a signed copy delivered to the hospital pharmacy that was responsible for any medication kit exchange.	A. EMS personnel and EMS agencies shall provide the receiving medical facility or transporting EMS agency with a copy of the prehospital patient care report for each patient treated~~, either with the patient or~~ [before the transporting personnel leave the facility. Should EMS personnel be unable to provide the full prehospital patient care report prior to leaving the facility, EMS personnel shall provide an abbreviated documented report with the critical EMS findings and actions at the time of patient transfer and the full prehospital patient care report shall be provided to the accepting facility] within [~~24~~ 12] hours. B. The signature of the medical practitioner [~~medical practitioner,~~ prescriber, as defined in § 54.1-3401 of the Code of Virginia] who assumes responsibility for the patient shall be included on the prehospital patient care report for an incident when a ~~medication~~ drug is administered, or self-administration is assisted (excluding oxygen), or an invasive procedure is performed, except when standing orders from the OMD allows the administration of the drug or procedure [~~except when standing orders from the OMD allows the administration of the drug or procedure~~] . ~~The medical practitioner's signature shall document that the physician has been notified of the medications administered and procedures performed by the EMS personnel. EMS personnel shall not infer that the medical practitioner's signature denotes approval, authorization or verification of compliance with protocol, standing orders or medical control orders.~~ The provider shall document on the PPCR indicating that the drug given was under the OMD's preapproved protocols for the agency. This includes instances where the patient is not transported or transported by another agency. [~~EMS personnel shall not infer that the medical practitioner's signature denotes approval, authorization or verification of compliance with protocol, standing orders or medical control orders.~~ The provider shall document on the PPCR indicating that the drug given was under the OMD's preapproved protocols for the agency. This includes instances where the patient is not transported or transported by another agency. EMS personnel shall not infer that the ~~medical practioner's~~ prescriber's signature denotes approval, authorization or verification of compliance with protocol, standing orders medical control orders. ~~The provider shall document on the PPCR indicating that the drug given was under the OMD's preapproved protocols for the agency. This includes instances where the patient is not transported or transported by another agency~~] C. EMS personnel shall contact medical control (on-line) for approval of drug administration or procedures that are not included in their standing

			orders as authorized by the agency's OMD. Such events shall require the signature of the authorized practitioner as identified by the Virginia Board of Pharmacy (licensed physician, nurse practitioner, or physician assistant). [~~C. EMS personnel shall contact medical control (on-line) for approval of drug administration or procedures that are not included in their standing orders as authorized by the agency's OMD. Such events shall require the signature of the authorized practitioner as identified by the Virginia Board of Pharmacy (licensed physician, nurse practitioner, or physician assistant)~~] The receiving medical practitioner [~~medical practitioner~~, prescriber] signature requirement above does not apply to ~~medications~~ drugs that are maintained by EMS personnel during transport of patients between healthcare facilities, provided adequate documentation of ongoing ~~medications~~ drugs are transferred with the patient by the sending facility. If ~~a patient is not transported to the hospital or if~~ [~~a patient is not transported to the hospital or if,~~ a patient is not transported to the hospital or if] the attending medical practitioner [~~medical practitioner,~~ prescriber] at the hospital refuses to sign the prehospital patient care report, ~~this prehospital patient care report~~ the PPCR shall be signed by the agency's operational medical director within seven days of the ~~administration~~ event [~~event~~ administration] and a signed copy delivered to the hospital pharmacy that was responsible for any ~~medication~~ drug kit exchange. **Rationale: Reflects actual *Code* language as well as Board of Pharmacy regulatory requirements.**
	1165	N/A	**EMS agency mutual aid response.** An EMS agency providing resources, certified personnel, permitted vehicles or equipment, as a result of an Emergency Management Assistance Compact (EMAC), Federal Emergency Management Agency (FEMA) or any other out-of-state mutual aid request shall notify OEMS upon commitment of requested resources. Notification by direct verbal communication shall be made to the local OEMS program representative. **Rationale: All permitted vehicles and ENS agencies are Virginia resources – this adds to tracking, but does not prohibit participation with mutual aid requests/contracts.**
1210		2. Attendant-in-charge shall be currently certified as an EMS first responder or emergency medical technician or an equivalent approved by the Office of EMS.	2. Attendant-in-charge shall be currently certified as an EMS first responder, Emergency Medical Responder, or emergency medical technician or an equivalent approved by the Office of EMS. **Rationale: Adds new national certification level.**
1250		N/A	4. An ALS provider may provide care in the event that the required EMS personnel do not respond to a call to fully staff the ambulance that has responded to the scene. The extenuating

			circumstances of the call must be documented in writing. Based on extenuating circumstances and documentation, the EMS agency and/or the EMS provider may be subject to enforcement action. **Rationale: Allows for the care of the patient in the absence of minimum personnel staffing, but allows for review of circumstances by OEMS.**
1260		A. Supplemented transports require the following: 1. An ambulance equipped with an ALS intermediate/paramedic equipment package; 2. A determination by the sending physician that the patient's medically necessary care exceeds the scope of practice of available personnel certified at an advanced life support level or an equivalent approved by the Office of EMS; or 3. A determination by the sending physician that the specific equipment needed to care for the patient exceeds that required for a ground ambulance equipped with an ALS intermediate/paramedic equipment package.	A. Supplemented transports require the following: 1. An ambulance equipped with an ALS Advanced EMT/intermediate/paramedic equipment package; 2. A determination by the sending physician that the patient's medically necessary care exceeds the scope of practice of available personnel certified at an advanced life support level or an equivalent approved by the Office of EMS; or 3. A determination by the sending physician that the specific equipment needed to care for the patient exceeds that required for a ground ambulance equipped with an ALS Advanced EMT/intermediate/paramedic equipment package. **Rationale: Adds new national certification level.**
1270		A. Neonatal transports require a neonatal ambulance. If a ground ambulance is utilized to perform an interfacility neonatal transport, the vehicle must be equipped with the additional items listed in 12VAC5-31-860, D, L and M and staffed in compliance with this section.	A. Neonatal transports require a neonatal ambulance. [~~Neonatal transports require a neonatal ambulance~~] If a ground ambulance is utilized to perform an interfacility neonatal transport, the vehicle must be equipped with the additional items listed in 12VAC5-31-860 C, D (3) (5) ~~L and M~~ and staffed in compliance with this section. **Rationale: Removes duplicative language and incorrect references.**
1280		An air ambulance transport requires a minimum of three persons, the aircraft flight crew and two air medical personnel. 1. Rotary Wing Air Ambulance. a. A pilot in command shall meet all the requirements of the Federal Aviation Administration, including possession of a valid commercial pilot's certificate for rotor craft and must have a minimum of 1,000 hours in category, of which a minimum of 200 hours must be nighttime. b. An attendant-in-charge shall be an air medical specialist	~~**Air ambulance transport requirements.**~~ **(Repealed.)** ~~An air ambulance transport requires a minimum of three persons, the aircraft flight crew and two air medical personnel.~~ ~~1. Rotary Wing Air Ambulance.~~ ~~a. A pilot in command shall meet all the requirements of the Federal Aviation Administration, including possession of a valid commercial pilot's certificate for rotor craft and must have a minimum of 1,000 hours in category, of which a minimum of 200 hours must be nighttime.~~ ~~b. An attendant-in-charge shall be an air medical specialist who must be one of the following:~~ ~~(1) Physician;~~ ~~(2) Registered nurse or physician's assistant, licensed for a minimum of two years with~~

		who must be one of the following: (1) Physician; (2) Registered nurse or physician's assistant, licensed for a minimum of two years with specialized air medical training and possessing the equivalent skills of an emergency medical technician—paramedic; (3) Emergency medical technician - paramedic, certified for a minimum of two years with specialized air medical training; or (4) Other health care personnel with equivalent training or experience as approved by the Office of EMS. c. An attendant who shall be an emergency medical technician or an equivalent approved by the Office of EMS. d. The attendant-in-charge and the attendant shall not be members of the required flight crew. 2. Fixed Wing Air Ambulance. a. A pilot in command shall meet all the requirements of the Federal Aviation Administration Regulations Part 135. b. An attendant-in-charge who at a minimum shall be an air medical specialist who shall be one of the following: (1) A physician; (2) A registered nurse or physician's assistant, licensed for a minimum of two years with specialized air medical training and possessing the equivalent skills of an emergency medical technician—paramedic; (3) An emergency medical technician - paramedic, certified for a minimum of two years with specialized air medical training; or (4) Any other health care personnel with equivalent training or experience as approved by the Office of EMS. c. An attendant shall be an emergency medical technician	~~specialized air medical training and possessing the equivalent skills of an emergency medical technician—paramedic;~~ ~~(3) Emergency medical technician - paramedic, certified for a minimum of two years with specialized air medical training; or~~ ~~(4) Other health care personnel with equivalent training or experience as approved by the Office of EMS.~~ ~~c. An attendant who shall be an emergency medical technician or an equivalent approved by the Office of EMS.~~ ~~d. The attendant-in-charge and the attendant shall not be members of the required flight crew.~~ ~~2. Fixed Wing Air Ambulance.~~ ~~a. A pilot in command shall meet all the requirements of the Federal Aviation Administration Regulations Part 135.~~ ~~b. An attendant-in-charge who at a minimum shall be an air medical specialist who shall be one of the following:~~ ~~(1) A physician;~~ ~~(2) A registered nurse or physician's assistant, licensed for a minimum of two years with specialized air medical training and possessing the equivalent skills of an emergency medical technician—paramedic;~~ ~~(3) An emergency medical technician - paramedic, certified for a minimum of two years with specialized air medical training; or~~ ~~(4) Any other health care personnel with equivalent training or experience as approved by the Office of EMS.~~ ~~c. An attendant shall be an emergency medical technician or an equivalent approved by the Office of EMS.~~ ~~d. The attendant-in-charge and the attendant shall not be members of the required flight crew.~~ **Rationale: addressed in a new section.**

		or an equivalent approved by the Office of EMS. d. The attendant-in-charge and the attendant shall not be members of the required flight crew.	
1290		**Exemptions.** A. On January 1, 2003, an EMS vehicle must meet the requirements for vehicle construction and required markings in effect at the time the EMS vehicle was permitted. This exception does not apply to the medication kit storage requirements or if the EMS vehicle permit is surrendered or expires. B. An EMS vehicle permitted before January 1, 2003, is exempted as follows: 1. From 12VAC5-31-860 A (AED requirement) and 12VAC5-31-860 L (ECG monitor/manual defibrillator with synchronized cardioversion and non-invasive pacing requirement) until January 1, 2004. 2. From 12VAC5-31-760 (EMS vehicle communications requirement) until January 1, 2004. The communications requirements of 12VAC5-30-200 B e shall remain in effect until January 1, 2004. C. On January 1, 2003, an EMS vehicle may be reclassified as follows: 1. An immediate response vehicle (Class A) becomes a nontransport response vehicle. 2. A basic life support vehicle (Class B) or an advanced life support vehicle (Class C) becomes a ground ambulance. 3. A specialized life support transport unit (Class D) becomes a ground ambulance unless the EMS agency applies for an EMS vehicle permit as a neonatal ambulance. 4. A life support vehicle for air transportation (Class F) becomes an air ambulance. D. Existing forms, licenses, certificates, and other materials may be used by the Office of EMS or modified as	~~**Exemptions.**~~ **(Repealed.)** ~~A. On January 1, 2003, an EMS vehicle must meet the requirements for vehicle construction and required markings in effect at the time the EMS vehicle was permitted. This exception does not apply to the medication kit storage requirements or if the EMS vehicle permit is surrendered or expires.~~ ~~B. An EMS vehicle permitted before January 1, 2003, is exempted as follows:~~ ~~1. From 12VAC5-31-860 A (AED requirement) and 12VAC5-31-860 L (ECG monitor/manual defibrillator with synchronized cardioversion and non-invasive pacing requirement) until January 1, 2004.~~ ~~2. From 12VAC5-31-760 (EMS vehicle communications requirement) until January 1, 2004. The communications requirements of 12VAC5-30-200 B e shall remain in effect until January 1, 2004.~~ ~~C. On January 1, 2003, an EMS vehicle may be reclassified as follows:~~ ~~1. An immediate response vehicle (Class A) becomes a nontransport response vehicle.~~ ~~2. A basic life support vehicle (Class B) or an advanced life support vehicle (Class C) becomes a ground ambulance.~~ ~~3. A specialized life support transport unit (Class D) becomes a ground ambulance unless the EMS agency applies for an EMS vehicle permit as a neonatal ambulance.~~ ~~4. A life support vehicle for air transportation (Class F) becomes an air ambulance.~~ ~~D. Existing forms, licenses, certificates, and other materials may be used by the Office of EMS or modified as considered necessary by the Office of EMS until existing stocks are depleted.~~ ~~E. Current specialized air medical training programs as approved by the Office of EMS comply with these regulations.~~ ~~F. A designated emergency response agency shall comply with 12VAC5-31-620 (staffing capability) by January 1, 2004.~~ **Rationale: Already addressed in a previous section.**

		considered necessary by the Office of EMS until existing stocks are depleted. E. Current specialized air medical training programs as approved by the Office of EMS comply with these regulations. F. A designated emergency response agency shall comply with 12VAC5-31-620 (staffing capability) by January 1, 2004.	
1300		**Applicability.** This part applies to initial, refresher or bridge certification courses and EMS continuing education (CE) programs.	~~**Applicability.**~~ **(Repealed.)** ~~This part applies to initial, refresher or bridge certification courses and EMS continuing education (CE) programs.~~ **Rationale: Not required.**
	1305	N/A	**EMS First Responder (FR).** **[This section will expire four years from the implementation date of these regulations]** The certification is issued for a period of four years from the end of the month of issuance. **Rationale: Places sunset clause on expiring certification level.**
	1307	N/A	**Emergency Medical Responder (EMR).** The certification is issued for a period of four years from the end of the month of issuance. **Rationale: Incorporates new national certification level with certification period.**
1310		**BLS certification programs.** A. BLS certification programs authorized for issuance of certification in Virginia are: 1. EMS First Responder; 2. EMS First Responder Bridge to EMT; and 3. Emergency Medical Technician (EMT). B. A course coordinator for a BLS certification program must be an EMT instructor. C. A course coordinator for a BLS certification program must use the following curriculum: 1. The Virginia standard curriculum for the EMS first responder for an EMS First Responder certification program. 2. The U.S. Department of Transportation National Standard Curriculum for the EMT-Basic for an EMS First Responder Bridge certification program or an EMT certification program.	~~**BLS certification programs.**~~ **(Repealed.)** ~~A. BLS certification programs authorized for issuance of certification in Virginia are:~~ ~~1. EMS First Responder;~~ ~~2. EMS First Responder Bridge to EMT; and~~ ~~3. Emergency Medical Technician (EMT).~~ ~~B. A course coordinator for a BLS certification program must be an EMT instructor.~~ ~~C. A course coordinator for a BLS certification program must use the following curriculum:~~ ~~1. The Virginia standard curriculum for the EMS first responder for an EMS First Responder certification program.~~ ~~2. The U.S. Department of Transportation National Standard Curriculum for the EMT-Basic for an EMS First Responder Bridge certification program or an EMT certification program.~~ **Rationale: No longer needed, terminology to be outdated.**
	1315	N/A	**Emergency Medical Technician (EMT).** The certification is issued for a period of four years from the end of the month of issuance.

			Rationale: Incorporates new national certification level with certification period.
1320		**ALS certification programs.** A. ALS certification programs authorized for issuance of certification in Virginia are: 1. EMT-Enhanced; 2. EMT-Enhanced to EMT Intermediate Bridge; 3. EMT-Intermediate; 4. EMT-Intermediate to EMT-Paramedic Bridge; 5. Registered Nurse to Paramedic Bridge; and 6. EMT-Paramedic. B. Transitional ALS certification programs that are authorized for issuance of certification in Virginia for six years from January 1, 2003, are: 1. EMT-Shock Trauma to EMT-Enhanced. 2. EMT-Cardiac to EMT-Intermediate. a. After recertifying once at his current certification level, an EMS provider with EMT-Shock Trauma or EMT-Cardiac certification shall complete the designated "transition" program to certify at the corresponding replacement certification level listed in this subsection. b. An EMS provider in an initial or bridge EMT-Shock Trauma or EMT-Cardiac certification program who completes the program and attains certification shall complete the designated "transition" program to certify at the corresponding replacement certification level listed in this subsection. c. An EMS provider with EMT-Shock Trauma or EMT-Cardiac certification shall complete the requirements for the designated "transition" certification level by January 1, 2009. C. A course coordinator for an ALS certification program shall be an ALS coordinator who is certified or licensed at or above the certification level of the course to be announced. D. A course coordinator for an ALS certification program shall	**1320. ~~ALS certification programs.~~ (Repealed.)** ~~A. ALS certification programs authorized for issuance of certification in Virginia are:~~ ~~1. EMT-Enhanced;~~ ~~2. EMT-Enhanced to EMT Intermediate Bridge;~~ ~~3. EMT-Intermediate;~~ ~~4. EMT-Intermediate to EMT-Paramedic Bridge;~~ ~~5. Registered Nurse to Paramedic Bridge; and~~ ~~6. EMT-Paramedic.~~ ~~B. Transitional ALS certification programs that are authorized for issuance of certification in Virginia for six years from January 1, 2003, are:~~ ~~1. EMT-Shock Trauma to EMT-Enhanced.~~ ~~2. EMT-Cardiac to EMT-Intermediate.~~ ~~a. After recertifying once at his current certification level, an EMS provider with EMT-Shock Trauma or EMT-Cardiac certification shall complete the designated "transition" program to certify at the corresponding replacement certification level listed in this subsection.~~ ~~b. An EMS provider in an initial or bridge EMT-Shock Trauma or EMT-Cardiac certification program who completes the program and attains certification shall complete the designated "transition" program to certify at the corresponding replacement certification level listed in this subsection.~~ ~~c. An EMS provider with EMT-Shock Trauma or EMT-Cardiac certification shall complete the requirements for the designated "transition" certification level by January 1, 2009.~~ ~~C. A course coordinator for an ALS certification program shall be an ALS coordinator who is certified or licensed at or above the certification level of the course to be announced.~~ ~~D. A course coordinator for an ALS certification program shall use the following curriculum:~~ ~~1. The Virginia Standard Curriculum for the EMT-Enhanced or an equivalent approved by the Office of EMS for an EMT-Enhanced certification program.~~ ~~2. The U.S. Department of Transportation National Standard Curriculum for the EMT-Intermediate or a bridge certification program approved by the Office of EMS for an EMT-Enhanced to EMT-Intermediate Bridge or an EMT-Intermediate certification program.~~ ~~3. The U.S. Department of Transportation National Standard Curriculum for the EMT-Paramedic or a bridge certification program approved by the Office of EMS for an EMT-Intermediate to EMT-Paramedic Bridge, a Registered Nurse to EMT-Paramedic Bridge or EMT-Paramedic certification program.~~ **Rationale: No longer needed, terminology to be outdated.**

		use the following curriculum: 1. The Virginia Standard Curriculum for the EMT-Enhanced or an equivalent approved by the Office of EMS for an EMT-Enhanced certification program. 2. The U.S. Department of Transportation National Standard Curriculum for the EMT-Intermediate or a bridge certification program approved by the Office of EMS for an EMT Enhanced to EMT-Intermediate Bridge or an EMT-Intermediate certification program. 3. The U.S. Department of Transportation National Standard Curriculum for the EMT-Paramedic or a bridge certification program approved by the Office of EMS for an EMT-Intermediate to EMT-Paramedic Bridge, a Registered Nurse to EMT-Paramedic Bridge or EMT-Paramedic certification program.	
	1325	N/A	**Emergency Medical Technician-Enhanced (EMT-E).** **[This section will expire three years from the implementation date of these regulations]** A. The certification is issued for a period of three years from the end of the month of issuance. B. An EMS provider who posses a valid EMT-E certification is simultaneously issued an EMT certification for an additional two years after their EMT-E expiration. **Rationale: Places sunset clause on expiring certification level.**
1330		**EMT Instructor certification program.** The EMS Instructor certification program authorized for issuance of certification in Virginia is EMT-Instructor.	~~**EMT Instructor certification program. (Repealed.)**~~ ~~The EMS Instructor certification program authorized for issuance of certification in Virginia is EMT-Instructor.~~ **Rationale: No longer needed, terminology to be outdated.**
	1335	N/A	**Emergency Medical Technician-Intermediate (EMT-I) [~~Emergency Medical Technician-Intermediate (EMT-I)~~ Intermediate].** A. The certification is issued for a period of three years from the end of the month of issuance. B. An EMS provider who possess a valid EMT-I [~~EMT-I~~ Intermediate] certification is simultaneously issued an EMT certification for an additional two years after their EMT-I [~~EMT-I~~ Intermediate] expiration. **Rationale: Adjusts terminology and identifies**

