

Project 877 - Proposed

DEPARTMENT OF HEALTH

**Amend current regulations to include new regulations as a result of legislative changes
and changes**

Part I

General Provisions

Article 1

Definitions

12VAC5-31-10. Definitions.

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

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

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

"Accreditation cycle" means the term or cycle at the conclusion of which accreditation expires unless a full self-study is performed. Accreditation cycles are typically quinquennial (five-year) but these terms may be shorter, triennial (three-year) or biennial (two-year), if the Office of EMS deems it necessary.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

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

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

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

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

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

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

~~"Advanced life support" or "ALS" means the application provision of care by EMS personnel of invasive and noninvasive medical procedures or the administration of medications that is authorized by the Office of Emergency Medical Services, or both who are certified as an Emergency Medical Technician (EMT) - Enhanced, Advanced EMT, [EMT-Intermediate Intermediate,] or [EMT-Paramedic Paramedic] or equivalent as approved by the Board of Health.~~

Advanced life support in the air medical environment is a mission generally defined as the transport of a patient who receives care during a transport that includes an invasive medical

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

procedure or the administration of medications, including IV infusions, in addition to any noninvasive care that is authorized by the Office of EMS.

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

1. Emergency Medical Technician-Enhanced;
2. Advanced EMT;
3. Advanced EMT to [~~EMT Paramedic~~ Paramedic] Bridge;
2. 4. EMT-Enhanced to [~~EMT Intermediate~~ Intermediate] Bridge;
3. 5. [~~Emergency Medical Technician-Intermediate~~ Intermediate];
4. 6. [~~EMT Intermediate~~ Intermediate] to [~~EMT Paramedic~~ Paramedic] Bridge;
5. 7. [~~Emergency Medical Technician-Paramedic~~ Paramedic];
6. 8. Registered Nurse to [~~EMT Paramedic~~ Paramedic] Bridge; and
7. 9. Other programs approved by the Office of EMS.

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

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

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

"Air medical specialist" means a person trained in the concept of flight physiology and the effects of flight on patients through documented completion of a program approved by the Office

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

of EMS. This training must include but is not limited to aerodynamics, weather, communications, safety around aircraft/ambulances, scene safety, landing zone operations, flight physiology, equipment/aircraft familiarization, basic flight navigation, flight documentation, and survival training specific to service area.

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

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

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

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

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

"Basic life support" or "BLS" means the ~~application~~ provision of care by EMS personnel of ~~invasive and noninvasive medical procedures or administration of medications that is authorized by the Office of EMS~~ who are certified as First Responder, Emergency Medical Responder (EMR), or Emergency Medical Technician or equivalent as approved by the Board of Health.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

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

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

1. EMS First Responder;
2. EMS First Responder Bridge to EMT;
3. Emergency Medical Responder;
4. Emergency Medical Responder Bridge to EMT;
- ~~3.~~ 5. Emergency Medical Technician; and
4. 6. Other programs approved by the Office of EMS.

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

~~"Bypass" means to transport a patient past a commonly used medical care facility to another hospital for accessing a more readily available or appropriate level of medical care.~~

["Candidate" means any person who is enrolled in or is taking a course leading toward initial certification.]

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

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

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

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

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

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

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

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

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

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

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

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

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

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

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

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

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

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

~~"Defibrillator -- combination unit" means a single device designed to incorporate all of the required capabilities of both an Automated External Defibrillator and a Manual Defibrillator.~~

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

"Designated infection control officer" means a liaison between the medical facility treating the source patient and the exposed employee. This person has been formally trained for this position and is knowledgeable in proper post exposure medical follow up procedures and current regulations and laws governing disease transmission.

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

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

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

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

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

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

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

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

~~"Emergency medical services communications plan" or "EMS communications plan" means the state plan for the coordination of electronic telecommunications by EMS agencies as approved by the Office of EMS.~~

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

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

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

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

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

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

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

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

"Emergency vehicle operator's course" or "EVOC" means an approved course of instruction for EMS vehicle operators that includes safe driving skills, knowledge of the state motor vehicle code affecting emergency vehicles, and driving skills necessary for operation of emergency vehicles during response to an incident or transport of a patient to a health care facility. This course must include classroom and driving range skill instruction. An approved course of

State Board of Health

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

instruction includes the course objectives as identified within the U.S. Department of Transportation Emergency Vehicle Operator curriculum or as approved by OEMS.

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

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

["FAR" means Federal Aviation Regulations.]

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

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

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

"Fund" means the Virginia Rescue Squad Assistance Fund.

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

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

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

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

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

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

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

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

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

"Local EMS response plan" means a written document that details the primary service area, ~~[the unit mobilization interval]~~ and responding interval standards as approved by the local government, and the operational medical director ~~and the Office of EMS.~~

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

"Major medical emergency" means an emergency that cannot be managed through the use of locally available emergency medical resources and that requires implementation of special procedures to ensure the best outcome for the greatest number of patients as determined by the EMS provider in charge or incident commander on the scene. This event includes local

State Board of Health

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

emergencies declared by the locality's government and states of emergency declared by the Governor.

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

"Medical care facility" means (as defined by ~~§ 32.1-123~~ § 32.1-102.1 of the Code of Virginia) any institution, place, building or agency, whether licensed or required to be licensed by the board or the [~~State~~] ~~Mental Health, Mental Retardation and Substance Abuse Services~~ [~~Board~~ Department] of Behavioral Health and Developmental Services, whether operated for profit or nonprofit and whether privately owned or privately operated or owned or operated by a local governmental unit, by or in which health services are furnished, conducted, operated or offered for the prevention, diagnosis or treatment of human disease, pain, injury, deformity or physical condition, whether medical or surgical.

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

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

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

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

State Board of Health

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

serious dysfunction of any of the individual's bodily organs, or (iv) in the case of a pregnant woman, serious jeopardy to the health of the fetus.

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

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

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

~~"Neonatal life support" means a sophisticated and specialized level of out-of-hospital and interfacility emergency and stabilizing care that includes basic and advanced life support functions for the newborn or infant patient.~~

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

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

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

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

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

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

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

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

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

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

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

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

~~Prehospital patient data report" or "PPDR" means a document designed to be optically scanned that may be used to report to the Office of EMS, the minimum patient care data items as prescribed by the board.~~

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

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

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

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

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

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

~~"Program site accreditation" means the verification that a training program has demonstrated the ability to meet criteria established by the Office of EMS to conduct basic or advanced life support certification courses.~~

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

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

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

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

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

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

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

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

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

~~"Registered nurse" means an individual who holds a valid, unrestricted license to practice as a registered nurse in the Commonwealth~~ a person who is licensed or holds a multistate privilege under the provisions of Chapter 30 (§ 54.1-3000 et seq.) of Title 54.1 of the Code of Virginia to practice professional nursing.

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

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

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

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

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

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

"Responding interval time" means the elapsed time in minutes between the ~~"dispatch" time~~ and the ~~"arrive scene" time (i.e., when the wheels of the EMS vehicle stop)~~ time a call for emergency medical services is received by the PSAP until the appropriate emergency medical response unit arrives on the scene.

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

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

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

"Safety apparel" means personal protective safety clothing that is intended to provide conspicuity during both daytime and nighttime usage and that meets the Performance Class 2 or 3 requirements of the ANSI/ISEA 107–2004 publication entitled "American National Standard for High-Visibility Safety Apparel and Headwear."

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

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

"Sentinel event" means any significant occurrence, action, or change in the operational status of the entity from the time when it either applied for candidate status or was accredited.

The change in status can be based on but not limited to one or all of the events indicated below:

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

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

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

Insolvency or bankruptcy filing.

Change in ownership or control greater than 25%.

Disruption of service to student body.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Discontinuance of classes or business operations.

Failure to report a change in program personnel, location, change in training level or Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) accreditation status.

Failure to meet minimum examination scores as established by the Office of EMS.

Loss of CoAEMSP or [Commission on Accreditation of Allied Health Education Programs (CAAHEP)] accreditation.

Company fine or fines of greater than \$100,000 for regulatory violation, marketing or advertising practices, antitrust, or tax disputes.

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

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

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

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

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

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

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

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

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

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

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

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

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

~~"Unit mobilization interval" means the elapsed time (in minutes) between the "dispatched" time of the EMS agency and the "responding" time (the wheels of the EMS vehicle start moving).~~

~~"Unit mobilization interval standard" means a time standard (in minutes) for the unit mobilization interval, established by a designated emergency response agency, the locality and OMD, in which the EMS agency will comply.~~

"USDOT" means the United States Department of Transportation.

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

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

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Article 2

Purpose and Applicability

12VAC5-31-20. Responsibility for regulations; application of regulations.

A. These regulations shall be administered by the following:

1. State Board of Health. The Board of Health has the responsibility to promulgate, amend, and repeal, as appropriate, regulations for the provision of emergency medical services per Article 2.1 (§ 32.1-111.1 et seq.) of Chapter 4 of Title 32.1 of the Code of Virginia.
2. State Health Commissioner. The commissioner, as executive officer of the board, will administer these regulations per § 32.1-16 of the Code of Virginia.
3. The Virginia Office of EMS. The director, assistant director and specified staff positions will have designee privileges for the purpose of enforcing these regulations.
4. Emergency Medical Services Advisory Board. The EMS Advisory Board has the responsibility to review and advise the board regarding EMS policies and programs.

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

1. No person may establish, operate, maintain, advertise or represent themselves, any service or any organization as an EMS agency or as EMS personnel without a valid license or certification, or in violation of the terms of a valid license or certification issued by the Office of EMS.
2. A person providing EMS to a patient received within Virginia [~~and whether treated and released or~~] transported to a location within Virginia must comply with these regulations unless exempted in these regulations.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

12VAC5-31-50. Variances.

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

1. The written variance request must be submitted for review and recommendations to the governing body of the locality in which the principal office of the EMS agency is located prior to submission to the Office of EMS.
2. An EMS agency operating in multiple localities will be required to notify all other localities in writing of conditions of approved variance requests.
3. Issuance of a variance does not obligate other localities to allow the conditions of such variance if they conflict with local ordinances or regulations.

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

12VAC5-31-60. Issuance of a variance.

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

1. The information contained in the request is complete and correct;
2. The agency, service, vehicle or person concerned is licensed, permitted or certified by the Office of EMS;

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

3. The ~~Office of EMS~~ commissioner determines the need for such a variance is genuine, and extenuating circumstances exist;
4. The ~~Office of EMS~~ commissioner determines that issuance of such a variance would be in the public interest and would not present any risk to, or threaten or endanger the public health, safety or welfare;
5. If the request is made by an EMS agency, the ~~Office of EMS~~ commissioner will consider the recommendation of the governing body provided all of the above conditions are met; and
6. The person making the request will be notified in writing of the approval and issuance within 30 days of receipt of the request unless the request is awaiting approval or disapproval of a license or certificate. In such case, notice will be given within 30 days of the issuance of the license or certificate.

