

1 Project 4977 - none

2 DEPARTMENT OF HEALTH

3 Create New Chapter, EMS Regulations

4
5 CHAPTER 31

6 VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS (REPEALED)

7 Part I

8 General Provisions

9 Article 1

10 Definitions

11 **12VAC5-31-10. Definitions. (Repealed.)**

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

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

17 "Accreditation" means approval granted to an entity by the Office of Emergency Medical
18 Services (EMS) after the institution has met specific requirements enabling the institution to
19 conduct basic or advanced life support training and education programs. There are four levels of
20 accreditation: interim, provisional, full, and probationary.

21 "Accreditation cycle" means the term or cycle at the conclusion of which accreditation
22 expires unless a full self study is performed. Accreditation cycles are typically quinquennial

1 ~~(five-year) but these terms may be shorter, triennial (three-year) or biennial (two-year), if the~~
2 ~~Office of EMS deems it necessary.~~

3 ~~"Accreditation date" means the date of the accreditation decision that is awarded to an entity~~
4 ~~following its full site visit and review.~~

5 ~~"Accreditation decision" means the conclusion reached about an entity status after~~
6 ~~evaluation of the results of the onsite survey, recommendations of the site review team, and any~~
7 ~~other relevant information such as documentation of compliance with standards, documentation~~
8 ~~of plans to correct deficiencies, or evidence of recent improvements.~~

9 ~~"Accreditation denied" means an accreditation decision that results when an entity has been~~
10 ~~denied accreditation. This accreditation decision becomes effective only when all available~~
11 ~~appeal procedures have been exhausted.~~

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

13 ~~"Acute care hospital" means any hospital that provides emergency medical services on a~~
14 ~~24-hour basis.~~

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

17 ~~"Advanced life support" or "ALS" means the provision of care by EMS personnel who are~~
18 ~~certified as an Emergency Medical Technician (EMT) Enhanced, Advanced EMT, Intermediate,~~
19 ~~or Paramedic or equivalent as approved by the Board of Health.~~

20 ~~Advanced life support in the air medical environment is a mission generally defined as the~~
21 ~~transport of a patient who receives care during a transport that includes an invasive medical~~
22 ~~procedure or the administration of medications, including IV infusions, in addition to any~~
23 ~~noninvasive care that is authorized by the Office of EMS.~~

1 ~~"Advanced life support certification course" means a training program that allows a student~~
2 ~~to become eligible for a new ALS certification level. Programs must meet the educational~~
3 ~~requirements established by the Office of EMS as defined by the respective advanced life~~
4 ~~support curriculum. Initial certification courses include:~~

5 ~~1. Emergency Medical Technician Enhanced;~~

6 ~~2. Advanced EMT;~~

7 ~~3. Advanced EMT to Intermediate Bridge;~~

8 ~~4. EMT Enhanced to Intermediate Bridge;~~

9 ~~5. Intermediate;~~

10 ~~6. Intermediate to Paramedic Bridge;~~

11 ~~7. Paramedic;~~

12 ~~8. Registered Nurse to Paramedic Bridge; and~~

13 ~~9. Other programs approved by the Office of EMS.~~

14 ~~"Advanced life support coordinator" means a person who has met the criteria established by~~
15 ~~the Office of EMS to assume responsibility for conducting ALS training programs.~~

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

18 ~~"Affiliated" means a person who is employed by or a member of an EMS agency.~~

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

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

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

9 ~~"Approved locking device" means a mechanism that prevents removal or opening of a drug~~
10 ~~kit by means other than securing the drug kit by the handle only.~~

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

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

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

17 ~~"Basic life support" or "BLS" means the provision of care by EMS personnel who are~~
18 ~~certified as First Responder, Emergency Medical Responder (EMR), or Emergency Medical~~
19 ~~Technician or equivalent as approved by the Board of Health.~~

20 ~~Basic life support in the air medical environment means a mission generally defined as the~~
21 ~~transport of a patient who receives care during a transport that is commensurate with the scope~~
22 ~~of practice of an EMT. In the Commonwealth of Virginia care that is provided in the air medical~~
23 ~~environment must be assumed at a minimum by a Virginia certified Paramedic who is a part of~~
24 ~~the regular air medical crew. (fixed wing excluded)~~

1 ~~"BLS certification course" means a training program that allows a student to become eligible~~
2 ~~for a new BLS certification level. Programs must meet the educational requirements established~~
3 ~~by the Office of EMS as defined by the respective basic life support curriculum. Initial~~
4 ~~certification courses include:~~

5 ~~1. EMS First Responder;~~

6 ~~2. EMS First Responder Bridge to EMT;~~

7 ~~3. Emergency Medical Responder;~~

8 ~~4. Emergency Medical Responder Bridge to EMT;~~

9 ~~5. Emergency Medical Technician; and~~

10 ~~6. Other programs approved by the Office of EMS.~~

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

12 ~~"Candidate" means any person who is enrolled in or is taking a course leading toward initial~~
13 ~~certification.~~

14 ~~"Candidate status" means the status awarded to a program that has made application to the~~
15 ~~Office of EMS for accreditation but that is not yet accredited.~~

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

17 ~~"Certification" means a credential issued by the Office of EMS for a specified period of time~~
18 ~~to a person who has successfully completed an approved training program.~~

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

20 ~~"Certification candidate status" means any candidate or provider who becomes eligible for~~
21 ~~certification testing but who has not yet taken the certification test using that eligibility.~~

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

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

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

7 ~~"Commercial mobile radio service" or "CMRS" means the same as that term is defined in~~
8 ~~§§ 3 (27) and 332 (d) of the Federal Telecommunications Act of 1996 (47 USC § 151 et seq.)~~
9 ~~and the Omnibus Budget Reconciliation Act of 1993 (Public Law 103-66, 107 USC § 312) and~~
10 ~~includes the term "wireless" and service provided by any wireless real time two-way voice~~
11 ~~communication device, including radio telephone communications used in cellular telephone~~
12 ~~service or personal communications service (e.g., cellular telephone, 800/900 MHz Specialized~~
13 ~~Mobile Radio, Personal Communications Service, etc.).~~

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

17 ~~"Continuing education" or "CE" means an instructional program that enhances a particular~~
18 ~~area of knowledge or skills beyond compulsory or required initial training.~~

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

21 ~~"Course coordinator" means the person identified on the course approval request as the~~
22 ~~coordinator who is responsible with the physician course director for all aspects of the program~~
23 ~~including but not limited to assuring adherence to the rules and regulations, office policies, and~~
24 ~~any contract components.~~

1 ~~"Critical care" or "CC" in the air medical environment is a mission defined as an interfacility~~
2 ~~transport of a critically ill or injured patient whose condition warrants care commensurate with~~
3 ~~the scope of practice of a physician or registered nurse.~~

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

6 ~~"Defibrillation" means the discharge of an electrical current through a patient's heart for the~~
7 ~~purpose of restoring a perfusing cardiac rhythm. For the purpose of these regulations,~~
8 ~~defibrillation includes cardioversion.~~

9 ~~"Defibrillator—automated external" or "AED" means an automatic or semi-automatic device,~~
10 ~~or both, capable of rhythm analysis and defibrillation after electronically detecting the presence~~
11 ~~of ventricular fibrillation and ventricular tachycardia, approved by the U.S. Food and Drug~~
12 ~~Administration.~~

13 ~~"Defibrillator—manual" means a monitor/defibrillator that has no capability for rhythm~~
14 ~~analysis and will charge and deliver a shock only at the command of the operator. For the~~
15 ~~purpose of compliance with these regulations, a manual defibrillator must be capable of~~
16 ~~synchronized cardioversion and noninvasive external pacing. A manual defibrillator must be~~
17 ~~approved by the U.S. Food and Drug Administration.~~

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

22 ~~"Designated infection control officer" means a liaison between the medical facility treating~~
23 ~~the source patient and the exposed employee. This person has been formally trained for this~~

1 ~~position and is knowledgeable in proper post exposure medical follow up procedures and~~
2 ~~current regulations and laws governing disease transmission.~~

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

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

6 ~~"Emergency medical services" or "EMS" means health care, public health, and public safety~~
7 ~~services used in the medical response to the real or perceived need for immediate medical~~
8 ~~assessment, care, or transportation and preventive care or transportation in order to prevent~~
9 ~~loss of life or aggravation of physiological or psychological illness or injury.~~

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

12 ~~"EMS agency status report" means a report submitted on forms specified by the Office of~~
13 ~~EMS that documents the operational capabilities of an EMS agency including data on~~
14 ~~personnel, vehicles and other related resources.~~

15 ~~"EMS education coordinator" means any EMS provider, registered nurse, physician~~
16 ~~assistant, doctor of osteopathic medicine, or doctor of medicine who possesses Virginia~~
17 ~~certification as an EMS education coordinator. Such certification does not confer authorization~~
18 ~~to practice EMS.~~

19 ~~"Emergency medical services agency" or "EMS agency" means any person engaged in the~~
20 ~~business, service, or regular activity, whether or not for profit, of transporting or rendering~~
21 ~~immediate medical care and providing transportation to persons who are sick, injured, or~~
22 ~~otherwise incapacitated or helpless and that holds a valid license as an emergency medical~~
23 ~~services agency issued by the commissioner in accordance with § 32.1-111.6 of the Code of~~
24 ~~Virginia.~~

1 ~~"Emergency medical services personnel" or "EMS personnel" means individuals who are~~
2 ~~employed by or members of an emergency medical services agency and who provide~~
3 ~~emergency medical services pursuant to an emergency medical services agency license issued~~
4 ~~to that agency by the commissioner and in accordance with the authorization of that agency's~~
5 ~~operational medical director.~~

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

9 ~~"Emergency medical services provider" or "EMS provider" means any person who holds a~~
10 ~~valid certificate as an emergency medical services provider issued by the commissioner.~~

11 ~~"Emergency medical services system" or "EMS system" means the system of emergency~~
12 ~~medical services agencies, vehicles, equipment, and personnel; health care facilities; other~~
13 ~~health care and emergency services providers; and other components engaged in the planning,~~
14 ~~coordination, and delivery of emergency medical services in the Commonwealth, including~~
15 ~~individuals and facilities providing communications and other services necessary to facilitate the~~
16 ~~delivery of emergency medical services in the Commonwealth.~~

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

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

1 ~~"Emergency medical technician instructor" means an EMS provider who holds a valid~~
2 ~~certification issued by the Office of EMS to announce and coordinate BLS programs.~~

3 ~~"Emergency vehicle operator's course" or "EVOG" means an approved course of instruction~~
4 ~~for EMS vehicle operators that includes safe driving skills, knowledge of the state motor vehicle~~
5 ~~code affecting emergency vehicles, and driving skills necessary for operation of emergency~~
6 ~~vehicles during response to an incident or transport of a patient to a health care facility. This~~
7 ~~course must include classroom and driving range skill instruction. An approved course of~~
8 ~~instruction includes the course objectives as identified within the U.S. Department of~~
9 ~~Transportation Emergency Vehicle Operator curriculum or as approved by the Office of EMS.~~

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

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

13 ~~"FAR" means Federal Aviation Regulations.~~

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

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

17 ~~"Full accreditation" means an accreditation decision awarded to an entity that demonstrates~~
18 ~~satisfactory compliance with applicable Virginia standards in all performance areas.~~

19 ~~"Fund" means the Virginia Rescue Squad Assistance Fund.~~

20 ~~"Institutional self study" means a document whereby training programs seeking accreditation~~
21 ~~answer questions about their program for the purpose of determining their level of preparation to~~
22 ~~conduct initial EMS training programs.~~

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

1 ~~"Instructor aide" means providers certified at or above the level of instruction.~~

2 ~~"Interfacility transport" in the air medical environment means as a mission for whom an~~
3 ~~admitted patient or patients were transported from a hospital or care giving facility (clinic,~~
4 ~~nursing home, etc.) to a receiving facility or airport.~~

5 ~~"Interim accreditation" means an accreditation decision that results when a previously~~
6 ~~unaccredited EMS entity has been granted approval to operate one training program, for a~~
7 ~~period not to exceed 120 days, during which its application is being considered and before a~~
8 ~~provisional or full accreditation is issued, providing the following conditions are satisfied: (i) a~~
9 ~~complete application for accreditation is received by the Office of EMS and (ii) a complete~~
10 ~~institutional self study is submitted to the Office of EMS. Students attending a program with~~
11 ~~interim accreditation will not be eligible to sit for state testing until the entity achieves official~~
12 ~~notification of accreditation at the provisional or full level.~~

13 ~~"Invasive procedure" means a medical procedure that involves entry into the living body, as~~
14 ~~by incision or by insertion of an instrument.~~

15 ~~"License" means an authorization issued by the Office of EMS to provide emergency~~
16 ~~medical services in the state as an EMS agency.~~

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

20 ~~"Local EMS response plan" means a written document that details the primary service area~~
21 ~~and responding interval standards as approved by the local government and the operational~~
22 ~~medical director.~~

23 ~~"Local governing body" or "governing body" means members of the governing body of a city,~~
24 ~~county, or town in the Commonwealth who are elected to that position or their designee.~~

1 ~~"Major medical emergency" means an emergency that cannot be managed through the use~~
2 ~~of locally available emergency medical resources and that requires implementation of special~~
3 ~~procedures to ensure the best outcome for the greatest number of patients as determined by~~
4 ~~the EMS provider in charge or incident commander on the scene. This event includes local~~
5 ~~emergencies declared by the locality's government and states of emergency declared by the~~
6 ~~Governor.~~

7 ~~"Medical care facility" means, as defined by § 32.1-102.1 of the Code of Virginia, any~~
8 ~~institution, place, building or agency, whether licensed or required to be licensed by the board or~~
9 ~~the Department of Behavioral Health and Developmental Services, whether operated for profit~~
10 ~~or nonprofit and whether privately owned or privately operated or owned or operated by a local~~
11 ~~governmental unit, by or in which health services are furnished, conducted, operated or offered~~
12 ~~for the prevention, diagnosis or treatment of human disease, pain, injury, deformity or physical~~
13 ~~condition, whether medical or surgical.~~

14 ~~"Medical control" means the direction and advice provided through a communications device~~
15 ~~(on-line) to on-site and in-transit EMS personnel from a designated medical care facility staffed~~
16 ~~by appropriate personnel and operating under physician supervision.~~

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

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

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

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

7 ~~"Neonatal" or "neonate" means, for the purpose of interfacility transportation, any infant who~~
8 ~~is deemed a newborn within a hospital, has not been discharged since the birthing process, and~~
9 ~~is currently receiving medical care under a physician.~~

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

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

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

16 ~~"Operational medical director" or "OMD" means an EMS physician, currently licensed to~~
17 ~~practice medicine or osteopathic medicine in the Commonwealth, who is formally recognized~~
18 ~~and responsible for providing medical direction, oversight and quality improvement to an EMS~~
19 ~~agency and personnel.~~

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

22 ~~"Patient" means a person who needs immediate medical attention or transport, or both,~~
23 ~~whose physical or mental condition is such that he is in danger of loss of life or health~~
24 ~~impairment, or who may be incapacitated or helpless as a result of physical or mental condition~~

1 or a person who requires medical attention during transport from one medical care facility to
2 another.

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

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

9 "Physician assistant" means an individual who holds a valid, unrestricted license to practice
10 as a physician assistant in the Commonwealth.

11 "Physician course director" or "PCD" means an EMS physician who is responsible for the
12 clinical aspects of emergency medical care training programs, including the clinical and field
13 actions of enrolled students.

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

19 "Prehospital scene" means, in the air medical environment, the direct response to the scene
20 of incident or injury, such as a roadway, etc.

21 "Prescriber" means a practitioner who is authorized pursuant to §§ 54.1-3303 and 54.1-3408
22 of the Code of Virginia to issue a prescription.

23 "Primary retest status" means any candidate or provider who failed his primary certification
24 attempt. Primary retest status expires 90 days after the primary test date.

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

5 ~~"Private Mobile Radio Service" or "PMRS" means the same as that term is defined in § 20.3~~
6 ~~of the Federal Communications Commission's Rules, 47 CFR 20.3. For purposes of this~~
7 ~~definition, PMRS includes "industrial" and "public safety" radio services authorized under Part~~
8 ~~90 of the Federal Communications Commission's Rules, 47 CFR 90.1 et seq., with the~~
9 ~~exception of certain for-profit commercial paging services and 800/900 MHz Specialized Mobile~~
10 ~~Radio Services that are interconnected to the public switched telephone network and are~~
11 ~~therefore classified as CMRS.~~

12 ~~"Probationary status" means the Office of EMS will place an institution on publicly disclosed~~
13 ~~probation when it has not completed a timely, thorough, and credible root cause analysis and~~
14 ~~action plan of any sentinel event occurring there. When the entity completes an acceptable root~~
15 ~~cause analysis and develops an acceptable action plan, the Office of EMS will remove the~~
16 ~~probation designation from the entity's accreditation status.~~

17 ~~"Provisional accreditation" means an accreditation decision that results when a previously~~
18 ~~unaccredited entity has demonstrated satisfactory compliance with a subset of standards during~~
19 ~~a preliminary on-site evaluation. This decision remains in effect for a period not to exceed 365~~
20 ~~days, until one of the other official accreditation decision categories is assigned based upon an~~
21 ~~a follow-up site visit against all applicable standards.~~

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

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

5 ~~"Reaccreditation date" means the date of the reaccreditation decision that is awarded to an~~
6 ~~entity following a full site visit and review.~~

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

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

11 ~~"Reentry status" means any candidate or provider whose certification has lapsed within the~~
12 ~~last two years.~~

13 ~~"Regional EMS council" means an organization designated by the board that is authorized to~~
14 ~~receive and disburse public funds in compliance with established performance standards and~~
15 ~~whose function is to plan, develop, maintain, expand and improve an efficient and effective~~
16 ~~regional emergency medical services system within a designated geographical area pursuant to~~
17 ~~§ 32.1-111.4:2 of the Code of Virginia.~~

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

22 ~~"Registered nurse" means a person who is licensed or holds a multistate privilege under the~~
23 ~~provisions of Chapter 30 (§ 54.1-3000 et seq.) of Title 54.1 of the Code of Virginia to practice~~
24 ~~professional nursing.~~

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

4 ~~"Regulated waste" means liquid or semi-liquid blood or other potentially infectious materials;~~
5 ~~contaminated items that would release blood or other potentially infectious materials in a liquid~~
6 ~~or semi-liquid state if compressed; items that are caked with dried blood or potentially infectious~~
7 ~~materials and are capable of releasing these materials during handling; items dripping with~~
8 ~~liquid product; contaminated sharps; pathological and microbiological waste containing blood or~~
9 ~~other potentially infectious materials.~~

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

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

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

19 ~~"Responding time" means the elapsed time in minutes between the time a call for~~
20 ~~emergency medical services is received by the PSAP until the appropriate emergency medical~~
21 ~~response unit arrives on the scene.~~

22 ~~"Responding time standard" means a time standard in minutes, established by the EMS~~
23 ~~agency, the locality and OMD, in which the EMS agency will comply with 90% or greater~~
24 ~~reliability.~~

1 ~~"Response obligation to locality" means a requirement of a designated emergency response~~
2 ~~agency to lend aid to all other designated emergency response agencies within the locality or~~
3 ~~localities in which the EMS agency is based.~~

4 ~~"Revocation" means the permanent removal of an EMS agency license, vehicle permit,~~
5 ~~training certification, ALS coordinator endorsement, EMS education coordinator, EMS physician~~
6 ~~endorsement or any other designation issued by the Office of EMS.~~

7 ~~"Safety apparel" means personal protective safety clothing that is intended to provide~~
8 ~~conspicuity during both daytime and nighttime usage and that meets the Performance Class 2~~
9 ~~or 3 requirements of the ANSI/ISEA 107-2010 publication entitled "American National Standard~~
10 ~~for High-Visibility Safety Apparel and Headwear."~~

11 ~~"Secondary certification status" means any candidate or provider who is no longer in primary~~
12 ~~retest status.~~

13 ~~"Secondary retest status" means any candidate or provider who failed their secondary~~
14 ~~certification attempt. Secondary retest status expires 90 days after the secondary test date.~~

15 ~~"Sentinel event" means any significant occurrence, action, or change in the operational~~
16 ~~status of the entity from the time when it either applied for candidate status or was accredited.~~
17 ~~The change in status can be based on but not limited to one or all of the events indicated below:~~

18 ~~Entering into an agreement of sale of an accredited entity or an accreditation candidate.~~

19 ~~Entering into an agreement to purchase or otherwise directly or indirectly acquire an~~
20 ~~accredited entity or accreditation candidate.~~

21 ~~Financial impairment of an accredited entity or candidate for accreditation, which affects~~
22 ~~its operational performance or entity control.~~

23 ~~Insolvency or bankruptcy filing.~~

- 1 ~~Change in ownership or control greater than 25%.~~
- 2 ~~Disruption of service to student body.~~
- 3 ~~Discontinuance of classes or business operations.~~
- 4 ~~Failure to report a change in program personnel, location, change in training level or~~
- 5 ~~Committee on Accreditation of Educational Programs for the Emergency Medical~~
- 6 ~~Services Professions (CoAEMSP) accreditation status.~~
- 7 ~~Failure to meet minimum examination scores as established by the Office of EMS.~~
- 8 ~~Loss of CoAEMSP or Commission on Accreditation of Allied Health Education Programs~~
- 9 ~~(CAAHEP) accreditation.~~
- 10 ~~Company fine or fines of greater than \$100,000 for regulatory violation, marketing or~~
- 11 ~~advertising practices, antitrust, or tax disputes.~~

12 ~~"Special conditions" means a notation placed upon an EMS agency or registration, variance~~
13 ~~or exemption documents that modifies or restricts specific requirements of these regulations.~~

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

20 ~~"Specialty care mission" in the air medical environment means the transport of a patient~~
21 ~~requiring specialty patient care by one or more medical professionals who are added to the~~
22 ~~regularly scheduled medical transport team.~~

1 ~~"Specialty care provider" in the air medical environment means a provider of specialized~~
2 ~~medical care, to include but not limited to neonatal, pediatric, and perinatal.~~

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

8 ~~"Standard operating procedure" or "SOP" means preestablished written agency authorized~~
9 ~~procedures and guidelines for activities performed by affiliated EMS agency.~~

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

13 ~~"Suspension" means the temporary removal of an EMS agency license, vehicle permit,~~
14 ~~training certification, ALS coordinator endorsement, EMS education coordinator, EMS physician~~
15 ~~endorsement or any other designation issued by the Office of EMS.~~

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

18 ~~"Training officer" means an individual who is responsible for the maintenance and~~
19 ~~completion of agency personnel training records and who acts as a liaison between the agency,~~
20 ~~the operational medical director, and a participant in the agency and regional quality assurance~~
21 ~~process.~~

22 ~~"Trauma center" means a specialized hospital facility distinguished by the immediate~~
23 ~~availability of specialized surgeons, physician specialists, anesthesiologists, nurses, and~~
24 ~~resuscitation and life support equipment on a 24 hour basis to care for severely injured patients~~

1 or those at risk for severe injury. In Virginia, trauma centers are designated by the Virginia
2 Department of Health as Level I, II or III.

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

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

8 "USDOT" means the U.S. Department of Transportation.

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

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

16 Article 2 (Repealed.)

17 Purpose and Applicability

18 **12VAC5-31-20. Responsibility for regulations; application of regulations. (Repealed.)**

19 A. These regulations shall be administered by the following:

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

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

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

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

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

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

12 ~~2. A person providing EMS to a patient received within Virginia whether treated and~~
13 ~~released or transported to a location within Virginia must comply with these regulations~~
14 ~~unless exempted in these regulations.~~

15 ~~**12VAC5-31-30. Powers and procedures of regulations not exclusive. (Repealed.)**~~

16 ~~The board reserves the right to authorize any procedure for the enforcement of these~~
17 ~~regulations that is not inconsistent with the provisions set forth herein or the provisions of Article~~
18 ~~2.1 (§ 32.1-111.1 et seq.) of Chapter 4 of Title 32.1 of the Code of Virginia.~~

1 Article 3 (Repealed.)

2 Exceptions, Variances, and Exemptions

3 **12VAC5-31-40. Exceptions. (Repealed.)**

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

7 **12VAC5-31-50. Variances. (Repealed.)**

8 ~~A. The commissioner is authorized to grant variances for any part or all of these regulations~~
9 ~~in accordance with the procedures set forth herein. A variance permits temporary specified~~
10 ~~exceptions to these regulations. An applicant, licensee, or permit or certificate holder may file a~~
11 ~~written request for a variance with the Office of EMS on specified forms. If the applicant,~~
12 ~~licensee, or permit or certificate holder is an EMS agency, the following additional requirements~~
13 ~~apply:~~

14 ~~1. The written variance request shall be submitted for review and recommendations to~~
15 ~~the governing body or chief administrative officer of the jurisdiction in which the principal~~
16 ~~office of the EMS agency is located prior to submission to the Office of EMS.~~

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

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

21 ~~4. Both the written request and the recommendation of the governing body or chief~~
22 ~~administrative officer shall be submitted together to the Office of EMS.~~

1 ~~B. If the applicant for a variance is an affiliated provider who is certified or a candidate for~~
2 ~~certification, the following requirements shall apply:~~

3 ~~1. The written variance request shall be submitted for review and recommendations to~~
4 ~~the operational medical director and the head of the agency with which the provider is~~
5 ~~affiliated.~~

6 ~~2. Both the written request and the recommendation of the operational medical director~~
7 ~~and the agency head shall be submitted to the Office of EMS.~~

8 ~~C. Those providers who are not affiliated with an EMS agency shall submit their variance~~
9 ~~request to the commissioner for consideration. The commissioner may request additional case-~~
10 ~~specific endorsements or supporting documentation as part of the application.~~

11 ~~**12VAC5-31-60. Issuance of a variance. (Repealed.)**~~

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

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

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

17 ~~3. The commissioner determines the need for such a variance is genuine, and~~
18 ~~extenuating circumstances exist;~~

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

1 ~~5. If the request is made by an EMS agency, the commissioner will consider the~~
2 ~~recommendation of the governing body or chief administrative officer provided all of the~~
3 ~~above conditions are met;~~

4 ~~6. If the request is made by an affiliated provider who is certified or a candidate for~~
5 ~~certification, the Office of EMS will consider the recommendation of the operational~~
6 ~~medical director and the agency head for which the provider is affiliated; and~~

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

11 **12VAC5-31-70. Content of variance. (Repealed.)**

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

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

15 2. ~~The expiration date of the variance;~~

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

18 4. ~~Any special conditions that may apply.~~

19 **12VAC5-31-80. Conditions of variance. (Repealed.)**

20 A variance shall be issued and remain valid with the following conditions:

21 1. ~~A variance will be valid for a period not to exceed one year unless and until terminated~~
22 ~~by the commissioner; and~~

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

1 **12VAC5-31-90. Termination of variance. (Repealed.)**

2 A. ~~The commissioner may terminate a variance at any time based upon any of the following:~~

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

4 2. ~~Falsification of any information;~~

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

6 4. ~~A determination by the Office of EMS to the commissioner that continuation of the~~
7 ~~variance would present a risk to or threaten or endanger the public health, safety or~~
8 ~~welfare.~~

9 B. ~~The commissioner will notify the license, permit or certificate holder of the termination by~~
10 ~~certified mail to his last known address.~~

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

13 **12VAC5-31-100. Denial of a variance. (Repealed.)**

14 A request for a variance will be denied by the commissioner if any of the conditions of
15 12VAC5-31-60 fail to be met.

16 **12VAC5-31-110. Exemptions. (Repealed.)**

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

20 B. Request. ~~A person may file a written request for an exemption with the Office of EMS on~~
21 ~~specified forms. If the request is made by an EMS agency, the following additional requirements~~
22 ~~apply:~~

1 ~~1. The written request for exemption must be submitted for review and recommendation~~
2 ~~to the governing body of the jurisdiction or chief administrative officer in which the~~
3 ~~principal office of the EMS agency is located before submission to the Office of EMS.~~

4 ~~2. The written request must be submitted to the Office of EMS a minimum of 30 days~~
5 ~~before the scheduled review by the governing body or chief administrative officer. At the~~
6 ~~time of submission, the agency or service must provide the Office of EMS with the date,~~
7 ~~time and location of the scheduled review by the governing body or chief administrative~~
8 ~~officer.~~

9 ~~3. Issuance of an exemption does not obligate other jurisdictions to allow the conditions~~
10 ~~of such exemption if they conflict with local ordinances or regulations.~~

11 ~~4. Both the written request and the recommendation of the governing body or chief~~
12 ~~administrative officer shall be submitted together to the Office of EMS.~~

13 ~~C. If the applicant for an exemption is an affiliated provider who is certified or a candidate for~~
14 ~~certification, the following requirements shall apply:~~

15 ~~1. The written exemption request shall be submitted for review and recommendations to~~
16 ~~the operational medical director and the head of the agency with which the provider is~~
17 ~~affiliated.~~

18 ~~2. Both the written request and the recommendation of the operational medical director~~
19 ~~and the agency head shall be submitted to the Office of EMS.~~

20 ~~D. Those providers who are not affiliated with an EMS agency shall submit their exemption~~
21 ~~request to the commissioner for consideration. The commissioner may request additional case-~~
22 ~~specific endorsements or supporting documentation as part of the application.~~

1 **12VAC5-31-120. Public notice of request for exemption. (Repealed.)**

2 Upon receipt of a request for an exemption, the Office of EMS will cause notice of such
3 request to be posted on the Office of EMS section of the Virginia Department of Health's
4 website.

5 **12VAC5-31-130. Public hearing for exemption request. (Repealed.)**

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

8 **12VAC5-31-140. Issuance of an exemption. (Repealed.)**

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

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

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

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

15 B. If the request is made by an EMS agency, the board may accept the recommendation of
16 the governing body or chief administrative officer provided all of the conditions in subsection A
17 of this section are met.

18 C. If the request is made by an affiliated provider who is certified or a candidate for
19 certification, the board will consider the recommendation of the operational medical director and
20 the agency head with which the provider is affiliated.

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

1 **12VAC5-31-150. ~~Content of exemption. (Repealed.)~~**

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

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

7 **12VAC5-31-160. ~~Conditions of exemption. (Repealed.)~~**

8 A. ~~An exemption remains valid for an indefinite period of time unless and until terminated by~~
9 ~~the commissioner, or unless an expiration date is specified.~~

10 B. ~~An exemption is neither transferable nor renewable.~~

11 **12VAC5-31-170. ~~Termination of exemption. (Repealed.)~~**

12 A. ~~The commissioner may terminate an exemption at any time based upon any of the~~
13 ~~following:~~

- 14 1. ~~Violation of any of the conditions of the exemption;~~
- 15 2. ~~Suspension or revocation of any licenses, permits or certificates involved; or~~
- 16 3. ~~A determination by the commissioner that continuation of the exemption would~~
17 ~~present risk to, or threaten or endanger the public health, safety or welfare.~~

18 B. ~~The commissioner will notify the person to whom the exemption was issued of the~~
19 ~~termination by certified mail to his last known address.~~

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

1 **12VAC5-31-180. Denial of an exemption. (Repealed.)**

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

4 **12VAC5-31-190. General exemptions from these regulations. (Repealed.)**

5 The following are exempted from these regulations except as noted:

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

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

13 3. An EMS agency operated by the United States government within this state. Any
14 person holding a United States government contract is not exempt from these
15 regulations unless the person only provides services within an area of exclusive federal
16 jurisdiction;

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

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

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

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

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

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

8 Article 4 (Repealed.)

9 Enforcement Procedures

10 **12VAC5-31-200. Right to enforcement. (Repealed.)**

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

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

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

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

20 ~~E. An agency and all places of operation shall be subject to inspection by the Office of EMS~~
21 ~~for compliance with these regulations. The inspection may include any or all of the following:~~

22 ~~1. All fixed places of operations, including all offices, stations, repair shops, or training~~
23 ~~facilities.~~

1 ~~2. All applicable records maintained by the agency.~~

2 ~~3. All EMS vehicles and required equipment used by the agency.~~

3 **12VAC5-31-210. Enforcement actions. (Repealed.)**

4 ~~An enforcement action must be delivered to the affected person and must specify~~
5 ~~information concerning the violations, the actions required to correct the violations and the~~
6 ~~specific date by which correction must be made as follows:~~

7 ~~1. Warning: a verbal notification of an action or situation potentially in violation of these~~
8 ~~regulations.~~

9 ~~2. Citation: a written notification for violations of these regulations.~~

10 ~~3. Suspension: a written notification of the deactivation and removal of authorization~~
11 ~~issued under a license, permit, certification, endorsement or designation.~~

12 ~~4. Civil penalty: The commissioner or designee may impose a civil penalty on an agency~~
13 ~~or entity that fails or refuses compliance with these regulations. Civil penalties may be~~
14 ~~assessed up to \$1,000 per offense. Violations shall be single, different occurrence for~~
15 ~~each calendar day the violation occurs and remains uncorrected.~~

16 ~~5. Action of the commissioner: the commissioner may command a person operating in~~
17 ~~violation of these regulations or state law pursuant to the commissioner's authority under~~
18 ~~§ 32.1-27 of the Code of Virginia and the Administrative Process Act to halt such~~
19 ~~operation or to comply with applicable law or regulation. A separate and distinct offense~~
20 ~~will be deemed to have been committed on each day during which any prohibited act~~
21 ~~continues after written notice to the offender.~~

22 ~~6. Criminal enforcement: the commissioner may elect to enforce any part of these~~
23 ~~regulations or any provision of Title 32.1 of the Code of Virginia by seeking to have~~

1 ~~criminal sanctions imposed. The violation of any of the provisions of these regulations~~
2 ~~constitutes a misdemeanor. A separate and distinct offense will be deemed to have been~~
3 ~~committed on each day during which any prohibited act continues after written notice by~~
4 ~~the commissioner to the offender.~~

5 **12VAC5-31-220. Suspension of a license, permit, certificate, endorsement or designation.**

6 **(Repealed.)**

7 ~~A. The commissioner may suspend an EMS license, permit, certificate, endorsement or~~
8 ~~designation without a hearing, pending an investigation or revocation procedure.~~

9 ~~1. Reasonable cause for suspension must exist before such action is taken by the~~
10 ~~commissioner. The decision must be based upon a review of evidence available to the~~
11 ~~commissioner.~~

12 ~~2. The commissioner may suspend an agency or service license, vehicle permit,~~
13 ~~personnel certificate, endorsement or designation for failure to adhere to the standards~~
14 ~~set forth in these regulations.~~

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

18 ~~4. An EMS vehicle permit may be suspended if the vehicle is found to be operated or~~
19 ~~maintained in a manner that presents a risk to, threatens, or endangers the public~~
20 ~~health, safety or welfare, or if the EMS agency license has been suspended.~~

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

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

4 ~~B. Suspension of an EMS agency license shall result in the simultaneous and concurrent~~
5 ~~suspension of the vehicle permits.~~

6 ~~C. The commissioner will notify the licensee, or permit or certificate holder of the suspension~~
7 ~~in person or by certified mail to his last known address.~~

8 ~~D. A suspension takes effect immediately upon receipt of notification unless otherwise~~
9 ~~specified. A suspension remains in effect until the commissioner further acts upon the license,~~
10 ~~permit, certificate, endorsement or designation or until the order is overturned on appeal as~~
11 ~~specified in the Administrative Process Act.~~

12 ~~E. The licensee, or permit or certificate holder shall abide by any notice of suspension and~~
13 ~~shall return all suspended licenses, permits and certificates to the Office of EMS within 10 days~~
14 ~~of receipt of notification.~~

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

17 **12VAC5-31-230. Revocation of a license, permit or certificate. (Repealed.)**

18 ~~A. The commissioner may revoke an EMS license, permit, certificate, endorsement, or~~
19 ~~designation after a hearing or waiver thereof.~~

20 ~~1. Reasonable cause for revocation must exist before such action by the commissioner.~~

21 ~~2. The commissioner may revoke an EMS agency license, EMS vehicle permit, vehicle~~
22 ~~permit, certification, endorsement or designation for failure to adhere to the standards~~
23 ~~set forth in these regulations.~~

1 ~~3. The commissioner may revoke an EMS agency license, an EMS vehicle permit, or~~
2 ~~EMS personnel certificate for violation of a correction order or for engaging in or aiding,~~
3 ~~abetting, causing, or permitting any act prohibited by these regulations.~~

4 ~~4. The commissioner may revoke an EMS training certificate for failure to adhere to the~~
5 ~~standards as set forth in these regulations or for lack of competence at such level as~~
6 ~~evidenced by lack of basic knowledge or skill, or for incompetent or unwarranted acts~~
7 ~~inconsistent with the standards in effect for the level of certification concerned.~~

8 ~~5. The commissioner may revoke an EMS agency license for violation of federal or state~~
9 ~~laws resulting in a civil monetary penalty.~~

10 ~~B. Revocation of an EMS agency license shall result in the simultaneous and concurrent~~
11 ~~revocation of vehicle permits.~~

12 ~~C. The commissioner will notify the holder of a license, certification, endorsement or~~
13 ~~designation of the intent to revoke by signed receipt in person or certified mail to his last known~~
14 ~~address.~~

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

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

21 ~~2. Should the holder of a license, certification, endorsement or designation fail to file~~
22 ~~such notice, he will be deemed to have waived the right to a hearing. In such case, the~~
23 ~~commissioner may revoke the license or certificate.~~

1 ~~E. A revocation takes effect immediately upon receipt of notification unless otherwise~~
2 ~~specified. A revocation order is permanent unless and until overturned on appeal.~~

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

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

8 **12VAC5-31-240. Correction order. (Repealed.)**

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

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

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

16 ~~B. The Office of EMS will send a correction order to the licensee or permit or certificate~~
17 ~~holder by a signed receipt in person or certified mail to his last known address. Notification will~~
18 ~~include, but not be limited to, a description of the deficiency or violation to be corrected, and the~~
19 ~~period within which the deficiency or situation must be corrected, which shall not be less than 30~~
20 ~~days from receipt of such order, unless an emergency has been declared by the Office of EMS.~~

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

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

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

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

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

12 **12VAC5-31-250. Judicial review. (Repealed.)**

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

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

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

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

1 Article 5 (Repealed.)

2 Complaints

3 **12VAC5-31-260. Submission of complaints. (Repealed.)**

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

6 1. The name and address of the complainant;

7 2. The name of the agency, service or person involved;

8 3. A description of any vehicle involved; and

9 4. A detailed description of the complaint, including the date, location and conditions and
10 the practice or act that exists or has occurred.

11 **12VAC5-31-270. Investigation process. (Repealed.)**

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

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

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

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

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

6 **12VAC5-31-280. Action by the Office of EMS. (Repealed.)**

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

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

11 **12VAC5-31-290. Exclusions from these regulations. (Repealed.)**

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

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

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

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

1 ~~E. Any vehicle owned by an EMS agency used exclusively for the provision of rescue~~
2 ~~services.~~

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

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

8 ~~H. Wheelchair interfacility transport services and wheelchair interfacility transport service~~
9 ~~vehicles that are engaged, whether or not for profit, in the business, service, or regular activity~~
10 ~~of and exclusively used for transporting wheelchair bound passengers between medical facilities~~
11 ~~in the Commonwealth when no ancillary medical care or oversight is necessary. However, such~~
12 ~~services and vehicles shall comply with Department of Medical Assistance Services regulations~~
13 ~~regarding the transportation of Medicaid recipients to covered services.~~

14 ~~Part II (Repealed.)~~

15 ~~EMS Agency, EMS Vehicle and EMS Personnel Standards~~

16 ~~Article 1 (Repealed.)~~

17 ~~EMS Agency Licensure and Requirements~~

18 ~~12VAC5-31-300. Requirement for EMS agency licensure and EMS certification.~~
19 ~~(Repealed.)~~

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

1 ~~12VAC5-31-310. Provision of EMS within Virginia. (Repealed.)~~

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

4 ~~12VAC5-31-320. General applicability of the regulations. (Repealed.)~~

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

7 ~~12VAC5-31-330. Compliance with regulations. (Repealed.)~~

8 ~~A. A person shall comply with these regulations.~~

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

12 ~~12VAC5-31-340. EMS agency name. (Repealed.)~~

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

15 ~~12VAC5-31-350. Ability to pay. (Repealed.)~~

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

1 **~~12VAC5-31-360. Public access. (Repealed.)~~**

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

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

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

10 **~~12VAC5-31-370. Designated emergency response agency. (Repealed.)~~**

11 ~~An EMS agency that responds to medical emergencies for its primary service area shall be~~
12 ~~a designated emergency response agency. A designated emergency response agency shall~~
13 ~~provide services within its primary service area as defined by the local EMS response plan.~~

14 **~~12VAC5-31-380. EMS agency availability. (Repealed.)~~**

15 ~~A. An EMS agency shall provide service within its primary service area as defined by the~~
16 ~~local EMS response plan.~~

17 ~~B. Licensed EMS agencies that meet the criteria stated in 12VAC5-31-370 but that operate~~
18 ~~under special conditions, i.e., time of year, etc., must also meet the criteria outlined in 12VAC5-~~
19 ~~31-430 A 2 and C 4.~~

20 **~~12VAC5-31-390. Destination to specialty care hospitals. (Repealed.)~~**

21 ~~An EMS agency shall follow specialty care hospital triage plans established in accordance~~
22 ~~with § 32.1-111.3 of the Code of Virginia.~~

1 **12VAC5-31-400. Nondiscrimination. (Repealed.)**

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

4 **12VAC5-31-410. EMS agency licensure classifications. (Repealed.)**

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

7 1. Nontransport first response.

8 a. Basic life support.

9 b. Advanced life support.

10 2. Ground ambulance.

11 a. Basic life support.

12 b. Advanced life support.

13 3. Neonatal ambulance.

14 4. Air ambulance.

15 **12VAC5-31-420. Application for EMS agency license. (Repealed.)**

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

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

20 C. An ordinance or resolution from the governing body of each locality where the agency
21 maintains an office, stations an EMS vehicle for response within a locality or is a Designated
22 Emergency Response Agency as required by § 15.2-955 of the Code of Virginia confirming

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

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

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

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

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

11 4. The applicant must submit a written agreement with the local governing body that
12 states the applicant agency will assist in mutual aid requests from the local government
13 if EMS personnel, vehicles, equipment, and other resources are available.

14 E. An applicant agency and all places of operation shall be subject to inspection by the
15 Office of EMS for compliance with these regulations. The inspection may include any or all of
16 the following:

17 1. All fixed places of operations, including all offices, stations, repair shops or training
18 facilities.

19 2. All applicable records maintained by the applicant agency.

20 3. All EMS vehicles and required equipment used by the applicant agency.

21 **12VAC5-31-430. Issuance of an EMS agency license. (Repealed.)**

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

- 1 ~~1. All information contained in the application is complete and correct; and~~
- 2 ~~2. The applicant is determined by the Office of EMS to be eligible for licensure in~~
- 3 ~~accordance with these regulations.~~
- 4 ~~3. The applicant is determined by the Office of EMS to provide emergency medical~~
- 5 ~~services to the citizens of the Commonwealth in accordance with this chapter.~~

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

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

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

15 ~~D. An EMS agency license will be issued and remain valid with the following conditions:~~

- 16 ~~1. An EMS agency license is valid for a period of no longer than two years from the last~~
- 17 ~~day of the month of issuance unless and until revoked or suspended by the~~
- 18 ~~commissioner.~~
- 19 ~~2. An EMS agency license is not transferable.~~
- 20 ~~3. An EMS agency license issued by the Office of EMS remains the property of the~~
- 21 ~~Office of EMS and may not be altered or destroyed.~~

1 ~~12VAC5-31-440. Display of EMS agency license. (Repealed.)~~

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

4 ~~12VAC5-31-450. EMS agency licensure renewal. (Repealed.)~~

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

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

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

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

14 ~~12VAC5-31-460. Denial of an EMS agency license. (Repealed.)~~

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

18 ~~B. An application for a new agency license or renewal of an EMS agency license shall not~~
19 ~~be issued by the Office of EMS to any firm, corporation, agency, organization, or association~~
20 ~~that does not intend to provide emergency medical services as part of its operation to the~~
21 ~~citizens of the Commonwealth.~~

1 **~~12VAC5-31-470. Modification of an EMS agency license. (Repealed.)~~**

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

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

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

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

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

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

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

18 **~~12VAC5-31-480. Termination of EMS agency licensure. (Repealed.)~~**

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

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

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

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

5 ~~3. Advertised notice of its intent to discontinue service has been published in a~~
6 ~~newspaper of general circulation in its service area and to be posted on the Office of~~
7 ~~EMS section of the Virginia Department of Health's website.~~

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

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

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

14 ~~3. The return of all drug kits that are part of a local or regional drug kit exchange~~
15 ~~program or provision for the proper disposition of drugs maintained under a Board of~~
16 ~~Pharmacy controlled substance registration.~~

17 ~~4. The maintenance and secure storage of required agency records and prehospital~~
18 ~~patient care reports for a minimum of six years from the date of termination of service.~~

19 **~~12VAC5-31-490. EMS agency insurance. (Repealed.)~~**

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

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

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

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

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

8 ~~**12VAC5-31-500. Place of operations. (Repealed.)**~~

9 ~~A. An EMS agency shall maintain a fixed physical location. Any change in the address of the~~
10 ~~primary business location and any satellite location require notification to the Office of EMS~~
11 ~~before relocation of the office space.~~

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

14 ~~C. The following sanitation measures are required at each place of operation established by~~
15 ~~the CDC and the Virginia occupational safety and health laws (Title 40.1 of the Code of~~
16 ~~Virginia):~~

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

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

1 **12VAC5-31-510. Equipment and supplies. (Repealed.)**

2 A. ~~An EMS agency shall hold the permit to an EMS vehicle or have a written agreement for~~
3 ~~the access to and use of an EMS vehicle. An EMS agency that does not use an EMS vehicle~~
4 ~~shall maintain the required equipment and supplies for a nontransport response vehicle.~~

5 B. ~~Adequate stocks of supplies and linens shall be maintained as required for the classes of~~
6 ~~vehicles in service at each place of operations. An EMS agency shall maintain a supply of at~~
7 ~~least 25 triage tags of a design approved by the Office of EMS on each permitted EMS vehicle.~~

8 **12VAC5-31-520. Storage and security of drugs and related supplies. (Repealed.)**

9 A. ~~An area used for storage of drugs and administration devices and a drug kit used on an~~
10 ~~EMS vehicle shall comply with requirements established by the Virginia Board of Pharmacy and~~
11 ~~the applicable drug manufacturer's recommendations for climate-controlled storage.~~

12 B. ~~Drugs and drug kits shall be maintained within their expiration date at all times.~~

13 C. ~~Drugs and drug kits shall be removed from vehicles and stored in a properly maintained~~
14 ~~and locked secure area when the vehicle is not in use unless the ambient temperature of the~~
15 ~~vehicle's interior drug storage compartment is maintained within the climate requirements~~
16 ~~specified in this section.~~

17 D. ~~An EMS agency shall notify the Office of EMS in writing of any diversion of (i.e., loss or~~
18 ~~theft) or tampering with any controlled substances, drug delivery devices, or other regulated~~
19 ~~medical devices from an agency facility or vehicle. Notification shall be made within 15 days of~~
20 ~~the discovery of the occurrence.~~

21 E. ~~An EMS agency shall protect EMS vehicle contents from climate extremes.~~

1 **~~12VAC5-31-530. Preparation and maintenance of records and reports. (Repealed.)~~**

2 An EMS agency is responsible for the preparation and maintenance of records that shall be
3 available for inspection by the Office of EMS as follows:

4 1. Records and reports shall at all times be stored in a manner to ensure reasonable
5 safety from water and fire damage and from unauthorized disclosure to persons other
6 than those authorized by law.

7 2. EMS agency records shall be prepared and securely maintained at the principal place
8 of operations or a secured storage facility for a period of not less than five years.

9 **~~12VAC5-31-540. Personnel records. (Repealed.)~~**

10 A. An EMS agency shall have a current personnel record for each individual affiliated with
11 the EMS agency. Each file shall contain documentation of certification, training and
12 qualifications for the positions held.

13 B. An EMS agency shall have a record for each individual affiliated with the EMS agency
14 documenting the results of a criminal history background check conducted through the Central
15 Criminal Records Exchange and the National Crime Information Center via the Virginia State
16 Police, a driving record transcript from the individual's state Department of Motor Vehicles office,
17 and any documents required by the Code of Virginia, no more than 60 days prior to the
18 individual's affiliation with the EMS agency.

19 **~~12VAC5-31-550. EMS vehicle records. (Repealed.)~~**

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

1 **12VAC5-31-560. Patient care records. (Repealed.)**

2 A. An original PPCR shall specifically identify by name the personnel who meet the staffing
3 requirements of the EMS vehicle.

4 B. The PPCR shall include the name and identification number of all EMS Personnel on the
5 EMS vehicle and the signature of the attendant in charge.

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

12 **12VAC5-31-570. EMS Agency Status Report. (Repealed.)**

13 A. An EMS agency must submit an "EMS Agency Status Report" to the Office of EMS within
14 30 days of a request or change in status of the following:

15 1. Chief executive officer.

16 2. Training officer.

17 3. Designated infection control officer.

18 B. The EMS agency shall provide the leadership position held, to include title, term of office,
19 mailing address, home and work telephone numbers, other available electronic addresses for
20 each individual, and other information as required.

21 **12VAC5-31-580. Availability of these regulations. (Repealed.)**

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

1 ~~12VAC5-31-590. Operational Medical Director requirement. (Repealed.)~~

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

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

7 ~~1. This agreement must describe the process or procedure by which the OMD or EMS~~
8 ~~agency may discontinue the agreement with prior notification of the parties involved~~
9 ~~pursuant to 12VAC5-31-1910.~~

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

12 ~~3. This agreement must specify that EMS agency personnel may only provide~~
13 ~~emergency medical care and participate in associated training programs while acting~~
14 ~~with the authorization of the operational medical director and within the scope of the~~
15 ~~EMS agency license in accordance with these regulations.~~

16 ~~4. This agreement must provide for EMS agency personnel to have access to the~~
17 ~~agency OMD in regards to discussion of issues relating to provision of patient care,~~
18 ~~application of patient care protocols or operation of EMS equipment used by the EMS~~
19 ~~agency.~~

20 ~~5. This agreement must ensure that the adequate indemnification or insurance coverage~~
21 ~~exists for:~~

22 ~~a. Medical malpractice; and~~

23 ~~b. Civil claims.~~

1 ~~B. EMS agency and OMD conflict resolution.~~

2 ~~1. In the event of an unresolved conflict between an EMS agency and its OMD, the~~
3 ~~issues involved shall be brought before the regional EMS council or local EMS~~
4 ~~resource's medical direction committee (or approved equivalent) for review and~~
5 ~~resolution.~~

6 ~~2. When an EMS agency determines that the OMD presents an immediate significant~~
7 ~~risk to the public safety or health of citizens, the EMS agency shall attempt to resolve the~~
8 ~~issues in question. If an immediate risk remains unresolved, the EMS agency shall~~
9 ~~contact the Office of EMS for assistance.~~

10 ~~C. Change of operational medical director.~~

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

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

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

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

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

8 **12VAC5-31-600. Quality management reporting. (Repealed.)**

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

16 **12VAC5-31-610. Designated emergency response agency standards. (Repealed.)**

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

19 ~~1. The designated emergency response agency shall develop and maintain, in~~
20 ~~coordination with their locality, a written plan to provide 24-hour coverage of the~~
21 ~~agency's primary service area with the available personnel to achieve the approved~~
22 ~~responding interval standard.~~

23 ~~2. A designated emergency response agency shall conform to the local responding~~
24 ~~interval, or in the absence of a local standard the EMS agency shall develop a standard~~

1 in conjunction with OMD and local government in the best interests of the patient and the
2 community. The EMS agency shall use the response time standard to establish a time
3 frame the EMS agency complies with on a 90% basis within its primary service area (i.e.,
4 a time frame in which the EMS agency can arrive at the scene of a medical emergency
5 in 90% or greater of all calls).

6 a. If the designated emergency response agency finds it is unable to respond within
7 the established unit mobilization interval standard, the call shall be referred to the
8 closest available mutual aid EMS agency.

9 b. If the designated emergency response agency finds it is able to respond to the
10 patient location sooner than the mutual aid EMS agency, the EMS agency shall
11 notify the PSAP of its availability to respond.

12 c. If the designated emergency response agency is unable to respond (e.g., lack of
13 operational response vehicle or available personnel), the EMS agency shall notify
14 the PSAP.

15 d. If a designated emergency response agency determines in advance that it will be
16 unable to respond for emergency service for a specified period of time, it shall notify
17 its PSAP.

18 B. A designated emergency response agency shall have available for review a copy of the
19 local EMS response plan that shall include the established EMS Responding Interval standards.