			certification period.
	1337	N/A	**Advanced Emergency Medical Technician (AEMT).** A. The certification is issued for a period of three years from the end of the month of issuance. B. An EMS provider who possess a valid Advanced EMT certification is simultaneously issued an EMT certification for an additional two years after their EMT Advanced expiration. **Rationale: Incorporates new national certification level with certification period.**
1340		**Program site accreditation.** A. Program site accreditation. Training programs that lead to eligibility for initial certification at the EMT-Intermediate and EMT-Paramedic level shall hold a valid "Program Site Accreditation" issued by the Office of EMS. ("Program Site Accreditation" is not required when conducting continuing education programs for recertification purposes.) B. All certification programs seeking accreditation in Virginia must comply with these regulations and the standards for an Accredited Educational Program for the Emergency Medical Technician-Paramedic established by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) as initially adopted in 1978, and revised in 1989 and 1999, by the American Academy of Pediatrics, American College of Cardiology, American College of Emergency Physicians, American College of Surgeons, American Society of Anesthesiologists, Commission on Accreditation of Allied Health Education Programs, National Association of Emergency Medical Technicians, and National Registry of Emergency Medical Technicians. C. The CoAEMSP standards are adopted by reference with the following provisions: 1. In any instance where the CoAEMSP standards conflict with these regulations, these regulations will prevail.	**~~Program site accreditation.~~ (Repealed.)** ~~A. Program site accreditation. Training programs that lead to eligibility for initial certification at the EMT-Intermediate and EMT-Paramedic level shall hold a valid "Program Site Accreditation" issued by the Office of EMS. ("Program Site Accreditation" is not required when conducting continuing education programs for recertification purposes.)~~ ~~B. All certification programs seeking accreditation in Virginia must comply with these regulations and the standards for an Accredited Educational Program for the Emergency Medical Technician-Paramedic established by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) as initially adopted in 1978, and revised in 1989 and 1999, by the American Academy of Pediatrics, American College of Cardiology, American College of Emergency Physicians, American College of Surgeons, American Society of Anesthesiologists, Commission on Accreditation of Allied Health Education Programs, National Association of Emergency Medical Technicians, and National Registry of Emergency Medical Technicians.~~ ~~C. The CoAEMSP standards are adopted by reference with the following provisions:~~ ~~1. In any instance where the CoAEMSP standards conflict with these regulations, these regulations will prevail.~~ ~~2. The CoAEMSP standards, as adopted by reference, will apply equally to all training programs required to hold accreditation by these regulations with these exclusions:~~ ~~a. The following are optional components of the Virginia Paramedic Accreditation Standards:~~ ~~(1) Section 1: General Requirements, A. Sponsorship, 1. Institutional Accreditation.~~ ~~(2) Section 1: General Requirements, A. Sponsorship, 2. Institutional Authority.~~ ~~(3) Section 1: General Requirements, A. Sponsorship, 4. Eligible Sponsors.~~ ~~(4) Section 1: General Requirements, A. Sponsorship, 6. Institutional Commitment.~~ ~~(5) Section 1: General Requirements, B. Resources, 1 Personnel, a. Administrative Personnel, (1) Program Director/Direction, (c) Qualifications or Equivalents, 1).~~ ~~(6) Section 1: General Requirements, B.~~

		2. The CoAEMSP standards, as adopted by reference, will apply equally to all training programs required to hold accreditation by these regulations with these exclusions: a. The following are optional components of the Virginia Paramedic Accreditation Standards: (1) Section 1: General Requirements, A. Sponsorship, 1. Institutional Accreditation. (2) Section 1: General Requirements, A. Sponsorship, 2. Institutional Authority. (3) Section 1: General Requirements, A. Sponsorship, 4. Eligible Sponsors. (4) Section 1: General Requirements, A. Sponsorship, 6. Institutional Commitment. (5) Section 1: General Requirements, B. Resources, 1 Personnel, a. Administrative Personnel, (1) Program Director/Direction, (c) Qualifications or Equivalents, 1). (6) Section 1: General Requirements, B. Resources, 1 Personnel, c. Support Staff. (7) Section 1: General Requirements, B. Resources, 1 Personnel, d. Professional Development. (8) Section 1: General Requirements, D. Operation Policies, 1. Fair Practices, j. b. The following are optional components of the Virginia Intermediate Accreditation Standards: (1) Section 1: General Requirements, A. Sponsorship, 1. Institutional Accreditation. (2) Section 1: General Requirements, A. Sponsorship, 2. Institutional Authority. (3) Section 1: General Requirements, A. Sponsorship, 4. Eligible Sponsors. (4) Section 1: General	~~Resources, 1 Personnel, c. Support Staff.~~ ~~(7) Section 1: General Requirements, B. Resources, 1 Personnel, d. Professional Development.~~ ~~(8) Section 1: General Requirements, D. Operation Policies, 1. Fair Practices, j.~~ ~~b. The following are optional components of the Virginia Intermediate Accreditation Standards:~~ ~~(1) Section 1: General Requirements, A. Sponsorship, 1. Institutional Accreditation.~~ ~~(2) Section 1: General Requirements, A. Sponsorship, 2. Institutional Authority.~~ ~~(3) Section 1: General Requirements, A. Sponsorship, 4. Eligible Sponsors.~~ ~~(4) Section 1: General Requirements, A. Sponsorship, 6. Institutional Commitment.~~ ~~(5) Section 1: General Requirements, B. Resources, 1 Personnel, a. Administrative Personnel, (1) Program Director/Direction, (c) Qualifications or Equivalents, 1).~~ ~~(6) Section 1: General Requirements, B. Resources, 1 Personnel, c. Support Staff.~~ ~~(7) Section 1: General Requirements, B. Resources, 1 Personnel, d. Professional Development.~~ ~~(8) Section 1: General Requirements, D. Operation Policies, 1. Fair Practices, j.~~ ~~c. Training programs that hold current "Program Site Accreditation" to conduct EMT-Paramedic programs may also conduct EMT-Intermediate programs.~~ ~~3. The program director for an EMT-Intermediate program is not required to hold a bachelor's degree as specified in subsection B 1 a (1) (c) 1) of the CoAEMSP standards.~~ ~~4. The medical director required by subsection B 1 a (2) of the CoAEMSP standards shall also meet the requirements for a physician course director (PCD) as required by these regulations.~~ ~~5. The guidelines accompanying the CoAEMSP standards and printed in that document in italics typeface provide examples intended to assist in interpreting the CoAEMSP standards. These guidelines are not regulations as defined by the Code of Virginia.~~ **Rationale: Section rewritten and moved.**

		Requirements, A. Sponsorship, 6. Institutional Commitment. (5) Section 1: General Requirements, B. Resources, 1 Personnel, a. Administrative Personnel, (1) Program Director/Direction, (c) Qualifications or Equivalents, 1). (6) Section 1: General Requirements, B. Resources, 1 Personnel, c. Support Staff. (7) Section 1: General Requirements, B. Resources, 1 Personnel, d. Professional Development. (8) Section 1: General Requirements, D. Operation Policies, 1. Fair Practices, j. c. Training programs that hold current "Program Site Accreditation" to conduct EMT-Paramedic programs may also conduct EMT-Intermediate programs. 3. The program director for an EMT-Intermediate program is not required to hold a bachelor's degree as specified in subsection B 1 a (1) (c) 1) of the CoAEMSP standards. 4. The medical director required by subsection B 1 a (2) of the CoAEMSP standards shall also meet the requirements for a physician course director (PCD) as required by these regulations. 5. The guidelines accompanying the CoAEMSP standards and printed in that document in italics typeface provide examples intended to assist in interpreting the CoAEMSP standards. These guidelines are not regulations as defined by the Code of Virginia.	
	1345	N/A	**[~~Emergency Medical Technician-Paramedic (EMT-P)~~ Paramedic].** A. The certification is issued for a period of three years from the end of the month of issuance. B. An EMS provider who possesses a valid [~~EMT-P~~ Paramedic] certification is simultaneously issued an EMT certification for an additional two years after his [~~EMT-P~~ Paramedic] expiration.
1350		**Training site accreditation**	**~~Training site accreditation process.~~**

		process. A. The accreditation process will begin upon the receipt by the Office of EMS of a written request for accreditation. B. The Office of EMS will forward the request to a site reviewer who will conduct the accreditation analysis. Independent site reviewers utilized by the Office of EMS shall be persons who are not affiliated with the applicant training program or another similar program located in the same geographical region. C. The applicable regional EMS council or local EMS resource shall submit to the site reviewer an evaluation indicating its position toward the applicant program's accreditation request. D. The Office of EMS will determine the suitability of the training site for program site accreditation upon review of the accreditation analysis submitted to the Office of EMS by the site reviewer. The Office of EMS may either accept or deny the application for accreditation. 1. If the accreditation analysis determines that the training program is in full compliance with the requirements for accreditation, the Office of EMS will issue full accreditation for a period of five years. 2. The Office of EMS will issue conditional accreditation for a period of less than five years if the accreditation analysis identifies deficiencies that are determined to be of concern but do not justify prohibiting the program from starting and completing an initial training program. Before starting any additional certification courses, the program site must receive full accreditation by correcting the identified deficiencies. 3. The Office of EMS will deny an application for accreditation if the accreditation analysis identifies deficiencies that are determined to be sufficient to prohibit the program from	**(Repealed.)** ~~A. The accreditation process will begin upon the receipt by the Office of EMS of a written request for accreditation.~~ ~~B. The Office of EMS will forward the request to a site reviewer who will conduct the accreditation analysis. Independent site reviewers utilized by the Office of EMS shall be persons who are not affiliated with the applicant training program or another similar program located in the same geographical region.~~ ~~C. The applicable regional EMS council or local EMS resource shall submit to the site reviewer an evaluation indicating its position toward the applicant program's accreditation request.~~ ~~D. The Office of EMS will determine the suitability of the training site for program site accreditation upon review of the accreditation analysis submitted to the Office of EMS by the site reviewer. The Office of EMS may either accept or deny the application for accreditation.~~ ~~1. If the accreditation analysis determines that the training program is in full compliance with the requirements for accreditation, the Office of EMS will issue full accreditation for a period of five years.~~ ~~2. The Office of EMS will issue conditional accreditation for a period of less than five years if the accreditation analysis identifies deficiencies that are determined to be of concern but do not justify prohibiting the program from starting and completing an initial training program. Before starting any additional certification courses, the program site must receive full accreditation by correcting the identified deficiencies.~~ ~~3. The Office of EMS will deny an application for accreditation if the accreditation analysis identifies deficiencies that are determined to be sufficient to prohibit the program from starting an initial training program.~~ **Rationale: Section rewritten and moved.**

		starting an initial training program.	
	1355	N/A	**Emergency Medical Technician-Instructor.** **[This section will expire two years from the implementation date of these regulations]** A. The certification is valid for a period of two years from the end of the month of issuance. B. Instructor certification is simultaneously issued an EMT certification valid for an additional two years after their Instructor expiration. **Rationale: Places sunset clause on expiring certification level.**
1360		**Renewal of program site accreditation.** A. A training program site shall apply for renewal not less than 90 days before expiration of its current accreditation period. Reaccreditation will require review by a site reviewer of the program's performance and a recommendation to the Office of EMS for approval. However, programs conducting training courses leading to certification at the EMT-Paramedic level may be renewed only through compliance with the requirements of 12VAC5-31-1390. Renewal of a "Program Site Accreditation" will be valid for an additional five-year period. B. If the site reviewer does not recommend renewal of a program site's accreditation, the Office of EMS will review all supporting documentation and make a determination of suitability for "Program Site Accreditation" renewal.	**~~Renewal of program site accreditation.~~ (Repealed.)** ~~A. A training program site shall apply for renewal not less than 90 days before expiration of its current accreditation period. Reaccreditation will require review by a site reviewer of the program's performance and a recommendation to the Office of EMS for approval. However, programs conducting training courses leading to certification at the EMT-Paramedic level may be renewed only through compliance with the requirements of 12VAC5-31-1390. Renewal of a "Program Site Accreditation" will be valid for an additional five-year period.~~ ~~B. If the site reviewer does not recommend renewal of a program site's accreditation, the Office of EMS will review all supporting documentation and make a determination of suitability for "Program Site Accreditation" renewal.~~ **Rationale: Section rewritten and moved.**
	1365	N/A	**Advanced Life Support Coordinator.** The certification is valid for a period of two years from the end of the month of issuance. **Rationale: Identifies certification period.**
1370		**Appeal of site accreditation application results.** Appeals by a program concerning the denial of initial or renewal accreditation, or the issuance of conditional accreditation by the Office of EMS will be reviewed by a committee of the State EMS Advisory Board and follow the Administrative Process Act.	**~~Appeal of site accreditation application results.~~ (Repealed.)** ~~Appeals by a program concerning the denial of initial or renewal accreditation, or the issuance of conditional accreditation by the Office of EMS will be reviewed by a committee of the State EMS Advisory Board and follow the Administrative Process Act.~~ **Rationale: Section rewritten and moved.**
	1375	N/A	**EMS Education Coordinator.** The certification is valid for a period of three years

			from the end of the month of issuance. **Rationale: Adjusts terminology and identifies certification period.**
1380		**Program site accreditation administration.** A. State accreditation will be administered through the process established in the "Training Program Administration Manual" for the certification levels of the training programs conducted by the program site. B. Any program that has achieved accreditation issued by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) or an equivalent organization approved by the Office of EMS will be considered in compliance with this Section. State "Program Site Accreditation" will be issued for a period concurrent with that issued by the CoAEMSP or other approved organization up to a maximum of five years. 1. As a condition for equivalent accreditation, a representative from the Office of EMS must be included with each visit by the CoAEMSP or any other approved accreditation organization. 2. The program must notify the Office of EMS immediately upon receiving the dates for any visits and include: a. Dates; b. Times; and c. The schedule of events. 3. Accreditation issued by CoAEMSP or other organization approved by the Office of EMS must remain current during any certification training program that requires accreditation by the Office of EMS. Revocation, removal or expiration of accreditation issued by CoAEMSP or other another organization approved by the Office of EMS will invalidate the corresponding state accreditation of the training program. C. Each program must meet all other requirements as outlined	~~**Program site accreditation administration.**~~ **(Repealed.)** ~~A. State accreditation will be administered through the process established in the "Training Program Administration Manual" for the certification levels of the training programs conducted by the program site.~~ ~~B. Any program that has achieved accreditation issued by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) or an equivalent organization approved by the Office of EMS will be considered in compliance with this Section. State "Program Site Accreditation" will be issued for a period concurrent with that issued by the CoAEMSP or other approved organization up to a maximum of five years.~~ ~~1. As a condition for equivalent accreditation, a representative from the Office of EMS must be included with each visit by the CoAEMSP or any other approved accreditation organization.~~ ~~2. The program must notify the Office of EMS immediately upon receiving the dates for any visits and include:~~ ~~a. Dates;~~ ~~b. Times; and~~ ~~c. The schedule of events.~~ ~~3. Accreditation issued by CoAEMSP or other organization approved by the Office of EMS must remain current during any certification training program that requires accreditation by the Office of EMS. Revocation, removal or expiration of accreditation issued by CoAEMSP or other another organization approved by the Office of EMS will invalidate the corresponding state accreditation of the training program.~~ ~~C. Each program must meet all other requirements as outlined in these regulations and the state-approved curriculum and course guide.~~ **Rationale: Section rewritten and moved.**

		in these regulations and the state-approved curriculum and course guide.	
	1385	N/A	**Certification periods.** An EMS certification is valid for the prescribed period as defined in Article 1 of this part for each level of certification unless suspended or revoked by the commissioner. **Rationale: Updates terminology.**
	1387	N/A	**Virginia EMS certification is required to practice.** In order to function as an EMS provider in the Commonwealth of Virginia, providers must hold a valid certification as issued by the commissioner and as defined in 12VAC5-31-1040. **Rationale: Provides definition to certification.**
	1389	N/A	**Initial course certification.** A. Candidates must successfully complete an approved Virginia Certification Course to be eligible for the certification examination. B. Candidates must then successfully complete the certification examination to receive Virginia certification at the level for which the course is approved. **Rationale: Provides rationale and clarification.**
1390		**Program site accreditation of EMT-Paramedic programs.** A. A training program that leads to eligibility for certification at the EMT-Paramedic level must be an accredited program before the course begins. B. Initial accreditation can be issued by the Office of EMS pursuant to 12VAC5-31-1340 or by acceptance of accreditation issued by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) or another approved equivalent accreditation organization. C. Following an initial five-year state accreditation period, renewal of accreditation at the EMT-Paramedic level will be issued only upon verification of accreditation issued by the CoAEMSP or another approved equivalent accreditation organization per 12VAC5-31-1380.	~~**Program site accreditation of EMT-Paramedic programs.**~~ **(Repealed.)** ~~A. A training program that leads to eligibility for certification at the EMT-Paramedic level must be an accredited program before the course begins.~~ ~~B. Initial accreditation can be issued by the Office of EMS pursuant to 12VAC5-31-1340 or by acceptance of accreditation issued by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) or another approved equivalent accreditation organization.~~ ~~C. Following an initial five-year state accreditation period, renewal of accreditation at the EMT-Paramedic level will be issued only upon verification of accreditation issued by the CoAEMSP or another approved equivalent accreditation organization per 12VAC5-31-1380.~~ **Rationale: Section rewritten and moved.**
	1391	N/A	**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 or possesses a National Registry certification at the [EMR, EMT, Advanced EMT,] Intermediate 99 or Paramedic level shall apply to the commissioner for reciprocity upon demonstration of Virginia residency, Virginia EMS agency affiliation or a recognized need for Virginia EMS certification [and demonstrate as defined by the Office of EMS eligibility for certification at the level sought in Virginia from the state the same level training program was held] . **Rationale: Rewritten to incorporate new national certifications.**
	1393	N/A	**Certification through legal recognition.** A person holding valid EMS certification from another state or a recognized EMS certifying body at the EMT level or higher who does not meet the criteria in 12VAC5-31-1391 shall apply to the commissioner for legal recognition upon demonstration of Virginia residency, Virginia EMS agency affiliation or a recognized need for Virginia EMS certification. Legal recognition may be issued at the EMT level only for a period of one year or the duration of their current certification, whichever is shorter. Legal recognition is not available for any Virginia certification level if the Board of Health has determined that no equivalent exists at the level requested. **Rationale: Rewritten to incorporate new national certifications and references.**
	1395	N/A	**EMT certification challenge.** A Virginia licensed practical nurse, registered nurse (to include those recognized through the Nurse Licensure Compact, §54.1-3030 et seq. of the Code of Virginia), physician assistant or military corpsman with current credentials, 3rd or 4th year medical students, licensed dentists and chiropractors shall apply to the commissioner for authorization to challenge at the EMT level. Upon completing the requirements for the EMT recertification and receiving notification of testing eligibility the candidate must complete the written and practical examination. Examination waivers are not allowed. **Rationale: Incorporates updated *Code* language.**
1400			~~**Course approval request.**~~ **(Repealed.)** ~~A. A course coordinator shall submit to the Office of EMS a complete course approval request form 30 days before the beginning date of a certification or continuing education course that includes the following:~~ ~~1. The signature of the course coordinator.~~ ~~2. The signature of the physician course director if requesting a BLS or ALS certification program or "Required (Category 1)" CE hours.~~ ~~B. The course coordinator shall use the course number assigned by the Office of EMS to identify the certification or CE program.~~ ~~C. The course coordinator shall only use those CE topic and subtopic numbers assigned for the specific course approved by the Office of EMS~~

