Virginia Regulatory Town Hall

Final Regulation
Agency Background Document

Agency Name:	Department of Health (State Board of)
VAC Chapter Number:	12 VAC 5-31
Regulation Title:	Virginia Emergency Medical Services Regulations
Action Title:	Adopt Regulations to Make EMS Regulations Permanent
Date:	August 22, 2002

Please refer to the Administrative Process Act (§ 9-6.14:9.1 *et seq.* of the *Code of Virginia*), Executive Order Twenty-Five (98), Executive Order Fifty-Eight (99) , and the *Virginia Register Form,Style and Procedure Manual* for more information and other materials required to be submitted in the final regulatory action package.

Summary

Please provide a brief summary of the new regulation, amendments to an existing regulation, or the regulation being repealed. There is no need to state each provision or amendment; instead give a summary of the regulatory action. If applicable, generally describe the existing regulation. Do not restate the regulation or the purpose and intent of the regulation in the summary. Rather, alert the reader to all substantive matters or changes contained in the proposed new regulation, amendments to an existing regulation, or the regulation being repealed. Please briefly and generally summarize any substantive changes made since the proposed action was published.

The purpose of this regulatory action is to consolidate the Commonwealth's regulations regarding emergency medical services in a logical and "user-friendly" manner; to remove unnecessary requirements; and to update regulatory provisions so that vital improvements in practice and technology are reflected thus providing Virginians with an enhanced level of emergency medical services.

Several substantive changes have been made based on public comment. The key change allows Basic Life Support Course Coordinators to be reimbursed above the level of funding paid by the state for certification courses. Another change allows Early Defibrillation Services to transport their registered devices to remote sites for use by their personnel.

Changes Made Since the Proposed Stage

Please detail any changes, other than strictly editorial changes, made to the text of the proposed regulation since its publication. Please provide citations of the sections of the proposed regulation that have been altered since the proposed stage and a statement of the purpose of each change.

The following changes were made to the proposed regulations since initial publication:

12VAC5-31-10. Definitions.
“Commercial mobile radio service” or “CMRS” was defined to assist in clarifying communication requirements.
"Emergency medical technician" or "EMT" was defined.
“Medical practitioner” was defined to assist certified EMS personnel in identifying persons eligible to sign patient care documents.
"Physician Assistant" was defined
“Private mobile radio service” or “PMRS” was defined to assist in clarifying communication requirements.
"Registered Nurse" was defined.

12VAC5-31-230.A.4. Replaced the words “Administrative Guidelines and Procedures” with “these regulations and the Training Program Administration Manual” to properly identify the document.

12VAC5-31-290.E. Added “agency” for clarification.

12VAC5-31-330.B. The last sentence was removed as it was deemed unenforceable.

12VAC5-31-520.E. Clarified that the vehicle contents must be protected from climate extremes.

12VAC5-31-560.B. Changed the requirement for all EMS personnel on the vehicle to sign the care report to only that of the Attendant-In-Charge.

12VAC5-31-610.D. Changed the required submission of an annual review of exceptions to be reported to the agency's OMD. Copies are required to be provided to the local governing body and the Office of EMS upon request.

12VAC5-31-630.B. Added a statement clarifying that written mutual aid agreements specify conditions and/or limitations for providing assistance.

12VAC5-31-760.A. Changed “Land mobile radio service” to "Private mobile radio service” to use common terms.

12VAC5-31-760.B. Changed “Land mobile radio service” to "Private mobile radio service” to use common terms.

12VAC5-31-760.D. Changed “Land mobile radio service” to "Private mobile radio service” to use common terms.

12VAC5-31-860.A. Changed FR 16 suction catheters to FR 18.

12VAC5-31-910.A.2. Changed “founded” to “convicted of a felony involving the sexual or physical abuse of children, the elderly or the infirm, such as sexual misconduct with a child, making or distributing child pornography or using a child in a sexual display, incest involving a child, assault on an elderly or infirm person.”

12VAC5-31-910.B. Added clarification that a conviction of a serious driving offense results in the loss of Operator privileges of EMS vehicles and not the loss of EMS certification.

12VAC5-31-920. Removed this regulation and reserved the section as it was deemed unenforceable.

12VAC5-31-940. Drugs and substance addiction.
Changed the title of this section to “Drugs and substance use.” Also added wording that clarified that the substance can not impair ability to function as an attendent or operator.

12VAC5-31-940.A. Removed the word “addicted” from the regulation.

12VAC5-31-1050. Added “ and as authorized in the Emergency Medical Services Procedure and Medication Schedule” to clarify physician oversight of the state system.

12VAC5-31-1100. Removed "Informed" from title.

12VAC5-31-1100.A. Struck "Informed".

12VAC5-31-1100.B. Struck "Informed".

12VAC5-31-1140.A. Removed “physician” and added “medical practitioner” to allow more than one identified individual to sign patient care reports at a hospital.

12VAC5-31-1290. Inserted effective dates of the regulations and established a one year "grandfather" clause for AED and communications requirement.

12VAC5-31-1310.A.2. Added " to EMT" for clarification.