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

23 D. A designated emergency response agency shall document an annual review of
24 exceptions to established EMS response capability and time interval standards. The results of

1 ~~this review shall be provided to the agency's operational medical director and local governing~~
2 ~~body.~~

3 **~~12VAC5-31-630. Designated emergency response agency mutual aid. (Repealed.)~~**

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

6 ~~B. A designated emergency response agency shall maintain written mutual aid agreements~~
7 ~~with adjacent designated emergency response agencies in another locality with which it shares~~
8 ~~a common border. Mutual aid agreements shall specify the types of assistance to be provided~~
9 ~~and any conditions or limitations for providing this assistance.~~

10 ~~Article 2 (Repealed.)~~

11 ~~Emergency Medical Services Vehicle Permit~~

12 **~~12VAC5-31-640. EMS vehicle permit requirement. (Repealed.)~~**

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

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

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

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

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

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

23 ~~2. The applicant is an EMS agency.~~

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

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

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

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

8 ~~1. The name and address of the agency.~~

9 ~~2. The expiration date of the permit.~~

10 ~~3. The classification and type of the EMS vehicle.~~

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

12 ~~5. Any special conditions that may apply.~~

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

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

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

17 ~~3. An EMS vehicle permit is not transferable.~~

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

1 **12VAC5-31-650. Temporary EMS vehicle permit. (Repealed.)**

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

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

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

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

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

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

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

17 1. ~~The name and address of the EMS agency.~~

18 2. ~~The expiration date of the EMS vehicle permit.~~

19 3. ~~The classification and type of the EMS vehicle.~~

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

21 5. ~~Any special conditions that may apply.~~

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

1 ~~1. A temporary EMS vehicle permit is valid for 180 days from the end of the month~~
2 ~~issued.~~

3 ~~2. A temporary EMS vehicle permit is not transferable.~~

4 ~~3. A temporary EMS vehicle permit is not renewable.~~

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

8 ~~**12VAC5-31-660. Denial of an EMS vehicle permit. (Repealed.)**~~

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

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

13 ~~**12VAC5-31-670. Display of EMS vehicle permit. (Repealed.)**~~

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

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

17 ~~**12VAC5-31-680. EMS vehicle advertising. (Repealed.)**~~

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

20 ~~**12VAC5-31-690. Renewal of an EMS vehicle permit. (Repealed.)**~~

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

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

4 Article 3 (Repealed.)

5 ~~Emergency Medical Services Vehicle Classifications and Requirements~~

6 ~~12VAC5-31-700. EMS vehicle safety. (Repealed.)~~

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

10 ~~1. Virginia motor vehicle safety inspection, FAA Airworthiness Permit or Coast Guard~~
11 ~~Safety Inspection or approved equivalent must be current.~~

12 ~~2. Exterior surfaces of the vehicle including windows, mirrors, warning devices and lights~~
13 ~~shall be kept clean of dirt and debris.~~

14 ~~3. Ground vehicle operating weight shall be no more than the manufacturer's gross~~
15 ~~vehicle weight (GVW) minus 700 pounds (316 kg).~~

16 ~~4. Emergency operating privileges including the use of audible and visible emergency~~
17 ~~warning devices shall be exercised in compliance with the Code of Virginia and local~~
18 ~~motor vehicle ordinances.~~

19 ~~5. The use of any and all tobacco products is prohibited in EMS transport vehicles at all~~
20 ~~times.~~

1 **~~12VAC5-31-710. EMS vehicle occupant safety. (Repealed.)~~**

2 ~~A. An occupant shall use mechanical restraints as required by the Code of Virginia.~~
3 ~~Stretcher patients shall be secured on the stretcher utilizing a minimum of three straps unless~~
4 ~~contraindicated by patient condition.~~

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

7 **~~12VAC5-31-720. EMS vehicle sanitation. (Repealed.)~~**

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

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

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

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

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

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

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

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

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

9 **12VAC5-31-740. EMS vehicle inspection. (Repealed.)**

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

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

14 **12VAC5-31-750. EMS vehicle warning lights and devices. (Repealed.)**

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

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

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

22 ~~3. A ground EMS vehicle shall have an audible warning device installed to project sound~~
23 ~~forward from the front of the EMS vehicle.~~

1 **12VAC5-31-760. EMS vehicle communications. (Repealed.)**

2 A. ~~An EMS vehicle shall have fixed communications equipment that provides direct two-way~~
3 ~~voice communications capabilities between the EMS vehicle, other EMS vehicles of the same~~
4 ~~agency, and either the agency's base of operations (dispatch point) or a governmental public~~
5 ~~safety answering point (PSAP). This communication capability must be available within the~~
6 ~~agency's primary service area. Service may be provided by private mobile radio service (PMRS)~~
7 ~~or by commercial mobile radio service (CMRS), but shall have direct and immediate~~
8 ~~communications via push-to-talk technology.~~

9 B. ~~An ambulance transporting outside its primary service area shall have fixed or portable~~
10 ~~communications equipment that provides two-way voice communications capabilities between~~
11 ~~the EMS vehicle and either the agency's base of operations (dispatch point) or PSAP during the~~
12 ~~period of transport. Service may be provided by private mobile radio service (PMRS) or by~~
13 ~~commercial mobile radio service (CMRS). When operating outside the agency's area of routine~~
14 ~~responsibility or in areas where CMRS is not available, the requirement for direct and immediate~~
15 ~~communications via push-to-talk technology does not apply. If an agency is licensed as a~~
16 ~~DERA, it is required to have direct and immediate communications via push-to-talk technology~~
17 ~~for either the agency's base of operations, dispatch point, or PSAP for which the EMS agency~~
18 ~~vehicle is used for emergency response to the public in the jurisdiction where a memorandum of~~
19 ~~understanding or memorandum of agreement is in place or is contractually obligated to provide~~
20 ~~emergency response.~~

21 C. ~~An ambulance or an advanced life support equipped, nontransport response vehicle shall~~
22 ~~have communications equipment that provides two-way voice communications capabilities~~
23 ~~between the EMS vehicle's attendant-in-charge and the receiving medical facilities to which it~~
24 ~~regularly transports or a designated central medical control on one or more of the following~~
25 ~~frequencies:~~

1 155.340 MHz (statewide HEAR);
2 155.400 MHz (Tidewater HEAR);
3 155.280 MHz (Inter-Hospital HEAR);
4 462.950/467.950 (MED 9 or CALL 1);
5 462.975/467.975 (MED 10 or CALL 2);
6 462.950-463.19375/467.950-468.19375 (UHF MED CHANNELS 1-10); and
7 220 MHz, 700MHz, 800MHz, or 900MHz frequency and designated talkgroup or
8 channel identified as part of an agency, jurisdictional, or regional communications
9 plan for ambulance to hospital communications.

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

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

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

20 D. Mutual aid interoperability. An EMS vehicle must have communications equipment that
21 provides direct two-way voice communications capabilities between the EMS vehicle and EMS
22 vehicles of other EMS agencies within the jurisdiction and those EMS agencies with which it has
23 mutual aid agreements. Service may be provided by private mobile radio service (PMRS) or by

1 ~~commercial mobile radio service (CMRS), but requires direct and immediate communications~~
2 ~~via push-to-talk technology. This requirement may be met by interoperability on a common radio~~
3 ~~frequency or talkgroup, or by fixed or interactive cross patching under supervision of an agency~~
4 ~~dispatch center or governmental PSAP. The means of communications interoperability must be~~
5 ~~identified in any mutual aid agreements required by these regulations and must comply with the~~
6 ~~Virginia Interoperability Plan as defined by the Governor's Office of Commonwealth~~
7 ~~Preparedness.~~

8 ~~E. Air ambulance interoperability. A nontransport EMS vehicle or ground ambulance must~~
9 ~~have communications equipment that provides direct two way voice communications~~
10 ~~capabilities between the EMS vehicle and air ambulances designated to serve its primary~~
11 ~~response area by the State Medevac Plan. An air ambulance must have fixed communications~~
12 ~~equipment that provides direct two way voice communications capabilities between the air~~
13 ~~ambulance, other EMS vehicles in its primary response area, and public safety vehicles or~~
14 ~~personnel at landing zones on frequencies adopted in accordance with this section. Radio~~
15 ~~communications must be direct and immediate via push-to-talk technology. This requirement~~
16 ~~may be met by interoperability on a common radio frequency or talkgroup, or by fixed or~~
17 ~~interactive cross patching under supervision of an agency dispatch center or governmental~~
18 ~~PSAP. The frequencies used for this purpose will be those set forth by an agreement among air~~
19 ~~ambulance providers and EMS agencies for a specific jurisdiction or region, and must be~~
20 ~~identified in agency, jurisdictional, or regional protocols for access and use of air ambulances.~~
21 ~~Any nontransport EMS vehicle or ground ambulance not participating in such an agreement~~
22 ~~must be capable of operating on VHF frequency 155.205 MHz (carrier squelch), which is~~
23 ~~designated as the Statewide EMS Mutual Aid Frequency. An air ambulance must be capable of~~
24 ~~operating on VHF frequency 155.205 MHz (carrier squelch) in addition to any other frequencies~~
25 ~~adopted for jurisdictional or regional interoperability.~~

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

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

7 **12VAC5-31-770. Ground EMS vehicle markings. (Repealed.)**

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

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

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

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

19 ~~2. Ground ambulance:~~

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

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

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

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

3 3. ~~Neonatal Ambulance:~~

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

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

8 **12VAC5-31-780. ~~Air Ambulance markings. (Repealed.)~~**

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

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

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

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

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

1 **~~12VAC5-31-790. EMS vehicle letter restrictions and specifications. (Repealed.)~~**

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

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

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

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

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

18 **~~12VAC5-31-800. Nontransport response vehicle specifications. (Repealed.)~~**

19 ~~A. A vehicle maintained and operated for response to the location of a medical emergency~~
20 ~~to provide immediate medical care at the basic or advanced life support level (excluding patient~~
21 ~~transport) shall be permitted as a nontransport response vehicle.~~

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

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

3 ~~A nontransport response vehicle used for the delivery of advanced life support must have a~~
4 ~~locking storage compartment or approved locking bracket for the security of drugs and drug kits.~~
5 ~~When not in use, drugs and drug kits must be kept locked in the required storage compartment~~
6 ~~or approved bracket at all times. The EMS agency shall maintain drugs and drug kits as~~
7 ~~specified in these regulations.~~

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

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

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

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

16 **12VAC5-31-810. Ground ambulance specifications. (Repealed.)**

17 ~~A. A vehicle maintained and operated for response to the location of a medical emergency~~
18 ~~to provide immediate medical care at the basic or advanced life support level and for the~~
19 ~~transportation of patients shall be permitted as a ground ambulance.~~

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

1 ~~C. A ground ambulance must be constructed to provide sufficient space for the safe storage~~
2 ~~of all required equipment and supplies. A ground ambulance must have a locking interior~~
3 ~~storage compartment or approved locking bracket used for the secure storage of drugs and~~
4 ~~drug kits that is accessible from within the patient compartment. Drugs and drug kits must be~~
5 ~~kept in a locked storage compartment or approved bracket at all times when not in use. The~~
6 ~~EMS agency must maintain drugs and drug kits as specified in these regulations.~~

7 **12VAC5-31-820. Advanced life support equipment package. (Repealed.)**

8 ~~A. An EMS agency licensed to operate nontransport response vehicles or ground~~
9 ~~ambulances with ALS personnel shall maintain a minimum of one vehicle equipped with an ALS~~
10 ~~equipment package of the highest category licensed. ALS equipment packages consist of the~~
11 ~~following categories:~~

12 ~~1. ALS — EMT enhanced equipment package; and~~

13 ~~2. ALS — Advanced EMT/Intermediate/Paramedic equipment package.~~

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

16 **12VAC5-31-830. Neonatal ambulance specifications. (Repealed.)**

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

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

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

3 ~~1. A neonatal ambulance must be equipped to transport two incubators using~~
4 ~~manufacturer-approved vehicle mounting devices.~~

5 ~~2. A neonatal ambulance must have an installed auxiliary power unit that is capable of~~
6 ~~supplying a minimum of 1.5 Kw of 110VACelectric power. The auxiliary power unit must~~
7 ~~operate independent of the vehicle with starter and power controls located in the patient~~
8 ~~compartment.~~

9 ~~3. A neonatal ambulance must have a locking interior storage compartment or approved~~
10 ~~locking bracket used for the secure storage of drugs and drug kits that is accessible from~~
11 ~~within the patient compartment. Drugs and drug kits must be kept in a locked storage~~
12 ~~compartment or approved bracket at all times when not in use. The EMS agency must~~
13 ~~maintain drugs and drug kits as specified in these regulations.~~

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

16 **12VAC5-31-850. EMS vehicle equipment requirements. (Repealed.)**

17 ~~In addition to the items otherwise listed in this article, an EMS vehicle must be equipped with~~
18 ~~all of the items required for its vehicle classification and any ALS equipment package it carries~~
19 ~~as listed in 12VAC5-31-860.~~

20 **12VAC5-31-860. Required vehicle equipment. (Repealed.)**

21 ~~A. A nontransport vehicle shall carry the following:~~

22 ~~1. Basic life support equipment.~~

- 1 a. ~~Automated external defibrillator (AED) with two sets of patient pads. This may be a~~
2 ~~combination device that also has manual defibrillation capability (1).~~
- 3 b. ~~Pocket mask or disposable airway barrier device with one way valve (2).~~
- 4 c. ~~Oropharyngeal airways set of six, nonmetallic in infant, child, and adult sizes~~
5 ~~ranging from 43mm to 100mm (sizes 0-5) (1 each).~~
- 6 d. ~~Nasopharyngeal airways set of four, varied sizes, with water soluble lubricant (1).~~
- 7 e. ~~Self-inflating bag valve mask resuscitation with oxygen reservoir in adult size with~~
8 ~~transparent mask in adult and child sizes (1).~~
- 9 f. ~~Self-inflating bag valve mask resuscitation with oxygen reservoir in infant size with~~
10 ~~transparent masks in infant size (1).~~

11 2. ~~Oxygen apparatus.~~

- 12 a. ~~Portable oxygen unit containing a quantity of oxygen sufficient to supply the~~
13 ~~patient at the approximate flow rate for the period of time it is anticipated oxygen will~~
14 ~~be needed but not less than 10 liters per minute for 15 minutes. The unit must be~~
15 ~~capable of being manually controlled and have an appropriate flowmeter (1).~~
- 16 b. ~~High concentration oxygen masks, 80% or higher delivery, in child and adult sizes.~~
17 ~~These masks must be made of single use soft see through plastic or rubber (2 each).~~
- 18 c. ~~Oxygen nasal cannula in child and adult sizes. This cannula must be made of~~
19 ~~single use soft see through plastic or rubber (2 each).~~

20 3. ~~Suction apparatus.~~

- 21 a. ~~Battery powered portable suction apparatus. A manually powered device does not~~
22 ~~meet this requirement (1).~~

1 ~~b. Suction catheters that are sterile, individually wrapped, disposable, and made of~~
2 ~~rubber or plastic in sizes as follows: Rigid tonsil tip, FR18, FR14, FR8 and FR6 (2~~
3 ~~each).~~

4 ~~4. Patient assessment equipment.~~

5 ~~a. Stethoscope in adult size (1).~~

6 ~~b. Stethoscope in pediatric size (1).~~

7 ~~c. Sphygmomanometer in child, adult, and large adult sizes (1 each).~~

8 ~~d. Vinyl triage tape rolls of red, black, green, and yellow (1 each).~~

9 ~~e. 25 OEMS approved triage tags.~~

10 ~~f. Penlight (1).~~

11 ~~g. Medical protocols (1).~~

12 ~~5. Dressing and supplies.~~

13 ~~a. First aid kit of durable construction and suitably equipped. The contents of this kit~~
14 ~~may be used to satisfy these supply requirements completely or in part (1).~~

15 ~~b. Trauma dressings, a minimum of 8" x 10" 5/8 ply when folded, sterile and~~
16 ~~individually wrapped (4).~~

17 ~~c. 4" x 4" gauze pads, sterile and individually wrapped (24).~~

18 ~~d. Occlusive dressings, sterile 3" x 8" or larger (4).~~

19 ~~e. Roller or conforming gauze of assorted widths (12).~~

20 ~~f. Cloth triangular bandages, 36" x 36" x 51", triangle unfolded (10).~~

21 ~~g. Medical adhesive tape, rolls of 1" and 2" (4).~~

22 ~~h. Trauma scissors (1).~~

- 1 i. ~~Emesis basin containers or equivalents (2).~~
- 2 j. ~~Sterile normal saline for irrigation, 1000 ml containers (or equivalent volume in~~
- 3 ~~other container sizes) (1).~~
- 4 k. ~~Oral glucose (1).~~
- 5 6. ~~Obstetrical kit (one). It must contain the following:~~
- 6 a. ~~Pairs of sterile surgical gloves (2).~~
- 7 b. ~~Scissors or other cutting instrument (1).~~
- 8 c. ~~Umbilical cord ties (10" long) or disposable cord clamps (4).~~
- 9 d. ~~Sanitary pads (1).~~
- 10 e. ~~Cloth or disposable hand towels (2).~~
- 11 f. ~~Soft tipped bulb syringe (1).~~
- 12 7. ~~Personal protection equipment.~~
- 13 a. ~~Waterless antiseptic hand wash (1).~~
- 14 b. ~~Exam gloves, nonsterile, pairs in sizes small through extra large (5 each).~~
- 15 c. ~~Disposable gowns or coveralls, each in assorted sizes if not one size fits all style~~
- 16 ~~(2).~~
- 17 d. ~~Face shield or eyewear (2).~~
- 18 e. ~~Infectious waste trash bags (2).~~
- 19 8. ~~Linen and bedding.~~
- 20 a. ~~Towels, cloth (2).~~
- 21 b. ~~Blankets (2).~~

1 ~~9. Splints and immobilization devices.~~

2 ~~Rigid cervical collars in sizes small adult, medium adult, large adult, and pediatric (2~~
3 ~~each). If adjustable type collars are used, then a minimum of three are sufficient.~~

4 ~~10. Safety equipment.~~

5 ~~a. "D" cell battery or larger flashlight (1).~~

6 ~~b. Five-pound Class ABC or equivalent fire extinguisher securely mounted in the~~
7 ~~vehicle in a quick release bracket (1).~~

8 ~~c. Safety apparel (2).~~

9 ~~d. Sharps container (1).~~

10 ~~11. Tools and hazard warning devices.~~

11 ~~a. Adjustable wrench, 10" (1).~~

12 ~~b. Screwdriver, regular #1 size blade (1).~~

13 ~~c. Screwdriver, Phillips #1 size blade (1).~~

14 ~~d. Spring loaded center punch (1).~~

15 ~~e. Hazard warning devices such as a reflective cone, triangle, or approved equivalent~~
16 ~~(3 each).~~

17 ~~f. Current USDOT approved Emergency Response Guidebook (1).~~

18 ~~B. A ground ambulance shall carry the following:~~

19 ~~1. Basic life support equipment.~~

20 ~~a. Automated external defibrillator (AED) with two sets of patient pads. This may be a~~
21 ~~combination device that also has manual defibrillation capability (1).~~

22 ~~b. Pocket mask or disposable airway barrier device with one way valve (2).~~

1 ~~c. Oropharyngeal airways set of six, nonmetallic in infant, child, and adult sizes~~
2 ~~ranging from 43mm to 100mm (sizes 0-5) (1 each).~~

3 ~~d. Nasopharyngeal airways set of four, varied sizes, with water soluble lubricant (1).~~

4 ~~e. Self-inflating bag-valve-mask resuscitation with oxygen reservoir in adult size with~~
5 ~~transparent mask in adult and child sizes (1 each).~~

6 ~~f. Self-inflating bag-valve-mask resuscitation with oxygen reservoir in infant size with~~
7 ~~transparent masks in infant size (1).~~

8 ~~2. Oxygen apparatus.~~

9 ~~a. Portable oxygen unit containing a quantity of oxygen sufficient to supply the~~
10 ~~patient at the approximate flow rate for the period of time it is anticipated oxygen will~~
11 ~~be needed but not less than 10 liters per minute for 15 minutes. The unit must be~~
12 ~~capable of being manually controlled and have an appropriate flowmeter (1).~~

13 ~~b. Installed oxygen system containing a sufficient quantity of oxygen to supply two~~
14 ~~patient flowmeters at the appropriate flow rate for the period of time it is anticipated~~
15 ~~oxygen will be needed but not less than 10 liters per minute for 30 minutes. This unit~~
16 ~~must be capable of being manually controlled, have two flowmeters, and have an~~
17 ~~attachment available for a single use humidification device (1).~~

18 ~~c. High concentration oxygen masks, 80% or higher delivery, in child and adult sizes.~~
19 ~~These masks must be made of single use soft see through plastic or rubber (4 each).~~

20 ~~d. Oxygen nasal cannula in child and adult sizes. This cannula must be made of~~
21 ~~single use soft see through plastic or rubber (4 each).~~

22 ~~3. Suction apparatus.~~

- 1 ~~a. Battery powered portable suction apparatus. A manually powered device does not~~
- 2 ~~meet this requirement (1).~~
- 3 ~~b. Installed suction apparatus capable of providing a minimum of 20 minutes of~~
- 4 ~~continuous operation (1).~~
- 5 ~~c. Suction catheters that are sterile, individually wrapped, disposable, and made of~~
- 6 ~~rubber or plastic in sizes as follows: Rigid tonsil tip, FR18, FR14, FR8 and FR6 (2~~
- 7 ~~each).~~

8 ~~4. Patient assessment equipment.~~

- 9 ~~a. Stethoscope in adult size (2).~~
- 10 ~~b. Stethoscope in pediatric size (1).~~
- 11 ~~c. Sphygmomanometer in child, adult, and large adult sizes (1 each).~~
- 12 ~~d. Vinyl triage tape rolls of red, black, green, and yellow (1 each).~~
- 13 ~~e. 25 OEMS approved triage tags.~~
- 14 ~~f. Penlight (1).~~
- 15 ~~g. Medical protocols (1).~~

16 ~~5. Dressing and supplies.~~

- 17 ~~a. First aid kit of durable construction and suitably equipped. The contents of this kit~~
- 18 ~~may be used to satisfy these supply requirements completely or in part (1).~~
- 19 ~~b. Trauma dressings, a minimum of 8" x 10" 5/8 ply when folded, sterile and~~
- 20 ~~individually wrapped (four).~~
- 21 ~~c. 4" x 4" gauze pads, sterile and individually wrapped (24).~~
- 22 ~~d. Occlusive dressings, sterile 3" x 8" or larger (4).~~

- 1 e. ~~Roller or conforming gauze of assorted widths (12).~~
- 2 f. ~~Cloth triangular bandages, 36" x 36" x 51", triangle unfolded (10).~~
- 3 g. ~~Medical adhesive tape, rolls of 1" and 2" (4).~~
- 4 h. ~~Trauma scissors (1).~~
- 5 i. ~~Alcohol preps (12).~~
- 6 j. ~~Emesis basin containers or equivalents (2).~~
- 7 k. ~~Sterile normal saline for irrigation, 1000 ml containers (or equivalent volume in~~
- 8 ~~other container sizes) (4).~~
- 9 l. ~~Oral glucose (2).~~
- 10 6. ~~Obstetrical kit (2). It must contain the following:~~
- 11 a. ~~Pairs of sterile surgical gloves (2).~~
- 12 b. ~~Scissors or other cutting instrument (1).~~
- 13 c. ~~Umbilical cord ties (10" long) or disposable cord clamps (4).~~
- 14 d. ~~Sanitary pads (1).~~
- 15 e. ~~Cloth or disposable hand towels (2).~~
- 16 f. ~~Soft tipped bulb syringe (1).~~
- 17 7. ~~Personal protection equipment.~~
- 18 a. ~~Waterless antiseptic hand wash (1).~~
- 19 b. ~~Exam gloves, nonsterile, pairs in sizes small through extra large (10 each).~~
- 20 c. ~~Disposable gowns or coveralls, each in assorted sizes if not one size fits all style~~
- 21 ~~(4).~~

- 1 d. ~~Face shield or eyewear (4).~~
- 2 e. ~~Infectious waste trash bags (4).~~
- 3 8. ~~Linen and bedding.~~
- 4 a. ~~Towels, cloth (2).~~
- 5 b. ~~Pillows (2).~~
- 6 c. ~~Pillow cases (2).~~
- 7 d. ~~Sheets (4).~~
- 8 e. ~~Blankets (2).~~
- 9 f. ~~Male urinal (1).~~
- 10 g. ~~Bedpan with toilet paper (1).~~
- 11 9. ~~Splints and immobilization devices.~~
- 12 a. ~~Rigid cervical collars in sizes small adult, medium adult, large adult, and pediatric~~
- 13 ~~(3 each). If adjustable type collars are used, then a minimum of three are sufficient.~~
- 14 b. ~~Traction splint with ankle hitch and stand in adult and pediatric size (1 each) or an~~
- 15 ~~equivalent traction splint device capable of adult and pediatric application.~~
- 16 c. ~~Padded board splints or equivalent for splinting fractures of the upper extremities~~
- 17 ~~(2).~~
- 18 d. ~~Padded board splints or equivalent for splinting fractures of the lower extremities~~
- 19 ~~(2).~~
- 20 e. ~~Long spine boards 16" x 72" minimum size with at least four appropriate restraint~~
- 21 ~~straps, cravats, or equivalent restraint devices for each spine board (2).~~

1 ~~f. Short spine board 16" x 34" minimum size or equivalent spinal immobilization~~
2 ~~devices (1).~~

3 ~~g. Pediatric immobilization device (1).~~

4 ~~h. Cervical immobilization devices (i.e., set of foam blocks, towels or other approved~~
5 ~~materials) (2).~~

6 ~~10. Safety equipment.~~

7 ~~a. Wheeled ambulance cot with a minimum 350 lb. capacity, three restraint straps,~~
8 ~~and the manufacturer approved vehicle mounting device (1).~~

9 ~~b. "D" cell battery or larger flashlight (2).~~

10 ~~c. Five pound Class ABC or equivalent fire extinguisher securely mounted in the~~
11 ~~vehicle in a quick release bracket. One must be accessible to the patient~~
12 ~~compartment (2).~~

13 ~~d. Safety apparel (2).~~

14 ~~e. Sharps container, mounted or commercially secured (1).~~

15 ~~f. "No Smoking" sign located in the patient compartment (1).~~

16 ~~11. Tools and hazard warning devices.~~

17 ~~a. Adjustable wrench, 10" (1).~~

18 ~~b. Screwdriver, regular #1 size blade (1).~~

19 ~~c. Screwdriver, Phillips #1 size blade (1).~~

20 ~~d. Spring loaded center punch (1).~~

21 ~~e. Hazard warning device (i.e., reflective cone, triangle, or approved equivalent) (3~~
22 ~~total).~~

1 ~~f. Current USDOT approved Emergency Response Guidebook (1).~~

2 C. A neonatal ambulance shall carry the following:

3 1. ~~Basic life support equipment.~~

4 a. ~~Pocket mask or disposable airway barrier device with one-way valve (2).~~

5 b. ~~Oropharyngeal airways set of six, nonmetallic in infant, child, and adult sizes~~
6 ~~ranging from 43mm to 100mm (sizes 0-5) (2 each).~~

7 c. ~~Nasopharyngeal airways set of four, varied sizes, with water soluble lubricant (1).~~

8 d. ~~Self-inflating bag valve mask resuscitation with oxygen reservoir in adult size with~~
9 ~~transparent mask in adult size (1).~~

10 e. ~~Self-inflating bag valve mask resuscitation with oxygen reservoir in child size with~~
11 ~~transparent masks in child size (1).~~

12 f. ~~Self-inflating bag valve mask resuscitation with oxygen reservoir in infant size with~~
13 ~~transparent masks in infant size (1).~~

14 2. ~~Oxygen apparatus.~~

15 a. ~~Portable oxygen unit containing a quantity of oxygen sufficient to supply the~~
16 ~~patient at the approximate flow rate for the period of time it is anticipated oxygen will~~
17 ~~be needed but not less than 10 liters per minute for 15 minutes. The unit must be~~
18 ~~capable of being manually controlled and have an appropriate flowmeter (1).~~

19 b. ~~Installed oxygen system containing a sufficient quantity of oxygen to supply two~~
20 ~~patient flowmeters at the appropriate flow rate for the period of time it is anticipated~~
21 ~~oxygen will be needed but not less than 10 liters per minute for 30 minutes. This unit~~
22 ~~must be capable of being manually controlled, have two flowmeters, and have an~~
23 ~~attachment available for a single-use humidification device (1).~~

1 ~~c. High concentration oxygen masks, 80% or higher delivery, in child and adult sizes.~~

2 ~~These masks must be made of single use soft see through plastic or rubber (4 each).~~

3 ~~d. Oxygen nasal cannula in child and adult sizes. This cannula must be made of~~

4 ~~single use soft see through plastic or rubber (4 each).~~

5 ~~3. Suction apparatus.~~

6 ~~a. Battery powered portable suction apparatus. A manually powered device does not~~
7 ~~meet this requirement (1).~~

8 ~~b. Installed suction apparatus capable of providing a minimum of 20 minutes of~~
9 ~~continuous operation (1).~~

10 ~~c. Suction catheters that are sterile, individually wrapped, disposable, and made of~~
11 ~~rubber or plastic in sizes as follows: Rigid tonsil tip, FR18, FR14, FR8 and FR6 (2~~
12 ~~each).~~

13 ~~4. Patient assessment equipment.~~

14 ~~a. Stethoscope in adult size (1).~~

15 ~~b. Stethoscope in pediatric size (1).~~

16 ~~c. Stethoscopes in infant and neonate sizes (2 each).~~

17 ~~d. Sphygmomanometer in child, adult, and large adult sizes (1 each).~~

18 ~~e. Sphygmomanometer in infant size (2).~~

19 ~~5. Dressing and supplies.~~

20 ~~a. First aid kit of durable construction and suitably equipped. The contents of this kit~~
21 ~~may be used to satisfy these supply requirements completely or in part (1).~~

- 1 ~~b. Trauma dressings, a minimum of 8" x 10" 5/8 ply when folded, sterile and~~
- 2 ~~individually wrapped (4).~~
- 3 ~~c. 4" x 4" gauze pads, sterile and individually wrapped (24).~~
- 4 ~~d. Occlusive dressings, sterile 3" x 8" or larger (4).~~
- 5 ~~e. Roller or conforming gauze of assorted widths (12).~~
- 6 ~~f. Medical adhesive tape, rolls of 1" and 2" (4).~~
- 7 ~~g. Trauma scissors (1).~~
- 8 ~~h. Alcohol preps (12).~~
- 9 ~~i. Emesis basin containers or equivalents (2).~~
- 10 ~~j. Sterile normal saline for irrigation, 1000 ml containers (or equivalent volume in~~
- 11 ~~other container sizes) (4).~~
- 12 ~~6. Obstetrical kit (2). It must contain the following:~~
- 13 ~~a. Pairs of sterile surgical gloves (2).~~
- 14 ~~b. Scissors or other cutting instrument (1).~~
- 15 ~~c. Umbilical cord ties (10" long) or disposable cord clamps (4).~~
- 16 ~~d. Sanitary pads (1).~~
- 17 ~~e. Cloth or disposable hand towels (2).~~
- 18 ~~f. Soft-tipped bulb syringe (1).~~
- 19 ~~7. Personal protection equipment.~~
- 20 ~~a. Waterless antiseptic hand wash (1).~~
- 21 ~~b. Exam gloves, nonsterile, pairs in sizes small through extra large (10 each).~~

- 1 ~~c. Disposable gowns or coveralls, each in assorted sizes if not one size fits all style~~
2 ~~(4).~~
- 3 ~~d. Face shield or eyewear (4).~~
- 4 ~~e. Infectious waste trash bags (4).~~
- 5 ~~8. Linen and bedding.~~
- 6 ~~a. Towels, cloth (2).~~
- 7 ~~b. Sheets (4).~~
- 8 ~~c. Blankets (2).~~
- 9 ~~9. Splints and immobilization devices.~~
- 10 ~~a. Rigid cervical collars in sizes small adult, medium adult, large adult, and pediatric~~
11 ~~(2 each). If adjustable type collars are used, then a minimum of three are sufficient.~~
- 12 ~~b. Pediatric immobilization device (1).~~
- 13 ~~10. Safety equipment.~~
- 14 ~~a. "D" cell battery or larger flashlight (2).~~
- 15 ~~b. Five pound Class ABC or equivalent fire extinguisher securely mounted in the~~
16 ~~vehicle in a quick release bracket. One must be accessible to the patient~~
17 ~~compartment (2).~~
- 18 ~~c. Safety apparel (2).~~
- 19 ~~d. Sharps container, mounted or commercially secured (1).~~
- 20 ~~e. "No Smoking" sign located in the patient compartment (1).~~
- 21 ~~11. Tools and hazard warning devices.~~
- 22 ~~a. Adjustable wrench, 10" (1).~~

- 1 b. ~~Screwdriver, regular #1 size blade (1).~~
- 2 c. ~~Screwdriver, Phillips #1 size blade (1).~~
- 3 d. ~~Spring loaded center punch (1).~~
- 4 e. ~~Hazard warning devices (reflective cone, triangle or approved equivalent) (3~~
- 5 ~~each).~~
- 6 f. ~~Current USDOT approved Emergency Response Guidebook (1).~~

7 D. ~~Advanced life support equipment package.~~

8 1. ~~EMT Enhanced package.~~

9 a. ~~Drug kit with all controlled drugs authorized for use by the EMS agency's EMT-~~
10 ~~Enhanced personnel and other appropriately certified advanced level personnel. The~~
11 ~~drug kit may contain additional drugs if the kit is a standardized box utilized by~~
12 ~~multiple EMS agencies operating under a joint drug exchange program (1).~~

13 b. ~~Assorted intravenous, intramuscular, subcutaneous, and other drug delivery~~
14 ~~devices and supplies as specified by the agency OMD (1).~~

15 2. ~~Advanced EMT/Intermediate/Paramedic package.~~

16 a. ~~Electrocardiogram (ECG) monitor and manual defibrillator capable of~~
17 ~~synchronized cardioversion and noninvasive external pacing with capability for~~
18 ~~monitoring and defibrillating adult and pediatric patients (1).~~

19 b. ~~ECG monitoring electrodes in adult and pediatric sizes as required by device~~
20 ~~used. (2 sets each).~~

21 c. ~~Defibrillation and pacing electrodes in adult and pediatric sizes as required by~~
22 ~~device used (2 sets each).~~

1 ~~d. Drug kit with all controlled drugs authorized for use by the EMS agency's~~
2 ~~Advanced EMT, Intermediate, Paramedic and other authorized licensed personnel.~~
3 ~~The drug kit may contain additional drugs if the kit is a standardized box utilized by~~
4 ~~multiple EMS agencies operating under a joint drug exchange program (1).~~

5 ~~e. Assorted intravenous, intramuscular, subcutaneous, and other drug delivery~~
6 ~~devices and supplies as specified by the agency OMD (1).~~

7 ~~f. Pediatric assessment guides.~~

8 ~~3. Neonatal ambulance.~~

9 ~~a. ECG monitor and manual defibrillator capable of synchronized cardioversion and~~
10 ~~noninvasive external pacing with capability for monitoring and defibrillating adult and~~
11 ~~pediatric patients (1).~~

12 ~~b. ECG monitoring electrodes in infant size as required by device used (2 sets).~~

13 ~~c. Defibrillation and pacing electrodes in adult and pediatric sizes as required by~~
14 ~~device used (2 sets each).~~

15 ~~d. Drug kit with all controlled drugs authorized for use by the EMS agency's~~
16 ~~Advanced EMT, Intermediate, Paramedic and other authorized licensed personnel.~~
17 ~~The drug kit may contain additional drugs if the kit is a standardized box utilized by~~
18 ~~multiple EMS agencies operating under a joint drug exchange program (1).~~

19 ~~e. Assorted intravenous, intramuscular, subcutaneous, and other drug delivery~~
20 ~~devices and supplies as specified by the agency OMD (1).~~

21 ~~4. Advanced airway equipment (EMT Enhanced, Advanced EMT,~~
22 ~~Intermediate/Paramedic package).~~

- 1 ~~a. Secondary airway device (e.g., combitube type or supra-glottic devices) or~~
2 ~~laryngeal mask airway (LMA) (one).~~
- 3 ~~b. Intubation kit to include all of the following items as indicated:~~
- 4 ~~(1) Laryngoscope handle with two sets of batteries, adult and pediatric blades in~~
5 ~~sizes 0-4 (1 set each).~~
- 6 ~~(2) Magill forceps in adult and pediatric sizes (1 each).~~
- 7 ~~(3) Single use disposable endotracheal tubes in sizes 8.0, 7.0, 6.0, 5.0, 4.0, 3.0, and~~
8 ~~2.5mm or equivalent sizes (2 each).~~
- 9 ~~(4) Rigid adult stylettes (2).~~
- 10 ~~(5) 10 cc disposable syringes (2).~~
- 11 ~~(6) 5 ml of water soluble surgical lubricant (1).~~
- 12 ~~(7) Secondary confirmation device such as esophageal detection devices,~~
13 ~~colorimetric evaluation devices, or equivalent (2).~~
- 14 ~~5. Advanced airway neonatal equipment. Intubation kit to include all of the following~~
15 ~~items as indicated:~~
- 16 ~~a. Laryngoscope handle with two sets of batteries, blades in sizes 0-1 (1 set each).~~
- 17 ~~b. Single use disposable endotracheal tubes in sizes 4.0, 3.0, and 2.5mm or~~
18 ~~equivalent sizes (2 each).~~
- 19 ~~c. 10 cc disposable syringes (2).~~
- 20 ~~d. 5 ml of water soluble surgical lubricant (1).~~
- 21 ~~e. Secondary confirmation device such as esophageal detection devices, colorimetric~~
22 ~~evaluation devices, or equivalent (2).~~

1 Article 4 (Repealed.)

2 Air Medical Regulations, Rotor and Fixed Wing Operations

3 **12VAC5-31-870. Application for agency licensure. (Repealed.)**

4 A. ~~General provisions. Air medical public service agencies will meet or exceed Federal~~
5 ~~Aviation Regulations, 14 CFR Part 91, and commercial operators will meet or exceed 14 CFR~~
6 ~~Part 135.~~

7 B. ~~Interruption of service (rotor wing only). The air medical service shall notify the Office of~~
8 ~~EMS of temporary discontinuation of service from any base expected to last 24 hours or greater.~~

9 **12VAC5-31-875. Operations and safety. (Repealed.)**

10 ~~Operational policies must be present to address the following areas pursuant to medical~~
11 ~~flight personnel:~~

12 1. ~~Hearing protection.~~

13 2. ~~Protective clothing and dress codes relative to:~~

14 a. ~~Mission type; and~~

15 b. ~~Infection control.~~

16 3. ~~Flight status during pregnancy.~~

17 4. ~~Flight status during acute illness.~~

18 5. ~~Flight status while taking medications.~~

19 **12VAC5-31-880. Air medical service personnel classifications. (Repealed.)**

20 ~~Air medical service personnel classifications are as follows:~~

21 1. ~~Air medical crew (rotary).~~

1 ~~a. A pilot in command in accordance with current Federal Aviation Administration~~
2 ~~(FAA) requirements.~~

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

5 ~~(1) Physician;~~

6 ~~(2) Registered nurse or physician assistant, licensed for a minimum of two years with~~
7 ~~specialized air medical training and possessing the equivalent training as identified in~~
8 ~~12VAC5-31-885;~~

9 ~~(3) Paramedic, certified for a minimum of two years with specialized air medical~~
10 ~~training; or~~

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

13 ~~c. An attendant shall have specialized air training as identified in 12VAC5-31-885.~~

14 ~~2. Air medical crew (fixed wing).~~

15 ~~a. A pilot in command in accordance with current FAA requirements.~~

16 ~~b. An attendant in charge shall be an air medical specialist who shall be one of the~~
17 ~~following:~~

18 ~~(1) A physician;~~

19 ~~(2) A registered nurse or physician assistant licensed for a minimum of two years~~
20 ~~with specialized air medical training;~~

21 ~~(3) An emergency medical technician certified for a minimum of two years with~~
22 ~~specialized air medical training; or~~

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

3 ~~c. An attendant shall be a Paramedic or an equivalent approved by the Office of~~
4 ~~EMS.~~

5 ~~3. Specialty care mission providers.~~

6 ~~a. The agency shall have in place policies that identify the crew composition for each~~
7 ~~specialty mission type that it is willing to perform and are consistent with industry~~
8 ~~standards. These policies shall be approved by the agency OMD and have a method~~
9 ~~of continuously monitoring adherence to those policies.~~

10 ~~b. The specialty care team must minimally consist of a physician, registered nurse or~~
11 ~~other specialists as the primary caregiver whose expertise must be consistent with~~
12 ~~the needs of the patient, per the agency's policy required in subdivision 3 a of this~~
13 ~~section.~~

14 ~~c. All specialty care team members must have received an orientation to the air~~
15 ~~medical service that includes (i) in flight treatment protocols, (ii) general aircraft~~
16 ~~safety and emergency procedures, (iii) operational policies, (iv) infection control, and~~
17 ~~(v) altitude physiology annually.~~

18 ~~d. Specialty care mission personnel must be accompanied by at least one regularly~~
19 ~~scheduled air medical staff member of the air medical service.~~

20 ~~4. Staffing for specific mission types.~~

21 ~~a. Prehospital scene responses consists of the pilot in command, attendant in-~~
22 ~~charge who shall be a Paramedic and an attendant.~~

23 ~~b. Inter facility transports.~~

1 ~~(1) ALS consists of the pilot in command, attendant in charge, and an attendant.~~

2 ~~(2) For fixed wing, the attendant may be a BLS provider.~~

3 ~~(3) Critical care consists of the pilot in command, attendant in charge, and an~~
4 ~~attendant. A member of the medical crew shall be a physician, physician assistant, or~~
5 ~~a registered nurse.~~

6 **12VAC5-31-885. Training. (Repealed.)**

7 ~~A. The air medical agency shall have a planned and structured program in which all medical~~
8 ~~transport personnel must participate. Competency and currency must be ensured and~~
9 ~~documented through relevant continuing education programs or certification programs listed in~~
10 ~~this section. Training and continuing education programs will be guided by each air medical~~
11 ~~transport service's mission statement and medical direction. Measurable objectives shall be~~
12 ~~developed and documented for each experience.~~

13 ~~B. Pilot initial training requirements. In addition to FAA requirements pilots must have the~~
14 ~~following:~~

15 ~~1. Orientation to the hospital or health care system associated with the air medical~~
16 ~~service.~~

17 ~~2. Orientation to infection control, medical systems installed on the aircraft, and patient~~
18 ~~loading and unloading procedures.~~

19 ~~3. Orientation to the EMS and public service agencies unique to the specific coverage~~
20 ~~area (fixed wing excluded).~~

21 ~~C. Registered nurse training requirements.~~

22 ~~1. Valid unrestricted license to practice nursing in Virginia.~~

1 ~~2. Cardio Pulmonary Resuscitation (CPR) — documented evidence of current CPR~~
2 ~~certification according to the American Heart Association (AHA) standards or equivalent~~
3 ~~as approved by OEMS.~~

4 ~~3. Advanced Cardiac Life Support (ACLS) — documented evidence of current ACLS~~
5 ~~according to the AHA or equivalent as approved by OEMS.~~

6 ~~4. Pediatric Advanced Life Support (PALS) — documented evidence of current PALS or~~
7 ~~equivalent education.~~

8 ~~5. Neonatal Resuscitation Program (NRP) — documented evidence of current NRP~~
9 ~~according to the AHA or American Academy of Pediatrics (AAP) or equivalent education~~
10 ~~within one year of hire. (fixed wing, mission specific).~~

11 ~~6. EMT or equivalent education within six months of hire (fixed wing excluded).~~

12 ~~D. Paramedic training requirements.~~

13 ~~1. Valid Virginia Paramedic certification.~~

14 ~~2. CPR — documented evidence of current CPR certification according to the AHA~~
15 ~~standards or equivalent as approved by OEMS.~~

16 ~~3. ACLS — documented evidence of current ACLS certification according to the AHA or~~
17 ~~equivalent as approved by OEMS.~~

18 ~~4. PALS — documented evidence of current PALS or equivalent education.~~

19 ~~5. NRP — documented evidence of current NRP according to the AHA or AAP or~~
20 ~~equivalent education. (fixed wing, mission specific).~~

21 ~~E. Minimum initial training for air medical crew members.~~

1 ~~1. Didactic component of initial education shall be specific for the mission statement~~
2 ~~and scope of care of the medical transport service. Measurable objectives shall be~~
3 ~~developed and documented for each experience by the program.~~

4 Minimum training for all air medical crew members, including the OMD, shall include:

5 a. ~~Altitude physiology and stressors of flight.~~

6 b. ~~Air medical resource management.~~

7 c. ~~Aviation aircraft orientation, safety, in flight procedures, and general aircraft~~
8 ~~safety including depressurization procedures for fixed wing.~~

9 d. ~~Cardiology.~~

10 e. ~~Disaster and triage.~~

11 f. ~~EMS radio communications.~~

12 g. ~~Hazardous materials recognition and response.~~

13 h. ~~External pacemakers, automatic implantable cardiac defibrillator (AICD), and~~
14 ~~central lines.~~

15 i. ~~High risk obstetric emergencies (bleeding, medical, trauma).~~

16 j. ~~Infection control.~~

17 k. ~~Mechanical ventilation and respiratory physiology for adult, pediatric, and neonatal~~
18 ~~patients as it relates to the mission statement and scope of care of the medical~~
19 ~~transport service specific to the equipment.~~

20 l. ~~Metabolic or endocrine emergencies.~~

21 m. ~~Multi-trauma (adult trauma and burns).~~

22 n. ~~Neuro.~~

- 1 o. ~~Pediatric medical emergencies.~~
- 2 p. ~~Pediatric trauma.~~
- 3 q. ~~Pharmacology (specialty application).~~
- 4 r. ~~Quality management – didactic education that supports the medical transport~~
- 5 ~~services mission statement and scope of care of the medical transport service.~~
- 6 s. ~~Respiratory emergencies.~~
- 7 t. ~~Scene management, rescue and extrication.~~
- 8 u. ~~Survival training.~~
- 9 v. ~~Toxicology.~~

10 2. ~~Additional training for critical care air medical crew members, including paramedics, RNs,~~
11 ~~MDs, and the air medical services OMD shall include within their mission profile:~~

- 12 a. ~~Hemodynamic monitoring.~~
- 13 b. ~~Intra-aortic balloon pump.~~
- 14 c. ~~Pulmonary and arterial catheters.~~
- 15 d. ~~Ventricular assist devices.~~
- 16 e. ~~Extracorporeal membrane oxygenation (ECMO).~~

17 3. ~~Clinical component of initial education. Clinical experiences shall include the following~~
18 ~~points (experiences shall be specific to the mission statement and scope of care of the medical~~
19 ~~transport service). Measurable objectives shall be developed and documented for each~~
20 ~~experience listed below reflecting hands on experience versus observation only (fixed wing~~
21 ~~excluded).~~

- 22 a. ~~Advanced airway management.~~

- 1 ~~b. Basic care for pediatrics, neonatal and obstetrics.~~
- 2 ~~c. Critical care.~~
- 3 ~~d. Emergency care.~~
- 4 ~~e. Invasive procedures on mannequin equivalent for practicing invasive procedures.~~
- 5 ~~f. Pediatric critical care.~~
- 6 ~~g. Prehospital care.~~

7 ~~4. Annual continuing education requirements. Continuing education or staff development~~
8 ~~programs shall include reviews or updates for all air medical crew members and the agency~~
9 ~~OMD on the following areas:~~

- 10 ~~a. Aviation safety issues.~~
- 11 ~~b. Altitude physiology.~~
- 12 ~~c. Air medical resource management.~~
- 13 ~~d. Hazardous materials recognition and response.~~
- 14 ~~e. Invasive procedures labs.~~
- 15 ~~f. Management of emergency or critical care adults, pediatric, and neonatal patients~~
16 ~~(medical and trauma).~~
- 17 ~~g. Survival training.~~

18 **12VAC5-31-890. Equipment. (Repealed.)**

- 19 ~~A. Aircraft equipment.~~
 - 20 ~~1. General aircraft inspection requirements.~~
 - 21 ~~a. Current FAA documented compliance.~~

- 1 ~~b. Current EMS permit posted.~~
- 2 ~~c. Interior and supplies clean and sanitary.~~
- 3 ~~d. Exterior clean.~~
- 4 ~~e. Equipment in good working order.~~
- 5 ~~f. Current USDOT Emergency Response Book.~~

6 ~~2. Aircraft warning devices.~~

- 7 ~~180 degree controllable searchlight 400,000 candle power (fixed wing excluded).~~

8 ~~3. Design and dimensions.~~

- 9 ~~a. All interior edges and corners padded.~~
- 10 ~~b. Surfaces easily cleaned and nonstainable.~~
- 11 ~~c. Security restraints for stretcher to aircraft.~~
- 12 ~~d. Climate controlled environment for operator and patient care compartments.~~
- 13 ~~e. The service's mission and ability to transport two or more patients shall not~~
- 14 ~~compromise the airway or stabilization or the ability to perform emergency~~
- 15 ~~procedures on any on-board patient.~~

16 ~~4. Aircraft markings.~~

- 17 ~~a. Lettering is minimum three inches in height.~~
- 18 ~~b. Name of agency aircraft is permitted on both sides, three inches in height,~~
- 19 ~~contrasting color.~~

20 ~~5. Aircraft communications.~~

- 21 ~~a. The aircraft shall be equipped with a functioning emergency locator transmitter~~
- 22 ~~(ELT).~~

- 1 ~~b. Attendant in charge to medical control (fixed wing excluded).~~
- 2 ~~c. Patient compartment to pilot.~~
- 3 ~~d. The pilot must be able to control and override radio transmissions from the cockpit~~
- 4 ~~in the event of an emergency situation.~~
- 5 ~~e. The flight crew must be able to communicate internally.~~
- 6 ~~f. Cellular phones may not be used to satisfy these requirements.~~
- 7 ~~6. Aircraft safety equipment.~~
- 8 ~~a. Head strike envelope — Helmets shall be worn by all routine flight crews and~~
- 9 ~~scheduled specialty teams.~~
- 10 ~~b. Seatbelts for all occupants.~~
- 11 ~~c. Flashlight.~~
- 12 ~~d. Fire extinguisher mounted in a quick release bracket or other FAA approved fire~~
- 13 ~~suppression system.~~
- 14 ~~e. All items secured to prevent movement while the air ambulance is in motion.~~
- 15 ~~f. "No Smoking" sign posted.~~
- 16 ~~g. The aircraft shall be equipped with survival gear specific to the coverage area and~~
- 17 ~~the number of occupants.~~
- 18 ~~h. Survival kit to include signaling capabilities and shelter.~~
- 19 ~~i. Safety apparel. (3 minimum)~~
- 20 ~~j. All items shall be capable of being secured.~~

1 ~~B. Medical equipment. Any in-service air ambulance shall be configured in such a way that~~
2 ~~the medical transport personnel can provide patient care consistent with the mission statement~~
3 ~~and scope of care of the medical transport service.~~

4 ~~1. General patient care equipment.~~

5 ~~a. A minimum of one stretcher shall be provided that can be carried to the patient~~
6 ~~and properly secured to the aircraft as defined in FAR 27.785.~~

7 ~~(1) The stretcher shall be age appropriate and full length in the supine position.~~

8 ~~(2) The stretcher shall be sturdy and rigid enough that it can support~~
9 ~~cardiopulmonary resuscitation. If a backboard or equivalent device is required to~~
10 ~~achieve this, such device will be readily available. (1)~~

11 ~~(3) The head of the stretcher shall be capable of being elevated for patient care and~~
12 ~~comfort.~~

13 ~~b. Biohazard container for contaminated sharp objects (ALS), secured or mounted.~~

14 ~~(1)~~

15 ~~c. Waterless antiseptic hand wash. (1)~~

16 ~~d. Exam gloves, nonsterile, pairs in sizes small through extra large (small, medium,~~
17 ~~large, and extra large), if not one size fits all. (5)~~

18 ~~e. Face shield or eyewear. (2)~~

19 ~~f. Infectious waste trash bags. (2)~~

20 ~~g. Linen: towels, blankets, and sheets. (2 each)~~

21 ~~2. Basic life support air ambulance equipment requirements.~~

22 ~~a. Roller or conforming gauze of assorted widths. (12)~~

- 1 ~~b. Medical adhesive tape, rolls of 1" and 2". (4)~~
- 2 ~~c. Trauma scissors. (1)~~
- 3 ~~d. Trauma dressings, minimum of 8" x 10" 5/8 ply, sterile, individually wrapped. (2)~~
- 4 ~~e. Sterile 4" x 4" gauze pads, individually wrapped. (10)~~
- 5 ~~f. Occlusive dressings, sterile 3" x 8" or larger. (2)~~
- 6 ~~g. Oropharyngeal airways, one of each sizes 0-5 wrapped or in closed container. (1~~
- 7 ~~set)~~
- 8 ~~h. Nasopharyngeal airways set of four, varied sizes, with water soluble lubricant. (1~~
- 9 ~~set)~~
- 10 ~~i. Bag valve mask with oxygen attachment, adult size, with transparent mask. (1)~~
- 11 ~~j. Bag valve mask with oxygen attachment, child size, with transparent mask. (1)~~
- 12 ~~k. BVM infant mask. (1)~~
- 13 ~~l. Pocket mask. (1)~~
- 14 ~~m. Portable O₂ unit containing a quantity of oxygen sufficient to supply the patient at~~
- 15 ~~the appropriate flow rate for the period of time it is anticipated oxygen will be needed~~
- 16 ~~but not less than 10 liters per minute for 15 minutes. The unit must be manually~~
- 17 ~~controlled and have an approved flow meter.~~
- 18 ~~n. Installed oxygen system containing a sufficient quantity of oxygen to supply two~~
- 19 ~~patient flowmeters at the approximate flow rate for the period of time it is anticipated~~
- 20 ~~oxygen will be needed, but not less than 10 liters per minute for 30 minutes. This unit~~
- 21 ~~must be capable of being manually controlled, have two flowmeters, and have an~~
- 22 ~~attachment available for a single use humidification device.~~
- 23 ~~o. O₂ high concentrate mask and cannula, child and adult. (2 each)~~

- 1 ~~p. Installed suction apparatus capable of providing a minimum of 20 minutes of~~
2 ~~continuous operation. (1)~~
- 3 ~~q. Battery powered portable suction apparatus. A manually powered device does not~~
4 ~~meet this requirement. (1)~~
- 5 ~~r. Suction catheters, wrapped, rigid tonsil tip, FR18, FR14, FR8 and FR6. (2 each)~~
- 6 ~~s. Stethoscope, adult, and pediatric sizes. (1 each)~~
- 7 ~~t. BP cuff, pediatric, adult, and large adult. (1 each)~~
- 8 ~~u. Obstetrics kit containing sterile surgical gloves (2 pair), scissors or other cutting~~
9 ~~instrument (1), umbilical cord ties (10" long) or disposable cord clamps (4), sanitary~~
10 ~~pad (1), cloth or disposable hand towels (2), and soft tip bulb syringe (1).~~
- 11 ~~v. Emesis basin or equivalent container. (2)~~
- 12 ~~w. Removable stretcher or spine board with a minimum of 3 restraint straps and~~
13 ~~manufacturer approved aircraft mounting device. (1)~~
- 14 ~~x. Rigid cervical collars in small adult, medium adult, large adult, and pediatric sizes~~
15 ~~(1 each). If adjustable adult collars are utilized, a minimum of three.~~
- 16 ~~y. Cervical immobilization device. (1)~~
- 17 ~~z. Pediatric immobilization device. (1)~~
- 18 ~~aa. Immobilization devices for upper and lower extremities. (1 each)~~
- 19 ~~bb. First aid kit of durable construction and suitably equipped. The contents of this kit~~
20 ~~may be used to satisfy these supply requirements completely or in part. (1)~~
- 21 ~~3. Advanced life support air ambulance equipment requirements.~~