			~~when submitting a CE record/scancard.~~ ~~D. In addition, training programs leading to certification at an initial or higher certification level shall also comply with the requirements for "Program Site Accreditation" listed in 12VAC5-31-1340 through 12VAC5-31-1390, if an accreditation process for the involved certification level has been adopted by the Office of EMS.~~ **Rationale: Section rewritten and moved.**
	1401	N/A	**General recertification requirements.** A. An EMS provider must complete the requirements for recertification and the Office must receive the required documentation within the issued certification period to maintain a current certification. B. An EMS provider requesting recertification must complete the continuing education (CE) hour requirements for the level to be recertified. C. An EMS provider requesting recertification must pass the written state certification examination. 1. An EMS provider affiliated with an EMS agency may be granted an exam waiver from the state written certification examination by the OMD of the EMS agency, provided: a. The EMS provider meets the recertification requirements including those established by the OMD; and b. The EMS provider must submit a completed "Virginia EMS Certification Application" with the exam waiver approval signed by the EMS agency OMD, which must be received by the Office of EMS within 30 days following the expiration of his certification. (1) If the "Virginia EMS Certification Application" form is received by the Office of EMS after the EMS provider's certification expiration date, the EMS provider may not practice at the expired certification level until a valid certification is received from the Office of EMS. (2) If the "Virginia EMS Certification Application" form is received by the Office of EMS more than 30 days after the EMS provider's certification expiration date, his certification will be in reentry and he will be required to test pursuant to 12VAC5-31-1407. 2. An EMS provider under legal recognition, 12VAC5-31-1393, must pass a written and practical EMS certification examination [and] is not eligible for examination waiver. **Rationale: Rewritten and adjusted references to reflect actual practice.**
	1403	N/A	**EMS provider recertification required.** A. Recertification of EMS credentials requires each individual to complete continuing education requirements as approved by the Board of Health and fulfill the recertification process before the expiration date of an applicable certification or reentry period. B. The Board of Health will determine the continuing education hour [and topic category]

			requirements for each certification level. C. Evidence of completion of the continuing education requirements must be received by the Office of EMS prior to the certification expiration. **Rationale: Rewritten and adjusted references to reflect actual practice.**
	1405	N/A	**Documentation of continuing education (CE).** A. Continuing education credit is only awarded to courses announced to the Office in a format as approved by the Office of EMS prior to the course being conducted and other programs approved by the Office for award of CE. B. Award of credit for attendance in a continuing education program shall be submitted in a format approved by the Office of EMS **Rationale: Rewritten and adjusted references to reflect actual practice.**
	1407	N/A	**Recertification through reentry.** A. Individuals whose certification has expired may regain certification through completion of the reentry program within two years of the specific certification's expiration date. To reenter the person must fulfill the requirements as applicable in these regulations including all required testing within the two-year reentry period. B. Individuals failing to complete the reentry process by the end of the two-year period following certification expiration will be required to complete an initial training program for the level lost. **Rationale: Rewritten and adjusted references to reflect actual practice.**
	1409	N/A	**Course curriculum.** A. Course Coordinators (Emergency Medical Technician Instructor, Advanced Life Support Coordinator, EMS Education Coordinator) shall utilize curricula or educational standards authorized and approved by the Office of EMS when conducting EMS education programs. B. Continuing Education topics must be submitted for review and approval in a format as approved by the Office of EMS. **Rationale: Defines what curriculum is to be utilized by approved EMS programs.**
1410		**Physician course director involvement.** A course coordinator must inform the physician course director of the program schedule, progress of individual student performance, student or instructor complaints and the status of other program activities.	~~**Physician course director involvement.**~~ **(Repealed.)** ~~A course coordinator must inform the physician course director of the program schedule, progress of individual student performance, student or instructor complaints and the status of other program activities.~~ **Rationale: Section rewritten and moved.**
	1411	N/A	**BLS certification programs.** BLS certification programs authorized for issuance of certification in Virginia are: A. EMS First Responder. B. EMS First Responder Bridge to EMT.

			C. Emergency Medical Responder (EMR). D. Emergency Medical Responder Bridge to EMT. E. Emergency Medical Technician (EMT). **Rationale: Clarifies level for BLS certification programs.**
	1413	N/A	**Advanced life support certification programs.** ALS certification programs authorized for issuance of certification in Virginia are: A. EMT-Enhanced B. EMT –Enhanced Bridge to Intermediate C. Advanced EMT D. Advanced EMT Bridge to Paramedic [~~Paramedic~~ Intermediate] E. EMT-Intermediate [~~EMT-Intermediate~~ Intermediate] F. EMT-Intermediate [~~EMT-Intermediate~~ Intermediate] Bridge to Paramedic G. EMT-Paramedic [~~EMT-Paramedic~~ Paramedic] [H. RN Bridge to Paramedic] **Rationale: Clarifies level for ALS certification programs.**
	1415	N/A	**Nationally recognized continuing education programs.** A. In order for a provider to receive continuing education in Virginia for a national [~~a national~~ an auxiliary] program, the national parent organization must be recognized by the Board of Health. B. The instructor approved by the national parent organization referenced above may award category one continuing education credit for providers successfully completing an approved course. The instructor is not required to be an Emergency Medical Technician Instructor, Advanced Life Support Coordinator or an EMS Education Coordinator in order to submit for course approval. **Rationale: Provides clarity for recognized national continuing education programs.**
	1417	N/A	**Approved courses in cardio-pulmonary resuscitation.** A. Recognized programs for certification in Cardiopulmonary Resuscitation (CPR) for the purposes of testing for all certification levels are based upon programs approved by the Board of Health. B. Completion of an approved course which tests the following skills is required: 1. One and Two Rescuer CPR – Adult, Child, Infant Resuscitation 2. Complete Airway Obstruction - Unconscious Victim - Adult, Child, Infant, 3. Complete Airway Obstruction - Conscious Victim - Adult, Child, Infant 4. Automated external defibrillation **Rationale: Provides clarity for recognized CPR programs by OEMS.**
	1419	N/A	**Continuing education programs.** The programs must utilize the approved format for the corresponding level of certification as designed by the Office:

			1. Category 1 (One) (Required) are topic areas that are required as part of the recertification criteria. 2. Category 2 (Two) (Approved) are topic areas that support EMS activities. 3. Category 3 (Three) are topic areas that are delivered through a multimedia format as approved by the Board of Health. **Rationale: Provides clarity for recognized CE programs by OEMS.**
1420		**Course coordinator and instructor accountability.** A. A course coordinator or instructor who violates these regulations is subject to enforcement action by the Office of EMS. The Office of EMS may suspend the instruction of an ongoing course or withhold issuance of certification until an investigation is concluded. B. A course coordinator or instructor found to be in violation of these regulations following an investigation may be subject to the following: 1. Termination of the certification program. 2. Invalidation of certificates or CE hours issued to students. 3. Suspension or revocation of any or all certifications of the course coordinator. 4. Suspension or revocation of any or all certifications of an instructor.	~~**Course coordinator and instructor accountability.**~~ **(Repealed.)** ~~A. A course coordinator or instructor who violates these regulations is subject to enforcement action by the Office of EMS. The Office of EMS may suspend the instruction of an ongoing course or withhold issuance of certification until an investigation is concluded.~~ ~~B. A course coordinator or instructor found to be in violation of these regulations following an investigation may be subject to the following:~~ ~~1. Termination of the certification program.~~ ~~2. Invalidation of certificates or CE hours issued to students.~~ ~~3. Suspension or revocation of any or all certifications of the course coordinator.~~ ~~4. Suspension or revocation of any or all certifications of an instructor.~~ **Rationale: Section rewritten and moved.**
	1421	N/A	**Teaching materials/approved texts.** A. Emergency Medical Technician Instructor, Advanced Life Support Coordinator or an EMS Education Coordinator shall use teaching materials and textbooks that reflect current EMS practices. B. All textbooks and primary teaching materials utilized in a program shall be reviewed and receive written approval prior to the start of the program by the Physician Course Director (PCD)/OMD and maintained with other course records in accordance with the state records retention act. **Rationale: Provides clarification in text use for EMS training.**
	1423	N/A	**Course announcement requirements.** A. BLS certification courses and continuing education programs that award Category 1 ("Required") continuing education credits shall be announced by an Emergency Medical Technician Instructor or EMS Education Coordinator. An Emergency Medical Technician Instructor/EMS Education Coordinator shall be present in the

			classroom at all times except; 1. In courses offered by the Office of EMS accredited programs 2. In BLS continuing education programs. B. ALS certification courses and continuing education programs that award Category 1 ("Required") continuing education credits shall be announced by an Advanced Life Support Coordinator or EMS Education Coordinator. **Rationale: Updates process and practice.**
	1425	N/A	**Emergency Medical Technician Instructor, Advanced Life Support Coordinator or EMS Education Coordinator responsibilities as employee or contractor.** A. An EMT instructor, ALS coordinator or EMS education coordinator conducting [~~a~~] training [~~program~~ programs] as an employee or contractor for any other person as defined in §1-230 of the Code of Virginia, whether or not for profit, shall retain responsibility for compliance with the Office of EMS regulations. B. Any other "Person" (§1.230, Code of Virginia) who operates an organization for the purpose of providing EMS training programs that employs or contracts with an Emergency Medical Technician Instructor, Advanced Life Support Coordinator or EMS Education Coordinator to conduct a training program may not vary from, or direct the Emergency Medical Technician Instructor, Advanced Life Support Coordinator or EMS Education Coordinator to vary from, compliance with Office of EMS regulations. **Rationale: Updates process and practice.**
	1427	N/A	**Course approval request submission.** A. An Emergency Medical Technician Instructor, Advanced Life Support Coordinator or EMS Education Coordinator shall submit a course approval request in a format approved by the Board of Health prior to the beginning date of a certification or continuing education course. 1. Any approved course requesting funding through the EMS training fund requires that the course approval request and funding contract must be post marked or received [, and date and time stamped,] by the Office of EMS no less than 45 days prior to the begin date for the course. 2. Courses shall not start prior to receiving course number and topic(s) from the Office of EMS. B. The Emergency Medical Technician Instructor, Advanced Life Support Coordinator or EMS Education Coordinator shall use only those topic numbers assigned for the course as approved by the Office of EMS. **Rationale: Updates process and practice.**
	1429	N /A	**Course approval request changes.** The Course Coordinator shall immediately notify the Office of EMS in writing of any changes in the information submitted on the "Course Approval Request" form. **Rationale: Updates process and practice.**
1430		**Certification examination.**	~~**Certification examination.**~~ **(Repealed.)**

		A Test Site Coordinator shall comply with the requirements for certification examinations. The Office of EMS will publish the "Virginia EMS Certification Examination Manual," a document that describes and provides guidance to a test site coordinator on how to comply with these regulations.	~~A Test Site Coordinator shall comply with the requirements for certification examinations. The Office of EMS will publish the "Virginia EMS Certification Examination Manual," a document that describes and provides guidance to a test site coordinator on how to comply with these regulations.~~ **Rationale: Section rewritten and moved.**
	1431	N/A	**Student course enrollment.** [For courses leading to certification at a new or higher level, the] EMT instructor, ALS coordinator or EMS education coordinator [~~for courses leading to certification at a new or higher level~~] shall have each student complete a "Virginia EMS Training Program Enrollment" form at the first meeting of the course. [1.] These forms must be reviewed by the EMT instructor, ALS coordinator, or EMS education coordinator and submitted to the Office of EMS no later than five business days following the first meeting of the course. [2.] Any student who starts the program at a later date shall complete an enrollment form the first date of attendance providing 15% or more of the entire course has not been completed.
	1433	N/A	**Instructor participation records.** The Emergency Medical Technician Instructor, Advanced Life Support Coordinator or EMS Education Coordinator shall maintain records of attendance [~~records of attendance~~ instructor/provider level and subject taught] and participation of each certified EMT Instructor, ALS Course Coordinator, EMS Education Coordinator or other individual who instructs in the program. **Rationale: Updates process and practice.**
	1435	N/A	**Student records for certification courses.** **Instructor participation records.** A. The EMT instructor, ALS coordinator, or EMS education coordinator shall maintain records of class dates, topics instructed, attendance and performance for all students attending a certification course. B. Student records shall be maintained in accordance with the Virginia Public Records Act (Chapter 7 (§ 42.1-76 et seq.) of Title 42.1 of the Code of Virginia) from the end date of the program and shall include but not be limited to: 1. Signed student acknowledgment forms collected upon completion of review of the appropriate BLS or ALS enrollment requirements. 2. Student signed class [~~roster~~ rosters]. 3. Scores on all course quizzes, exams, and other didactic knowledge or practical skill evaluations. 4. Skill proficiency records [~~on the applicable form~~ in a format as approved by the Office of EMS] : a. For BLS programs, BLS individual age and clinical and skill performance verification information in a format as approved by the Office

			of EMS. b. For ALS coordinator or EMS education coordinator programs, on forms or documents as approved by the ALS coordinator, EMS education coordinator, or an accredited program. 5. All hospital or field internship activities including dates, locations, competencies performed, student evaluations, preceptor name and certification level as applicable. 6. All corrective or disciplinary actions taken during the training program to include dates, findings supporting the need for corrective or disciplinary action, and all applicable details of steps taken to determine the degree and nature of the actions taken. 7. Copy of the course student disposition report (CSDR). 8. All other records requested to be maintained by the PCD or OMD for the program. 9. Any other records or reports as required by the Office of EMS. **Rationale: Updates process and practice.**
	1437	N/A	**Continuing education record submission.** The course coordinator shall submit the CE records in a format approved by the Office of EMS within 15 days of the student's attendance. **Rationale: Updates process and practice.**
	1439	N/A	**Verification of student course completion.** Verification of student eligibility on the CSDR by the EMT instructor, ALS coordinator, or EMS education coordinator for certification testing requires that each student successfully complete a certification program and [~~and meet~~ that meets] the competency and performance requirements contained within the applicable course [~~curriculum~~ requirements] and all other guidelines and procedures for the course and state certification testing eligibility. **Rationale: Updates process and practice.**
1440		**Certification course enrollment.** A. For all courses leading to certification at a new or higher level, the course coordinator shall have each student complete a "Virginia EMS Training Program Enrollment" form. These forms shall be reviewed by the course coordinator and submitted to the Office of EMS no later than 15 days following instruction of the third lesson of the training program and no later than 15 days prior to the course's end date. (Earlier submission is allowed and encouraged.) B. Only students listed as enrolled in the designated training program will be allowed to test for certification	~~**Certification course enrollment.**~~ **(Repealed.)** ~~A. For all courses leading to certification at a new or higher level, the course coordinator shall have each student complete a "Virginia EMS Training Program Enrollment" form. These forms shall be reviewed by the course coordinator and submitted to the Office of EMS no later than 15 days following instruction of the third lesson of the training program and no later than 15 days prior to the course's end date. (Earlier submission is allowed and encouraged.)~~ ~~B. Only students listed as enrolled in the designated training program will be allowed to test for certification using the assigned course number for the specified training program.~~ ~~All students attending a certification course for recertification must submit the necessary CE record/scan form for award of CE credits and issuance of a "Recertification Eligibility Notice" from the Office of EMS.~~ **Rationale: Section rewritten and moved.**

		using the assigned course number for the specified training program. All students attending a certification course for recertification must submit the necessary CE record/scan form for award of CE credits and issuance of a "Recertification Eligibility Notice" from the Office of EMS.	
	1441	N/A	**Communications with PCD/OMD.** A. The Emergency Medical Technician Instructor, Advanced Life Support Coordinator or EMS Education Coordinator shall inform the PCD/OMD of the progress of the training program to include: 1. Any program schedule changes. 2. Individual student performances. 3. Any student or instructor complaints. 4. The general progress of program activities. B. The Emergency Medical Technician Instructor, Advanced Life Support Coordinator or EMS Education Coordinator will assist the PCD/OMD with fulfillment of their course duties as required by Office of EMS regulations. **Rationale: Updates process and practice.**
	1443	N/A	**Alternative course presentation format.** EMS certification courses utilizing an approved alternative course presentation format using two-way video interactive technology shall comply with the following: 1. Use electronic media as real time two-way audio and video transmissions. 2. The EMT instructor, ALS coordinator, or EMS education coordinator must indicate in writing the desire to use such media which shall accompany the Course Approval Request form. 3. Any other requirements established by [, but not limited to,] the Office of EMS and, if applicable, the Virginia Community College System (VCCS) and the Virginia Department of Education. 4. [~~A~~ For sites using one-way video and two-way audio, a] proctor who is certified at or above the level of the program shall be present at each remote site during the entire broadcast for all didactic portions of the program. 5. Any lab activities at the remote site shall have direct on-site supervision by a course [~~coordinator certified~~ faculty member] at or above the level of instruction. If the [~~instructor~~ faculty member] acts as the remote site proctor, he assumes the responsibility of the class roster. 6. In cases where the remote site proctor is absent or when the remote site electronics are not fully operational (transmit and receive audio or video) the students do not receive credit for attending and the session shall be rescheduled. 7. All course tests for the program whether at

			the origin or remote site must comply with subdivision 4 of this section. 8. The course coordinator must maintain records of student participation in the approved alternative presentation format and submit continuing education records for each involved student for programs used for continuing education purposes. 9. Noncompliance with these regulations shall result in removal of Office of EMS approval and students shall lose eligibility for certification testing at the level of program certification. 10. The Guidelines for Videobroadcasting of EMS Educational Programs document must be signed by the EMT instructor, ALS coordinator, or EMS education coordinator and PCD or OMD and accompany any request for electronic transmission of a program with the Course Approval Request form. 11. Letter of agreement from the remote site or sites confirming and agreeing to the guidelines.
	1445	N/A	**Course scheduling.** Courses schedules shall reflect the minimum hours for the course of instruction of all required lessons of the [~~program~~ program's] curriculum prior to the course end date as approved by the Office of EMS. **Rationale: Updates process and practice.**
	1447	N/A	**Maximum BLS or ALS course enrollment.** A. Initial and bridge certification course size shall be limited to a maximum of 30 enrolled students. 1. Additional students seeking continuing education credit may be admitted as reasonably allowed by facility size and instructional staff availability. 2. The group size for practical/lab skill sessions shall not exceed six students per instructor aide (6:1 ratio). B. Office of EMS accredited institutions/organizations may exceed the maximum of 30 enrolled students, with [demonstrated] resources to meet class size. 1. The group size for practical/lab skill sessions shall not exceed six students per instructor aide (6:1 ratio). **Rationale: Updates process and practice.**
	1449	N/A	**Lesson instructors.** A. In addition to the lead instructor for each lesson, arrangements must be made to provide for instructor aides to assist in all practical skill sessions. Instructor aides shall be providers certified at or above the level of instruction. B. Course Coordinators who are certified EMT's may be used for instruction of basic skill stations in advanced life support programs. Basic skills are those procedures not requiring invasive activities or use of Advanced Life Support equipment. **Rationale: Updates process and practice.**
1450		**BLS student enrollment requirements.**	**~~BLS student enrollment requirements.~~ (Repealed.)**

		The enrolled student, certification candidate or EMS provider must comply with the following: 1. Be proficient in reading, writing and speaking the English language in order to clearly communicate with a patient, family or bystander to determine a chief complaint, nature of illness, mechanism of injury or to assess signs and symptoms. 2. Be a minimum of 16 years of age at the beginning date of the certification program. If less than 18 years of age, he shall provide the course coordinator with a completed parental permission form with the signature of a parent or guardian verifying approval for enrollment in the course. 3. Have no physical or mental impairment that would render him unable to perform all practical skills required for that level of certification including the ability to function and communicate independently and perform appropriate patient care, physical assessments and treatments without the need for an assistant. 4. Hold current certification in an approved course in cardio-pulmonary resuscitation (CPR) at the beginning date of the certification program. This certification shall also be current at the time of state testing. 5. May not have been convicted or found guilty of any crime, offense or regulatory violation, or participated in any other prohibited conduct identified in these regulations. 6. If in a bridge certification program, he shall hold current Virginia certification at the EMS first responder level. 7. Meet other requirements for course enrollment as set by the regional EMS council or local EMS resource, the PCD or the course coordinator, approved by the Office of EMS.	~~The enrolled student, certification candidate or EMS provider must comply with the following:~~ ~~1. Be proficient in reading, writing and speaking the English language in order to clearly communicate with a patient, family or bystander to determine a chief complaint, nature of illness, mechanism of injury or to assess signs and symptoms.~~ ~~2. Be a minimum of 16 years of age at the beginning date of the certification program. If less than 18 years of age, he shall provide the course coordinator with a completed parental permission form with the signature of a parent or guardian verifying approval for enrollment in the course.~~ ~~3. Have no physical or mental impairment that would render him unable to perform all practical skills required for that level of certification including the ability to function and communicate independently and perform appropriate patient care, physical assessments and treatments without the need for an assistant.~~ ~~4. Hold current certification in an approved course in cardio-pulmonary resuscitation (CPR) at the beginning date of the certification program. This certification shall also be current at the time of state testing.~~ ~~5. May not have been convicted or found guilty of any crime, offense or regulatory violation, or participated in any other prohibited conduct identified in these regulations.~~ ~~6. If in a bridge certification program, he shall hold current Virginia certification at the EMS first responder level.~~ ~~7. Meet other requirements for course enrollment as set by the regional EMS council or local EMS resource, the PCD or the course coordinator, approved by the Office of EMS.~~ **Rationale: Section rewritten and moved.**