12VAC5-31-80. Conditions of variance.

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

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

12VAC5-31-90. Termination of variance.

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

1. Violations of any of the conditions of the variance;
2. Falsification of any information;

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

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

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

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

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

12VAC5-31-100. Denial of a variance.

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

12VAC5-31-120. Public notice of request for exemption.

Upon receipt of a request for an exemption, the Office of EMS will cause notice of such request to be ~~published in a newspaper of general circulation in the area wherein the person making the request resides and in other major newspapers of general circulation in major regions of the Commonwealth. The cost of such public notice will be borne by the person making the request~~ posted on the Office of EMS section of the Virginia Department of Health's website.

12VAC5-31-160. Conditions of exemption.

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

B. An exemption is neither transferable nor renewable.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

12VAC5-31-170. Termination of exemption.

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

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

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

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

12VAC5-31-180. Denial of an exemption.

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

Article 4

Enforcement Procedures

12VAC5-31-200. Right to enforcement.

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

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

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

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

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

1. All fixed places of operations, including all offices, stations, repair shops, or training facilities.
2. All applicable records maintained by the agency.
3. All EMS vehicles and required equipment used by the agency.

12VAC5-31-210. Enforcement actions.

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

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

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

~~4.~~ 5. Action of the commissioner: the commissioner may command a person operating in violation of these regulations or state law pursuant to the commissioner's authority under § 32.1-27 of the Code of Virginia and the Administrative Process Act to halt such operation or to comply with applicable law or regulation. A separate and distinct offense will be deemed to have been committed on each day during which any prohibited act continues after written notice to the offender.

~~5.~~ 6. Criminal enforcement: the commissioner may elect to enforce any part of these regulations or any provision of Title 32.1 of the Code of Virginia by seeking to have criminal sanctions imposed. The violation of any of the provisions of these regulations constitutes a misdemeanor. A separate and distinct offense will be deemed to have been committed on each day during which any prohibited act continues after written notice by the commissioner to the offender.

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

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

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

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

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

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

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

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

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

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

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

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

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

12VAC5-31-230. Revocation of a license, permit or certificate.

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

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

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

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

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

5. The ~~Office of EMS~~ commissioner may revoke an EMS agency license for violation of federal or state laws resulting in a civil monetary penalty.
 - B. Revocation of an EMS agency license shall result in the simultaneous and concurrent revocation of vehicle permits.
 - C. The ~~Office of EMS~~ commissioner will notify the holder of a license, certification, endorsement or designation of the intent to revoke by signed receipt in person or certified mail to his last known address.
 - D. The holder of a license, certification, endorsement or designation will have the right to a hearing.
 1. If the holder of a license, certification, endorsement or designation desires to exercise his right to a hearing, he must notify the Office of EMS in writing of his intent within 10 days of receipt of notification. In such cases, a hearing must be conducted and a decision rendered in accordance with the Administrative Process Act.
 2. Should the holder of a license, certification, endorsement or designation fail to file such notice, he will be deemed to have waived the right to a hearing. In such case, the ~~Office of EMS~~ commissioner may revoke the license or certificate.
 - E. A revocation takes effect immediately upon receipt of notification unless otherwise specified. A revocation order is permanent unless and until overturned on appeal.
 - F. The holder of a license, certification, endorsement or designation shall abide by any notice of revocation and shall return all revoked licenses, permits and certificates to the Office of EMS within 10 days of receipt of the notification of revocation.
 - G. The Office of EMS may invoke any procedures set forth in this part to enforce the revocation.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

12VAC5-31-240. Correction order.

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

1. Correction orders may be issued in conjunction with any other enforcement action in response to individual violations or patterns of violations.
2. The Office of EMS will determine that a deficiency or violation exists before issuance of any correction order.

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

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

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

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

1. The Office of EMS will determine whether the correction is made by the prescribed date.
2. Should the licensee or permit, certificate, endorsement or designation holder fail to make the correction within the time period cited in the order, the Office of EMS may invoke any of the other enforcement procedures set forth in this part.

12VAC5-31-290. Exclusions from these regulations.

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

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

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

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

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

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

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

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

[12VAC5-31-330. Compliance with regulations.

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

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

12VAC5-31-370. Designated emergency response agency.

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

12VAC5-31-380. EMS agency availability.

A. An EMS agency shall provide service within its primary service area ~~on a 24-hour continuous basis~~ as defined by the local EMS response plan.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

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

12VAC5-31-390. ~~Destination/trauma triage~~ Destination to specialty care hospitals.

An EMS agency shall ~~participate in the regional Trauma Triage Plan~~ follow specialty care hospital triage plans [for trauma, stroke, and others as recognized by OEMS] established in accordance with § 32.1-111.3 of the Code of Virginia. ~~[EMS agencies' OMD approved patient care protocols shall have a triage component consistent with Code of Virginia mandated state specialty care hospital triage plans.]~~

12VAC5-31-400. Nondiscrimination.

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

[12VAC5-31-420. Application for EMS agency license.

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

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

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

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

1. An applicant or licensee must meet the personnel requirements of these regulations.
2. If the applicant is a company or corporation, as defined in § 12.1-1 of the Code of Virginia, it must clearly disclose the identity of its owners, officers and directors.
3. An applicant or licensee must provide information on any previous record of performance in the provision of emergency medical service or any other related licensure, registration, certification or endorsement within or outside Virginia.
4. The applicant must submit a written agreement with the local governing body that states the applicant agency will assist in mutual aid requests from the local government if EMS personnel, vehicles, equipment and other resources are available.

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

1. All fixed places of operations, including all offices, stations, repair shops or training facilities.
2. All applicable records maintained by the applicant agency.
3. All EMS vehicles and required equipment used by the applicant agency.]

12VAC5-31-430. Issuance of an EMS agency license.

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

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

2. The applicant is determined by the Office of EMS to be eligible for licensure in accordance with these regulations.

[3. The applicant is determined by the Office of EMS to provide emergency medical services to the citizens of the Commonwealth in accordance with these regulations.]

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

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

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

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

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

[12VAC5-31-460. Denial of an EMS agency license.

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

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

12VAC5-31-480. Termination of EMS agency licensure.

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

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

1. Notification of the applicable OMDs, regional EMS councils or local EMS resource agencies, PSAPs and governing bodies of each locality served.
2. Termination of all existing contracts for EMS services, Mutual Aid Agreements, or both.
3. Advertised notice of its intent to discontinue service has been published in a newspaper of general circulation in its service area and to be posted on the Office of EMS section of the Virginia Department of Health's website.

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

1. The return of its EMS agency license and all associated vehicle permits to the Office of EMS.
2. The removal of all signage or insignia that advertise the availability of EMS to include but not be limited to facility and roadway signs, vehicle markings and uniform items.
3. The return of all ~~medication~~ drug kits that are part of a local or regional ~~medication~~ drug kit exchange program or provision for the proper disposition of ~~medications~~ drugs maintained under a Board of Pharmacy controlled substance registration.
4. The maintenance and secure storage of required agency records and prehospital patient care reports (~~PPCRs~~) for a minimum of ~~five~~ six years from the date of termination of service.

12VAC5-31-500. Place of operations.

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

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

C. The following sanitation measures are required at each place of operation ~~in accordance with standards established by the Centers for Disease Control and Prevention (CDC)~~ established by the CDC and the Virginia occupational safety and health laws (Title ~~40-1-4~~ 40.1 of the Code of Virginia):

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

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

12VAC5-31-510. Equipment and supplies.

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

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

B. Adequate stocks of supplies and linens shall be maintained as required for the classes of vehicles in service at each place of operations. An EMS agency shall maintain a supply of at least ~~75~~ 25 triage tags of a design approved by the Office of EMS on each permitted EMS vehicle. ~~These tags must be maintained in a location readily accessible by all agency personnel.~~

12VAC5-31-520. Storage and security of ~~medications~~ drugs and related supplies.

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

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

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

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

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

12VAC5-31-530. Preparation and maintenance of records and reports.

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

1. Records and reports shall at all times be stored in a manner to ensure reasonable safety from water and fire damage and from unauthorized disclosure to persons other than those authorized by law.
2. EMS agency records shall be prepared and securely maintained at the principal place of operations or a secured storage facility for a period of not less than five years.

12VAC5-31-540. Personnel records.

A. An EMS agency shall have a current personnel record for each individual affiliated with the EMS agency. Each file shall contain documentation of certification (~~copy of EMS certification, healthcare provider license or EVOC, or both~~), training and qualifications for the positions held.

B. An EMS agency shall have a record for each individual affiliated with the EMS agency documenting the results of a criminal history background check conducted through the Central Criminal Records Exchange ~~operated by~~ and the National Crime Information Center via the Virginia State Police, a driving record transcript from the individual's state Department of Motor

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Vehicles office, and any documents required by the Code of Virginia, no more than 60 days prior to the individual's affiliation with the EMS agency.

12VAC5-31-560. Patient care records.

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

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

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

12VAC5-31-570. EMS Agency Status Report.

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

1. Chief executive officer.
- ~~2. Chief of operations.~~
- ~~3.~~ 2. Training officer.
- ~~4.~~ 3. Designated infection control officer.
- ~~5. Other information as required.~~

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

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

12VAC5-31-590. Operational Medical Director requirement.

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

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

1. This agreement must describe the process or procedure by which the OMD or EMS agency may discontinue the agreement with prior notification of the parties involved ~~in accordance with these regulations~~ pursuant to 12VAC5-31-1910.
2. This agreement must identify the specific responsibilities of each EMS physician if an EMS agency has multiple OMDs.
3. This agreement must specify that EMS agency personnel may only provide emergency medical care and participate in associated training programs while acting ~~under~~ with the ~~authority~~ authorization of the operational medical ~~director's license~~ director and within the scope of the EMS agency license in accordance with these regulations.
4. This agreement must provide for EMS agency personnel to have ~~direct~~ access to the agency OMD in regards to discussion of issues relating to provision of patient care, application of patient care protocols or operation of EMS equipment used by the EMS agency.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

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

- a. Medical malpractice; and
- b. Civil ~~liability~~ claims.

B. EMS agency and OMD conflict resolution.

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

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

C. Change of operational medical director.

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

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

3. When extenuating circumstances require an immediate change of an EMS agency's OMD (e.g., death, critical illness, etc.), the Office of EMS shall be notified by the OMD within one business day so that a qualified replacement may be approved. In the event that the OMD is not capable of making this notification, the EMS agency shall be

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

responsible for compliance with this requirement. Under these extenuating circumstances, the Office of EMS will make a determination whether the EMS agency will be allowed to continue its operations pending the approval of a permanent or temporary replacement OMD.