- 1 ~~a. A drug kit with controlled medications authorized by the agency's OMD for use by~~
2 ~~paramedic personnel. (1)~~
- 3 ~~b. Lockable storage for drug kit and supplies.~~
- 4 ~~c. All drugs shall be in date.~~
- 5 ~~d. Intubation kit with two sets of batteries, adult and pediatric blades and handles~~
6 ~~(sizes 0-4) (1 set), Magill forceps in adult and pediatric sizes (1 each), disposable~~
7 ~~tubes in sizes 8.0, 7.0, 6.0, 5.0, 4.0, 3.0, 2.5, or equivalent (2 each), rigid adult~~
8 ~~stylettes (2 each), 10cc disposable syringe (2), and 5ml of water soluble lubricant (1).~~
- 9 ~~e. There shall be an approved secondary airway device as prescribed by the~~
10 ~~agency's OMD. (1)~~
- 11 ~~f. Assorted IV, IM, subcutaneous, and other drug and IV fluid administration delivery~~
12 ~~devices and supplies as specified by agency's OMD.~~
- 13 ~~g. IV infusion pump. (1)~~
- 14 ~~h. Defibrillator, cardioversion and external pacing capable. (1)~~
- 15 ~~i. EKG monitor. (1)~~
- 16 ~~j. Monitor electrodes, with adult and pediatric defibrillation pads. (2 each)~~
- 17 ~~k. Adult and pediatric external pacing pads. (2 each)~~
- 18 ~~l. Noninvasive blood pressure monitoring device capable of adult and pediatric use.~~
19 ~~(1)~~
- 20 ~~m. Continuous end tidal CO₂ monitoring device. (1)~~
- 21 ~~n. Pulse oximetry monitoring device. (1)~~

1 ~~4. Critical care package air ambulance equipment requirements. Items listed are in~~
2 ~~addition to the air ambulance ALS package.~~

3 ~~a. Invasive pressure monitoring equipment. (1)~~

4 ~~b. Internal pacemaker and pulse generator immediately available. (1)~~

5 ~~c. Ventilator as appropriate for mission.~~

6 ~~d. IV infusion pumps. (2)~~

7 Article 5 (Repealed.)

8 EMS Personnel Requirements and Standard of Conduct

9 **12VAC5-31-900. General requirements. (Repealed.)**

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

12 ~~1. Be a minimum of 16 years of age. (An EMS agency may have associated personnel~~
13 ~~who are less than 16 years of age. This person is not allowed to participate in any EMS~~
14 ~~response or other activity that may involve exposure to a communicable disease,~~
15 ~~hazardous chemical or other risk of serious injury.)~~

16 ~~2. Be clean and neat in appearance;~~

17 ~~3. Be proficient in reading, writing and speaking the English language in order to clearly~~
18 ~~communicate with a patient, family or bystander to determine a chief complaint, nature of~~
19 ~~illness, mechanism of injury and/or assess signs and symptoms.~~

20 ~~4. Have no physical or mental impairment that would render him unable to perform all~~
21 ~~practical skills required for that level of training. Physical and mental performance skills~~
22 ~~include the ability of the individual to function and communicate independently to~~

1 ~~perform appropriate patient care, physical assessments and treatments without the need~~
2 ~~for an assistant.~~

3 ~~5. Provide to the Office of EMS within 15 days, any change in contact information to~~
4 ~~include mailing address, electronic notification such as email, or telephone number.~~

5 **12VAC5-31-910. Criminal or enforcement history. (Repealed.)**

6 ~~A. General denial. Application for or certification of individuals convicted of certain crimes~~
7 ~~present an unreasonable risk to public health and safety. Thus, applications for certification by~~
8 ~~individuals convicted of the following crimes will be denied in all cases:~~

9 ~~1. Felonies involving sexual misconduct where the victim's failure to affirmatively consent~~
10 ~~is an element of the crime, such as forcible rape.~~

11 ~~2. Felonies involving the sexual or physical abuse of children, the elderly or the infirm,~~
12 ~~such as sexual misconduct with a child, making or distributing child pornography or~~
13 ~~using a child in a sexual display, incest involving a child, or assault on an elderly or~~
14 ~~infirm person.~~

15 ~~3. Any crime in which the victim is an out-of-hospital patient or a patient or resident of a~~
16 ~~healthcare facility including abuse of, neglect of, theft from, or financial exploitation of a~~
17 ~~person entrusted to the care or protection of the applicant.~~

18 ~~4. Serious crimes of violence against persons such as assault or battery with a~~
19 ~~dangerous weapon, aggravated assault and battery, murder or attempted murder,~~
20 ~~manslaughter except involuntary manslaughter, kidnapping, robbery of any degree, or~~
21 ~~arson.~~

22 ~~5. Has been subject to a permanent revocation of license or certification by another state~~
23 ~~EMS office or other recognized state or national healthcare provider licensing or~~
24 ~~certifying body.~~

1 ~~B. Presumptive denial. Application for or current certification by individuals in the following~~
2 ~~categories will be denied except in extraordinary circumstances, and then will be granted only if~~
3 ~~the applicant or provider establishes by clear and convincing evidence that certification will not~~
4 ~~jeopardize public health and safety.~~

5 ~~1. Application for certification by individuals who have been convicted of any crime and~~
6 ~~who are currently incarcerated, on work release, on probation, or on parole.~~

7 ~~2. Application for or certification by individuals convicted of crimes in the following~~
8 ~~categories unless at least five years have passed since the conviction or five years have~~
9 ~~passed since release from custodial confinement whichever occurs later:~~

10 ~~a. Crimes involving controlled substances or synthetics, including unlawful~~
11 ~~possession or distribution or intent to distribute unlawfully Schedule I through V~~
12 ~~drugs as defined by the Virginia Drug Control Act (§ 54.1-3400 seq. of the Code of~~
13 ~~Virginia).~~

14 ~~b. Serious crimes against property, such as grand larceny, burglary, embezzlement,~~
15 ~~or insurance fraud.~~

16 ~~c. Any other crime involving sexual misconduct.~~

17 ~~3. Is currently under any disciplinary or enforcement action from another state EMS~~
18 ~~office or other recognized state or national healthcare provider licensing or certifying~~
19 ~~body. Personnel subject to these disciplinary or enforcement actions may be eligible for~~
20 ~~certification provided there have been no further disciplinary or enforcement actions for~~
21 ~~five years prior to application for certification in Virginia.~~

22 ~~C. Permitted vehicle operations. Agencies are responsible for the monitoring of compliance~~
23 ~~with all driving criteria set forth in these regulations.~~

- 1 ~~1. Personnel operating OEMS permitted vehicles shall possess a valid operator's or~~
2 ~~driver's license from his state of residence.~~
- 3 ~~2. Personnel operating OEMS permitted vehicles shall not have been convicted on any~~
4 ~~charge as described in subsections A and B of this section.~~
- 5 ~~3. Personnel who as the proximate result of having operated an OEMS permitted vehicle~~
6 ~~are (i) convicted of driving under the influence of alcohol or drugs or (ii) sentenced or~~
7 ~~assigned to any alcohol safety action program or any driver alcohol rehabilitation~~
8 ~~program pursuant to the Code of Virginia shall be prohibited from operating any OEMS~~
9 ~~permitted vehicle. Personnel or agencies shall be required to report these situations to~~
10 ~~OEMS.~~
- 11 ~~4. Agencies shall develop and maintain policies that address driver eligibility, record~~
12 ~~review, and vehicle operation. Such policies must minimally address:~~
 - 13 ~~a. Driving education or training required for personnel to include information on the~~
14 ~~agency's policy content;~~
 - 15 ~~b. Safe operation of vehicles;~~
 - 16 ~~c. Agency driving record review procedures;~~
 - 17 ~~d. Requirement for immediate agency notification by personnel regarding any~~
18 ~~convictions, regardless of the state where an infraction occurred or changes to his~~
19 ~~operator's or driver's license. The immediate agency notification shall be defined as~~
20 ~~no more than 10 calendar days following the conviction date; and~~
 - 21 ~~e. Identification of internal mechanisms regarding agency level actions for driver~~
22 ~~penalties (i.e., probation or suspension of driving privileges).~~

1 ~~D. All references to criminal acts or convictions under this section refer to substantially~~
2 ~~similar laws or regulations of any other state or the United States. Convictions include prior adult~~
3 ~~convictions, juvenile convictions and adjudications of delinquency based on an offense that~~
4 ~~would have been, at the time of conviction, a felony conviction if committed by an adult within or~~
5 ~~outside Virginia.~~

6 ~~E. Agencies shall submit a report regarding items in this section to OEMS upon request.~~

7 **12VAC5-31-920. ~~[Reserved] (Repealed.)~~**

8 **12VAC5-31-930. ~~State and federal law compliance. (Repealed.)~~**

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

11 **12VAC5-31-940. ~~Drugs and substance abuse. (Repealed.)~~**

12 ~~A. EMS personnel may not be under the influence of any drugs or intoxicating substances~~
13 ~~that impairs their ability to provide patient care or operate a motor vehicle while on duty or when~~
14 ~~responding or assisting in the care of a patient.~~

15 ~~B. The EMS agency shall have a drug and substance abuse policy which includes a process~~
16 ~~for testing for drugs or intoxicating substances.~~

17 **12VAC5-31-950. ~~Disclosure of patient information. (Repealed.)~~**

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

21 ~~1. To provide a copy of the prehospital patient care report completed by the attendant in-~~
22 ~~charge to the receiving facility for each patient treated or transported;~~

1 ~~2. To provide a copy of the prehospital patient care report completed by the attendant in-~~
2 ~~charge for each patient treated to the agency that responds and transports the patients.~~
3 ~~The prehospital patient care report copy shall be released to the transporting agency~~
4 ~~upon request after the patient transport to complete the transporting agency's records of~~
5 ~~all care provided to the patients transported;~~

6 ~~3. To provide for the continuing medical care of the patient;~~

7 ~~4. To the extent necessary and authorized by the patient or his representative in order to~~
8 ~~collect insurance payments due;~~

9 ~~5. To provide continuing medical education of EMS personnel who provide the care or~~
10 ~~assistance when patient identifiers have been removed; or~~

11 ~~6. To assist investigations conducted by the board, department or Office of EMS.~~

12 **12VAC5-31-960. Misrepresentation of qualifications. (Repealed.)**

13 ~~EMS personnel shall not misrepresent themselves as authorized to perform a level of care~~
14 ~~for which they are not currently qualified, licensed or certified. This requirement does not~~
15 ~~prohibit the performance of patient care by students currently enrolled in a training program~~
16 ~~when properly supervised as required by these regulations.~~

17 **12VAC5-31-970. Interference or obstruction of investigation. (Repealed.)**

18 ~~Any EMS agency, personnel, or entity who attempts knowingly or willfully to interfere or~~
19 ~~obstruct an Office of EMS investigation may be subject to enforcement action.~~

1 ~~12VAC5-31-980. False application for license, permit, certificate, endorsement or~~
2 ~~designation. (Repealed.)~~

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

6 ~~12VAC5-31-990. False statements or submissions. (Repealed.)~~

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

12 ~~12VAC5-31-1000. Falsification of materials. (Repealed.)~~

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

16 ~~12VAC5-31-1010. Misappropriation or theft of drugs. (Repealed.)~~

17 EMS personnel may not possess, remove, use or administer any controlled substances,
18 drug delivery devices or other regulated medical devices from any EMS agency, EMS vehicle,
19 health care facility, academic institution or other location without proper authorization.

20 ~~12VAC5-31-1020. Discrimination in provision of care. (Repealed.)~~

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

1 ~~12VAC5-31-1030. Sexual harassment. (Repealed.)~~

2 EMS personnel may not engage in sexual harassment. Sexual harassment includes making
3 unwelcome sexual advances, requesting sexual favors, and engaging in other verbal or physical
4 conduct of a sexual nature as a condition of:

- 5 1. ~~The provision or denial of emergency medical care to a patient;~~
- 6 2. ~~The provision or denial of employment or course advancement;~~
- 7 3. ~~The provision or denial of promotions to a coworker;~~
- 8 4. ~~For the purpose or effect of creating an intimidating, hostile, or offensive environment~~
9 ~~for the patient or student or unreasonably interfering with a patient's ability to recover; or~~
- 10 5. ~~For the purpose or effect of creating an intimidating, hostile or offensive classroom or~~
11 ~~working environment or unreasonably interfering with a coworker's or student's ability to~~
12 ~~perform his work.~~

13 ~~12VAC5-31-1040. Operational medical director authorization to practice. (Repealed.)~~

14 A. ~~EMS personnel as defined in § 54.1-3408 of the Code of Virginia may only provide~~
15 ~~emergency medical care while acting under the authority of the operational medical director for~~
16 ~~the EMS agency for which they are affiliated and within the scope of the EMS agency license.~~
17 ~~Privileges to practice must be on the agency's official stationery or indicated in the agency~~
18 ~~records which are signed and dated by the OMD.~~

19 B. ~~Agencies shall establish a written policy that identifies the selection, response criteria,~~
20 ~~utilization, and approval process for (i) EMS personnel to carry and administer an epinephrine~~
21 ~~auto injector or medically accepted equivalent for emergency cases of anaphylactic shock, and~~
22 ~~(ii) the possession and administration of oxygen carried on personally owned vehicles (POV).~~
23 The policy shall also include:

1 ~~1. Annual approval and authorization by EMS agency and OMD.~~

2 ~~2. Drug storage criteria to include:~~

3 ~~a. Compliance with all applicable temperature requirements specified by the Virginia~~
4 ~~Board of Pharmacy.~~

5 ~~b. Requirements that describe how the cylinder or device is to be secured in a~~
6 ~~manner to prevent any free movement within the occupant or storage compartment~~
7 ~~of the vehicle.~~

8 ~~c. Evidence of approval by personal vehicle insurance carrier must be on file with~~
9 ~~EMS agency for all EMS personnel authorized to carry oxygen on personally owned~~
10 ~~vehicles.~~

11 ~~3. The personal vehicle utilized to carry oxygen may be subject to inspection by the~~
12 ~~Office of EMS.~~

13 **12VAC5-31-1050. Scope of practice. (Repealed.)**

14 ~~EMS personnel shall only perform those procedures, skills, or techniques for which he is~~
15 ~~currently licensed or certified, provided that he is acting in accordance with local medical~~
16 ~~treatment protocols and medical direction provided by the OMD of the licensed EMS agency~~
17 ~~with which he is affiliated and within the scope of the EMS agency licenses as authorized in the~~
18 ~~Emergency Medical Services Procedures and Medications Schedule as approved by the board.~~

19 **12VAC5-31-1070. Extraordinary care outside of protocols. (Repealed.)**

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

1 **~~12VAC5-31-1080. Inability to carry out medical control orders. (Repealed.)~~**

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

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

8 **~~12VAC5-31-1090. Refusal of care. (Repealed.)~~**

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

11 **~~12VAC5-31-1100. Consent or refusal. (Repealed.)~~**

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

14 ~~B. Refusal of care must be obtained and documented on the prehospital patient care report.~~

15 **~~12VAC5-31-1110. Transfer of patient care/patient abandonment. (Repealed.)~~**

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

19 **~~12VAC5-31-1120. Provider disagreement over patient's needs. (Repealed.)~~**

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

1 **~~12VAC5-31-1130. Attending of the patient during transports. (Repealed.)~~**

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

6 **~~12VAC5-31-1140. Provision of patient care documentation. (Repealed.)~~**

7 ~~EMS personnel and EMS agencies shall provide the receiving medical facility or transporting~~
8 ~~EMS agency with a copy of the prehospital patient care report for each patient treated at the~~
9 ~~time of patient transfer. Should EMS personnel be unable to provide the full prehospital patient~~
10 ~~care report at the time of patient transfer, EMS personnel shall provide an abbreviated~~
11 ~~documented report with the critical EMS findings and actions at the time of patient transfer and~~
12 ~~the full prehospital patient care report shall be provided to the accepting facility within 12 hours.~~

13 **~~12VAC5-31-1150. Emergency operation of EMS vehicle. (Repealed.)~~**

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

16 ~~1. When responding to medical emergencies for which they have been dispatched or~~
17 ~~have witnessed.~~

18 ~~2. When transporting patients to a hospital or other medical clinic when the attendant in-~~
19 ~~charge has determined that the patient's condition is unstable or life threatening.~~

20 **~~12VAC5-31-1160. Provision of care by mutual aid. (Repealed.)~~**

21 ~~EMS personnel who have not been specifically requested to respond to a call may assist a~~
22 ~~responding EMS agency at the scene of a medical emergency if the provider is licensed or~~

1 ~~certified to provide a level of care at the scene that is required to meet the assessed needs of~~
2 ~~the patient, and~~

3 ~~1. A response obligation to locality or a mutual aid agreement exists between the~~
4 ~~provider's EMS agency and the responding EMS agency, or~~

5 ~~2. Medical control shall be contacted to obtain approval to provide patient care as the~~
6 ~~AIC. If contact with medical control is not possible or would unduly delay the provision of~~
7 ~~care, then the EMS provider may proceed with the indicated treatment with approval of~~
8 ~~the responding EMS agency's personnel on the scene. In such event, the circumstances~~
9 ~~of the incident must be documented on the prehospital patient care report.~~

10 **~~12VAC5-31-1165. EMS agency mutual aid response. (Repealed.)~~**

11 ~~An EMS agency providing resources, certified personnel, permitted vehicles, or equipment~~
12 ~~as a result of an Emergency Management Assistance Compact (EMAC), Federal Emergency~~
13 ~~Management Agency (FEMA), or any other out-of-state mutual aid request shall notify OEMS~~
14 ~~upon commitment of requested resources. Notification by direct verbal communication shall be~~
15 ~~made to the local OEMS program representative.~~

16 **~~12VAC5-31-1170. Provision of care by students. (Repealed.)~~**

17 ~~A student enrolled in an approved EMS certification training program may perform the~~
18 ~~clinical skills and functions of EMS personnel who are certified at the level of the course of~~
19 ~~instruction while participating in clinical and field internship training as provided for in these~~
20 ~~regulations when:~~

21 ~~1. The student is caring for patients in the affiliated hospitals or other facilities approved~~
22 ~~by the training program's PCD, provided that the related didactic subject matter and~~
23 ~~practical skills laboratory have been completed and the students are under the direct~~
24 ~~supervision of a preceptor who is a physician, physician assistant, nurse practitioner,~~

1 ~~registered nurse or an EMS provider certified at or above the level of the training~~
2 ~~program. The affiliated hospital or facility must approve preceptors.~~

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

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

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

15 ~~5. Nothing in subdivision 1 or 2 of this section may be construed to authorize a~~
16 ~~noncertified or unlicensed individual to provide care or to operate an emergency medical~~
17 ~~services vehicle in a county or municipality that has enacted an ordinance pursuant to §~~
18 ~~32.1-111.14 A 8 of the Code of Virginia making it unlawful to do so.~~

19 **12VAC5-31-1180. Adequate response staffing. (Repealed.)**

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

23 ~~1. A responding EMS vehicle shall be staffed with the appropriately trained and qualified~~
24 ~~personnel to fulfill the staffing requirements for its vehicle classification. An operator may~~

1 ~~respond alone with an EMS vehicle to a medical emergency if the required EMS~~
2 ~~providers is known to be responding to the scene.~~

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

5 **12VAC5-31-1190. Attendant-in-charge authorization. (Repealed.)**

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

8 **12VAC5-31-1200. Minimum age of EMS vehicle personnel. (Repealed.)**

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

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

13 **12VAC5-31-1210. Nontransport response vehicle staffing. (Repealed.)**

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

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

18 ~~2. Attendant-in-charge shall be currently certified as an EMS first responder, emergency~~
19 ~~medical responder, or emergency medical technician or an equivalent approved by the~~
20 ~~Office of EMS.~~

21 **12VAC5-31-1220. Transfer of ALS package. (Repealed.)**

22 ~~Advanced life support equipment may be transferred from one EMS vehicle to another EMS~~
23 ~~vehicle not otherwise equipped to provide the needed level of ALS. When this equipment is~~

1 transferred, the EMS vehicle shall have required EMS personnel in compliance with these
2 regulations.

3 **12VAC5-31-1230. Ground ambulance staffing requirements. (Repealed.)**

4 A ground ambulance transport requires a minimum of two persons:

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

8 2. An attendant in charge who must meet the requirements listed for the type of
9 transport to be performed.

10 **12VAC5-31-1240. Basic life support vehicle transport. (Repealed.)**

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

13 **12VAC5-31-1250. Advanced life support vehicle transport. (Repealed.)**

14 Advanced life support transport requirements:

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

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

22 3. An attendant must be certified as an emergency medical technician or an equivalent
23 approved by the Office of EMS in addition to the attendant in charge. The attendant

1 ~~must not serve as the attendant in charge. An operator may serve as the attendant if~~
2 ~~certified as an emergency medical technician or an equivalent approved by the Office of~~
3 ~~EMS.~~

4 ~~4. An ALS provider may provide care in the event that the required EMS personnel do~~
5 ~~not respond to a call to fully staff the ambulance that has responded to the scene. The~~
6 ~~extenuating circumstances of the call must be documented in writing. Based on~~
7 ~~extenuating circumstances and documentation, the EMS agency or the EMS provider~~
8 ~~may be subject to enforcement action.~~

9 **12VAC5-31-1260. Supplemented transport requirements. (Repealed.)**

10 ~~A. Supplemented transports require the following:~~

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

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

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

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

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

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

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

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

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

13 **12VAC5-31-1270. Neonatal transport requirements. (Repealed.)**

14 ~~A. If a ground ambulance is utilized to perform an interfacility neonatal transport, the vehicle~~
15 ~~must be equipped with the additional items listed in 12VAC5-31-860 C, D 3, and D 5 and staffed~~
16 ~~in compliance with this section.~~

17 ~~B. A minimum of three persons is required:~~

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

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

23 ~~a. Physician;~~

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

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

5 ~~3. An attendant. The operator, attendant in charge or attendant must be certified as an~~
6 ~~emergency medical technician or an equivalent approved by the Office of EMS.~~

7 Part III (Repealed.)

8 EMS Education and Certification

9 Article 1 (Repealed.)

10 Certification Levels

11 **12VAC5-31-1305. EMS First Responder (FR). (Repealed.)**

12 ~~This section will expire on October 10, 2016.~~

13 ~~The certification is issued for a period of four years from the end of the month of issuance.~~

14 **12VAC5-31-1307. Emergency Medical Responder (EMR). (Repealed.)**

15 ~~The certification is issued for a period of four years from the end of the month of issuance.~~

16 **12VAC5-31-1315. Emergency Medical Technician (EMT). (Repealed.)**

17 ~~The certification is issued for a period of four years from the end of the month of issuance.~~

18 **12VAC5-31-1325. Emergency Medical Technician-Enhanced (EMT-E). (Repealed.)**

19 ~~This section will expire on April 10, 2016.~~

20 ~~A. The certification is issued for a period of three years from the end of the month of~~
21 ~~issuance.~~

1 ~~B. An EMS provider who possesses a valid EMT-E certification is simultaneously issued an~~
2 ~~EMT certification for an additional two years after his EMT-E expiration.~~

3 **12VAC5-31-1335. Intermediate. (Repealed.)**

4 ~~A. The certification is issued for a period of three years from the end of the month of~~
5 ~~issuance.~~

6 ~~B. An EMS provider who possesses a valid Intermediate certification is simultaneously~~
7 ~~issued an EMT certification for an additional two years after his Intermediate expiration.~~

8 **12VAC5-31-1337. Advanced Emergency Medical Technician (AEMT). (Repealed.)**

9 ~~A. The certification is issued for a period of three years from the end of the month of~~
10 ~~issuance,~~

11 ~~B. An EMS provider who possesses a valid AEMT certification is simultaneously issued an~~
12 ~~EMT certification for an additional two years after his Advanced AEMT expiration.~~

13 **12VAC5-31-1345. Paramedic. (Repealed.)**

14 ~~A. The certification is issued for a period of three years from the end of the month of~~
15 ~~issuance.~~

16 ~~B. An EMS provider who possesses a valid Paramedic certification is simultaneously issued~~
17 ~~an EMT certification for an additional two years after his Paramedic expiration.~~

18 **12VAC5-31-1355. Emergency Medical Technician instructor. (Repealed.)**

19 ~~This section will expire on October 10, 2016.~~

20 ~~A. The certification is valid for a period of two years from the end of the month of issuance.~~

21 ~~B. An EMS provider who possesses a valid instructor certification is simultaneously issued~~
22 ~~an EMT certification valid for an additional two years after his instructor expiration.~~

1 ~~12VAC5-31-1365. Advanced Life Support coordinator. (Repealed.)~~

2 ~~The certification is valid for a period of two years from the end of the month of issuance.~~

3 ~~12VAC5-31-1375. EMS education coordinator. (Repealed.)~~

4 ~~The certification is valid for a period of three years from the end of the month of issuance.~~

5 ~~Article 2 (Repealed.)~~

6 ~~Certification Process and Practice~~

7 ~~12VAC5-31-1385. Certification periods. (Repealed.)~~

8 ~~An EMS certification is valid for the prescribed period as defined in Article 1 of this part for~~
9 ~~each level of certification unless suspended or revoked by the commissioner.~~

10 ~~12VAC5-31-1387. Virginia EMS certification is required to practice. (Repealed.)~~

11 ~~In order to function as an EMS provider in the Commonwealth of Virginia, providers must~~
12 ~~hold a valid certification as issued by the commissioner and as defined in 12VAC5-31-1040.~~

13 ~~12VAC5-31-1389. Initial course certification. (Repealed.)~~

14 ~~A. Candidates must successfully complete an approved Virginia certification course to be~~
15 ~~eligible for the certification examination.~~

16 ~~B. Candidates must then successfully complete the certification examination to receive~~
17 ~~Virginia certification at the level for which the course is approved.~~

18 ~~12VAC5-31-1391. Certification through reciprocity. (Repealed.)~~

19 ~~A person holding valid EMS certification from another state or a recognized EMS certifying~~
20 ~~body with which Virginia has a formal written agreement of reciprocity or possessing a National~~
21 ~~Registry certification at the EMT, EMT, Advanced EMT, Intermediate 99 or Paramedic level~~
22 ~~shall apply to the commissioner for reciprocity upon demonstration of Virginia residency, Virginia~~
23 ~~EMS agency affiliation, or a recognized need for Virginia EMS certification and demonstrate as~~

1 ~~defined by the Office of EMS eligibility for certification at the level sought in Virginia from the~~
2 ~~state in which the same level training program was held.~~

3 **12VAC5-31-1393. Certification through legal recognition. (Repealed.)**

4 ~~A person holding valid EMS certification from another state or a recognized EMS certifying~~
5 ~~body who does not meet the criteria in 12VAC5-31-1391 shall apply to the commissioner for~~
6 ~~legal recognition upon demonstration of Virginia residency, Virginia EMS agency affiliation, or a~~
7 ~~recognized need for Virginia EMS certification. Legal recognition may be issued for a period of~~
8 ~~one year or the duration of his current certification, whichever is shorter. Legal recognition is not~~
9 ~~available for any Virginia certification level if the Board of Health has determined that no~~
10 ~~equivalent exists at the level requested.~~

11 **12VAC5-31-1395. EMT certification challenge. (Repealed.)**

12 ~~A practical nurse, registered nurse to include those recognized through the Nurse Licensure~~
13 ~~Compact (§ 54.1-3030 et seq. of the Code of Virginia), physician assistant, dentist, or~~
14 ~~chiropractor who holds a current license to practice in Virginia; military corpsman with current~~
15 ~~credentials; and third or fourth year medical students shall apply to the commissioner for~~
16 ~~authorization to challenge at the EMT level. Upon completing the requirements for the EMT~~
17 ~~recertification and receiving notification of testing eligibility the candidate must complete the~~
18 ~~written and practical examination. Examination waivers are not allowed.~~

19 **12VAC5-31-1401. General recertification requirements. (Repealed.)**

20 ~~A. An EMS provider requesting recertification must complete the continuing education hour~~
21 ~~requirements, as identified in 12VAC5-31-1403, for the level at which the EMS provider is~~
22 ~~requesting to be recertified. The Office of EMS must receive documentation of the EMS~~
23 ~~provider's completion of continuing education within the issued certification period for the~~
24 ~~provider to maintain a current certification.~~

1 ~~B. An EMS provider under legal recognition pursuant to 12VAC5-31-1393 must recertify by~~
2 ~~passing a Virginia written and practical EMS certification examination.~~

3 **~~12VAC5-31-1403. EMS provider recertification required. (Repealed.)~~**

4 ~~A. Recertification of EMS credentials requires each individual to complete continuing~~
5 ~~education requirements as approved by the Board of Health and fulfill the recertification process~~
6 ~~before the expiration date of an applicable certification or reentry period.~~

7 ~~B. The Board of Health will determine the continuing education hour and topic category~~
8 ~~requirements for each certification level.~~

9 ~~C. Evidence of completion of the continuing education requirements must be received by the~~
10 ~~Office of EMS prior to the certification expiration.~~

11 **~~12VAC5-31-1405. Documentation of continuing education (CE). (Repealed.)~~**

12 ~~A. Continuing education credit is only awarded to courses announced to the Office of EMS~~
13 ~~in a format as approved by the Office of EMS prior to the course being conducted and other~~
14 ~~programs approved by the Office of EMS for award of CE.~~

15 ~~B. Award of credit for attendance in a CE program shall be submitted in a format approved~~
16 ~~by the Office of EMS.~~

17 **~~12VAC5-31-1407. Recertification through reentry. (Repealed.)~~**

18 ~~A. Individuals whose certification has expired may regain certification through completion of~~
19 ~~the reentry program within two years of the specific certification's expiration date. To reenter the~~
20 ~~person must fulfill the requirements as applicable in this chapter including all required testing~~
21 ~~within the two year reentry period.~~

1 ~~B. Individuals failing to complete the reentry process by the end of the two-year period~~
2 ~~following certification expiration will be required to complete an initial training program for the~~
3 ~~level lost.~~

4 Article 3 (Repealed.)

5 Educational Programs and Management

6 **12VAC5-31-1409. Course curriculum. (Repealed.)**

7 ~~A. Course coordinators (EMT instructor, ALS coordinator, or EMS education coordinator)~~
8 ~~shall utilize curricula or educational standards authorized and approved by the Office of EMS~~
9 ~~when conducting EMS education programs.~~

10 ~~B. CE topics must be submitted for review and approval in a format as approved by the~~
11 ~~Office of EMS.~~

12 **12VAC5-31-1411. BLS certification programs. (Repealed.)**

13 BLS certification programs authorized for issuance of certification in Virginia are:

- 14 1. ~~EMS First Responder.~~
- 15 2. ~~EMS First Responder Bridge to EMT.~~
- 16 3. ~~Emergency Medical Responder (EMR).~~
- 17 4. ~~Emergency Medical Responder Bridge to EMT.~~
- 18 5. ~~Emergency Medical Technician (EMT).~~

19 **12VAC5-31-1413. Advanced life support certification programs. (Repealed.)**

20 ALS certification programs authorized for issuance of certification in Virginia are:

- 21 1. ~~EMT Enhanced.~~
- 22 2. ~~EMT Enhanced Bridge to Intermediate.~~

- 1 ~~3. Advanced EMT.~~
- 2 ~~4. Advanced EMT Bridge to Intermediate.~~
- 3 ~~5. Intermediate.~~
- 4 ~~6. Intermediate Bridge to Paramedic.~~
- 5 ~~7. Paramedic.~~
- 6 ~~8. RN Bridge to Paramedic.~~

7 **~~12VAC5-31-1415. Nationally recognized continuing education programs. (Repealed.)~~**

8 A. ~~In order for a provider to receive continuing education in Virginia for an auxillary program,~~
9 ~~the national parent organization must be recognized by the Board of Health.~~

10 B. ~~The instructor approved by the national parent organization referenced in subsection A of~~
11 ~~this section may award Category 1 continuing education credit for providers successfully~~
12 ~~completing an approved course. The instructor is not required to be an EMT instructor, ALS~~
13 ~~coordinator, or an EMS education coordinator in order to submit for course approval.~~

14 **~~12VAC5-31-1417. Approved courses in cardio-pulmonary resuscitation. (Repealed.)~~**

15 A. ~~Recognized programs for certification in cardiopulmonary resuscitation (CPR) for the~~
16 ~~purposes of testing for all certification levels are based upon programs approved by the Board~~
17 ~~of Health.~~

18 B. ~~Completion of an approved course that tests the following skills is required:~~

- 19 1. ~~One and two rescuer CPR – adult, child, infant resuscitation.~~
- 20 2. ~~Complete airway obstruction – unconscious victim – adult, child, infant.~~
- 21 3. ~~Complete airway obstruction – conscious victim – adult, child, infant.~~
- 22 4. ~~Automated external defibrillation.~~

1 **~~12VAC5-31-1419. Continuing education programs. (Repealed.)~~**

2 ~~The programs must utilize the approved format for the corresponding level of certification as~~
3 ~~designed by the Office of EMS:~~

4 ~~1. Category 1 (required) are topic areas that are required as part of the recertification~~
5 ~~criteria.~~

6 ~~2. Category 2 (approved) are topic areas that support EMS activities.~~

7 ~~3. Category 3 are topic areas that are delivered through a multimedia format as~~
8 ~~approved by the Board of Health.~~

9 **~~12VAC5-31-1421. Teaching materials and approved texts. (Repealed.)~~**

10 ~~A. EMT instructor, ALS coordinator, or an EMS education coordinator shall use teaching~~
11 ~~materials and textbooks that reflect current EMS practices.~~

12 ~~B. All textbooks and primary teaching materials utilized in a program shall be reviewed and~~
13 ~~receive written approval prior to the start of the program by the physician course director (PCD)~~
14 ~~or OMD and shall be maintained with other course records in accordance with the Virginia~~
15 ~~Public Records Act (Chapter 7 (§ 42.1-76 et seq.) of Title 42.1 of the Code of Virginia).~~

16 **~~12VAC5-31-1423. Course announcement requirements. (Repealed.)~~**

17 ~~A. BLS certification courses and continuing education programs that award Category 1~~
18 ~~(required) continuing education credits shall be announced by an EMT instructor or EMS~~
19 ~~education coordinator. An EMT instructor or EMS education coordinator shall be present in the~~
20 ~~classroom at all times except:~~

21 ~~1. In courses offered by the Office of EMS accredited programs, or~~

22 ~~2. In BLS continuing education programs.~~

1 ~~B. ALS certification courses and continuing education programs that award Category 1~~
2 ~~(required) continuing education credits shall be announced by an ALS coordinator or EMS~~
3 ~~education coordinator.~~

4 **~~12VAC5-31-1425. EMT instructor, ALS coordinator, or EMS education coordinator~~**
5 **~~responsibilities as employee or contractor. (Repealed.)~~**

6 ~~A. An EMT instructor, ALS coordinator, or EMS education coordinator conducting training~~
7 ~~programs as an employee or contractor for any other person as defined in § 1-230 of the Code~~
8 ~~of Virginia, whether or not for profit, shall retain responsibility for compliance with the Office of~~
9 ~~EMS regulations.~~

10 ~~B. Any other person as defined in § 1-230 of the Code of Virginia who operates an~~
11 ~~organization for the purpose of providing an EMS training program that employs or contracts~~
12 ~~with an EMT instructor, ALS coordinator, or EMS education coordinator to conduct a training~~
13 ~~program may not vary from or direct the EMT instructor, ALS coordinator, or EMS education~~
14 ~~coordinator to vary from compliance with Office of EMS regulations.~~

15 **~~12VAC5-31-1427. Course approval request submission. (Repealed.)~~**

16 ~~A. An EMT instructor, ALS coordinator, or EMS education coordinator shall submit a course~~
17 ~~approval request in a format approved by the Board of Health prior to the beginning date of a~~
18 ~~certification or continuing education course.~~

19 ~~1. Any approved course requesting funding through the EMS training fund requires that~~
20 ~~the course approval request and funding contract must be post marked or received, and~~
21 ~~date and time stamped, by the Office of EMS no less than 45 days prior to the begin~~
22 ~~date for the course.~~

23 ~~2. Courses shall not start prior to receiving course number and topic or topics from the~~
24 ~~Office of EMS.~~

1 ~~B. The EMT instructor, ALS coordinator, or EMS education coordinator shall use only those~~
2 ~~topic numbers assigned for the course as approved by the Office of EMS.~~

3 **~~12VAC5-31-1429. Course approval request changes. (Repealed.)~~**

4 ~~The course coordinator shall immediately notify the Office of EMS in writing of any changes~~
5 ~~in the information submitted on the Course Approval Request form.~~

6 **~~12VAC5-31-1431. Student course enrollment. (Repealed.)~~**

7 ~~For courses leading to certification at a new or higher level, the EMT instructor, ALS~~
8 ~~coordinator, or EMS education coordinator shall have each student complete a "Virginia EMS~~
9 ~~Training Program Enrollment" form at the first meeting of the course.~~

10 1. ~~These forms must be reviewed by the EMT instructor, ALS coordinator, or EMS~~
11 ~~education coordinator and submitted to the Office of EMS no later than five business~~
12 ~~days following the first meeting of the course.~~

13 2. ~~Any student who starts the program at a later date shall complete an enrollment form~~
14 ~~the first date of attendance providing 15% or more of the entire course has not been~~
15 ~~completed.~~

16 **~~12VAC5-31-1433. Instructor participation records. (Repealed.)~~**

17 ~~The EMT instructor, ALS coordinator, or EMS education coordinator shall maintain the~~
18 ~~following information: instructor/provider level, subject taught, and participation of each certified~~
19 ~~EMT instructor, ALS course coordinator, EMS education coordinator, or other individual who~~
20 ~~instructs in the program.~~

1 **12VAC5-31-1435. Student records for certification courses. (Repealed.)**

2 A. ~~The EMT instructor, ALS coordinator, or EMS education coordinator shall maintain~~
3 ~~records of class dates, topics instructed, attendance and performance for all students attending~~
4 ~~a certification course.~~

5 B. ~~Student records shall be maintained in accordance with the Virginia Public Records Act~~
6 ~~(Chapter 7 (§ 42.1-76 et seq.) of Title 42.1 of the Code of Virginia) from the end date of the~~
7 ~~program and shall include but not be limited to:~~

8 1. ~~Signed student acknowledgment forms collected upon completion of review of the~~
9 ~~appropriate BLS or ALS enrollment requirements.~~

10 2. ~~Student signed class rosters.~~

11 3. ~~Scores on all course quizzes, exams, and other didactic knowledge or practical skill~~
12 ~~evaluations.~~

13 4. ~~Skill proficiency records in a format as approved by the Office of EMS:~~

14 a. ~~For BLS programs, BLS individual age and clinical and skill performance~~
15 ~~verification information in a format as approved by the Office of EMS.~~

16 b. ~~For ALS coordinator or EMS education coordinator programs, on forms or~~
17 ~~documents as approved by the ALS coordinator, EMS education coordinator, or an~~
18 ~~accredited program.~~

19 5. ~~All hospital or field internship activities including dates, locations, competencies~~
20 ~~performed, student evaluations, preceptor name and certification level as applicable.~~

21 6. ~~All corrective or disciplinary actions taken during the training program to include dates,~~
22 ~~findings supporting the need for corrective or disciplinary action, and all applicable~~
23 ~~details of steps taken to determine the degree and nature of the actions taken.~~

- 1 7. ~~Copy of the course student disposition report (CSDR).~~
- 2 8. ~~All other records requested to be maintained by the PCD or OMD for the program.~~
- 3 9. ~~Any other records or reports as required by the Office of EMS.~~

4 **12VAC5-31-1437. Continuing education record submission. (Repealed.)**

5 ~~The course coordinator shall submit the CE records in a format approved by the Office of~~
6 ~~EMS within 15 days of the student's attendance.~~

7 **12VAC5-31-1439. Verification of student course completion. (Repealed.)**

8 ~~Verification of student eligibility on the Course Student Disposition Record by the EMT~~
9 ~~instructor, ALS coordinator, or EMS education coordinator for certification testing requires that~~
10 ~~each student successfully complete a certification program that meets the competency and~~
11 ~~performance requirements contained within the applicable course requirements and all other~~
12 ~~guidelines and procedures for the course and state certification testing eligibility.~~

13 **12VAC5-31-1441. Communications with PCD or OMD. (Repealed.)**

14 ~~A. The EMT instructor, ALS coordinator, or EMS education coordinator shall inform the PCD~~
15 ~~or OMD of the progress of the training program to include:~~

- 16 1. ~~Any program schedule changes.~~
- 17 2. ~~Individual student performances.~~
- 18 3. ~~Any student or instructor complaints.~~
- 19 4. ~~The general progress of program activities.~~

20 ~~B. The EMT instructor, ALS coordinator, or EMS education coordinator will assist the PCD~~
21 ~~or OMD with fulfillment of their course duties as required by Office of EMS regulations.~~

1 **12VAC5-31-1443. Alternative course presentation format. (Repealed.)**

2 EMS certification courses utilizing an approved alternative course presentation format using
3 two-way video interactive technology shall comply with the following:

4 1. Use electronic media as real time two-way audio and video transmissions.

5 2. The EMT instructor, ALS coordinator, or EMS education coordinator must indicate in
6 writing the desire to use such media which shall accompany the Course Approval
7 Request form.

8 3. Any other requirements established by, but not limited to, the Office of EMS and, if
9 applicable, the Virginia Community College System (VCCS) and the Virginia Department
10 of Education.

11 4. For sites using one-way video and two-way audio, a proctor who is certified at or
12 above the level of the program shall be present at each remote site during the entire
13 broadcast for all didactic portions of the program.

14 5. Any lab activities at the remote site shall have direct on-site supervision by a course
15 faculty member at or above the level of instruction. If the faculty member acts as the
16 remote site proctor, he assumes the responsibility of the class roster.

17 6. In cases where the remote site proctor is absent or when the remote site electronics
18 are not fully operational (transmit and receive audio or video) the students do not receive
19 credit for attending and the session shall be rescheduled.

20 7. All course tests for the program whether at the origin or remote site must comply with
21 subdivision 4 of this section.

1 ~~8. The course coordinator must maintain records of student participation in the approved~~
2 ~~alternative presentation format and submit continuing education records for each~~
3 ~~involved student for programs used for continuing education purposes.~~

4 ~~9. Noncompliance with these regulations shall result in removal of Office of EMS~~
5 ~~approval and students shall lose eligibility for certification testing at the level of program~~
6 ~~certification.~~

7 ~~10. The Guidelines for Videobroadcasting of EMS Educational Programs document must~~
8 ~~be signed by the EMT instructor, ALS coordinator, or EMS education coordinator and~~
9 ~~PCD or OMD and accompany any request for electronic transmission of a program with~~
10 ~~the Course Approval Request form.~~

11 ~~11. Letter of agreement from the remote site or sites confirming and agreeing to the~~
12 ~~guidelines.~~

13 **12VAC5-31-1445. Course scheduling. (Repealed.)**

14 ~~Courses schedules shall reflect the minimum hours for the course of instruction of all~~
15 ~~required lessons of the program's curriculum prior to the course end date as approved by the~~
16 ~~Office of EMS.~~

17 **12VAC5-31-1447. Maximum BLS or ALS course enrollment. (Repealed.)**

18 ~~A. Initial and bridge certification course size shall be limited to a maximum of 30 enrolled~~
19 ~~students.~~

20 ~~1. Additional students seeking continuing education credit may be admitted as~~
21 ~~reasonably allowed by facility size and instructional staff availability.~~

22 ~~2. The group size for practical or lab skill sessions shall not exceed six students per~~
23 ~~instructor aide (6:1 ratio).~~

1 ~~B. Office of EMS accredited institutions or organizations may exceed the maximum of 30~~
2 ~~enrolled students, with demonstrated resources to meet class size. The group size for practical~~
3 ~~or lab skill sessions shall not exceed six students per instructor aide (6:1 ratio).~~

4 **12VAC5-31-1449. Lesson instructors. (Repealed.)**

5 ~~A. In addition to the lead instructor for each lesson, arrangements must be made to provide~~
6 ~~for instructor aides to assist in all practical skill sessions. Instructor aides shall be providers~~
7 ~~certified at or above the level of instruction.~~

8 ~~B. Course coordinators who are certified EMTs may be used for instruction of basic skill~~
9 ~~stations in advanced life support programs. Basic skills are those procedures not requiring~~
10 ~~invasive activities or use of ALS equipment.~~

11 **12VAC5-31-1451. Course monitoring. (Repealed.)**

12 ~~All programs and courses approved for issuance of certification or award of continuing~~
13 ~~education shall allow unannounced monitoring by the Office of EMS. Failure to comply with~~
14 ~~such course monitoring may result in the following disciplinary actions to include, but not be~~
15 ~~limited to:~~

- 16 ~~1. Revocation of the training program's course approval.~~
- 17 ~~2. Suspension or revocation of the training program's authority to award continuing~~
18 ~~education credits.~~
- 19 ~~3. Revocation of the enrolled student's eligibility for certification testing.~~
- 20 ~~4. Suspension or revocation of the EMS instructor, ALS coordinator, or EMS~~
21 ~~educational coordinator.~~

1 ~~12VAC5-31-1453. EMT instructor, ALS coordinator, and EMS educational coordinator~~
2 ~~responsibilities for initial student testing. (Repealed.)~~

3 ~~A. An EMT instructor or EMS education coordinator for BLS programs shall ensure the~~
4 ~~following for documentation of eligibility for certification testing:~~

5 ~~1. Submit a completed Course Student Disposition Report (CSDR) in a manner as~~
6 ~~prescribed by the Office of EMS.~~

7 ~~2. Maintain with the course materials the completed individual parental permission form~~
8 ~~for students between 16 and 18 years of age on the beginning date of the course.~~

9 ~~3. Maintain with the course materials the original copy of the completed and signed~~
10 ~~Basic Life Support Individual Age, Clinical and Skill Performance Verification Record.~~

11 ~~B. An ALS coordinator or EMS education coordinator coordinating ALS programs shall~~
12 ~~submit the CSDR for certification testing eligibility.~~

13 ~~Article 4 (Repealed.)~~

14 ~~Certification Testing~~

15 ~~12VAC5-31-1454. Admission to certification test. (Repealed.)~~

16 ~~A. The person desiring to take the certification examination must present the following:~~

17 ~~1. The Virginia certification eligibility letter.~~

18 ~~2. Current government issued photo identification.~~

19 ~~3. If a retest, the latest testing results.~~

20 ~~B. The person desiring to take the certification examination must be registered for the test~~
21 ~~site.~~

1 **12VAC5-31-1455. Certification testing requirements. (Repealed.)**

2 A. ~~An Office of EMS written and practical examination process is required by the following:~~

3 1. ~~Any candidate who completes an initial program at the following levels:~~

4 a. ~~First Responder/EMR.~~

5 b. ~~Emergency Medical Technician.~~

6 c. ~~Emergency Medical Technician-Enhanced.~~

7 d. ~~Advanced EMT.~~

8 e. ~~Intermediate provided National Registry no longer tests at this level.~~

9 2. ~~Any candidate who is challenging the certification level.~~

10 3. ~~Any certified EMS provider who received his current certification through legal~~
11 ~~recognition.~~

12 4. ~~Any candidate who is in reentry for First Responder or Emergency Medical~~
13 ~~Technician.~~

14 B. ~~An Office of EMS written examination only is required for the following:~~

15 1. ~~Any provider who recertifies prior to his certification expiration except those who~~
16 ~~received his current certification through legal recognition.~~

17 2. ~~Any candidate who is in reentry for EMT-Enhanced, Advanced EMT, Intermediate and~~
18 ~~Paramedic.~~

19 **12VAC5-31-1457. General description of certification examination. (Repealed.)**

20 A. ~~Office of EMS certification examinations are required by all providers unless otherwise~~
21 ~~described in these regulations.~~

22 B. ~~Primary certification testing is the first attempt at the certification examination process.~~

1 ~~1. This process includes both the written and practical examination for providers seeking~~
2 ~~a new or higher level of certification.~~

3 ~~2. Primary testing must begin within 180 days of the course end date.~~

4 ~~C. Primary retest requires the candidate to retest that portion of the primary test failed within~~
5 ~~90 days of the primary test attempt.~~

6 ~~D. Secondary certification testing (written and practical) occurs when a candidate fails the~~
7 ~~primary attempt and either fails the primary retest or does not retest within 90 days of the~~
8 ~~primary examination attempt. Secondary certification testing requires the candidate to submit as~~
9 ~~described in these regulations CE that satisfies the recertification requirements for the level of~~
10 ~~EMS certification sought.~~

11 ~~E. Secondary retest requires the candidate to retest that portion of the secondary test failed~~
12 ~~within 90 days of the secondary test attempt.~~

13 ~~F. Successful completion of the certification examination process must be completed within~~
14 ~~365 days of the primary test attempt.~~

15 ~~G. The certification examination process requires that certification testing be conducted and~~
16 ~~proctored in a manner approved by the Office of EMS.~~

17 ~~**12VAC5-31-1459. Certification eligibility. (Repealed.)**~~

18 ~~Certification eligibility will be demonstrated by the possession of a valid eligibility letter from~~
19 ~~the Office of EMS by the candidate.~~

20 ~~**12VAC5-31-1461. Prohibition of oral examinations. (Repealed.)**~~

21 ~~A certification candidate may not use another person or any electronic or mechanical means~~
22 ~~to translate written certification examination material into an audible, tactile, or visual format.~~

1 **~~12VAC5-31-1463. Candidates requirements for state recertification. (Repealed.)~~**

2 A. ~~This section shall apply to individuals requesting state recertification who hold current~~
3 ~~certification at or below the level requested to be recertified (excluding those who gained their~~
4 ~~current certification through legal recognition).~~

5 B. ~~Students requesting recertification must demonstrate eligibility as evidenced by~~
6 ~~completion of the continuing education requirements for the corresponding recertification~~
7 ~~program for the level to be recertified. Evidence of completion for the continuing education~~
8 ~~requirements shall be received by the Office of EMS in an approved method prior to certification~~
9 ~~expiration for the provider to be classified in current provider status.~~

10 **~~12VAC5-31-1467. Basic and advanced life support written examinations. (Repealed.)~~**

11 A. ~~All state written examinations shall be conducted by the Office of EMS.~~

12 B. ~~The Office of EMS standard for successful completion is defined as a minimum score of:~~

13 1. ~~70% on all basic life support certification examinations.~~

14 2. ~~80% on all EMT instructor and EMS education coordinator certification examinations.~~

15 3. ~~85% on all EMT instructor and EMS education coordinator pretest examinations.~~

16 4. ~~80% on all advanced life support certification examinations.~~

17 **~~12VAC5-31-1469. Basic and advanced life support practical certification examinations.~~**
18 **~~(Repealed.)~~**

19 A. ~~Practical examinations shall be conducted by the Office of EMS or as approved for~~
20 ~~accredited training programs.~~

21 B. ~~Candidates taking a practical examination conducted by the Office of EMS shall~~
22 ~~demonstrate proficiency on all practical stations required for the program level being tested.~~

23 ~~Grades of unsatisfactory will constitute failure of that station, requiring a retest.~~

1 ~~C. Candidates failing any practical station examination conducted by the Office of EMS will~~
2 ~~have an opportunity to retest the station or stations failed.~~

3 ~~D. If a primary retest is failed, the candidate examination conducted by the Office of EMS~~
4 ~~must complete the secondary retest requirements.~~

5 **12VAC5-31-1471. Examination retest. (Repealed.)**

6 ~~A. Candidates failing to achieve a minimum passing score on any state administered written~~
7 ~~or practical examinations must retest within 90 days from the original exam date.~~

8 ~~B. BLS and EMT Enhanced candidates failing one or more stations of the practical but~~
9 ~~passing the written examination are not required to repeat a successful written examination of a~~
10 ~~testing series. Likewise, a candidate failing the written examination would not be required to~~
11 ~~repeat a successful practical examination of a testing series.~~

12 ~~C. If any retest is failed or a retest is not taken within the allowed 90-day retest period, the~~
13 ~~candidate will be considered to have failed the initial testing series and must complete~~
14 ~~secondary eligibility before secondary certification testing may be attempted.~~

15 ~~D. Secondary certification testing eligibility requires:~~

16 ~~1. Satisfaction of all requirements as set forth in the minimum continuing education~~
17 ~~requirements for the corresponding recertification CE program for the level being tested.~~

18 ~~a. This training may not include any course or program completed before the initial~~
19 ~~series of testing.~~

20 ~~b. This training may include those CE hours completed after the initial certification~~
21 ~~examination has been attempted.~~

22 ~~c. This training must be submitted on CE cards or a format as approved by the Office~~
23 ~~of EMS.~~

1 ~~2. Receipt of written notification from the Office of EMS of eligibility for secondary~~
2 ~~certification testing.~~

3 ~~E. Upon notification of eligibility to test from the Office of EMS, a candidate who has~~
4 ~~previously failed a written or practical retest will be allowed one additional series of testing.~~

5 ~~1. Candidates attempting a second series of testing are required to successfully~~
6 ~~complete both the written and practical examinations regardless of the results of the~~
7 ~~previous testing attempts.~~

8 ~~2. This requirement for successful completion of both the written and practical~~
9 ~~examinations will apply equally to initial, recertification, and reentry candidates who have~~
10 ~~failed a previous series of testing.~~

11 ~~3. All appropriate sections of these regulations will apply to the second series of testing.~~

12 ~~F. Failure of any retest during the second series of testing will require the candidate to~~
13 ~~complete an entire initial basic training program or applicable bridge course before any~~
14 ~~additional testing may be attempted at this certification level.~~

15 ~~G. The requirements of this section including initial and secondary certification testing series~~
16 ~~must be completed within 365 days from the date of the initial certification test attempt (i.e., first~~
17 ~~test date) or prior to the enrollment expiration date for students attending an OEMS accredited~~
18 ~~program. Failure to complete this process within this prescribed period will require the candidate~~
19 ~~to repeat an entire initial basic training program or applicable bridge course before any~~
20 ~~additional testing may be attempted at this certification level.~~

21 ~~H. Future testing of candidates required to complete an entire initial basic training program~~
22 ~~under subsections F or G of this section will be processed in the same manner as any candidate~~
23 ~~completing a similar course for the first time.~~

1 **~~12VAC5-31-1473. Candidate evidence of eligibility for retesting. (Repealed.)~~**

2 ~~Candidates requesting to retest a failed written or practical exam or exams must~~
3 ~~demonstrate eligibility as evidenced by presentation of the letter of retest eligibility from the~~
4 ~~Office of EMS and the latest test results.~~

5 **~~12VAC5-31-1475. Candidate evidence of eligibility for secondary testing. (Repealed.)~~**

6 ~~Candidates requesting testing a second series of exams after failure of an initial testing~~
7 ~~series must demonstrate eligibility as evidenced by valid secondary eligibility notice from the~~
8 ~~Office of EMS.~~

9 **~~12VAC5-31-1477. Examination security and review. (Repealed.)~~**

10 ~~A. All Virginia examinations are the property of the Office of EMS. Individuals taking an~~
11 ~~examination may not copy or make recordings or reproduce in any other manner any material~~
12 ~~from the examination. Failure to return the examination will subject the individual to~~
13 ~~disqualification for certification.~~

14 ~~B. Giving or obtaining information or aid prior to, during, or following any exam as evidenced~~
15 ~~by direct observation of the state examination administrator or administrators or subsequent~~
16 ~~analysis of examination results or engaging in other prohibited acts, may be sufficient cause to~~
17 ~~terminate candidate participation, to invalidate the results of a candidate's examination, to take~~
18 ~~enforcement action against other involved persons, or to take other appropriate action even if~~
19 ~~there is no evidence of improper conduct by the candidate. In these cases, the Office of EMS~~
20 ~~reserves the right to delay processing of examination results until a thorough and complete~~
21 ~~investigation may be conducted.~~

22 ~~1. Unauthorized giving or obtaining information will include but not be limited to:~~

23 ~~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 that 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 or OMD, or candidates for their review at any time.~~

Article 5 (Repealed.)