	1451	N/A	**Course monitoring.** All programs and courses approved for issuance of certification or award of continuing education shall allow unannounced monitoring by the Office of EMS. Failure to comply with such course monitoring may result in the following disciplinary actions to include, but not be limited to: 1. Revocation of the training program's course approval. 2. Suspension or revocation of the training program's authority to award continuing education credits. 3. Revocation of the enrolled student's eligibility for certification testing. 4. Suspension or revocation of the EMS instructor [~~or course~~, ALS-coordinator, or EMS educational coordinator]. **Rationale: Updates process and practice.**
	1453	N/A	**EMT instructor, ALS coordinator, [and] EMS educational coordinator responsibilities for initial student testing.** A. An EMT instructor or EMS education coordinator for BLS programs shall ensure the following for documentation of eligibility for certification testing: 1. Submit a completed Course Student Disposition Report (CSDR) in a manner as prescribed by the Office of EMS. 2. Maintain with the course materials the completed individual parental permission form for students between 16 and 18 years of age on the beginning date of the course. 3. Maintain with the course materials the original copy of the completed and signed Basic Life Support Individual Age, Clinical and Skill Performance Verification Record [~~form and provide a copy to the student~~]. B. An ALS coordinator or EMS education coordinator coordinating ALS programs shall [~~provide~~ submit] the [~~following documentation of eligibility for certification testing:~~ ~~1. Completion of the~~] Course Student Disposition [~~(CSDR)~~ report for certification testing eligibility]. [~~2. A copy of the student's EMT-Enhanced competency verification summary to the Office of EMS test examiner.~~]
	1454	N/A	**Admission to certification test.** A. The person desiring to take the certification examination must present the following: 1. The Virginia Certification Eligibility letter, 2. Current government issued photo identification. 3. If a retest, the latest testing results. B. Must be registered for the test site. **Rationale: Updates process and practice.**
	1455	N/A	**[~~Initial certification~~ Certification] testing requirements.** A. An Office of EMS written and practical examination process is required by the following: 1. Any candidate who completes an initial program at the following levels:

			a. [~~First Responder~~ First Responder/EMR]. b. Emergency Medical Technician. c. Emergency Medical Technician-Enhanced. d. Advanced EMT. e. [~~Emergency Medical Technician-Intermediate 99~~ Intermediate] provided National Registry no longer tests at this level. [~~f. Emergency Medical Technician-Paramedic provided National Registry no longer tests at this level.~~] 2. Any candidate who is challenging the certification level. 3. Any certified EMS provider who received his current certification through legal recognition. 4. Any candidate who is in reentry for First Responder or Emergency Medical Technician. B. An Office of EMS written examination only is required for the following: 1. Any provider who recertifies prior to his certification expiration except those who received [~~their~~ his] current certification through legal recognition. 2. Any candidate who is in reentry for EMT-Enhanced, Advanced EMT, [~~EMT-Intermediate~~ Intermediate] and [~~EMT-Paramedic~~ Paramedic].
	1457	N/A	A. Office of EMS certification examinations are required by all providers unless otherwise described in these regulations. B. Primary certification testing is the first attempt at the certification examination process. 1. This process includes both the written and practical examination for providers seeking a new or higher level of certification. 2. Primary testing must begin [~~:~~ ~~a. Within~~ within] 180 days of the course end date [~~; or~~ [~~b. Within the enrollment expiration date for students attending an Office of EMS accredited program~~]. C. Primary retest requires the candidate to retest that portion of the primary test failed within 90 days of the primary test attempt. D. Secondary certification testing (written and practical) occurs when a candidate fails the primary attempt and either fails the primary retest or does not retest within 90 days of the primary examination attempt. Secondary certification testing requires the candidate to submit as described in these regulations CE that satisfies the recertification requirements for the level of EMS certification sought. E. Secondary retest requires the candidate to retest that portion of the secondary test failed within 90 days of the secondary test attempt. F. Successful completion of the certification examination process must be completed [~~:~~ ~~1. Within~~ within] 365 days of the primary test attempt [~~; or~~ [~~2. Prior to the enrollment expiration date~~

			~~for students attending an Office of EMS accredited program.~~]. G. The certification examination process requires that certification testing be conducted and proctored [in a manner approved] by the Office of EMS.
	1459	N/A	**Certification eligibility.** Certification eligibility will be demonstrated by the possession of a valid eligibility letter from the Office of EMS by the candidate. **Rationale: Updates process and practice.**
1460		**ALS student enrollment requirements.** An enrolled student in an ALS certification program (EMT-Enhanced, EMT-Intermediate or EMT-Paramedic) must comply with the following: 1. Be proficient in reading, writing and speaking the English language in order to clearly communicate with a patient, family or bystander to determine a chief complaint, nature of illness, mechanism of injury or to assess signs and symptoms. 2. Be a minimum of 18 years of age at the beginning date of the certification program. 3. Hold current certification as an EMT or higher EMS certification level. 4. Hold, at a minimum, a high school or general equivalency diploma. 5. Have no physical or mental impairment that would render him unable to perform all practical skills required for that level of training. Physical performance skills must include the ability of the student to function and communicate independently, to perform appropriate patient care, physical assessments and treatments without the need for an assistant. 6. Not have been convicted or found guilty of any crime, offense or regulatory violation, or participated in any other prohibited conduct identified in these regulations. 7. Meet requirements for course enrollment as set by the regional EMS council or local EMS resource, the PCD or the course coordinator,	~~**ALS student enrollment requirements.**~~ **~~(Repealed.)~~** ~~An enrolled student in an ALS certification program (EMT-Enhanced, EMT-Intermediate or EMT-Paramedic) must comply with the following:~~ ~~1. Be proficient in reading, writing and speaking the English language in order to clearly communicate with a patient, family or bystander to determine a chief complaint, nature of illness, mechanism of injury or to assess signs and symptoms.~~ ~~2. Be a minimum of 18 years of age at the beginning date of the certification program.~~ ~~3. Hold current certification as an EMT or higher EMS certification level.~~ ~~4. Hold, at a minimum, a high school or general equivalency diploma.~~ ~~5. Have no physical or mental impairment that would render him unable to perform all practical skills required for that level of training. Physical performance skills must include the ability of the student to function and communicate independently, to perform appropriate patient care, physical assessments and treatments without the need for an assistant.~~ ~~6. Not have been convicted or found guilty of any crime, offense or regulatory violation, or participated in any other prohibited conduct identified in these regulations.~~ ~~7. Meet requirements for course enrollment as set by the regional EMS council or local EMS resource, the PCD or the course coordinator, approved by the Office of EMS.~~ ~~8. If in an ALS bridge certification program between certification levels, have completed the eligibility requirements for certification at the prerequisite lower ALS level at the beginning date of the ALS bridge certification program. He shall also become certified at the lower ALS certification level before certification testing for the higher level of the ALS bridge certification program.~~ **Rationale: Section rewritten and moved.**

		approved by the Office of EMS. 8. If in an ALS bridge certification program between certification levels, have completed the eligibility requirements for certification at the prerequisite lower ALS level at the beginning date of the ALS bridge certification program. He shall also become certified at the lower ALS certification level before certification testing for the higher level of the ALS bridge certification program.	
	1461	N/A	**Prohibition of oral examinations.** A certification candidate may not use another person or any electronic or mechanical means to translate [written] certification examination material into an audible [~~or~~ ,] tactile [, or visual] format. **Rationale: Updates process and practice.**
	1463	N/A	**Candidates requirements for state recertification.** A. This section shall apply to individuals requesting state recertification who hold current certification at or below the level requested to be recertified (Excluding those who gained their current certification through Legal Recognition.) B. Students requesting recertification must demonstrate eligibility as evidenced by completion of the continuing education requirements for the corresponding recertification program for the level to be recertified. Evidence of completion for the continuing education requirements shall be received by the Office of EMS in an approved method prior to certification expiration for the provider to be classified in Current Provider Status. **Rationale: Updates process and practice.**
	1465	N/A	**Recertification examination requirement.** A. Individuals who are eligible to recertify and hold current certifications are required to successfully complete the state written examination process based upon the following: 1. All individuals who are not affiliated with a licensed EMS agency must take the state written examination to recertify. 2. Individuals affiliated with a licensed EMS agency may be granted an Exam Waiver from the state written recertification examination by the Operational Medical Director (OMD) of the EMS agency, provided: a. A completed "Virginia EMS Certification Application" signed by the OMD and the individual is submitted to the Office of EMS documenting the Exam Waiver or a format approved by the Office of EMS. b. A "Virginia EMS Certification Application" form

			submitted as an Exam Waiver must be received by the Office of EMS no later than 30 days following the expiration of the individual's certification at the level being "Waived". (1) "Virginia EMS Certification Application" forms received by the Office of EMS during the 30 days after the individual's certification expiration date will be considered valid for recertification purposes. However, during this period following expiration, the individual may not practice at the expired certification level. (2) "Virginia EMS Certification Application" forms received by the Office of EMS more than 30 days after the individual's certification expiration date will be considered as invalid and the individual will be deemed in reentry status and required to test to regain current certification. B. Candidates in current provider status required or choosing to take the state recertification examination must demonstrate eligibility as evidenced by possession of a valid Recertification Eligibility Notice letter from the Office of EMS. **Rationale: Updates process and practice.**
	1467	N/A	**Basic and advanced life support certification examinations.** A. All state written examinations shall be conducted by the Office of EMS. B. The Office of EMS standard for successful completion is defined as a minimum score of: 1. 70% on all basic life support certification examinations. 2. 80% on all EMT instructor [and EMS education coordinator] certification examinations. 3. 85% on all EMT instructor [and EMS education coordinator] pretest examinations. 4. 80% on all advanced life support certification examinations. **Rationale: Updates process and practice.**
	1469	N/A	**Basic and advanced life support practical certification examinations.** A. Practical examinations shall be conducted by the Office of EMS or as approved for accredited training programs B. Candidates taking a practical examination conducted by the Office of EMS shall demonstrate proficiency on all practical stations required for the program level being tested. Grades of UNSATISFACTORY will constitute failure of that station, requiring a retest. C. Candidates failing any practical station examination conducted by the Office of EMS will have an opportunity to retest the station(s) failed. D. If a primary retest is failed, the candidate examination conducted by the Office of EMS must complete the secondary retest requirements. **Rationale: Updates process and practice.**
1470		**Course coordinator responsibility for certification candidate eligibility.** A course coordinator shall	~~**Course coordinator responsibility for certification candidate eligibility.**~~ **(Repealed.)** ~~A course coordinator shall provide the successful certification candidate the following documentation of eligibility for testing:~~

		provide the successful certification candidate the following documentation of eligibility for testing: 1. A "Virginia EMS Certification Application" with required signature attesting to the eligibility for certification testing. a. If a BLS certification program, the course coordinator shall by his signature attest to the eligibility of the certification candidate for certification testing. b. If an ALS certification program, the physician course director shall by his signature attest to the eligibility of the certification candidate for certification testing. 2. If a certification candidate is less than 18 years of age on the beginning date of the program, the parental permission form that was completed and signed at the beginning of the program. 3. A completed individual skill performance, clinical training or field internship record, or a combination of these, as applicable for the EMS certification program.	~~1. A "Virginia EMS Certification Application" with required signature attesting to the eligibility for certification testing.~~ ~~a. If a BLS certification program, the course coordinator shall by his signature attest to the eligibility of the certification candidate for certification testing.~~ ~~b. If an ALS certification program, the physician course director shall by his signature attest to the eligibility of the certification candidate for certification testing.~~ ~~2. If a certification candidate is less than 18 years of age on the beginning date of the program, the parental permission form that was completed and signed at the beginning of the program.~~ ~~3. A completed individual skill performance, clinical training or field internship record, or a combination of these, as applicable for the EMS certification program.~~ **Rationale: Section rewritten and moved.**
	1471	N/A	**Examination retest .** A. Candidates failing to achieve a minimum passing score on any state administered written and/or practical examinations must retest within 90 days from the original exam date. B. BLS and EMT Enhanced Candidates failing one or more stations of the practical but passing the written examination are not required to repeat a successful written examination of a testing series. Likewise, a candidate failing the written examination would not be required to repeat a successful practical examination of a testing series. C. If any retest is failed or a retest is not taken within the allowed 90-day retest period, the candidate will be considered to have failed the initial testing series and must complete secondary eligibility before secondary certification testing may be attempted. D. Secondary Certification Testing Eligibility Requires: 1. Satisfaction of all requirements as set forth in the minimum continuing education requirements for the corresponding recertification CE program for the level being tested. a. This training may not include any course or program completed before the initial series of

			testing. b. May include those CE hours completed after the initial certification examination has been attempted. c. This training must be submitted on CE cards or a format as approved by the Office of EMS. 2. Receive written notification from the Office of EMS of eligibility for secondary certification testing. E. Upon notification of eligibility to test from the Office of EMS, a candidate who has previously failed a written and/or practical retest will be allowed one (1) additional series of testing. 1. Candidates attempting a second series of testing are required to successfully complete both the written and practical examinations, regardless of the results of the previous testing attempts. 2. This requirement for successful completion of both the written and practical examinations will apply equally to initial, recertification, and reentry candidates who have failed a previous series of testing. 3. All appropriate sections of these regulations will apply to the second series of testing. F. Failure of any retest during the second series of testing will require the candidate to complete an entire initial basic training program or applicable bridge course before any additional testing may be attempted at this certification level. G. The requirements of this section including initial and secondary certification testing series must be completed within 365 days from the date of the initial certification test attempt (i.e. first test date) or prior to the enrollment expiration date for students attending an OEMS accredited program. Failure to complete this process within this prescribed period will require the candidate to repeat an entire initial basic training program or applicable bridge course before any additional testing may be attempted at this certification level. H. Future testing of candidates required to complete an entire initial basic training program under Sections F or G above will be processed in the same manner as any candidate completing a similar course for the first time. **Rationale: Updates process and practice.**
	1473	N/A	**Candidate evidence of eligibility for retesting.** Candidates requesting to retest a failed written and/or practical exam(s) must demonstrate eligibility as evidenced by presentation of the letter of Retest Eligibility from the Office of EMS and the latest test results. **Rationale: Updates process and practice.**
	1475	N/A	**Candidate evidence of eligibility for secondary testing.** Candidates requesting testing a second series of exams after failure of an initial testing series must demonstrate eligibility as evidenced by valid "Secondary Eligibility Notice" from the Office of EMS. **Rationale: Updates process and practice.**

	1477	N/A	**Examination security and review.** A. All Virginia examinations are the property of the Office of EMS. Individuals taking an examination may not copy or make recordings or reproduce in any other manner any material from the examination. Failure to return the examination will subject the individual to disqualification for certification. B. Giving or obtaining information or aid prior to, during or following any exam, as evidenced by direct observation of the state examination administrator(s), subsequent analysis of examination results or other prohibited acts, may be sufficient cause to terminate candidate participation, to invalidate the results of a candidate's examination, to take enforcement action against other involved persons, or to take other appropriate action even if there is no evidence of improper conduct by the candidate. In these cases, the Office of EMS reserves the right to delay processing of examination results until a thorough and complete investigation may be conducted. 1. Unauthorized giving or obtaining information will include but not be limited to: a. Giving unauthorized access to secure test questions. b. Copying or reproducing all or any portion of any secure test booklet. c. Divulging the contents of any portion of a secure test. d. Altering candidate's responses in any way. e. Making available any answer keys. f. Providing a false certification on any test security form required by the Office of EMS. g. Retaining a copy of secure test questions. h. Falsely taking any examination, or part thereof, on behalf of another individual. i. Participating in, directing, aiding, or assisting in any of the acts prohibited by this section. 2. For the purposes of this section the term "secure test" means any item, question, or test that has not been made publicly available by the Office of EMS. 3. Nothing in this section may be construed to prohibit or restrict the reasonable and necessary actions of the Office of EMS in test development or selection, test form construction, standard setting, test scoring and reporting, or any other related activities which, in the judgment of the Office of EMS, are necessary and appropriate. C. Under no circumstances will written examinations and practical scenarios be provided to EMT-Instructor, ALS-Coordinator, EMS-Education Coordinator, PCD/OMD or candidates for their review at any time. **Rationale: Updates process and practice.**
1480		**Eligibility for certification examination.** A. A certification candidate shall take the initial EMS	~~**Eligibility for certification examination.**~~ **(Repealed.)** ~~A. A certification candidate shall take the initial EMS certification examination within 180 days of~~

		certification examination within 180 days of the end date of the EMS certification program by presenting the following at a state certification examination: 1. A completed "Virginia EMS Certification Application" form signed by the course coordinator for BLS programs or the physician course director for ALS programs. 2. A parental permission form if the certification candidate was less than 18 years of age on the beginning date of a BLS program. 3. A completed individual skill performance, clinical training or field internship record, or a combination of these, as applicable for the EMS certification program. 4. For BLS certification courses, a current CPR card or a valid copy of the course roster from a CPR course approved by the Office of EMS unless an individual skill performance record verifies this information. 5. Positive identification in the form of a government issued picture identification card. B. A certification candidate in recertification, reentry, equivalency challenge or legal recognition status shall present the following at a state certification examination: 1. A "Recertification Eligibility Notice" or test authorization letter from the Office of EMS. 2. Positive identification in the form of a government-issued picture identification card.	~~the end date of the EMS certification program by presenting the following at a state certification examination:~~ ~~1. A completed "Virginia EMS Certification Application" form signed by the course coordinator for BLS programs or the physician course director for ALS programs.~~ ~~2. A parental permission form if the certification candidate was less than 18 years of age on the beginning date of a BLS program.~~ ~~3. A completed individual skill performance, clinical training or field internship record, or a combination of these, as applicable for the EMS certification program.~~ ~~4. For BLS certification courses, a current CPR card or a valid copy of the course roster from a CPR course approved by the Office of EMS unless an individual skill performance record verifies this information.~~ ~~5. Positive identification in the form of a government issued picture identification card.~~ ~~B. A certification candidate in recertification, reentry, equivalency challenge or legal recognition status shall present the following at a state certification examination:~~ ~~1. A "Recertification Eligibility Notice" or test authorization letter from the Office of EMS.~~ ~~2. Positive identification in the form of a government-issued picture identification card.~~ **Rationale: Section rewritten and moved.**
1490		**Recertification Eligibility Notice.** A. An EMS provider who has satisfied the CE hours specified for his certification level may be issued a "Recertification Eligibility Notice." B. A "Recertification Eligibility Notice" remains valid until the expiration of the current certification period or the two-year "reentry" period for the level indicated unless the requirements for recertification	~~**Recertification eligibility notice.**~~ **(Repealed.)** ~~A. An EMS provider who has satisfied the CE hours specified for his certification level may be issued a "Recertification Eligibility Notice."~~ ~~B. A "Recertification Eligibility Notice" remains valid until the expiration of the current certification period or the two-year "reentry" period for the level indicated unless the requirements for recertification are changed by the Office of EMS.~~ **Rationale: Section rewritten and moved.**