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

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

12VAC5-31-610. Designated emergency response agency standards.

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

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

2. A designated emergency response agency shall conform to the local responding interval, or in the absence of a local standard the EMS agency shall develop a standard in conjunction with OMD and local government in the best interests of the patient and the community. The EMS agency shall use the response time standard to establish a time frame the EMS agency complies with on a 90% basis within its primary service area (i.e.,

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

a time frame in which the EMS agency can arrive at the scene of a medical emergency in 90% or greater of all calls).

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

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

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

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

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

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

D. A designated emergency response agency shall document an annual review of exceptions to established EMS response capability and time interval standards. The results of this review shall be provided to the agency's operational medical director and local governing body.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

[12VAC5-31-650. Temporary EMS vehicle permit.

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

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

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

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

1. An EMS agency requesting a temporary permit shall submit a completed application for an EMS vehicle permit attesting that the vehicle complies with these regulations.
2. The Office of EMS may inspect an EMS vehicle issued a temporary permit at any time for compliance with these regulations and issuance of an EMS vehicle permit.

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

1. The name and address of the EMS agency.
2. The expiration date of the EMS vehicle permit.
3. The classification and type of the EMS vehicle.
4. The motor vehicle license plate number of the vehicle.
5. Any special conditions that may apply.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

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

1. A temporary EMS vehicle permit is valid for ~~60~~ 180 days from the end of the month issued.
2. A temporary EMS vehicle permit is not transferable.
3. A temporary EMS vehicle permit is not renewable.
4. A temporary EMS vehicle permit shall be affixed on the vehicle to be readily visible and in a location and manner specified by the Office of EMS. An EMS vehicle may not be operated without a properly displayed permit.]

Article 3

Emergency Medical Services Vehicle Classifications and Requirements

12VAC5-31-700. EMS vehicle safety.

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

1. Virginia motor vehicle safety inspection, FAA Airworthiness Permit or Coast Guard Safety Inspection or approved equivalent must be current.
2. Exterior surfaces of the vehicle including windows, mirrors, warning devices and lights shall be kept clean of dirt and debris.
3. Ground vehicle operating weight shall be no more than the manufacturer's gross vehicle weight (GVW) minus 700 pounds (316 kg).

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

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

5. ~~Smoking~~ [~~Tobacco~~ The] use [of any and all tobacco products] is prohibited in [~~an~~] EMS transport [~~vehicle~~ vehicles] at all times.

6. ~~Possession of a firearm, weapon, or explosive or incendiary device on any EMS vehicle is prohibited, except:~~

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

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

12VAC5-31-710. EMS vehicle occupant safety.

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

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

~~C. While the vehicle is in motion, equipment and supplies at or above the level of the patient's head while supine on the primary ambulance stretcher shall be secured in place to prevent movement.~~

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

12VAC5-31-750. EMS vehicle warning lights and devices.

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

1. A ~~Ground~~ ground EMS vehicle shall have flashing or blinking lights installed to provide adequate visible warning from all four sides.
2. A ~~Ground~~ ground EMS vehicle shall have flashing or blinking red or red and white lights installed on or above the front bumper and below the bottom of the windshield.
3. ~~An~~ A ground EMS vehicle shall have an audible warning device installed to project sound forward from the front of the EMS vehicle.

12VAC5-31-760. EMS vehicle communications.

A. An EMS vehicle shall have fixed communications equipment that provides direct two-way voice communications capabilities between the EMS vehicle, other EMS vehicles of the same agency, and either the agency's base of operations (dispatch point) or a governmental public safety answering point (PSAP). This communication capability must be available within the agency's primary service area ~~or within a 25-mile radius of its base of operations, whichever is greater~~. Service may be provided by private mobile radio service (PMRS) or by commercial mobile radio service (CMRS), but shall have direct and immediate communications via push-to-talk technology.

B. An ambulance transporting outside its primary service area shall have fixed or portable communications equipment that provides two-way voice communications capabilities between the EMS vehicle and either the agency's base of operations (dispatch point) or ~~a governmental public safety answering point (PSAP)~~ PSAP during the period of transport. Service may be

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

provided by private mobile radio service (PMRS) or by commercial mobile radio service (CMRS). When operating outside the agency's ~~primary service area or a 25-mile radius of its base of operations~~ of routine responsibility or in areas where CMRS is not available, the requirement for direct and immediate communications via push-to-talk technology does not apply. ~~This requirement does not apply in areas where CMRS is not available.~~ If an agency is licensed as a DERA, it is required to have direct and immediate communications via push-to-talk technology for either the agency's base of operations, dispatch point, or PSAP for which the EMS agency vehicle is used for emergency response to the public in the jurisdiction where a memorandum of understanding or memorandum of agreement is in place or is contractually obligated to provide emergency response.

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

155.340 MHz (statewide HEAR);

155.400 MHz (Tidewater HEAR);

155.280 MHz (Inter-Hospital HEAR);

462.950/467.950 (MED 9 or CALL 1);

462.975/467.975 (MED 10 or CALL 2);

462.950-463.19375/467.950-468.19375 (UHF MED CHANNELS ~~1-103~~ 1-10); and

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

220 MHz, 700MHz, 800MHz, or 900MHz frequency and designated talkgroup or channel identified as part of an agency, jurisdictional, or regional communications plan for ambulance to hospital communications.

1. Patient care communications with medical facilities may not be conducted on the same frequencies or talkgroups as those used for dispatch and on-scene operations.
2. Before establishing direct push-to-talk communications with the receiving medical facility or central medical control, EMS vehicles may be required to dial an access code. Radios in ambulances or advanced life support-equipped, nontransport response vehicles must be programmed or equipped with encoding equipment necessary to activate tone-coded squelched radios at medical facilities to which they transport on a regular basis.
3. Nothing herein prohibits the use of CMRS for primary or secondary communications with medical facilities, provided that the requirements of this section are met.

D. Mutual aid interoperability. An EMS vehicle must have ~~fixed~~ communications equipment that provides direct two-way voice communications capabilities between the EMS vehicle and EMS vehicles of other EMS agencies within the jurisdiction and those EMS agencies with which it has mutual aid agreements. Service may be provided by private mobile radio service (PMRS) or by commercial mobile radio service (CMRS), but requires direct and immediate communications via push-to-talk technology. This requirement may be met by interoperability on a common radio frequency or talkgroup, or by fixed or interactive cross-patching under supervision of an agency dispatch center or governmental PSAP. The means of communications interoperability must be identified in any mutual aid agreements required by these regulations and must comply with the Virginia Interoperability Plan as defined by the Governor's Office of Commonwealth Preparedness.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

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

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

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

[12VAC5-31-770. Ground EMS vehicle markings.

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

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

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

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

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

2. Ground ambulance:

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

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

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

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

3. Neonatal Ambulance:

- a. The name of the EMS agency to which the vehicle is permitted must appear on both sides of the vehicle body in reflective lettering.
- b. "NEONATAL CARE UNIT" or other similar designation, approved by the Office of EMS, must appear on both sides of the vehicle body.]

[12VAC5-31-790. EMS vehicle letter restrictions and specifications.

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

1. Additional lettering, logos or emblems must not advertise or imply a specified patient care level (i.e., Advanced Life Support Unit) unless the EMS vehicle is so equipped at all times.
2. The terms "Paramedic" or "Paramedical" may only be used when the EMS vehicle is both equipped and staffed by a state certified ~~EMT-Paramedic~~ Paramedic at all times.

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

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

12VAC5-31-800. Nontransport response vehicle specifications.

A. A vehicle maintained and operated for response to the location of a medical emergency to provide immediate medical care at the basic or advanced life support level (excluding patient transport) shall be permitted as a nontransport response vehicle ~~unless specifically authorized under Part VI (12VAC5-31-2100 et seq.) of this chapter.~~

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

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

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

1. Sedan/zone car must have an approved locking device attached within the passenger compartment or trunk, inaccessible by the public.
2. Utility vehicle/van must have an approved locking device attached within the vehicle interior, inaccessible by the public.
3. Rescue vehicle/fire apparatus must have an approved locking device attached within the vehicle interior or a locked compartment, inaccessible by the public.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

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

12VAC5-31-810. Ground ambulance specifications.

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

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

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

~~2. Required equipment and supplies specified in these regulations, excluding those in 12VAC5-31-860 I, J and K, must be available for access and use from inside the patient compartment.~~

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

12VAC5-31-820. ~~Advanced Life Support Equipment Package~~ life support equipment package.

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

1. ALS – EMT-enhanced equipment package; and
2. ALS – ~~EMT-intermediate/EMT-paramedic~~ [Advanced EMT/EMT-Intermediate/EMT-Paramedic Advanced-EMT/Intermediate/Paramedic] equipment package.

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

12VAC5-31-830. Neonatal ambulance specifications.

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

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

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

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

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

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

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

12VAC5-31-840. ~~Air ambulance specifications.~~ (Repealed.)

~~A. An aircraft maintained and operated for response to the location of a medical emergency to provide immediate medical care at the basic or advanced life support level and for the transportation of patients shall be permitted as an air ambulance.~~

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

~~C. Required equipment and supplies specified in these regulations, excluding those in 12VAC5-31-860 I and J, must be available for access and use from inside the patient compartment. A rotary wing air ambulance must be equipped with a 180-degree controllable searchlight of at least 400,000 candle power.~~

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

12VAC5-31-860. Required vehicle equipment.