12VAC5-31-1320.B. Inserted the effective date of these regulations.

12VAC5-31-1340.A. Clarified that the statement refers to initial certification and that it applies to Intermediate and Paramedic certification levels. Added a parenthetical element clarifying that program site accreditation is not required when conducting continuing education programs for recertification purposes.

12 VAC 5-31-1340.C.2.a. Added clarification statements specifying optional components of Paramedic accreditation standards.

12 VAC 5-31-1340.C.2.b. Added clarification statements specifying optional components of Intermediate accreditation standards.

12 VAC 5-31-1340.C.2.c. Added a statement that accredited Paramedic programs may also conduct Intermediate programs by completing Intermediate program accreditation requirements.

12 VAC 5-31-1460. Clarified that a person must hold a minimum of EMT certification to enroll in an ALS certification course.

12 VAC 5-31-1560.B. Removed the prohibition on BLS Course Coordinators receiving reimbursement from the state when also receiving reimbursement from a rescue squad or other emergency medical services organization that operates on a non-profit basis exclusively for the benefit of the general public. Allows fees that do not exceed actual cost be charged. Allows for coordinators to be reimbursed equal to and in addition to the hourly rate reimbursed by the state.

12 VAC 5-31-1590. Certification through reciprocity.
Added a requirement for a person to demonstrate Virginia residency, affiliation or a recognized need for certification.

12 VAC 5-31-1600. Certification through legal recognition.
Added a requirement for a person to demonstrate Virginia residency, affiliation or a recognized need for certification. Also requires that an equivalent national standard exist for legal recognition.

12 VAC 5-31-1640.A. Added clarification that continuing education submissions must be received at the Office of EMS before a person's certification expires.

12 VAC 5-31-1810.A.1. Reworded the requirement that an applicant be in the active application process for certification. Added the word “or” that was omitted originally.

12 VAC 5-31-1810.A.2. Reworded the requirement that an applicant be in the active application process for certification.

12 VAC 5-31-1810.A.3. Removed the requirement for a physician to submit documentation of completion of a program that the Office of EMS would already be aware of.

12 VAC 5-31-1890.B.6. Removed the requirement for an OMD to report known or suspected violations as it was deemed unenforceable. Renumbered the remaining items in this section.

12VAC5-31-1950.A. Inserted the effective date of the regulation.

12VAC5-2070.B.9. Inserted clarification that a conviction of a serious driving offense results in the loss of Operator privileges of EMS vehicles.

12VAC5-31-2090. Inserted the effective date of the regulation.

12 VAC 5-31-2110. Report violations.
Removed the title and content of this section as it was deemed unenforceable. Reserved this section.

12 VAC 5-31-2130.A. Removed “available for use” and inserted “based”.

12 VAC 5-31-2150.A. Clarified the requirement by inserting “where the AED is based” for “of an AED.”

12 VAC 5-31-2180.A. Inserted “except as follows:”

12 VAC 5-31-2180.A. 1. Removed “Exception:”

12 VAC 5-31-2180.A. 2. Removed “Exception:”

12 VAC 5-31-2180.A. 3. Added this statement allowing the transport of an AED to allow its availability at remote locations.

12 VAC 5-31-2180.B.3. Removed the equipment bag requirement.

12 VAC 5-31-2180.C.2. Removed specific requirements for plastic bags or containers and inserted reference to CDC guidelines.

12 VAC 5-31-2180.c.4. Removed requirement if other handwashing facilities are available.

12 VAC 5-31-2190. Registration identification.
Added “where it is maintained or based” to allow for the transportation of the devices.

12 VAC 5-31-2230. Communication capability.
Added a statement clarifying that a public telephone satisfies the requirement.

12 VAC 5-31-2250.B.2. Removed “skill proficiency demonstrations” and inserted “AED operation review.”

12 VAC 5-31-2260.C.5. Clarified the intent of the requirement by deleting “an equal or higher level of care is provided” and inserting “care is available from EMS or other trained medical person who is present at the scene.”

Statement of Final Agency Action

Please provide a statement of the final action taken by the agency: including the date the action was taken, the name of the agency taking the action, and the title of the regulation.

The State Health Commissioner, vested with the authority of the State Board of Health pursuant to 32.1-20 of the Code of Virginia, adopted this as final regulation on _____. The Virginia Department of Health is hereby adopting the Virginia Emergency Medical Services Regulations that appear in 12 VAC 5-32 effective January 1, 2003.

Basis

Please identify the state and/or federal source of legal authority to promulgate the regulation. The discussion of this statutory authority should: 1) describe its scope and the extent to which it is mandatory or discretionary; and 2) include a brief statement relating the content of the statutory authority to the specific regulation. In addition, where applicable, please describe the extent to which proposed changes exceed federal minimum requirements. Full citations of legal authority and, if available, web site addresses for locating the text of the cited authority, shall be provided. If the final text differs from that of the proposed, please state that the Office of the Attorney General has certified that the agency has the statutory authority to promulgate the final regulation and that it comports with applicable state and/or federal law.