		are changed by the Office of EMS.	
1500		**Eligibility for EMT-Instructor certification program.** A. An EMS provider must comply with the following in order to be eligible to take the EMT Instructor written examination: 1. Be a minimum of 21 years of age. 2. Hold current certification as an EMT or higher EMS certification level, and have been certified as an EMT for a minimum of two years. 3. Be a high school graduate or equivalent. 4. Have completed any other prerequisite training required by the Office of EMS. 5. Obtain a minimum score of 85% on a written pretest examination. a. Instructor pretest results are valid for a period of two years from the date of the written examination. b. An EMS provider failing a written pretest examination is not eligible to repeat the examination for a period of 90 days from the date of the examination. B. An EMT instructor candidate shall demonstrate competency during a formal practical pretest examination. An EMT instructor candidate shall provide the Office of EMS the following to be eligible for the practical examination: 1. An EMT instructor candidate affiliated with an EMS agency shall be recommended by the EMS physician serving as the agency's OMD. 2. An EMT instructor candidate who is not affiliated with an EMS agency shall provide both a recommendation from an EMS physician and a statement from his employer or perspective employer attesting to the need for instructor certification to meet the EMS training needs of the organization. C. An EMT instructor candidate shall receive an	~~**Eligibility for EMT-Instructor certification program.**~~ **(Repealed.)** ~~A. An EMS provider must comply with the following in order to be eligible to take the EMT Instructor written examination:~~ ~~1. Be a minimum of 21 years of age.~~ ~~2. Hold current certification as an EMT or higher EMS certification level, and have been certified as an EMT for a minimum of two years.~~ ~~3. Be a high school graduate or equivalent.~~ ~~4. Have completed any other prerequisite training required by the Office of EMS.~~ ~~5. Obtain a minimum score of 85% on a written pretest examination.~~ ~~a. Instructor pretest results are valid for a period of two years from the date of the written examination.~~ ~~b. An EMS provider failing a written pretest examination is not eligible to repeat the examination for a period of 90 days from the date of the examination.~~ ~~B. An EMT instructor candidate shall demonstrate competency during a formal practical pretest examination. An EMT instructor candidate shall provide the Office of EMS the following to be eligible for the practical examination:~~ ~~1. An EMT instructor candidate affiliated with an EMS agency shall be recommended by the EMS physician serving as the agency's OMD.~~ ~~2. An EMT instructor candidate who is not affiliated with an EMS agency shall provide both a recommendation from an EMS physician and a statement from his employer or perspective employer attesting to the need for instructor certification to meet the EMS training needs of the organization.~~ ~~C. An EMT instructor candidate shall receive an invitation from the Office of EMS to attend an instructor institute.~~ ~~1. An EMT instructor candidate shall successfully complete an EMT-instructor institute conducted by the Office of EMS. Attendance of some portions of the EMT-instructor institute may be waived for qualified candidates who present documentation of completion of equivalent programs in adult education approved by the Office of EMS.~~ ~~2. An EMT instructor candidate shall demonstrate application of the knowledge and skills required of an Instructor during a teaching presentation made at the Instructor Institute.~~ ~~a. An EMT instructor candidate who performs to an acceptable level may be certified.~~ ~~b. An EMT instructor candidate who performs at an unacceptable level will be deemed to have failed the instructor institute. The candidate will be required to repeat the entire EMT Instructor certification process to apply for EMT-instructor certification.~~ ~~c. An EMT instructor candidate who performs at a~~

		invitation from the Office of EMS to attend an instructor institute. 1. An EMT instructor candidate shall successfully complete an EMT-instructor institute conducted by the Office of EMS. Attendance of some portions of the EMT-instructor institute may be waived for qualified candidates who present documentation of completion of equivalent programs in adult education approved by the Office of EMS. 2. An EMT instructor candidate shall demonstrate application of the knowledge and skills required of an Instructor during a teaching presentation made at the Instructor Institute. a. An EMT instructor candidate who performs to an acceptable level may be certified. b. An EMT instructor candidate who performs at an unacceptable level will be deemed to have failed the instructor institute. The candidate will be required to repeat the entire EMT Instructor certification process to apply for EMT-instructor certification. c. An EMT instructor candidate who performs at a marginal level may be granted "Conditional Instructor Status."	~~marginal level may be granted "Conditional Instructor Status."~~ **Rationale: This certification to no longer exist.**
	1501	N/A	**BLS certification course attendance.** A. Students must [~~be present for~~ complete] a minimum of 85% of the [~~entire~~ didactic and lab aspects of the] course. B. Students must complete all healthcare facility competency and field internship requirements for the program. C. Students must successfully demonstrate competency to perform all required skills as specified by the Office of EMS for the level of the training program attended. Use of training manikin practice may not substitute for performance of skills involving actual patients in a clinical setting except as allowed by the Office of EMS. **Rationale: Updates process and practice.**
	1503	N/A	**BLS course student 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, to assess signs and symptoms, and interpret protocols. 2. Be a minimum of 16 years of age at the beginning date of the certification program. a. If less than 18 years of age, the student must provide the Emergency Medical Technician Instructor or the EMS-Education Coordinator with a completed parental permission form as approved by the Office of EMS with the signature of a parent or guardian supporting enrollment in the course. 3. Have no physical or mental impairment that would render the student or provider unable to perform all practical skills required for that level of certification including the ability to function and communicate independently and perform patient care, physical assessments and treatments. 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. If in a bridge certification program, the student must hold current Virginia Certification at the EMS First Responder Level through completion of the certification examination process. **Rationale: Updates process and practice.**
	1505	N/A	**EMS First Responder certification program.** The EMS First Responder curriculum will be the current version of the Virginia Standard Curriculum or Virginia education standards for the EMS First Responder as approved by the Office of EMS and will consist of a minimum number of hours of didactic training. **Rationale: Conforms to new national certification levels.**
	1507	N/A	**First Responder bridge to EMT.** The Virginia EMS First Responder Bridge curriculum will be based upon the National Standard Curriculum for the EMT or Virginia education standards and the bridge program approved by the Office of EMS. **Rationale: Conforms to new national certification levels.**
	1509	N/A	**EMS First Responder bridge length.** The Virginia EMS First Responder Bridge will consist of a minimum number of hours of didactic training and competency. **Rationale: Conforms to new national certification levels.**
1510		**EMS certification written examination.** A certification candidate shall pass the written certification examination with a minimum score of: 1. 70% on a BLS certification examination. 2. 80% on an ALS certification examination.	~~**EMS certification written examination.**~~ **(Repealed.)** ~~A certification candidate shall pass the written certification examination with a minimum score of:~~ ~~1. 70% on a BLS certification examination.~~ ~~2. 80% on an ALS certification examination.~~ ~~3. 85% on an EMT-Instructor pretest examination.~~ ~~4. 80% on an EMT-Instructor recertification examination.~~ **Rationale: Section rewritten and moved.**

		3. 85% on an EMT-Instructor pretest examination. 4. 80% on an EMT-Instructor recertification examination.	
	1511	N/A	**First Responder bridge to EMT certification examinations.** Candidates completing the Virginia EMS First Responder Bridge program must complete the current Emergency Medical Technician written and practical examinations administered by the Office of EMS. **Rationale: Conforms to new national certification levels.**
	1513	N/A	**Emergency Medical Technician (EMT) certification.** The EMT curriculum will be based upon the current version of the National Standard Curriculum for the EMT or Virginia education standards and any additions, deletions or other modifications as approved by the Office of EMS and will consist of a minimum number of hours of didactic training and competency. **Rationale: Conforms to new national certification levels.**
	1515	N/A	**Emergency Medical Technician (EMT) certification examination.** Candidates completing the Emergency Medical Technician Training Program must successfully complete the Office of EMS approved EMT written and practical examinations. **Rationale: Conforms to new national certification levels.**
1520		**EMS certification practical examination.** A. A certification candidate shall pass all practical stations required for the certification level being tested. B. A grade of UNSATISFACTORY on a critical criteria within a practical station will result in failure of that station. C. A grade of UNSATISFACTORY on a practical station that uses numeric scoring will include failure to obtain the minimum required points.	~~**EMS certification practical examination. (Repealed.)**~~ ~~A. A certification candidate shall pass all practical stations required for the certification level being tested.~~ ~~B. A grade of UNSATISFACTORY on a critical criteria within a practical station will result in failure of t at station.~~ ~~C. A grade of UNSATISFACTORY on a practical station that uses numeric scoring will include failure to obtain the minimum required points.~~ **Rationale: Section rewritten and moved.**
	1521	N/A	**ALS course student requirements.** An enrolled student in an ALS certification Program shall comply with the following: A. Be proficient in reading, writing and speaking the English language in order to clearly communicate with a patient, family or bystander to determine a chief complaint, nature of illness, mechanism of injury, to assess signs and symptoms, and interpret protocols. B. Be a minimum of 18 years of age at the

			beginning date of the certification program. C. Certification as an EMT or higher EMS certification level. D. Posses a high school or general equivalency diploma. E. Have no physical or mental impairment that would render the student or provider unable to perform all practical skill required for that level of certification including the ability to function and communicate independently and perform appropriate patient care, physical assessments and treatments. F. If in a bridge certification program, the student shall be eligible for certification at the prerequisite lower ALS level at the beginning date of the bridge program and shall have obtained certification at the bridge program's prerequisite certification level before certification testing for the bridge level. **Rationale: Updates process and practice.**
	1523	N/A	**EMT-Enhanced certification.** A. The EMT-Enhanced curriculum will be the current Virginia Standard Curriculum for the EMT-Enhanced or Virginia education standards as approved by the Office of EMS. B. Certification for the EMT-Enhanced course will be awarded upon successful completion of written and practical examinations administered by the Office of EMS. C. EMT-Enhanced certification practical testing will follow practical testing guidelines as approved by the Office of EMS. **Rationale: Updates process and practice.**
	1524	N/A	**Advanced EMT certification** A. The Advanced EMT curriculum will be the current Virginia Standard Curriculum for the Advanced EMT or Virginia education standards as approved by the Office of EMS. B. Certification for the Advanced EMT course will be awarded upon successful completion of written and practical examinations administered by the Office of EMS. C. Advanced EMT certification practical testing will follow practical testing guidelines as approved by the Office of EMS. **Rationale: Conforms to new national certification levels.**
	1525	N/A	**[~~EMT-Intermediate~~ Intermediate] certification.** A. The [~~EMT-Intermediate~~ Intermediate] curriculum will be the U.S. Department of Transportation National Standard Curriculum for the Intermediate [~~Intermediate~~ EMT-Intermediate] 99 or a bridge program curriculum or Virginia education standards as amended and approved by the Office of EMS. B. Certification for the EMT-Intermediate [~~EMT-Intermediate~~ Intermediate] course will be awarded through reciprocity upon successful completion of written and practical examinations created and administered by the National Registry of Emergency Medical Technicians. C. When the National Registry of Emergency

			Medical Technicians no longer tests EMT-Intermediate 99, the Board of Health will assume testing responsibilities for this level.
	1527	N/A	**EMT-Paramedic [~~EMT-Paramedic~~ Paramedic] certification.** A. The EMT-Paramedic [~~EMT-Paramedic~~ Paramedic] curriculum will be the National Standard Curriculum for the EMT Paramedic [~~EMT-Paramedic~~ Paramedic] or Virginia education standards or a bridge program approved by the Office of EMS. B. Certification for the EMT-Paramedic [~~EMT-Paramedic~~ Paramedic] course will be awarded through reciprocity upon successful completion of written and practical examinations created and administered by the National Registry of Emergency Medical Technicians. **Rationale: Updates process and practice.**
	1529	N/A	**Advanced life support bridge courses.** A. Bridge courses are designed to allow a candidate to advance from a lower level of ALS certification to a higher level of ALS certification or for a Virginia licensed registered nurse to bridge to the [~~EMT-Paramedic~~ Paramedic] certification level: 1. EMT-Enhanced to [~~EMT-Intermediate~~ Intermediate] Bridge. 2. [~~EMT-Intermediate~~ Intermediate] to [~~EMT-Paramedic~~ Paramedic] Bridge. 3. RN to [~~EMT-Paramedic~~ Paramedic] Bridge. B. All bridge programs shall use the training curriculum approved by the Office of EMS for the certification level of the program. **Rationale: Updates process and practice.**
1530		**Certification examination retest.** A. A certification candidate may have up to two series of state certification examinations before being required to repeat an entire BLS or ALS certification program. B. A certification candidate failing the written or practical certification examination of an exam series shall retest within 90 days from the date of the original examination. C. A certification candidate failing a practical examination but passing the written examination of an exam series shall only repeat the practical examination of an exam series. A certification candidate failing the written examination but passing the practical examination shall only repeat the written examination for the exam	~~**Certification examination retest.**~~ **(Repealed.)** ~~A. A certification candidate may have up to two series of state certification examinations before being required to repeat an entire BLS or ALS certification program.~~ ~~B. A certification candidate failing the written or practical certification examination of an exam series shall retest within 90 days from the date of the original examination.~~ ~~C. A certification candidate failing a practical examination but passing the written examination of an exam series shall only repeat the practical examination of an exam series. A certification candidate failing the written examination but passing the practical examination shall only repeat the written examination for the exam series.~~ ~~D. A certification candidate who has failed the retest of the initial examination series or has not taken the retest within the 90 day series retest period, shall satisfy the following before an additional certification test may be attempted:~~ ~~1. Completion of the recertification CE hour requirements for the level to be tested.~~ ~~2. Receipt of a "Second Certification Testing Eligibility Notice" from the Office of EMS.~~ ~~E. A certification candidate who has received a~~

		series. D. A certification candidate who has failed the retest of the initial examination series or has not taken the retest within the 90 day series retest period, shall satisfy the following before an additional certification test may be attempted: 1. Completion of the recertification CE hour requirements for the level to be tested. 2. Receipt of a "Second Certification Testing Eligibility Notice" from the Office of EMS. E. A certification candidate who has received a "Second Certification Testing Eligibility Notice" must pass both the written and practical certification examinations for the certification level. F. A certification candidate who fails a retest during the second certification examination series must complete an initial certification program or applicable bridge course in order to be eligible for further certification examination. G. A certification candidate shall complete all certification examination series within 12 months from the date of the first certification examination attempt. This 12-month maximum testing period may shorten the time available for retesting specified in subsection B of this section.	~~"Second Certification Testing Eligibility Notice" must pass both the written and practical certification examinations for the certification level.~~ ~~F. A certification candidate who fails a retest during the second certification examination series must complete an initial certification program or applicable bridge course in order to be eligible for further certification examination.~~ ~~G. A certification candidate shall complete all certification examination series within 12 months from the date of the first certification examination attempt. This 12-month maximum testing period may shorten the time available for retesting specified in subsection B of this section.~~ **Rationale: Section rewritten and moved.**
	1531	N/A	**Registered Nurse to EMT-Paramedic [~~EMT-Paramedic~~ Paramedic] Bridge prerequisites.** A. RN to EMT-Paramedic[~~EMT-Paramedic~~ Paramedic] students must be able to document compliance with the following prerequisites: 1. The candidate must be currently licensed as a Registered Nurse (RN) in Virginia or as recognized through the Nursing Compact Agreement as approved by the Virginia Board of Nursing. B. The candidate must currently hold certification as a Virginia EMT or higher certification. C. The candidate must be currently participating as an EMS field provider or actively working as an RN. **Rationale: Updates process and practice.**

	1533	N/A	**Registered Nurse to EMT-Paramedic[~~EMT-Paramedic~~ Paramedic] Bridge program completion requirements.** A. The R.N. to EMT-Paramedic[~~EMT-Paramedic~~ Paramedic] Bridge shall be the National Standard Curriculum for the EMT-Paramedic[~~EMT-Paramedic~~ Paramedic] or Virginia education standards or a bridge program approved by the Office of EMS. B. The student will receive formal instruction in all the objectives listed in the EMT-Paramedic [~~EMT-Paramedic~~ Paramedic]curriculum as recognized by the Office of EMS either through an accredited EMT-Paramedic[~~EMT-Paramedic~~ Paramedic] course or through a nursing education program as recognized by the Virginia Board of Nursing. C. Certification for the R.N. to EMT-Paramedic[~~EMT-Paramedic~~ Paramedic] Bridge course will be awarded through reciprocity upon successful completion of written and practical examinations created and administered by the National Registry of Emergency Medical Technicians. **Rationale: Updates process and practice.**
	1535	N/A	**NREMT Paramedic endorsements.** A. Physician assistants (PA) or nurse practitioners (NP) may receive Virginia endorsement to sit for the National Registry of EMT's Paramedic written and practical examinations after providing verification of successful completion of the following criteria: 1. The PA or NP shall be currently Virginia certified as an EMT-Basic or may be allowed, with written permission from the Office of EMS, to complete the 36-hour EMT-Basic continuing education (CE) hours and successfully complete the EMT-Basic written and practical certification examination. 2. The PA or the NP shall receive endorsement from an EMS physician who verifies the candidate satisfies the paramedic competencies by completing a form as prescribed by the Office of EMS. 3. Team leader skills shall be completed and verified on a form as prescribed by the Office of EMS. B. Third and fourth year medical students, and Virginia licensed dentists or chiropractors may receive Virginia endorsement to sit for the National Registry of EMT-Paramedic written and practical examinations after providing successful completion of the following criteria: 1. Must possess or have possessed pre-hospital ALS certification that must not have expired more than 24 months prior to submission. 2. Must be currently certified as a Virginia EMT-Basic. 3. Third and fourth year medical students shall submit a copy of their official medical school transcripts. Dentists or chiropractors shall submit to the Office of EMS a copy of their license to

			practice in Virginia. **Rationale: Updates process and practice.**
1540		**Prohibition of oral examination administration.** A certification candidate may not use another person or any electronic or mechanical means to translate certification examination material into an audible or tactile format.	**~~Prohibition of oral examination administration.~~ (Repealed.)** ~~A certification candidate may not use another person or any electronic or mechanical means to translate certification examination material into an audible or tactile format.~~ **Rationale: Section rewritten and moved.**
	1541	N/A	**EMT instructor candidate. [~~EMT instructor candidate~~ Reserved]** 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 Virginia EMS certification as an EMT or higher Virginia EMS Certification level. 3. Have been certified as an EMT or higher level of EMS certification for a minimum of two years. 4. Must have a minimum of two years field experience as an EMS provider. 5. Proof of a high school diploma or equivalent. [~~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 Virginia EMS certification as an EMT or higher Virginia EMS Certification level.~~ ~~3. Have been certified as an EMT or higher level of EMS certification for a minimum of two years.~~ ~~4. Must have a minimum of two years field experience as an EMS provider.~~ ~~5. Proof of a high school diploma or equivalent.~~] B. The EMT instructor candidate must not have any EMS compliance enforcement issued within the previous 24 months or 24 months from the end date of the issued enforcement action. [~~B. The EMT instructor candidate must not have any EMS compliance enforcement issued within the previous twenty-four months or twenty-four months from the end date of the issued enforcement action.~~ **Rationale: Updates process and practice.**
	1542	N/A	**[~~EMT-Instructor~~ Reserved.]** [~~A. The instructor candidate shall successfully complete a written and practical pre-test as approved by the Virginia Office of EMS.~~] [~~B. The instructor candidate will successfully complete an instructor program as approved by the Virginia Office of EMS.~~]
	1543	N/A	**EMT-Instructor recertification.** **[This section will expire 2 years from the implementation date of these regulations]** A. The EMT-Instructor's certification shall be renewed every two years. To fulfill the recertification requirements, the EMT-Instructor must: 1. Instruct a minimum of 50 hours of EMT or First

			Responder subject material in approved courses within the two-year certification period. This requirement only may be met through instruction of standard Basic Life Support training courses or other programs approved for Basic Life Support (Category 1) continuing education credit. 2. Successfully complete a minimum of one (1) EMS Instructor Update within the two-year certification period. 3. Successfully complete the EMT-Basic [~~EMT-Basic~~ EMT] written certification examination with a minimum passing score of 80 percent. This examination may be completed at any time following attendance of an EMS Instructor Update. If the EMT-Instructor is affiliated with a licensed EMS Agency, this examination may be waived by the EMS Agency's OMD. B. Have no physical or mental impairment that would render the instructor unable to perform and evaluate all practical skills and tasks required of an EMT. **Rationale: Updates process and practice.**
	1544	N/A	**EMT-Instructor reentry.** **[This section will expire two years from the implementation date of these regulations]** Individuals whose EMT-Instructor certification has expired may regain full certification through completion of the reentry program within two years of their previous expiration date provided: A. If the EMT-Instructor has completed the teaching requirements but unable to fulfill one or more of the remaining requirements, the remaining requirements for recertification shall be completed within two years following the expiration date: However if the EMT-Basic [~~EMT-Basic~~ EMT] examination required was not completed prior to expiration, this examination may not be waived by an EMS Agency OMD. B. If the EMT-Instructor had not completed the teaching requirements, the following requirements will be necessary for reentry: 1. Successful completion of the EMT-Instructor written and practical pretest examinations. 2. Attendance of the administrative portions of an EMT-Instructor Institute. C. Upon completion of the applicable requirements for Reentry, new EMT-Instructor credentials will be issued for a two-year period. Thereafter, all of the requirements for recertification under 12VAC5-31-1545 will apply. **Rationale: Updates process and practice.**
	1545	N/A	**[~~Advanced Life Support coordinator program. Reserved.~~]** [~~An Advanced Life Support Coordinator may coordinate initial and continuing education training programs for EMT-Enhanced, Advanced EMT, EMT-Intermediate and EMT-Paramedic up to their level of EMS certification or other healthcare certification/licensure as approved by the Office of EMS.~~]