BLS Programs

12VAC5-31-1501. BLS certification course attendance. (Repealed.)

- ~~A. Students must complete a minimum of 85% of the didactic and lab aspects of the course.~~

1 ~~B. Students must complete all healthcare facility competency and field internship~~
2 ~~requirements for the program.~~

3 ~~C. Students must successfully demonstrate competency to perform all required skills as~~
4 ~~specified by the Office of EMS for the level of the training program attended. Use of training~~
5 ~~manikin practice may not substitute for performance of skills involving actual patients in a~~
6 ~~clinical setting except as allowed by the Office of EMS.~~

7 **12VAC5-31-1503. BLS course student requirements. (Repealed.)**

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

10 ~~1. Be proficient in reading, writing and speaking the English language in order to clearly~~
11 ~~communicate with a patient, family, or bystander to determine a chief complaint, nature~~
12 ~~of illness or, mechanism of injury; assess signs and symptoms; and interpret protocols.~~

13 ~~2. Be a minimum of 16 years of age at the beginning date of the certification program. If~~
14 ~~less than 18 years of age, the student must provide the EMT instructor or the EMS~~
15 ~~educational coordinator with a completed parental permission form as approved by the~~
16 ~~Office of EMS with the signature of a parent or guardian supporting enrollment in the~~
17 ~~course.~~

18 ~~3. Have no physical or mental impairment that would render the student or provider~~
19 ~~unable to perform all practical skills required for that level of certification including the~~
20 ~~ability to function and communicate independently and perform patient care, physical~~
21 ~~assessments, and treatments.~~

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

1 ~~5. If in a bridge certification program, the student must hold current Virginia certification~~
2 ~~at the EMS First Responder level through completion of the certification examination~~
3 ~~process.~~

4 **~~12VAC5-31-1505. EMS First Responder certification program. (Repealed.)~~**

5 ~~The EMS First Responder curriculum will be the current version of the Virginia Standard~~
6 ~~Curriculum or Virginia education standards for the EMS First Responder as approved by the~~
7 ~~Office of EMS and will consist of a minimum number of hours of didactic training.~~

8 **~~12VAC5-31-1507. First Responder bridge to EMT. (Repealed.)~~**

9 ~~The Virginia EMS First Responder Bridge curriculum will be based upon the National~~
10 ~~Standard Curriculum for the EMT and the bridge program curriculum approved by the Office of~~
11 ~~EMS.~~

12 **~~12VAC5-31-1509. EMS First Responder bridge length. (Repealed.)~~**

13 ~~The Virginia EMS First Responder Bridge will consist of a minimum number of hours of~~
14 ~~didactic training and competency.~~

15 **~~12VAC5-31-1511. First Responder bridge to EMT certification examinations. (Repealed.)~~**

16 ~~Candidates completing the Virginia EMS First Responder Bridge program must complete the~~
17 ~~current EMT written and practical examinations administered by the Office of EMS.~~

18 **~~12VAC5-31-1513. Emergency Medical Technician (EMT) certification. (Repealed.)~~**

19 ~~The EMT curriculum will be based upon the current version of the National Standard~~
20 ~~Curriculum for the EMT or Virginia education standards and any additions, deletions, or other~~
21 ~~modifications as approved by the Office of EMS and will consist of a minimum number of hours~~
22 ~~of didactic training and competency.~~

1 ~~12VAC5-31-1515. Emergency Medical Technician (EMT) certification examination.~~
2 ~~(Repealed.)~~

3 ~~Candidates completing the EMT training program must successfully complete the Office of~~
4 ~~EMS approved EMT written and practical examinations.~~

5 Article 6 ~~(Repealed.)~~

6 ALS Programs

7 ~~12VAC5-31-1521. ALS course student requirements. (Repealed.)~~

8 ~~An enrolled student in an ALS certification program shall comply with the following:~~

- 9 ~~1. Be proficient in reading, writing and speaking the English language in order to clearly~~
10 ~~communicate with a patient, family or bystander to determine a chief complaint, nature of~~
11 ~~illness, mechanism of injury, to assess signs and symptoms, and interpret protocols.~~
- 12 ~~2. Be a minimum of 18 years of age at the beginning date of the certification program.~~
- 13 ~~3. Certification as an EMT or higher EMS certification level.~~
- 14 ~~4. Posses a high school or general equivalency diploma.~~
- 15 ~~5. Have no physical or mental impairment that would render the student or provider~~
16 ~~unable to perform all practical skill required for that level of certification including the~~
17 ~~ability to function and communicate independently and perform appropriate patient care,~~
18 ~~physical assessments, and treatments.~~
- 19 ~~6. If in a bridge certification program, the student shall be eligible for certification at the~~
20 ~~prerequisite lower ALS level at the beginning date of the bridge program and shall have~~
21 ~~obtained certification at the bridge program's prerequisite certification level before~~
22 ~~certification testing for the bridge level.~~

1 **~~12VAC5-31-1523. EMT-Enhanced certification. (Repealed.)~~**

2 A. ~~The EMT-Enhanced curriculum will be the current Virginia Standard Curriculum for the~~
3 ~~EMT-Enhanced as approved by the Office of EMS.~~

4 B. ~~Certification for the EMT-Enhanced course will be awarded upon successful completion~~
5 ~~of written and practical examinations administered by the Office of EMS.~~

6 C. ~~EMT-Enhanced certification practical testing will follow practical testing guidelines as~~
7 ~~approved by the Office of EMS.~~

8 **~~12VAC5-31-1524. Advanced EMT certification. (Repealed.)~~**

9 A. ~~The Advanced EMT curriculum will be the current Virginia Standard Curriculum for the~~
10 ~~Advanced EMT or Virginia education standards as approved by the Office of EMS.~~

11 B. ~~Certification for the Advanced EMT course will be awarded upon successful completion of~~
12 ~~written and practical examinations administered by the Office of EMS.~~

13 C. ~~Advanced EMT certification practical testing will follow practical testing guidelines as~~
14 ~~approved by the Office of EMS.~~

15 **~~12VAC5-31-1525. Intermediate certification. (Repealed.)~~**

16 A. ~~The Intermediate curriculum will be the U.S. Department of Transportation National~~
17 ~~Standard Curriculum for the EMT-Intermediate 99 or a bridge program curriculum or Virginia~~
18 ~~education standards as amended and approved by the Office of EMS.~~

19 B. ~~Certification for the Intermediate course will be awarded through reciprocity upon~~
20 ~~successful completion of written and practical examinations created and administered by the~~
21 ~~National Registry of Emergency Medical Technicians.~~

22 C. ~~When the National Registry of Emergency Medical Technicians no longer tests EMT-~~
23 ~~Intermediate 99, the Board of Health will assume testing responsibilities for this level.~~

1 **~~12VAC5-31-1527. Paramedic certification. (Repealed.)~~**

2 A. ~~The Paramedic curriculum will be the National Standard Curriculum for the Paramedic or~~
3 ~~a bridge program approved by the Office of EMS.~~

4 B. ~~Certification for the Paramedic course will be awarded through reciprocity upon~~
5 ~~successful completion of written and practical examinations created and administered by the~~
6 ~~National Registry of Emergency Medical Technicians.~~

7 **~~12VAC5-31-1529. Advanced life support bridge courses. (Repealed.)~~**

8 A. ~~Bridge courses are designed to allow a candidate to advance from a lower level of ALS~~
9 ~~certification to a higher level of ALS certification or for a Virginia licensed registered nurse to~~
10 ~~bridge to the Paramedic certification level:~~

11 1. ~~EMT Enhanced to Intermediate Bridge.~~

12 2. ~~Intermediate to Paramedic Bridge.~~

13 3. ~~RN to Paramedic Bridge.~~

14 B. ~~All bridge programs shall use the training curriculum approved by the Office of EMS for~~
15 ~~the certification level of the program.~~

16 **~~12VAC5-31-1531. Registered nurse to Paramedic bridge prerequisites. (Repealed.)~~**

17 RN to Paramedic students must be able to document compliance with the following
18 prerequisites:

19 1. ~~The candidate must be currently licensed as an RN in Virginia or as recognized~~
20 ~~through the Nursing Compact Agreement as approved by the Virginia Board of Nursing.~~

21 2. ~~The candidate must currently hold certification as a Virginia EMT or higher~~
22 ~~certification.~~

1 3. ~~The candidate must be currently participating as an EMS field provider or actively~~
2 ~~working as an RN.~~

3 **12VAC5-31-1533. ~~Registered nurse to Paramedic bridge program completion~~**
4 **~~requirements. (Repealed.)~~**

5 A. ~~The RN to Paramedic bridge curriculum shall be the National Standard Curriculum for the~~
6 ~~Paramedic or a bridge program derived from this curriculum approved by the Office of EMS.~~

7 B. ~~The student will receive formal instruction in all the objectives listed in the Paramedic~~
8 ~~curriculum as recognized by the Office of EMS either through an accredited Paramedic course~~
9 ~~or through a nursing education program as recognized by the Virginia Board of Nursing.~~

10 C. ~~Certification for the RN to Paramedic bridge course will be awarded through reciprocity~~
11 ~~upon successful completion of written and practical examinations created and administered by~~
12 ~~the National Registry of Emergency Medical Technicians.~~

13 **12VAC5-31-1535. ~~NREMT Paramedic endorsements. (Repealed.)~~**

14 A. ~~Physician assistants (PA) or nurse practitioners (NP) may receive Virginia endorsement~~
15 ~~to sit for the National Registry of EMT's Paramedic written and practical examinations after~~
16 ~~providing verification of successful completion of the following criteria:~~

17 1. ~~The PA or NP shall be currently Virginia certified as an EMT Basic or may be allowed,~~
18 ~~with written permission from the Office of EMS, to complete the 36-hour EMT Basic~~
19 ~~continuing education (CE) hours and successfully complete the EMT Basic written and~~
20 ~~practical certification examination.~~

21 2. ~~The PA or the NP shall receive endorsement from an EMS physician who verifies the~~
22 ~~candidate satisfies the paramedic competencies by completing a form as prescribed by~~
23 ~~the Office of EMS.~~

1 ~~3. Team leader skills shall be completed and verified on a form as prescribed by the~~
2 ~~Office of EMS.~~

3 ~~B. Third and fourth year medical students, and Virginia licensed dentists or chiropractors~~
4 ~~may receive Virginia endorsement to sit for the National Registry of EMT-Paramedic written and~~
5 ~~practical examinations after providing successful completion of the following criteria:~~

6 ~~1. Must possess or have possessed pre-hospital ALS certification that must not have~~
7 ~~expired more than 60 months prior to submission.~~

8 ~~2. Must be currently certified as a Virginia EMT-Basic.~~

9 ~~3. Third and fourth year medical students shall submit a copy of their official medical~~
10 ~~school transcripts. Dentists or chiropractors shall submit to the Office of EMS a copy of~~
11 ~~their license to practice in Virginia.~~

12 Article 7 (Repealed.)

13 EMT Instructor, ALS Coordinator, and EMS Education Coordinator

14 **12VAC5-31-1541. (Reserved. (Repealed.))**

15 **12VAC5-31-1542. (Reserved. (Repealed.))**

16 **12VAC5-31-1543. EMT instructor recertification. (Repealed.)**

17 This section will expire on October 10, 2014.

18 ~~A. The EMT instructor's certification shall be renewed every two years. To fulfill the~~
19 ~~recertification requirements, the EMT instructor must:~~

20 ~~1. Instruct a minimum of 50 hours of EMT or First Responder subject material in~~
21 ~~approved courses within the two-year certification period. This requirement only may be~~
22 ~~met through instruction of standard Basic Life Support training courses or other~~
23 ~~programs approved for Basic Life Support (Category 1) continuing education credit.~~

1 ~~2. Successfully complete a minimum of one EMS instructor update within the two-year~~
2 ~~certification period.~~

3 ~~3. Successfully complete the EMT written certification examination with a minimum~~
4 ~~passing score of 80%. This examination may be completed at any time following~~
5 ~~attendance of an EMS instructor update. If the EMT instructor is affiliated with a licensed~~
6 ~~EMS agency, this examination may be waived by the EMS agency's OMD.~~

7 ~~B. Have no physical or mental impairment that would render the instructor unable to perform~~
8 ~~and evaluate all practical skills and tasks required of an EMT.~~

9 ~~**12VAC5-31-1544. EMT instructor reentry. (Repealed.)**~~

10 ~~This section will expire on October 10, 2014.~~

11 ~~Individuals whose EMT instructor certification has expired may regain full certification~~
12 ~~through completion of the reentry program within two years of their previous expiration date~~
13 ~~provided:~~

14 ~~1. If the EMT instructor has completed the teaching requirements but is unable to fulfill~~
15 ~~one or more of the remaining requirements, the remaining requirements for~~
16 ~~recertification shall be completed within two years following the expiration date.~~
17 ~~However, if the required EMT examination was not completed prior to expiration, this~~
18 ~~examination may not be waived by an EMS Agency OMD.~~

19 ~~2. If the EMT instructor has not completed the teaching requirements, the following~~
20 ~~requirements will be necessary for reentry:~~

21 ~~a. Successful completion of the EMT instructor written and practical pretest~~
22 ~~examinations.~~

23 ~~b. Attendance of the administrative portions of an EMT instructor institute.~~

1 3. Upon completion of the applicable requirements for reentry, new EMT instructor
2 credentials will be issued for a two-year period. Thereafter, all of the requirements for
3 recertification under 12VAC5-31-1545 will apply.

4 **12VAC5-31-1545. (Reserved. Repealed.)**

5 **12VAC5-31-1546. (Reserved. Repealed.)**

6 **12VAC5-31-1547. Renewal of Advanced Life Support coordinator. (Repealed.)**

7 A. An ALS coordinator must maintain current certification as a Virginia ALS provider or
8 licensure as a doctor of medicine, doctor of osteopathy, registered nurse, or physician assistant.

9 B. An ALS coordinator must resubmit an ALS coordinator certification application before his
10 expiration month.

11 C. Successfully complete a minimum of one EMS instructor update or an ALS coordinator
12 meeting within the two-year certification period.

13 D. A individual whose ALS coordinator certification has expired may regain full endorsement
14 through completion of the reentry program within two years of his previous expiration date
15 provided he:

16 1. Submits a completed ALS coordinator certification application; and

17 2. Successfully completes a minimum of one EMS instructor update or an ALS
18 coordinator meeting within the two-year certification period.

19 **12VAC5-31-1548. EMS education coordinator. (Repealed.)**

20 A. The EMS education coordinator may announce and teach courses at or below his
21 provider certification level. An EMS education coordinator who certifies at a higher level may not
22 begin announcing or coordinating courses at that level until they have attained one year of field
23 experience at that level.

1 ~~B. Performance of any medical procedure is not permitted based upon EMS education~~
2 ~~coordinator certification.~~

3 ~~C. Current EMT instructors and ALS coordinators will be transitioned to EMS education~~
4 ~~coordinator within four years of (the effective date of these regulations).~~

5 **~~12VAVC-5-31-1549. EMS education coordinator prerequisites. (Repealed.)~~**

6 ~~Prerequisites for certification as an EMS education coordinator are:~~

7 ~~1. Be a minimum of 21 years of age.~~

8 ~~2. Possess a high school diploma or equivalent.~~

9 ~~3. Hold current Virginia EMS certifications as an EMT or higher level Virginia EMS~~
10 ~~certification.~~

11 ~~4. Have three years medical experience with a minimum of two years verified field~~
12 ~~experience as an EMS provider at the appropriate EMS level or two years of current~~
13 ~~Virginia licensure as a registered nurse, physician assistant, doctor of osteopathic~~
14 ~~medicine, or doctor of medicine.~~

15 ~~5. Must not have any EMS compliance enforcement actions within the previous five~~
16 ~~years.~~

17 **~~12VAC5-31-1551. EMS education coordinator certification process. (Repealed.)~~**

18 ~~A. Eligible EMS education coordinator candidates will submit an application to include~~
19 ~~endorsement from an EMS physician.~~

20 ~~B. Upon receipt and verification of the application, the eligible EMS education coordinator~~
21 ~~candidate will receive an eligibility to test letter and must complete a written and practical~~
22 ~~examination.~~

1 ~~1. The EMS education coordinator application is valid for a period of two years from~~
2 ~~either primary test attempt date or 180 days after the application is approved, whichever~~
3 ~~is less. During this period of time, the candidate cannot submit another EMS education~~
4 ~~coordinator application.~~

5 ~~2. An EMS education coordinator candidate written testing process shall have a primary~~
6 ~~and secondary attempt.~~

7 ~~a. Primary written testing attempt is the first attempt at the EMS education~~
8 ~~coordinator written testing process.~~

9 ~~b. Primary retest requires the candidate to retest the written test within 90 days of the~~
10 ~~date the primary test was attempted.~~

11 ~~c. Secondary written testing occurs when a candidate fails the primary attempt and~~
12 ~~either fails the primary retest or does not retest within 90 days of the primary written~~
13 ~~attempt.~~

14 ~~d. Secondary written test eligibility is initiated 90 days from the date of the failed~~
15 ~~primary retest or 180 days after the date of the failed primary test, whichever is less.~~

16 ~~e. Secondary written retest requires the candidate to retest the written test within 90~~
17 ~~days of the date the secondary test was attempted.~~

18 ~~3. An EMS education coordinator candidate practical testing process shall have a~~
19 ~~primary and secondary attempt which cannot begin before the written primary test.~~

20 ~~a. Primary practical testing attempt is the first attempt at the EMS education~~
21 ~~coordinator practical testing process.~~

1 ~~b. Primary retest requires the candidate to retest that portion of the practical test~~
2 ~~failed. Same day retesting is allowed only if the candidate fails less than 75% of the~~
3 ~~practical test.~~

4 ~~c. Secondary practical testing is initiated after practical primary retest failure and~~
5 ~~requires the candidate test all practical stations.~~

6 ~~d. Secondary retest requires the candidate to retest that portion of the practical test~~
7 ~~failed. Same day retesting is allowed only if the candidate fails less than 75% of the~~
8 ~~secondary attempt on the practical testing.~~

9 ~~C. After successfully completing the written and practical examination, the qualified eligible~~
10 ~~EMS education coordinator candidate shall attend training as required by OEMS.~~

11 ~~D. All components of the EMS education coordinator certification process must be~~
12 ~~completed within two years from the end of the month of the primary test attempt or 180 days~~
13 ~~after approved and eligibility for testing is initiated, whichever is less.~~

14 ~~**12VAC5-31-1552. EMS education coordinator recertification process. (Repealed.)**~~

15 ~~A. To be eligible to recertify, the EMS education coordinator shall:~~

- 16 ~~1. Maintain his provider certification.~~
- 17 ~~2. Teach a minimum of 50 hours of initial certification or Category 1 CE and provide~~
18 ~~documentation of completion submitted in a process established by OEMS.~~
- 19 ~~3. Complete one EMS education coordinator update in the three year certification period.~~
- 20 ~~4. Submit an EMS education coordinator application to include endorsement from an~~
21 ~~EMS physician.~~

1 ~~B. Upon completion of the recertification requirements, the EMS education coordinator will~~
2 ~~receive an "Eligibility Notice" and must take and pass the EMS education coordinator~~
3 ~~recertification examination.~~

4 ~~C. All recertification requirements must be completed and submitted to OEMS prior to the~~
5 ~~certification expiration date.~~

6 **~~12VAC5-31-1553. EMS education coordinator reentry. (Repealed.)~~**

7 ~~A. If an EMS education coordinator does not complete or submit all recertification~~
8 ~~requirements prior to his expiration date, he will go into a two-year reentry period.~~

9 ~~B. During the reentry, the EMS education coordinator will not be allowed to coordinate any~~
10 ~~certification or CE courses. Any current courses in progress at the time of loss of EMS~~
11 ~~education coordinator certification will be suspended.~~

12 ~~C. All outstanding recertification requirements shall be completed during the reentry period.~~

13 ~~D. Failure to complete all recertification requirements during the reentry period will require~~
14 ~~the provider to complete the entire certification process as prescribed in 12VAC5-31-1551.~~

15 ~~Article 8 (Repealed.)~~

16 ~~EMS Training Fund~~

17 **~~12VAC5-31-1561. EMS training fund. (Repealed.)~~**

18 ~~The Board of Health has established the emergency medical services training fund (EMSTF)~~
19 ~~to support certification and continuing education for BLS and ALS programs. Funding for various~~
20 ~~approved training programs will be administered on a contract basis between the EMT~~
21 ~~instructor, ALS coordinator, or EMS educational coordinator and the Office of EMS.~~

1 **~~12VAC5-31-1563. Contracting through the EMS training fund. (Repealed.)~~**

2 ~~The Board of Health promulgates funding contracts for EMS training programs annually on~~
3 ~~July 1. Only EMT instructors, ALS coordinators, or EMS educational coordinators are eligible to~~
4 ~~submit funding contracts. The requirements of the funding contracts supersede these~~
5 ~~regulations as they are legal documents.~~

6 **~~12VAC5-31-1565. (Reserved. (Repealed.))~~**

7 **~~12VAC5-31-1567. (Reserved. (Repealed.))~~**

8 **~~Article 9 (Repealed.)~~**

9 **~~Accreditation of EMS Programs~~**

10 **~~12VAC5-31-1601. Accreditation of EMS training programs. (Repealed.)~~**

11 ~~A. Training programs that lead to eligibility for initial certification at the Advanced EMT,~~
12 ~~Intermediate and Paramedic level shall hold a valid accreditation issued by the Board of Health~~
13 ~~before any training programs are offered.~~

14 ~~B. All certification programs seeking accreditation in Virginia shall comply with these~~
15 ~~regulations and the current version of the Standards and Guidelines for an Accredited~~
16 ~~Educational Program for the Emergency Medical Services Profession established by the~~
17 ~~Committee on Accreditation of Educational Programs for the Emergency Medical Services~~
18 ~~Professions (CoAEMSP) or an equivalent organization approved by the Board of Health.~~

19 ~~C. The program director for an Advanced EMT, Intermediate, EMT-Enhanced (optional~~
20 ~~track) or EMT (optional track) program is exempt from the bachelor's degree requirement as~~
21 ~~specified by CoAEMSP standards.~~

22 ~~D. The medical director required by CoAEMSP standards shall also meet the requirements~~
23 ~~for an OMD or PCD as required by these regulations.~~

1 ~~E. All accredited programs shall notify the Board of Health immediately upon receiving~~
2 ~~notice about the following changes:~~

3 ~~1. Program personnel to include:~~

4 ~~a. The program director;~~

5 ~~b. OMD or PCD; and~~

6 ~~c. Primary faculty or instructional staff.~~

7 ~~2. Additions or deletions to clinical site contracts and field site contracts.~~

8 ~~3. Location.~~

9 ~~4. Learning or teaching modalities.~~

10 ~~5. Any sentinel event.~~

11 **12VAC5-31-1603. Sentinel events. (Repealed.)**

12 ~~In cases where a sentinel event occurs, the commissioner may:~~

13 ~~1. Place a program on probationary accreditation until the sentinel event is satisfactorily~~
14 ~~resolved; or~~

15 ~~2. Revoke accreditation for the program.~~

16 **12VAC5-31-1605. Initial accreditation. (Repealed.)**

17 ~~A. The initial accreditation process will begin upon the receipt by the Board of Health of an~~
18 ~~application for accreditation and a completed institutional self study.~~

19 ~~B. EMT-Paramedic programs can obtain initial accreditation in one of two ways:~~

20 ~~1. State accreditation by applying to the Board of Health for an initial grant of~~
21 ~~accreditation not to exceed five years.~~

1 ~~2. Programs achieving accreditation issued by CoAEMSP or an equivalent organization~~
2 ~~approved by the Board of Health shall apply to the Office of EMS for state accreditation.~~
3 ~~Full accreditation will be issued for a period concurrent with that issued by the~~
4 ~~CoAEMSP or other approved organization up to a maximum of five years.~~

5 ~~C. Advanced EMT and Intermediate programs can obtain accreditation by applying to the~~
6 ~~Board of Health for an initial grant of accreditation not to exceed five years.~~

7 ~~D. EMT-Enhanced programs (optional track) can obtain accreditation by applying to the~~
8 ~~Board of Health for an initial grant of accreditation not to exceed five years.~~

9 ~~E. EMT programs (optional track) can obtain accreditation by applying to the Board of~~
10 ~~Health for an initial grant of accreditation not to exceed five years.~~

11 ~~F. The commissioner shall grant initial accreditation as follows:~~

12 ~~1. The commissioner will issue full accreditation for a period of five years from the~~
13 ~~accreditation date if the accreditation analysis determines that the training program is in~~
14 ~~full compliance with the requirements for accreditation outlined in the appropriate section~~
15 ~~of EMS regulations.~~

16 ~~2. The commissioner will issue provisional accreditation if the accreditation analysis and~~
17 ~~report identifies deficiencies that are determined to be of concern but do not justify~~
18 ~~prohibiting the program from starting and completing an initial training program. Before~~
19 ~~starting any additional certification courses, the program site must receive full~~
20 ~~accreditation by correcting the deficiencies identified in the accreditation analysis and~~
21 ~~report.~~

22 ~~3. The commissioner will issue an accreditation denied status to the applicant if the~~
23 ~~accreditation analysis and report identifies deficiencies that are determined to be~~
24 ~~sufficient to prohibit the program from starting an initial training program.~~

1 **12VAC5-31-1607. ~~Renewal of accreditation. (Repealed.)~~**

2 ~~A. Paramedic program applicants shall only be renewed by obtaining a valid accreditation~~
3 ~~from the Committee on Accreditation of Allied Health Education Programs (CAAHEP),~~
4 ~~CoAEMSP or an equivalent organization approved by the Board of Health.~~

5 ~~B. Advanced EMT and Intermediate, or EMT Enhanced or EMT as optional tracks programs~~
6 ~~shall apply for renewal of their program accreditation not less than 270 days before the end of~~
7 ~~their current accreditation cycle. Reaccreditation will require submitting a new application for~~
8 ~~accreditation and an updated institutional self study. The institutional self study will be reviewed~~
9 ~~by a site review team which will determine the program's performance and provide the~~
10 ~~commissioner with a recommendation as to whether program accreditation should be renewed.~~

11 ~~1. The commissioner will issue full accreditation for a period of five years from the~~
12 ~~reaccreditation date if the accreditation analysis determines that the training program is~~
13 ~~in full compliance with the requirements for accreditation outlined in the Virginia EMS~~
14 ~~regulations.~~

15 ~~2. The commissioner will issue provisional reaccreditation if the accreditation analysis~~
16 ~~and report identifies deficiencies that are determined to be of concern but do not justify~~
17 ~~prohibiting the program from starting and completing an initial training program. Before~~
18 ~~starting any additional certification courses, the program site shall receive full~~
19 ~~accreditation by correcting the deficiencies identified at the reaccreditation date.~~

20 ~~3. The commissioner shall issue an accreditation denied status to the applicant if the~~
21 ~~accreditation analysis identifies deficiencies that are determined to be sufficient to~~
22 ~~prohibit the program from starting an initial training program.~~

1 **~~12VAC5-31-1609. Accreditation of alternative locations and learning sites. (Repealed.)~~**

2 A. ~~Accredited training programs in Virginia shall contact the Board of Health for accreditation~~
3 ~~of alternative training sites which differ from the site receiving initial accreditation.~~

4 B. ~~Institutions that intend to operate entire programs or parts of programs at a different~~
5 ~~location or learning site shall prepare and submit on a form prescribed by the Board of Health~~
6 ~~for each additional location.~~

7 **~~12VAC5-31-1611. Appeal of site accreditation application results. (Repealed.)~~**

8 Appeals by a program concerning the (i) denial of initial or renewal of accreditation or (ii)
9 issuance of probationary accreditation shall be submitted in writing within 10 days to the Office
10 of EMS pursuant to ~~§ 2.2-4019~~ of the Virginia Administrative Process Act.

11 **~~12VAC5-31-1613. Accreditation of Paramedic programs. (Repealed.)~~**

12 A. ~~Paramedic programs with state accreditation shall be limited to one initial grant of state~~
13 ~~accreditation for a five year period.~~

14 B. ~~Renewal of accreditation at the Paramedic level will be issued only upon verification of~~
15 ~~accreditation issued by CoAEMSP, CAAHEP, or another approved equivalent accreditation~~
16 ~~organization as specified in this chapter.~~

17 **~~12VAC5-31-1615. Equivalent accreditation of EMS programs. (Repealed.)~~**

18 A. ~~The commissioner may issue an equivalent accreditation to programs obtaining a valid~~
19 ~~accreditation from the CAAHEP, CoAEMSP, or an equivalent organization approved by the~~
20 ~~Board of Health.~~

21 B. ~~As a condition for equivalent accreditation, a representative from the Board of Health~~
22 ~~must be included with each visit by the CoAEMSP or any other approved accreditation~~
23 ~~organization.~~

1 ~~1. Programs with equivalent accreditation shall notify the Board of Health immediately~~
2 ~~upon receiving notice about the following changes:~~

3 ~~a. Scheduling of site team visits to include:~~

4 ~~(1) Dates;~~

5 ~~(2) Times; and~~

6 ~~(3) The agenda or schedule of events.~~

7 ~~b. Changes in program personnel to include:~~

8 ~~(1) The program director; and~~

9 ~~(2) OMD or PCD.~~

10 ~~c. Changes or additions to, or deletions from clinical site contracts and field site~~
11 ~~contracts.~~

12 ~~d. Notice of revocation, removal, or expiration of accreditation issued by CoAEMSP.~~

13 ~~e. Any sentinel event.~~

14 ~~2. Accreditation issued by CoAEMSP or other organization approved by the Board of~~
15 ~~Health shall remain current during any certification training program that requires~~
16 ~~accreditation by the Board of Health. Revocation, removal, or expiration of accreditation~~
17 ~~issued by CoAEMSP or other another organization approved by the Board of Health~~
18 ~~shall invalidate the corresponding state accreditation of the training program.~~

1 **12VAC5-31-1720 to 12VAC5-31-1790. [~~Reserved~~] (~~Repealed.~~)**

2 Part IV (~~Repealed.~~)

3 EMS Physician Regulations

4 **12VAC5-31-1800. Requirement for EMS physician endorsement. (~~Repealed.~~)**

5 ~~A physician wishing to serve as an EMS agency operational medical director (OMD) or an~~
6 ~~EMS training program physician course director (PCD) shall hold current endorsement as an~~
7 ~~EMS physician issued by the Office of EMS.~~

8 **12VAC5-31-1810. Qualifications for EMS physician endorsement. (~~Repealed.~~)**

9 ~~A physician seeking endorsement as an EMS physician shall hold a current unrestricted~~
10 ~~license to practice medicine or osteopathy issued by the Virginia Board of Medicine. The~~
11 ~~applicant must submit documentation of his qualifications for review on a form prescribed by the~~
12 ~~Office of EMS. The documentation required shall present evidence of the following:~~

13 ~~1. Board certification in emergency medicine or that applicant is in the active application~~
14 ~~process for board certification in emergency medicine issued by a national organization~~
15 ~~recognized by the Office of EMS, or board certification in family practice, internal~~
16 ~~medicine, or surgery or is in the active application process for board certification in family~~
17 ~~practice, internal medicine, or surgery issued by a national organization recognized by~~
18 ~~the Office of EMS. As an applicant under this section, a physician must also submit~~
19 ~~documentation of successful course completion or current certification in ACLS, ATLS,~~
20 ~~and PALS or present documentation of equivalent education in cardiac care, trauma~~
21 ~~care, and pediatric care completed within the past five years.~~

22 ~~2. Completion of an EMS medical direction program approved by the Office of EMS prior~~
23 ~~to submitting application for consideration of endorsement as an EMS physician.~~

1 ~~3. In the event that an EMS agency or training program is located in a geographic area~~
2 ~~that does not have available a physician meeting the requirements stated in subdivisions~~
3 ~~1 or 2 of this section, or if an EMS agency has a specific need for a physician meeting~~
4 ~~specialized knowledge requirements (i.e., pediatrics, neonatology, etc.), then an~~
5 ~~available physician may submit his qualifications to serve as an EMS physician under~~
6 ~~these circumstances. An EMS physician endorsed under this subsection by the Office of~~
7 ~~EMS is limited to service within the designated geographic area or agency.~~

8 ~~A physician seeking endorsement under this section must provide documentation of~~
9 ~~successful course completion or current certification in cardiac care, trauma care, and~~
10 ~~pediatric care or equivalent education such as ACLS, ATLS and PALS completed within~~
11 ~~one year of endorsement. All or part of this requirement may be waived if the Office of~~
12 ~~EMS determines this training is not required due to the specialized nature of the EMS~~
13 ~~agency to be served.~~

14 **~~12VAC5-31-1820. Application for EMS physician endorsement. (Repealed.)~~**

15 ~~A. A physician seeking endorsement as an EMS physician must make application on forms~~
16 ~~provided by the Office of EMS.~~

17 ~~B. The Office of EMS will review the application and the enclosed documents and notify the~~
18 ~~physician in writing of the status of his application within 30 days of receipt. Final disposition of~~
19 ~~an application may be delayed pending further review by the EMS Advisory Board Medical~~
20 ~~Direction Committee as applicable.~~

21 **~~12VAC5-31-1830. Conditional endorsement. (Repealed.)~~**

22 ~~Physicians will be issued a conditional endorsement for a period of one year pending the~~
23 ~~completion of the following requirements:~~

1 ~~1. Upon verification of EMS medical direction program attendance at one four hour~~
2 ~~"Currents" session within the one year conditional endorsement, the Office of EMS will~~
3 ~~reissue endorsement with an expiration date five years from the date of original~~
4 ~~issuance.~~

5 ~~2. If the conditional EMS physician fails to complete the required EMS medical direction~~
6 ~~program or the training pursuant to 12VAC5-31-1810 within the initial one year period,~~
7 ~~his endorsement will lapse.~~

8 **~~12VAC5-31-1840. Lapse of EMS physician endorsement. (Repealed.)~~**

9 ~~A. If an EMS physician fails to reapply for endorsement prior to expiration, the Office of EMS~~
10 ~~will notify the EMS physician and any EMS agency or training course that the EMS physician is~~
11 ~~associated with of the loss of endorsement. Any training programs already begun may be~~
12 ~~completed under the direction of the involved EMS physician, but no other programs may be~~
13 ~~started or announced.~~

14 ~~B. Any EMS agency notified of the loss of their OMD's EMS physician endorsement will be~~
15 ~~required to immediately obtain the services of another endorsed EMS physician to serve as~~
16 ~~operational medical director pursuant to Part II (12VAC5-31-300 et seq.) of these regulations.~~

17 ~~C. Upon loss of EMS physician endorsement, a new endorsement may only be issued upon~~
18 ~~completion of the application requirements of these regulations.~~

19 **~~12VAC5-31-1850. Change in EMS physician contact information. (Repealed.)~~**

20 ~~An EMS physician must report any changes of his name, contact addresses and contact~~
21 ~~telephone numbers to the Office of EMS within 30 days.~~

1 **~~12VAC5-31-1860. Renewal of endorsement. (Repealed.)~~**

2 ~~A. Continued endorsement as an EMS physician requires submission of an application for~~
3 ~~renewal to the Office of EMS before expiration of the five year endorsement period. Renewal of~~
4 ~~an EMS physician endorsement is based upon the physician's continuing to meet and maintain~~
5 ~~the qualifications specified in 12VAC5-31-1810.~~

6 ~~B. Completion of equivalent related continuing education programs may be substituted for~~
7 ~~formal certification in ACLS, ATLS and PALS for the purposes of endorsement renewal.~~
8 ~~Acceptance of these continuing education hours is subject to approval by the Office of EMS.~~

9 ~~C. An EMS physician must also attend a minimum of two "Currents" sessions as sponsored~~
10 ~~by OEMS within the five year endorsement period.~~

11 **~~12VAC5-31-1870. Service by an EMS physician. (Repealed.)~~**

12 ~~A. An endorsed EMS physician may serve within the limits of his endorsement as an~~
13 ~~operational medical director (OMD) or as a physician course director (PCD), or both.~~

14 ~~B. The Office of EMS may limit the number and type of agencies or training programs an~~
15 ~~EMS physician may oversee in order to insure that appropriate medical direction and clinical~~
16 ~~oversight is available.~~

17 **~~12VAC5-31-1880. Agreement to serve as an operational medical director. (Repealed.)~~**

18 ~~A. An EMS physician may serve as the sole operational medical director (OMD) or one of~~
19 ~~multiple OMDs required for licensure of an EMS agency.~~

20 ~~B. The EMS physician shall enter into a written agreement to serve as OMD with the EMS~~
21 ~~agency. This agreement shall at a minimum incorporate the specific responsibilities and~~
22 ~~authority as defined in 12VAC5-31-590.~~

1 ~~12VAC5-31-1890. Responsibilities of operational medical directors. (Repealed.)~~

2 ~~A. Responsibilities of the operational medical director regarding medical control functions~~
3 ~~include but are not limited to medical directions provided directly to prehospital providers by the~~
4 ~~OMD or a designee either on-scene or through direct voice communications.~~

5 ~~B. Responsibilities of the operational medical director regarding medical direction functions~~
6 ~~include but are not limited to:~~

7 ~~1. Using protocols, operational policies and procedures, medical audits, reviews of care~~
8 ~~and determination of outcomes for the purpose of establishing direction of education and~~
9 ~~limitation of provider patient care functions.~~

10 ~~2. Verifying that qualifications and credentials for the agency's patient care or emergency~~
11 ~~medical dispatch personnel are maintained on an ongoing basis through training, testing~~
12 ~~and certification that, at a minimum, meet the requirements of these regulations, other~~
13 ~~applicable state regulations and including, but not limited to, § 32.1-111.5 of the Code of~~
14 ~~Virginia.~~

15 ~~3. Functioning as a resource to the agency in planning and scheduling the delivery of~~
16 ~~training and continuing education programs for agency personnel.~~

17 ~~4. Taking or recommending appropriate remedial or corrective measures for EMS~~
18 ~~personnel, consistent with state, regional and local EMS policies that may include but~~
19 ~~are not limited to counseling, retraining, testing, probation, and in-hospital or field~~
20 ~~internships.~~

21 ~~5. Suspending certified EMS personnel from medical care duties pending review and~~
22 ~~evaluation. Following final review, the OMD shall notify the provider, the EMS agency~~
23 ~~and the Office of EMS in writing of the nature and length of any suspension of practice~~
24 ~~privileges that are the result of disciplinary action.~~

1 ~~6. Reviewing and auditing agency activities to ensure an effective quality management~~
2 ~~program for continuous system and patient care improvement, and functioning as a~~
3 ~~resource in the development and implementation of a comprehensive mechanism for the~~
4 ~~management of records of agency activities including prehospital patient care and~~
5 ~~dispatch reports, patient complaints, allegations of substandard care and deviations from~~
6 ~~patient care protocols or other established standards.~~

7 ~~7. Interacting with state, regional and local EMS authorities to develop, implement, and~~
8 ~~revise medical and operational protocols consistent with the Code of Virginia and~~
9 ~~dispatch protocols, policies, and procedures designed to deliver quality patient care. This~~
10 ~~function includes the selection and use of appropriate medications, supplies, and~~
11 ~~equipment.~~

12 ~~8. Maintaining appropriate professional relationships with the local community including~~
13 ~~but not limited to medical care facilities, emergency departments, emergency physicians,~~
14 ~~allied health personnel, law enforcement, fire protection and dispatch agencies.~~

15 ~~9. Establishing any other agency rules or regulations pertaining to proper delivery of~~
16 ~~patient care by the agency.~~

17 ~~10. Providing for the maintenance of written records of actions taken by the OMD to fulfill~~
18 ~~the requirements of this section.~~

19 **12VAC5-31-1900. OMD and EMS agency conflict resolution. (Repealed.)**

20 ~~A. In the event of an unresolved conflict between the OMD and an EMS agency, the issues~~
21 ~~involved must be brought before the medical direction committee of the regional EMS council or~~
22 ~~local EMS resource for review and resolution.~~

23 ~~B. When the EMS agency presents a significant risk to public safety or health, the OMD~~
24 ~~must attempt to resolve the issues in question. If a risk remains unresolved and presents an~~

1 ~~immediate threat to public safety or health, the OMD shall contact the Office of EMS for~~
2 ~~assistance.~~

3 **12VAC5-31-1910. Change of operational medical director. (Repealed.)**

4 ~~A. An OMD choosing to resign must provide the agency and the Office of EMS a minimum~~
5 ~~of 30 days written notice of intent. When possible, the OMD should assist the agency in~~
6 ~~securing a successor for this position.~~

7 ~~B. An agency choosing to secure the services of another OMD must provide a minimum of~~
8 ~~30 days advance written notice of intent to the current OMD and the Office of EMS.~~

9 ~~C. When extenuating circumstances require an immediate change of an agency's OMD~~
10 ~~(e.g., death, critical illness, etc.), the Office of EMS must be notified by the OMD within one~~
11 ~~business day so that a qualified replacement may be approved. In the event that the OMD is not~~
12 ~~capable of making this notification, the EMS agency will be responsible for compliance with this~~
13 ~~requirement. Under these extenuating circumstances, the Office of EMS may authorize the EMS~~
14 ~~agency to continue its operations pending the approval of a permanent or temporary~~
15 ~~replacement OMD.~~

16 ~~D. When temporary circumstances make an agency's OMD unavailable to serve for a period~~
17 ~~not expected to exceed one year (e.g., military commitment, unexpected clinical conflict, etc.),~~
18 ~~the OMD must notify the Office of EMS within 10 business days so that a qualified interim~~
19 ~~replacement may be approved. Any circumstances that make an agency's OMD unavailable to~~
20 ~~serve for a period expected to exceed one year will require a change in the agency OMD as~~
21 ~~required by this section.~~

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

1 **12VAC5-31-1920. Responsibilities of physician course directors. (Repealed.)**

2 A. ~~Every basic or advanced life support training program and course requesting the award of~~
3 ~~certification or "Required" (Category 1) continuing education (CE) credits must have a minimum~~
4 ~~of one physician course director (PCD) who is a licensed physician holding endorsement as an~~
5 ~~EMS physician from the Office of EMS.~~

6 B. ~~The PCD will have the following responsibilities as they relate to the selection and~~
7 ~~training of basic and advanced life support personnel:~~

8 1. ~~The PCD must verify that all students accepted into the course of training meet state,~~
9 ~~regional, and local prerequisites for certification.~~

10 2. ~~The PCD must confirm that all instructors for the course are certified at or above the~~
11 ~~level being instructed or have expertise in the particular subject being taught.~~

12 3. ~~The PCD must regularly monitor and confirm that the training program adheres to the~~
13 ~~following criteria:~~

14 a. ~~Satisfaction of the minimum objectives prescribed in the Office of EMS approved~~
15 ~~training curriculum for the course of instruction. Upon presentation of an individual's~~
16 ~~"Virginia EMS Certification Application" for the PCD's signature by the course~~
17 ~~coordinator (ALS Coordinator) of an advanced life support training program, the PCD~~
18 ~~should confirm the student's successful completion of the course including their~~
19 ~~assessed competency to perform all required skills;~~

20 b. ~~Continuing education programs are based upon the objectives prescribed in the~~
21 ~~Office of EMS approved recertification curriculum;~~

22 c. ~~Consistency is maintained with local medical direction protocols and guidelines;~~

1 ~~d. Consistency is maintained with any other local guidelines established by the~~
2 ~~regional EMS council or local EMS resource; and~~

3 ~~e. Any additional requirements imposed for programs conducted for a single EMS~~
4 ~~agency or other organization must comply with the minimum guidelines defined in~~
5 ~~subdivisions 3 a through d of this subsection.~~

6 **12VAC5-31-1930. Compliance with training regulations. (Repealed.)**

7 ~~A. The PCD must verify that the course coordinator and all instructors are aware that~~
8 ~~possession or distribution of study guides or other written materials obtained through~~
9 ~~reconstruction of any state or national registry of EMTs certification examination is not~~
10 ~~permitted.~~

11 ~~B. Where violations of this section or any part of these regulations are suspected of any~~
12 ~~PCD, the Office of EMS may suspend the instruction of any ongoing courses, withhold issuance~~
13 ~~of certifications, or suspend certifications issued to the course's students, instructors, or the~~
14 ~~course coordinator until an investigation is concluded.~~

15 ~~Investigations resulting in a finding of a violation of these regulations by a PCD may result in~~
16 ~~an enforcement action. The Office of EMS may report the results of any investigation to the~~
17 ~~State Board of Medicine for further review and action as deemed necessary.~~

18 **12VAC5-31-1940. Physician course director responsibility to students. (Repealed.)**

19 ~~A. PCD/student relationship. The PCD shall assure that students are made aware of the~~
20 ~~PCD's responsibilities for the course, and of how to contact and if possible meet the PCD during~~
21 ~~the first lessons of any certification course.~~

22 ~~B. Hospital-based experiences and field internships. The PCD shall provide clinical~~
23 ~~oversight and operational authority for the field practice of students enrolled in an approved~~
24 ~~EMS certification training program while the students are participating in clinical and field~~

1 internship training. During these training programs the enrolled students may perform the
2 clinical skills and functions of EMS personnel who are certified at the level of the course of
3 instruction when:

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

10 2. The students are caring for patients during a required course field internship program
11 with a licensed EMS agency approved by the PCD, provided that the related didactic
12 subject matter and practical skills laboratory have been completed and the students are
13 under the direct supervision of and accompanied by an EMS provider certified at or
14 above the level of the training program, or under the direct supervision of a licensed
15 physician.

16 Nothing in this subsection removes the obligation of the supervising hospital, facility or
17 licensed EMS agency for ultimate responsibility for provision of appropriate patient care by
18 students participating in clinical or internship training.

19 **12VAC5-31-1950. Physician endorsement exemptions. (Repealed.)**

20 A. Endorsement as an EMS physician will be initially issued to each licensed physician
21 currently recorded as having previously been endorsed to serve as an operational medical
22 director by the Office of EMS. Issuance of an EMS physician endorsement will be subject to
23 renewal pursuant to 12VAC5-31-1860.

1 ~~B. EMS physicians initially endorsed through the "grandfather" clause who fail to request~~
2 ~~renewal before expiration will be subject to compliance with the full provisions of 12VAC5-31-~~
3 ~~1810 in order to regain endorsement as an EMS physician.~~

4 **12VAC5-31-1960 to 12VAC5-31-1990. [Reserved] (Repealed.)**

5 Part VII (Repealed.)

6 Designated Regional EMS Councils

7 **12VAC5-31-2300. Purpose of designated regional EMS councils. (Repealed.)**

8 ~~For the purposes of these regulations regional EMS councils shall be designated by the~~
9 ~~Board of Health, adhere to policy direction established by the Office of EMS and carry out the~~
10 ~~development and implementation of an efficient and effective statewide regional EMS system.~~

11 **12VAC5-31-2310. Provision of regional EMS council services within Virginia and**
12 **compliance with these regulations. (Repealed.)**

13 ~~An organization or person providing designated regional EMS council services within~~
14 ~~Virginia must comply with these regulations, the applicable regulations of other state agencies,~~
15 ~~the Code of Virginia and the United States Code. The Office of EMS will publish the Virginia~~
16 ~~Regional EMS Council Designation Manual, a document that describes and provides guidance~~
17 ~~on how to comply with these regulations.~~

18 **12VAC5-31-2320. Requirement for regional EMS council designation. (Repealed.)**

19 ~~Any organization or person establishing, operating, maintaining, advertising or representing~~
20 ~~itself or any services as a designated regional EMS council must have a valid designation~~
21 ~~issued by the Board of Health.~~

1 **12VAC5-31-2330. Designation of a regional EMS council. (Repealed.)**

2 ~~A. The Board of Health will designate a regional EMS council that satisfies the~~
3 ~~representation requirements in these regulations.~~

4 ~~B. The designation of a regional EMS council will be based on:~~

5 ~~1. The "Regional EMS Council Designation Manual" application process.~~

6 ~~a. Completed application. Submitted applications missing any information requested~~
7 ~~will be considered incomplete and will not be processed for designation;~~

8 ~~b. Completed Regional EMS Council Self-Assessment Checklist; comply with all~~
9 ~~indicated standards consistent with these regulations;~~

10 ~~c. Current roster of the membership of the applicant organization's board of directors.~~
11 ~~The roster needs to show all members of the board of directors for the applicant,~~
12 ~~their addresses, e-mail addresses, phone numbers, and the constituency they~~
13 ~~represent;~~

14 ~~d. Current approved bylaws. A copy of the most recently approved bylaws complete~~
15 ~~with adoption date;~~

16 ~~e. Scope of services. This shall include data and information that demonstrates the~~
17 ~~qualifications of the applicant to plan, initiate, expand or improve the regional EMS~~
18 ~~delivery system;~~

19 ~~f. Budget. A proposed budget for the first year of designation must illustrate costs~~
20 ~~associated with the applicant's proposed operations and programs as a designated~~
21 ~~regional EMS council;~~

22 ~~g. EMS involvement. Documentation demonstrating how the applicant organization~~
23 ~~interacts with EMS agencies and personnel;~~

1 ~~h. Policies and guidelines. Up to date policies and guidelines covering all aspects of~~
2 ~~the applicant's regional EMS councils operations, must show revision date of all~~
3 ~~changes made and be consistent with these regulations;~~

4 ~~i. Directory of localities, hospitals and EMS agencies. A comprehensive directory of~~
5 ~~the localities, hospitals and EMS agencies the applicant organization will be serving.~~

6 ~~2. A listing of all hospitals within the applicant's proposed geographic service delivery~~
7 ~~area.~~

8 ~~3. The demonstrated capability to establish communitywide and regional programs.~~

9 ~~4. An evaluation of prior performance as a designated regional EMS council.~~

10 ~~C. The Office of EMS will evaluate the performance and effectiveness of a regional EMS~~
11 ~~council on a periodic basis.~~

12 **12VAC5-31-2340. Application process for designation. (Repealed.)**

13 ~~A. An applicant for regional EMS council designation shall file a written application specified~~
14 ~~by the Office of EMS.~~

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

17 ~~C. An applicant must provide information on any previous record of performance in the~~
18 ~~provision of related EMS services or any other related licensure, registration, certification or~~
19 ~~endorsement within or outside Virginia.~~

20 ~~D. Completed application packages must be received in the Office of EMS no later than~~
21 ~~October 1 to be considered for designation commencing July 1 of the following year.~~

22 ~~E. The application and preliminary review process is to be completed prior to a site review~~
23 ~~visit.~~

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

3 ~~G. If the applicant organization does not comply with the required standards for designation~~
4 ~~as a regional EMS council, the agent of the applicant organization will be notified of the~~
5 ~~deficiencies by the Office of EMS.~~

6 ~~H. If the applicant organization complies with the required standards, the agent of the~~
7 ~~applicant organization will be notified and arrangements will be made for a site visit by a review~~
8 ~~team as designated by the Office of EMS.~~

9 ~~I. The Office of EMS will conduct a site review of the applicant.~~

10 ~~J. The applicant organization will receive the written report of the visiting team reviewing its~~
11 ~~findings and recommendations in accordance with the criteria.~~

12 ~~K. If a deficiency is reported, the Office of EMS may order the designated regional EMS~~
13 ~~council to correct the deficiency by issuing a written correction order.~~

14 ~~L. If a deficiency requires a revisit by a site review team, a fee commensurate with direct~~
15 ~~costs will be paid by the applicant.~~

16 ~~M. The site review process will be completed prior to the Office of EMS forwarding a~~
17 ~~recommendation for designation or denial to the Board of Health.~~

18 ~~N. The Office of EMS will then forward a recommendation for designation or denial to the~~
19 ~~Board of Health.~~

20 ~~O. Acting upon the favorable recommendation of the site review team and the Office of~~
21 ~~EMS, the Board of Health may designate the applicant organization as a regional EMS council.~~

22 ~~P. The Office of EMS may schedule unannounced site visits at its discretion.~~

1 **12VAC5-31-2350. Inspection. (Repealed.)**

2 An applicant agency and all places of operation shall be subject to inspection by the Office
3 of EMS for compliance with these regulations. The inspection may include any or all of the
4 following:

- 5 1. All fixed places of operations, including all offices and training facilities;
- 6 2. All applicable records maintained by the applicant agency; and
- 7 3. All vehicles and required equipment used by the applicant agency.

8 **12VAC5-31-2360. Designation approval. (Repealed.)**

9 A. The Office of EMS will review and make recommendations to the Board of Health
10 determining whether an applicant is qualified for designation based upon the applicant meeting
11 the requirements of these regulations.

12 B. The Board of Health will make the final determination on regional EMS designation.

13 C. The designated regional EMS council or applicant has the right to appeal any decision or
14 order of the Board of Health regarding approval or denial of regional EMS designation in
15 accordance with the Virginia Administrative Process Act (§ 2.2-4000 et seq. of the Code of
16 Virginia).

17 **12VAC5-31-2370. Designation periods. (Repealed.)**

18 The designation is for a period of three years, effective July 1, after completion of the
19 designation process.

20 **12VAC5-31-2380. Regional EMS councils requesting undesignation. (Repealed.)**

21 Regional EMS councils desiring to become undesignated by the Board of Health must
22 provide the Office of EMS a minimum of 30 days written notice of intent. Upon review the Office

1 of EMS will forward the request to the Board of Health with its recommendation. Only the Board
2 of Health can grant or remove regional EMS council designation.

3 **12VAC5-31-2390. Powers and procedures of regulations not exclusive. (Repealed.)**

4 The Board of Health reserves the right to authorize any procedure for the enforcement of
5 these regulations that is not inconsistent with the provisions set forth herein or the provisions of
6 §§ 32.1-27 and 32.1-111.1 of the Code of Virginia.