The following is a comprehensive summary of Virginia law that authorizes the State Board of Health to adopt regulations addressing the provision of emergency medical services in Virginia:

Section 32.1-111.3 of the Code of Virginia directs the Board of Health to "develop a comprehensive, coordinated, emergency medical care system in the Commonwealth . . .." Section 32.1-111.4 of the Code of Virginia vests authority for the regulation of emergency medical services in the State Board of Health. The law specifically requires that the Board regulate such services by establishing minimum standards for agencies and for emergency services vehicles by type of service rendered and specify the medical equipment, supplies, vehicle specifications and the personnel required for each classification. The law further requires the use of licensure, certification and inspection for compliance.

These intended regulations would establish minimum standards for agency, vehicle and personnel. The regulations include existing standards; as well as additional requirements agencies must meet to maintain licensure. EMS vehicle classifications are consolidated with the intent of simplifying the permitting process and standardizing the equipment and personnel requirements.

(See http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+32.1-111.4)

Section 32.1-111.4 of the Code, essentially, directs the State Board of Health to prescribe by regulation: Requirements for record keeping, supplies, operating procedures and other [EMS] agency operations; requirements for the sanitation and maintenance of emergency medical services vehicles and their medical supplies and equipment; procedures, including the requirements for forms, to authorize qualified emergency medical services personnel to follow

Durable Do Not Resuscitate Orders pursuant to § 54.1-2987.1; requirements for the composition, administration, duties and responsibilities of the State Emergency Medical Services Advisory Board; requirements, developed in consultation with the Emergency Medical Services Advisory Board, governing the certification and recertification of emergency medical services personnel.

These intended regulations require licensed EMS agencies to establish protocols and operating procedures for record keeping. New certification levels would be established at the Advanced Life Support level to conform to national education and practice standards.

(See http://leg1.state.va.us/cgibin/legp504.exe?000+cod+32.1-111.4)

The Board, in order to provide consistent interpretation and enforcement of the EMS regulations, has determined that clear definitions of words and terms are required to assist EMS agencies and personnel in their understanding of regulations pertaining to the statewide EMS system. The Board also recognizes the need for a specified process to review and grant variance and exemption requests submitted by local EMS agencies and personnel who are unable to meet established minimum statewide system standards.

These regulations allow for the inclusion of additional definitions of terms to address new procedures and equipment developed since the 1990 regulations were promulgated. The need for standardization of EMS vocabulary across the Commonwealth is clear and these regulations would address this need.

(http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+32.1-111.9)

§ 32.1-111.5 of the Code directs the Board of Health to prescribe by regulation the qualifications required for certification and recertification of emergency medical attendants. It also requires that such regulations shall include authorization for continuing education and skills testing, authorization for exemptions of testing and options for sequential skills testing for recertification.

These regulations streamline the recertification process for EMS personnel by allowing recertification through continuing education. An EMS agency's Operational Medical Director would be allowed to exempt qualified EMS personnel from the required written examination for recertification and authorize sequential testing of practical skills throughout the certification period for EMS Personnel.

http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+32.1-111.5

The primary role of the EMS physician is to ensure quality patient care and training. Because of rapidly changing technology and advances in EMS procedures and techniques, all aspects of the organization and provision of basic and advanced life support emergency medical services (EMS) require the active involvement and participation of physicians. These regulations establish procedures, standards and responsibilities for state-endorsed emergency medical services (EMS) physicians who are associated with EMS agencies, personnel and training programs. There is an established line of medical control and accountability over both EMS practice and training. Medical oversight of EMS agencies, personnel and training is intrinsic to

the delegated medical practice that authorizes emergency medical services in the Commonwealth. The law requires physician authorization in order for a certified EMS technician to practice or administer medications.

http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+54.1-3408

§ 32.1-111.14:1 of the Code requires that all persons possessing an automated external defibrillator (AED) must register with the Board before placing such equipment in use. The Code also directs the Board of Health to establish requirements for AED registration to include training standards for operators, maintenance of the devices, medical direction for registered users. Additionally, these regulations prescribe enforcement actions for those persons who fail to obtain registration.

These regulations establish a statewide registry for AED owners. It would allow for the emergent use of AEDs by registered operators. Minimum training standards, equipment maintenance criteria and medical direction involvement are established. The Code specifically exempts a health care facility licensed by the Board of Health or the Board of Mental Health, Mental Retardation and Substance Abuse Services or an adult care residence licensed by the Board of Social Services or any person regulated by a health regulatory board within the Department of Health Professions whose scope of practice encompasses such services, or an emergency medical services agency regulated by the Board from the requirements for AED registration.

(http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+32.1-111.14 C 1)

Purpose

Please provide a statement explaining the need for the new or amended regulation. This statement must include the rationale or justification of the final regulatory action and detail the specific reasons it is essential to protect the health, safety or welfare of citizens. A statement of a general nature is not acceptable, particular rationales must be explicitly discussed. Please include a discussion of 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 and early defibrillation services. 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 10 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. Please note that a more detailed discussion is required under the statement of the regulatory action's detail.