			Rationale: This certification level will expire.
	1546	N/A	**[~~Advanced Life Support coordinator certification~~ Reserved.]** [~~A. Prerequisites for certification as an Advanced Life Support Coordinator are:~~ ~~1. Be a minimum of twenty-one (21) years of age.~~ ~~2. The Advanced Life Support Coordinator candidate must not have any EMS compliance enforcement issued within the previous twenty-four months or two years from the end date of the issued enforcement action.~~ ~~3. The applicant must hold current certification and/or licensure for one or more of the following issued by the Commonwealth of Virginia:~~ ~~a. EMT-Enhanced~~ ~~b. Advanced EMT~~ ~~c. EMT-Intermediate~~ ~~d. EMT-Paramedic~~ ~~e. Physician Assistant~~ ~~f. Nurse Practitioner~~ ~~g. Registered Nurse~~ ~~h. Doctor of Osteopathy~~ ~~i. Doctor of Medicine~~ ~~B. A Certification Application shall be completed and submitted as prescribed by the Office of EMS.~~ ~~C. Upon receipt of a complete Advanced Life Support Coordinator application meeting the prerequisites and qualifications for certification, the applicant must attend an Advanced Life Support Coordinator seminar.~~ ~~D. Performance of any medical procedure is not permitted based upon Advanced Life Support Coordinator certification.~~]
	1547	N/A	**Renewal of Advanced Life Support coordinator.** A. An Advanced Life Support Coordinator must maintain current certification as a Virginia ALS provider, or licensure as a doctor of medicine, doctor of osteopathy, registered nurse, or physician assistant. B. An Advanced Life Support Coordinator must resubmit an Advanced Life Support Coordinator Certification Application before their expiration month. C. Successfully complete a minimum of one EMS Instructor Update or an Advanced Life Support Coordinator meeting within the two-year certification period. D. Individuals whose Advanced Life Support Coordinator certification has expired may regain full endorsement through completion of the Reentry program within two years of their previous expiration date provided: 1. Submit a completed Advanced Life Support Coordinator Certification Application, 2. Successfully complete a minimum of one EMS Instructor Update or an Advanced Life Support Coordinator meeting within the two-year certification period. **Rationale: Updates process and practice.**

	1548	N/A	**EMS Education coordinator** **(Note: Current EMT-Instructors and or ALS Coordinators will be transitioned to EMS Education Coordinator within four years of adoption of these regulations.)** A. The EMS Education Coordinator may announce and teach courses at or below their provider certification level. An EMS-Education Coordinator who certifies at a higher level may not begin announcing/coordinating courses at that level until they have attained one year of field experience at that level. B. Performance of any medical procedure is not permitted based upon EMS Education Coordinator certification. **Rationale: Updates process and practice.**
	1549	N/A	**EMS Education coordinator prerequisites.** Prerequisites for certification as an EMS education coordinator are: 1. Be a minimum of 21 years of age. 2. [~~Posses~~ Possess] a high school diploma or equivalent. 3. [Hold current Virginia EMS certifications as an EMT or higher level Virginia EMS certification.] [~~3.~~ 4.] Have three years medical experience with a minimum of two years verified field experience as an EMS provider at the appropriate [~~level~~] EMS level or two years of current Virginia licensure as [~~an~~ a] registered nurse, [~~physicians~~ physician] assistant, doctor of osteopathic medicine, or doctor of medicine. [~~4.~~ 5.] Must not have any EMS compliance enforcement actions within the previous five years. **Rationale: Updates process and practice.**
1550		**Certification examination security.** A person found to have given or obtained information or aid before, during or following a certification examination may be subject to disqualification of eligibility for certification examination and to further enforcement action. Unauthorized giving or obtaining of information will include but not be limited to: 1. Unauthorized access to a certification examination question; 2. Copying, reproducing or obtaining all or any portion of material from a certification examination; 3. Divulging any material from a certification examination; 4. Altering in any manner the response of a certification candidate, except by the Office of EMS; 5. Providing false certification	~~**Certification examination security.**~~ **(Repealed.)** ~~A person found to have given or obtained information or aid before, during or following a certification examination may be subject to disqualification of eligibility for certification examination and to further enforcement action.~~ ~~Unauthorized giving or obtaining of information will include but not be limited to:~~ ~~1. Unauthorized access to a certification examination question;~~ ~~2. Copying, reproducing or obtaining all or any portion of material from a certification examination;~~ ~~3. Divulging any material from a certification examination;~~ ~~4. Altering in any manner the response of a certification candidate, except by the Office of EMS;~~ ~~5. Providing false certification or identification on any certification examination form;~~ ~~6. Taking a certification examination on behalf of another person; or~~ ~~7. Participating in, directing, aiding, or assisting in any of the acts prohibited by this section.~~ **Rationale: Section rewritten and moved.**

		or identification on any certification examination form; 6. Taking a certification examination on behalf of another person; or 7. Participating in, directing, aiding, or assisting in any of the acts prohibited by this section.	
	1551	N/A	**EMS education coordinator certification process.** A. Eligible EMS education coordinator candidates will submit an application to include endorsement from an EMS physician. B. Upon receipt and verification of the application, the eligible EMS education coordinator candidate will [~~be required to~~ receive an eligibility to test letter and must] complete a written and practical examination. [1. The EMS education coordinator application is valid for a period of two years from either primary test attempt date or 180 days after the application is approved, which ever is less. During this period of time, the candidate cannot submit another EMS education coordinator application. 2. EMS education coordinator candidate written testing process shall have a primary and secondary attempt. a. Primary written testing attempt is the first attempt at the EMS education coordinator written testing process. b. Primary retest requires the candidate to retest the written within 90 days of the date the primary test was attempted. c. Secondary written testing occurs when a candidate fails the primary attempt and either fails the primary retest or does not retest within 90 days of the primary written attempt. d. Secondary written test eligibility is initiated 90 days from the date of the failed primary retest or 180 days after the date of the failed primary test, whichever is less. e. Secondary written retest requires the candidate to retest the written test within 90 days of the date the secondary test was attempted. 3. An EMS education coordinator candidate practical testing process shall have a primary and secondary attempt which cannot begin before the written primary test. a. Primary practical testing attempt is the first attempt at the EMS education coordinator practical testing process. b. Primary retest requires the candidate to retest that portion of the practical test failed. Same day retesting is allowed only if less than 75% of the practical is failed. c. Secondary practical testing is initiated after practical primary retest failure and requires the candidate test all practical stations. d. Secondary retest requires the candidate to

			retest that portion of the practical test failed. Same day retesting is allowed only if less than 75% of the secondary attempt on the practical testing is failed.] C. After successfully completing the written and practical examination, the qualified eligible EMS education coordinator candidate shall attend training as required by OEMS. [D. All components of the EMS education coordinator certification process must be completed within two years from the end of the month of the primary test attempt or 180 days after approved and eligibility for testing is initiated, which ever is less.] **Rationale: Updates process and practice.**
	1552	N/A	**EMS education coordinator recertification process.** A. To be eligible to recertify, the EMS Education Coordinator shall: 1. Maintain their provider certification. 2. Teach a minimum of 50 hours of initial certification or Category 1 CE and documentation of completion submitted in a process established by OEMS. 3. Complete one EMS Education Coordinator update in the three-year certification period. 4. Submit an EMS Education Coordinator application to include endorsement from an EMS Physician. B. Upon completion of the recertification requirements, the EMS Education Coordinator will receive an "Eligibility Notice" and must take and pass the EMS Education Coordinator recertification examination. C. All recertification requirements must be completed and submitted to OEMS prior to the certification expiration date. **Rationale: Updates process and practice.**
	1553	N/A	**EMS education coordinator reentry.** A. If an EMS education coordinator does not complete or submit all recertification requirements prior to his expiration date, he will go into a two-year reentry period. B. During the reentry, the EMS education coordinator will not be allowed to coordinate any certification [~~of~~ or] CE courses. Any current courses in progress at the time of loss of EMS education coordinator certification will be suspended. C. All outstanding recertification requirements shall be completed during the reentry period. D. Failure to complete all recertification requirements during the reentry period will require the provider to complete the entire certification process as prescribed in 12VAC5-31-1551. **Rationale: added to follow current practice for other re-entry levels**
1560		**BLS course coordinator reimbursement.** A. The BLS course coordinator for approved first responder	**~~BLS course coordinator reimbursement.~~ Repealed.** ~~A. The BLS course coordinator for approved first responder and emergency medical technician~~

		and emergency medical technician certification courses and Category 1 "Required" CE programs is eligible to request reimbursement. Reimbursement is designed to cover estimated costs for instruction and coordination of approved programs. B. A BLS course coordinator is eligible for reimbursement if he is not receiving payment or reimbursement from any source other than a rescue squad or other emergency medical services organization that operates on a nonprofit basis exclusively for the benefit of the general public for instruction of the same course. 1. Fees not exceeding actual cost may be charged to students for textbooks, handouts, disposable medical supplies, other course materials and payment of assisting instructors actually utilized in the course. Upon request, a schedule of fees charged shall be provided to the Office of EMS. 2. Tuition enrollment or institutional fees charged students for taking the course may be reason for denial of reimbursement payment. 3. The sponsoring rescue squad or other emergency medical services organization may make payment to the course coordinator in an amount up to the hourly reimbursement rate established by the Office for BLS programs. C. Requirements for Reimbursement Approval. A BLS course coordinator requesting reimbursement shall complete and sign the "Independent Contractor" agreement section of the Course Approval Request form. 1. A BLS course coordinator requesting reimbursement is an "Independent Contractor" and is not an employee of the Office of EMS or any agency of the Commonwealth of Virginia while fulfilling this	~~certification courses and Category 1 "Required" CE programs is eligible to request reimbursement. Reimbursement is designed to cover estimated costs for instruction and coordination of approved programs.~~ ~~B. A BLS course coordinator is eligible for reimbursement if he is not receiving payment or reimbursement from any source other than a rescue squad or other emergency medical services organization that operates on a nonprofit basis exclusively for the benefit of the general public for instruction of the same course.~~ ~~1. Fees not exceeding actual cost may be charged to students for textbooks, handouts, disposable medical supplies, other course materials and payment of assisting instructors actually utilized in the course. Upon request, a schedule of fees charged shall be provided to the Office of EMS.~~ ~~2. Tuition enrollment or institutional fees charged students for taking the course may be reason for denial of reimbursement payment.~~ ~~3. The sponsoring rescue squad or other emergency medical services organization may make payment to the course coordinator in an amount up to the hourly reimbursement rate established by the Office for BLS programs.~~ ~~C. Requirements for Reimbursement Approval. A BLS course coordinator requesting reimbursement shall complete and sign the "Independent Contractor" agreement section of the Course Approval Request form.~~ ~~1. A BLS course coordinator requesting reimbursement is an "Independent Contractor" and is not an employee of the Office of EMS or any agency of the Commonwealth of Virginia while fulfilling this independent contractor agreement.~~ ~~2. The training program shall be "open" to any qualified student up to the maximum of 30 allowed in a single program. No requirement for specific agency or employment affiliation may be imposed to limit or exclude enrollment by any individual in reimbursed courses.~~ ~~3. There shall be a minimum enrollment of 13 students at the start of the program to qualify for full reimbursement, unless the Office of EMS has granted specific prior approval.~~ ~~a. Programs with enrollments of less than 13 students at the time of instruction of the third lesson of the course curriculum shall submit a "Small Course Special Approval Request" form to the Office of EMS. This form requires justification of the need for continued instruction of this program for reimbursement.~~ ~~b. Programs approved for reimbursement with enrollments of less than 13 will be reimbursed at a lower rate than larger programs.~~ ~~4. "Small Course Special Approval Request" forms will be reviewed by Office of EMS staff and returned to the course coordinator indicating approval or denial. Programs are initially approved~~

		independent contractor agreement. 2. The training program shall be "open" to any qualified student up to the maximum of 30 allowed in a single program. No requirement for specific agency or employment affiliation may be imposed to limit or exclude enrollment by any individual in reimbursed courses. 3. There shall be a minimum enrollment of 13 students at the start of the program to qualify for full reimbursement, unless the Office of EMS has granted specific prior approval. a. Programs with enrollments of less than 13 students at the time of instruction of the third lesson of the course curriculum shall submit a "Small Course Special Approval Request" form to the Office of EMS. This form requires justification of the need for continued instruction of this program for reimbursement. b. Programs approved for reimbursement with enrollments of less than 13 will be reimbursed at a lower rate than larger programs. 4. "Small Course Special Approval Request" forms will be reviewed by Office of EMS staff and returned to the course coordinator indicating approval or denial. Programs are initially approved for reimbursement based upon the information provided at the time of request. Failure to properly coordinate and instruct the program, or other violations of applicable sections of these regulations may be deemed as grounds to deny or modify reimbursement payments at course completion. D. Final Payment. Upon course completion, and after all requirements of these regulations and the reimbursement contract have been satisfied, the course coordinator may request reimbursement.	~~for reimbursement based upon the information provided at the time of request. Failure to properly coordinate and instruct the program, or other violations of applicable sections of these regulations may be deemed as grounds to deny or modify reimbursement payments at course completion.~~ ~~D. Final Payment. Upon course completion, and after all requirements of these regulations and the reimbursement contract have been satisfied, the course coordinator may request reimbursement.~~ ~~1. To make application for payment, the Reimbursement Claim Form shall be submitted to the Office of EMS for review and final approval.~~ ~~2. A course coordinator may request that payment be made out in his name or that of a sole proprietorship or partnership he operates as a principal party. Checks made to organizations require submission of the business' federal employers identification number (FEIN) in place of the course coordinator's social security number in these cases. Reimbursement may not be paid to anyone other than the course coordinator who announced and contracted for the involved course.~~ **Rationale: Section rewritten and moved.**

		1. To make application for payment, the Reimbursement Claim Form shall be submitted to the Office of EMS for review and final approval. 2. A course coordinator may request that payment be made out in his name or that of a sole proprietorship or partnership he operates as a principal party. Checks made to organizations require submission of the business' federal employers identification number (FEIN) in place of the course coordinator's social security number in these cases. Reimbursement may not be paid to anyone other than the course coordinator who announced and contracted for the involved course.	
	1561	N/A	**EMS training fund.** The Board of Health has established the "Emergency Medical Services Training Fund" (EMSTF) to support certification and continuing education for BLS and ALS programs. Funding for various approved training programs will be administered on a contract basis between the Emergency Medical Technician Instructor, Advanced Life Support Coordinator or EMS Educational Coordinator and the Office of EMS. In addition, a tuition reimbursement component has been established to help defray the costs associated with obtaining initial certification. [~~In addition, a tuition reimbursement component has been established to help defray the costs associated with obtaining initial certification.~~] **Rationale: Updates process and practice.**
	1563	N/A	**Contracting through the EMS training fund.** The Board of Health promulgates funding contracts for EMS training programs annually on July 1. Only EMT instructors, ALS coordinators, or EMS educational coordinators are eligible to submit funding contracts. The requirements of the funding contracts supersede these regulations as they are legal documents. **Rationale: Updates process and practice.**
	1565	N/A	**[~~Individual tuition reimbursement.~~ Reserved.]** [~~A. Individual reimbursement is provided for expenses incurred by students who attend initial certification programs that received funding from the EMSTF program. Funding is made available to any certified and affiliated EMS provider in the Commonwealth.~~ ~~B. Reimbursement will be awarded based upon tuition expenses incurred by the student (minus grants and scholarships) up to the maximum amount defined in the EMSTF program. Funding~~

			~~for individual tuition reimbursement is determined by the Office of EMS based upon the EMSTF tuition award formula. There are two different funding levels:~~ ~~1. Non-EMSTF funded initial certification programs, and~~ ~~2. EMSTF funded initial certification programs~~ ~~C. Individual requests for tuition reimbursement require that the applicant:~~ ~~1. Be a Virginia certified EMS provider at the level of the program for which tuition is requested.~~ ~~2. Submit a completed application as prescribed by the Office of EMS.~~ ~~3. Ensure the submitted application shall be postmarked to the Virginia Office of EMS within 180 days of the applicant receiving Virginia certification at the level for which the tuition reimbursement is sought.~~ ~~4. Not submit or have previously submitted at the current level his name for reimbursement under the organizational tuition reimbursement process.~~
	1567	N/A	**[~~Organizational tuition reimbursement~~ Reserved] .** [~~A. Reimbursement is provided for tuition expenses incurred by EMS agencies or governmental organizations which pay for students to attend initial certification programs.~~ ~~B. Funding is made available to include but are not limited to:~~ ~~1. 501(c) (3) organizations~~ ~~2. Governmental organizations~~ ~~3. Individuals who are not considered for-profit entities.~~ ~~C. Reimbursement will be awarded based upon tuition expenses (minus grants and scholarships) up to the maximum amount defined in EMSTF program.~~ ~~1. Funding for organizational tuition reimbursement is determined by the Office of EMS based upon the EMSTF tuition award formula:~~ ~~a. There are two different funding levels:~~ ~~(1) Non-EMSTF funded initial certification programs~~ ~~(2) EMSTF funded initial certification programs~~ ~~D. Organizational requests for tuition reimbursement require that the applicant:~~ ~~1. Submit for providers who are affiliated with a Virginia EMS agency that is capable of delivering care at the level of certification for which the EMS agency is seeking tuition reimbursement.~~ ~~2. Submit a completed application as prescribed by the Office of EMS.~~ ~~3. Ensure the submitted application for tuition reimbursement is received by the Virginia Office of EMS within 180 days of the provider(s) receiving Virginia certification at the level for which the tuition reimbursement is sought. Documents must be postmarked before the deadline in order to be accepted.~~ ~~4. Complete a separate application for each type~~

			~~of program (level) for which tuition reimbursements is being requested.~~ ~~5. Ensure that no provider on the application has been submitted (or has previously submitted at the current level) for reimbursement under the individual tuition reimbursement process.~~ ~~E. Falsification of information shall nullify the tuition reimbursement request and any subsequent requests for a period of five (5) years.~~] **Rationale: Contract language.**
1570		**EMS training grant program.** A reimbursement fund has been established to support certification and continuing education programs through the "Virginia Rescue Squad Assistance Fund" grant program. Reimbursement for coordination and instruction of approved programs will be administered through the separate regulations established for the "Virginia Rescue Squad Assistance Fund."	~~**EMS training grant program.**~~ **(Repealed.)** ~~A reimbursement fund has been established to support certification and continuing education programs through the "Virginia Rescue Squad Assistance Fund" grant program. Reimbursement for coordination and instruction of approved programs will be administered through the separate regulations established for the "Virginia Rescue Squad Assistance Fund."~~ **Rationale: Section rewritten and moved.**
1580		**Certification period.** An EMS certification may be issued for the following certification period unless suspended or revoked by the Office of EMS: 1. A BLS certification is valid for four years from the end of the month of issuance, except as noted below. 2. An ALS certification is valid for three years from the end of the month of issuance. An EMS provider with ALS certification may be simultaneously issued an EMT certification for an additional two years. 3. An EMT instructor certification is valid for two years from the end of the month of issuance. An EMS provider with EMT instructor certification may be simultaneously issued an EMT certification for an additional two years.	~~**Certification period.**~~ **(Repealed.)** ~~An EMS certification may be issued for the following certification period unless suspended or revoked by the Office of EMS:~~ ~~1. A BLS certification is valid for four years from the end of the month of issuance, except as noted below.~~ ~~2. An ALS certification is valid for three years from the end of the month of issuance. An EMS provider with ALS certification may be simultaneously issued an EMT certification for an additional two years.~~ ~~3. An EMT instructor certification is valid for two years from the end of the month of issuance. An EMS provider with EMT instructor certification may be simultaneously issued an EMT certification for an additional two years.~~ **Rationale: Section rewritten and moved.**
1590		**Certification through reciprocity.** Upon demonstration of Virginia residency, Virginia EMS agency affiliation or a recognized need for Virginia	~~**Certification through reciprocity.**~~ **(Repealed.)** ~~Upon demonstration of Virginia residency, Virginia EMS agency affiliation or a recognized need for Virginia EMS certification, a person holding valid EMS certification from another state or a recognized EMS certifying body with which~~