REQUIRED VEHICLE EQUIPMENT	Nontransport Vehicle	Ambulance	EMT-E Package	EMT-I/P Package	Air Ambulance	Neonatal Ambulance
A. Basic life support equipment.						
Automated external defibrillator (AED) with a set of patient pads. This may be a combination device that also has manual defibrillation capability.	1	1				
Pocket mask or disposable airway barrier device with one-way valve.	2	2			1	2
Oropharyngeal airways, set of 6, nonmetallic in infant, child and adult sizes, ranging from 43mm to 100 mm (sizes 0-5).	2	2			1	2
Nasopharyngeal airways, set of 4, varied sizes, with water-soluble lubricant.	1	1			1	1
Self-inflating bag-valve-mask resuscitator with oxygen reservoir in adult size with transparent mask in adult size.	1	1			1	1

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

<p>Self-inflating bag-valve-mask resuscitator with oxygen reservoir in child size with transparent masks in infant and child sizes.</p>	<p>+</p>	<p>+</p>			<p>+</p>	<p>+</p>
<p>B. Oxygen apparatus.</p>						
<p>Portable oxygen unit containing a quantity of oxygen sufficient to supply the patient at the appropriate flow rate for the period of time it is anticipated oxygen will be needed, but not less than 10 liters per minute for 15 minutes. This unit must be capable of being manually controlled and have an appropriate flowmeter.</p>	<p>+</p>	<p>+</p>			<p>+</p>	<p>+</p>

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

<p>Installed oxygen system containing a sufficient quantity of oxygen to supply two patient flowmeters at the appropriate flow rate for the period of time it is anticipated oxygen will be needed, but not less than 10 liters per minute for 30 minutes. This unit must be capable of being manually controlled, have two flowmeters, and have an attachment available for a single-use humidification device.</p>		1			1	1
<p>High concentration oxygen masks (80% or higher delivery) in child and adult sizes. These masks must be made of single use soft see-through plastic or rubber.</p>	2	4			2	4
<p>Oxygen nasal cannulae, in infant, child and adult sizes. These cannulae must be made of single use soft see-through plastic or rubber.</p>	2	4			2	4
<p>C. Suction apparatus.</p>						

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

<p>Portable suction apparatus capable of providing a minimum of twenty minutes of continuous operation at a vacuum of 300 millimeters of mercury or greater and free air flow of over 30 liters per minute at the delivery tube. A manually powered device does not meet this requirement.</p>	<p>1</p>	<p>1</p>			<p>1</p>	<p>1</p>
<p>Installed suction apparatus capable of providing a minimum of twenty minutes of continuous operation at a vacuum of 500 millimeters of mercury or greater and free air flow of over 30 liters per minute at the delivery tube.</p>		<p>1</p>			<p>1</p>	<p>1</p>
<p>Suction catheters that are sterile, individually wrapped, disposable, and made of rubber or plastic in sizes as follows: Rigid Tonsil Tip, FR18, FR14, FR 8 and FR 6.</p>	<p>2</p>	<p>2</p>			<p>2</p>	<p>2</p>
<p>D. Patient assessment equipment.</p>						

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Stethoscope in adult size.	1	2			1	1
Stethoscope in pediatric size.	1	1			1	1
Stethoscopes in infant and neonate sizes.						2
Sphygmomanometer in child, adult and large adult sizes.	1	1			1	1
Sphygmomanometer in infant size.						2
Vinyl triage tape, rolls, minimum of 150 ft. each of red, black, green and yellow.	1	1				
E. Dressings and supplies.						
First aid kit of durable construction and suitably equipped. The contents of this kit may be used to satisfy these supply requirements completely or in part.	1	1			1	1
Trauma dressings, a minimum of 8" x 10" - 5/8 ply when folded, sterile and individually wrapped.	4	4			2	4
4" x 4" gauze pads, sterile and individually wrapped.	24	24			10	24

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Occlusive dressings, sterile 3" x 8" or larger.	4	4			2	4
Roller or conforming gauze of assorted widths.	12	12			12	12
Cloth Triangular bandages, 36" x 36" x 51", triangle unfolded.	10	10				
Medical adhesive tape, rolls of 1" and 2".	4	4			4	4
Trauma scissors.	1	1			1	1
Alcohol preps.	12	12			12	12
Emesis basin containers or equivalents.	2	2			2	2
Suspension of Activated Charcoal, 50 grams.	1	1				1
Sterile normal saline for irrigation, 1000 ml containers (or the equivalent volume in other container sizes).	1	4			2	4
F. Obstetrical kits, containing the following:	1	2			1	2
Sterile surgical gloves (pairs).	2	2			2	2
Scissors or other cutting instrument.	1	1			1	1
Umbilical cord ties (10" long) or disposable cord clamps.	4	4			4	4
Sanitary pads.	1	1			1	1

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Cloth or disposable hand towels.	2	2			2	2
Soft-tipped bulb syringe.	1	1			1	1
G. Personal protection equipment.						
Waterless antiseptic handwash.	1	1			1	1
Exam gloves, nonsterile, pairs in sizes small through extra large.	5	10			5	10
Disposable gowns/coveralls, each in assorted sizes if not one-size-fits-all style.	2	4				4
Faceshield/eyewear.	2	4			2	4
Infectious waste trash bags.	2	4			2	4
H. Linen and bedding.						
Towels, cloth.	2	2			2	2
Pillows.		2				
Pillow cases.		2				
Sheets.		4			2	4
Blankets.	2	2			2	2
Male urinal.		1				
Bedpan with toilet paper.		1				
I. Splints and immobilization devices.						

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Rigid cervical collars in sizes small adult, medium adult, large adult and pediatric. If adjustable type adult collars are used, then a minimum of three are sufficient.	2	2			1	2
Traction splint with ankle hitch and stand, or equivalent. Capable of adult and pediatric application.		1				
Padded board splints or equivalent for splinting fractures of the upper extremities.		2			1	
Padded board splints or equivalent for splinting fractures of the lower extremities.		2			1	
Long spineboards 16" x 72" minimum size, with at least four (4) appropriate restraint straps, cravats or equivalent restraint devices for each spine board.		2			1	

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Short spineboard 16" x 34" minimum size or equivalent spinal immobilization devices.		1				
Pediatric immobilization device.		1				1
Cervical immobilization devices (i.e., set of foam blocks/towels or other approved materials).		2			1	
J. Safety equipment.						
Wheeled ambulance cot with a minimum 350 lb. capacity, three restraint straps and the manufacturer-approved vehicle-mounting device.		1				
Removable cot or spineboard with a minimum of three restraint straps and the manufacturer approved aircraft-mounting device.					1	
"D" Cell or larger flashlight.	1	2	2	2	1	2

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Five-pound ABC or equivalent fire extinguisher securely mounted in the vehicle in a quick release bracket. One accessible to the patient compartment. *FAA requirements must be satisfied by Air Ambulances.*	1	2	2	2	1*	2
"No Smoking" sign located in the patient compartment.		1			1	1
K. Tools and hazard warning devices.						
Adjustable wrench, 10".	1	1				1
Screwdriver, regular #1 size blade.	1	1				1
Screwdriver, Phillips #1 size blade.	1	1				1
Hammer, minimum 2 lb.	1	1				1
Locking pliers, (vise grip type) 10".	1	1				1
Spring-loaded center punch.	1	1				
Hazard warning devices (reflective cone, triangle or approved equivalent).	3	3				3

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Current U.S.- D.O.T. approved Emergency Response Guidebook.	1	1			1	1
L. Advanced life support equipment.						
ECG monitor/manual defibrillator capable of synchronized cardioversion and noninvasive external pacing with capability for monitoring and defibrillating adult and pediatric patients.				1	1	1
ECG monitoring electrodes, set, in adult and pediatric sizes as required by device used.				2	2	
ECG monitoring electrodes, set, in infant size as required by device used.						2
Defibrillation and pacing electrodes in adult and pediatric sizes as required by device used.				2	2	2

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

<p>Medication kit with all controlled medications authorized for use by the EMS agency's EMT-enhanced personnel and other appropriately licensed advanced level personnel. The medication kit may contain additional medications if the kit is a standardized box utilized by multiple EMS agencies operating under a joint box exchange program.</p>			<p>+</p>			
<p>Medication kit with all controlled medications authorized for use by the EMS agency's EMT-intermediate, EMT-paramedic and other authorized licensed personnel. The medication kit may contain additional medications if the kit is a standardized box utilized by multiple EMS agencies operating under a joint box exchange program.</p>				<p>+</p>	<p>+</p>	<p>+</p>

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Assorted intravenous, intramuscular, subcutaneous and other medication delivery devices and supplies as specified by the agency OMD.			1	1	1	1
M. Advanced airway equipment that must consist of:						
Dual lumen airway device (e.g., EOA, Combi-tube, PTL) or laryngeal mask airway (LMA).			1	1		
Intubation kit to include all of the following items as indicated:			1	1	1	1
Laryngoscope handle with two sets of batteries, adult and pediatric blades in sizes 0-4.			1	1	1	
Laryngoscope handle with two sets of batteries, blades in sizes 0-1.						1
McGill forceps, in adult and pediatric sizes.			1	1	1	
Single-use disposable endotracheal tubes in sizes 8.0, 7.0, 6.0, 5.0, 4.0, 3.0 and 2.5mm or equivalent sizes.			2	2	2	

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

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

A. A nontransport vehicle shall carry the following:

1. Basic life support equipment.

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

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

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

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

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

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

2. Oxygen apparatus.

a. Portable oxygen unit containing a quantity of oxygen sufficient to supply the patient at the approximate flow rate for the period of time it is anticipated oxygen will

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

be needed but not less than 10 liters per minute for 15 minutes. The unit must be capable of being manually controlled and have an appropriate flowmeter (1).

b. High concentration oxygen masks, 80% or higher delivery, in child and adult sizes. These masks must be made of single use soft see-through plastic or rubber (2 each).

c. Oxygen nasal cannula in child and adult sizes. This cannula must be made of single use soft see-through plastic or rubber (2 each).

3. Suction apparatus.

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

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

4. Patient assessment equipment.

a. Stethoscope in adult size (1).

b. Stethoscope in pediatric size (1).

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

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

e. 25 OEMS approved triage tags.

f. Penlight (1).

g. Medical protocols (1).

5. Dressing and supplies.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

- a. First aid kit of durable construction and suitably equipped. The contents of this kit may be used to satisfy these supply requirements completely or in part (1).
 - b. Trauma dressings, a minimum of 8" x 10" - 5/8 ply when folded, sterile and individually wrapped (4).
 - c. 4" x 4" gauze pads, sterile and individually wrapped (24).
 - d. Occlusive dressings, sterile 3" x 8" or larger (4).
 - e. Roller or conforming gauze of assorted widths (12).
 - f. Cloth triangular bandages, 36" x 36" x 51", triangle unfolded (10).
 - g. Medical adhesive tape, rolls of 1" and 2" (4).
 - h. Trauma scissors (1).
 - i. Emesis basin containers or equivalents (2).
 - j. Sterile normal saline for irrigation, 1000 ml containers (or equivalent volume in other container sizes) (1).
 - k. Oral glucose (1).
6. Obstetrical kit (one). It must contain the following:
- a. Pairs of sterile surgical gloves (2).
 - b. Scissors or other cutting instrument (1).
 - c. Umbilical cord ties (10" long) or disposable cord clamps (4).
 - d. Sanitary pads (1).
 - e. Cloth or disposable hand towels (2).
 - f. Soft-tipped bulb syringe (1).

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

7. Personal protection equipment.

- a. Waterless antiseptic hand wash (1).
- b. Exam gloves, nonsterile, pairs in sizes small through extra large (5 each).
- c. Disposable gowns or coveralls, each in assorted sizes if not one size fits all style (2).
- d. Face shield or eyewear (2).
- e. Infectious waste trash bags (2).