The intent of the regulatory action changes is to clarify and simplify the content of EMS regulations. The changes are intended to improve EMS agency and personnel compliance and incorporate the latest emergency patient care techniques, procedures and medical technology. Existing regulations provide for multiple classifications of EMS vehicles, which complicate the deployment of resources by EMS agencies. The intent of this regulatory action is to simplify specifications for the design and construction of ambulances by establishing a single standard based upon nationally accepted guidelines. New and revised regulations are essential to provide safe, efficient and quality emergency medical care services to all citizens and visitors of the Commonwealth.

These regulations provide for oversight of EMS training programs through specification of policies and procedures for the qualification and enrollment of students, conduct of courses and administration of EMS certification examinations. Revision and reorganization of previously issued guidance documents are included to update the administration of EMS education and training programs. For example, the minimum prerequisites to enroll in an EMS certification course would be defined by regulation.

Furthermore, this proposed regulatory action would conform to revisions of national standard training curricula and implement changes in the nature and scope of out-of-hospital patient care techniques. The Emergency Medical Technician - Intermediate and Emergency Medical Technician - Enhanced certification levels, not currently recognized in Virginia, would be adopted as Virginia EMS certification levels. This action would enhance the level of Advanced Life Support in the Virginia EMS system to care for critical patients.

These regulations delineate the qualifications, responsibilities, and authority of physicians serving as Operational Medical Directors and Physician Course Directors. Clear procedures for the endorsement of EMS physicians, requirements for written agreements between EMS physicians and EMS agencies, policies for termination of such written agreements and a mechanism for resolution of conflicts between EMS physicians and EMS agencies are established.

This regulatory action addresses the fact that survival from sudden cardiac arrest depends directly on rapid access to defibrillation. Every minute of delay in defibrillation reduces the chances of a person surviving sudden cardiac arrest by ten percent. Currently, only licensed emergency medical services agencies are permitted to administer cardiac defibrillation in the out-of-hospital setting. These regulations expand that authority to entities that register their devices and meet approved training and operational standards. The need to have adequately trained individuals operating these medical devices was identified by agencies such as the American Heart Association and American Red Cross. These regulations intend to assure equipment standardization, quality assurance and uniformity of training throughout the Commonwealth. The General Assembly determined (§ 32.1-111.14:1.) that system oversight is necessary to protect

the citizens by specifying the conditions under which automated external defibrillators can be used, operated and maintained and authorizing the Board to promulgate appropriate regulations.

Issues

Please provide a statement identifying the issues associated with the final regulatory action. The term "issues" means: 1) the advantages and disadvantages to the public of implementing the new provisions; 2) the 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 include a sentence to that effect.

Issues to the public include:

Fluidity of the statewide EMS system would be enhanced. Emergency Medical Services for children would be enhanced by increased requirements for pediatric equipment and supplies on ambulances. Safety issues concerning EMS personnel and EMS vehicle equipment and marking requirements are identified and addressed specifically. Automated External Defibrillation Registry is created.

Issues to the Department of Health:

Variance approval is delegated to the Office of EMS. Terms are defined using Code of Virginia definitions. Reporting requirements for EMS Agency and personnel would allow for a more consistent communication flow. Clarification of the licensure application and enforcement processes is provided.

Issues to the regulated community and locality:

Designated Emergency Response Agencies are identified. Telecommunication issues are complex due to the challenges of implementing new technology and needs for interoperability. Staffing requirements for EMS vehicles present a challenge for rural agencies as the availability of volunteer hours competes with other demands of modern living. A Response Interval Standard and Mobilization Interval Standard are created as performance measures. Local EMS Resource is identified and defined. Supplemented Transports are defined and regulated. Primary Service Areas of EMS agencies are identified and defined. Program Site Accreditation for EMS education and training is identified and defined. Realistic reimbursement standards are allowed for course coordinators. Public Safety Answering Point is defined. Quality Management Programs are identified and defined on a statewide basis. Response Obligation to Locality is created that requires Designated Emergency Response Agencies to assist within their locality. Special Conditions are defined. Specialized Air Medical Training is created. Inter-Facility Wheelchair Transport Service is defined and regulated. Virginia EMS Compliance Manual is created specifically to assist regulated entities . EMS Agency availability (24 hour basis) is required for non-Designated Emergency Response Agencies. Participation in regional trauma triage plans is required.

Public Comment

Please summarize all public comment received during the public comment period and provide the agency response. If no public comment was received, please include a statement indicating that fact.

Public comment was received from many individuals and organizations prior to the public comment period. Many initial comments were incorporated into the proposed regulations. The table below identifies those making comments on specific sections, the agency's response to their comments and the actions taken.

12VAC5-31-510. Richard Childress, Isle of Wight County
Suggested requirement for an EMS agency that does not use a vehicle to maintain the required equipment/supplies be removed.
The agency recognizes a need for EMS agencies to have a minimum equipment/supply store to provide patient care. Municipal agencies using volunteer vehicles will have a signed agreement which negates the requirement to purchase and store equipment.

12VAC5-31-520. Terry Burkholder, Patient Transport Systems
Suggested requirement to maintain “housed” vehicles should be removed.
The agency modified this section to clarify the intent to protect vehicle contents and medications.