		EMS certification, 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.	~~Virginia has a formal written agreement of reciprocity may be issued a certification.~~ **Rationale: Section rewritten and moved.**
1600		**Certification through legal recognition.** Upon demonstration of Virginia residency, Virginia EMS agency affiliation or a recognized need for Virginia EMS certification, a person holding valid EMS certification from another state or a recognized EMS certifying body with which Virginia does not have a formal written agreement of reciprocity but who has completed a training program in compliance with the minimum training standards established by the National Standard Curriculum for the level requested, may be issued certification for a period of one year or the duration of their current certification, whichever is shorter. Legal recognition is not available for any Virginia certification level if the Office of EMS has determined that no equivalent National Standard Curriculum exists at the level requested.	~~**Certification through legal recognition. (Repealed.)**~~ ~~Upon demonstration of Virginia residency, Virginia EMS agency affiliation or a recognized need for Virginia EMS certification, a person holding valid EMS certification from another state or a recognized EMS certifying body with which Virginia does not have a formal written agreement of reciprocity but who has completed a training program in compliance with the minimum training standards established by the National Standard Curriculum for the level requested, may be issued certification for a period of one year or the duration of their current certification, whichever is shorter. Legal recognition is not available for any Virginia certification level if the Office of EMS has determined that no equivalent National Standard Curriculum exists at the level requested.~~ **Rationale: Section rewritten and moved.**
	1601	N/A	**Accreditation of EMS training programs.** A. Training programs that lead to eligibility for initial certification at the Advanced EMT, EMT-Intermediate [~~EMT-Intermediate~~ Intermediate] and EMT-Paramedic [~~EMT-Paramedic~~ Paramedic] level shall hold a valid accreditation issued by the Board of Health before any training programs are offered. B. All certification programs seeking accreditation in Virginia shall comply with these regulations and the current version of the Standards and Guidelines for an Accredited Educational Program for the Emergency Medical Services Profession established by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) or an equivalent organization approved by the Board of Health. C. The program director for an Advanced EMT, EMT-Intermediate[~~EMT-Intermediate~~ Intermediate], EMT-Enhanced (optional track) or EMT (optional track) program is exempt from the

			bachelor's degree requirement as specified by CoAEMSP standards. D. The medical director required by CoAEMSP standards shall also meet the requirements for an OMD/PCD as required by these regulations. E. All accredited programs shall notify the Board of Health immediately upon receiving notice about the following changes: 1. in program personnel to include: a. the Program Director, b. OMD or PCD, and c. primary faculty/instructional staff 2. additions and/or deletions to clinical site contracts and field site contracts. 3. location 4. learning/teaching modalities 5. any sentinel event **Rationale: Updates process and practice.**
	1603	N/A	**Sentinel events.** In cases where a sentinel event occurs, the commissioner may: A. Place a program on probationary accreditation until the sentinel event is satisfactorily resolved, or B. Revoke accreditation for said program. **Rationale: Updates process and practice.**
	1605	N/A	**Initial accreditation.** A. The initial accreditation process will begin upon the receipt by the Board of Health of an Application for Accreditation and a completed Institutional Self Study. B. EMT-Paramedic programs can obtain initial accreditation in one of two ways: 1. State accreditation by applying to the Board of Health for an initial grant of accreditation not to exceed five years. 2. Programs achieving accreditation issued by CoAEMSP or an equivalent organization approved by the Board of Health shall apply to the Office for state accreditation. "Full Accreditation" will be issued for a period concurrent with that issued by the CoAEMSP or other approved organization up to a maximum of five years. C. Advanced EMT, EMT-Intermediate [~~EMT-Intermediate~~ Intermediate] programs can obtain accreditation by applying to the Board of Health for an initial grant of accreditation not to exceed five years. D. EMT-Enhanced programs (optional track) can obtain accreditation by applying to the Board of Health for an initial grant of accreditation not to exceed five years. E. EMT programs (optional track) can obtain accreditation by applying to the Board of Health for an initial grant of accreditation not to exceed five years. F. The commissioner shall grant initial accreditation as follows: 1. The commissioner will issue full accreditation for a period of five years from the accreditation date if the accreditation analysis determines that the training program is in full compliance with the

			requirements for accreditation outlined in the appropriate section of EMS regulations. 2. The commissioner will issue provisional accreditation if the accreditation analysis and report identifies deficiencies that are determined to be of concern but do not justify prohibiting the program from starting and completing an initial training program. Before starting any additional certification courses, the program site must receive full accreditation by correcting the deficiencies identified in the accreditation analysis and report. 3. The commissioner will issue an accreditation denied status to the applicant if the accreditation analysis and report identifies deficiencies that are determined to be sufficient to prohibit the program from starting an initial training program. **Rationale: Updates process and practice.**
	1607	N/A	**Renewal of accreditation.** A. [~~EMT-Paramedic~~ Paramedic] program applicants shall only be renewed by obtaining a valid accreditation from the Committee on Accreditation of Allied Health Education Programs (CAAHEP), CoAEMSP or an equivalent organization approved by the Board of Health. B. Advanced EMT and [~~EMT-Intermediate~~ Intermediate] , or EMT-Enhanced or EMT as optional tracks programs shall apply for renewal of their program accreditation not less than 270 days before the end of their current accreditation cycle. [~~Reaccredidation~~ Reaccreditation] will require submitting a new application for accreditation and an updated institutional self study. The institutional self study will be reviewed by a site review team which will determine the program's performance and provide the commissioner with a recommendation as to whether program accreditation should be renewed. 1. The commissioner will issue full accreditation for a period of five years from the [~~reaccredidation~~ reaccreditation] date if the accreditation analysis determines that the training program is in full compliance with the requirements for accreditation outlined in the Virginia EMS regulations. 2. The commissioner will issue provisional [~~reaccredidation~~ reaccreditation] if the accreditation analysis and report identifies deficiencies that are determined to be of concern but do not justify prohibiting the program from starting and completing an initial training program. Before starting any additional certification courses, the program site shall receive full accreditation by correcting the deficiencies identified at the reaccreditation date. 3. The commissioner shall issue an accreditation denied status to the applicant if the accreditation analysis identifies deficiencies that are determined to be sufficient to prohibit the program from starting an initial training program. **Rationale: Updates process and practice.**
	1609	N/A	**Accreditation of alternative locations/learning**

			sites. Accredited training programs in Virginia shall contact the Board of Health for accreditation of alternative training sites which differ from the site receiving initial accreditation. A. Institutions that intend to operate entire programs or parts of programs at a different location or learning site shall prepare and submit on a form prescribed by the Board of Health for each additional location. **Rationale: Updates process and practice.**
1610		**Certification through equivalency.** A Virginia licensed practical nurse, registered nurse (to include those recognized through the Nurse Licensure Compact (§54.1-3030 et seq. of the Code of Virginia)), physician assistant or military corpsman with current credentials may be issued EMT certification through equivalency after completing the requirements of 12VAC5-31-1640 B, including passing a written and practical certification examination.	**~~Certification through equivalency.~~ (Repealed.)** ~~A Virginia licensed practical nurse, registered nurse (to include those recognized through the Nurse Licensure Compact (§54.1-3030 et seq. of the Code of Virginia)), physician assistant or military corpsman with current credentials may be issued EMT certification through equivalency after completing the requirements of 12VAC5-31-1640 B, including passing a written and practical certification examination.~~ **Rationale: Section rewritten and moved.**
	1611	N/A	**Appeal of site accreditation application results.** Appeals by a program concerning the (i) denial of initial or renewal of accreditation or (ii) issuance of probationary accreditation shall be submitted in writing within 10 days to the Office of EMS pursuant to § 2.2-4019 of the Virginia Administrative Process Act. **Rationale: Updates process and practice.**
	1613	N/A	**Accreditation of EMT-Paramedic [~~EMT-Paramedic~~ Paramedic] programs.** A. [~~EMT-Paramedic~~ Paramedic] programs with state accreditation shall be limited to one initial grant of state accreditation for a five year period. B. Renewal of [accreditation] at the [~~EMT-Paramedic~~ Paramedic] level will be issued only upon verification of accreditation issued by CoAEMSP, CAAHEP, or another approved equivalent accreditation organization as specified in this chapter. **Rationale: Updates process and practice.**
	1615	N/A	**Equivalent accreditation of EMS programs.** A. The commissioner may issue an equivalent accreditation to programs obtaining a valid accreditation from the Committee on Accreditation of Allied Health Education Programs (CAAHEP)/ CoAEMSP or an equivalent organization approved by the Board of Health. B. As a condition for equivalent accreditation, a representative from the Board of Health must be included with each visit by the CoAEMSP or any other approved accreditation organization.

			1. Programs with equivalent accreditation shall notify the Board of Health immediately upon receiving notice about the following changes: a. Scheduling of site team visits to include: (1) Dates; (2) Times; and (3) The agenda or schedule of events. b. changes in program personnel to include: (1) the Program Director, (2) OMD or PCD, c. changes to or additions and/or deletions to clinical site contracts and field site contracts. d. notice of revocation, removal or expiration of accreditation issued by CoAEMSP. e. any sentinel event. 2. Accreditation issued by CoAEMSP or other organization approved by the Board of Health shall remain current during any certification training program that requires accreditation by the Board of Health. Revocation, removal or expiration of accreditation issued by CoAEMSP or other another organization approved by the Board of Health shall invalidate the corresponding state accreditation of the training program. **Rationale: Updates process and practice.**
1620		**Certification through reentry.** A. An EMS provider whose EMS certification has expired within the previous two years may be issued certification after completing the requirements of 12VAC5-31-1640 B, including passing a written or practical certification examination, or both, as required by the Office of EMS. An EMS provider who fails to complete the reentry process by the end of the two-year period following expiration is required to complete an initial certification program. B. An EMS provider who has resided outside of Virginia for a minimum of two years, has maintained certification through another state or the national registry of EMTs and whose eligibility to regain certification through reentry has expired, may be issued certification through 12VAC5-31-1590 or 12VAC5-31-1600 as applicable.	~~**Certification through reentry.**~~ **(Repealed.)** ~~A. An EMS provider whose EMS certification has expired within the previous two years may be issued certification after completing the requirements of 12VAC5-31-1640 B, including passing a written or practical certification examination, or both, as required by the Office of EMS. An EMS provider who fails to complete the reentry process by the end of the two-year period following expiration is required to complete an initial certification program.~~ ~~B. An EMS provider who has resided outside of Virginia for a minimum of two years, has maintained certification through another state or the national registry of EMTs and whose eligibility to regain certification through reentry has expired, may be issued certification through 12VAC5-31-1590 or 12VAC5-31-1600 as applicable.~~ **Rationale: Section rewritten and moved.**
1630		**Voluntary inactivation of certification.** Requests from individuals desiring to permanently surrender or downgrade their	~~**Voluntary inactivation of certification.**~~ **(Repealed.)** ~~Requests from individuals desiring to permanently surrender or downgrade their current certification on a voluntary basis will not be processed except~~

		current certification on a voluntary basis will not be processed except upon verification of the individual's ineligibility for continued certification under these regulations (e.g., felony conviction, permanent disability, etc.). 1. Any individual holding a current EMS certification who is affiliated with a licensed EMS agency and no longer wishes to practice at their current level of certification; may request to have their certification placed in inactive status by the Office of EMS. 2. Requests for inactive status will require a minimum inactive period of 180 days during which time requests for reinstatement to active status will not be allowed.	~~upon verification of the individual's ineligibility for continued certification under these regulations (e.g., felony conviction, permanent disability, etc.).~~ ~~1. Any individual holding a current EMS certification who is affiliated with a licensed EMS agency and no longer wishes to practice at their current level of certification; may request to have their certification placed in inactive status by the Office of EMS.~~ ~~2. Requests for inactive status will require a minimum inactive period of 180 days during which time requests for reinstatement to active status will not be allowed.~~ **Rationale: This section used only by career providers – no benefit to EMS system and can be determined by agency OMD.**
1640		**EMS recertification requirement.** A. An EMS provider must complete the requirements for recertification and the Office of EMS must receive the required documentation within the issued certification period to maintain a current certification. B. An EMS provider requesting recertification must complete the CE hour requirements for the level to be recertified. C. An EMS provider requesting recertification must pass the written state certification examination. 1. Except an EMS provider under legal recognition, 12VAC5-31-1600, must pass a written and practical EMS certification examination. 2. An EMS provider affiliated with an EMS agency may be granted an exam waiver from the state written certification examination by the OMD of the EMS agency, provided: a. The EMS provider meets the recertification requirements including those established by the OMD; and b. The EMS provider must submit a completed "Virginia EMS Certification Application" with the exam waiver approval	~~**EMS recertification requirement.**~~ **(Repealed.)** ~~A. An EMS provider must complete the requirements for recertification and the Office of EMS must receive the required documentation within the issued certification period to maintain a current certification.~~ ~~B. An EMS provider requesting recertification must complete the CE hour requirements for the level to be recertified.~~ ~~C. An EMS provider requesting recertification must pass the written state certification examination.~~ ~~1. Except an EMS provider under legal recognition, 12VAC5-31-1600, must pass a written and practical EMS certification examination.~~ ~~2. An EMS provider affiliated with an EMS agency may be granted an exam waiver from the state written certification examination by the OMD of the EMS agency, provided:~~ ~~a. The EMS provider meets the recertification requirements including those established by the OMD; and~~ ~~b. The EMS provider must submit a completed "Virginia EMS Certification Application" with the exam waiver approval signed by the EMS agency OMD, which must be received by the Office of EMS within 30 days following the expiration of his certification.~~ ~~(1) If the "Virginia EMS Certification Application" form is received by the Office of EMS after the EMS provider's certification expiration date, the EMS provider may not practice at the expired certification level until a valid certification is received from the Office of EMS.~~ ~~(2) If the "Virginia EMS Certification Application" form is received by the Office of EMS more than~~

		signed by the EMS agency OMD, which must be received by the Office of EMS within 30 days following the expiration of his certification. (1) If the "Virginia EMS Certification Application" form is received by the Office of EMS after the EMS provider's certification expiration date, the EMS provider may not practice at the expired certification level until a valid certification is received from the Office of EMS. (2) If the "Virginia EMS Certification Application" form is received by the Office of EMS more than 30 days after the EMS provider's certification expiration date, his certification will be in reentry and he will be required to test pursuant to 12VAC5-31-1620.	~~30 days after the EMS provider's certification expiration date, his certification will be in reentry and he will be required to test pursuant to 12VAC5-31-1620.~~ **Rationale: Section rewritten and moved.**
1650		**EMT instructor recertification.** An EMT instructor requesting recertification must complete the following requirements within the two-year certification period to maintain current certification: 1. Instruct a minimum of 50 hours in BLS certification courses or other programs approved for BLS (Category 1) CE hours; 2. Attend one EMT-Instructor/ALS Coordinator Update Seminar; 3. Attend a minimum of 10 hours of approved continuing education. An instructor holding an ALS level certification is not required to attend these additional 10 hours of continuing education if his ALS certification is current at the time of EMT-Instructor recertification; 4. Pass the EMT-basic written certification examination with a minimum passing score of 80%. This examination may be attempted only after attending an EMT-Instructor/ALS Coordinator Update Seminar. If the EMT-instructor is affiliated with a licensed EMS agency, this examination may	~~**EMT instructor recertification.**~~ **(Repealed.)** ~~An EMT instructor requesting recertification must complete the following requirements within the two-year certification period to maintain current certification:~~ ~~1. Instruct a minimum of 50 hours in BLS certification courses or other programs approved for BLS (Category 1) CE hours;~~ ~~2. Attend one EMT-Instructor/ALS Coordinator Update Seminar;~~ ~~3. Attend a minimum of 10 hours of approved continuing education. An instructor holding an ALS level certification is not required to attend these additional 10 hours of continuing education if his ALS certification is current at the time of EMT-Instructor recertification;~~ ~~4. Pass the EMT-basic written certification examination with a minimum passing score of 80%. This examination may be attempted only after attending an EMT-Instructor/ALS Coordinator Update Seminar. If the EMT-instructor is affiliated with a licensed EMS agency, this examination may be waived by the EMS agency's OMD per 12VAC5-31-1580; and~~ ~~5. Have no physical or mental impairment that would render the EMT-Instructor unable to perform and evaluate all practical skills and tasks required of an EMT.~~ ~~An EMT instructor's certification will revert back to his highest level of EMS certification remaining current upon expiration.~~ **Rationale: Certification level being removed.**

		be waived by the EMS agency's OMD per 12VAC5-31-1580; and 5. Have no physical or mental impairment that would render the EMT Instructor unable to perform and evaluate all practical skills and tasks required of an EMT. An EMT instructor's certification will revert back to his highest level of EMS certification remaining current upon expiration.	
1660		**EMT instructor reentry.** An EMS provider whose EMT instructor certification has expired may regain certification through completion of the reentry program within two years of the expiration date of his EMT Instructor certification: 1. If the EMT instructor had completed the teaching requirements of subdivision 1 of 12VAC5-31-1650, but was unable to fulfill one or more of the requirements of subdivisions 2-5 of 12VAC5-31-1650, the remaining requirements shall be completed within two years following the expiration date. If the EMT basic examination required under subdivision 4 of 12VAC5-31-1650 was not completed before expiration, this examination may not be waived by an EMS agency OMD. 2. If an EMT instructor does not complete the teaching requirements of 12VAC5-31-1650, the following requirements will be necessary for reentry: a. Successful completion of the EMT-instructor written and practical pretest examinations as specified under 12VAC5-31-1480; and b. Attendance of the administrative portions of an EMT-Instructor Institute.	~~**EMT instructor reentry.**~~ **(Repealed.)** ~~An EMS provider whose EMT instructor certification has expired may regain certification through completion of the reentry program within two years of the expiration date of his EMT Instructor certification:~~ ~~1. If the EMT instructor had completed the teaching requirements of subdivision 1 of 12VAC5-31-1650, but was unable to fulfill one or more of the requirements of subdivisions 2-5 of 12VAC5-31-1650, the remaining requirements shall be completed within two years following the expiration date. If the EMT basic examination required under subdivision 4 of 12VAC5-31-1650 was not completed before expiration, this examination may not be waived by an EMS agency OMD.~~ ~~2. If an EMT instructor does not complete the teaching requirements of 12VAC5-31-1650, the following requirements will be necessary for reentry:~~ ~~a. Successful completion of the EMT-instructor written and practical pretest examinations as specified under 12VAC5-31-1480; and~~ ~~b. Attendance of the administrative portions of an EMT-Instructor Institute.~~ **Rationale: Certification level being removed.**
1670		**Continuing education categories.** A CE hour may be issued for one of the following categories:	~~**Continuing education categories.**~~ **(Repealed.)** ~~A CE hour may be issued for one of the following categories:~~ ~~1. "Required" (Category 1). CE hours may be~~