8. Linen and bedding.

- a. Towels, cloth (2).
- b. Blankets (2).

9. Splints and immobilization devices.

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

10. Safety equipment.

- a. "D" cell [battery] or larger flashlight (1).
- b. Five-pound Class ABC or equivalent fire extinguisher securely mounted in the vehicle in a quick release bracket (1).
- c. Safety apparel (2).
- d. Sharps container (1).

11. Tools and hazard warning devices.

- a. Adjustable wrench, 10" (1).

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

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

B. A ground ambulance shall carry the following:

1. Basic life support equipment.

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

2. Oxygen apparatus.

- a. Portable oxygen unit containing a quantity of oxygen sufficient to supply the patient at the approximate flow rate for the period of time it is anticipated oxygen will

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

be needed but not less than 10 liters per minute for 15 minutes. The unit must be capable of being manually controlled and have an appropriate flowmeter (1).

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

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

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

3. Suction apparatus.

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

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

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

4. Patient assessment equipment.

a. Stethoscope in adult size (2).

b. Stethoscope in pediatric size (1).

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

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

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

e. 25 OEMS approved triage tags.

f. Penlight (1).

g. Medical protocols (1).

5. Dressing and supplies.

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

b. Trauma dressings, a minimum of 8" x 10" - 5/8 ply when folded, sterile and individually wrapped (four).

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

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

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

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

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

h. Trauma scissors (1).

i. Alcohol preps (12).

j. Emesis basin containers or equivalents (2).

k. Sterile normal saline for irrigation, 1000 ml containers (or equivalent volume in other container sizes) (4).

l. Oral glucose (2).

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

6. Obstetrical kit (2). It must contain the following:

- a. Pairs of sterile surgical gloves (2).
- b. Scissors or other cutting instrument (1).
- c. Umbilical cord ties (10" long) or disposable cord clamps (4).
- d. Sanitary pads (1).
- e. Cloth or disposable hand towels (2).
- f. Soft-tipped bulb syringe (1).

7. Personal protection equipment.

- a. Waterless antiseptic hand wash (1).
- b. Exam gloves, nonsterile, pairs in sizes small through extra large (10 each).
- c. Disposable gowns or coveralls, each in assorted sizes if not one size fits all style (4).
- d. Face shield or eyewear (4).
- e. Infectious waste trash bags (4).

8. Linen and bedding.

- a. Towels, cloth (2).
- b. Pillows (2).
- c. Pillow cases (2).
- d. Sheets (4).
- e. Blankets (2).
- f. Male urinal (1).

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

g. Bedpan with toilet paper (1).

9. Splints and immobilization devices.

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

b. Traction splint with ankle hitch and stand in adult and pediatric size (1 each) or an equivalent traction splint device capable of adult and pediatric application.

c. Padded board splints or equivalent for splinting fractures of the upper extremities (2).

d. Padded board splints or equivalent for splinting fractures of the lower extremities (2).

e. Long spine boards 16" x 72" minimum size with at least four appropriate restraint straps, cravats, or equivalent restraint devices for each spine board (2).

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

g. Pediatric immobilization device (1).

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

10. Safety equipment.

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

b. "D" cell [battery] or larger flashlight (2).

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

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

d. Safety apparel (2).

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

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

11. Tools and hazard warning devices.

a. Adjustable wrench, 10" (1).

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

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

d. Spring loaded center punch (1).

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

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

C. A neonatal ambulance shall carry the following:

1. Basic life support equipment.

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

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

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

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

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

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

2. Oxygen apparatus.

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

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

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

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

3. Suction apparatus.

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

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

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

4. Patient assessment equipment.

a. Stethoscope in adult size (1).

b. Stethoscope in pediatric size (1).

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

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

e. Sphygmomanometer in infant size (2).

5. Dressing and supplies.

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

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

c. 4" x4" gauze pads, sterile and individually wrapped (24).

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

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

f. Medical adhesive tape, rolls of 1" and 2" (4).

g. Trauma scissors (1).

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

h. Alcohol preps (12).

i. Emesis basin containers or equivalents (2).

j. Sterile normal saline for irrigation, 1000 ml containers (or equivalent volume in other container sizes) (4).

6. Obstetrical kit (2). It must contain the following:

a. Pairs of sterile surgical gloves (2).

b. Scissors or other cutting instrument (1).

c. Umbilical cord ties (10" long) or disposable cord clamps (4).

d. Sanitary pads (1).

e. Cloth or disposable hand towels (2).

f. Soft-tipped bulb syringe (1).

7. Personal protection equipment.

a. Waterless antiseptic hand wash (1).

b. Exam gloves, nonsterile, pairs in sizes small through extra large (10 each).

c. Disposable gowns or coveralls, each in assorted sizes if not one size fits all style (4).

d. Face shield or eyewear (4).

e. Infectious waste trash bags (4).

8. Linen and bedding.

a. Towels, cloth (2).

b. Sheets (4).

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

c. Blankets (2).

9. Splints and immobilization devices.

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

b. Pediatric immobilization device (1).

10. Safety equipment.

a. "D" cell [battery] or larger flashlight (2).

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

c. Safety apparel (2).

d. Sharps container, mounted or commercially secured (1).

e. "No Smoking" sign located in the patient compartment (1).

11. Tools and hazard warning devices.

a. Adjustable wrench, 10" (1).

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

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

d. Spring loaded center punch (1).

e. Hazard warning devices (reflective cone, triangle or approved equivalent) (3 each).

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

D. Advanced life support equipment package.

1. [~~EMT-enhanced~~ EMT-Enhanced] package.

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

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

2. [~~Advanced~~ ~~EMT/EMT-Intermediate/Paramedic~~ ~~Advanced-~~ EMT/Intermediate/Paramedic] package.

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

b. ECG monitoring electrodes in adult and pediatric sizes as required by device used. (2 set[s] each).

c. Defibrillation and pacing electrodes in adult and pediatric sizes as required by device used (2 set[s] each).

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

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

f. Pediatric assessment guides.

3. Neonatal ambulance.

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

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

c. Defibrillation and pacing electrodes in adult and pediatric sizes as required by device used (2 set[s] each).

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

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

4. Advanced airway equipment (EMT-Enhanced, Advanced EMT, [~~EMT-Intermediate/Paramedic~~ Intermediate/Paramedic] package).

a. Secondary airway device (e.g., combitube type or supra-glottic devices) or laryngeal mask airway (LMA) (one).

b. Intubation kit to include all of the following items as indicated:

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

- (1) Laryngoscope handle with two sets of batteries, adult and pediatric blades in sizes 0-4 (1 set each).
 - (2) Magill forceps in adult and pediatric sizes (1 each).
 - (3) Single use disposable endotracheal tubes in sizes 8.0, 7.0, 6.0, 5.0, 4.0, 3.0, and 2.5m or equivalent sizes (2 each).
 - (4) Rigid adult stylettes (2).
 - (5) 10 cc disposable syringes (2).
 - (6) 5 ml of water soluble surgical lubricant (1).
 - (7) Secondary confirmation device such as esophageal detection devices, colorimetric evaluation devices, or equivalent (2).
5. Advanced airway neonatal equipment. Intubation kit to include all of the following items as indicated:
- a. Laryngoscope handle with two sets of batteries, blades in sizes 0-1 (1 set each).
 - b. Single-use disposable endotracheal tubes in sizes 4.0, 3.0, and 2.5mm or equivalent sizes (2 each).
 - c. 10 cc disposable syringes (2).
 - d. 5 ml of water soluble surgical lubricant (1).
 - e. Secondary confirmation device such as esophageal detection devices, colorimetric evaluation devices, or equivalent (2).

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Article 4

Air Medical Regulations, Rotor and Fixed Wing Operations

12VAC5-31-870 to 12VAC5-31-890. [Reserved] Application for agency licensure.

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

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

12VAC5-31-875. Operations and safety.

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

1. Hearing protection.
2. Protective clothing and dress codes relative to:
 - a. Mission type; and
 - b. Infection control.
3. Flight status during pregnancy.
4. Flight status during acute illness.
5. Flight status while taking medications.

12VAC5-31-880. [Reserved] Air medical service personnel classifications.

Air medical service personnel classifications are as follows:

1. Air medical crew (rotary).

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

a. A pilot-in-command in accordance with current [~~FAA~~ Federal Aviation Administration (FAA)] requirements.

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

(1) [~~A physician~~ Physician];

(2) [~~A registered~~ Registered] nurse or physician assistant, licensed for a minimum of two years with specialized air medical training and possessing the equivalent [~~skills of an Emergency Medical Technician-Paramedic~~] [~~training as identified in 12VAC5-31-885~~];

(3) [~~An Emergency Medical Technician-Paramedic~~ Paramedic], certified for a minimum of two years with specialized air medical training; or

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

c. An attendant shall [~~be at a minimum a certified EMT-Paramedic~~] have specialized air training as identified in 12VAC5-31-885].

2. Air medical crew (fixed wing).

a. A pilot-in-command in accordance with current FAA requirements.

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

(1). A physician;

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

(3). An [~~Emergency Medical Technician~~ emergency medical technician] certified for a minimum of two years with specialized air medical training; or

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

c. An attendant shall be [~~an Emergency Medical Technician-Paramedic a Paramedic~~] or an equivalent approved by the Office of EMS.

3. Specialty care mission providers.

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

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

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

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

4. Staffing for specific mission types.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

a. Prehospital scene responses - consists of the pilot-in-command, attendant-in-charge who shall be a[n] [~~EMT-Paramedic~~ Paramedic] and an attendant.

b. Inter-facility transports.

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

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

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

12VAC5-31-885. Training.

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

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

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

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

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

C. Registered nurse training requirements.

1. Valid unrestricted license to practice nursing in Virginia.
2. Cardio-Pulmonary Resuscitation (CPR) - documented evidence of current CPR certification according to the American Heart Association (AHA) standards or equivalent as approved by OEMS.
3. Advanced Cardiac Life Support (ACLS) - documented evidence of current ACLS according to the AHA or equivalent as approved by OEMS.
4. Pediatric Advanced Life Support (PALS) - documented evidence of current PALS or equivalent education.
5. Neonatal Resuscitation Program (NRP) - documented evidence of current NRP according to the AHA or American Academy of Pediatrics (AAP) or equivalent education within one year of hire. (fixed wing, mission specific).
6. [~~EMT-B~~ EMT] or equivalent education within six months of hire (fixed wing excluded).