7 **12VAC5-31-2400. Exceptions. (Repealed.)**

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

11 **12VAC5-31-2410. Variances. (Repealed.)**

12 A. The commissioner is authorized to grant variances for any part or all of these regulations
13 in accordance with the procedures set forth herein. A variance permits temporary specified
14 exceptions to these regulations. A designated regional EMS council may file a written request
15 for a variance with the Office of EMS on specified forms.

16 1. The written variance request must be submitted for review and recommendations to
17 the governing body of all localities in the service delivery area of the applicant or the
18 designated regional EMS council prior to submission to the Office of EMS.

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

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

1 **12VAC5-31-2420. Issuance of a variance. (Repealed.)**

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

- 4 1. The information contained in the request is complete and correct;
- 5 2. The regional EMS council concerned is designated by the Board of Health;
- 6 3. The Office of EMS determines the need for such a variance is genuine, and
7 extenuating circumstances exist;
- 8 4. The Office of EMS determines that issuance of such a variance would be in the public
9 interest and would not present any risk to, or threaten or endanger the public health,
10 safety or welfare;
- 11 5. The Office of EMS will consider the recommendation of the governing body provided
12 all of the above conditions are met; and
- 13 6. The agent of the designated regional EMS council making the request will be notified
14 in writing of the approval and issuance within 30 days of receipt of the request unless the
15 request is awaiting approval or disapproval of a designation. In such case, notice will be
16 given within 30 days of the issuance of the designation.

17 **12VAC5-31-2430. Content of variance. (Repealed.)**

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

- 19 1. The name of the designated regional EMS council to which the variance applies;
- 20 2. The expiration date of the variance;
- 21 3. The provision of the regulations that is to be varied and the type of variations
22 authorized; and
- 23 4. Any special conditions that may apply.

1 **12VAC5-31-2440. Conditions of variance. (Repealed.)**

2 A variance shall be issued and remain valid with the following conditions:

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

6 **12VAC5-31-2450. Termination of variance. (Repealed.)**

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

- 8 1. Violations of any of the conditions of the variance;
- 9 2. Falsification of any information;
- 10 3. Suspension or revocation of the designation; and
- 11 4. A determination by the Office of EMS that continuation of the variance would present
12 a risk to or threaten or endanger the public health, safety or welfare.

13 B. The Office of EMS will notify the agent of the designated regional EMS council of the
14 termination by certified mail to his last known address.

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

17 **12VAC5-31-2460. Denial of a variance. (Repealed.)**

18 A request for a variance will be denied by the commissioner if any of the conditions of
19 12VAC5-31-2430 fail to be met.

1 **12VAC5-31-2470. Exemptions. (Repealed.)**

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

5 ~~B. A designated regional EMS council may file a written request for an exemption with the~~
6 ~~Office of EMS on specified forms.~~

7 ~~1. The written exemption request must be submitted for review and recommendations to~~
8 ~~the governing body of all localities in the service delivery area of the applicant or the~~
9 ~~designated regional EMS council prior to submission to the Office of EMS.~~

10 ~~2. The written exemption request must be submitted to the Office of EMS a minimum of~~
11 ~~30 days before the scheduled review by the governing bodies. At the time of submission,~~
12 ~~the applicant or designated regional EMS council must provide the Office of EMS with~~
13 ~~the date, time and location of the scheduled review by the governing bodies.~~

14 **12VAC5-31-2480. Public notice of request for exemption. (Repealed.)**

15 ~~Upon receipt of a request for an exemption, the Office of EMS will cause notice of such~~
16 ~~request to be published in a newspaper of general circulation in the area wherein the service~~
17 ~~delivery area of the applicant or designated regional EMS council making the request and in~~
18 ~~other major newspapers of general circulation in major regions of the Commonwealth. The cost~~
19 ~~of such public notices will be borne by the applicant or designated regional EMS council making~~
20 ~~the request.~~

21 **12VAC5-31-2490. Public hearing for exemption request. (Repealed.)**

22 ~~If the Board of Health determines that there is substantial public interest in a request for an~~
23 ~~exemption, a public hearing may be held.~~

1 **~~12VAC5-31-2500. Issuance of an exemption. (Repealed.)~~**

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

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

5 ~~2. The need for such an exemption is determined to be genuine; and~~

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

8 ~~B. The Board of Health may accept the recommendation of the governing bodies provided~~
9 ~~all of the conditions in subsection A of this section are met.~~

10 ~~C. The agent of the designated regional EMS council making the request will be notified in~~
11 ~~writing of the approval or denial of a request.~~

12 **~~12VAC5-31-2510. Content of exemption. (Repealed.)~~**

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

14 ~~1. The name of the applicant or designated regional EMS council to whom the~~
15 ~~exemption applies;~~

16 ~~2. The provisions of the regulations that will be exempted; and~~

17 ~~3. Any special conditions that may apply.~~

18 **~~12VAC5-31-2520. Conditions of exemption. (Repealed.)~~**

19 ~~A. An exemption remains valid for an indefinite period of time unless and until terminated by~~
20 ~~the Board of Health unless an expiration date is specified.~~

21 ~~B. An exemption is neither transferable nor renewable.~~

1 **~~12VAC5-31-2530. Termination of exemption. (Repealed.)~~**

2 ~~A. The Board of Health may terminate an exemption at any time based upon any of the~~
3 ~~following:~~

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

5 ~~2. Suspension or revocation of designation; and~~

6 ~~3. A determination by the Office of EMS that continuation of the exemption would~~
7 ~~present risk to, or threaten or endanger the public health, safety or welfare.~~

8 ~~B. The Office of EMS will notify the agent of the designated regional EMS council to whom~~
9 ~~the exemption was issued of the termination by certified mail to his last known address.~~

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

12 **~~12VAC5-31-2540. Denial of an exemption. (Repealed.)~~**

13 ~~A request for an exemption will be denied by the Board of Health if any of the conditions of~~
14 ~~these regulations fail to be met.~~

15 **~~12VAC5-31-2550. Right to enforcement. (Repealed.)~~**

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

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

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

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

3 **12VAC5-31-2560. Enforcement actions. (Repealed.)**

4 ~~An enforcement action must be delivered to the agent of the affected designated regional~~
5 ~~EMS council and must specify information concerning the violations, the actions required to~~
6 ~~correct the violations and the specific date by which correction must be made as follows:~~

7 ~~1. Warning: a verbal notification of an action or situation potentially in violation of these~~
8 ~~regulations.~~

9 ~~2. Citation: a written notification for violations of these regulations.~~

10 ~~3. Suspension: a written notification of the deactivation and removal of authorization~~
11 ~~issued under a designation.~~

12 ~~4. Civil penalty: The commissioner (or designee) may impose a civil penalty to an~~
13 ~~agency or entity that fails or refuses compliance with these regulations. Civil penalties~~
14 ~~may be assessed up to \$1,000 per offense. Violations shall be a single, different~~
15 ~~occurrence for each calendar day the violation occurs and remains uncorrected.~~

16 ~~a. Subsequent violations of the same type may be subject to a civil penalty of \$500~~
17 ~~per calendar day, per violation.~~

18 ~~b. Civil penalties will not exceed a combined total of \$10,000.~~

19 ~~5. Action of the commissioner: the commissioner may command a designated regional~~
20 ~~EMS council operating in violation of these regulations or state law pursuant to the~~
21 ~~commissioner's authority under § 32.1-27 of the Code of Virginia and the Administrative~~
22 ~~Process Act (§ 2.2-4000 et seq. of the Code of Virginia) to halt such operation or to~~
23 ~~comply with applicable law or regulation. A separate and distinct offense will be deemed~~

1 ~~to have been committed on each day during which any prohibited act continues after~~
2 ~~written notice to the offender.~~

3 ~~6. Criminal enforcement: the commissioner may elect to enforce any part of these~~
4 ~~regulations or any provision of Title 32.1 of the Code of Virginia by seeking to have~~
5 ~~criminal sanctions imposed as authorized by § 32.1-27 of the Code of Virginia. A~~
6 ~~separate and distinct offense will be deemed to have been committed on each day~~
7 ~~during which any prohibited act continues after written notice by the commissioner to the~~
8 ~~offender.~~

9 **12VAC5-31-2570. Correction order. (Repealed.)**

10 ~~A. The Office of EMS may order the designated regional EMS council to correct a~~
11 ~~deficiency, cease any violations or comply with these regulations by issuing a written correction~~
12 ~~order as follows:~~

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

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

17 ~~B. The Office of EMS will send a correction order to the agent of the designated regional~~
18 ~~EMS council by certified mail to his last known address or via personal service with written~~
19 ~~receipt. Notification will include, but not be limited to, a description of the deficiency or violation~~
20 ~~to be corrected, and the period within which the deficiency or situation must be corrected, which~~
21 ~~shall not be less than 30 days from receipt of such order, unless an emergency has been~~
22 ~~declared by the Office of EMS.~~

1 ~~C. A correction order takes effect upon receipt and remains in effect until the deficiency is~~
2 ~~corrected or until the designation is suspended, revoked, or allowed to expire or until the order~~
3 ~~is overturned or reversed.~~

4 ~~D. Should the designated regional EMS council be unable to comply with the correction~~
5 ~~order by the prescribed date, it may submit a request for modification of the correction order~~
6 ~~with the Office of EMS. The Office of EMS will approve or disapprove the request for~~
7 ~~modification of the correction order within 10 days of receipt.~~

8 ~~E. The designated regional EMS council shall correct the deficiency or situation within the~~
9 ~~period stated in the order.~~

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

12 ~~2. Should the designated regional EMS council fail to make the correction within the time~~
13 ~~period cited in the order, the Office of EMS may invoke any of the other enforcement~~
14 ~~procedures set forth in this part.~~

15 **12VAC5-31-2580. ~~Suspension of a designation. (Repealed.)~~**

16 ~~A. The commissioner may suspend a designation without a hearing if the agency,~~
17 ~~organization or any of its personnel are found to be operating in a manner that presents a risk~~
18 ~~to, threatens, or endangers the public health, safety or welfare.~~

19 ~~1. The commissioner may suspend the designation for failure to adhere to the standards~~
20 ~~set forth in these regulations.~~

21 ~~2. The commissioner may suspend the designation for violation of federal or state laws~~
22 ~~resulting in a civil monetary penalty.~~

23 ~~3. The commissioner may suspend the designation for conviction of criminal acts.~~

1 ~~B. The Office of EMS will notify the agent of the designated regional EMS council of the~~
2 ~~suspension in person or by certified mail to his last known address.~~

3 ~~C. A suspension takes effect immediately upon receipt of notification unless otherwise~~
4 ~~specified. A suspension remains in effect until the commissioner further acts upon the~~
5 ~~designation or until the order is overturned on appeal as specified in the Administrative Process~~
6 ~~Act (§ 2.2-4000 et seq. of the Code of Virginia).~~

7 ~~D. The designated regional EMS council shall abide by any notice of suspension.~~

8 ~~E. The commissioner may invoke any procedure set forth in this part to enforce the~~
9 ~~suspension.~~

10 **12VAC5-31-2590. Revocation of a designation. (Repealed.)**

11 ~~A. The Board of Health may revoke the designation of a regional EMS council after a~~
12 ~~hearing or waiver thereof. Reasonable cause for revocation must exist before such action by the~~
13 ~~Board of Health. The Board of Health may revoke designation for the following:~~

14 ~~1. Failure to adhere to the standards set forth in these regulations;~~

15 ~~2. Violation of a correction order or for engaging in or aiding, abetting, causing, or~~
16 ~~permitting any act prohibited by these regulations;~~

17 ~~3. Violation of federal or state laws resulting in a civil monetary penalty; and~~

18 ~~4. Conviction of criminal acts.~~

19 ~~B. The Office of EMS will notify the agent of the designated regional EMS council of the~~
20 ~~intent to revoke by certified mail to his last known address.~~

21 ~~C. The designated regional EMS council will have the right to a hearing.~~

22 ~~1. If the designated regional EMS council desires to exercise its right to a hearing, it~~
23 ~~must notify the Office of EMS in writing of his intent within 10 days of receipt of~~

1 notification. In such cases, a hearing must be conducted and a decision rendered in
2 accordance with the Administrative Process Act (§ 2.2-4000 et seq. of the Code of
3 Virginia).

4 2. Should the designated regional EMS council fail to file such notice, he will be deemed
5 to have waived the right to a hearing. In such case, the Board of Health may revoke the
6 designation.

7 D. A revocation takes effect immediately upon receipt of notification unless otherwise
8 specified. A revocation order is permanent unless and until overturned on appeal.

9 E. The designated regional EMS council shall abide by any notice of revocation.

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

12 **12VAC5-31-2600. Judicial review. (Repealed.)**

13 A. The procedures of the Administrative Process Act (§ 2.2-4000 et seq. of the Code of
14 Virginia) control all judicial reviews.

15 B. The designated regional EMS council or applicant has the right to appeal any decision or
16 order of the Office of EMS except as may otherwise be prohibited, and provided such a decision
17 or order was not the final decision of an appeal.

18 C. The designated regional EMS council or applicant shall abide by any decision or order of
19 the Office of EMS, or he must cease and desist pending any appeal.

20 D. If the designated regional EMS council or applicant who sought the appeal is aggrieved
21 by the final decision, that person may seek judicial review as provided in the Administrative
22 Process Act (§ 2.2-4000 et seq. of the Code of Virginia).

1 **12VAC5-31-2610. ~~Submission of complaints. (Repealed.)~~**

2 ~~A. The Office of EMS will investigate complaints related to designation, operation and the~~
3 ~~delivery of services by regional EMS councils.~~

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

6 ~~1. The name and address of the complainant;~~

7 ~~2. The name of the designated regional EMS council or person involved; and~~

8 ~~3. A detailed description of the complaint, including the date, location and conditions and~~
9 ~~the practice or act that exists or has occurred.~~

10 **12VAC5-31-2620. ~~Investigation process. (Repealed.)~~**

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

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

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

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

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

3 **~~12VAC5-31-2630. Action by the Office of EMS. (Repealed.)~~**

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

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

8 **~~12VAC5-31-2640. (Reserved.)(Repealed.)~~**

9 **~~12VAC5-31-2650. Composition of designated regional EMS councils. (Repealed.)~~**

10 ~~A designated regional EMS council shall include, if available, representatives of the~~
11 ~~participating local governments, fire protection agencies, law enforcement agencies, emergency~~
12 ~~medical services agencies, hospitals, licensed practicing physicians, emergency care nurses,~~
13 ~~mental health professionals, emergency medical technicians and other appropriate allied health~~
14 ~~professionals.~~

15 **~~12VAC5-31-2660. Governing body of a designated regional EMS council. (Repealed.)~~**

16 ~~A. A regional EMS council shall be organizationally independent of any other entity.~~

17 ~~B. A regional EMS council shall be governed by a board.~~

18 ~~C. Articles of incorporation and bylaws shall be in force that specify:~~

19 ~~1. Designated regional EMS council representation;~~

20 ~~2. Method of designated regional EMS council appointments and/or elections;~~

21 ~~3. Governing board representation;~~

22 ~~4. Method of governing board appointments and/or elections;~~

- 1 5. Tenure of representatives;
- 2 6. Officers, their roles, responsibilities and terms of office;
- 3 7. Quorum requirements;
- 4 8. Meeting attendance requirements and enforcement policies;
- 5 9. Indemnification of officers and directors; and
- 6 10. Dissolution of assets.

7 D. ~~There shall be a minimum of five members with full voting privileges comprising a~~
8 governing board.

9 **12VAC5-31-2670. Regional EMS plan. (Repealed.)**

10 A ~~designated regional EMS council, in cooperation with the Governor's EMS Advisory~~
11 ~~Board, shall develop, maintain, and distribute a comprehensive regional EMS plan for~~
12 ~~coordinating and improving the delivery of EMS in the regional service area, in accordance with~~
13 ~~§§ 32.1-111.3 and 32.1-111.11 of the Code of Virginia.~~

14 1. ~~The plan shall be submitted for approval by the Office of EMS within one year of~~
15 ~~designation.~~

16 2. ~~The approved plan shall be distributed to the Office of EMS, all localities, EMS~~
17 ~~agencies, hospitals and EMS physicians within its service delivery area.~~

18 3. ~~The plan shall be reviewed and revised, if necessary, every three years and~~
19 ~~redistributed to the Office of EMS, all localities, EMS agencies, hospitals and EMS~~
20 ~~physicians within its service delivery area.~~

1 **12VAC5-31-2680. Regional trauma triage plan. (Repealed.)**

2 ~~A designated regional EMS council, in corporation with the Governor's EMS Advisory Board,~~
3 ~~shall develop, maintain, and distribute a regional trauma triage plan in accordance with §§ 32.1-~~
4 ~~111.3 and 32.1-111.11 of the Code of Virginia.~~

5 ~~1. The plan shall be submitted for approval by the Office of EMS within one year of~~
6 ~~designation.~~

7 ~~2. The approved plan shall be distributed to the Office of EMS, all localities, EMS~~
8 ~~agencies, hospitals and EMS physicians within its service delivery area.~~

9 ~~3. The plan shall be reviewed and revised, if necessary, every three years and submitted~~
10 ~~for approval by the Office of EMS.~~

11 ~~4. The approved revisions shall be distributed to the Office of EMS, all localities, EMS~~
12 ~~agencies, hospitals and EMS physicians within its service delivery area.~~

13 **12VAC5-31-2690. (Reserved.) (Repealed.)**

14 **12VAC5-31-2700. Financial assistance for emergency medical services. (Repealed.)**

15 ~~A. A designated regional EMS council shall participate in the Virginia financial assistance for~~
16 ~~emergency medical services program and assist eligible EMS agencies and organizations~~
17 ~~needing funding within the service area.~~

18 ~~B. The designated regional EMS council participation in the Virginia financial assistance for~~
19 ~~emergency medical services program process shall have written guidelines and procedures,~~
20 ~~approved by the Office of EMS, that meet the requirements stated in 12VAC5-31-2810 through~~
21 ~~12VAC5-31-2900.~~

1 **~~12VAC5-31-2710. Base funding of designated regional EMS councils. (Repealed.)~~**

2 ~~A. Required services provided by a designated regional EMS council may be funded by the~~
3 ~~state.~~

4 ~~B. A designated regional EMS council may receive annual base funding by the state to~~
5 ~~assist with infrastructure development and maintenance in providing required regional services.~~

6 ~~C. A designated regional EMS council shall submit documentation, as required,~~
7 ~~demonstrating a 25% match for base funding to the Office of EMS. Moneys received directly or~~
8 ~~indirectly from the Commonwealth shall not be used as matching funds.~~

9 **~~12VAC5-31-2720. Matching funds. (Repealed.)~~**

10 ~~For the purposes of these regulations, approved matching funds are monetary and/or in-kind~~
11 ~~services as approved by the Office of EMS and only apply to base funding.~~

12 **~~12VAC5-31-2730. Performance standards. (Repealed.)~~**

13 ~~A. The Office of EMS may enter into performance-based contracts that establish standards~~
14 ~~for the delivery of specific identified services and projects with designated regional EMS~~
15 ~~councils. These services and projects shall include, but not be limited to, performance standards~~
16 ~~for:~~

17 ~~1. Regional medical direction;~~

18 ~~2. Regional EMS plan;~~

19 ~~3. Trauma triage plan;~~

20 ~~4. EMS performance improvement program;~~

21 ~~5. Regional trauma performance improvement program;~~

22 ~~6. Technical assistance and review for Rescue Squad Assistance Fund grant~~
23 ~~applications;~~

1 7. Regional infrastructure; and

2 8. Criteria for matching funds.

3 B. ~~The contracts will be based upon the specific needs of the regional service delivery area~~
4 ~~and the requirements of the Office of EMS as described in § 32.1-111.11 of the Code of~~
5 ~~Virginia.~~

6 **12VAC5-31-2740. Accountability for public funds. (Repealed.)**

7 A. ~~A designated regional EMS council shall maintain a current operating statement,~~
8 ~~reflecting revenue and expenditures, available for review.~~

9 B. ~~A designated regional EMS council shall have a current income and expenditure~~
10 ~~statement available at all governing board meetings.~~

11 C. ~~A designated regional EMS council shall have an independent annual audit of financial~~
12 ~~records with management letters conducted by a certified public accountant.~~

13 D. ~~A designated regional EMS council shall have an independent review of financial records~~
14 ~~conducted by a certified public accountant upon change of an executive director.~~

15 E. ~~A designated regional EMS council shall retain all books, records, and other documents~~
16 ~~relative to public funds for six years after the close of the fiscal year the funds were received.~~
17 ~~The Office of EMS, its authorized agents, and/or state auditors shall have full access to and the~~
18 ~~right to examine any materials related to public funds during said period.~~

19 F. ~~A designated regional EMS council shall follow generally accepted accounting principles~~
20 ~~for financial management.~~

21 G. ~~A designated regional EMS council's governing board shall approve its annual fiscal year~~
22 ~~(July 1 through June 30) budget by July 15 of each year.~~

1 ~~H. A designated regional EMS council shall comply with all appropriate federal and state~~
2 ~~tax-related reporting.~~

3 ~~I. A designated regional EMS council shall follow generally accepted fund raising practices~~
4 ~~in the charitable field.~~

5 ~~J. A designated regional EMS council shall have written policies that indicate by position,~~
6 ~~signatories of executed financial and contractual instruments.~~

7 ~~12VAC5-31-2750. (Reserved.) Repealed.~~

8 ~~12VAC5-31-2760. (Reserved.) Repealed.~~

9 ~~12VAC5-31-2770. (Reserved.) Repealed.~~

10 ~~12VAC5-31-2780. (Reserved.) Repealed.~~

11 ~~12VAC5-31-2790. (Reserved.) Repealed.~~

12 ~~12VAC5-31-2800. (Reserved.) Repealed.~~

13 ~~Part VIII Repealed.~~

14 ~~Financial Assistance for Emergency Medical Services~~

15 ~~12VAC5-31-2810. The Financial Assistance and Review Committee (FARC). Repealed.~~

16 ~~A. Financial Assistance and Review Committee appointments.~~

17 ~~1. Appointments shall be made for terms of three years or the unexpired portions thereof~~
18 ~~in a manner to preserve, insofar as possible, the representation of the emergency~~
19 ~~medical services councils. No member may serve more than two successive terms. The~~
20 ~~chairman shall be elected from the membership of the FARC for a term of one year and~~
21 ~~shall be eligible for reelection.~~

1 ~~2. The EMS Advisory Board may revoke appointment for failure to adhere to the~~
2 ~~standards set forth in this chapter, and the State and Local Government Conflict of~~
3 ~~Interests Act (§ 2.2-3100 et seq. of the Code of Virginia).~~

4 ~~3. Members serving on the FARC on January 1, 2008, shall complete their current terms~~
5 ~~of office.~~

6 ~~4. Midterm vacancies shall be filled by nominations submitted from the affected~~
7 ~~designated regional EMS council.~~

8 ~~B. Geographical representation.~~

9 ~~1. Designated regional EMS councils shall be eligible to submit nominations to the EMS~~
10 ~~Advisory Board for representation on the FARC.~~

11 ~~2. The eligible designated regional EMS council shall nominate three candidates to fill a~~
12 ~~vacancy on the FARC. The EMS Advisory Board shall make appointments from the~~
13 ~~nominations submitted by the designated regional EMS council.~~

14 ~~3. A designated regional EMS council whose representative has completed two~~
15 ~~successive terms on FARC shall not be eligible to submit a nomination for one full term~~
16 ~~(three years).~~

17 ~~C. Meetings and attendance.~~

18 ~~1. The FARC shall meet at least four times annually at the call of the chairman or the~~
19 ~~commissioner.~~

20 ~~2. Attendance at FARC Grant Review meetings is mandatory for all members.~~

21 ~~3. A quorum for a meeting of the FARC shall consist of not fewer than four members.~~

1 **~~12VAC5-31-2820. RSAF General Grant Program administration. (Repealed.)~~**

2 A. ~~The FARC will administer the RSAF (Rescue Squad Assistance Fund) General Grant~~
3 ~~Program and the funding of RSAF General Grant awards using the Office of EMS approved~~
4 ~~pricing, applicant eligibility, award criteria, and priorities as approved by the EMS Advisory~~
5 ~~Board.~~

6 B. ~~The Office of EMS shall approve and maintain a list that represents an average price of~~
7 ~~EMS vehicles, EMS equipment, communications equipment, and EMS education programs~~
8 ~~frequently requested under the RSAF General Grant Program. This list will be based on current~~
9 ~~market pricing and is not all inclusive. RSAF General Grant awards for items maintained on this~~
10 ~~list shall not exceed the approved amount.~~

11 C. ~~Funding priorities for RSAF General Grants shall be identified in the Virginia Statewide~~
12 ~~EMS Plan as stipulated in § 32.1-111.3 of the Code of Virginia or special initiatives as approved~~
13 ~~by the EMS Advisory Board.~~

14 **~~12VAC5-31-2830. Award of RSAF General Grants. (Repealed.)~~**

15 A. ~~The requirements of this section shall apply to the disbursement of funds.~~

16 B. ~~A nonprofit licensed EMS agency or other Virginia emergency medical service~~
17 ~~organization operating on a nonprofit basis exclusively for the benefit of the general public~~
18 ~~pursuant to § 32.1-111.12 of the Code of Virginia is eligible for an RSAF General Grant.~~

19 C. ~~An applicant must be in compliance with this chapter.~~

20 D. ~~Programs, services, and equipment funded by the RSAF must comply with the plans,~~
21 ~~policies, procedures, and guidelines adopted by the EMS Advisory Board. Grants may be~~
22 ~~approved for the following:~~

- 1 1. ~~Establishment of a new EMS agency, program, or service where needed to improve~~
- 2 ~~emergency medical services offered in an area;~~
- 3 2. ~~Expansion or improvement of an existing EMS agency, program, or service;~~
- 4 3. ~~Replacement of equipment or procurement of new equipment; or~~
- 5 4. ~~Establishment, expansion or improvement of EMS training programs.~~

6 **12VAC5-31-2840. R~~S~~AF General Grant award cycle. (Repealed.)**

7 A. ~~The grant period shall be for a period of 12 months from the date of award and there shall~~

8 ~~be two review cycles per year.~~

9 B. ~~Deadline for submission of applications shall be March 15 and September 15 of each~~

10 ~~year. Applications must be received in the Office of EMS by 5 p.m. of the date of the deadline.~~

11 ~~In the event the deadline falls on a Saturday, Sunday, or state or federal holiday, the application~~

12 ~~must be received by 5 p.m. in the Office of EMS the next business day.~~

13 C. ~~Applications shall be made to the Office of EMS on an approved application form.~~

14 D. ~~Dates of award shall be July 1 and January 1 of each year.~~

15 E. ~~Other dates in the award process shall be established by the Office of EMS.~~

16 **12VAC5-31-2850. Emergency awards. (Repealed.)**

17 A. ~~The commissioner empowers the Office of EMS the ability to implement Emergency~~

18 ~~Grant Awards. The Office of EMS will advise the EMS Advisory Board and FARC of emergency~~

19 ~~grants awarded and the purpose(s) of disbursement of these funds.~~

20 B. ~~Applications shall be made to the Office of EMS on an approved application form at any~~

21 ~~time.~~

22 C. ~~The Emergency Grant Award will be made or rejected by the Office of EMS within 10~~

23 ~~business days after receiving an application on an approved form.~~

1 ~~D. Award of funds shall be based upon the demonstrated needs arising from a natural or~~
2 ~~man-made disaster as defined in § 44-146.16 of the Code of Virginia.~~

3 ~~E. Award of funds shall be based upon incidents or circumstances involving the loss or~~
4 ~~potential loss of critical equipment or services.~~

5 **~~12VAC5-31-2860. EMS System Initiative Awards. (Repealed.)~~**

6 ~~EMS System Initiative Awards are based on priorities and needs identified by the EMS~~
7 ~~Advisory Board in consultation with the Office of EMS to meet EMS system objectives as~~
8 ~~stipulated in § 32.1-111.3 of the Code of Virginia.~~

9 ~~1. The Office of EMS or FARC, in consultation with EMS Advisory Board, may~~
10 ~~implement EMS System Initiative Awards at any time. Examples of such awards would~~
11 ~~include medically advanced equipment with broad application (automated external~~
12 ~~defibrillation) and information technology to enhance communications and data~~
13 ~~(computers).~~

14 ~~2. EMS System Initiative Award applications shall be submitted on the Office of EMS~~
15 ~~approved form, using approved pricing, application eligibility award criteria, and~~
16 ~~approved priorities.~~

17 ~~3. The EMS System Initiative Award will be made or rejected by the Office of EMS within~~
18 ~~30 business days after receiving an application on an approved form.~~

19 ~~4. EMS System Initiative Awards may be granted for the following purposes, based upon~~
20 ~~the demonstrated need:~~

21 ~~a. Establishment of a new EMS agency, program, or service where needed to~~
22 ~~improve emergency medical services offered in an area;~~

23 ~~b. Expansion or improvement of an existing EMS agency, program, or service;~~

1 c. Replacement of equipment or procurement of new equipment; or

2 d. Establishment, expansion or improvement of EMS training programs.

3 **12VAC5-31-2870. Responsibilities of the grantee. (Repealed.)**

4 A. ~~Grantee shall not discriminate in the provisions of its services or in the conduct of its~~
5 ~~business affairs on the basis of race, color, creed, religion, sex, national origin, or disability.~~

6 B. ~~Grantee must comply with these regulations. The grantee shall be responsible for~~
7 ~~ensuring that item(s) purchased in whole or in part with the use of the state moneys comply with~~
8 ~~these regulations.~~

9 C. ~~Grantee shall be responsible for the preparation and maintenance of proper accounting~~
10 ~~records that shall be maintained for a period of not less than five years from the end of the grant~~
11 ~~period.~~

12 **12VAC5-31-2880. Application for award. (Repealed.)**

13 A. ~~Applications shall be made to the Office of EMS.~~

14 B. ~~The Office of EMS will review applications for compliance with the EMS regulations and~~
15 ~~RSAF policies and procedures. The FARC reviews and grades applications and makes~~
16 ~~recommendations on general grant funding.~~

17 **12VAC5-31-2890. (Reserved.) (Repealed.)**

18 **12VAC5-31-2900. Awards. (Repealed.)**

19 A. ~~The Office of EMS shall make awards as approved by the commissioner.~~

20 B. ~~Grantees will be notified of their award.~~

21 C. ~~Funds may be disbursed to the grantee at any time within the grant period. Agreement to~~
22 ~~the award and any attached conditions shall be secured prior to any disbursements.~~

1 **12VAC5-31-2910. Amount of grant award. (Repealed.)**

2 A. ~~The amount of RSAF General Grant award granted an applicant will not exceed 50% of~~
3 ~~the cost of the item(s) except in documented and approved cases of hardship. The amount of~~
4 ~~an RSAF General Grant award shall be based upon the amount requested for the item(s) and~~
5 ~~state approved pricing determined by the Office of EMS. The amount awarded will not exceed~~
6 ~~the amount requested by the applicant.~~

7 B. ~~Additional funding may be recommended for those unique situations where the applicant~~
8 ~~has demonstrated the lack of reasonable capability to generate a 50% match (hardship). The~~
9 ~~additional funding above a 50% match will be determined by the FARC.~~

10 1. ~~Awards identified on the notice of award as being "hardship" (above a 50% match~~
11 ~~level) require the grantee to purchase from available state contracts.~~

12 ~~Awardees, able to demonstrate the ability to purchase at a cost equal to or less than the~~
13 ~~state contract price, may purchase outside the state contract with prior approval.~~

14 2. ~~The FARC shall recommend the percentage of an RSAF General Grant award based~~
15 ~~upon the review of the application.~~

16 **12VAC5-31-2920. Use of funds. (Repealed.)**

17 A. ~~Awards shall be made in accordance with § 32.1-111.12 of the Code of Virginia.~~

18 B. ~~Funds shall be used only for the specific items, service, or programs for which they were~~
19 ~~awarded and in accordance with any conditions placed upon a grant award.~~

20 C. ~~The grantee shall sign an agreement form attesting that the award funds shall be used as~~
21 ~~granted and the grantee meets all conditions placed upon the award.~~

1 ~~D. Sale, trade, transfer, or disposal, within five years of vehicles or items specified by the~~
2 ~~Office of EMS in the notice of award purchased in whole or in part with the use of state moneys~~
3 ~~requires prior approval by the Office of EMS.~~

4 ~~E. EMS vehicles purchased with funding from the RSAF shall meet the current state and~~
5 ~~federal standards for the type of vehicle purchased.~~

6 ~~F. Funds shall not be used for expenditures or commitments made before the date of the~~
7 ~~grant award or after the conclusion of the grant period.~~

8 ~~G. Funds shall not be approved or disbursed for:~~

9 ~~1. Leased equipment or vehicle;~~

10 ~~2. Equipment or vehicles secured by a lien;~~

11 ~~3. Guarantees or warranties;~~

12 ~~4. Used equipment or vehicles without prior approval; or~~

13 ~~5. Fire suppression apparatus or law enforcement equipment.~~

14 **12VAC5-31-2930. Ownership. (Repealed.)**

15 ~~All equipment, including EMS vehicles, shall be in the name of the organization to which the~~
16 ~~award has been made or in the name of the local jurisdiction or government entity in which the~~
17 ~~organization is located. This requirement shall apply to the ownership of equipment purchased~~
18 ~~in whole or in part with the use of these funds.~~

19 ~~A copy of the title for each EMS vehicle shall be provided to the Office of EMS.~~

20 **12VAC5-31-2940. Improper expenditures. (Repealed.)**

21 ~~A. An audit revealing expenditures not permitted by the conditions of the award will result in~~
22 ~~the grantee being required to reimburse the Office of EMS any funds received.~~

1 ~~B. An agency providing false, misleading or improper information to the Office of EMS will be~~
2 ~~ineligible for future grants for a period of five years.~~

3 **~~12VAC5-31-2950. Modification of an award. (Repealed.)~~**

4 ~~Any changes in the project, including any changes in the approved item(s), shall be~~
5 ~~permitted only by modification of the award.~~

6 ~~1. The grantee must request in writing the specific modifications desired and the reasons~~
7 ~~and circumstances necessitating such a request to the Office of EMS.~~

8 ~~2. The commissioner may modify, approve or deny the request for modification.~~

9 **~~12VAC5-31-2960. Suspension of an award. (Repealed.)~~**

10 ~~A. The commissioner may suspend an award and all disbursements of funds attached~~
11 ~~pending an investigation and following an informal fact finding conference as defined in the~~
12 ~~Virginia Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia).~~

13 ~~B. There shall exist reasonable cause for suspension prior to such action by the~~
14 ~~commissioner. Such cause shall include:~~

15 ~~1. Failure to comply with these regulations;~~

16 ~~2. Violation of the terms of any conditions or agreements attached to an award; or~~

17 ~~3. A reasonable belief by the commissioner that any such violations might otherwise~~
18 ~~continue unabated.~~

19 ~~C. The Office of EMS shall notify the grantee of the suspension by certified mail to the last~~
20 ~~known address.~~

21 ~~D. A suspension shall take effect immediately upon receipt of notification unless otherwise~~
22 ~~specified. A suspension shall remain in effect until reinstated or revoked by the commissioner.~~

1 **12VAC5-31-2970. ~~Revocation of an award. (Repealed.)~~**

2 The commissioner may ~~revoke an award and all disbursements of funds attached after an~~
3 ~~informal fact finding conference as defined in the Administrative Process Act (§ 2.2-4000 et seq.~~
4 ~~of the Code of Virginia) or waiver thereof.~~

5 1. ~~Cause. There must exist reasonable cause for revocation prior to such action by the~~
6 ~~commissioner.~~

7 2. ~~Notification. The Office of EMS must notify the grantee of the revocation by certified~~
8 ~~mail to the last known address.~~

9 3. ~~Period of effect. A revocation shall be permanent unless and until overturned on~~
10 ~~appeal.~~

11 FORMS (12VAC5-31) (Repealed.)

12 [~~EMT Clinical Training Summary Record, EMS.TR.05 \(rev. 8/2012\)~~](#)

13 [~~Training Program Complaint Form, EMS.TR.30 \(rev. 1/2011\)~~](#)

14 [~~Course Approval Request, EMS.TR.01 \(rev. 4/2016\)~~](#)

15 [~~Psychomotor Examination Payment Request Form, EMS.TR.CTS.001 \(rev. 3/2013\)~~](#)

16 [~~EMS Variance/Exemption Application for Providers, EMS 6036 \(rev. 6/2011\)~~](#)

17 [~~EMS Variance/Exemption Application for Agencies, EMS 6037 \(rev. 6/2011\)~~](#)

18 [~~Course Summary Form, EMS.TR.03 \(rev. 6/2011\)~~](#)

19 [~~EMS Certification Application, Form A \(undated\)~~](#)

20 [~~EMS Training Program Enrollment Form, Form E \(undated\)~~](#)

21 [~~EMS Continuing Education Registration Card \(undated\)~~](#)

22 [~~Application for EMS Agency License \(undated\)~~](#)

- 1 [Application for EMS Vehicle Permit with Instructions, EMS 6022 \(rev. 8/2015\)](#)
- 2 [Complaint Report Form \(rev. 11/2010\)](#)
- 3 [Operational Medical Director Agreement \(rev. 8/2012\)](#)
- 4 [ALS-Coordinator Application, EMS.TR.31 \(rev. 11/2011\)](#)
- 5 [Emergency Medical Services Medical Record \(rev. 6/2010\)](#)
- 6 [BLS Course Student Information Package, EMS.TR.09 \(rev. 5/2012\)](#)
- 7 [ALS Course Student Information Package, EMS.TR.10 \(rev. 5/2012\)](#)
- 8 [BLS Individual Age, Clinical and Skill Performance Verification, EMS.TR.33 \(rev. 1/2011\)](#)
- 9 [Student Permission Form for BLS Students Less than 18 Years Old, EMS.TR.07 \(rev.](#)
- 10 [7/2011\)](#)
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2 [Cardiology, American College of Emergency Physicians, American College of Osteopathic](#)
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4 [Commission on Accreditation of Allied Health Education Programs, National Association of](#)
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13

1 CHAPTER 32

2 0032 VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

3 CHAPTER 32

4 VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

5 Part I

6 General Provisions

7 Article 1

8 Definitions

9 12VAC5-32-10. Definitions.

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

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

15 "Accreditation" means approval granted to an entity by the Office of Emergency Medical
16 Services (OEMS) after the institution has met specific requirements enabling the institution to
17 conduct basic or advanced life support training and education programs. There are four levels of
18 accreditation: interim, provisional, full, and probationary.

19 "Accreditation cycle" means the term or cycle at the conclusion of which accreditation
20 expires unless a full self-study is performed. Accreditation cycles are typically quinquennial
21 (five-year) but these terms may be shorter, triennial (three-year) or biennial (two-year), if the
22 Office of EMS deems it necessary.

1 "Accreditation date" means the date of the accreditation decision that is awarded to an entity
2 following its full site visit and review.

3 "Accreditation decision" means the conclusion reached about an entity status after
4 evaluation of the results of the onsite survey, recommendations of the site review team, and any
5 other relevant information such as documentation of compliance with standards, documentation
6 of plans to correct deficiencies, or evidence of recent improvements.

7 "Accreditation denied" means an accreditation decision that results when an entity has been
8 denied accreditation. This accreditation decision becomes effective only when all available
9 appeal procedures have been exhausted.

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

11 "Acute care hospital" means any hospital that provides emergency medical services on a
12 24-hour basis.

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

15 "Advanced life support" or "ALS" means the provision of care by EMS personnel who are
16 certified as an Emergency Medical Technician, Advanced EMT, Intermediate, Paramedic or
17 equivalent as approved by the Board of Health.

18 "Advanced life support in the air medical environment" is a mission generally defined as the
19 transport of a patient who receives care during a transport that includes an invasive medical
20 procedure or the administration of medications, including IV infusions, in addition to any
21 noninvasive care that is authorized by the Office of EMS.

22 "Advanced life support certification course" means a training program that allows a student
23 to become eligible for a new ALS certification level. Programs must meet the educational

1 requirements established by the Office of EMS as defined by the respective advanced life
2 support educational standards (VEMSES). Initial certification courses include:

3 1. Advanced EMT;

4 2. Intermediate;

5 3. Paramedic;

6 4. Other programs approved by the Office of EMS.

7 "Advanced life support (ALS) coordinator" means a person who has met the criteria
8 established by the Office of EMS to assume responsibility for conducting ALS continuing
9 education training programs.

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

12 "Affiliated" means a person who is employed by or a member of an EMS agency.

13 "Air medical specialist" means a person trained in the concept of flight physiology and the
14 effects of flight on patients through documented completion of a program approved by the Office
15 of EMS. This training must include but is not limited to aerodynamics, weather, communications,
16 safety around aircraft/ambulances, scene safety, landing zone operations, flight physiology,
17 equipment/aircraft familiarization, basic flight navigation, flight documentation, and survival
18 training specific to service area.

19 "Ambulance" means (as defined by § 32.1-111.1 of the Code of Virginia) any vehicle, vessel
20 or craft that holds a valid permit issued by the Office of EMS and that is specially constructed,
21 equipped, maintained, operated, and intended to be used for emergency medical care and the
22 transportation of patients who are sick, injured, wounded, or otherwise incapacitated or

1 helpless. The word "ambulance" may not appear on any vehicle, vessel or aircraft that does not
2 hold a valid EMS vehicle permit.

3 "Approved locking device" means a mechanism that prevents removal or opening of a drug
4 kit by means other than securing the drug kit by the handle only.

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

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

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

11 "Basic life support" or "BLS" means the provision of care by EMS personnel who are
12 certified as, Emergency Medical Responder (EMR), Emergency Medical Technician (EMT) or
13 equivalent as approved by the Board of Health.

14 Basic life support in the air medical environment means a mission generally defined as the
15 transport of a patient who receives care during a transport that is commensurate with the scope
16 of practice of an EMT. In the Commonwealth of Virginia care that is provided in the air medical
17 environment must be assumed at a minimum by a Virginia certified Paramedic, who is a part of
18 the regular air medical crew. (fixed wing excluded)

19 "BLS certification course" means a training program that allows a student to become eligible
20 for a new BLS certification level. Programs must meet the educational requirements established
21 by the Office of EMS as defined by the respective basic life support education standard
22 (VEMSES). Initial certification courses include:

23 1. Emergency Medical Responder;

1 2. Emergency Medical Technician; and

2 3. Other programs approved by the Office of EMS.

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

4 "Candidate" means any person who is enrolled in or is taking a course leading toward initial
5 certification.

6 "Candidate status" means the status awarded to a program that has made application to the
7 Office of EMS for accreditation but that is not yet accredited.

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

9 "Certification" means a credential issued by the Office of EMS for a specified period of time
10 to a person who has successfully completed an approved training program and received
11 National Registry certification.

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

13 "Certification candidate status" means any candidate or provider who becomes eligible for
14 certification testing but who has not yet taken the certification test using that eligibility.

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

17 "Certified cardiopulmonary perfusionists" means an individual who has successfully passed
18 the American Board of Cardiovascular Perfusion written and practical exams.

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

21 "Commercial mobile radio service" or "CMRS" as defined in §§ 3 (27) and 332 (d) of the
22 Federal Telecommunications Act of 1996, 47 USC § 151 et seq., and the Omnibus Budget
23 Reconciliation Act of 1993, Public Law 103-66, 107 USC § 312. It includes the term "wireless"

1 and service provided by any wireless real time two-way voice communication device, including
2 radio-telephone communications used in cellular telephone service or personal communications
3 service (e.g., cellular telephone, 800/900 MHz Specialized Mobile Radio, Personal
4 Communications Service, etc.).

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

8 "Continuing education" or "CE" means an instructional program that enhances a particular
9 area of knowledge or skills beyond compulsory or required initial training.

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

12 "Course coordinator" means the person identified on the course approval request as the
13 coordinator who is responsible with the physician course director for all aspects of the program
14 including but not limited to assuring adherence to the rules and regulations, office policies, and
15 any contract components.

16 "Critical care" or "CC" in the air medical environment is a mission defined as an interfacility
17 transport of a critically ill or injured patient whose condition warrants care commensurate with
18 the scope of practice of a physician or registered nurse.

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

21 "Defibrillation" means the discharge of an electrical current through a patient's heart for the
22 purpose of restoring a perfusing cardiac rhythm. For the purpose of these regulations,
23 defibrillation includes cardioversion.

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

5 "Defibrillator -- manual" means a monitor/defibrillator that has no capability for rhythm
6 analysis and will charge and deliver a shock only at the command of the operator. For the
7 purpose of compliance with these regulations, a manual defibrillator must be capable of
8 synchronized cardioversion and noninvasive external pacing. A manual defibrillator must be
9 approved by the United States Food and Drug Administration.

10 "Designated infection control officer" means a liaison between the medical facility treating
11 the source patient and the exposed employee. This person has been formally trained for this
12 position and is knowledgeable in proper post exposure medical follow up procedures and
13 current regulations and laws governing disease transmission.

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

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

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

21 "Emergency medical services" or "EMS" means health care, public health, and public safety
22 services used in the medical response to the real or perceived need for immediate medical
23 assessment, care or transportation and preventive care or transportation in order to prevent loss
24 of life or aggravation of physiological or psychological illness or injury.

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

3 "EMS education coordinator" means any EMS provider who possesses Virginia certification
4 as an EMS education coordinator. Such certification does not confer authorization to practice
5 EMS.

6 "Emergency medical services agency" or "EMS agency" means any person engaged in the
7 business, service, or regular activity, whether or not for profit, of transporting or rendering
8 immediate medical care and providing transportation to persons who are sick, injured, or
9 otherwise incapacitated or helpless and that holds a valid license as an emergency medical
10 services agency issued by the Commissioner in accordance with §32.1-111.6.

11 "EMS agency status report" means a report submitted on forms specified by the Office of
12 EMS that documents the operational capabilities of an EMS agency including data on
13 personnel, vehicles and other related resources.

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

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

21 "Emergency medical services provider" or "EMS provider" means any person who holds a
22 valid certificate as an emergency medical services provider issued by the Commissioner.

23 "Emergency medical services system" or "EMS system" means the system of emergency
24 medical services agencies, vehicles, equipment, and personnel; health care facilities; other

1 health care and emergency services providers; and other components engaged in the planning,
2 coordination, and delivery of emergency medical services in the Commonwealth, including
3 individuals and facilities providing communications and other services necessary to facilitate the
4 delivery of emergency medical services in the Commonwealth.

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

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

13 "Emergency vehicle operator's course" or "EVOOC" means an approved course of instruction
14 for EMS vehicle operators that includes safe driving skills, knowledge of the state motor vehicle
15 code affecting emergency vehicles, and driving skills necessary for operation of emergency
16 vehicles during response to an incident or transport of a patient to a health care facility. This
17 course must include classroom and driving range skill instruction. An approved course of
18 instruction includes the course objectives as identified within the U.S. Department of
19 Transportation Emergency Vehicle Operator curriculum or as approved by OEMS.

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

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

23 "FAR" means Federal Aviation Regulations.

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

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

3 "Full accreditation" means an accreditation decision awarded to an entity that demonstrates
4 satisfactory compliance with applicable Virginia standards in all performance areas.

5 "Fund" means the Virginia Rescue Squad Assistance Fund.

6 "Institutional self study" means a document whereby training programs seeking accreditation
7 answer questions about their program for the purpose of determining their level of preparation to
8 conduct initial EMS training programs.

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

10 "Instructor aide" means providers certified at or above the level of instruction.

11 "Interfacility transport" in the air medical environment means as a mission for whom an
12 admitted patient (or patients) was transported from a hospital or care giving facility (clinic,
13 nursing home, etc) to a receiving facility or airport.

14 "Invasive procedure" means a medical procedure that involves entry into the living body, as
15 by incision or by insertion of an instrument.

16 "Letter of Review" (LOR) means an authorization for an EMS accredited training center to
17 conduct EMS classes until full accreditation is received. This can be issued by either CoAEMSP
18 for Paramedic level courses or by the Office of EMS for EMR, EMT, Advanced EMT, and
19 Intermediate-99 courses.

20 "License" means an authorization issued by the Office of EMS to provide emergency
21 medical services in the state as an EMS agency.

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

4 "Local EMS response plan" means a written document that details the primary service area
5 and responding interval standards as approved by the local government and the operational
6 medical director.

7 "Local governing body" or "governing body" means members of the governing body of a city,
8 county, or town in the Commonwealth who are elected to that position or their designee.

9 "Major medical emergency" means an emergency that cannot be managed through the use
10 of locally available emergency medical resources and that requires implementation of special
11 procedures to ensure the best outcome for the greatest number of patients as determined by
12 the EMS provider in charge or incident commander on the scene. This event includes local
13 emergencies declared by the locality's government and states of emergency declared by the
14 Governor.

15 "Medical care facility" means (as defined by § 32.1-102.1 of the Code of Virginia) any
16 institution, place, building or agency, whether licensed or required to be licensed by the board or
17 the Department of Behavioral Health and Developmental Services, whether operated for profit
18 or nonprofit and whether privately owned or privately operated or owned or operated by a local
19 governmental unit, by or in which health services are furnished, conducted, operated or offered
20 for the prevention, diagnosis or treatment of human disease, pain, injury, deformity or physical
21 condition, whether medical or surgical.

22 "Medical control" means the direction and advice provided through a communications device
23 (on-line) to on-site and in-transit EMS personnel from a designated medical care facility staffed
24 by appropriate personnel and operating under physician supervision.

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

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

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

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

16 "Neonatal" or "neonate" means, for the purpose of interfacility transportation, any infant who
17 is deemed a newborn within a hospital, has not been discharged since the birthing process, and
18 is currently receiving medical care under a physician.

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

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

23 "Office of EMS" or "OEMS" means the Office of Emergency Medical Services within the
24 Virginia Department of Health.

1 "Operational medical director" or "OMD" means an EMS physician, currently licensed to
2 practice medicine or osteopathic medicine in the Commonwealth, who is formally recognized
3 and responsible for providing medical direction, oversight and quality improvement to an EMS
4 agency and personnel.

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

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

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

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

18 "Physician assistant" means an individual who holds a valid, unrestricted license to practice
19 as a physician assistant in the Commonwealth.

20 "Physician course director" or "PCD" means an EMS physician who is co-responsible for the
21 didactic, lab, and clinical aspects of emergency medical care training programs, including the
22 clinical and field actions of enrolled students.

23 "Patient care report" or "PCR" means a document used to summarize the facts and events
24 of an EMS incident and includes, but is not limited to, the type of medical emergency or nature

1 of the call, the response time, the treatment provided and other minimum data items as
2 prescribed by the board. "PCR" includes any supplements, addenda, or other related
3 attachments that document patient information or care provided.

4 "Prehospital scene" means, in the air medical environment, the direct response to the scene
5 of incident or injury, such as a roadway, etc.

6 "Prescriber" means a practitioner who is authorized pursuant to §§ 54.1-3303 and 54.1-3408
7 of the Code of Virginia to issue a prescription.

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

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

18 "Probationary status" means the Office of EMS will place an institution on publicly disclosed
19 probation when it has not completed a timely, thorough, and credible root cause analysis and
20 action plan of any sentinel event occurring there. When the entity completes an acceptable root
21 cause analysis and develops an acceptable action plan, the Office of EMS will remove the
22 probation designation from the entity's accreditation status.

23 "Program Director" means the individual responsible for all aspects of an accredited program
24 including, but not limited to: administration, organization, supervision of the educational

1 program, continuous quality review, long range planning, effectiveness of the program,
2 cooperative involvement of the physician course director, and adequate controls to assure the
3 quality of the educational program. The Program Director is the only individual eligible to
4 announce a course to the Office of EMS for any education offered under the accreditation.

5 "Provisional accreditation" means an accreditation decision that results when a previously
6 unaccredited entity has demonstrated satisfactory compliance with a subset of standards during
7 a preliminary on-site evaluation. This decision remains in effect for a period not to exceed 365
8 days, until one of the other official accreditation decision categories is assigned based upon an
9 a follow-up site visit against all applicable standards.

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

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

17 "Reaccreditation date" means the date of the reaccreditation decision that is awarded to an
18 entity following a full site visit and review.

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

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

23 "Reentry status" means any candidate or provider whose certification has lapsed within the
24 last two years.

1 "Regional EMS council" means an organization designated by the board that is authorized to
2 receive and disburse public funds in compliance with established performance standards and
3 whose function is to plan, develop, maintain, expand and improve an efficient and effective
4 regional emergency medical services system within a designated geographical area pursuant to
5 § 32.1-111.11 of the Code of Virginia.

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

10 "Registered cardiovascular invasive specialists" means an individual who has successfully
11 passed examinations offered by one or more of several credentialing bodies – (Society of
12 Invasive Cardiovascular Professionals (SICP), the Alliance of Cardiovascular Professionals
13 (ACVP), Cardiovascular Credentialing International (CCI), and the California American College
14 of Cardiology (ACC)).

15 "Registered nurse" means a person who is licensed or holds a multistate privilege under the
16 provisions of Chapter 30 (§ 54.1-3000 et seq.) of Title 54.1 of the Code of Virginia to practice
17 professional nursing.

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

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

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

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

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

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

12 "Responding time" means the elapsed time in minutes between the times a call for
13 emergency medical services is received from the PSAP until the appropriate emergency
14 medical response unit arrives on the scene.

15 "Responding time standard" means a time standard in minutes, established by the EMS
16 agency, the locality and OMD, in which the EMS agency will comply with 90% or greater
17 reliability.

18 "Response obligation to locality" means a requirement of a designated emergency response
19 agency to lend aid to all other designated emergency response agencies within the locality or
20 localities in which the EMS agency is based.

21 "Revocation" means the permanent removal of an EMS agency license, vehicle permit,
22 training certification, ALS coordinator endorsement, EMS education coordinator, EMS physician
23 endorsement or any other designation issued by the Office of EMS.

1 "Safety apparel" means personal protective safety clothing that is intended to provide
2 conspicuity during both daytime and nighttime usage and that meets the Performance Class 2
3 or 3 requirements of the ANSI/ISEA 107–2010 publication entitled "American National Standard
4 for High-Visibility Safety Apparel and Headwear."

5 "Scope of Practice" means the extent and limits of medical procedures and medications that
6 an EMS provider may perform as authorized by the agency medical director.

7 "Sentinel event" means any significant occurrence, action, or change in the operational
8 status of the entity from the time when it either applied for candidate status or was accredited.
9 The change in status can be based on but not limited to one or all of the events indicated below:

10 Entering into an agreement of sale of an accredited entity or an accreditation candidate.

11 Entering into an agreement to purchase or otherwise directly or indirectly acquire an
12 accredited entity or accreditation candidate.