12VAC5-31-560. Virginia Association of Governmental EMS Administrators (VAGEMSA)
Requested that electronic signatures be allowed for EMS documentation.
The Commonwealth has not adopted a standard for legal recognition of electronic signatures. If/when adopted, electronic signatures would be acceptable. No action taken.

Requested that requirement to document all responding crewmembers sign patient care report be deleted.
The agency modified the requirement by requiring all names to be documented but only the AIC’s be signed.

12VAC5-31-570. Virginia Association of Governmental EMS Administrators (VAGEMSA)
Suggested that OMD changes and changes in contact information be submitted by EMS agencies.
The agency did not make a change as it would establish a different standard for OMDs and PCDs.

12VAC5-31-600. Richard Childress, Isle of Wight County
Requested that OMD not be required to participate in review of quality management reporting.
The agency did not make a change as OMDs determine their level of involvement.

12VAC5-31-610. Virginia Association of Governmental EMS Administrators (VAGEMSA)
Requested that the proposed exception report be made available to OMD, local government and OEMS upon request.

The agency changed this requirement to make EMS agencies report this information to the local government and OEMS only upon request. It was determined that the OMD requires this information to determine the adequacy of the EMS agency's response capabilities.

12VAC5-31-620. James Hurlock, Jr., Virginia State Firefighters Association
Richard Childress, Isle of Wight County
Questioned the need for a minimum number of technicians to operate an EMS agency.
The agency conducted a review of the minimal staffing required to operate an EMS agency 24 hours a day, 365 days per year. The number was determined to be minimal and no changes were made.

12VAC5-31-630. Richard Childress, Isle of Wight County
Suggested that written mutual aid requirements be removed as it could place a burden on adequately staffed agencies.
The agency modified the section to clarify that mutual aid agreements may specify the extent of services to be provided.

12VAC5-31-700. Warren Winner, Provider
Suggested that firearms be allowed to be carried by persons holding a concealed weapons permit when a vehicle is out of service.
The agency reviewed the request and determined that there is a need to protect the public from potential harm. No action was taken.

12VAC5-31-710. Deborah Lockhart, R.N.
Proposed that all occupants be restrained unless providing direct patient care and that the operator be informed when care is given.
The agency reviewed current motor vehicle laws and the need for patient care. Recognized the potential hazard of distracting the operator to inform him that persons were unrestrained. Determined that no change should be made to the proposed section.

12VAC5-31-760. Scott Chandler, Advisory Board Communications Committee
Suggested changes in definitions and text to match Code of Virginia and FCC specifications.
The agency accepted the suggestion and made the requested changes to mirror Code and FCC language.

12VAC5-31-860. Terry BurkholderPatient Transport Systems
Suggested that combination defibrillators satisfy the AED requirement. Also that the state consider purchasing AEDs or having them on state contract for use by EMS agencies.
The agency reviewed this suggestion and noted that there is a one-year implementation period for all transport vehicles to be equipped with an AED. Also determined that combination units satisfy the requirement. Made a recommendation to FARC/OEMS to consider a second grant for EMS agencies to reach compliance.

12VAC5-31-860. Richard Childress, Isle of Wight County
Requested that the requirement for tools to be carried on non-transport vehicles be removed.

The agency reviewed this suggestion and determined that the required tools are the minimal needed to gain patient access in most incidents. There was no change made.

12VAC5-31-900 Gary Morris, Orange County Volunteer Rescue Squad
Suggested the minimum age be lowered to 15.
The agency reviewed this suggestion, the Code of Virginia and state and federal child labor laws. The laws clearly prohibit anyone under 16 from participating in hazardous environments. EMS is classified as a hazardous environment. The agency determined the change could not be made.

12VAC5-31-910. Virginia Association of Governmental EMS Administrators (VAGEMSA),
Gary Morris,Orange County Volunteer Rescue Squad
Richard Childress, Isle of Wight County
Randy Abernathy, Hanover County EMS
Suggested an escalating penalty be enforced.
Suggested that DUI conviction should not prohibit operation of an emergency vehicle.
Suggested the 5-year prohibition on operating an EMS vehicle be lowered to one year.
Suggested use of a point system to implement the prohibition on operating an EMS vehicle.

The agency carefully reviewed these suggestions and consulted several national organizations as well as the Code of Virginia to find similar offenses/enforcement actions. The section was modified to clarify its application to EMS vehicle operation only. The agency did modify the section to clarify disqualifying offenses.

12VAC5-31-940. Richard Childress, Isle of Wight County
Suggested that any person who has been treated for an addiction would be ineligible under this section.
The agency reviewed this suggestion and struck “addiction” while inserting language that clarified the intent of the regulation.

12VAC5-31-1140. Virginia Association of Governmental EMS Administrators (VAGEMSA)
Suggested other medical practitioners be allowed to sign patient care reports at hospitals to expedite an emergency crews’ ability to return to service.
The agency reviewed this suggestion and made the requested change to include other medical practitioners.
Suggested that the 7-day requirement for a physician’s signature on a patient care report be extended.
This proposed regulation mirrors current Board of Pharmacy regulation that requires the physician signature within 7-days. The agency made no change.