D. Paramedic training requirements.

1. Valid Virginia Paramedic certification.
2. CPR - documented evidence of current CPR certification according to the AHA standards or equivalent as approved by OEMS.
3. ACLS - documented evidence of current ACLS certification according to the AHA or equivalent as approved by OEMS.
4. PALS - documented evidence of current PALS or equivalent education.
5. NRP - documented evidence of current NRP according to the AHA or AAP or equivalent education. (fixed wing, mission specific).

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

E. Minimum initial training for air medical crew members.

1. Didactic component of initial education - shall be specific for the mission statement and scope of care of the medical transport service. Measurable objectives shall be developed and documented for each experience by the program.

Minimum training for all air medical crew members, including the OMD, shall include:

- a. Altitude physiology and stressors of flight.
- b. Air medical resource management.
- c. Aviation - aircraft orientation, safety, in-flight procedures, and general aircraft safety including depressurization procedures for fixed wing.
- d. Cardiology.
- e. Disaster and triage.
- f. EMS radio communications.
- g. Hazardous materials recognition and response.
- h. External pacemakers, automatic implantable cardiac defibrillator (AICD), and central lines.
- i. High risk obstetric emergencies (bleeding, medical, trauma).
- j. Infection control.
- k. Mechanical ventilation and respiratory physiology for adult, pediatric, and neonatal patients as it relates to the mission statement and scope of care of the medical transport service specific to the equipment.
- l. Metabolic or endocrine emergencies.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

m. Multi-trauma (adult trauma and burns).

n. Neuro.

o. Pediatric medical emergencies.

p. Pediatric trauma.

q. Pharmacology (specialty application).

r. Quality management - didactic education that supports the medical transport services mission statement and scope of care of the medical transport service.

s. Respiratory emergencies.

t. Scene management, rescue and extrication.

u. Survival training.

v. Toxicology.

2. Additional training for critical care air medical crew members, including paramedics, RNs, MDs, and the air medical services OMD shall include within their mission profile:

a. Hemodynamic monitoring.

b. Intra-aortic balloon pump.

c. Pulmonary and arterial catheters.

d. Ventricular assist devices.

e. Extracorporeal membrane oxygenation (ECMO).

3. Clinical component of initial education. Clinical experiences shall include the following points (experiences shall be specific to the mission statement and scope of care of the medical transport service). Measurable objectives shall be developed and documented for each

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

experience listed below reflecting hands-on experience versus observation only (fixed wing excluded).

a. Advanced airway management.

b. Basic care for pediatrics, neonatal and obstetrics.

c. Critical care.

d. Emergency care.

e. Invasive procedures on mannequin equivalent for practicing invasive procedures.

f. Pediatric critical care.

g. Prehospital care.

4. Annual continuing education requirements. Continuing education or staff development programs shall include reviews or updates for all air medical crew members and the agency OMD on the following areas:

a. Aviation safety issues.

b. Altitude physiology.

c. Air medical resource management.

d. Hazardous materials recognition and response.

e. Invasive procedures labs.

f. Management of emergency or critical care adults, pediatric, and neonatal patients (medical and trauma).

g. Survival training.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

12VAC5-31-890. ~~[Reserved]~~ Equipment.

A. Aircraft equipment.

1. General aircraft inspection requirements.

- a. Current FAA documented compliance.
- b. Current EMS permit posted.
- c. Interior and supplies clean and sanitary.
- d. Exterior clean.
- e. Equipment in good working order.
- f. Current USDOT Emergency Response Book.

2. Aircraft warning devices.

180 degree controllable searchlight 400,000 candle power (fixed wing excluded).

3. Design and dimensions.

- a. All interior edges and corners padded.
- b. Surfaces easily cleaned and nonstainable.
- c. Security restraints for stretcher to aircraft.
- d. Climate controlled environment for operator and patient care compartments.
- e. The service's mission and ability to transport two or more patients shall not compromise the airway or stabilization or the ability to perform emergency procedures on any on-board patient.

4. Aircraft markings.

- a. Lettering is minimum three inches in height.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

b. Name of agency aircraft is permitted on both sides, three inches in height, contrasting color.

5. Aircraft communications.

a. The aircraft shall be equipped with a functioning emergency locator transmitter (ELT).

b. Attendant-in-charge to medical control (fixed wing excluded).

c. Patient compartment to pilot.

d. The pilot must be able to control and override radio transmissions from the cockpit in the event of an emergency situation.

e. The flight crew must be able to communicate internally.

f. Cellular phones may not be used to satisfy these requirements.

6. Aircraft safety equipment.

a. Head strike envelope - Helmets shall be worn by all routine flight crews and scheduled specialty teams.

b. Seatbelts for all occupants.

c. Flashlight.

d. Fire extinguisher mounted in a quick release bracket or other FAA approved fire suppression system.

e. All items secured to prevent movement while the air ambulance is in motion.

f. "No Smoking" sign posted.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

g. The aircraft shall be equipped with survival gear specific to the coverage area and the number of occupants.

h. Survival kit to include signaling capabilities and shelter.

i. Safety apparel. (3 minimum)

j. All items shall be capable of being secured.

B. Medical equipment. Any in-service air ambulance shall be configured in such a way that the medical transport personnel can provide patient care consistent with the mission statement and scope of care of the medical transport service.

1. General patient care equipment.

a. A minimum of one stretcher shall be provided that can be carried to the patient and properly secured to the aircraft [as defined in FAR 27.785].

(1) The stretcher shall be age appropriate and full length in the supine position.

(2) The stretcher shall be sturdy and rigid enough that it can support cardiopulmonary resuscitation. If a backboard or equivalent device is required to achieve this, such device will be readily available. (1)

(3) The head of the stretcher shall be capable of being elevated for patient care and comfort.

b. Biohazard container for contaminated sharp objects (ALS), secured or mounted.

(1)

c. Waterless antiseptic hand wash. (1)

d. Exam gloves, nonsterile, pairs in sizes small through extra large (small, medium, large, and extra large), if not one size fits all. (5)

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

e. Face shield or eyewear. (2)

f. Infectious waste trash bags. (2)

g. Linen: towels, blankets, and sheets. (2 each)

2. Basic life support air ambulance equipment requirements.

a. Roller or conforming gauze of assorted widths. (12)

b. Medical adhesive tape, rolls of 1" and 2". (4)

c. Trauma scissors. (1)

d. Trauma dressings, minimum of 8" x 10"-5/8 ply, sterile, individually wrapped. (2)

e. Sterile 4" x 4" gauze pads, individually wrapped. (10)

f. Occlusive dressings, sterile 3" x 8" or larger. (2)

g. Oropharyngeal airways, one of each sizes 0-5 wrapped or in closed container. (1 set)

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

i. Bag valve mask with oxygen attachment, adult size, with transparent mask. (1)

j. Bag valve mask with oxygen attachment, child size, with transparent mask. (1)

k. BVM infant mask. (1)

l. Pocket mask. (1)

m. Portable O₂ unit containing a quantity of oxygen sufficient to supply the patient at the appropriate flow rate for the period of time it is anticipated oxygen will be needed

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

but not less than 10 liters per minute for 15 minutes. The unit must be manually controlled and have an approved flow meter.

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

o. O₂ high concentrate mask and cannula, child and adult. (2 each)

[~~p.~~ Pocket mask. (1)]

[~~q.~~ p.] Installed suction apparatus capable of providing a minimum of 20 minutes of continuous operation. (1)

[~~r.~~ q.] Battery powered portable suction apparatus. A manually powered device does not meet this requirement. (1)

[~~s.~~ r.] Suction catheters, wrapped, rigid tonsil tip, FR18, FR14, FR8 and FR6. (2 each)

[~~t.~~ s.] Stethoscope, adult, and pediatric sizes. (1 each)

[~~u.~~ t.] BP cuff, pediatric, adult, and large adult. (1 each)

[~~v.~~ u.] Obstetrics kit containing sterile surgical gloves (2 pair), scissors or other cutting instrument (1), umbilical cord ties (10" long) or disposable cord clamps (4), sanitary pad (1), cloth or disposable hand towels (2), and soft tip bulb syringe (1).

[~~w.~~ v.] Emesis basin or equivalent container. (2)

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

[~~x~~. w.] Removable stretcher or spine board with a minimum of 3 restraint straps and manufacturer approved aircraft mounting device. (1) [~~x~~. Removable stretcher or spine board with a minimum of 3 restraint straps and manufacturer approved aircraft mounting device. (1)]

[~~y~~. x.] Rigid cervical collars in small adult, medium adult, large adult, and pediatric sizes (1 each). If adjustable adult collars are utilized, a minimum of three.

[~~z~~. y.] Cervical immobilization device. (1)

[~~aa~~. z.] Pediatric immobilization device. (1)

[~~bb~~. aa.] Immobilization devices for upper and lower extremities. (1 each)

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

3. Advanced life support air ambulance equipment requirements.

a. A drug kit with controlled medications authorized by the agency's OMD for use by paramedic personnel. (1)

b. Lockable storage for drug kit and supplies.

c. All drugs shall be in date.

d. Intubation kit with two sets of batteries, adult and pediatric blades and handles (sizes 0-4) (1 set), Magill forceps in adult and pediatric sizes (1 each), disposable tubes in sizes 8.0, 7.0, 6.0, 5.0, 4.0, 3.0, 2.5, or equivalent (2 each), rigid adult stylettes (2 each), 10cc disposable syringe (2), and 5ml of water soluble lubricant (1).

e. There shall be an approved secondary airway device as prescribed by the agency's OMD. (1)

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

- f. Assorted IV, IM, subcutaneous, and other drug and IV fluid administration delivery devices and supplies as specified by agency's OMD.
 - g. IV infusion pump. (1)
 - h. Defibrillator, cardioversion and external pacing capable. (1)
 - i. EKG monitor. (1)
 - j. Monitor electrodes, with adult and pediatric defibrillation pads. (2 each)
 - k. Adult and pediatric external pacing pads. (2 each)
 - l. Noninvasive blood pressure monitoring device capable of adult and pediatric use. (1)
 - m. Continuous end tidal CO₂ monitoring device. (1)
 - n. Pulse oximetry monitoring device. (1)
4. Critical care package air ambulance equipment requirements. Items listed are in addition to the air ambulance ALS package.
- a. Invasive pressure monitoring equipment. (1)
 - b. Internal pacemaker and pulse generator immediately available. (1)
 - c. Ventilator as appropriate for mission.
 - d. IV infusion pumps. (2)

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Article 4 5

EMS Personnel Requirements and Standard of Conduct

12VAC5-31-900. General requirements.