13 Financial impairment of an accredited entity or candidate for accreditation, which affects its
14 operational performance or entity control.

15 Insolvency or bankruptcy filing.

16 Change in ownership or control greater than 25%.

17 Disruption of service to student body.

18 Discontinuance of classes or business operations.

19 Failure to report a change in program personnel, location, change in training level or
20 Committee on Accreditation of Educational Programs for the Emergency Medical Services
21 Professions (CoAEMSP) accreditation status.

22 Failure to maintain a successful passing percentage defined by the Office of EMS.

1 Loss of CoAEMSP or Commission on Accreditation of Allied Health Education Programs
2 (CAAHEP) accreditation.

3 Company fine or fines of greater than \$100,000 for regulatory violation, marketing or
4 advertising practices, antitrust, or tax disputes.

5 "Special conditions" means a notation placed upon an EMS agency or registration, variance
6 or exemption documents that modifies or restricts specific requirements of these regulations.

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

13 "Specialty care mission" in the air medical environment means the transport of a patient
14 requiring specialty patient care by one or more medical professionals who are added to the
15 regularly scheduled medical transport team.

16 "Specialty care provider" in the air medical environment means a provider of specialized
17 medical care, to include but not limited to neonatal, pediatric, and perinatal.

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

23 "Standard operating procedure" or "SOP" means pre-established written agency authorized
24 procedures and guidelines for activities performed by affiliated EMS agency.

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

4 "Suspension" means the temporary removal of an EMS agency license, vehicle permit,
5 training certification, ALS coordinator endorsement, EMS education coordinator, EMS physician
6 endorsement or any other designation issued by the Office of EMS.

7 "Training officer" means an individual who is responsible for the maintenance and
8 completion of agency personnel training records and who acts as a liaison between the agency,
9 the operational medical director, and a participant in the agency and regional quality assurance
10 process.

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

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

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

21 "USDOT" means the United States Department of Transportation.

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

24 "Virginia Emergency Medical Services Educational Standards (VEMSES) means.....

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

6 Article 2

7 Purpose and Applicability

8 12VAC5-32-20. Responsibility for regulations, application of regulations.

9 A. These regulations shall be administered by the following:

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

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

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

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

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

21 1. No person may establish, operate, maintain, advertise or represent themselves, any
22 service or any organization as an EMS agency or as EMS personnel without a valid

1 license or certification, or in violation of the terms of a valid license or certification issued
2 by the Office of EMS.

3 2. A person providing EMS to a patient received within Virginia whether treated and
4 released or transported to a location within Virginia must comply with these regulations
5 unless exempted in these regulations.

6 **12VAC5-32-30. Power and procedures of regulations not exclusive.**

7 The board reserves the right to authorize any procedure for the enforcement of these
8 regulations that is not inconsistent with the provisions set forth herein or the provisions of Article
9 2.1 (§ 32.1-111.1 et seq.) of Chapter 4 of Title 32.1 of the Code of Virginia.

10 **Article 3**

11 **Exceptions, Variances, and Exemptions**

12 **12VAC5-32-100. Exceptions.**

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

16 **12VAC5-32-105. Variances.**

17 A. The commissioner is authorized to grant variances for any part or all of these regulations
18 in accordance with the procedures set forth herein. A variance permits temporary specified
19 exceptions to these regulations. An applicant, licensee, or permit or certificate holder, or
20 designated regional EMS council may file a written request for a variance with the Office of EMS
21 on specified forms. If the applicant, licensee, or permit or certificate holder is an EMS agency,
22 the following additional requirements apply:

1 1. The written variance request shall be submitted for review and recommendations to
2 the governing body or chief administrative officer of the jurisdiction in which the principal
3 office of the EMS agency is located prior to submission to the Office of EMS.

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

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

8 4. Both the written request and the recommendation of the governing body or chief
9 administrative officer shall be submitted together to the Office of EMS.

10 B. If the applicant for a variance is an affiliated provider who is certified or a candidate for
11 certification, the following requirements shall apply:

12 1. The written variance request shall be submitted for review and recommendations to
13 the operational medical director and the head of the agency with which the provider is
14 affiliated.

15 2. Both the written request and the recommendation of the operational medical director
16 and the agency head shall be submitted to the Office of EMS.

17 C. Those providers who are not affiliated with an EMS agency shall submit their variance
18 request to the commissioner for consideration. The commissioner may request additional case-
19 specific endorsements or supporting documentation as part of the application.

20 D. If the applicant for a variance is a designated regional EMS council, the following
21 requirements shall apply:

1 1. The written variance request must be submitted for review and recommendations to
2 the governing body of all localities in the service delivery area of the applicant or the
3 designated regional EMS council prior to submission to the Office of EMS.

4 2. Issuance of a variance does not obligate localities to allow conditions of such variance
5 if they conflict with local ordinances or regulations.

6 3. Both the written request and the recommendation of the governing bodies must be
7 submitted together to the Office of EMS.

8 **12VAC5-32-110. Issuance of a variance.**

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

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

12 2. The agency, service, vehicle or person concerned is licensed, permitted or certified by
13 the Office of EMS or the regional EMS council concerned is designated by the Board of
14 Health;

15 3. The commissioner determines the need for such a variance is genuine, and
16 extenuating circumstances exist;

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

20 5. If the request is made by an EMS agency, the commissioner will consider the
21 recommendation of the governing body or chief administrative officer provided all of the
22 above conditions are met;

1 6. If the request is made by an affiliated provider who is certified or a candidate for
2 certification, the Office of EMS will consider the recommendation of the operational
3 medical director and the agency head for which the provider is affiliated;

4 7. If the request is made by a designated regional EMS Council, the board will consider
5 the recommendation of the governing body provided all the above conditions are met;
6 and

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

11 **12VAC5-32-115. Content of variance.**

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

13 1. The name of the agency, service or vehicle to which, or the person, or designated
14 regional EMS council the variance applies;

15 2. The expiration date of the variance;

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

18 4. Any special conditions that may apply.

19 **12VAC5-32-120. Conditions of variance.**

20 A variance shall be issued and remain valid with the following conditions:

21 1. A variance will be valid for a period not to exceed one year unless and until terminated by
22 the commissioner; and

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

1 **12VAC5-32-125. Termination of variance.**

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

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

4 2. Falsification of any information;

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

6 4. A determination by the Office of EMS to the commissioner that continuation of the
7 variance would present a risk to or threaten or endanger the public health, safety or
8 welfare.

9 B. The commissioner will notify the license, permit or certificate holder or agent of the
10 designated regional EMS council of the termination by certified mail to his last known address.

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

13 **12VAC5-32-130. Denial of a variance.**

14 A request for a variance will be denied by the commissioner if any of the conditions of
15 12VAC5-32-110 fail to be met.

16 **12VAC5-32-135. Exemptions.**

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

20 B. Request. A person may file a written request for an exemption with the Office of EMS on
21 specified forms. If the request is made by an EMS agency, the following additional requirements
22 apply:

1 1. The written request for exemption must be submitted for review and recommendation
2 to the governing body of the jurisdiction or chief administrative officer in which the
3 principal office of the EMS agency is located before submission to the Office of EMS.

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

9 3. Issuance of an exemption does not obligate other jurisdictions to allow the conditions
10 of such exemption if they conflict with local ordinances or regulations.

11 4. Both the written request and the recommendation of the governing body or chief
12 administrative officer shall be submitted together to the Office of EMS.

13 C. If the applicant for an exemption is an affiliated provider who is certified or a candidate for
14 certification, the following requirements shall apply:

15 1. The written exemption request shall be submitted for review and recommendations to
16 the operational medical director and the head of the agency with which the provider is
17 affiliated.

18 2. Both the written request and the recommendation of the operational medical director
19 and the agency head shall be submitted to the Office of EMS.

20 D. Those providers who are not affiliated with an EMS agency shall submit their exemption
21 request to the commissioner for consideration. The commissioner may request additional case-
22 specific endorsements or supporting documentation as part of the application.

23 E. If the applicant for an exemption is a designated regional EMS council, the following
24 requirements shall apply:

1 1. The written request must be submitted for review and recommendations to the
2 governing body of all localities in the service delivery area of the applicant or designated
3 regional EMS council prior to the submission to the Office of EMS.

4 2. The written exemption request must be submitted to the Office of EMS a minimum of
5 30 days before the scheduled review by the governing bodies. At the time of submission,
6 the applicant or designated regional EMS council must provide the Office of EMS with
7 the date, time and location of the scheduled review by the governing bodies.

8 **12VAC5-32-140. Public notice of request for exemption.**

9 Upon receipt of a request for an exemption, the Office of EMS will cause notice of such
10 request to be posted on the Office of EMS section of the Virginia Department of Health's
11 website.

12 **12VAC5-32-145. Public hearing for exemption request.**

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

15 **12VAC5-32-150. Issuance of exemption.**

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

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

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

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

1 B. If the request is made by an EMS agency, the board may accept the recommendation of
2 the governing body or chief administrative officer provided all of the conditions in subsection A
3 of this section are met.

4 C. If the request is made by an affiliated provider who is certified or a candidate for
5 certification, the board will consider the recommendation of the operational medical director and
6 the agency head with which the provider is affiliated.

7 D. If the request is made by a designated regional EMS council, the board may accept the
8 recommendation of the governing bodies provided all of the conditions in subsection A of this
9 section are met.

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

12 **12VAC5-32-155. Content of exemption.**

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

14 1. The name of the agency, service or vehicle, the person, or the name of the applicant
15 or designated regional EMS council to whom the exemption applies;

16 2. The provisions of the regulations that will be exempted; and

17 3. Any special conditions that may apply.

18 **12VAC5-32-160. Conditions of exemption.**

19 A. An exemption remains valid for an indefinite period of time unless and until terminated by
20 the commissioner, or unless an expiration date is specified.

21 B. An exemption is neither transferable nor renewable.

1 **12VAC5-32-165. Termination of exemption.**

2 A. The commissioner may terminate an exemption at any time based upon any of the
3 following:

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

5 2. Suspension or revocation of any licenses, permits, certificates or designation of an
6 EMS council involved; or

7 3. A determination by the commissioner that continuation of the exemption would
8 present risk to, or threaten or endanger the public health, safety or welfare.

9 B. The commissioner will notify the person to whom the exemption was issued of the
10 termination by certified mail to his last known address.

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

13 **12VAC5-32-170. Denial of an exemption.**

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

16 **12VAC5-32-175. General exemptions from these regulations.**

17 The following are exempted from these regulations except as noted:

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

21 B. A person or vehicle assisting with the rendering of emergency medical services or
22 medical transportation in the case of a major medical emergency as reasonably necessary

1 when the EMS agencies, vehicles, and personnel based in or near the location of such major
2 emergency are insufficient to render the services required;

3 C. An EMS agency operated by the United States government within this state. Any person
4 holding a United States government contract is not exempt from these regulations unless the
5 person only provides services within an area of exclusive federal jurisdiction;

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

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

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

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

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

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

18 H. Any vehicle owned by an EMS agency used exclusively for the provision of rescue
19 services.

20 I. Wheelchair interfacility transport services and wheelchair interfacility transport service
21 vehicles that are engaged, whether or not for profit, in the business, service, or regular activity
22 of and exclusively used for transporting wheelchair bound passengers between medical facilities
23 in the Commonwealth when no ancillary medical care or oversight is necessary.

1 J. Stretcher-van interfacility transport services and stretcher-van interfacility transport
2 service vehicles that are engaged, whether or not for profit, in the business, service, or regular
3 activity of and exclusively used for transporting stretcher bound passengers between medical
4 facilities in the Commonwealth when no ancillary medical care or oversight is necessary.

5 **Article 4**

6 **Enforcement Procedures**

7 **12VAC5-32-200. Right to enforcement.**

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

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

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

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

17 E. An agency or designated EMS council, and all places of operation shall be subject to
18 inspection by the Office of EMS for compliance with these regulations. The inspection may
19 include any or all of the following:

20 1. All fixed places of operations, including all offices, stations, repair shops, or training
21 facilities.

22 2. All applicable records maintained by the agency or designated EMS council.

23 3. All EMS vehicles and required equipment used by the agency.

1 **12VAC5-32-205. Enforcement actions.**

2 An enforcement action must be delivered to the affected person and must specify
3 information concerning the violations, the actions required to correct the violations and the
4 specific date by which correction must be made as follows:

5 1. Warning: a verbal notification of an action or situation potentially in violation of these
6 regulations.

7 2. Citation: a written notification for violations of these regulations.

8 3. Suspension: a written notification of the deactivation and removal of authorization
9 issued under a license, permit, certification, endorsement or designation.

10 4. Civil penalty: The commissioner or designee may impose a civil penalty on an agency
11 or entity that fails or refuses compliance with these regulations. Civil penalties may be
12 assessed up to \$1,000 per offense. Violations shall be single, different occurrence for
13 each calendar day the violation occurs and remains uncorrected.

14 5. Action of the commissioner: the commissioner may command a person operating in
15 violation of these regulations or state law pursuant to the commissioner's authority under
16 § 32.1-27 of the Code of Virginia and the Administrative Process Act to halt such
17 operation or to comply with applicable law or regulation. A separate and distinct offense
18 will be deemed to have been committed on each day during which any prohibited act
19 continues after written notice to the offender.

20 6. Criminal enforcement: the commissioner may elect to enforce any part of these
21 regulations or any provision of Title 32.1 of the Code of Virginia by seeking to have
22 criminal sanctions imposed. The violation of any of the provisions of these regulations
23 constitutes a misdemeanor. A separate and distinct offense will be deemed to have been

1 committed on each day during which any prohibited act continues after written notice by
2 the commissioner to the offender.

3 **12VAC5-32-210. Suspension of a license, permit, certificate, endorsement or designation.**

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

6 1. Reasonable cause for suspension must exist before such action is taken by the
7 commissioner. The decision must be based upon a review of evidence available to the
8 commissioner.

9 2. The commissioner may suspend an agency or service license, vehicle permit,
10 personnel certificate, endorsement or designation for failure to adhere to the standards
11 set forth in these regulations.

12 3. An EMS agency license or registration may be suspended if the agency, service or
13 any of its vehicles or personnel is found to be operating in a manner that presents a risk
14 to, or threatens, or endangers the public health, safety or welfare.

15 4. An EMS vehicle permit may be suspended if the vehicle is found to be operated or
16 maintained in a manner that presents a risk to, threatens, or endangers the public
17 health, safety or welfare, or if the EMS agency license has been suspended.

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

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

1 B. Suspension of an EMS agency license shall result in the simultaneous and concurrent
2 suspension of the vehicle permits.

3 C. The commissioner will notify the licensee, or permit or certificate holder of the suspension
4 in person or by certified mail to his last known address.

5 D. A suspension takes effect immediately upon receipt of notification unless otherwise
6 specified. A suspension remains in effect until the commissioner further acts upon the license,
7 permit, certificate, endorsement or designation or until the order is overturned on appeal as
8 specified in the Administrative Process Act.

9 E. The licensee, or permit or certificate holder shall abide by any notice of suspension and
10 shall return all suspended licenses, permits and certificates to the Office of EMS within 10 days
11 of receipt of notification.

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

14 **12VAC5-32-215. Revocation of a license, permit or certificate.**

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

17 1. Reasonable cause for revocation must exist before such action by the commissioner.

18 2. The commissioner may revoke an EMS agency license, EMS vehicle permit, vehicle
19 permit, certification, endorsement or designation for failure to adhere to the standards
20 set forth in these regulations.

21 3. The commissioner may revoke an EMS agency license, an EMS vehicle permit, or
22 EMS personnel certificate for violation of a correction order or for engaging in or aiding,
23 abetting, causing, or permitting any act prohibited by these regulations.

1 4. The commissioner may revoke an EMS training certificate for failure to adhere to the
2 standards as set forth in these regulations or for lack of competence at such level as
3 evidenced by lack of basic knowledge or skill, or for incompetent or unwarranted acts
4 inconsistent with the standards in effect for the level of certification concerned.

5 5. The commissioner may revoke an EMS agency license for violation of federal or state
6 laws resulting in a civil monetary penalty.

7 B. Revocation of an EMS agency license shall result in the simultaneous and concurrent
8 revocation of vehicle permits.

9 C. The commissioner will notify the holder of a license, certification, endorsement or
10 designation of the intent to revoke by signed receipt in person or certified mail to his last known
11 address.

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

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

18 2. Should the holder of a license, certification, endorsement or designation fail to file
19 such notice, he will be deemed to have waived the right to a hearing. In such case, the
20 commissioner may revoke the license or certificate.

21 E. A revocation takes effect immediately upon receipt of notification unless otherwise
22 specified. A revocation order is permanent unless and until overturned on appeal.

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

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

6 **12VAC5-32-220. Correction order.**

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

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

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

14 B. The Office of EMS will send a correction order to the licensee or permit or certificate
15 holder by a signed receipt in person or certified mail to his last known address. Notification will
16 include, but not be limited to, a description of the deficiency or violation to be corrected, and the
17 period within which the deficiency or situation must be corrected, which shall not be less than 30
18 days from receipt of such order.

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

22 D. Should the licensee or permit, certificate, endorsement or designation holder be unable to
23 comply with the correction order by the prescribed date, he may submit a request for

1 modification of the correction order with the Office of EMS. The Office of EMS will approve or
2 disapprove the request for modification of the correction order within 10 days of receipt.

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

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

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

10 **12VAC5-32-225. Judicial review.**

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

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

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

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

1 **Article 5**

2 **Complaints**

3 **12VAC5-32-300. Submission of complaints.**

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

6 1. The name and address of the complainant;

7 2. The name of the agency, service, person or designated regional EMS council involved;

8 3. A description of any vehicle involved; and

9 4. A detailed description of the complaint, including the date, location, witnesses, conditions,
10 and the practice or act that exists or has occurred.

11 **12VAC5-32-305. Investigation process.**

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

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

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

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

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

6 **12VAC5-32-310. Action by the Office of EMS.**

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

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

11 **Part II**

12 **EMS Agency, EMS Vehicle and EMS Personnel Standards**

13 **Article 1**

14 **EMS Agency Licensure and Requirements**

15
16 **12VAC5-32-400. Requirement for EMS agency licensure and EMS certification.**

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

21 **12VAC5-32-405. Provision of EMS within Virginia.**

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

1 **12VAC5-32-410. General applicability of the regulations.**

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

4 **12VAC5-32-415. Compliance with regulations.**

5 A. A person shall comply with these regulations.

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

9 **12VAC5-32-420. EMS agency name.**

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

12 **12VAC5-32-425. Ability to pay.**

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

20 **12VAC5-32-430. Public access.**

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

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

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

6 **12VAC5-32-435. Designated emergency response agency.**

7 An EMS agency that responds to medical emergencies for its primary service area shall be
8 a designated emergency response agency. A designated emergency response agency shall
9 provide services within its primary service area as defined by the local EMS response plan.

10 **12VAC5-32-440. EMS agency availability.**

11 A. An EMS agency shall provide service within its primary service area as defined by the
12 local EMS response plan.

13 B. Licensed EMS agencies that meet the criteria stated in 12VAC5-32-435 but that operate
14 under special conditions, i.e., time of year, etc., must also meet the criteria outlined in 12VAC5-
15 32-465 (A) (2) and (C) (4).

16 **12VAC5-32-445. Destination to specialty care hospitals.**

17 An EMS agency shall follow specialty care hospital triage plans established in accordance
18 with § 32.1-111.3 of the Code of Virginia.

19 **12VAC5-32-450. Nondiscrimination.**

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

1 **12VAC5-32-455. EMS agency licensure classifications.**

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

4 1. Nontransport first response.

5 a. Basic life support.

6 b. Advanced life support.

7 2. Ground ambulance.

8 a. Basic life support.

9 b. Advanced life support.

10 3. Neonatal ambulance.

11 4. Air ambulance.

12 **12VAC5-32-460. Application for EMS agency license.**

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

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

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

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

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

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

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

9 4. The applicant must submit a written agreement with the local governing body that
10 states the applicant agency will assist in mutual aid requests from the local government
11 if EMS personnel, vehicles, equipment, and other resources are available.

12 E. An applicant agency and all places of operation shall be subject to inspection by the
13 Office of EMS for compliance with these regulations. The inspection may include any or all of
14 the following:

15 1. All fixed places of operations, including all offices, stations, repair shops or training
16 facilities.

17 2. All applicable records maintained by the applicant agency.

18 3. All EMS vehicles and required equipment used by the applicant agency.

19 **12VAC5-32-465. Issuance of an EMS agency license.**

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

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

1 2. The applicant is determined by the Office of EMS to be eligible for licensure in
2 accordance with these regulations.

3 3. The applicant is determined by the Office of EMS to provide EMS to the citizens of the
4 Commonwealth in accordance with this chapter.

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

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

10 1. The name and address of the EMS agency;

11 2. The expiration date of the license;

12 3. The types of services for which the EMS agency is licensed; and

13 4. Any special conditions that may apply.

14 D. An EMS agency license will be issued and remain valid with the following conditions:

15 1. An EMS agency license is valid for a period of no longer than two years from the last
16 day of the month of issuance unless and until revoked or suspended by the
17 commissioner.

18 2. An EMS agency license is not transferable.

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

21 **12VAC5-32-470. Display of EMS agency license.**

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

1 **12VAC5-32-475. EMS agency licensure renewal.**

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

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

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

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

11 **12VAC5-32-480. Denial of an EMS agency license.**

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

15 B. An application for a new agency license or renewal of an EMS agency license shall not
16 be issued by the Office of EMS to any firm, corporation, agency, organization, or association
17 that does not intend to provide emergency medical services as part of its operation to the
18 citizens of the Commonwealth.

19 **12VAC5-32-485. Modification of an EMS agency license.**

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

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

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

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

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

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

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

13 **12VAC5-32-490. Termination of EMS agency licensure.**

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

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

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

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

21 3. Advertised notice of its intent to discontinue service has been published in a newspaper
22 of general circulation in its service area and to be posted on the Office of EMS section of the
23 Virginia Department of Health's website.

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

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

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

7 3. The return of all drug kits that are part of a local or regional drug kit exchange program or
8 provision for the proper disposition of drugs maintained under a Board of Pharmacy controlled
9 substance registration.

10 4. The maintenance and secure storage of required agency records and patient care reports
11 for a minimum of five years from the date of termination of service.

12 **12VAC5-32-495. EMS agency insurance.**

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

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

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

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

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

1 **12VAC5-32-500. Place of operations.**

2 A. An EMS agency shall maintain a fixed physical location. Any change in the address of the
3 primary business location and any satellite location require notification to the Office of EMS
4 before relocation of the office space.

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

7 C. The following sanitation measures are required at each place of operation established by
8 the CDC and the Virginia occupational safety and health laws (Title 40.1 of the Code of
9 Virginia):

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

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

15 **12VAC5-32-505. Equipment and supplies.**

16 A. An EMS agency shall hold the permit to an EMS vehicle or have a written agreement for
17 the access to and use of an EMS vehicle. An EMS agency that does not use an EMS vehicle
18 shall maintain the required equipment and supplies for a nontransport response vehicle.

19 B. Adequate stocks of supplies and linens shall be maintained as required for the classes of
20 vehicles in service at each place of operations. An EMS agency shall maintain a supply of at
21 least 10 triage tags of a design approved by the Office of EMS on each permitted EMS vehicle.

1 **12VAC5-32-510. Storage and security of drugs and related supplies.**

2 A. An area used for storage of drugs and administration devices and a drug kit used on an
3 EMS vehicle shall comply with requirements established by the Virginia Board of Pharmacy and
4 the applicable drug manufacturer's recommendations for climate-controlled storage.

5 B. Drugs and drug kits shall be maintained within their expiration date at all times.

6 C. Drugs and drug kits shall be removed from vehicles and stored in a properly maintained
7 and locked secure area when the vehicle is not in use unless the ambient temperature of the
8 vehicle's interior drug storage compartment is maintained within the climate requirements
9 specified in this section.

10 D. An EMS agency shall notify the Office of EMS in writing of any diversion of (i.e., loss or
11 theft) or tampering with any controlled substances, drug delivery devices, or other regulated
12 medical devices from an agency facility or vehicle. Notification shall be made within 15 days of
13 the discovery of the occurrence.

14 E. An EMS agency shall protect EMS vehicle contents from climate extremes.

15 **12VAC5-32-515. Preparation and maintenance of records and reports.**

16 An EMS agency is responsible for the preparation and maintenance of records that shall be
17 available for inspection by the Office of EMS as follows:

18 1. Records and reports shall at all times be stored in a manner to ensure reasonable
19 safety from water and fire damage and from unauthorized disclosure to persons other
20 than those authorized by law.

21 2. EMS agency records shall be prepared and securely maintained at the principal place
22 of operations or a secured storage facility for a period of not less than six years.

1 **12VAC5-32-520. Personnel records.**

2 A. An EMS agency shall have a current personnel record for each individual affiliated with
3 the EMS agency. Each file shall contain documentation of certification, training and
4 qualifications for the positions held.

5 B. An EMS agency shall have a record for each individual affiliated with the EMS agency
6 documenting the results of a criminal history background check conducted through the Central
7 Criminal Records Exchange and the National Crime Information Center via the Virginia State
8 Police, a driving record transcript from the individual's state Department of Motor Vehicles office,
9 and any documents required by the Code of Virginia, no more than 60 days prior to the
10 individual's affiliation with the EMS agency.

11 **12VAC5-32-525. EMS vehicle records.**

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

17 **12VAC5-32-530. Patient care records.**

18 A. The patient care record shall specifically identify by name the personnel who meet the
19 staffing requirements of the EMS vehicle.

20 B. The patient care record shall include the name and identification number of all EMS
21 Personnel on the EMS vehicle and the signature of the attendant-in-charge.

22 C. The required minimum data set shall be submitted on a schedule established by the
23 Office of EMS as authorized in § 32.1-116.1 of the Code of Virginia. This requirement for data
24 collection and submission shall not apply to patient care rendered during local emergencies

1 declared by the locality's government and states of emergency declared by the Governor.
2 During such an incident, an approved triage tag shall be used to document patient care
3 provided unless a standard patient care report is completed.

4 **12VAC5-32-535. EMS Agency Status Report.**

5 A. An EMS agency must submit an "EMS Agency Status Report" to the Office of EMS within
6 30 days of a request or change in status of the following:

- 7 1. Chief executive officer.
8 2. Training officer.
9 3. Designated infection control officer.

10 B. The EMS agency shall provide the leadership position held, to include title, term of office,
11 mailing address, home and work telephone numbers, other available electronic addresses for
12 each individual, and other information as required.

13 **12VAC5-32-540. Availability of these regulations.**

14 An EMS agency shall have readily available at each station access to current regulations for
15 reference use by its officers and personnel.

16 **12VAC5-32-545. Operational Medical Director requirement.**

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

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

1 1. This agreement must describe the process or procedure by which the OMD or EMS
2 agency may discontinue the agreement with prior notification of the parties involved
3 pursuant to 12VAC5-32-2055.

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

6 3. This agreement must specify that EMS agency personnel may only provide
7 emergency medical care and participate in associated training programs while acting
8 with the authorization of the operational medical director and within the scope of the
9 EMS agency license in accordance with these regulations.

10 4. This agreement must provide for EMS agency personnel to have access to the
11 agency OMD in regards to discussion of issues relating to provision of patient care,
12 application of patient care protocols or operation of EMS equipment used by the EMS
13 agency.

14 5. This agreement must ensure that the adequate indemnification or insurance coverage
15 exists for:

16 a. Medical malpractice; and

17 b. Civil claims.

18 B. EMS agency and OMD conflict resolution.

19 1. In the event of an unresolved conflict between an EMS agency and its OMD, the
20 issues involved shall be brought before the designated regional EMS council or local
21 EMS resource's medical direction committee (or approved equivalent) for review and
22 resolution.

1 2. When an EMS agency determines that the OMD presents an immediate significant
2 risk to the public safety or health of citizens, the EMS agency shall attempt to resolve the
3 issues in question. If an immediate risk remains unresolved, the EMS agency shall
4 contact the Office of EMS for assistance.

5 C. Change of operational medical director.

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

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

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

19 4. When temporary circumstances require a short-term change of an EMS agency's
20 OMD for a period not expected to exceed one year (e.g., military commitment,
21 unexpected clinical conflict, etc.), the Office of EMS shall be notified by the OMD within
22 15 days so that a qualified replacement may be approved.

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

4 **12VAC5-32-550. Quality management reporting.**

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

12 **12VAC5-32-555. Designated emergency response agency standards.**

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

15 1. The designated emergency response agency shall develop and maintain, in
16 coordination with their locality, a written plan to provide 24-hour coverage of the
17 agency's primary service area with the available personnel to achieve the approved
18 responding interval standard.

19 2. A designated emergency response agency shall conform to the local responding
20 interval, or in the absence of a local standard the EMS agency shall develop a standard
21 in conjunction with OMD and local government in the best interests of the patient and the
22 community. The EMS agency shall use the response time standard to establish a time
23 frame the EMS agency complies with on a 90% basis within its primary service area (i.e.,

1 a time frame in which the EMS agency can arrive at the scene of a medical emergency
2 in 90% or greater of all calls).

3 a. If the designated emergency response agency finds it is unable to respond within
4 the established unit mobilization interval standard, the call shall be referred to the
5 closest available mutual aid EMS agency.

6 b. If the designated emergency response agency finds it is able to respond to the
7 patient location sooner than the mutual aid EMS agency, the EMS agency shall
8 notify the PSAP of its availability to respond.

9 c. If the designated emergency response agency is unable to respond (e.g., lack of
10 operational response vehicle or available personnel), the EMS agency shall notify
11 the PSAP.

12 d. If a designated emergency response agency determines in advance that it will be
13 unable to respond for emergency service for a specified period of time, it shall notify
14 its PSAP.

15 B. A designated emergency response agency shall have available for review a copy of the
16 local EMS response plan that shall include the established EMS Responding Interval standards.

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

20 D. A designated emergency response agency shall document an annual review of
21 exceptions to established EMS response capability and time interval standards. The results of
22 this review shall be provided to the agency's operational medical director and local governing
23 body.

1 **12VAC5-32-560. Designated emergency response agency mutual aid.**

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

4 B. A designated emergency response agency shall maintain written mutual aid agreements
5 with adjacent designated emergency response agencies in another locality with which it shares
6 a common border. Mutual aid agreements shall specify the types of assistance to be provided
7 and any conditions or limitations for providing this assistance.

8 **Article 2**

9 **Emergency Medical Services Vehicle Permit**

10

11 **12VAC5-32-600. EMS vehicle permit requirement.**

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

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

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

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

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

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

22 2. The applicant is an EMS agency.

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

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

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

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

8 1. The name and address of the agency.

9 2. The expiration date of the permit.

10 3. The classification and type of the EMS vehicle.

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

12 5. Any special conditions that may apply.

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

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

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

17 3. An EMS vehicle permit is not transferable.

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

1 **12VAC5-32-605. Temporary EMS vehicle permit.**

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

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

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

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

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

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

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

17 1. The name and address of the EMS agency.

18 2. The expiration date of the EMS vehicle permit.

19 3. The classification and type of the EMS vehicle.

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

21 5. Any special conditions that may apply.

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

1 1. A temporary EMS vehicle permit is valid for 90 days from the end of the month issued.

2 2. A temporary EMS vehicle permit is not transferable.

3 3. A temporary EMS vehicle permit is not renewable.

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

7 **12VAC5-32-610. Denial of an EMS vehicle permit.**

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

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

12 **12VAC5-32-615. Display of EMS vehicle permit.**

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

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

16 **12VAC5-32-620. EMS vehicle advertising.**

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

19 **12VAC5-32-625. Renewal of an EMS vehicle permit.**

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

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

4 Article 3

5 Emergency Medical Services Vehicle Classifications and Requirements

6 **12VAC5-32-700. EMS vehicle safety.**

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

10 1. Virginia motor vehicle safety inspection, FAA Airworthiness Permit or Coast Guard
11 Safety Inspection or approved equivalent must be current.

12 2. Exterior surfaces of the vehicle including windows, mirrors, warning devices and lights
13 shall be kept clean of dirt and debris.

14 3. Ground vehicle operating weight shall be no more than the manufacturer's gross
15 vehicle weight (GVWR). At minimum, the operating weight shall be GVWR minus 700
16 pounds (316 kg).

17 4. Emergency operating privileges including the use of audible and visible emergency
18 warning devices shall be exercised in compliance with the Code of Virginia and local
19 motor vehicle ordinances.

20 5. The use of any and all tobacco products is prohibited in EMS transport vehicles at all
21 times.

1 **12VAC5-32-705. EMS vehicle occupant safety.**

2 A. An occupant shall use mechanical restraints as required by the Code of Virginia.
3 Stretcher patients shall be secured on the stretcher utilizing a minimum of three straps, to
4 include the upper torso, unless contraindicated by patient condition.

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

7 **12VAC5-32-710. EMS vehicle sanitation.**

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

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

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

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

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

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

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

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

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

9 **12VAC5-32-715. EMS vehicle inspection.**

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

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

14 **12VAC5-32-720. EMS vehicle warning lights and devices.**

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

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

20 2. A ground EMS vehicle shall have at least two flashing or blinking red or red and white
21 lights installed on or above the front bumper and below the bottom of the windshield.

22 3. A ground EMS vehicle shall have an audible warning device installed to project sound
23 forward from the front of the EMS vehicle.

1 **12VAC5-32-725. EMS vehicle communications.**

2 1. Agencies shall maintain proper push-to-talk communications capabilities between the
3 EMS vehicle, the PSAP/Primary Communications Center, and medical receiving facilities

4 2. Agencies shall maintain a second means of communications between its vehicles, base
5 stations/PSAPs, and medical receiving facilities.

6 3. Agencies shall provide portable radios for at least two riding positions

7 4. Agencies shall comply with the Communications Act of 1934, as amended (47 U.S.C.
8 §301 et. seq.).

9 5. Agencies shall comply with all applicable Federal Communications Commission (FCC)
10 requirements under Parts 1, 15, 17, 80, 90 and 101 of the FCC's Rules (47 C.F.R. Parts 1, 15,
11 17, 80, 90 and 101).

12 6. Agencies shall either maintain a license issued by the FCC for the frequencies in all radio
13 equipment or, if relying on another licensed communications system, shall maintain a current
14 memorandum of understanding for the operation of the communications system as required by
15 the FCC.

16 7. Agencies shall maintain interoperability channels within the bands covered by radio
17 equipment operated by the agency in order to communicate with mutual aid partners.

18 8. Agencies shall program radio equipment to operate on Federal Interoperability Channels
19 applicable within the bands covered by the radio equipment operated by the agency to include
20 National Field Interoperability Guide channels.

21 9. A permitted vehicle shall have communications equipment that provides two-way voice
22 communications capabilities between the EMS vehicle's attendant-in-charge and the receiving

1 medical facilities to which it regularly transports or a designated central medical control on one
2 or more of the following frequencies:

3 155.400 MHz (statewide HEAR)

4 155.400 MHz (Tidewater HEAR)

5 155.280 MHz (Inter-Hospital HEAR)

6 462.950/467.950 MHz (MED 9 or CALL 1)

7 462.752/467.975 MHz (MED 10 or CALL 2)

8 462.950-463.19375/467.950-468.19375 (UHF MED CHANNELS 1-10); and 220 MHz,

9 700MHz, 800MHz, or 900MHz frequency and designated talkgroup or channel identified

10 as part of an agency, jurisdictional, or regional

11 communications plan for ambulance to hospital communications.

12 10. Patient care communications with medical facilities may not be conducted on the same
13 frequencies or talk groups as those used for dispatch or on-scene operations.

14 11. Non-transport EMS vehicles and ground ambulances must have communications
15 capability for direct two-way voice communications between the vehicle and air-ambulance
16 designated to serve its primary response area by the Medevac Plan.

17 12. Air ambulances shall have immediate push-to-talk fixed or cross-patched
18 communications equipment under the supervision of an agency dispatch center or
19 governmental PSAP that provides direct two-way voice communications between the air-
20 ambulance, other EMS vehicles in its primary response area and public safety vehicles or
21 personnel at landing zones.

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

4 **12VAC5-32-730. Ground EMS vehicle markings.**

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

9 1. The use of Battenburg markings utilizing contrasting reflective colors may be used in
10 place of the continuous reflective band.

11 2. The use of chevrons on the rear of a vehicle may be used in place of the continuous
12 reflective band. Each stripe in the chevron will be a single reflective color alternating
13 between two high-contrasting colors.

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

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

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

21 2. Ground ambulance:

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

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

3 b. The word "AMBULANCE" shall appear horizontally on or above rear doors. The
4 word "AMBULANCE" shall be in block, contrasting die cut letters of not less than 6"
5 in height, centered, with a white border.

6 c. A "Star of Life" of not less than 32" in blue, die cut style (may be without the white
7 Staff of Asclepius), shall be displayed on the ambulance roof top.

8 3. Neonatal Ambulance:

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

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

13 c. The word "AMBULANCE" shall appear horizontally on or above rear doors. The
14 word "AMBULANCE" shall be in block, contrasting die cut letters of not less than 6"
15 in height, centered, with a white border.

16 d. A "Star of Life" of not less than 32" in blue, die cut style (may be without the white
17 Staff of Asclepius), shall be provided displayed on the ambulance roof top.

18 **12VAC5-32-735. Air Ambulance markings.**

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

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

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

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

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

10 **12VAC5-32-740. EMS vehicle letter restrictions and specifications.**

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

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

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

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

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

3 **12VAC5-32-745. Nontransport response vehicle specifications.**

4 A. A vehicle maintained and operated for response to the location of a medical emergency
5 to provide immediate medical care at the basic or advanced life support level (excluding patient
6 transport) shall be permitted as a nontransport response vehicle.

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

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

12 A nontransport response vehicle used for the delivery of advanced life support must have a
13 locking storage compartment or approved locking bracket for the security of drugs and drug kits.
14 When not in use, drugs and drug kits must be kept locked in the required storage compartment
15 or approved bracket at all times. The EMS agency shall maintain drugs and drug kits as
16 specified in these regulations.

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

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

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

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

3 **12VAC5-32-750. Ground ambulance specifications.**

4 A. A vehicle maintained and operated for response to the location of a medical emergency
5 to provide immediate medical care at the basic or advanced life support level and for the
6 transportation of patients shall be permitted as a ground ambulance.

7 B. A ground ambulance must be commercially constructed and certified to comply with
8 national ambulance standards as approved by the Office of EMS.

9 C. A ground ambulance must be constructed to provide sufficient space for the safe storage
10 of all required equipment and supplies. A ground ambulance must have a locking interior
11 storage compartment or approved locking bracket used for the secure storage of drugs and
12 drug kits that is accessible from within the patient compartment. Drugs and drug kits must be
13 kept in a locked storage compartment or approved bracket at all times when not in use. The
14 EMS agency must maintain drugs and drug kits as specified in these regulations.

15 **12VAC5-32-755. Advanced life support equipment package.**

16 A. An EMS agency licensed to operate nontransport response vehicles or ground
17 ambulances with ALS personnel shall maintain a minimum of one vehicle equipped with an ALS
18 equipment package of the highest category licensed. ALS equipment packages consist of the
19 following categories:

20 1. ALS – Advanced -EMT equipment package; and

21 2. ALS – Intermediate/Paramedic equipment package.

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

1 **12VAC5-32-760. Neonatal ambulance specifications.**

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

5 B. A neonatal ambulance must be commercially constructed and certified to comply with
6 national ambulance standards as approved by the Office of EMS as of the date of vehicle
7 construction.

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

10 1. A neonatal ambulance must be equipped to transport two incubators using
11 manufacturer-approved vehicle mounting devices.

12 2. A neonatal ambulance must have an installed auxiliary power unit that is capable of
13 supplying a minimum of 1.5 Kw of 110VACelectric power. The auxiliary power unit must
14 operate independent of the vehicle with starter and power controls located in the patient
15 compartment.

16 3. A neonatal ambulance must have a locking interior storage compartment or approved
17 locking bracket used for the secure storage of drugs and drug kits that is accessible from
18 within the patient compartment. Drugs and drug kits must be kept in a locked storage
19 compartment or approved bracket at all times when not in use. The EMS agency must
20 maintain drugs and drug kits as specified in these regulations.

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

1 **12VAC5-32-765. EMS vehicle equipment requirements.**

2 In addition to the items otherwise listed in this article, an EMS vehicle must be equipped with
3 all of the items required for its vehicle classification and any ALS equipment package it carries
4 as listed in 12VAC5-32-770.

5 **12VAC5-32-770. Required vehicle equipment.**

6 A. A nontransport vehicle shall carry the following:

7 1. Basic life support equipment.

8 a. Automated external defibrillator (AED) with two sets of patient pads. This may be a
9 combination device that also has manual defibrillation capability (1).

10 b. Pocket mask or disposable airway barrier device with one-way valve (2).

11 c. Oropharyngeal airways set of six, nonmetallic in infant, child, and adult sizes
12 ranging from 43mm to 100mm (sizes 0-5) (1 each).

13 d. Nasopharyngeal airways set of four, varied sizes, with water soluble lubricant (1).

14 e. Self-inflating bag-valve-mask resuscitation with oxygen reservoir in adult size with
15 transparent mask in adult and child sizes (1).

16 f. Self-inflating bag-valve-mask resuscitation with oxygen reservoir in infant size with
17 transparent masks in infant size (1).

18 2. Oxygen apparatus.

19 a. Portable oxygen unit containing a quantity of oxygen sufficient to supply the
20 patient at the approximate flow rate for the period of time it is anticipated oxygen will
21 be needed but not less than 10 liters per minute for 15 minutes. The unit must be
22 capable of being manually controlled and have an appropriate flowmeter (1).

1 b. High concentration oxygen masks, 80% or higher delivery, in child and adult sizes.

2 These masks must be made of single use soft see-through plastic or rubber (2 each).

3 c. Oxygen nasal cannula in child and adult sizes. This cannula must be made of

4 single use soft see-through plastic or rubber (2 each).

5 3. Suction apparatus.

6 a. Battery powered portable suction apparatus. A manually powered device does not
7 meet this requirement (1).

8 b. Suction catheters that are sterile, individually wrapped, disposable, and made of
9 rubber or plastic in sizes as follows: Rigid tonsil tip, FR18, FR14, FR8 and FR6 (2
10 each).

11 4. Patient assessment equipment.

12 a. Stethoscope in adult size (1).

13 b. Stethoscope in pediatric size (1).

14 c. Sphygmomanometer in child, adult, and large adult sizes (1 each).

15 d. Vinyl triage tape rolls of red, black, green, and yellow (1 each).

16 e. 10 OEMS approved triage tags.

17 f. Penlight (1).

18 g. Medical protocols (1).

19 5. Dressing and supplies.

20 a. First aid kit of durable construction and suitably equipped. The contents of this kit
21 may be used to satisfy these supply requirements completely or in part (1).

- 1 b. Trauma dressings, a minimum of 8" x 10" - 5/8 ply when folded, sterile and
- 2 individually wrapped (4).
- 3 c. 4" x 4" gauze pads, sterile and individually wrapped (12).
- 4 d. Occlusive dressings, sterile 3" x 8" or larger (4).
- 5 e. Roller or conforming gauze of assorted widths (6).
- 6 f. Cloth triangular bandages, 36" x 36" x 51", triangle unfolded (10).
- 7 g. Medical adhesive tape, rolls of 1" and 2" (4).
- 8 h. Trauma scissors (1).
- 9 i. Emesis basin containers or equivalents (2).
- 10 j. Sterile normal saline for irrigation, 1000 ml containers (or equivalent volume in
- 11 other container sizes) (1).
- 12 k. Oral glucose (1).
- 13 l. Mechanical tourniquets (2).
- 14 6. Obstetrical kit (one). It must contain the following:
- 15 a. Pairs of sterile surgical gloves (2).
- 16 b. Scissors or other cutting instrument (1).
- 17 c. Umbilical cord ties (10" long) or disposable cord clamps (4).
- 18 d. Sanitary pads (1).
- 19 e. Cloth or disposable hand towels (2).
- 20 f. Soft-tipped bulb syringe (1).
- 21 7. Personal protection equipment.

- 1 a. Waterless antiseptic hand wash (1).
- 2 b. Exam gloves, nonsterile, pairs in sizes small through extra large (5 each).
- 3 c. Disposable gowns or coveralls, each in assorted sizes if not one size fits all style
- 4 (2).
- 5 d. Face shield or eyewear (2).
- 6 e. Infectious waste trash bags (2).
- 7 8. Linen and bedding.
- 8 a. Towels, cloth (2).
- 9 b. Blankets (2).
- 10 9. Splints and immobilization devices.
- 11 Rigid cervical collars in sizes small adult, medium adult, large adult, and pediatric (2
- 12 each). If adjustable type collars are used, then a minimum of three are sufficient.
- 13 10. Safety equipment.
- 14 a. Flashlight (1).
- 15 b. Five-pound Class ABC or equivalent fire extinguisher securely mounted in the
- 16 vehicle in a quick release bracket (1).
- 17 c. Safety apparel (2).
- 18 d. Sharps container (1).
- 19 11. Tools and hazard warning devices.
- 20 a. Adjustable wrench, 10" (1).
- 21 b. Hazard warning devices such as a reflective cone, triangle, or approved equivalent
- 22 (3 each).

1 c. Current USDOT approved Emergency Response Guidebook (1).

2 B. A ground ambulance shall carry the following:

3 1. Basic life support equipment.

4 a. Automated external defibrillator (AED) with two sets of patient pads. This may be a
5 combination device that also has manual defibrillation capability (1).

6 b. Pocket mask or disposable airway barrier device with one-way valve (2).

7 c. Oropharyngeal airways set of six, nonmetallic in infant, child, and adult sizes
8 ranging from 43mm to 100mm (sizes 0-5) (1 each).

9 d. Nasopharyngeal airways set of four, varied sizes, with water soluble lubricant (1).

10 e. Self-inflating bag-valve-mask resuscitation with oxygen reservoir in adult size with
11 transparent mask in adult and child sizes (1 each).

12 f. Self-inflating bag-valve-mask resuscitation with oxygen reservoir in infant size with
13 transparent masks in infant size (1).

14 2. Oxygen apparatus.

15 a. Portable oxygen unit containing a quantity of oxygen sufficient to supply the
16 patient at the approximate flow rate for the period of time it is anticipated oxygen will
17 be needed but not less than 10 liters per minute for 15 minutes. The unit must be
18 capable of being manually controlled and have an appropriate flowmeter (1).

19 b. Installed oxygen system containing a sufficient quantity of oxygen to supply two
20 patient flowmeters at the appropriate flow rate for the period of time it is anticipated
21 oxygen will be needed but not less than 10 liters per minute for 30 minutes. This unit
22 must be capable of being manually controlled, have two flowmeters, and have an
23 attachment available for a single-use humidification device (1).

1 c. High concentration oxygen masks, 80% or higher delivery, in child and adult sizes.

2 These masks must be made of single use soft see-through plastic or rubber (2 each).

3 d. Oxygen nasal cannula in child and adult sizes. This cannula must be made of

4 single use soft see-through plastic or rubber (2 each).

5 3. Suction apparatus.

6 a. Battery powered portable suction apparatus. A manually powered device does not
7 meet this requirement (1).

8 b. Installed suction apparatus capable of providing a minimum of 20 minutes of
9 continuous operation (1).

10 c. Suction catheters that are sterile, individually wrapped, disposable, and made of
11 rubber or plastic in sizes as follows: Rigid tonsil tip, FR18, FR14, FR8 and FR6 (2
12 each).

13 4. Patient assessment equipment.

14 a. Stethoscope in adult size (2).

15 b. Stethoscope in pediatric size (1).

16 c. Sphygmomanometer in child, adult, and large adult sizes (1 each).

17 d. Vinyl triage tape rolls of red, black, green, and yellow (1 each).

18 e. 10 OEMS approved triage tags.

19 f. Penlight (1).

20 g. Medical protocols (1).

21 5. Dressing and supplies.

- 1 a. Trauma dressings, a minimum of 8" x 10" - 5/8 ply when folded, sterile and
- 2 individually wrapped (four).
- 3 b. 4" x 4" gauze pads, sterile and individually wrapped (124).
- 4 c. Occlusive dressings, sterile 3" x 8" or larger (4).
- 5 d. Roller or conforming gauze of assorted widths (6).
- 6 e. Cloth triangular bandages, 36" x 36" x 51", triangle unfolded (10).
- 7 f. Medical adhesive tape, rolls of 1" and 2" (4).
- 8 g. Trauma scissors (1).
- 9 h. Alcohol preps (12).
- 10 i. Emesis basin containers or equivalents (2).
- 11 j. Sterile normal saline for irrigation, 1000 ml containers (or equivalent volume in
- 12 other container sizes) (2).
- 13 k. Oral glucose (2).
- 14 l. Mechanical tourniquets (2).
- 15 6. Obstetrical kit (2). It must contain the following:
- 16 a. Pairs of sterile surgical gloves (2).
- 17 b. Scissors or other cutting instrument (1).
- 18 c. Umbilical cord ties (10" long) or disposable cord clamps (4).
- 19 d. Sanitary pads (1).
- 20 e. Cloth or disposable hand towels (2).
- 21 f. Soft-tipped bulb syringe (1).

1 7. Personal protection equipment.

2 a. Waterless antiseptic hand wash (1).

3 b. Exam gloves, nonsterile, pairs in sizes small through extra large (10 each).

4 c. Disposable gowns or coveralls, each in assorted sizes if not one size fits all style
5 (4).

6 d. Face shield or eyewear (4).

7 e. Infectious waste trash bags (4).

8 8. Linen and bedding.

9 a. Towels, cloth (2).

10 b. Pillows (2).

11 c. Pillow cases (2).

12 d. Sheets (4).

13 e. Blankets (2).

14 f. Male urinal (1).

15 g. Bedpan with toilet paper (1).

16 9. Splints and immobilization devices.

17 a. Rigid cervical collars in sizes small adult, medium adult, large adult, and pediatric
18 (3 each). If adjustable type collars are used, then a minimum of three are sufficient.

19 b. Traction splint with ankle hitch and stand in adult and pediatric size (1 each) or an
20 equivalent traction splint device capable of adult and pediatric application.

21 c. Padded board splints or equivalent for splinting fractures of the upper extremities
22 (2).

- 1 d. Padded board splints or equivalent for splinting fractures of the lower extremities
2 (2).
- 3 e. Long spine boards 16" x 72" minimum size with at least four appropriate restraint
4 straps, cravats, or equivalent restraint devices for each spine board (2).
- 5 f. Short spine board 16" x 34" minimum size or equivalent spinal immobilization
6 devices (1).
- 7 g. Pediatric immobilization device (1).
- 8 h. Cervical immobilization devices (i.e., set of foam blocks, towels or other approved
9 materials) (2).
- 10 10. Safety equipment.
- 11 a. Wheeled ambulance cot with a minimum 350 lb. capacity, three restraint straps,
12 and the manufacturer-approved vehicle mounting device (1).
- 13 b. Wheeled stair chair with a minimum 350 lb. capacity, three restraint straps, with
14 lock able wheels or stabilizer bar (1).
- 15 c. Flashlight (2).
- 16 d. Five-pound Class ABC or equivalent fire extinguisher securely mounted in the
17 vehicle in a quick release bracket. One must be accessible to the patient
18 compartment (2).
- 19 e. Safety apparel (2).
- 20 f. Sharps container, mounted or commercially secured (1).
- 21 g. "No Smoking" sign located in the patient compartment (1).
- 22 11. Tools and hazard warning devices.

- 1 a. Adjustable wrench, 10" (1).
- 2 b. Hazard warning device (i.e., reflective cone, triangle, or approved equivalent) (3
- 3 total).
- 4 c. Current USDOT approved Emergency Response Guidebook (1).

5 C. A neonatal ambulance shall carry the following:

6 1. Basic life support equipment.

- 7 a. Pocket mask or disposable airway barrier device with one-way valve (2).
- 8 b. Oropharyngeal airways set of six, nonmetallic in infant, child, and adult sizes
- 9 ranging from 43mm to 100mm (sizes 0-5) (2 each).
- 10 c. Nasopharyngeal airways set of four, varied sizes, with water soluble lubricant (1).
- 11 d. Self-inflating bag-valve-mask resuscitation with oxygen reservoir in child size with
- 12 transparent masks in child size (1).
- 13 e. Self-inflating bag-valve-mask resuscitation with oxygen reservoir in infant size with
- 14 transparent masks in infant size (1).

15 2. Oxygen apparatus.

- 16 a. Portable oxygen unit containing a quantity of oxygen sufficient to supply the
- 17 patient at the approximate flow rate for the period of time it is anticipated oxygen will
- 18 be needed but not less than 10 liters per minute for 15 minutes. The unit must be
- 19 capable of being manually controlled and have an appropriate flowmeter (1).
- 20 b. Installed oxygen system containing a sufficient quantity of oxygen to supply two
- 21 patient flowmeters at the appropriate flow rate for the period of time it is anticipated
- 22 oxygen will be needed but not less than 10 liters per minute for 30 minutes. This unit

1 must be capable of being manually controlled, have two flowmeters, and have an
2 attachment available for a single-use humidification device (1).

3 c. High concentration oxygen masks, 80% or higher delivery, in child sizes. These
4 masks must be made of single use soft see-through plastic or rubber (4 each).

5 d. Oxygen nasal cannula in child sizes. This cannula must be made of single use soft
6 see-through plastic or rubber (2 each).

7 3. Suction apparatus.

8 a. Battery-powered portable suction apparatus. A manually powered device does not
9 meet this requirement (1).

10 b. Installed suction apparatus capable of providing a minimum of 20 minutes of
11 continuous operation (1).

12 c. Suction catheters that are sterile, individually wrapped, disposable, and made of
13 rubber or plastic in sizes as follows: Rigid tonsil tip, FR18, FR14, FR8 and FR6 (2
14 each).

15 4. Patient assessment equipment.

16 a. Stethoscope in pediatric size (1).

17 b. Stethoscopes in infant and neonate sizes (2 each).

18 c. Sphygmomanometer in child sizes (1 each).

19 d. Sphygmomanometer in infant size (2).

20 5. Dressing and supplies.

21 a. Trauma dressings, a minimum of 8" x 10" - 5/8 ply when folded, sterile and
22 individually wrapped (4).