12VAC5-31-1260. Jim Jones, Lifeline Ambulance Service
Noted that he had received positive reviews by his staff regarding the proposed regulations.
Sought more clarification on supplemental transports.
No review or revision required by the agency.

12VAC5-31-1340. Virginia Association of Governmental EMS Administrators (VAGEMSA)

Suggested revision to allow accreditation at a level to include the same at lower levels.
This section was modified to clarify the requirement and streamline secondary accreditation.

Suggested the removal of the CoAEMSP date of adoption.
The agency reviewed this suggestion and determined that it was in the agency's best interest to be able to review changes made at the national level and determine appropriateness of implementation at the state level. A change was not implemented.

Suggested that either the state should adopt all CoAEMSP guidelines or none.
The agency determined that the lack of current CoAEMSP standards for EMT-Intermediate make some exemptions to the CoAEMSP standards necessary.

Suggested that a "reasonable" state accreditation process be instituted for Intermediate and only use the CoAEMSP standards for Paramedic programs.
The agency reviewed this suggestion and modified the section to clarify that the CoAEMSP accreditation is only required for Paramedic level.

12 VAC 5-31-1350. Steve Simon, Roanoke County Fire and Rescue
Requested that agencies and regional councils be allowed to sponsor Paramedic/Intermediate programs.
The agency reviewed this section and determined that nothing in it prevents an agency or regional council from becoming accredited.

Suggested that EMT-E not be considered "fully" ALS. Noted that EMS agencies will bear burden of correctly billing for services.
The agency reviewed this suggestion and determined that the skills performed by EMT-E technicians will be ALS. It was also determined to be reasonable that agencies that bill for services have an expectation to be accurate.

12 VAC 5-31-1560. Eddie Ferguson, Goochland Fire and Rescue
Steve Simon, Roanoke County Fire and Rescue
Suggested that localities be allowed to supplement fees paid for instructors with state reimbursement and/or BLS reimbursement regulations allow localities to be reimbursed with more funds.
The agency reviewed this suggestion and found that the need to supplement state funding was valid. The section was modified to allow non-profit EMS organizations to supplement BLS Course Coordinator payments.

12 VAC 5-31-1850. Virginia Association of Governmental EMS Administrators (VAGEMSA)
Suggested that OMDs be required to notify the agency they serve of changes in status and the agency be held responsible for reporting changes to OEMS.
The agency determined that every EMS physician would not be an OMD. To hold PCDs to a different standard would be unreasonable. The agency determined that a change was not in the best interest of the public.

12 VAC 5-31-2130 Virginia Association of Governmental EMS Administrators (VAGEMSA)
Steve Simon, Roanoke County Fire and Rescue
Suggested that localities be allowed to obtain one registration of AEDs to multiple sites.
The agency reviewed this suggestion and determined that a single registration is allowed with associated coordinator and fee for each site.

12 VAC 5-31-2180. Kendall Skeen, American Heart Association
Suggested that registering an AED to a specific geographical location limits the ability to provide safe public access defibrillation. Also suggested that laypersons should not be expected to have knowledge of biohazardous waste.
The agency reviewed this suggestion and modified it to allow an AED to be transported to remote sites for availability of Early Defibrillation Services personnel. The section was also modified to clarify expectations of CDC policy compliance.

12 VAC 5-31-2230. Kendall Skeen, American Heart Association
Recommended that the requirement to have telephone or radio communication capability be removed or made a suggestion.
The agency modified this section to clarify that access to public telephone satisfies this requirement.

12 VAC 5-31-2240. Kendall Skeen, American Heart Association
Suggested that PSAPs be authorized to collect information about registered sites.
The agency lacks authority over PSAPs to act on this suggestion.

12 VAC 5-31-2250. Kendall Skeen, American Heart Association
Recommended that required periodic training be eliminated.
The agency modified the section to require semi-annual AED operation review.

12 VAC 5-31-2260. Kendall Skeen,American Heart Association
Suggested that the 16 year old requirement be removed.
The agency reviewed the federal and state child labor laws and determined that there could be no change to this section.

12 VAC 5-31-2260. Kendall Skeen,American Heart Association
Suggested that the requirement not to leave a patient without assuring that an equal or higher level of care is provided is not applicable to the layperson.
The agency reviewed this comment and modified the section to limit requiring persons to insure that some EDS or medically trained personnel are present to relieve EDS personnel.

Detail of Changes

Please detail any changes, other than strictly editorial changes, that are being proposed. Please detail new substantive provisions, all substantive changes to existing sections, or both where appropriate. This statement should provide a section-by-section description - or crosswalk - of changes implemented by the

proposed regulatory action. Include citations to the specific sections of an existing regulation being amended and explain the consequences of the changes.

Part I Definitions and General Requirements. (Sections 10 through 290)

This contains many new and revised definitions of EMS related terms. Examples of new terms defined in these proposed regulations are: Air Medical Specialist, Chief Executive Officer, Chief Operations Officer, EMS Physician, Designated Emergency Response Agency, Primary Service Area, Program Site Accreditation, Public Safety Answering Point and Quality Management Program. Revised and expanded terms include: Medical Control, Medical Directions, Major Medical Emergency, Test Site Coordinator, Triage, Vehicle Operating Weight, Wheelchair and Wheelchair Interfacility Transport Service.