		1. "Required" (Category 1). CE hours may be issued provided the objectives listed in the applicable "Basic Life Support Category 1 Training Modules" or "Advanced Life Support Category 1 Training Modules" are followed, a qualified instructor is present and available to respond to students, requirements for specific contact hours are met and the course coordinator complies with these regulations. 2. "Approved" (Category 2). CE hours may be issued provided that a qualified instructor is present and available to respond to students, topics are approved and the course coordinator complies with these regulations. 3. "Multimedia" (Category 3). CE hours may be issued for contact with periodicals, videotapes, and other multimedia sources provided that specific contact hours for the certification level involved are met.	~~issued provided the objectives listed in the applicable "Basic Life Support Category 1 Training Modules" or "Advanced Life Support Category 1 Training Modules" are followed, a qualified instructor is present and available to respond to students, requirements for specific contact hours are met and the course coordinator complies with these regulations.~~ ~~2. "Approved" (Category 2). CE hours may be issued provided that a qualified instructor is present and available to respond to students, topics are approved and the course coordinator complies with these regulations.~~ ~~3. "Multimedia" (Category 3). CE hours may be issued for contact with periodicals, videotapes, and other multimedia sources provided that specific contact hours for the certification level involved are met.~~ **Rationale: Section rewritten and moved.**
1680		**Submission of continuing education.** A CE hour may be issued for attendance of a program approved by the Office of EMS provided: 1. A course coordinator must submit a CE record/scancard within 15 days of the course end date or the student's attendance of an individual lesson for an EMS provider attending a training program for recertification hours. 2. An EMS provider is responsible for the accuracy of all information submitted for CE hours.	~~**Submission of continuing education.**~~ **(Repealed.)** ~~A CE hour may be issued for attendance of a program approved by the Office of EMS provided:~~ ~~1. A course coordinator must submit a CE record/scancard within 15 days of the course end date or the student's attendance of an individual lesson for an EMS provider attending a training program for recertification hours.~~ ~~2. An EMS provider is responsible for the accuracy of all information submitted for CE hours.~~ **Rationale: Section rewritten and moved.**
1690		**Recertification Eligibility Notice.** An EMS provider who has satisfied the CE hours specified for his certification level may be issued a "Recertification Eligibility Notice" that remains valid until the expiration of the current certification period for the level	~~**Recertification eligibility notice.**~~ **(Repealed.)** ~~An EMS provider who has satisfied the CE hours specified for his certification level may be issued a "Recertification Eligibility Notice" that remains valid until the expiration of the current certification period for the level indicated or the two-year "reentry" period.~~ **Rationale: Section rewritten and moved.**

		indicated or the two-year "reentry" period.	
1700		**ALS coordinator endorsement.** A. A person applying for endorsement as an ALS coordinator must: 1. Be a minimum of 21 years of age. 2. Hold ALS certification or licensure as one of the following: a. Registered nurse; b. Physician assistant; or c. Physician. 3. Submit an "ALS Coordinator Application" form with the required recommendations and supporting documentation of qualifications to the Office of EMS including: a. A recommendation for acceptance from an EMS physician knowledgeable of the applicant's qualifications. If the applicant is an EMS physician, the support of another EMS physician is not required on his "ALS Coordinator Application." b. A recommendation for acceptance of the applicant's qualifications from the regional EMS council or local EMS resource. B. A separate ALS Coordinator Application is required for each region in which the applicant intends to coordinate ALS certification or CE programs. An application submitted for approval to serve in additional regions will not alter the expiration date of the current ALS coordinator endorsement and all regional endorsements will be due for renewal on the current expiration date. C. An ALS coordinator candidate meeting the requirements for endorsement shall attend an ALS Coordinator Seminar. D. An ALS coordinator candidate that completes all requirements for ALS coordinator endorsement may be issued an endorsement that is valid for two years. An ALS coordinator endorsement does	~~**ALS coordinator endorsement.**~~ **(Repealed.)** ~~A. A person applying for endorsement as an ALS coordinator must:~~ ~~1. Be a minimum of 21 years of age.~~ ~~2. Hold ALS certification or licensure as one of the following:~~ ~~a. Registered nurse;~~ ~~b. Physician assistant; or~~ ~~c. Physician.~~ ~~3. Submit an "ALS Coordinator Application" form with the required recommendations and supporting documentation of qualifications to the Office of EMS including:~~ ~~a. A recommendation for acceptance from an EMS physician knowledgeable of the applicant's qualifications. If the applicant is an EMS physician, the support of another EMS physician is not required on his "ALS Coordinator Application."~~ ~~b. A recommendation for acceptance of the applicant's qualifications from the regional EMS council or local EMS resource.~~ ~~B. A separate ALS Coordinator Application is required for each region in which the applicant intends to coordinate ALS certification or CE programs. An application submitted for approval to serve in additional regions will not alter the expiration date of the current ALS coordinator endorsement and all regional endorsements will be due for renewal on the current expiration date.~~ ~~C. An ALS coordinator candidate meeting the requirements for endorsement shall attend an ALS Coordinator Seminar.~~ ~~D. An ALS coordinator candidate that completes all requirements for ALS coordinator endorsement may be issued an endorsement that is valid for two years. An ALS coordinator endorsement does not provide concurrent provider credentials at any EMS certification level.~~ ~~E. An ALS coordinator endorsement alone does not authorize the performance of any medical procedure.~~ **Rationale: Certification level being removed.**

		not provide concurrent provider credentials at any EMS certification level. E. An ALS coordinator endorsement alone does not authorize the performance of any medical procedure.	
1710		**Renewal of ALS coordinator endorsement.** A. An ALS coordinator shall maintain current and unrestricted certification as an ALS provider, or licensure as a registered nurse, physician assistant or physician. B. An ALS coordinator shall resubmit an ALS coordinator application before the expiration date of his ALS coordinator endorsement. A separate ALS coordinator application is required for each region in which the applicant desires to continue to coordinate an ALS certification or CE programs. C. An ALS coordinator must attend one EMT Instructor/ALS Coordinator Update Seminar within his certification period. D. An ALS coordinator attempting to regain endorsement through the reentry program shall, within two years of his expiration date, complete the ALS coordinator application and the requirements of subsections A, B and C of this section.	~~**Renewal of ALS coordinator endorsement. (Repealed.)**~~ ~~A. An ALS coordinator shall maintain current and unrestricted certification as an ALS provider, or licensure as a registered nurse, physician assistant or physician.~~ ~~B. An ALS coordinator shall resubmit an ALS coordinator application before the expiration date of his ALS coordinator endorsement. A separate ALS coordinator application is required for each region in which the applicant desires to continue to coordinate an ALS certification or CE programs.~~ ~~C. An ALS coordinator must attend one EMT Instructor/ALS Coordinator Update Seminar within his certification period.~~ ~~D. An ALS coordinator attempting to regain endorsement through the reentry program shall, within two years of his expiration date, complete the ALS coordinator application and the requirements of subsections A, B and C of this section.~~ **Rationale: Certification level being removed.**
1810		A physician seeking endorsement as an EMS physician shall hold a current unrestricted license to practice medicine or osteopathy issued by the Virginia Board of Medicine. The applicant must submit documentation of his qualifications for review by the medical direction committee of the regional EMS council or local EMS resource on a form prescribed by the Office of EMS. The documentation required shall present evidence of the following: 1. Board certification in emergency medicine or is in the active application process for board certification in	A physician seeking endorsement as an EMS physician shall hold a current unrestricted license to practice medicine or osteopathy issued by the Virginia Board of Medicine. The applicant must submit documentation of his qualifications for review ~~by the medical direction committee of the regional EMS council or local EMS resource~~ on a form prescribed by the Office of EMS. The documentation required shall present evidence of the following: 1. Board certification in emergency medicine or that applicant is in the active application process for board certification in emergency medicine issued by a national organization recognized by the Office of EMS, or Board certification in family practice, internal medicine or surgery or is in the active application process for board certification in family practice, internal medicine or surgery issued by a national organization recognized by the Office of EMS. As an applicant under this

		emergency medicine issued by a national organization recognized by the Office of EMS, or, 2. Board certification in family practice, internal medicine or surgery or is in the active application process for board certification in family practice, internal medicine or surgery issued by a national organization recognized by the Office of EMS. As an applicant under this section, a physician must also submit documentation of successful course completion or current certification in ACLS, ATLS and PALS (or present documentation of equivalent education in cardiac care, trauma care and pediatric care) completed within the past five years. 3. Completion of an EMS medical direction program approved by the Office of EMS within the past five years. 4. In the event that an EMS agency or training program is located in a geographic area that does not have available a physician meeting the requirements stated in subdivisions 1 or 2 of this section, or if an EMS agency has a specific need for a physician meeting specialized knowledge requirements (i.e., pediatrics, neonatology, etc.), then an available physician may submit their qualifications to serve as an EMS physician under these circumstances. An EMS physician endorsed under this subsection by the Office of EMS is limited to service within the designated geographic areas of the recommending regional EMS councils or local EMS resources. a. A physician seeking review for endorsement under this section may apply to any number of regional EMS councils or local EMS resources for service within each respective geographic service area. b. A physician seeking	section, a physician must also submit documentation of successful course completion or current certification in ACLS, ATLS and PALS (or present documentation of equivalent education in cardiac care, trauma care and pediatric care) completed within the past five years. ~~2. Board certification in family practice, internal medicine or surgery or that applicant is in the active application process for board certification in family practice, internal medicine or surgery issued by a national organization recognized by the Office of EMS. As an applicant under this section, a physician must also submit documentation of successful course completion or current certification in ACLS, ATLS and PALS (or present documentation of equivalent education in cardiac care, trauma care and pediatric care) completed within the past five years.~~ ~~3.~~ 2. Completion of an EMS medical direction program approved by the Office of EMS ~~within the past five years~~ prior to submitting application for consideration of endorsement as an EMS physician. ~~4.~~ 3. In the event that an EMS agency or training program is located in a geographic area that does not have available a physician meeting the requirements stated in subdivisions 1 or 2 of this section, or if an EMS agency has a specific need for a physician meeting specialized knowledge requirements (i.e., pediatrics, neonatology, etc.), then an available physician may submit ~~their~~ his qualifications to serve as an EMS physician under these circumstances. An EMS physician endorsed under this subsection by the Office of EMS is limited to service within the designated geographic ~~areas~~ area and/or agency. ~~of the recommending regional EMS councils or local EMS resources.~~ ~~a. A physician seeking review for endorsement under this section may apply to any number of regional EMS councils or local EMS resources for service within each respective geographic service area.~~ ~~b.~~ A physician seeking endorsement under this section must provide documentation of successful course completion or current certification in cardiac care, trauma care and pediatric care or equivalent education (such as ACLS, ATLS and PALS) completed within one year of endorsement. All or part of this requirement may be waived if the Office of EMS determines this training is not required due to the specialized nature of the EMS agency to be served. **Rationale: Updates requirements and removes layer of approval.**

		endorsement under this section must provide documentation of successful course completion or current certification in cardiac care, trauma care and pediatric care or equivalent education (such as ACLS, ATLS and PALS) completed within one year of endorsement. All or part of this requirement may be waived if the Office of EMS determines this training is not required due to the specialized nature of the EMS agency to be served.	
1820		A. Physicians seeking endorsement as an EMS physician must make application on forms prescribed by the Office of EMS. The physician must submit the application with all requested documentation of their qualifications to the regional EMS council or local EMS resource for review. B. Upon receipt of the application, the regional EMS council or local EMS resource will review the physician's qualifications, verify credentials and review the application at the next scheduled meeting of the medical direction committee of the regional EMS council or local EMS resource. The review will specify either recommendation or rejection with justification documented on the physician's application. The application will be submitted to the Office of EMS within 15 days of the review. C. The Office of EMS will review the application and the enclosed documents and notify the physician in writing of the status of his application within 30 days of receipt. Final disposition of an application may be delayed pending further review by the EMS Advisory Board Medical Direction Committee as applicable.	A. ~~Physicians~~ A physician seeking endorsement as an EMS physician must make application on forms ~~prescribed~~ provided by the Office of EMS. ~~The physician must submit the application with all requested documentation of their qualifications to the regional EMS council or local EMS resource for review.~~ ~~B. Upon receipt of the application, the regional EMS council or local EMS resource will review the physician's qualifications, verify credentials and review the application at the next scheduled meeting of the medical direction committee of the regional EMS council or local EMS resource. The review will specify either recommendation or rejection with justification documented on the physician's application. The application will be submitted to the Office of EMS within 15 days of the review.~~ B. ~~C.~~ The Office of EMS will review the application and the enclosed documents and notify the physician in writing of the status of his application within 30 days of receipt. Final disposition of an application may be delayed pending further review by the EMS ~~advisory board medical direction committee~~ Advisory Board Medical Direction Committee as applicable. **Rationale: Updates requirements and removes layer of approval.**
1830		Physicians who are otherwise eligible but who have not completed an approved EMS	Physicians ~~who are otherwise eligible but who have not completed an approved EMS Medical Direction Program as required by 12VAC5-31-~~

		Medical Direction Program as required by 12 VAC 5-31-1810 within the past five years will be issued a conditional endorsement for a period of one year. 1. Upon verification of EMS medical direction program attendance and the training required pursuant to 12 VAC 5-31-1810, the Office of EMS will reissue endorsement with an expiration date five years from the date of original issuance.	~~1810 within the past five years~~ will be issued a conditional endorsement for a period of one year pending the completion of the following requirements: 1. Upon verification of EMS medical direction program attendance (one four-hour "Currents" session within the one-year conditional endorsement) ~~and the training required pursuant to 12VAC5-31-1810,~~ the Office of EMS will reissue endorsement with an expiration date five years from the date of original issuance. **Rationale: Updates requirements and removes layer of approval.**
1840		A. If an EMS physician fails to reapply for endorsement prior to expiration, the Office of EMS will notify the EMS physician, applicable regional EMS councils or local EMS resources, and any EMS agency or training course that the EMS physician is associated with, of the loss of endorsement. Any training programs already begun may be completed under the direction of the involved EMS physician, but no other programs may be started or announced.	A. If an EMS physician fails to reapply for endorsement prior to expiration, the Office of EMS will notify the EMS physician, ~~applicable regional EMS councils or local EMS resources,~~ and any EMS agency or training course that the EMS physician is associated with, of the loss of endorsement. Any training programs already begun may be completed under the direction of the involved EMS physician, but no other programs may be started or announced. **Rationale: Updates requirements and removes layer of approval.**
1850		An EMS physician must report any changes of his name, contact addresses and contact telephone numbers to the Office of EMS within 15 days.	An EMS physician must report any changes of his name, contact addresses and contact telephone numbers to the Office of EMS within ~~15~~ 30 days. **Rationale: Extends notification time.**
1860		N/A	C. An EMS physician must also attend a minimum of two "Currents" sessions as sponsored by OEMS within the five-year endorsement period. **Rationale: Provides greater ease in re-endorsement process.**
1880		B. The EMS physician shall enter into a written agreement to serve as OMD with the EMS agency. This agreement shall at a minimum incorporate the specific responsibilities and authority specified below: 1. Must describe the process or procedure by which the OMD or EMS agency may discontinue the agreement with prior notification of the parties involved pursuant to 12 VAC 5-31-1910; 2. Must identify the specific	B. The EMS physician shall enter into a written agreement to serve as OMD with the EMS agency. This agreement shall at a minimum incorporate the specific responsibilities and authority ~~specified below~~ as defined in 12VAC5-31-590. ~~1. Must describe the process or procedure by which the OMD or EMS agency may discontinue the agreement with prior notification of the parties involved pursuant to 12 VAC 5-31-1910;~~ ~~2. Must identify the specific responsibilities of each EMS physician if an agency has multiple OMDs; and~~ ~~3. This agreement M~~ must ensure ~~that adequate indemnification~~ and/or insurance coverage ~~exists for:~~

		responsibilities of each EMS physician if an agency has multiple OMDs; and 3. Must ensure that adequate indemnification exists for: a. Medical malpractice; and b. Civil liability.	~~a. Medical malpractice; and~~ ~~b. Civil liability.~~ **Rationale: Updates requirements and removes layer of approval.**
1890		B. Responsibilities of the operational medical director regarding medical direction functions include but are not limited to: 1. Using protocols, operational policies and procedures, medical audits, reviews of care and determination of outcomes, direction of education, and limitation of provider patient care functions. 7. Interacting with state, regional and local EMS authorities to develop, implement, and revise medical, operational and dispatch protocols, policies and procedures designed to deliver quality patient care. This function includes the selection and use of appropriate medications, supplies, and equipment.	B. Responsibilities of the operational medical director regarding medical direction functions include but are not limited to: 1. Using protocols, operational policies and procedures, medical audits, reviews of care and determination of outcomes, <u>for the purpose of establishing</u> direction of education, and limitation of provider patient care functions. 2. Verifying that qualifications and credentials for the agency's patient care or emergency medical dispatch personnel are maintained on an ongoing basis through training, testing and certification that, at a minimum, meet the requirements of these regulations, other applicable state regulations and including, but not limited to, §32.1-111.5 of the Code of Virginia. 3. Functioning as a resource to the agency in planning and scheduling the delivery of training and continuing education programs for agency personnel. 4. Taking or recommending appropriate remedial or corrective measures for EMS personnel, consistent with state, regional and local EMS policies that may include but are not limited to counseling, retraining, testing, probation, and in-hospital or field internships. 5. Suspending certified EMS personnel from medical care duties pending review and evaluation. Following final review, the OMD shall notify the provider, the EMS agency and the Office of EMS in writing of the nature and length of any suspension of practice privileges that are the result of disciplinary action. 6. Reviewing and auditing agency activities to ensure an effective quality management program for continuous system and patient care improvement, and functioning as a resource in the development and implementation of a comprehensive mechanism for the management of records of agency activities including prehospital patient care and dispatch reports, patient complaints, allegations of substandard care and deviations from patient care protocols or other established standards. 7. Interacting with state, regional and local EMS authorities to develop, implement, and revise medical [~~,~~ <u>and</u>] operational [<u>protocols consistent with the Code of Virginia</u>] and dispatch protocols, policies [~~,~~] and procedures designed to deliver quality patient care. This function includes the selection and use of appropriate medications, supplies, and equipment. 8. Maintaining appropriate professional

			relationships with the local community including but not limited to medical care facilities, emergency departments, emergency physicians, allied health personnel, law enforcement, fire protection and dispatch agencies. 9. Establishing any other agency rules or regulations pertaining to proper delivery of patient care by the agency. 10. Providing for the maintenance of written records of actions taken by the OMD to fulfill the requirements of this section. **Rationale: Clarifies expectations.**
1950		A. On [January 1, 2003], endorsement as an EMS physician will be initially issued to each licensed physician currently recorded as having previously been endorsed to serve as an operational medical director by the Office of EMS. Issuance of an EMS physician endorsement will be subject to renewal pursuant to 12 VAC 5-31-1820.	A. ~~On January 1, 2003, endorsement~~ Endorsement as an EMS physician will be initially issued to each licensed physician currently recorded as having previously been endorsed to serve as an operational medical director by the Office of EMS. Issuance of an EMS physician endorsement will be subject to renewal pursuant to ~~12VAC5-31-1820~~ [12VAC5-31-1860] . **Rationale: Updates and clarifies terminology.**
2330		B.2. Hospital catchment areas for all hospitals within the applicant's proposed geographic service delivery area. Hospital catchment areas are the geographic area from which a hospital draws the majority of its patients.	B. 2. ~~Hospital catchment areas~~ A listing ~~for~~ of all hospitals within the applicant's proposed geographic service delivery area. ~~Hospital catchment areas are the geographic area from which a hospital draws the majority of its patients.~~ **Rationale: Clarifies and simplifies process.**
2570		B. The Office of EMS will send a correction order to the agent of the designated regional EMS council by certified mail to his last known address. Notification will include, but not be limited to, a description of the deficiency or violation to be corrected, and the period within which the deficiency or situation must be corrected, which shall not be less than 30 days from receipt of such order, unless an emergency has been declared by the Office of EMS.	B. The Office of EMS will send a correction order to the agent of the designated regional EMS council by certified mail to his last known address or via personal service with written receipt. Notification will include, but not be limited to, a description of the deficiency or violation to be corrected, and the period within which the deficiency or situation must be corrected, which shall not be less than 30 days from receipt of such order, unless an emergency has been declared by the Office of EMS. **Rationale: Allows for personal delivery of correction order.**

Regulatory flexibility analysis

Please describe the agency's analysis of alternative regulatory methods, consistent with health, safety, environmental, and economic welfare, that will accomplish the objectives of applicable law while minimizing the adverse impact on small business. Alternative regulatory methods include, at a minimum: 1) the establishment of less stringent compliance or reporting requirements; 2) the establishment of less

stringent schedules or deadlines for compliance or reporting requirements; 3) the consolidation or simplification of compliance or reporting requirements; 4) the establishment of performance standards for small businesses to replace design or operational standards required in the proposed regulation; and 5) the exemption of small businesses from all or any part of the requirements contained in the proposed regulation.

There are no known alternative regulatory measures that would better protect the public health and safety of Virginians. The Board has carefully drafted proposed regulations to ensure that they embody the most appropriate, least burdensome and least intrusive framework for effectively managing and administering the Virginia EMS system. Adoption of the proposed regulations are necessary to establish minimum standards for EMS agencies, vehicles, and personnel and to update regulatory provisions leading to vital improvements in practice and the use of current technology resulting in an enhanced level of emergency medical services. Procedures for EMS agency licensure, personnel certification and enforcement of the regulations are essential components to an emergency medical services system in order to guarantee minimum statewide standards of care exist in the Commonwealth.

Family impact

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

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