- 1 b. 4" x 4" gauze pads, sterile and individually wrapped (12).
- 2 c. Occlusive dressings, sterile 3" x 8" or larger (4).
- 3 d. Roller or conforming gauze of assorted widths (6).
- 4 e. Medical adhesive tape, rolls of 1" and 2" (4).
- 5 f. Trauma scissors (1).
- 6 g. Alcohol preps (12).
- 7 hi. Emesis basin containers or equivalents (2).
- 8 i. Sterile normal saline for irrigation, 1000 ml containers (or equivalent volume in
9 other container sizes) (2).
- 10 j. Mechanical tourniquets (2).
- 11 6. Obstetrical kit (2). It must contain the following:
- 12 a. Pairs of sterile surgical gloves (2).
- 13 b. Scissors or other cutting instrument (1).
- 14 c. Umbilical cord ties (10" long) or disposable cord clamps (4).
- 15 d. Sanitary pads (1).
- 16 e. Cloth or disposable hand towels (2).
- 17 f. Soft-tipped bulb syringe (1).
- 18 7. Personal protection equipment.
- 19 a. Waterless antiseptic hand wash (1).
- 20 b. Exam gloves, nonsterile, pairs in sizes small though extra large (10 each).

1 c. Disposable gowns or coveralls, each in assorted sizes if not one size fits all style

2 (4).

3 d. Face shield or eyewear (4).

4 e. Infectious waste trash bags (4).

5 8. Linen and bedding.

6 a. Towels, cloth (2).

7 b. Sheets (4).

8 c. Blankets (2).

9 9. Splints and immobilization devices.

10 a. Rigid cervical collars in pediatric (2 each). If adjustable type collars are used, then

11 a minimum of three are sufficient.

12 b. Pediatric immobilization device (1).

13 10. Safety equipment.

14 a. Flashlight (2).

15 b. Five-pound Class ABC or equivalent fire extinguisher securely mounted in the

16 vehicle in a quick release bracket. One must be accessible to the patient

17 compartment (2).

18 c. Safety apparel (2).

19 d. Sharps container, mounted or commercially secured (1).

20 e. "No Smoking" sign located in the patient compartment (1).

21 11. Tools and hazard warning devices.

22 a. Adjustable wrench, 10" (1).

1 b. Hazard warning devices (reflective cone, triangle or approved equivalent) (3
2 each).

3 c. Current USDOT approved Emergency Response Guidebook (1).

4 D. Advanced life support equipment package.

5 1. Advanced –EMT package.

6 a. Drug kit with all controlled drugs authorized for use by the EMS agency's EMT-
7 Enhanced personnel and other appropriately certified advanced level personnel. The
8 drug kit may contain additional drugs if the kit is a standardized box utilized by
9 multiple EMS agencies operating under a joint drug exchange program (1).

10 b. Assorted intravenous, intramuscular, subcutaneous, and other drug delivery
11 devices and supplies as specified by the agency OMD (1).

12 2. Intermediate/Paramedic package.

13 a. Electrocardiogram (ECG) monitor and manual defibrillator capable of
14 synchronized cardioversion and noninvasive external pacing with capability for
15 monitoring and defibrillating adult and pediatric patients (1).

16 b. ECG monitoring electrodes in adult and pediatric sizes as required by device
17 used. (2 sets each).

18 c. Defibrillation and pacing electrodes in adult and pediatric sizes as required by
19 device used (2 sets each).

20 d. Drug kit with all controlled drugs authorized for use by the EMS agency's
21 Intermediate, Paramedic and other authorized licensed personnel. The drug kit may
22 contain additional drugs if the kit is a standardized box utilized by multiple EMS
23 agencies operating under a joint drug exchange program (1).

1 e. Assorted intravenous, intramuscular, subcutaneous, and other drug delivery
2 devices and supplies as specified by the agency OMD (1).

3 f. Pediatric assessment guides.

4 3. Neonatal ambulance.

5 a. ECG monitor and manual defibrillator capable of synchronized cardioversion and
6 noninvasive external pacing with capability for monitoring and defibrillating adult and
7 pediatric patients (1).

8 b. ECG monitoring electrodes in infant size as required by device used (2 sets).

9 c. Defibrillation and pacing electrodes in adult and pediatric sizes as required by
10 device used (2 sets each).

11 d. Drug kit with all controlled drugs authorized for use by the EMS agency's
12 Advanced EMT, Intermediate, Paramedic and other authorized licensed personnel.
13 The drug kit may contain additional drugs if the kit is a standardized box utilized by
14 multiple EMS agencies operating under a joint drug exchange program (1).

15 e. Assorted intravenous, intramuscular, subcutaneous, and other drug delivery
16 devices and supplies as specified by the agency OMD (1).

17 4. Advanced airway equipment (Intermediate/Paramedic package).

18 a. Secondary airway device (e.g., combitube type or supra-glottic devices) or
19 laryngeal mask airway (LMA) (one).

20 b. Intubation kit to include all of the following items as indicated:

21 (1) Laryngoscope handle with two sets of batteries, adult and pediatric blades in
22 sizes 0-4 (1 set each).

23 (2) Magill forceps in adult and pediatric sizes (1 each).

1 (3) Single use disposable endotracheal tubes in sizes 8.0, 7.0, 6.0, 5.0, 4.0, 3.0, and
2 2.5m or equivalent sizes (2 each).

3 (4) Rigid adult stylettes (2).

4 (5) 10 cc disposable syringes (2).

5 (6) 5 ml of water soluble surgical lubricant (1).

6 (7) Secondary confirmation device such as esophageal detection devices,
7 colorimetric evaluation devices, or equivalent (2).

8 5. Advanced airway neonatal equipment. Intubation kit to include all of the following
9 items as indicated:

10 a. Laryngoscope handle with two sets of batteries, blades in sizes 0-1 (1 set each).

11 b. Single-use disposable endotracheal tubes in sizes 4.0, 3.0, and 2.5mm or
12 equivalent sizes (2 each).

13 c. 10 cc disposable syringes (2).

14 d. 5 ml of water soluble surgical lubricant (1).

15 e. Secondary confirmation device such as esophageal detection devices, colorimetric
16 evaluation devices, or equivalent (2).

17 **Article 4**

18 **Air Medical Regulations, Rotor and Fixed Wing Operations**

19 **12VAC5-32-800. Application for agency licensure.**

20 A. General provisions. Air medial public service agencies will meet or exceed Federal
21 Aviation Regulations, 14 CFR Part 91, and commercial operators will meet or exceed 14 CFR
22 Part 135.

1 B. Interruption of service (rotor wing only). The air medical service shall notify the Office of
2 EMS of temporary discontinuation of service from any base expected to last 24 hours or greater.

3 **12VAC5-32-805. Operations and safety.**

4 Operational policies must be present to address the following areas pursuant to medical
5 flight personnel:

6 1. Hearing protection.

7 2. Protective clothing and dress codes relative to mission type.

8 3. Flight status during pregnancy.

9 4. Flight status during acute illness.

10 **12VAC5-32-810. Air medical service personnel classifications.**

11 Air medical service personnel classifications are as follows:

12 1. Air medical crew (rotary).

13 a. A pilot-in-command in accordance with current Federal Aviation Administration
14 (FAA) requirements.

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

17 (1) Board prepared physician;

18 (2) Nurse practitioner or physician assistant, licensed for a minimum of three years
19 with specialized air medical training and possessing the equivalent training as
20 identified in 12VAC5-32-815;

21 (3) Registered nurse, licensed for a minimum of three years;

1 (4) Paramedic, certified for a minimum of two years with specialized air medical
2 training; or

3 c. An attendant-in-charge shall have specialized air training as identified in 12VAC5-
4 32-815.

5 (d) An attendant shall be a Paramedic, registered nurse, or an equivalent approved
6 by the Office of EMS, with specialized air training as identified in 12VAC5-32-815.

7 2. Air medical crew (fixed wing).

8 a. A pilot-in-command in accordance with current FAA requirements.

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

11 (1) A Board prepared physician;

12 (2) A nurse practitioner or physician assistant licensed for a minimum of three years
13 with specialized air medical training;

14 (3) Registered nurse, licensed for a minimum of three years;

15 (4) Paramedic, certified for a minimum of two years;

16 (5) An emergency medical technician certified for a minimum of two years with
17 specialized air medical training;

18 c. An attendant shall be a Paramedic, registered nurse, or an equivalent approved by
19 the Office of EMS, with specialized air training as identified in 12VAC5-32-815.

20 3. Specialty care mission providers.

21 a. The agency shall have in place policies that identify the crew composition for each
22 specialty mission type that it is willing to perform and are consistent with industry

1 standards. These policies shall be approved by the agency OMD and have a method
2 of continuously monitoring adherence to those policies.

3 b. The specialty care team must minimally consist of a physician, registered nurse or
4 other specialists as the primary caregiver whose expertise must be consistent with
5 the needs of the patient, per the agency's policy required in subdivision 3 a of this
6 section.

7 c. All specialty care team members must have received an orientation to the air
8 medical service that includes (i) in-flight treatment protocols, (ii) general aircraft
9 safety and emergency procedures, (iii) operational policies, (iv) infection control, and
10 (v) altitude physiology annually.

11 d. Specialty care mission personnel must be accompanied by at least one regularly
12 scheduled air medical staff member of the air medical service.

13 (i). Specialty care personnel must have appropriate certification or licensure by
14 appropriate agencies or governing bodies, and have relevant specialty experience as
15 described by program policy.

16 (ii). Pre-transport safety briefing performed prior to transport.

17 (iii). Specialty care personnel are familiar with air medical service policies, safety and
18 survival techniques as they relate to the specific aircraft.

19 **12VAC5-32-815. Training.**

20 A. The air medical agency shall have a planned and structured program in which all medical
21 transport personnel must participate. Competency and currency must be ensured and
22 documented through relevant continuing education programs or certification programs listed in
23 this section. Training and continuing education programs will be guided by each air medical

1 transport service's mission statement and medical direction. Measurable objectives shall be
2 developed and documented for each experience.

3 B. Pilot initial training requirements. In addition to FAA requirements pilots must have the
4 following:

5 1. Orientation to the hospital or health care system associated with the agency's primary
6 service area.

7 2. Orientation to infection control, medical systems installed on the aircraft, and patient
8 loading and unloading procedures.

9 3. Orientation to the EMS and public service agencies unique to the specific coverage
10 area (fixed wing excluded).

11 C. Registered nurse training requirements.

12 1. Valid unrestricted license to practice nursing in Virginia.

13 2. Cardio-Pulmonary Resuscitation (CPR) - documented evidence of current CPR
14 certification according to the American Heart Association (AHA) standards or equivalent
15 as approved by OEMS.

16 3. Advanced Cardiac Life Support (ACLS) - documented evidence of current ACLS
17 according to the AHA or equivalent as approved by OEMS.

18 4. Pediatric Advanced Life Support (PALS) - documented evidence of current PALS or
19 equivalent education.

20 5. Neonatal Resuscitation Program (NRP) - documented evidence of current NRP
21 according to the AHA or American Academy of Pediatrics (AAP) or equivalent education
22 within one year of hire. (fixed wing, mission specific).

23 6. EMT or equivalent education within 12 months of hire (fixed wing excluded).

1 D. Paramedic training requirements.

2 1. Valid Virginia Paramedic certification.

3 2. CPR - documented evidence of current CPR certification according to the AHA
4 standards or equivalent as approved by OEMS.

5 3. ACLS - documented evidence of current ACLS certification according to the AHA or
6 equivalent as approved by OEMS.

7 4. PALS - documented evidence of current PALS or equivalent education.

8 5. NRP - documented evidence of current NRP according to the AHA or AAP or
9 equivalent education within 12 months of hire. (fixed wing, mission specific).

10 E. Minimum initial training for air medical clinical staff.

11 1. Didactic component of initial education - shall be specific for the mission statement
12 and scope of care of the medical transport service. Measurable objectives shall be
13 developed and documented for each experience by the program.

14 Minimum training for all air medical crew members, including the OMD, shall include:

15 a. Altitude physiology and stressors of flight.

16 b. Air medical resource management.

17 c. Aviation - aircraft orientation, safety, in-flight procedures, and general aircraft
18 safety including depressurization procedures for fixed wing.

19 d. Cardiology.

20 e. Disaster and triage.

21 f. EMS radio communications.

22 g. Hazardous materials recognition and response.

- 1 h. External pacemakers, automatic implantable cardiac defibrillator (AICD), and
2 central lines.
- 3 i. High risk obstetric emergencies (bleeding, medical, trauma).
- 4 j. Infection control.
- 5 k. Mechanical ventilation and respiratory physiology for adult, pediatric, and neonatal
6 patients as it relates to the mission statement and scope of care of the medical
7 transport service specific to the equipment.
- 8 l. Metabolic or endocrine emergencies.
- 9 m. Multi-trauma (adult trauma and burns).
- 10 n. Neuro.
- 11 o. Pediatric medical emergencies.
- 12 p. Pediatric trauma.
- 13 q. Pharmacology (specialty application).
- 14 r. Respiratory emergencies.
- 15 s. Scene management.
- 16 t. Rescue and extrication awareness.
- 17 u. Survival training.
- 18 v. Toxicology.
- 19 2. Clinical component of initial education. Clinical experiences or high fidelity simulations
20 shall include the following points (experiences shall be specific to the mission statement
21 and scope of care of the medical transport service). Measurable objectives shall be

1 developed and documented for each experience listed below reflecting hands-on
2 experience versus observation only (fixed wing excluded).

3 a. Advanced airway management.

4 b. Basic care for pediatrics, neonatal and obstetrics.

5 c. Critical care.

6 d. Emergency care.

7 e. Invasive procedures on mannequin equivalent for practicing invasive procedures.

8 f. Pediatric critical care.

9 g. Prehospital care.

10 3. Annual continuing education requirements. Continuing education or staff development
11 programs shall include reviews or updates for all air medical clinical staff and the agency
12 OMD on the following areas:

13 a. Aviation safety issues.

14 b. Altitude physiology.

15 c. Air medical resource management.

16 d. Hazardous materials recognition and response.

17 e. Invasive procedures labs.

18 f. Management of emergency or critical care adults, pediatric, and neonatal patients
19 (medical and trauma).

20 g. Survival training.

21 **12VAC5-32-820. Equipment.**

22 A. Aircraft equipment.

1 1. General aircraft inspection requirements.

2 a. Current FAA documented compliance.

3 b. Current EMS permit posted.

4 c. Interior and supplies clean and sanitary.

5 d. Exterior clean.

6 e. Equipment in good working order.

7 2. Aircraft warning devices.

8 180 degree controllable searchlight 400,000 candle power (fixed wing excluded).

9 3. Design and dimensions.

10 a. Surfaces easily cleaned and stain resistant.

11 b. Security restraints for stretcher to aircraft.

12 b. Climate controlled environment for operator and patient care compartments.

13 d. The service's mission and ability to transport two or more patients shall not
14 compromise the airway or stabilization or the ability to perform emergency
15 procedures on any on-board patient.

16 4. Aircraft communications.

17 a. The aircraft shall be equipped with a functioning emergency locator transmitter
18 (ELT).

19 b. Attendant-in-charge to medical control (fixed wing excluded).

20 c. Patient compartment to pilot.

21 d. The pilot must be able to control and override radio transmissions from the cockpit
22 in the event of an emergency situation.

1 e. The flight crew must be able to communicate internally.

2 f. Cellular phones may not be used to satisfy these requirements.

3 5. Aircraft safety equipment.

4 a. Head strike envelope - Helmets shall be worn by all routine flight crews and
5 scheduled specialty teams.

6 b. Seatbelts for all occupants.

7 c. Flashlight.

8 d. Fire extinguisher mounted in a quick release bracket or other FAA approved fire
9 suppression system.

10 e. All items secured to prevent movement while the air ambulance is in motion.

11 f. "No Smoking" sign posted.

12 g. The aircraft shall be equipped with survival gear specific to the coverage area and
13 the number of occupants.

14 h. Survival kit to include signaling capabilities and shelter.

15 i. Safety apparel for each crew member and specific to mission.

16 B. Medical equipment. Any in-service air ambulance shall be configured in such a way that
17 the medical transport personnel can provide patient care consistent with the mission statement
18 and scope of care of the medical transport service.

19 1. General patient care equipment.

20 a. A minimum of one stretcher shall be provided that can be carried to the patient
21 and properly secured to the aircraft as defined in FAR 27.785.

22 (1) The stretcher shall be age appropriate and full length in the supine position.

1 (2) The stretcher shall be sturdy and rigid enough that it can support
2 cardiopulmonary resuscitation. If a backboard or equivalent device is required to
3 achieve this, such device will be readily available. (1)

4 (3) The head of the stretcher shall be capable of being elevated for patient care and
5 comfort.

6 b. Biohazard container for contaminated sharp objects (ALS), secured or mounted.
7 (1)

8 c. Waterless antiseptic hand wash. (1)

9 d. Exam gloves, nonsterile, pairs in sizes small through extra large (small, medium,
10 large, and extra large), if not one size fits all. (5)

11 e. Face shield or eyewear. (Helmet shield acceptable for this requirement). (2)

12 f. Infectious waste trash bags. (2)

13 2. Basic life support air ambulance equipment requirements.

14 a. Roller or conforming gauze of assorted widths. (6)

15 b. Medical adhesive tape, rolls of 1" and 2". (2)

16 c. Trauma scissors. (1)

17 d. Trauma dressings, minimum of 8" x 10"-5/8 ply, sterile, individually wrapped. (2)

18 e. Sterile 4" x 4" gauze pads, individually wrapped. (10)

19 f. Occlusive dressings, sterile 3" x 8" or larger. (2)

20 g. Oropharyngeal airways, one of each sizes 0-5 wrapped or in closed container. (1
21 set)

- 1 h. Nasopharyngeal airways set of four, varied sizes, with water soluble lubricant. (1
2 set)
- 3 i. Bag valve mask with oxygen attachment, adult size, with transparent mask. (1)
- 4 j. Bag valve mask with oxygen attachment, child size, with transparent mask. (1)
- 5 k. BVM infant mask. (1)
- 6 l. Portable O2 unit containing a quantity of oxygen sufficient to supply the patient at
7 the appropriate flow rate for the period of time it is anticipated oxygen will be needed
8 but not less than 10 liters per minute for 15 minutes. The unit must be manually
9 controlled and have an approved flow meter.
- 10 m. Installed oxygen system containing a sufficient quantity of oxygen to supply two
11 patient flowmeters at the approximate flow rate for the period of time it is anticipated
12 oxygen will be needed, but not less than 10 liters per minute for 30 minutes. This unit
13 must be capable of being manually controlled, have two flowmeters, and have an
14 attachment available for a single use humidification device.
- 15 n. O2 high concentration mask and cannula, child and adult. (2 each)
- 16 o. Installed suction apparatus capable of providing a minimum of 20 minutes of
17 continuous operation. (1)
- 18 p. Battery powered portable suction apparatus. A manually powered device does not
19 meet this requirement. (1)
- 20 q Suction catheters, wrapped, rigid tonsil tip, FR18, FR14, FR8 and FR6. (2 each)
- 21 r. Stethoscope, adult, and pediatric sizes. (1 each)
- 22 s. BP cuff, pediatric, adult, and large adult. (1 each)

1 t. Obstetrics kit containing sterile surgical gloves (2 pair), scissors or other cutting
2 instrument (1), umbilical cord ties (10" long) or disposable cord clamps (4), sanitary
3 pad (1), cloth or disposable hand towels (2), and soft tip bulb syringe (1).

4 u. Emesis basin or equivalent container. (2)

5 v. Removable stretcher or spine board with a minimum of 3 restraint straps and
6 manufacturer approved aircraft mounting device. (1)

7 w. Rigid cervical collars in small adult, medium adult, large adult and pediatric sizes
8 (1 each). If adjustable adult collars are utilized, a minimum of two.

9 x. First aid kit of durable construction and suitably equipped. The contents of this kit
10 may be used to satisfy these supply requirements completely or in part. (1)

11 3. Advanced life support air ambulance equipment requirements.

12 a. A drug kit with controlled medications authorized by the agency's OMD for use by
13 clinical staff. (1)

14 b. Lockable storage for drug kit and supplies.

15 c. All drugs shall be in date.

16 d. Intubation kit with two sets of batteries, adult and pediatric blades and handles
17 (sizes 0-4) (1 set), Magill forceps in adult and pediatric sizes (1 each), disposable
18 tubes in sizes 8.0, 7.0, 6.0, 5.0, 4.0, 3.0, 2.5, or equivalent (2 each), rigid adult
19 stylettes (2 each), 10cc disposable syringe (2), and 5ml of water soluble lubricant (1).

20 e. There shall be an approved secondary airway device as prescribed by the
21 agency's OMD. (1)

22 f. Assorted IV, IM, subcutaneous, and other drug and IV fluid administration delivery
23 devices and supplies as specified by agency's OMD.

1 2. Be clean and neat in appearance;

2 3. Be proficient in reading, writing and speaking the English language in order to clearly
3 communicate with a patient, family or bystander to determine a chief complaint, nature of
4 illness, mechanism of injury and/or assess signs and symptoms.

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

10 5. Provide to the Office of EMS within 15 days, any change in contact information to
11 include mailing address, electronic notification such as email, or telephone number.

12 **12VAC5-32-905. Criminal or enforcement history.**

13 A. General denial. Application for affiliation or certification of individuals convicted of certain
14 crimes present an unreasonable risk to public health and safety. Thus, applications for affiliation
15 or for certification by individuals convicted of the following crimes will be denied in all cases:

16 1. Felonies involving sexual misconduct where the victim's failure to affirmatively consent
17 is an element of the crime, such as forcible rape.

18 2. Felonies involving the sexual or physical abuse of children, the elderly or the infirm,
19 such as sexual misconduct with a child, making or distributing child pornography or
20 using a child in a sexual display, incest involving a child, or assault on an elderly or
21 infirm person.

22 3. Any crime in which the victim is an out-of-hospital patient or a patient or resident of a
23 healthcare facility including abuse of, neglect of, theft from, or financial exploitation of a
24 person entrusted to the care or protection of the applicant.

1 4. Serious crimes of violence against persons such as assault or battery with a
2 dangerous weapon, aggravated assault and battery, murder or attempted murder,
3 manslaughter except involuntary manslaughter, kidnapping, robbery of any degree, or
4 arson.

5 5. Has been subject to a permanent revocation of license or certification by another state
6 EMS office or other recognized state or national healthcare provider licensing or
7 certifying body.

8 B. Presumptive denial. Application for affiliation or current certification by individuals in the
9 following categories will be denied except in extraordinary circumstances, and then will be
10 granted only if the applicant or provider establishes by clear and convincing evidence that
11 certification will not jeopardize public health and safety.

12 1. Application for affiliation or certification by individuals who have been convicted of any
13 crime and who are currently incarcerated, on work release, on probation, or on parole.

14 2. Application for affiliation or certification by individuals convicted of crimes in the
15 following categories unless at least five years have passed since the conviction or five
16 years have passed since release from custodial confinement whichever occurs later:

17 a. Crimes involving controlled substances or synthetics, including unlawful
18 possession or distribution or intent to distribute unlawfully Schedule I through V
19 drugs as defined by the Virginia Drug Control Act (§ 54.1-3400 seq. of the Code of
20 Virginia).

21 b. Serious crimes against property, such as grand larceny, burglary, embezzlement,
22 or insurance fraud.

23 c. Any other crime involving sexual misconduct.

1 3. Is currently under any disciplinary or enforcement action from another state EMS
2 office or other recognized state or national healthcare provider licensing or certifying
3 body. Personnel subject to these disciplinary or enforcement actions may be eligible for
4 affiliation or certification provided there have been no further disciplinary or enforcement
5 actions for five years prior to application for certification in Virginia.

6 C. Permitted vehicle operations. Agencies are responsible for the monitoring of compliance
7 with all driving criteria set forth in these regulations.

8 1. Personnel operating OEMS permitted vehicles shall possess a valid operator's or
9 driver's license from his state of residence.

10 2. Personnel operating OEMS permitted vehicles shall not have been convicted on any
11 charge as described in subsections A and B of this section.

12 3. Personnel who as the proximate result of having operated an OEMS permitted vehicle
13 are (i) convicted of driving under the influence of alcohol or drugs or (ii) sentenced or
14 assigned to any alcohol safety action program or any driver alcohol rehabilitation
15 program pursuant to the Code of Virginia shall be prohibited from operating any OEMS
16 permitted vehicle. Personnel or agencies shall be required to report these situations to
17 OEMS.

18 4. Agencies shall develop and maintain policies that address driver eligibility, record
19 review, and vehicle operation. Such policies must minimally address:

20 a. Driving education or training required for personnel to include information on the
21 agency's policy content;

22 b. Safe operation of vehicles;

23 c. Agency driving record review procedures;

1 d. Requirement for immediate agency notification by personnel regarding any
2 convictions, regardless of the state where an infraction occurred or changes to his
3 operator's or driver's license. The immediate agency notification shall be defined as
4 no more than 10 days following the conviction date; and

5 e. Identification of internal mechanisms regarding agency level actions for driver
6 penalties (i.e., probation or suspension of driving privileges).

7 D. All references to criminal acts or convictions under this section refer to substantially
8 similar laws or regulations of any other state or the United States. Convictions include prior adult
9 convictions, juvenile convictions and adjudications of delinquency based on an offense that
10 would have been, at the time of conviction, a felony conviction if committed by an adult within or
11 outside Virginia.

12 E. Agencies shall submit a report regarding items in this section to OEMS upon request.

13 **12VAC5-32-910. State and federal law compliance.**

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

16 **12VAC5-32-915. Drugs and substance abuse.**

17 A. EMS personnel may not be under the influence of any drugs or intoxicating substances
18 that impairs their ability to provide patient care or operate a motor vehicle while on duty or when
19 responding or assisting in the care of a patient.

20 B. The EMS agency shall have a drug and substance abuse policy which includes a process
21 for testing for drugs or intoxicating substances.

1 **12VAC5-32-920. Disclosure of patient information.**

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

5 1. To provide a copy of the patient care report completed by the attendant-in-charge to
6 the receiving facility for each patient treated or transported;

7 2. To provide a copy of the patient care report completed by the attendant-in-charge for
8 each patient treated to the agency that responds and transports the patients. The patient
9 care report copy shall be released to the transporting agency upon request after the
10 patient transport to complete the transporting agency's records of all care provided to the
11 patients transported;

12 3. To provide for the continuing medical care of the patient;

13 4. To the extent necessary and authorized by the patient or his representative in order to
14 collect insurance payments due;

15 5. To provide continuing medical education of EMS personnel who provide the care or
16 assistance when patient identifiers have been removed; or

17 6. To assist investigations conducted by the board, department or Office of EMS.

18 **12VAC5-32-925. Misrepresentation of qualifications.**

19 EMS personnel shall not misrepresent themselves as authorized to perform a level of care
20 for which they are not currently qualified, licensed or certified. This requirement does not
21 prohibit the performance of patient care by students currently enrolled in a training program
22 when properly supervised as required by these regulations.

1 **12VAC5-32-930. Interference or obstruction of investigation.**

2 Any EMS agency, personnel, or entity who attempts knowingly or willfully to interfere or
3 obstruct an Office of EMS investigation may be subject to enforcement action.

4 **12VAC5-32-935. False application for license, permit, certificate, endorsement or**
5 **designation.**

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

9 **12VAC5-32-940. False statements or submissions.**

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

15 **12VAC5-32-945. Falsification of materials.**

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

19 **12VAC5-32-950. Misappropriation or theft of drugs.**

20 EMS personnel may not possess, remove, use or administer any controlled substances,
21 drug delivery devices or other regulated medical devices from any EMS agency, EMS vehicle,
22 health care facility, academic institution or other location without proper authorization.

1 **12VAC5-32-955. Discrimination in provision of care.**

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

4 **12VAC5-32-960. Sexual harassment.**

5 EMS personnel may not engage in sexual harassment. Sexual harassment includes making
6 unwelcome sexual advances, requesting sexual favors, and engaging in other verbal or physical
7 conduct of a sexual nature as a condition of:

8 1. The provision or denial of emergency medical care to a patient;

9 2. The provision or denial of employment or course advancement;

10 3. The provision or denial of promotions to a coworker;

11 4. For the purpose or effect of creating an intimidating, hostile, or offensive environment
12 for the patient or student or unreasonably interfering with a patient's ability to recover; or

13 5. For the purpose or effect of creating an intimidating, hostile or offensive classroom or
14 working environment or unreasonably interfering with a coworker's or student's ability to
15 perform his work.

16 **12VAC5-32-965. Operational medical director authorization to practice.**

17 A. EMS personnel as defined in § 54.1-3408 of the Code of Virginia may only provide
18 emergency medical care while acting under the authority of the operational medical director for
19 the EMS agency for which they are affiliated and within the scope of the EMS agency license.
20 Privileges to practice must be on the agency's official stationery or indicated in the agency
21 records which are signed and dated by the OMD.

22 B. Agencies shall establish a written policy that identifies the selection, response criteria,
23 utilization, and approval process for (i) EMS personnel to carry and administer an epinephrine

1 auto injector or medically accepted equivalent for emergency cases of anaphylactic shock, and
2 (ii) the possession and administration of oxygen carried on personally owned vehicles (POV).

3 The policy shall also include:

4 1. Annual approval and authorization by EMS agency and OMD.

5 2. Drug storage criteria to include:

6 a. Compliance with all applicable temperature requirements specified by the Virginia
7 Board of Pharmacy.

8 b. Requirements that describe how the cylinder or device is to be secured in a
9 manner to prevent any free movement within the occupant or storage compartment
10 of the vehicle.

11 c. Evidence of approval by personal vehicle insurance carrier must be on file with
12 EMS agency for all EMS personnel authorized to carry oxygen on personally owned
13 vehicles.

14 3. The personal vehicle utilized to carry oxygen may be subject to inspection by the
15 Office of EMS.

16 **12VAC5-32-970. Scope of practice.**

17 EMS personnel shall only perform those procedures, skills, or techniques for which he is
18 currently licensed or certified, provided that he is acting in accordance with local medical
19 treatment protocols and medical direction provided by the OMD of the licensed EMS agency
20 with which he is affiliated and within the scope of the EMS agency licenses as authorized in the
21 Emergency Medical Services Scope of Practice as approved by the board.

1 **12VAC5-32-975. Extraordinary care outside of protocols.**

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

5 **12VAC5-32-980. Inability to carry out medical control orders.**

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

9 1. If not adequately trained and proficient to perform the procedure;

10 2. If the procedure is not fully understood; or

11 3. If the procedure is judged not to be in the best interests of the patient.

12 **12VAC5-32-985. Refusal of care.**

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

15 **12VAC5-32-990. Consent or refusal.**

16 A. Whenever care is rendered without first obtaining consent, the circumstances shall be
17 documented on the patient care report.

18 B. Refusal of care must be obtained and documented on the patient care report.

19 **12VAC5-32-995. Transfer of patient care/patient abandonment.**

20 EMS personnel may not leave a patient in need of emergency medical care without first
21 providing for a level of care capable of meeting the assessed and documented needs of the
22 patient's condition and either transfer care to a level capable of meeting the assessed needs or
23 a refusal is obtained.

1 **12VAC5-32-1000. Provider disagreement over patient's needs.**

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

5 **12VAC5-32-1005. Attending of the patient during transports.**

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

10 **12VAC5-32-1010. Provision of patient care documentation.**

11 EMS personnel and EMS agencies shall provide the receiving medical facility or transporting
12 EMS agency with a copy of the patient care report for each patient treated at the time of patient
13 transfer. Should EMS personnel be unable to provide the full patient care report at the time of
14 patient transfer, EMS personnel shall provide an abbreviated documented report with the critical
15 EMS findings and actions at the time of patient transfer and the full patient care report shall be
16 provided to the accepting facility within 12 hours.

17 **12VAC5-32-1015. Emergency operation of EMS vehicle.**

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

20 1. When responding to medical emergencies for which they have been dispatched or
21 have witnessed.

22 2. When transporting patients to a hospital or other medical clinic when the attendant-in-
23 charge has determined that the patient's condition is unstable or life threatening.

1 **12VAC5-32-1020. Provision of care by mutual aid.**

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

6 1. A response obligation to locality or a mutual aid agreement exists between the
7 provider's EMS agency and the responding EMS agency, or

8 2. Medical control shall be contacted to obtain approval to provide patient care as the
9 AIC. If contact with medical control is not possible or would unduly delay the provision of
10 care, then the EMS provider may proceed with the indicated treatment with approval of
11 the responding EMS agency's personnel on the scene. In such event, the circumstances
12 of the incident must be documented on the patient care report.

13 **12VAC5-32-1025. EMS agency mutual aid response.**

14 An EMS agency providing resources, certified personnel, permitted vehicles, or equipment
15 as a result of an Emergency Management Assistance Compact (EMAC), Federal Emergency
16 Management Agency (FEMA), or any other out-of-state mutual aid request shall notify OEMS
17 upon commitment of requested resources. Notification by direct verbal communication shall be
18 made to the local OEMS program representative.

19 **12VAC5-32-1030. Provision of care by students.**

20 A student enrolled in an approved EMS certification training program may perform the
21 clinical skills and functions of EMS personnel who are certified at the level of the course of
22 instruction while participating in clinical and field internship training as provided for in these
23 regulations when:

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

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

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

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

19 5. Nothing in subdivision 1 or 2 of this section may be construed to authorize a
20 noncertified or unlicensed individual to provide care or to operate an emergency medical
21 services vehicle in a county or municipality that has enacted an ordinance pursuant to §
22 32.1-111.14 (A) (8) of the Code of Virginia making it unlawful to do so.

1 **12VAC5-32-1035. Adequate response staffing.**

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

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

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

11 **12VAC5-32-1040. Attendant-In-Charge authorization.**

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

14 **12VAC5-32-1045. Minimum age of EMS vehicle personnel.**

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

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

19 **12VAC5-32-1050. Nontransport response vehicle staffing.**

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

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

1 2. Attendant-in-charge shall be currently certified as an EMS first responder, emergency
2 medical responder, or emergency medical technician or an equivalent approved by the
3 Office of EMS.

4 **12VAC5-32-1055. Transfer of ALS package.**

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

9 **12VAC5-32-1060. Ground ambulance staffing requirements.**

10 A ground ambulance transport requires a minimum of two persons:

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

14 2. An attendant-in-charge who must meet the requirements listed for the type of
15 transport to be performed.

16 **12VAC5-32-1065. Basic life support vehicle transport.**

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

19 **12VAC5-32-1070. Advanced life support vehicle transport.**

20 Advanced life support transport requirements:

21 1. A ground ambulance equipped with an ALS equipment package. An ALS equipment
22 package may be transferred to a ground ambulance not otherwise equipped to provide
23 the needed level of ALS patient care from another appropriately equipped EMS vehicle.

1 This transfer must include all items required for the type of ALS equipment package that
2 the attendant-in-charge is authorized to use.

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

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

10 4. An ALS provider may provide care in the event that the required EMS personnel do
11 not respond to a call to fully staff the ambulance that has responded to the scene. The
12 extenuating circumstances of the call must be documented in writing. Based on
13 extenuating circumstances and documentation, the EMS agency or the EMS provider
14 may be subject to enforcement action.

15 **12VAC5-32-1075. Supplemented transport requirements.**

16 A. Supplemented transports require the following:

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

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

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

1 B. An attendant-in-charge who must be a physician, registered nurse, physician assistant,
2 registered cardiovascular invasive specialists, or certified cardiopulmonary perfusionists who is
3 trained and experienced in the care and the equipment needed for the patient being
4 transported.

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

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

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

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

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

20 **12VAC5-32-1080. Neonatal transport requirements.**

21 A. If a ground ambulance is utilized to perform an interfacility neonatal transport; the vehicle
22 must be equipped with the additional items listed in 12VAC5-32-765(C),(D)(3)(5), and staffed in
23 compliance with this section.

24 B. A minimum of three persons is required:

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

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

6 a. Physician;

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

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

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

13 **Part III**

14 **EMS Education and Certification**

15 **Article 1**

16 **Certification Levels**

17
18 **12VAC5-32-1100. Emergency Medical Responder (EMR).**

19 The certification is issued for a period of four years from the end of the month of issuance.

20 **12VAC5-32-1105. Emergency Medical Technician.**

21 The certification is issued for a period of four years from the end of the month of issuance.

1 **12VAC5-32-1110. Advanced Emergency Medical Technician (AEMT).**

2 A. The certification is issued for a period of three years from the end of the month of
3 issuance.

4 B. An EMS provider who possesses a valid AEMT certification is simultaneously issued an
5 EMT certification for an additional two years after his AEMT expiration.

6 **12VAC5-32-1115. Intermediate.**

7 A. The certification is issued for a period of three years from the end of the month of
8 issuance.

9 B. An EMS provider who possesses a valid Intermediate certification is simultaneously
10 issued an EMT certification for an additional two years after his Intermediate expiration.

11 **12VAC5-32-1120. Paramedic.**

12 A. The certification is issued for a period of three years from the end of the month of
13 issuance.

14 B. An EMS provider who possesses a valid Paramedic certification is simultaneously issued
15 an EMT certification for an additional two years after his Paramedic expiration.

16 **12VAC5-32-1125. Advanced Life Support coordinator.**

17 The endorsement is valid for a period of two years from the end of the month of issuance.

18 **12VAC5-32-1130. EMS education coordinator.**

19 The certification is valid for a period of three years from the end of the month of issuance.

1 **Article 2**

2 **Certification Process and Practice**

3
4 **12VAC5-32-1200. Certification periods.**

5 An EMS certification is valid for the prescribed period as defined in Article 1 of this part for
6 each level of certification unless suspended or revoked by the commissioner.

7 **12VAC5-32-1205. Virginia EMS certification is required to practice.**

8 In order to function as an EMS provider in the Commonwealth of Virginia, providers must
9 hold a valid certification as issued by the commissioner and as defined in 12VAC5-32-965.

10 **12VAC5-32-1210. Initial course certification.**

11 A. Candidates must successfully complete an approved Virginia designated certification
12 course to be eligible for the certification examination.

13 B. Candidates who successfully complete the Virginia designated certification examination
14 will be issued Virginia certification at the level for which the course is approved.

15 **12VAC5-32-1215. Certification through reciprocity.**

16 A person possessing a National Registry certification at the EMR, EMT, Advanced EMT,
17 Intermediate 99 or Paramedic level shall apply to the commissioner for reciprocity upon
18 demonstration of Virginia residency, Virginia EMS agency affiliation, or a recognized need for
19 Virginia EMS certification and demonstrate as defined by the Office of EMS eligibility for
20 certification at the level sought in Virginia from the state in which the same level training
21 program was held.

1 **12VAC5-32-1220. Certification through legal recognition.**

2 A person holding valid EMS certification from another state or a recognized EMS certifying
3 body who does not meet the criteria in 12VAC5-32-1215 shall apply to the commissioner for
4 legal recognition upon demonstration of Virginia residency, Virginia EMS agency affiliation, or a
5 recognized need for Virginia EMS certification. Legal recognition may be issued for a period of
6 one year at the EMT level only, or the duration of his current certification, whichever is shorter.
7 Legal recognition is not available for any Virginia certification level if the Board of Health has
8 determined that no equivalent exists at the level requested.

9 **12VAC5-32-1225. EMT certification challenge.**

10 A registered nurse, to include those recognized through the Nurse Licensure Compact (§
11 54.1-3030 et seq. of the Code of Virginia), physician assistant, or dentist who holds a current
12 license to practice in Virginia; military corpsman with current credentials; and third or fourth year
13 medical students shall apply to the commissioner for authorization to challenge at the EMT level
14 upon demonstration of Virginia residency, Virginia EMS agency affiliation, or a recognized need
15 for Virginia EMS certification. Upon completing the requirements for EMT recertification and
16 receiving notification of testing eligibility the candidate must complete designated Virginia EMS
17 examination process.

18 **12VAC5-32-1230. General recertification requirements.**

19 A. An EMS provider requesting recertification must complete the continuing education hour
20 requirements, as identified in 12VAC5-32-1235, or provide evidence to the Office of EMS of
21 passing the National registry cognitive examination for the level at which the EMS provider is
22 requesting to be recertified. The Office of EMS must receive documentation of the EMS
23 provider's completion of continuing education within the issued certification period for the
24 provider to maintain a current certification.

1 B. Recertification by test requires passing the National Registry cognitive examination within
2 the last 6 months of the provider's current certification period and following NR recertification by
3 testing policy.

4 C. An EMS provider under legal recognition pursuant to 12VAC5-32-1220 must recertify by
5 passing the Virginia designated examination process.

6 **12VAC5-32-1235. EMS provider recertification required.**

7 A. Recertification of EMS credentials requires each individual to complete continuing
8 education requirements as approved by the Board of Health or provide evidence to the Office of
9 EMS of passing the National Registry cognitive examination before the expiration date of an
10 applicable certification or reentry period.

11 B. The Board of Health will determine the continuing education hour and topic category
12 requirements for each certification level.

13 C. Evidence of completion of the continuing education requirements must be received by the
14 Office of EMS prior to the certification expiration.

15 **12VAC5-32-1240. Documentation of continuing education (CE).**

16 A. Continuing education credit is only awarded to courses announced to the Office of EMS
17 in a format as approved by the Office of EMS prior to the course being conducted and other
18 programs approved by the Office of EMS for award of CE.

19 B. Award of credit for attendance in a CE program shall be submitted in a format approved
20 by the Office of EMS.

21 **12VAC5-32-1245. Recertification through reentry.**

22 A. Individuals whose certification has expired may regain certification through completion of
23 the reentry program within two years of the specific certification's expiration date. To reenter the

1 person must fulfill the requirements as applicable in this chapter including all required testing
2 within the two-year reentry period.

3 B. Individuals failing to complete the reentry process by the end of the two-year period
4 following certification expiration will be required to complete an initial training program for the
5 level lost.

6 Article 3

7 Educational Programs and Management

8 9 12VAC5-32-1300. Course curriculum.

10 A. Course coordinators (ALS coordinator or EMS education coordinator) shall utilize
11 educational standards authorized and approved by the Office of EMS when conducting EMS
12 education programs.

13 B. CE topics must be submitted for review and approval in a format as approved by the
14 Office of EMS.

15 12VAC5-32-1305. BLS certification programs.

16 BLS certification programs authorized for issuance of certification in Virginia are:

17 1. Emergency Medical Responder (EMR).

18 2. Emergency Medical Technician (EMT).

19 12VAC5-32-1310. Advanced life support certification programs.

20 ALS certification programs authorized for issuance of certification in Virginia are:

21 1. Advanced EMT.

22 2. Intermediate.

1 3. Paramedic.

2 **12VAC5-32-1315. Nationally recognized continuing education programs.**

3 A. In order for a provider to receive continuing education in Virginia for an auxiliary program,
4 the national parent organization must be recognized by the board.

5 B. The instructor approved by the national parent organization referenced in subsection A of
6 this section may award Category 1 continuing education credit for providers successfully
7 completing an approved course. The instructor is not required to be an ALS coordinator or an
8 EMS education coordinator in order to submit for course approval.

9 **12VAC5-32-1320. Approved courses in cardio-pulmonary resuscitation.**

10 A. Recognized programs for certification in cardiopulmonary resuscitation (CPR) for the
11 purposes of testing for all certification levels are based upon programs approved by the board.

12 B. Completion of an approved CPR course for health care providers that complies with
13 American Heart Association recommendations.

14 **12VAC5-32-1325. Continuing education programs.**

15 The programs shall utilize the approved format for the corresponding level of certification as
16 designed by the Office of EMS:

17 1. Category 1 (required) is topic areas that are mandated as part of the recertification
18 criteria.

19 2. Category 2 (approved) is topic areas that support EMS activities.

20 **12VAC5-32-1330. Teaching materials and approved texts.**

21 ALS coordinator or an EMS education coordinator shall use teaching materials and
22 textbooks that reflect current EMS practices.

1 **12VAC5-32-1335. Course announcement requirements.**

2 A. BLS certification courses and continuing education programs that award Category 1
3 (required) continuing education credits shall be announced by an EMS education coordinator.

4 An EMS education coordinator shall be present in the classroom at all times except:

5 1. In courses offered by the Office of EMS accredited programs, or

6 2. In BLS continuing education programs.

7 B. ALS certification courses shall be announced by the recognized program director of the
8 accredited program that possesses certification as an EMS education coordinator.

9 C. ALS continuing education programs that award Category 1 (required) continuing
10 education credits shall be announced by an ALS coordinator or EMS education coordinator.

11 **12VAC5-32-1340. ALS coordinator, or EMS education coordinator responsibilities as**
12 **employee or contractor.**

13 A. An ALS coordinator, or EMS education coordinator conducting training programs as an
14 employee or contractor for any other person as defined in § 1-230 of the Code of Virginia,
15 whether or not for profit, shall retain responsibility for compliance with the Office of EMS
16 regulations.

17 B. Any other person as defined in § 1-230 of the Code of Virginia who operates an
18 organization for the purpose of providing an EMS training program that employs or contracts
19 with ALS coordinator or EMS education coordinator to conduct a training program may not vary
20 from or direct the ALS coordinator or EMS education coordinator to vary from compliance with
21 Office of EMS regulations.

1 **12VAC5-32-1345. Course approval request submission.**

2 Courses shall not start prior to receiving course number and topic or topics from the Office of
3 EMS.

4 A. An EMS education coordinator or if accredited, the program director of the accredited
5 program shall submit a course approval request in a format approved by the board prior to the
6 beginning date of a certification course.

7 B. An ALS coordinator or EMS education coordinator shall submit a course approval
8 request in a format approved by the Office of EMS prior to the beginning date of continuing
9 education course.

10 C. The ALS coordinator or EMS education coordinator shall use only those topic numbers
11 assigned for the course as approved by the Office of EMS.

12 **12VAC5-32-1350. Course approval request changes.**

13 The course coordinator shall immediately notify the Office of EMS in writing of any changes
14 in the information submitted on the Course Approval Request form.

15 **12VAC5-32-1355. Student course enrollment.**

16 A. For courses leading to certification at a new or higher level, the EMS education
17 coordinator or program director of the accredited program shall have each student complete a
18 "Virginia EMS Training Program Enrollment" application.

19 1. "Virginia EMS Training Program Enrollment" application shall be reviewed by the EMS
20 Education Coordinator and submitted no later than five business days following the first
21 meeting of the course.

1 2. Any student who starts the program at a later date shall complete an enrollment form
2 within 5 business days from the first class attended with justification from the coordinator
3 as to how this applicant complies with eligibility.

4 B. For courses leading to certification at a new or higher level, the EMS education
5 coordinator or program director of the accredited program shall have each student complete a
6 National Registry electronic account

7 1. The National Registry student account shall be reviewed by the EMS Education
8 Coordinator and assure the account is established correctly within 5 business days
9 following the first meeting of the course.

10 2. Any student who starts the program at a later date shall complete the National
11 Registry Student account within 5 business days from the first class attended with
12 justification from the coordinator as to how this applicant complies with eligibility.

13 Statutory Authority

14 **12VAC5-32-1360. Instructor participation records.**

15 The ALS coordinator or EMS education coordinator or if accredited, program director of the
16 accredited program shall maintain the following information: instructor/provider level, subject
17 taught, and participation of each ALS course coordinator, EMS education coordinator, or other
18 individual who instructs in the program.

19 **12VAC5-32-1365. Student records for certification courses.**

20 A. The EMS education coordinator shall maintain records of class dates, topics instructed,
21 attendance and performance for all students attending a certification course.

1 B. Student records shall be maintained in accordance with the Virginia Public Records Act
2 (Chapter 7 (§ 42.1-76 et seq.) of Title 42.1 of the Code of Virginia) from the end date of the
3 program and shall include but not be limited to:

4 1. Signed student acknowledgment forms collected upon completion of review of the
5 appropriate BLS or ALS enrollment requirements.

6 2. Student signed class rosters.

7 3. Scores on all course quizzes, exams, and other didactic knowledge or psychomotor
8 skill evaluations.

9 4. Skill proficiency records in a format as approved by the Office of EMS:

10 a. For BLS programs, BLS individual age and clinical and skill performance
11 verification information in a format as approved by the Office of EMS.

12 b. For ALS coordinator or EMS education coordinator programs, on forms or
13 documents as approved by the ALS coordinator, EMS education coordinator, or an
14 accredited program.

15 5. All hospital or field internship activities including dates, locations, competencies
16 performed, student evaluations, preceptor name and certification level as applicable.

17 6. All corrective or disciplinary actions taken during the training program to include dates,
18 findings supporting the need for corrective or disciplinary action, and all applicable
19 details of steps taken to determine the degree and nature of the actions taken.

20 7. Copy of the course student disposition report (CSDR).

21 8. All other records requested to be maintained by the PCD or OMD for the program.

22 9. Any other records or reports as required by the Office of EMS.

1 10. The use of non-OEMS forms when such a form exists shall at a minimum contain the
2 information on the OEMS approved form.

3 **12VAC5-32-1370. Continuing education record submission.**

4 The course coordinator shall submit the CE records in a format approved by the Office of
5 EMS within 15 days of the student's attendance.

6 **12VAC5-32-1375. Verification of student course completion.**

7 Verification of student eligibility on the Virginia Course Student Disposition Record and the
8 National Registry course completion verification by the EMS education coordinator for
9 certification testing requires that each student successfully complete a certification program that
10 meets the competency and performance requirements contained within the applicable course
11 requirements and all other guidelines and procedures for the course and certification testing
12 eligibility.

13 **12VAC5-32-1380. Communication with PCD or OMD.**

14 A. The ALS coordinator or EMS education coordinator shall inform the PCD or OMD of the
15 progress of the training program to include:

16 1. Any program schedule changes.

17 2. Individual student performances.

18 3. Any student or instructor complaints.

19 4. The general progress of program activities.

20 B. The ALS coordinator or EMS education coordinator will assist the PCD or OMD with
21 fulfillment of their course duties as required by Office of EMS regulations.

1 **12VAC5-32-1385. Course scheduling.**

2 All initial certification courses shall be schedule in a manner that allows for competency
3 validation in all cognitive, labs, clinical, and capstone field experience components that
4 minimally complies with the respective BLS or ALS Certification Program clinical Hour and
5 Competency Summary document.

6 **12VAC5-32-1390. Maximum BLS or ALS course enrollment.**

7 A. Initial certification course size shall be limited to a maximum of 30 enrolled students.

8 1. Additional students seeking continuing education credit may be admitted as
9 reasonably allowed by facility size and instructional staff availability.

10 2. The group size for psychomotor or lab skill sessions shall not exceed six students per
11 instructor aide (6:1 ratio).

12 B. Office of EMS accredited institutions or organizations may exceed the maximum of 30
13 enrolled students, with demonstrated resources to meet class size. The group size for
14 psychomotor or lab skill sessions shall not exceed six students per instructor aide (6:1 ratio).

15 **12VAC5-32-1395. Lesson instructor.**

16 A. In addition to the lead instructor for each lesson, arrangements must be made to provide
17 for instructor aides to assist in all psychomotor skill sessions. Instructor aides shall be providers
18 certified at or above the level of instruction.

19 B. Education coordinators who are certified EMTs may be used for instruction of basic skill
20 stations in advanced life support programs. Basic skills are those procedures not requiring
21 invasive activities or use of ALS equipment.

1 **12VAC5-32-1400. Course monitoring.**

2 All programs and courses approved for issuance of certification or award of continuing
3 education shall allow unannounced monitoring by the Office of EMS. Failure to comply with
4 such course monitoring may result in the following disciplinary actions to include, but not be
5 limited to:

6 1. Revocation of the training program's course approval.

7 2. Suspension or revocation of the training program's authority to award continuing
8 education credits.

9 3. Revocation of the enrolled student's eligibility for certification testing.

10 4. Suspension or revocation of the ALS coordinator or EMS educational coordinator.

11 **12VAC5-32-1405. EMS educational coordinator responsibilities for initial student testing.**

12 A. An EMS education coordinator for BLS programs shall ensure the following for
13 documentation of eligibility for certification testing:

14 1. Submit a completed Course Student Disposition Report (CSDR) in a manner as
15 prescribed by the Office of EMS and verify the successful course completion in the
16 National Registry program director account.

17 2. Maintain with the course materials the completed individual parental permission form
18 for students between 16 and 18 years of age on the beginning date of the course.

19 3. Maintain with the course materials the original copy of the completed and signed
20 Basic Life Support Individual Age, Clinical and Skill Performance Verification Record.

21 B. An EMS education coordinator coordinating ALS programs shall submit the CSDR for
22 certification testing eligibility and verify the successful completion in the National Registry
23 program director account.

1 **Article 4**

2 **Certification Testing**

3
4 **12VAC5-32-1500. Admission to a psychomotor certification testing.**

5 A. The person desiring to take the EMR or EMT psychomotor certification examination must
6 present the following at a test site:

7 1. The Virginia certification eligibility letter for the EMR and EMT psychomotor
8 examination.

9 2. Current government issued photo identification.

10 3. If a retest, the latest testing results.

11 B. The person desiring to take the certification examination must be registered for the test
12 site.

13 C. The person seeking admission to a National Registry test site must comply with the
14 National Registry policy.

15 **12VAC5-32-1505. Certification testing requirements.**

16 A. National Registry of EMT's cognitive and the Virginia psychomotor examination is
17 required for the following:

18 1. Any candidate who completes an initial program at the following levels:

19 a. EMR.

20 b. Emergency Medical Technician.

21 B. A National registry of EMT's cognitive and psychomotor examination is required for the
22 following:

1 1. Advanced EMT

2 2. Intermediate 99

3 3. Paramedic

4 C. An Office of EMS written examination only is required for any candidate who is in reentry
5 for, Advanced EMT, Intermediate and Paramedic.

6 **12VAC5-32-1510. General description of certification examination.**

7 A. Office of EMS BLS psychomotor certification examinations and National Registry
8 cognitive and psychomotor examinations are required by all providers unless otherwise
9 described in these regulations.

10 B. All testing policies will follow those established by the National Registry.

11 C. BLS psychomotor examinations will mirror that of the National Registry ALS psychomotor
12 examination.

13 D. The certification examination process requires that certification testing be conducted and
14 proctored in a manner approved by the Office of EMS.

15 **12VAC5-32-1515. Certification eligibility.**

16 1. Office of EMS for all EMR and EMT psychomotor examinations.

17 2. National Registry:

18 a. Psychomotor Authorization To Test (PATT) letter for the psychomotor examination

19 b. Authorization To Test (ATT) letter by the candidate for the written examination.

20

21 Statutory Authority

1 **12VAC5-32-1520. Candidates requirements for state recertification.**

2 A. This section shall apply to individuals requesting state recertification who hold current
3 certification at or below the level requested to be recertified (excluding those who gained their
4 current certification through legal recognition).

5 B. Students requesting recertification must demonstrate eligibility as evidenced by

6 1. Completion of the continuing education requirements for the corresponding
7 recertification program for the level to be recertified. Evidence of completion for the
8 continuing education requirements shall be received by the Office of EMS in an
9 approved method prior to certification expiration for the provider to be classified in
10 current provider status.