Changes in the variance process would delegate from the State Health Commissioner to the Office of EMS the authority to grant variances. Requirements for review of variance requests by the governing body of a locality would be standardized. Falsification of variance information would become grounds for denial or termination of a variance. The Office of EMS would be delegated enforcement authority by the Commissioner.

Part II. EMS Agency, EMS Vehicles and EMS Personnel. (Sections 300 through 1290)

Article 1 EMS Agency

Establishes regulations regarding EMS Agency licensure and requirements.

Section 12 VAC 5-31-330 specifies The Virginia EMS Compliance Manual as a comprehensive guide to related policies for use by EMS Agencies and the Office of EMS.

12 VAC 5-31-370 Creates a Designated Emergency Response Agency that is defined and identified as a primary emergency response agency by a locality.

12 VAC 5-31-380 Requires EMS Agency response availability twenty-four hour availability without the use of mutual aid.

12 VAC 5-31-390 Mandates EMS Agency participation in a regional trauma triage plan.

12 VAC 5-31-410 EMS Agency licensure classifications have been changed.

12 VAC 5-31-420 Ownership of an EMS Agency must be clearly identified.

12 VAC 5-31-480 Termination of EMS Agency licensure requires notification of the Office of EMS and others in advance of termination. It also requires signage to be removed from the business location and medication kits be returned to the appropriate pharmacy.

12 VAC 5-31-510 An EMS Agency that does not use an EMS Vehicle must maintain a minimum level of equipment. Also requires an agency to maintain 75 triage tags for use in a major medical emergency.

12 VAC 5-31-520 Medication storage requires the temperature of stored medications on EMS vehicles be monitored and medications removed when temperature extremes are reached.

12 VAC 5-31-540 Requires a criminal history background check be conducted by an EMS agency on all new members no more than sixty days prior to the individual's affiliation with the agency.

12 VAC 5-31-550 EMS Vehicle Records must include a report of any reportable motor vehicle collision.

12 VAC 5-31-560 Patient Care Record forms must specifically identify personnel meeting staffing requirements and include the signature and identification number of all EMS personnel on the EMS Vehicle. During local emergencies, a triage tag may be used to document patient care.

12 VAC 5-31-570 An EMS Agency Status Report must be submitted when requested by the Office of EMS or upon change in specified officer positions.

12 VAC 5-31-580 A copy of the regulations must be available at all EMS agency locations.

12 VAC 5-31-590 Operational Medical Director requirements are established specifying responsibilities of both the agency and OMD. Conflict resolution and a change in medical director are included as are requirements for malpractice insurance.

12 VAC 5-31-600 Establishes Quality Management Reporting requirements for EMS Agencies and Operational Medical Directors to monitor assess and improve the quality and appropriateness of patient care.

12 VAC 5-31-610 Requires that Designated Emergency Response Agency standards be established by the local EMS response plan, specifically addressing response capability, a Unit Mobilization Interval Standard and a Responding Interval Standard. The plan is developed in consultation with the locality and the Operational Medical Director.

12 VAC 5-31-620 Establishes a requirement for a minimum of eight EMS personnel who are qualified to function as an Attendant-In-Charge.

12 VAC 5-31-630 Designated Emergency Response Agency Mutual Aid establishes a response obligation to locality and mutual aid agreements with adjacent Designated Emergency Response Agencies that share a common border and are in another locality.

Article 2 Emergency Medical Services Vehicle Permit.

12 VAC 5-31-640 Requires that an EMS Vehicle must be equipped in compliance with the regulations at all times unless exempted.

Article 3 Emergency Medical Services Vehicles Classifications and Requirements

12 VAC 5-31-700 Requires that the Gross Vehicle Operating weight of a ground ambulance be no more than the manufacturer's gross vehicle weight minus 700 pounds. Smoking is prohibited in an EMS transport vehicle. Possession of a firearm or weapon on an EMS Vehicle is prohibited with exceptions noted.

12 VAC 5-31-710 Requires equipment and supplies in the patient compartment must be secured or affixed to protect the crew and patient.

12 VAC 5-31-750 Has been updated to reflect new technologies available.

12 VAC 5-31-760 EMS Communications has been updated, in part, to reflect new technologies available.

12 VAC 5-31-770 through 790 Establishes EMS Vehicle marking requirements that have been amended to enhance safety simplify specifications and allow for the design needs of EMS agencies.

12 VAC 5-31-800 Specifically addresses medication storage related to non-transport EMS Vehicles.

12 VAC 5-31-820 Establishes Advance Life Support equipment packages to allow for fluidity in transfer of staffing and equipment that reflects the "everyday and real life" needs of EMS Agencies.

12 VAC 5-31-860 EMS Vehicle equipment requirements have been updated based on innovations, practice and technology. The equipment listing has been reformatted in chart form for ease of use.