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

1. Be a minimum of 16 years of age. (An EMS agency may have associated personnel who are less than 16 years of age. This person is not allowed to participate in any EMS response, ~~or any training program~~ or other activity that may involve exposure to a communicable disease, hazardous chemical or other risk of serious injury.)
2. Be clean and neat in appearance;
3. Be proficient in reading, writing and speaking the English language in order to clearly communicate with a patient, family or bystander to determine a chief complaint, nature of illness, mechanism of injury and/or assess signs and symptoms.
4. Have no physical or mental impairment that would render him unable to perform all practical skills required for that level of training. Physical and mental performance skills include the ability of the individual to function and communicate independently to perform appropriate patient care, physical assessments and treatments without the need for an assistant.
5. Provide to the Office of EMS within 15 days, any change in contact information to include mailing address, electronic notification such as email, or telephone number.

12VAC5-31-910. Criminal or enforcement history.

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

A. General denial. Application for or certification of individuals convicted of certain crimes

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

present an unreasonable risk to public health and safety. Thus, applications for certification by individuals convicted of the following crimes will be denied in all cases:

1. ~~Has never been convicted or found guilty of any crime~~ Felonies involving sexual misconduct where the ~~lack of affirmative~~ victim's failure to affirmatively consent by the victim is an element of the crime, such as forcible rape.

2. ~~Has never been convicted of a felony~~ Felonies involving the sexual or physical abuse of children, the elderly or the infirm, such as sexual misconduct with a child, making or distributing child pornography or using a child in a sexual display, incest involving a child, or assault on an elderly or infirm person.

3. ~~Has never been convicted or found guilty of any~~ Any crime (including abuse, neglect, theft from, or financial exploitation) of a person entrusted to his care or protection in which the victim is a an out-of-hospital patient or is a patient or resident of a health care healthcare facility including abuse of, neglect of, theft from, or financial exploitation of a person entrusted to the care or protection of the applicant.

4. Serious crimes of violence against persons such as assault or battery with a dangerous weapon, aggravated assault and battery, murder or attempted murder, manslaughter except involuntary manslaughter, kidnapping, robbery of any degree, or arson.

5. Has been subject to a permanent revocation of license or certification by another state EMS office or other recognized state or national healthcare provider licensing or certifying body.

B. Presumptive denial. Application for or current certification by individuals in the following categories will be denied except in extraordinary circumstances, and then will be granted only if

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

the applicant or provider establishes by clear and convincing evidence that certification will not jeopardize public health and safety.

1. Application for certification by individuals who have been convicted of any crime and who are currently incarcerated, on work release, on probation, or on parole.

2. Application for or certification by individuals convicted of crimes in the following categories unless at least five years have passed since the conviction or five years have passed since release from custodial confinement whichever occurs later:

a. Crimes involving controlled substances or synthetics, including unlawful possession or distribution or intent to distribute unlawfully Schedule I through V drugs as defined by the Virginia Drug Control Act (§ 54.1-3400 seq. of the Code of Virginia).

b. Serious crimes against property, such as grand larceny, burglary, embezzlement, or insurance fraud.

c. Any other crime involving sexual misconduct.

~~4. Has never been convicted or found guilty of any crime involving the use, possession, or distribution of illegal drugs except that the person is eligible for affiliation five years after the date of final release if no additional crimes of this type have been committed during that time.~~

~~5. Has never been convicted or found guilty of any other act that is a felony except that the felon is eligible for affiliation five years after the date of final release if no additional felonies have been committed during that time.~~

~~6.~~ 3. Is not currently under any disciplinary or enforcement action from another state EMS office or other recognized state or national healthcare provider licensing or

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

certifying body. Personnel subject to these disciplinary or enforcement actions may be eligible for certification provided there have been no further disciplinary or enforcement actions for five years prior to application for certification in Virginia.

~~7. Has never been subject to a permanent revocation of license or certification by another state EMS office or other recognized state or national healthcare provider licensing or certifying body.~~

~~B. C. Permitted vehicle operations. Agencies are responsible for the monitoring of compliance with all driving criteria set forth in these regulations.~~

~~1. Personnel operating OEMS permitted vehicles shall possess a valid operator's or driver's license from his state of residence.~~

~~2. Personnel operating OEMS permitted vehicles shall not have been convicted on any charge [that is a felony] as described in subsections A and B of this section.~~

~~3. Personnel who as the proximate result of having operated an OEMS permitted vehicle are (i) convicted of driving under the influence of alcohol or drugs or (ii) sentenced or assigned to any alcohol safety action program or any driver alcohol rehabilitation program pursuant to the Code of Virginia shall be prohibited from operating any OEMS permitted vehicle. Personnel or agencies shall be required to report these situations to OEMS.~~

~~4. Agencies shall develop and maintain policies that address driver eligibility, record review, and vehicle operation. Such policies must minimally address:~~

~~a. Driving education or training required for personnel to include information on the agency's policy content;~~

~~b. Safe operation of vehicles;~~

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

c. Agency driving record review procedures;

d. Requirement for immediate agency notification by personnel regarding any convictions, regardless of the state where an infraction occurred or changes to his operator's or driver's license. The immediate agency notification shall be defined as no more than 10 calendar days following the conviction date; and

e. Identification of internal mechanisms regarding agency level actions for driver penalties (i.e., probation or suspension of driving privileges).

~~EMS personnel may not act as an operator of an EMS vehicle if he has been convicted upon a charge of driving under the influence of alcohol or drugs, convicted of a felony or assigned to any alcohol safety action program or driver alcohol rehabilitation program pursuant to § 18.2-271.1 of the Code of Virginia, hit and run, or operating on a suspended or revoked license within the past five years. A person having any of these convictions in Virginia or another state may be eligible for reinstatement as an operator after five years and after successful completion of an approved emergency vehicle operator's course (EVOC) within the year prior to reinstatement.~~

~~G. D. All references to criminal acts or convictions under this section refer to substantially similar laws or regulations of any other state or the United States. Convictions include prior adult convictions, juvenile convictions and adjudications of delinquency based on an offense that would have been, at the time of conviction, a felony conviction if committed by an adult within or outside Virginia.~~

E. Agencies shall submit a report regarding items in this section to OEMS upon request.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

12VAC5-31-940. Drugs and substance abuse.

A. EMS personnel may not be under the influence of any drugs or intoxicating substances that impairs [theirhis] ability to provide patient care or operate a motor vehicle while on duty or when responding or assisting in the care of a patient.

B. The EMS agency shall have a drug and substance abuse policy which includes a process for testing for drugs or intoxicating substances.

12VAC5-31-950. Disclosure of patient information.

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

1. To provide a copy of the prehospital patient care report completed by the attendant-in-charge to the receiving facility for each patient treated or transported;
2. To provide a copy of the prehospital patient care report completed by the attendant-in-charge for each patient treated to the agency that responds and transports the patients. The prehospital patient care report copy ~~may~~ shall be released to the transporting agency upon request after the patient transport to complete the transporting agency's records of all care provided to the patients transported;
3. To provide for the continuing medical care of the patient;
4. To the extent necessary and authorized by the patient or his representative in order to collect insurance payments due;
5. To provide continuing medical education of EMS personnel who provide the care or assistance when patient identifiers have been removed; or
6. To assist investigations conducted by the board, department or Office of EMS.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

12VAC5-31-960. Misrepresentation of qualifications.

EMS personnel ~~may~~ shall not misrepresent themselves as authorized to perform a level of care for which they are not currently qualified, licensed or certified. This requirement does not prohibit the performance of patient care by students currently enrolled in a training program when properly supervised as required by these regulations.

12VAC5-31-970. Interference or obstruction of investigation.

Any EMS agency, personnel, or entity who attempts knowingly or willfully to interfere or obstruct an Office of EMS investigation may be subject to enforcement action.

12VAC5-31-1010. Misappropriation or theft of ~~medications~~ drugs.

EMS personnel may not possess, remove, use or administer any controlled substances, ~~medication~~ drug delivery devices or other regulated medical devices from any EMS agency, EMS vehicle, health care facility, academic institution or other location without proper authorization.

12VAC5-31-1030. Sexual harassment.

EMS personnel may not engage in sexual harassment ~~of patients or coworkers~~. Sexual harassment includes making unwelcome sexual advances, requesting sexual favors, and engaging in other verbal or physical conduct of a sexual nature as a condition of:

1. The provision or denial of emergency medical care to a patient;
2. The provision or denial of employment or course advancement;
3. The provision or denial of promotions to a coworker;
4. For the purpose or effect of creating an intimidating, hostile, or offensive environment for the patient or student or unreasonably interfering with a patient's ability to recover; or

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

5. For the purpose or effect of creating an intimidating, hostile or offensive classroom or working environment or unreasonably interfering with a coworker's or student's ability to perform his work.

12VAC5-31-1040. Operational medical director authorization to practice.

A. EMS personnel as defined in § 54.1-3408 of the Code of Virginia may only provide emergency medical care while acting under the authority of the operational medical director for the EMS agency for which they are affiliated and within the scope of the EMS agency license. Privileges to practice must be on the agency's official stationery or indicated in the agency records which are signed and dated by the OMD.

B. Agencies shall establish a written policy that identifies the selection, response criteria, utilization, and approval process for (i) EMS personnel to carry and administer an epinephrine auto injector or medically accepted equivalent for emergency cases of anaphylactic shock, and (ii) the possession and administration of oxygen carried on personally owned vehicles (POV). The policy shall also include:

1. Annual approval and authorization by EMS agency and OMD.

2. Drug storage criteria to include:

a. Compliance with all applicable temperature requirements specified by the Virginia Board of Pharmacy.

b. Requirements that describe how the cylinder or device is to be secured in a manner to prevent any free movement within the occupant or storage compartment of the vehicle.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

- c. Evidence of approval by personal vehicle insurance carrier must be on file with EMS agency for all EMS personnel authorized to carry oxygen on personally owned vehicles.
3. The personal vehicle utilized to carry oxygen may be subject to inspection by the Office of EMS.

12VAC5-31-1050. Scope of practice.

EMS personnel shall only perform those procedures, [~~treatments skills~~], or techniques for which he is currently licensed or certified, provided that he is acting in accordance with local medical [~~treatment~~] protocols and medical direction provided by the OMD of the [~~licensed~~] EMS agency with which he is affiliated and [~~within the scope of the EMS agency licenses~~] as authorized in the Emergency Medical Services Procedures and Medications Schedule as approved by [~~OEMS~~ the Board].

12VAC5-31-1060. Transport without required personnel. (Repealed.)

~~An EMS provider may provide care in the event that the required EMS personnel do not respond to a call to fully staff the ambulance that has responded to the scene. The circumstances of the call must be documented in writing. Based on circumstances and documentation, the EMS agency or the EMS provider may be subject to enforcement action.~~

12VAC5-31-1140. Provision of patient care documentation.