11 2. The OEMS receiving an electronic transfer of a passing written examination for the
12 level being recertified no greater than six months prior to and taken before the Virginia
13 certification expiration date.

14 Statutory Authority

15 **12VAC5-32-1525. Basic and advanced life support cognitive examinations.**

16 A. All state cognitive examinations shall be the National Registry cognitive examination for
17 the level being sought.

18 B. The Education Coordinator candidate pretest shall be the National Registry EMT
19 cognitive assessment examination.

20 C. The Office of EMS standard for successful completion is defined as passing the National
21 Registry cognitive examination.

1 **12VAC5-32-1530. Basic and advanced life support psychomotor certification**
2 **examinations.**

3 A. Psychomotor examinations shall be conducted by the Office of EMS or as approved for
4 accredited training programs.

5 1. EMR and EMT psychomotor examinations shall have an OEMS representative
6 present unless otherwise allowed by an accredited program

7 2. AEMT, Intermediate and Paramedic psychomotor examinations shall be conducted by
8 a National Registry Representative who will be an employee of the OEMS.

9 B. Candidates taking a psychomotor examination conducted by the Office of EMS shall
10 demonstrate proficiency on all practical stations required for the program level being tested.
11 Grades of unsatisfactory will constitute failure of that station, requiring a retest.

12 C. Candidates taking a National Registry psychomotor examination shall comply with the
13 passing criteria established by the National Registry.

14 **12VAC5-32-1535. BLS candidate evidence of eligibility for retesting.**

15 BLS candidates requesting to retest a failed psychomotor exam or exams must demonstrate
16 eligibility as evidenced by presentation of the letter of retest eligibility from the Office of EMS
17 and the latest test results.

18 **12VAC5-32-1540. Examination security and review.**

19 A. All Virginia examinations are the property of the Office of EMS or National Registry.
20 Individuals taking or participating in any function with an examination may not copy or make
21 recordings or reproduce in any other manner any material from the examination. Failure to
22 return any examination related documents will subject the individual to disqualification for
23 certification and/or other enforcement action.

1 B. Giving or obtaining information or aid prior to, during, or following any exam as evidenced
2 by direct observation of the state examination administrator or administrators or subsequent
3 analysis of examination results or engaging in other prohibited acts, may be sufficient cause to
4 terminate the candidate and/or the individual's participation, to invalidate the results of a
5 candidate's examination, to take enforcement action against other involved persons, or to take
6 other appropriate action even if there is no evidence of improper conduct by the candidate or
7 individual. In these cases, the Office of EMS reserves the right to delay processing of
8 examination results until a thorough and complete investigation may be conducted including that
9 performed by the National Registry.

10 1. Unauthorized giving or obtaining information will include but not be limited to:

11 a. Divulging the contents of any portion of a secure test.

12 b. Making available any answer keys.

13 c. Falsely taking any examination, or part thereof, on behalf of another individual.

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

15 e. Violation of National Registry policy as determined by the National Registry.

16 2. For the purposes of this section the term "secure test" means any item, question, or test
17 scenario that has not been made publicly available by the Office of EMS.

18 3. Nothing in this section may be construed to prohibit or restrict the reasonable and
19 necessary actions of the Office of EMS or that of the National Registry in test development or
20 selection, test form construction, standard setting, test scoring and reporting, or any other
21 related activities that in the judgment of the Office of EMS or the National Registry are
22 necessary and appropriate.

1 C. Under no circumstances will psychomotor scenarios be provided to an EMS education
2 coordinator, PCD or OMD, candidates or any unauthorized individual for their review at any
3 time.

4 Statutory Authority

5 § of the Code of Virginia.

6 **Article 5**

7 **BLS Programs**

8 **12VAC5-32-1600. BLS certification course attendance.**

9 A. Students must complete all healthcare facility competency and field internship
10 requirements for the program.

11 B. Students must successfully demonstrate competency to perform all required skills and
12 cognitive competency as specified by the Office of EMS for the level of the training program
13 attended. Use of training manikin practice may not substitute for performance of skills involving
14 actual patients in a clinical setting except as allowed by the Office of EMS.

15 **12VAC5-32-1605. BLS course student requirements.**

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

18 1. Be proficient in reading, writing and speaking the English language in order to clearly
19 communicate with a patient, family, or bystander to determine a chief complaint, nature
20 of illness or, mechanism of injury; assess signs and symptoms; and interpret protocols.

21 2. Be a minimum of 16 years of age at the beginning date of the certification program. If
22 less than 18 years of age, the student must provide the EMS educational coordinator

1 with a completed parental permission form as approved by the Office of EMS with the
2 signature of a parent or guardian supporting enrollment in the course.

3 3. Have no physical or mental impairment that would render the student or provider
4 unable to perform all psychomotor skills required for that level of certification including
5 the ability to function and communicate independently and perform patient care, physical
6 assessments, and treatments.

7 4. Hold or obtain current certification in an approved course in cardio-pulmonary
8 resuscitation (CPR) prior to the end date of the certification program. This certification
9 must also be current at the time of state testing.

10 **12VAC5-32-1610. Emergency medical responder (EMR) certification program.**

11 The EMR certification program shall comply with the Virginia EMS education standards and
12 any additions, deletions, or other modifications as approved by the Office of EMS.

13 **12VAC5-32-1615. Emergency Medical Technician (EMT) certification.**

14 The EMT certification program shall comply with the Virginia EMS education standards and
15 any additions, deletions, or other modifications as approved by the Office of EMS.

16 Candidates completing the EMR or EMT certification program must successfully complete
17 the Office of EMS approved EMR or EMT psychomotor and the National Registry cognitive
18 examinations.

19 **Article 6**

20 **ALS Programs**

21 **12VAC5-32-1700. ALS course student requirements.**

22 An enrolled student in an ALS certification program shall comply with the following:

1 1. Be proficient in reading, writing and speaking the English language in order to clearly
2 communicate with a patient, family or bystander to determine a chief complaint, nature of
3 illness, mechanism of injury, to assess signs and symptoms, and interpret protocols.

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

5 3. Be compliant with National Registry policy.

6 6. Shall possess certification at a level lower than the ALS course from which they have
7 graduated prior to certification testing.

8 **12VAC5-32-1705. Advanced EMT certification.**

9 A. The Advanced EMT shall comply with the current Virginia EMS education standards as
10 approved by the Office of EMS.

11 B. Certification for the Advanced EMT course shall be awarded through reciprocity upon
12 successful completion of cognitive and psychomotor examinations created and administered by
13 the National Registry.

14 **12VAC5-32-1710. Intermediate certification.**

15 A. The Intermediate curriculum shall be the Virginia EMS education standards as approved
16 by the Office of EMS.

17 B. Certification for the Intermediate course shall be awarded through reciprocity upon
18 successful completion of cognitive and psychomotor examinations created and administered by
19 the National Registry.

20 **12VAC5-32-1715. Paramedic certification.**

21 A. The Paramedic curriculum shall be the Virginia EMS education standards as amended
22 and approved by the Office of EMS.

1 B. Certification for the Paramedic course will be awarded through reciprocity upon
2 successful completion of cognitive and psychomotor examinations created and administered by
3 the National Registry.

4 Article 7

5 ALS Coordinator and EMS Education Coordinator

6 12VAC5-32-1800. Renewal of Advanced Life Support coordinator.

7 A. An ALS coordinator must maintain current certification as a Virginia ALS provider or
8 licensure as a doctor of medicine, doctor of osteopathy, registered nurse, or physician assistant.

9 B. An ALS coordinator must resubmit an ALS coordinator certification application before his
10 expiration month.

11 C. Successfully complete a minimum of one EMS instructor update within the two-year
12 certification period.

13 D. There is no re-entry for ALS Coordinator.

14 12VAC5-32-1805. EMS education coordinator.

15 A. The EMS education coordinator may announce and teach courses at or below his
16 provider certification level. An EMS education coordinator who certifies at a higher level may not
17 begin announcing or coordinating courses at that level until they have attained one year of field
18 experience at that level.

19 B. Performance of any medical procedure is not permitted based upon EMS education
20 coordinator certification.

21 12VAC5-32-1810. EMS education coordinator prerequisites.

22 Prerequisites for certification as an EMS education coordinator are:

23 1. Be a minimum of 21 years of age.

1 2. Possess a high school diploma or equivalent.

2 3. Hold current Virginia EMS certifications as an EMT or higher level Virginia EMS
3 certification.

4 4. Have three years medical experience with a minimum of two years verified field
5 experience as an EMS provider at the appropriate EMS level or two years of current
6 Virginia licensure as a registered nurse, physician assistant, doctor of osteopathic
7 medicine, or doctor of medicine.

8 5. Must not have any EMS compliance enforcement actions within the previous five
9 years.

10 **12VAC5-32-1815. EMS education coordinator certification process.**

11 A. Eligible EMS education coordinator candidates will submit an application to include
12 endorsement from an EMS physician and an EMS education coordinator.

13 B. Upon receipt and verification of the application, the eligible EMS education coordinator
14 candidate will receive an eligibility to test letter and must complete the National Registry EMT
15 cognitive assessment examination and the Virginia EC psychomotor examination.

16 1. The EMS education coordinator application is valid for a period of two years from the
17 date the application is approved. During this period of time, the candidate cannot submit
18 another EMS education coordinator application.

19 2. An EMS education coordinator candidate's cognitive testing process shall follow the
20 National registry test policy.

21 3. An EMS education coordinator candidate's psychomotor testing process shall follow
22 the National Registry psychomotor testing policy.

23 C. The EC candidate must complete a mentored component as defined by the OEMS.

1 D. After successfully completing the cognitive, psychomotor examination, and mentoring
2 component, the qualified eligible EMS education coordinator candidate shall attend training as
3 required by OEMS.

4 E. All components of the EMS education coordinator certification process must be
5 completed within two years from the end of the month of the application approval.

6 **12VAC5-32-1820. EMS education coordinator recertification process.**

7 A. To be eligible to recertify, the EMS education coordinator shall:

8 1. Maintain his provider certification.

9 2. Teach a minimum of 50 hours of initial certification or Category 1 CE and provide
10 documentation of completion submitted in a process established by OEMS.

11 3. Complete one EMS education coordinator update in the three-year certification period.

12 4. Submit an EMS education coordinator application to include endorsement from an
13 EMS physician.

14 B. Upon completion of the recertification requirements, the EMS education coordinator will
15 receive an "Eligibility Notice" and must take and pass the EMS education coordinator
16 recertification examination.

17 C. All recertification requirements must be completed and submitted to OEMS prior to the
18 certification expiration date.

19 **12VAC5-32-1825. EMS education coordinator reentry.**

20 A. If an EMS education coordinator does not complete or submit all recertification
21 requirements prior to his expiration date, he will go into a two-year reentry period.

1 B. During the reentry, the EMS education coordinator will not be allowed to coordinate any
2 certification or CE courses. Any current courses in progress at the time of loss of EMS
3 education coordinator certification will be suspended.

4 C. All outstanding recertification requirements shall be completed during the reentry period.

5 D. Failure to complete all recertification requirements during the reentry period will require
6 the provider to complete the entire certification process as prescribed in 12VAC5-32-1815.

7 Article 8

8 Accreditation of EMS Programs

9 12VAC5-32-1900. Accreditation of EMS training programs.

10 A. Training programs that lead to eligibility for initial certification at the Advanced EMT, or
11 Intermediate level shall hold a valid accreditation or Letter of Review (LOR) issued by the
12 Board of Health before any training programs are offered. Training programs that lead to
13 eligibility for initial certification at the Paramedic level shall hold a valid accreditation or Letter of
14 Review (LOR) from the Committee on Accreditation of Educational Programs for the Emergency
15 Medical Services Professions (CoAEMSP) or an equivalent organization approved by the Board
16 of Health.

17 B. All certification programs seeking accreditation in Virginia shall comply with these
18 regulations and the current version of the Standards and Guidelines for an Accredited
19 Educational Program for the Emergency Medical Services Profession established by the
20 Committee on Accreditation of Educational Programs for the Emergency Medical Services
21 Professions (CoAEMSP) or an equivalent organization approved by the Board of Health.

22 C. The program director for an Advanced EMT, Intermediate, or EMT (optional track)
23 program is exempt from the bachelor's degree requirement as specified by CoAEMSP
24 standards.

1 D. The medical director required by CoAEMSP standards shall also meet the requirements
2 for an OMD or PCD as required by these regulations.

3 E. All accredited programs shall notify the Board of Health immediately upon receiving
4 notice about the following changes:

5 1. Program personnel to include:

6 a. The program director;

7 b. OMD or PCD; and

8 c. Primary faculty or instructional staff.

9 2. Additions or deletions to clinical site contracts and field site contracts.

10 3. Primary site location or changes to include the addition or removal of satellite
11 locations.

12 4. Learning or teaching modalities.

13 5. Any sentinel event.

14 **12VAC5-32-1905. Sentinel events.**

15 In cases where a sentinel event occurs, the commissioner may:

16 1. Place a program on probationary accreditation until the sentinel event is satisfactorily
17 resolved; or

18 2. Revoke accreditation for the program.

19 **12VAC5-32-1910. Initial accreditation.**

20 A. The initial accreditation process will begin upon the receipt by the board of an application
21 for accreditation and a completed institutional self-study.

1 B. Paramedic programs shall obtain initial accreditation by applying to and receiving a letter
2 of review from CoAEMSP. Programs achieving accreditation issued by CoAEMSP or an
3 equivalent organization approved by the board shall apply to the Office of EMS for state
4 accreditation. Full accreditation will be issued for a period concurrent with that issued by the
5 CoAEMSP or other approved organization up to a maximum of five years.

6 C. Advanced EMT and Intermediate programs can obtain accreditation by applying to the
7 board for an initial grant of accreditation not to exceed five years.

8 D. EMT programs (optional track) can obtain accreditation by applying to the board for an
9 initial grant of accreditation not to exceed five years.

10 E. The commissioner shall grant initial accreditation as follows:

11 1. The commissioner will issue full accreditation for a period of five years from the
12 accreditation date if the accreditation analysis determines that the training program is in
13 full compliance with the requirements for accreditation outlined in the appropriate section
14 of EMS regulations.

15 2. The commissioner will issue provisional accreditation if the accreditation analysis and
16 report identifies deficiencies that are determined to be of concern but do not justify
17 prohibiting the program from starting and completing an initial training program. Before
18 starting any additional certification courses, the program site must receive full
19 accreditation by correcting the deficiencies identified in the accreditation analysis and
20 report.

21 3. The commissioner will issue an accreditation denied status to the applicant if the
22 accreditation analysis and report identifies deficiencies that are determined to be
23 sufficient to prohibit the program from starting an initial training program.

1 4. The commissioner will issue a letter of review to an applicant if the accreditation
2 analysis and report identifies that the program meets the minimum expectation to be
3 granted accreditation. The Letter of Review issued by Virginia will allow the program to
4 complete one cohort class at the requested level. The program must complete the self-
5 study during this time and an accreditation site visit will be held upon completion of the
6 initial cohort class.

7 **12VAC5-32-1915. Renewal of accreditation.**

8 A. Paramedic program applicants shall only be renewed by obtaining a valid accreditation
9 from the Committee on Accreditation of Allied Health Education Programs (CAAHEP),
10 CoAEMSP or an equivalent organization approved by the board.

11 B. Advanced EMT and Intermediate, or EMT optional track programs shall apply for renewal
12 of their program accreditation not less than 270 days before the end of their current
13 accreditation cycle. Reaccreditation will require submitting a new application for accreditation
14 and an updated institutional self-study. The institutional self-study will be reviewed by a site
15 review team which will determine the program's performance and provide the commissioner with
16 a recommendation as to whether program accreditation should be renewed.

17 1. The commissioner will issue full accreditation for a period of five years from the
18 reaccreditation date if the accreditation analysis determines that the training program is
19 in full compliance with the requirements for accreditation outlined in the Virginia EMS
20 regulations.

21 2. The commissioner will issue provisional reaccreditation if the accreditation analysis
22 and report identifies deficiencies that are determined to be of concern but do not justify
23 prohibiting the program from starting and completing an initial training program. Before

1 starting any additional certification courses, the program site shall receive full
2 accreditation by correcting the deficiencies identified at the reaccreditation date.

3 3. The commissioner shall issue an accreditation denied status to the applicant if the
4 accreditation analysis identifies deficiencies that are determined to be sufficient to
5 prohibit the program from starting an initial training program.

6 **12VAC5-32-1920. Accreditation of alternative locations and learning sites.**

7 A. Accredited training programs in Virginia shall contact the board for accreditation of
8 alternative training sites which differ from the site receiving initial accreditation.

9 B. Institutions that intend to operate entire programs or parts of programs at a different
10 location or learning site shall prepare and submit on a form prescribed by the board for each
11 additional location.

12 **12VAC5-32-1925. Appeal of site accreditation application results.**

13 Appeals by a program concerning the (i) denial of initial or renewal of accreditation or (ii)
14 issuance of probationary accreditation shall be submitted in writing within 10 days to the Office
15 of EMS pursuant to § 2.2-4019 of the Virginia Administrative Process Act.

16 **12VAC5-32-1930. Accreditation of Paramedic programs.**

17 Renewal of accreditation at the Paramedic level will be issued only upon verification of
18 accreditation issued by CoAEMSP, CAAHEP, or another approved equivalent accreditation
19 organization as specified in this chapter.

20 **12VAC5-32-1935. Equivalent accreditation of EMS programs.**

21 A. The commissioner may issue an equivalent accreditation to programs obtaining a valid
22 accreditation from the CAAHEP, CoAEMSP, or an equivalent organization approved by the
23 board.

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

3 1. Programs with equivalent accreditation shall notify the board immediately upon
4 receiving notice about the following changes:

5 a. Scheduling of site team visits to include:

6 (1) Dates;

7 (2) Times; and

8 (3) The agenda or schedule of events.

9 b. Changes in program personnel to include:

10 (1) The program director; and

11 (2) OMD or PCD.

12 c. Changes or additions to, or deletions from clinical site contracts and field site
13 contracts.

14 d. Notice of revocation, removal, or expiration of accreditation issued by CoAEMSP.

15 e. Any sentinel event.

16 2. Accreditation issued by CoAEMSP or other organization approved by the board shall
17 remain current during any certification training program that requires accreditation by the
18 board. Revocation, removal, or expiration of accreditation issued by CoAEMSP or other
19 another organization approved by the board shall invalidate the corresponding state
20 accreditation of the training program.

1 Part IV

2 EMS Physician Regulations

3 12VAC5-32-2000. Requirement for EMS physician endorsement.

4 A physician wishing to serve as an EMS agency operational medical director (OMD) or an
5 EMS training program physician course director (PCD) shall hold current endorsement as an
6 EMS physician issued by the Office of EMS.

7 12VAC5-32-2005. Qualifications for EMS physician endorsement.

8 A physician seeking endorsement as an EMS physician shall hold a current unrestricted
9 license to practice medicine or osteopathy issued by the Virginia Board of Medicine. The
10 applicant must submit documentation of his qualifications for review on a form prescribed by the
11 Office of EMS. The documentation required shall present evidence of the following:

12 1. Board certification in emergency medicine, board certification in Emergency Medical
13 Services, or that applicant is in the active application process for board certification in
14 emergency medicine or Emergency Medical Services issued by a national organization
15 recognized by the Office of EMS, or board certification in family practice, internal
16 medicine, or surgery or is in the active application process for board certification in family
17 practice, internal medicine, or surgery issued by a national organization recognized by
18 the Office of EMS. As an applicant under this section, a physician must also submit
19 documentation of current certification in ACLS, ATLS, and PALS or present
20 documentation of equivalent education in cardiac care, trauma care, and pediatric care
21 completed within the past five years.

22 2. Completion of an EMS medical direction program approved by the Office of EMS prior
23 to submitting application for consideration of endorsement as an EMS physician.

1 3. In the event that an EMS agency or training program is located in a geographic area
2 that does not have available a physician meeting the requirements stated in subdivisions
3 1 or 2 of this section, or if an EMS agency has a specific need for a physician meeting
4 specialized knowledge requirements (i.e., pediatrics, neonatology, etc.), then an
5 available physician may submit his qualifications to serve as an EMS physician under
6 these circumstances. An EMS physician endorsed under this subsection by the Office of
7 EMS is limited to service within the designated geographic area or agency.

8 A physician seeking endorsement under this section must provide documentation of current
9 certification in cardiac care, trauma care, and pediatric care or equivalent education such as
10 ACLS, ATLS and PALS completed within one year of endorsement. All or part of this
11 requirement may be waived if the Office of EMS determines this training is not required due to
12 the specialized nature of the EMS agency to be served.

13 **12VAC5-32-2010. Application for EMS physician endorsement.**

14 A. A physician seeking endorsement as an EMS physician must make application on forms
15 provided by the Office of EMS.

16 B. The Office of EMS will review the application and the enclosed documents and notify the
17 physician in writing of the status of his application within 30 days of receipt.

18 **12VAC5-32-2015. Conditional endorsement.**

19 Physicians will be issued a conditional endorsement for a period of one year pending the
20 completion of the following requirements:

21 1. Upon verification of EMS medical direction program attendance at one four-hour
22 "Currents" session within the one-year conditional endorsement, the Office of EMS will
23 reissue endorsement with an expiration date five years from the date of original
24 issuance.

1 2. If the conditional EMS physician fails to complete the required EMS medical direction
2 program or the training pursuant to 12VAC5-32-2005 within the initial one-year period,
3 his endorsement will lapse.

4 **12VAC5-32-2020. Lapse of EMS physician endorsement.**

5 A. If an EMS physician fails to reapply for endorsement prior to expiration, the Office of EMS
6 will notify the EMS physician and any EMS agency or training course that the EMS physician is
7 associated with of the loss of endorsement. Any training programs already begun may be
8 completed under the direction of the involved EMS physician, but no other programs may be
9 started or announced.

10 B. Any EMS agency notified of the loss of their OMD's EMS physician endorsement will be
11 required to immediately obtain the services of another endorsed EMS physician to serve as
12 operational medical director pursuant to Part II (12VAC5-32-400 et seq.) of these regulations.

13 C. Upon loss of EMS physician endorsement, a new endorsement may only be issued upon
14 completion of the application requirements of these regulations.

15 **12VAC5-32-2025. Change in EMS physician contact information.**

16 An EMS physician must report any changes of his name, contact addresses and contact
17 telephone numbers to the Office of EMS within 30 days.

18 **12VAC5-32-2030. Renewal of endorsement.**

19 A. Continued endorsement as an EMS physician requires submission of an application for
20 renewal to the Office of EMS before expiration of the five-year endorsement period. Renewal of
21 an EMS physician endorsement is based upon the physician's continuing to meet and maintain
22 the qualifications specified in 12VAC5-32-2005.

1 B. Completion of equivalent related continuing education programs may be substituted for
2 formal certification in ACLS, ATLS and PALS for the purposes of endorsement renewal.
3 Acceptance of these continuing education hours is subject to approval by the Office of EMS.

4 C. An EMS physician must also attend a minimum of two "Currents" sessions as sponsored
5 by the Office of EMS within the five-year endorsement period.

6 **12VAC5-32-2035. Service by an EMS physician.**

7 A. An endorsed EMS physician may serve within the limits of his endorsement as an
8 operational medical director (OMD) or as a physician course director (PCD), or both.

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

12 **12VAC5-32-2040. Agreement to serve as an operational medical director.**

13 A. An EMS physician may serve as the sole operational medical director (OMD) or one of
14 multiple OMDs required for licensure of an EMS agency.

15 B. the EMS physician shall enter into a written agreement to serve as OMD with the EMS
16 agency. This agreement shall at a minimum incorporate the specific responsibilities and
17 authority as defined in 12VAC5-32-545.

18 **12VAC5-32-2045. Responsibilities of operational medical directors.**

19 A. Responsibilities of the operational medical director regarding medical control functions
20 include but are not limited to medical directions provided directly to prehospital providers by the
21 OMD or a designee either on-scene or through direct voice communications.

22 B. Responsibilities of the operational medical director regarding medical direction functions
23 include but are not limited to:

1 1. Using protocols, operational policies and procedures, medical audits, reviews of care
2 and determination of outcomes for the purpose of establishing direction of education and
3 limitation of provider patient care functions.

4 2. Verifying that qualifications and credentials for the agency's patient care or emergency
5 medical dispatch personnel are maintained on an ongoing basis through training, testing
6 and certification that, at a minimum, meet the requirements of these regulations, other
7 applicable state regulations and including, but not limited to, § 32.1-111.5 of the Code of
8 Virginia.

9 3. Functioning as a resource to the agency in planning and scheduling the delivery of
10 training and continuing education programs for agency personnel.

11 4. Taking or recommending appropriate remedial or corrective measures for EMS
12 personnel, consistent with state, regional and local EMS policies that may include but
13 are not limited to counseling, retraining, testing, probation, and in-hospital or field
14 internships.

15 5. Suspending certified EMS personnel from medical care duties pending review and
16 evaluation. Following final review, the OMD shall notify the provider, the EMS agency
17 and the Office of EMS in writing of the nature and length of any suspension of practice
18 privileges that are the result of disciplinary action.

19 6. Reviewing and auditing agency activities to ensure an effective quality management
20 program for continuous system and patient care improvement, and functioning as a
21 resource in the development and implementation of a comprehensive mechanism for the
22 management of records of agency activities including prehospital patient care and
23 dispatch reports, patient complaints, allegations of substandard care and deviations from
24 patient care protocols or other established standards.

1 7. Interacting with state, regional and local EMS authorities to develop, implement, and
2 revise medical and operational protocols consistent with the Code of Virginia and
3 dispatch protocols, policies, and procedures designed to deliver quality patient care. This
4 function includes the selection and use of appropriate medications, supplies, and
5 equipment.

6 8. Maintaining appropriate professional relationships with the local community including
7 but not limited to medical care facilities, emergency departments, emergency physicians,
8 allied health personnel, law enforcement, fire protection and dispatch agencies.

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

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

13 **12VAC5-32-2050. OMD and EMS agency conflict resolution.**

14 A. In the event of an unresolved conflict between the OMD and an EMS agency, the issues
15 involved must be brought before the medical direction committee of the regional EMS council or
16 local EMS resource for review and resolution.

17 B. When the EMS agency presents a significant risk to public safety or health, the OMD
18 must attempt to resolve the issues in question. If a risk remains unresolved and presents an
19 immediate threat to public safety or health, the OMD shall contact the Office of EMS for
20 assistance.

21 **12VAC5-32-2055. Change of operational medical director.**

22 A. An OMD choosing to resign must provide the agency and the Office of EMS a minimum
23 of 30 days written notice of intent. When possible, the OMD should assist the agency in
24 securing a successor for this position.

1 B. An agency choosing to secure the services of another OMD must provide a minimum of
2 30 days advance written notice of intent to the current OMD and the Office of EMS.

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

10 D. When temporary circumstances make an agency's OMD unavailable to serve for a period
11 not expected to exceed one year (e.g., military commitment, unexpected clinical conflict, etc.),
12 the OMD must notify the Office of EMS within 10 business days so that a qualified interim
13 replacement may be approved. Any circumstances that make an agency's OMD unavailable to
14 serve for a period expected to exceed one-year will require a change in the agency OMD as
15 required by this section.

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

19 **12VAC5-32-2060. Responsibilities of physician course directors.**

20 A. Every basic or advanced life support training program and course requesting the award of
21 certification or "Required" (Category 1) continuing education (CE) credits must have a minimum
22 of one physician course director (PCD) who is a licensed physician holding endorsement as an
23 EMS physician from the Office of EMS.

1 B. The PCD will have the following responsibilities as they relate to the selection and
2 training of basic and advanced life support personnel:

3 1. The PCD must verify that all students accepted into the course of training meet state,
4 regional, and local prerequisites for certification.

5 2. The PCD must confirm that all instructors for the course are certified at or above the
6 level being instructed or have expertise in the particular subject being taught.

7 3. The PCD must regularly monitor and confirm that the training program adheres to the
8 following criteria:

9 a. Satisfaction of the minimum objectives prescribed in the Office of EMS-approved
10 training curriculum for the course of instruction. Upon presentation of an individual's
11 "Virginia EMS Certification Application" for the PCD's signature by the course
12 coordinator (ALS Coordinator) of an advanced life support training program, the PCD
13 should confirm the student's successful completion of the course including their
14 assessed competency to perform all required skills;

15 b. Continuing education programs are based upon the objectives prescribed in the
16 Office of EMS approved recertification curriculum;

17 c. Consistency is maintained with local medical direction protocols and guidelines;

18 d. Consistency is maintained with any other local guidelines established by the
19 regional EMS council or local EMS resource; and

20 e. Any additional requirements imposed for programs conducted for a single EMS
21 agency or other organization must comply with the minimum guidelines defined in
22 subdivisions 3 a through d of this subsection.

1 **12VAC5-32-2065. Compliance with training regulations.**

2 A. The PCD must verify that the course coordinator and all instructors are aware that
3 possession or distribution of study guides or other written materials obtained through
4 reconstruction of any state or national registry of EMTs certification examination is not
5 permitted.

6 B. Where violations of this section or any part of these regulations are suspected of any
7 PCD, the Office of EMS may suspend the instruction of any ongoing courses, withhold issuance
8 of certifications, or suspend certifications issued to the course's students, instructors, or the
9 course coordinator until an investigation is concluded.

10 Investigations resulting in a finding of a violation of these regulations by a PCD may result in
11 an enforcement action. The Office of EMS may report the results of any investigation to the
12 State Board of Medicine for further review and action as deemed necessary.

13 **12VAC5-32-2070. Physician course director responsibility to students.**

14 A. PCD/student relationship. The PCD shall assure that students are made aware of the
15 PCD's responsibilities for the course, and of how to contact and if possible meet the PCD during
16 the first lessons of any certification course.

17 B. Hospital-based experiences and field internships. The PCD shall provide clinical
18 oversight and operational authority for the field practice of students enrolled in an approved
19 EMS certification training program while the students are participating in clinical and field
20 internship training. During these training programs the enrolled students may perform the
21 clinical skills and functions of EMS personnel who are certified at the level of the course of
22 instruction when:

23 1. The students are caring for patients in the affiliated hospitals or other healthcare-
24 related facilities approved by the PCD, provided that the related didactic subject matter

1 and practical skills laboratory have been completed and the students are under the
2 direct supervision of a preceptor who is a physician, physician's assistant, nurse
3 practitioner, registered nurse or an EMS provider certified at or above the level of the
4 training program. All preceptors must be approved by the affiliated hospital or facility.

5 2. The students are caring for patients during a required course field internship program
6 with a licensed EMS agency approved by the PCD, provided that the related didactic
7 subject matter and practical skills laboratory have been completed and the students are
8 under the direct supervision of and accompanied by an EMS provider certified at or
9 above the level of the training program, or under the direct supervision of a licensed
10 physician.

11 Nothing in this subsection removes the obligation of the supervising hospital, facility or
12 licensed EMS agency for ultimate responsibility for provision of appropriate patient care by
13 students participating in clinical or internship training.

14 **12VAC5-32-2075. Physician endorsement exemptions.**

15 Endorsement as an EMS physician will be initially issued to each licensed physician
16 currently recorded as having previously been endorsed to serve as an operational medical
17 director by the Office of EMS. Issuance of an EMS physician endorsement will be subject to
18 renewal pursuant to 12VAC5-32-2005.

19 **Part VII**

20 **Designated Regional EMS Councils**

21 **12VAC5-32-3000. Purpose of designated regional EMS councils.**

22 For the purposes of these regulations regional EMS councils shall be designated by the
23 board, adhere to policy direction established by the Office of EMS and carry out the

1 development and implementation of an efficient, effective, and accountable statewide regional
2 EMS delivery system.

3 **12VAC5-32-3005. Provision of regional EMS council services within Virginia and**
4 **compliance with these regulations.**

5 An organization or person providing designated regional EMS council services within
6 Virginia must comply with these regulations, the applicable regulations of other state agencies,
7 the Code of Virginia and the United States Code. The Office of EMS will publish the Virginia
8 Regional EMS Council Designation Manual, a document that describes and provides guidance
9 on how to comply with these regulations.

10 **12VAC5-32-3010. Requirement for regional EMS council designation.**

11 Any organization or person establishing, operating, maintaining, advertising or representing
12 itself or any services as a designated regional EMS council must have a valid designation
13 issued by the board.

14 **12VAC5-32-3015. Designation of a regional EMS council.**

15 A. The board will designate a regional EMS council that satisfies the representation
16 requirements in these regulations.

17 B. The designation of a regional EMS council will be based on:

18 1. The "Regional EMS Council Designation Manual" application process.

19 a. Completed application. Submitted applications missing any information requested
20 will be considered incomplete and will not be processed for designation;

21 b. Completed Regional EMS Council Self-Assessment Checklist; comply with all
22 indicated standards consistent with these regulations;

- 1 c. Current roster of the membership of the applicant organization's board of directors.
2 The roster shall show all members of the board of directors for the applicant, their
3 addresses, e-mail addresses, phone numbers, and the constituency they represent;
- 4 d. Current approved bylaws. A copy of the most recently approved bylaws complete
5 with adoption date;
- 6 e. Scope of services. This shall include data and information that demonstrates the
7 qualifications of the applicant to plan, initiate, expand or improve the regional EMS
8 delivery system;
- 9 f. Budget. A proposed budget for the designation term must illustrate costs
10 associated with the applicant's proposed operations and programs as a designated
11 regional EMS council;
- 12 g. EMS involvement. Documentation demonstrating how the applicant organization
13 interacts with EMS agencies and personnel in its service delivery area.;
- 14 h. Policies and guidelines. Up-to-date policies and guidelines covering all aspects of
15 the applicant's regional EMS councils operations, must show revision date of all
16 changes made and be consistent with these regulations;
- 17 i. Directory of localities, hospitals and EMS agencies. A comprehensive directory of
18 the localities, hospitals, and EMS agencies in the applicant's service delivery area.
- 19 2. A listing of all hospitals within the applicant's proposed geographic service delivery
20 area.
- 21 3. The demonstrated capability to establish communitywide and regional programs.
- 22 4. An evaluation of prior performance as a designated regional EMS council.

1 C. The Office of EMS will evaluate the performance and effectiveness of a regional EMS
2 council on a periodic basis.

3 **12VAC5-32-3020. Application process for designation.**

4 A. An applicant for regional EMS council designation shall file a written application specified
5 by the Office of EMS.

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

8 C. An applicant must provide information on any previous record of performance in the
9 provision of related EMS services or any other related licensure, registration, certification or
10 endorsement within or outside Virginia.

11 D. Completed application packages must be received in the Office of EMS no later than
12 October 1 to be considered for designation commencing July 1 of the following year.

13 E. The application and preliminary review process is to be completed by the Office of EMS
14 prior to a site review visit.

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

17 G. If the applicant organization does not comply with the required standards for designation
18 as a regional EMS council, the agent of the applicant organization will be notified in writing of
19 the deficiencies by the Office of EMS.

20 H. If the applicant organization complies with the required standards, the agent of the
21 applicant organization will be notified in writing and arrangements will be made for a site visit by
22 a review team as designated by the Office of EMS.

23 I. The Office of EMS will conduct a site review of the applicant.

1 J. The applicant organization will receive the written report of the visiting team containing its
2 findings and recommendations in accordance with the criteria.

3 K. If a deficiency is reported, the Office of EMS may order the designated regional EMS
4 council to correct the deficiency by issuing a written correction order.

5 L. If a deficiency requires a revisit by a site review team, a fee commensurate with direct
6 costs will be paid by the applicant.

7 M. The site review process will be completed prior to the Office of EMS forwarding a
8 recommendation for designation or denial to the board.

9 N. The Office of EMS will then forward a recommendation for designation or denial to the
10 board.

11 O. Acting upon the favorable recommendation of the site review team and the Office of
12 EMS, the board may designate the applicant organization as a regional EMS council.

13 P. The Office of EMS may schedule unannounced site visits at its discretion.

14 **12VAC5-32-3025. Inspection.**

15 An applicant agency and all places of operation shall be subject to inspection by the Office
16 of EMS for compliance with these regulations. The inspection may include any or all of the
17 following:

18 1. All fixed places of operations, including all offices and training facilities;

19 2. All applicable records maintained by the applicant agency; and

20 3. All vehicles and required equipment used by the applicant agency.

21 4. Interviews with members of the regional council board of directors, regional EMS
22 council staff, and regional EMS system stakeholders.

1 **12VAC5-32-3030. Designation approval.**

2 A. The Office of EMS will review and make recommendations to the board determining
3 whether an applicant is qualified for designation based upon the applicant meeting the
4 requirements of these regulations.

5 B. The board will make the final determination on regional EMS designation.

6 C. The designated regional EMS council or applicant has the right to appeal any decision or
7 order of the board regarding approval or denial of regional EMS designation in accordance with
8 the Virginia Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia).

9 **12VAC5-32-3035. Designation periods.**

10 The designation is for a period of three years, effective July 1, or as determined by board
11 approval, after completion of the designation process.

12 **12VAC5-32-3040. Regional EMS councils requesting un-designation.**

13 Regional EMS councils desiring to become undesignated by the board must provide the
14 Office of EMS a minimum of 30 days written notice of intent. Upon review the Office of EMS will
15 forward the request to the board with its recommendation. Only the board can grant or remove
16 regional EMS council designation.

17 **12VAC5-32-3045. Powers and procedures of regulations not exclusive.**

18 The board reserves the right to authorize any procedure for the enforcement of these
19 regulations that is not inconsistent with the provisions set forth herein or the provisions of §§
20 32.1-27 and 32.1-111.1 of the Code of Virginia.

1 **12VAC5-32-3050. Exemptions.**

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

5 **12VAC5-32-3170. Composition of designated regional EMS councils.**

6 A designated regional EMS council shall include, if available, representatives of the
7 participating local governments, fire protection agencies, law-enforcement agencies, emergency
8 medical services agencies, hospitals, licensed practicing physicians, emergency care nurses,
9 mental health professionals, emergency medical technicians and other appropriate allied health
10 professionals.

11 **12VAC5-32-3175. Governing body of a designated regional EMS council.**

12 A. A regional EMS council shall be organizationally independent of any other entity.

13 B. A regional EMS council shall be governed by a board.

14 C. Articles of incorporation and bylaws shall be in force that specifies:

15 1. Designated regional EMS council representation;

16 2. Method of designated regional EMS council appointments and/or elections;

17 3. Governing board representation;

18 4. Method of governing board appointments and/or elections;

19 5. Tenure of representatives;

20 6. Officers, their roles, responsibilities and terms of office;

21 7. Quorum requirements;

22 8. Meeting attendance requirements and enforcement policies;

1 9. Indemnification of officers and directors; and

2 10. Dissolution of assets.

3 D. There shall be a minimum of five members with full voting privileges comprising a
4 governing board. The Executive Director of the organization may serve in an ex officio capacity,
5 but shall not have voting privileges.

6 **12VAC5-32-3180. Regional EMS plan.**

7 A designated regional EMS council, in cooperation with the EMS Advisory Board, shall
8 develop, maintain, and distribute a comprehensive regional EMS plan for coordinating and
9 improving the delivery of EMS in the regional service area, in accordance with §§ 32.1-111.3
10 and 32.1-111.4:2 of the Code of Virginia.

11 1. The plan shall be submitted for approval by the Office of EMS within one year of
12 designation.

13 2. The approved plan shall be distributed to the Office of EMS, all localities, EMS
14 agencies, hospitals and EMS physicians within its service delivery area.

15 3. The plan shall be reviewed and revised, if necessary, every three years and
16 redistributed to the Office of EMS, all localities, EMS agencies, hospitals and EMS
17 physicians within its service delivery area.

18 **12VAC5-32-3185. Regional trauma triage plan.**

19 A designated regional EMS council, in corporation with the EMS Advisory Board, shall
20 develop, maintain, and distribute a regional trauma triage plan in accordance with §§ 32.1-111.3
21 and 32.1-111.4:2 of the Code of Virginia.

22 1. The plan shall be submitted for approval by the Office of EMS within one year of
23 designation.

1 2. The approved plan shall be distributed to the Office of EMS, all localities, EMS
2 agencies, hospitals and EMS physicians within its service delivery area.

3 3. The plan shall be reviewed and revised, if necessary, every three years and submitted
4 for approval by the Office of EMS.

5 4. The approved revisions shall be distributed to the Office of EMS, all localities, EMS
6 agencies, hospitals and EMS physicians within its service delivery area.

7 **12VAC5-32-3190. Financial assistance for emergency medical services.**

8 A. A designated regional EMS council shall participate in the Virginia financial assistance for
9 emergency medical services program and assist eligible EMS agencies and organizations
10 needing funding within the service area.

11 B. The designated regional EMS council participation in the Virginia financial assistance for
12 emergency medical services program process shall have written guidelines and procedures,
13 approved by the Office of EMS, that meet the requirements stated in 12VAC5-32-4000 through
14 12VAC5-32-4035.

15 **12VAC5-32-3195. Base funding of designated regional EMS councils.**

16 A. Required services provided by a designated regional EMS council may be funded by the
17 state.

18 B. A designated regional EMS council may receive annual base funding by the state to
19 assist with infrastructure development and maintenance in providing required regional services.

20 C. A designated regional EMS council shall submit documentation, as required,
21 demonstrating a 25% match for base funding to the Office of EMS. Moneys received directly or
22 indirectly from the Commonwealth shall not be used as matching funds.

1 **12VAC5-32-3200. Matching funds.**

2 For the purposes of these regulations, approved matching funds are monetary and/or in-kind
3 services as approved by the Office of EMS and only apply to base funding.

4 **12VAC5-32-3205. Performance standards.**

5 A. The Office of EMS may enter into performance-based contracts that establish standards
6 for the delivery of specific identified services and projects with designated regional EMS
7 councils. These services and projects shall include, but not be limited to, performance standards
8 for:

9 1. Regional medical direction;

10 2. Regional EMS plan;

11 3. Trauma triage plan;

12 4. EMS performance improvement program;

13 5. Regional trauma performance improvement program;

14 6. Technical assistance and review for Rescue Squad Assistance Fund grant
15 applications;

16 7. Regional infrastructure; and

17 8. Criteria for matching funds.

18 B. The contracts will be based upon the specific needs of the regional service delivery area
19 and the requirements of the Office of EMS as described in § 32.1-111.4:2 of the Code of
20 Virginia.

1 **12VAC5-32-3210. Accountability for public funds.**

2 A. A designated regional EMS council shall maintain a current operating statement,
3 reflecting revenue and expenditures, available for review.

4 B. A designated regional EMS council shall have a current income and expenditure
5 statement available at all governing board meetings.

6 C. A designated regional EMS council shall have an independent annual audit of financial
7 records with management letters conducted by a certified public accountant.

8 D. A designated regional EMS council shall have an independent review of financial records
9 conducted by a certified public accountant upon change of an executive director.

10 E. A designated regional EMS council shall retain all books, records, and other documents
11 relative to public funds for six years after the close of the fiscal year the funds were received.
12 The Office of EMS, its authorized agents, and/or state auditors shall have full access to and the
13 right to examine any materials related to public funds during said period.

14 F. A designated regional EMS council shall follow generally accepted accounting principles
15 for financial management.

16 G. A designated regional EMS council's governing board shall approve its annual fiscal year
17 (July 1 through June 30) budget by July 15 of each year.

18 H. A designated regional EMS council shall comply with all appropriate federal and state
19 tax-related reporting.

20 I. A designated regional EMS council shall follow generally accepted fund raising practices
21 in the charitable field.

22 J. A designated regional EMS council shall have written policies that indicate by position,
23 signatories of executed financial and contractual instruments.

1 Part VIII

2 Financial Assistance for Emergency Medical Services

3 12VAC5-32-4000. Financial Assistance and Review Committee.

4 A. Financial Assistance and Review Committee appointments.

5 1. Appointments shall be made for terms of three years or the unexpired portions thereof
6 in a manner to preserve, insofar as possible, the representation of the emergency
7 medical services councils. No member may serve more than two successive terms. The
8 chairman shall be elected from the membership of the FARC for a term of one year and
9 shall be eligible for reelection.

10 2. The EMS Advisory Board may revoke appointment for failure to adhere to the
11 standards set forth in this chapter, and the State and Local Government Conflict of
12 Interests Act (§ 2.2-3100 et seq. of the Code of Virginia).

13 3. Midterm vacancies shall be filled by nominations submitted from the affected
14 designated regional EMS council.

15 B. Geographical representation.

16 1. Designated regional EMS councils shall be eligible to submit nominations to the EMS
17 Advisory Board for representation on the FARC.

18 2. The eligible designated regional EMS council shall nominate three candidates to fill a
19 vacancy on the FARC. The EMS Advisory Board shall make appointments from the
20 nominations submitted by the designated regional EMS council.

21 3. A designated regional EMS council whose representative has completed two
22 successive terms on FARC shall not be eligible to submit a nomination for one full term
23 (three years).

1 C. Meetings and attendance.

2 1. The FARC shall meet at least four times annually at the call of the chairman or the
3 commissioner.

4 2. Attendance at FARC Grant Review meetings is mandatory for all members.

5 3. A quorum for a meeting of the FARC shall consist of not fewer than four members.

6 **12VAC5-32-4005. Rsaf general grant program administration.**

7 A. The FARC will administer the RSAF (Rescue Squad Assistance Fund) General Grant
8 Program and the funding of RSAF General Grant awards using the Office of EMS approved
9 pricing, applicant eligibility, award criteria, and priorities as approved by the EMS Advisory
10 Board.

11 B. The Office of EMS shall approve and maintain a list that represents an average price of
12 EMS vehicles, EMS equipment, communications equipment, and EMS education programs
13 frequently requested under the RSAF General Grant Program. This list will be based on current
14 market pricing and is not all-inclusive. RSAF General Grant awards for items maintained on this
15 list shall not exceed the approved amount.

16 C. Funding priorities for RSAF General Grants shall be identified in the Virginia Statewide
17 EMS Plan as stipulated in § 32.1-111.3 of the Code of Virginia or special initiatives as approved
18 by the EMS Advisory Board.

19 D. Deadline for submission of applications shall be March 15 and September 15 of each
20 year.

21 E. Applications shall be made to the Office of EMS.

1 F. The Office of EMS will review applications for compliance with the EMS regulations and
2 RSAF policies and procedures. The FARC reviews and grades applications and makes
3 recommendations on general grant funding.

4 **12VAC5-32-4010. Rsaf general grant award cycle.**

5 A. The grant period shall be for a period of 12 months from the date of award and there shall
6 be two review cycles per year.

7 B. Applications shall be made to the Office of EMS on an approved application form.

8 C. Dates of award shall be July 1 and January 1 of each year.

9 D. Other dates in the award process shall be established by the Office of EMS.

10 **12VAC5-32-4015. Amount of grant award.**

11 A. The amount of RSAF General Grant award granted an applicant will not exceed 50% of
12 the cost of the item(s) except in documented and approved cases of hardship. The amount of
13 an RSAF General Grant award shall be based upon the amount requested for the item(s) and
14 state approved pricing determined by the Office of EMS. The amount awarded will not exceed
15 the amount requested by the applicant.

16 B. Additional funding may be recommended for those unique situations where the applicant
17 has demonstrated the lack of reasonable capability to generate a 50% match (hardship). The
18 additional funding above a 50% match will be determined by the FARC.

19 1. Awards identified on the notice of award as being "hardship" (above a 50% match
20 level) require the grantee to purchase from available state contracts.

21 Awardees, able to demonstrate the ability to purchase at a cost equal to or less than the
22 state contract price may purchase outside the state contract with prior approval.

1 2. The FARC shall recommend the percentage of an RSAF General Grant award based
2 upon the review of the application.

3 **12VAC5-32-4020. Award of Rsaf general grants.**

4 A. The requirements of this section shall apply to the disbursement of funds.

5 B. A nonprofit licensed EMS agency or other Virginia emergency medical service
6 organization operating on a nonprofit basis exclusively for the benefit of the general public
7 pursuant to § 32.1-111.12 of the Code of Virginia is eligible for an RSAF General Grant.

8 C. An applicant must be in compliance with this chapter.

9 D. Programs, services, and equipment funded by the RSAF must comply with the plans,
10 policies, procedures, and guidelines adopted by the EMS Advisory Board. Grants may be
11 approved for the following:

12 1. Establishment of a new EMS agency, program, or service where needed to improve
13 emergency medical services offered in an area;

14 2. Expansion or improvement of an existing EMS agency, program, or service;

15 3. Replacement of equipment or procurement of new equipment; or

16 4. Establishment, expansion or improvement of EMS training programs.

17 E. The Office of EMS shall make awards as approved by the commissioner.

18 F. Grantees will be notified of their award.

19 G. Funds may be disbursed to the grantee at any time within the grant period. Agreement to
20 the award and any attached conditions shall be secured prior to any disbursements.

21 H. Funds shall not be used for expenditures or commitments made before the date of the
22 grant award or after the conclusion of the grant period.

1 **12VAC5-32-4025. Responsibilities of the grantee.**

2 A. Grantee shall not discriminate in the provisions of its services or in the conduct of its
3 business affairs on the basis of race, color, creed, religion, sex, national origin, or disability.

4 B. The grantee shall be responsible for ensuring that item(s), programs, or services
5 purchased in whole or in part with the use of the state moneys comply with these regulations.

6 C. Grantee shall be responsible for the preparation and maintenance of proper accounting
7 records that shall be maintained for a period of not less than five years from the end of the grant
8 period.

9 **12VAC5-32-4030. Emergency grant awards.**

10 A. The commissioner empowers the Office of EMS the ability to implement Emergency
11 Grant Awards. The Office of EMS will advise the EMS Advisory Board and FARC of emergency
12 grants awarded and the purpose(s) of disbursement of these funds.

13 B. Applications shall be made to the Office of EMS on an approved application form at any
14 time.

15 C. The Emergency Grant Award will be made or rejected by the Office of EMS within 10
16 business days after receiving an application on an approved form.

17 E. Award of funds shall be based upon incidents or circumstances involving the loss or
18 potential loss of critical equipment or services.

19 **12VAC5-32-4035. Ems system initiative awards.**

20 EMS System Initiative Awards are based on priorities and needs identified by the Office of
21 EMS to meet EMS system objectives as stipulated in § 32.1-111.3 of the Code of Virginia.

22 1. The Office of EMS may implement EMS System Initiative Awards at any time.

1 2. EMS System Initiative Award applications shall be submitted on the Office of EMS
2 approved form, using approved pricing, application eligibility award criteria, and approved
3 priorities.

4 3. The EMS System Initiative Award will be made or rejected by the Office of EMS within 30
5 business days after receiving an application on an approved form.

6 4. EMS System Initiative Awards may be granted for the following purposes, based upon the
7 demonstrated need:

8 a. Establishment of a new EMS agency, program, or service where needed to improve
9 emergency medical services offered in an area;

10 b. Expansion or improvement of an existing EMS agency, program, or service;

11 c. Replacement of equipment or procurement of new equipment; or

12 d. Establishment, expansion or improvement of EMS training programs.

13 **12VAC5-32-4040. Use of funds.**

14 A. Awards shall be made in accordance with § 32.1-111.12 of the Code of Virginia.

15 B. Funds shall be used only for the specific items, service, or programs for which they were
16 awarded and in accordance with any conditions placed upon a grant award.

17 C. The grantee shall sign a memorandum of agreement attesting that the award funds shall
18 be used as granted and the grantee meets all conditions placed upon the award.

19 D. Sale, trade, transfer, or disposal, within five years of vehicles or items specified by the
20 Office of EMS in the notice of award purchased in whole or in part with the use of state moneys
21 requires prior approval by the Office of EMS.

22 E. EMS vehicles purchased with funding from the RSAF shall meet the current state and
23 federal standards for the type of vehicle purchased.

1 F. Funds shall not be approved or disbursed for:

2 1. Leased equipment or vehicle;

3 2. Equipment or vehicles secured by a lien;

4 3. Guarantees or warranties;

5 4. Used equipment or vehicles without prior approval; or

6 5. Fire suppression apparatus or law-enforcement equipment.

7 **12VAC5-32-4045. Ownership.**

8 All equipment, including EMS vehicles, shall be in the name of the organization to which the
9 award has been made or in the name of the local jurisdiction or government entity in which the
10 organization is located. This requirement shall apply to the ownership of equipment purchased
11 in whole or in part with the use of these funds. A copy of the title for each EMS vehicle shall be
12 provided to the Office of EMS.

13 **12VAC5-32-4050. Improper expenditures.**

14 A. An audit revealing expenditures not permitted by the conditions of the award will result in
15 the grantee being required to reimburse the Office of EMS any funds received.

16 B. An agency providing false, misleading or improper information to the Office of EMS will be
17 ineligible for future grants for a period of five years.

18 **12VAC5-32-4055. Modification of an award.**

19 Any changes in the project, including any changes in the approved item(s), shall be
20 permitted only by modification of the award.

21 1. The grantee must request in writing the specific modifications desired and the reasons
22 and circumstances necessitating such a request to the Office of EMS.

1 2. The commissioner may modify, approve or deny the request for modification.

2 **12VAC5-32-4060. Suspension of an award.**

3 A. The commissioner may suspend an award and all disbursements of funds attached
4 pending an investigation and following an informal fact-finding conference as defined in the
5 Virginia Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia).

6 B. There shall exist reasonable cause for suspension prior to such action by the
7 commissioner. Such cause shall include:

8 1. Failure to comply with these regulations;

9 2. Violation of the terms of any conditions or agreements attached to an award; or

10 3. A reasonable belief by the commissioner that any such violations might otherwise
11 continue unabated.

12 C. The Office of EMS shall notify the grantee of the suspension by certified mail to the last
13 known address.

14 D. A suspension shall take effect immediately upon receipt of notification unless otherwise
15 specified. A suspension shall remain in effect until reinstated or revoked by the commissioner.

16 **12VAC5-32-4065. Revocation of an award.**

17 The commissioner may revoke an award and all disbursements of funds attached after an
18 informal fact-finding conference as defined in the Administrative Process Act (§ 2.2-4000 et seq.
19 of the Code of Virginia) or waiver thereof.

20 1. Cause. There must exist reasonable cause for revocation prior to such action by the
21 commissioner.

22 2. Notification. The Office of EMS must notify the grantee of the revocation by certified
23 mail to the last known address.

1 3. Period of effect. A revocation shall be permanent unless and until overturned on
2 appeal.

3 **12VAC5-32-4070. Extension of grant award.**

4 A. Any extension of the grant award shall require the approval of the Office of EMS.

5 1. Request. The grantee shall submit on a form approved by the Office of EMS, the
6 reasons and circumstances necessitating such a request.

7 2. Approval. The Office of EMS shall render a decision within 30 days of receipt of the
8 request.

9 B. Extensions are limited to 12 months beyond the end of the original grant award.