Article 4 EMS Personnel Requirements and Standard of Conduct

12 VAC 5-31-910 Specific criminal and enforcement history is identified as disqualifiers from EMS certification or entry into regulated activities. A conviction for driving under the influence will prevent EMS Personnel from functioning as the Operator of an EMS Vehicle for a period of five years.

12 VAC 5-31-950 Disclosure of patient information is updated to reflect current standards for protecting patient confidentiality.

12 VAC 5-31-980 EMS Personnel are prohibited from falsifying an application.

12 VAC 5-31-1000 EMS Personnel are prohibited from making false statements or submissions.

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

12 VAC 5-31-1030 Prohibits sexual harassment by EMS personnel.

12 VAC 5-31-1050 The Emergency Medical Services Procedure and Medication Schedule identifies the range of skills and medications approved for each level of certification.

12 VAC 5-31-1060 Places the responsibility for adequate staffing of an ambulance or EMS vehicle on the EMS Agency.

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

12 VAC 5-31-1120 Provides a means to resolve provider disagreements over patients' needs.

12 VAC 5-31-1140 Clarifies and requires the receiving medical practitioner's signature on a patient's call record.

12 VAC 5-31-1150 Specifies when an EMS Vehicle can be operated under emergency conditions.

12 VAC 5-31-1170 Establishes conditions under which an EMS student may practice under supervision.

12 VAC 5-31-1190 Clarifies the authorization required for an Attendant-In-Charge to treat a patient.

12 VAC 5-31-1220 Specifies the circumstances under which equipment may be moved between EMS Vehicles.

12 VAC 5-31-1260 Establishes requirements for the transport of patients with specialized medical needs.

Part III EMS Education and Certification (Sections 1300 through 1710)

Expands and details EMS training, certification examination, instruction and EMS accreditation requirements.

Sections 12 VAC 5-31-1310 through 12 VAC 5-31-1320 specify curricula and Course Coordinator qualifications for each level of EMS certification.

12 VAC 5-31-1340 Establishes a requirement for Program Site Accreditation.

12 VAC 5-31-1400 through 12 VAC 5-31-1420 Establishes Course Coordinator reporting requirements to the Physician Course Directors and outlines requirements for course approval requests and accountability of Course Coordinators and Instructors.

12 VAC 5-31-1430 Establishes procedures for certification examinations as specified in the "Virginia EMS Certification Examination Manual".

12 VAC 5-31-1440 through 12 VAC 5-31-1470 Stipulates requirements for enrollment and certification eligibility for all levels of EMS Certification.

12 VAC 5-31-1470 through12 VAC 5-31-1550 Identifies requirements for EMS certification examination, retests and integrity of certification retests.

12 VAC 5-31-1560 Establishes new BLS Course Coordinator reimbursement policies that allow coordinators greater reimbursement potential.

12 VAC 5-31-1580 through 12 VAC 5-31-1620 Establishes certification periods, certification through reciprocity, equivalency, legal recognition and reentry, and voluntary inactivation of certification.

12 VAC 5-31-1640 through 12 VAC 5-31-1690 Establishes recertification requirements, continuing education conditions.

12 VAC 5-31-1700 and 12 VAC 5-31-1710 Specify conditions for ALS Coordinator endorsement and renewal.

Part IV EMS Physician Regulations (Sections 1800 through 1950)

12 VAC 5-31-1800 through 12 VAC 5-31-1860 Establishes requirements, qualifications, application and renewal of EMS physician endorsement by the Office of EMS.

12 VAC 5-31-1870 Establishes the roles of an EMS Physician and the Office of EMS' authority to set limits.

12 VAC 5-31-1880 through 12 VAC 5-31-1910 Stipulate the requirements for an agreement to serve as an Operational Medical Director (OMD). In addition, OMD responsibilities and conflict resolution methods are detailed.

12 VAC 5-31-1920 through 12 VAC 5-31-1940 identify the responsibilities of a Physician Course Director.

Part V Wheelchair Interfacility Transport Services, Vehicles and Personnel Standards (Sections 2000 through 2090)

12 VAC 5-31-2000 through 12 VAC 5-31-2010 Establishes requirements for licensure, application and issuance.

12 VAC 5-31-2020 through 12 VAC 5-31-2060 Stipulates requirements for vehicle permitting and specifications.

12 VAC 5-31-2060 through 12 VAC 5-31-2080 Establishes personnel requirements and standards of conduct.

Part VI Early Defibrillation Service Registration (Sections 2100 through 2260)

12 VAC 5-31-2100 through 12 VAC 5-31-2250 Establishes requirements for Early Defibrillation Service registration and conditions for application and issuance of a registration.

12 VAC 5-31-2260 Outlines requirements for an Early Defibrillation Service, personnel and standards of conduct.

Family Impact Statement

Please provide an analysis of the regulatory action that assesses the impact on the institution of the family and family stability including the extent to which 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 to reducing death and disability resulting from sudden or serious injury and illness in the Commonwealth. Standardized methods for inspection, licensing, permitting, certification and medical direction for emergency medical services agencies, vehicles and personnel and the use of automated external defibrillators by a targeted segment of the population is essential to maintain reliable access and a constant state of readiness throughout Virginia.