A. EMS personnel and EMS agencies shall provide the receiving medical facility or transporting EMS agency with a copy of the prehospital patient care report for each patient treated, ~~either with the patient or [before the transporting personnel leave the facility. Should EMS personnel be unable to provide the full prehospital patient care report prior to leaving the facility, EMS personnel shall provide an abbreviated documented report with the critical EMS~~

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

findings and actions at the time of patient transfer and the full prehospital patient care report shall be provided to the accepting facility] within [24 12] hours.

B. The signature of the [~~medical practitioner,~~ prescriber, as defined in § 54.1-3401 of the Code of Virginia] who assumes responsibility for the patient shall be included on the prehospital patient care report for an incident when a ~~medication~~ drug is administered, or self-administration is assisted (excluding oxygen), or an invasive procedure is performed [~~, except when standing orders from the OMD allows the administration of the drug or procedure.~~] ~~The medical practitioner's signature shall document that the physician has been notified of the medications administered and procedures performed by the EMS personnel. [EMS personnel shall not infer that the]~~ medical practitioner's [prescriber's signature denotes approval, authorization or verification of compliance with protocol, standing orders or medical control orders.] [~~The provider shall document on the PPCR indicating that the drug given was under the OMD's preapproved protocols for the agency. This includes instances where the patient is not transported or transported by another agency]~~]

[~~C. EMS personnel shall contact medical control (on-line) for approval of drug administration or procedures that are not included in their standing orders as authorized by the agency's OMD. Such events shall require the signature of the authorized practitioner as identified by the Virginia Board of Pharmacy (licensed physician, nurse practitioner, or physician assistant).~~]

The receiving [~~medical practitioner~~ prescriber] signature requirement above does not apply to ~~medications~~ drugs that are maintained by EMS personnel during transport of patients between healthcare facilities, provided adequate documentation of ongoing ~~medications~~ drugs are transferred with the patient by the sending facility.

If [a patient is not transported to the hospital or if] the attending [~~medical practitioner~~ prescriber] at the hospital refuses to sign the prehospital patient care report, ~~this prehospital~~

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

~~patient care report~~ the PPCR shall be signed by the agency's operational medical director within seven days of the [administration event] and a signed copy delivered to the hospital pharmacy that was responsible for any ~~medication~~ drug kit exchange.

12VAC5-31-1165. EMS agency mutual aid response.

An EMS agency providing resources, certified personnel, permitted vehicles, or equipment as a result of an Emergency Management Assistance Compact (EMAC), Federal Emergency Management Agency (FEMA), or any other out-of-state mutual aid request shall notify OEMS upon commitment of requested resources. Notification by direct verbal communication shall be made to the local OEMS program representative.

12VAC5-31-1210. Nontransport response vehicle staffing.

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

1. An operator shall at a minimum possess a valid motor vehicle operator's permit issued by Virginia or another state and have successfully completed an approved emergency vehicle operator's course (EVOC) training course or an equivalent.
2. Attendant-in-charge shall be currently certified as an EMS first responder, emergency medical responder, or emergency medical technician or an equivalent approved by the Office of EMS.

12VAC5-31-1250. Advanced life support vehicle transport.

Advanced life support transport requirements:

1. A ground ambulance equipped with an ALS equipment package. An ALS equipment package may be transferred to a ground ambulance not otherwise equipped to provide the needed level of ALS patient care from another appropriately equipped EMS vehicle.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

This transfer must include all items required for the type of ALS equipment package that the attendant-in-charge is authorized to use.

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

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

4. An ALS provider may provide care in the event that the required EMS personnel do not respond to a call to fully staff the ambulance that has responded to the scene. The extenuating circumstances of the call must be documented in writing. Based on extenuating circumstances and documentation, the EMS agency or the EMS provider may be subject to enforcement action.

12VAC5-31-1260. Supplemented transport requirements.

A. Supplemented transports require the following:

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

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

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

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

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

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

1. Obtaining a written statement from the sending physician detailing the specific nature of the patient's medical condition and the medical equipment necessary for the transport. The written statement may be in the form of transport orders documented in the patient's medical record.
2. Verifying that the individual acting as attendant-in-charge for the transport is experienced in the patient care required and the operation of all equipment to be used for the patient to be transported.

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

12VAC5-31-1270. Neonatal transport requirements.

A. [~~Neonatal transports require a neonatal ambulance.~~] If a ground ambulance is utilized to perform an interfacility neonatal transport, the vehicle must be equipped with the additional items listed in 12VAC5-31-860 C, D ~~and M~~ 3, and D 5 and staffed in compliance with this section.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

B. A minimum of three persons is required:

1. An operator who at a minimum possesses a valid motor vehicle operator's permit issued by Virginia or another state, and who has successfully completed an approved emergency vehicle operator's course (EVOC) training course or an equivalent approved by the Office of EMS.
2. An attendant-in-charge who must be one of the following:
 - a. Physician;
 - b. Registered nurse or ~~physician's~~ physician assistant, licensed for a minimum of two years, with specialized neonatal transport training; or
 - c. Other health care personnel with equivalent training or experience as approved by the Office of EMS.
3. An attendant. The operator, attendant-in-charge or attendant must be certified as an emergency medical technician or an equivalent approved by the Office of EMS.

12VAC5-31-1280. Air ambulance transport requirements. (Repealed.)

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

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

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

~~(1) Physician;~~

~~(2) Registered nurse or physician's assistant, licensed for a minimum of two years with specialized air medical training and possessing the equivalent skills of an emergency medical technician-paramedic;~~

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

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

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

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

~~2. Fixed Wing Air Ambulance.~~

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

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

~~(1) A physician;~~

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

~~(2) A registered nurse or physician's assistant, licensed for a minimum of two years with specialized air medical training and possessing the equivalent skills of an emergency medical technician—paramedic;~~

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

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

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

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

12VAC5-31-1290. Exemptions. (Repealed.)

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

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

~~1. From 12VAC5-31-860 A (AED requirement) and 12VAC5-31-860 L (ECG monitor/manual defibrillator with synchronized cardioversion and non-invasive pacing requirement) until January 1, 2004.~~

~~2. From 12VAC5-31-760 (EMS vehicle communications requirement) until January 1, 2004. The communications requirements of 12VAC5-30-200 B e shall remain in effect until January 1, 2004.~~

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

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

- ~~1. An immediate response vehicle (Class A) becomes a nontransport response vehicle.~~
- ~~2. A basic life support vehicle (Class B) or an advanced life support vehicle (Class C) becomes a ground ambulance.~~
- ~~3. A specialized life support transport unit (Class D) becomes a ground ambulance unless the EMS agency applies for an EMS vehicle permit as a neonatal ambulance.~~
- ~~4. A life support vehicle for air transportation (Class F) becomes an air ambulance.~~

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

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

~~F. A designated emergency response agency shall comply with 12VAC5-31-620 (staffing capability) by January 1, 2004.~~

Part III

EMS Education and Certification

12VAC5-31-1300. Applicability. (Repealed.)

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Part III

EMS Education and Certification

Article 1

Certification Levels

12VAC5-31-1305. EMS First Responder (FR).

[This section will expire 4 years from the implementation date of these regulations.]

The certification is issued for a period of four years from the end of the month of issuance.

12VAC5-31-1307. Emergency Medical Responder (EMR).

The certification is issued for a period of four years from the end of the month of issuance.

12VAC5-31-1310. BLS certification programs. (Repealed.)

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

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

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

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

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

12VAC5-31-1315. Emergency Medical Technician (EMT).

The certification is issued for a period of four years from the end of the month of issuance.

12VAC5-31-1320. ALS certification programs. (Repealed.)

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

- ~~1. EMT-Enhanced;~~
- ~~2. EMT-Enhanced to EMT-Intermediate Bridge;~~
- ~~3. EMT-Intermediate;~~
- ~~4. EMT-Intermediate to EMT-Paramedic Bridge;~~
- ~~5. Registered Nurse to Paramedic Bridge; and~~
- ~~6. EMT-Paramedic.~~

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

- ~~1. EMT-Shock Trauma to EMT-Enhanced.~~
- ~~2. EMT-Cardiac to EMT-Intermediate.~~
 - ~~a. After recertifying once at his current certification level, an EMS provider with EMT-Shock Trauma or EMT-Cardiac certification shall complete the designated "transition" program to certify at the corresponding replacement certification level listed in this subsection.~~
 - ~~b. An EMS provider in an initial or bridge EMT-Shock Trauma or EMT-Cardiac certification program who completes the program and attains certification shall complete the designated "transition" program to certify at the corresponding replacement certification level listed in this subsection.~~

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

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

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

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

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

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

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

12VAC5-31-1325. Emergency Medical Technician-Enhanced (EMT-E).

[This section will expire 3 years from the implementation date of these regulations]

A. The certification is issued for a period of three years from the end of the month of issuance.

B. An EMS provider who possesses a valid EMT-E certification is simultaneously issued an EMT certification for an additional two years after his EMT-E expiration.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

12VAC5-31-1330. EMT Instructor certification program. (Repealed.)

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

12VAC5-31-1335. [Emergency Medical Technician-Intermediate (EMT-I) Intermediate].

A. The certification is issued for a period of three years from the end of the month of issuance.

B. An EMS provider who possesses a valid [EMT-I Intermediate] certification is simultaneously issued an EMT certification for an additional two years after his [EMT-I Intermediate] expiration.

12VAC5-31-1337. Advanced Emergency Medical Technician (AEMT).

A. The certification is issued for a period of three years from the end of the month of issuance.

B. An EMS provider who possesses a valid EMT certification is simultaneously issued an EMT certification for an additional two years after his EMT Advanced expiration.

12VAC5-31-1340. Program site accreditation. (Repealed.)

~~A. Program site accreditation. Training programs that lead to eligibility for initial certification at the EMT-Intermediate and EMT-Paramedic level shall hold a valid "Program Site Accreditation" issued by the Office of EMS. ("Program Site Accreditation" is not required when conducting continuing education programs for recertification purposes.)~~

~~B. All certification programs seeking accreditation in Virginia must comply with these regulations and the standards for an Accredited Educational Program for the Emergency Medical Technician-Paramedic established by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) as initially adopted in~~

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

~~1978, and revised in 1989 and 1999, by the American Academy of Pediatrics, American College of Cardiology, American College of Emergency Physicians, American College of Surgeons, American Society of Anesthesiologists, Commission on Accreditation of Allied Health Education Programs, National Association of Emergency Medical Technicians, and National Registry of Emergency Medical Technicians.~~

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

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

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

~~a. The following are optional components of the Virginia Paramedic Accreditation Standards:~~

~~(1) Section 1: General Requirements, A. Sponsorship, 1. Institutional Accreditation.~~

~~(2) Section 1: General Requirements, A. Sponsorship, 2. Institutional Authority.~~

~~(3) Section 1: General Requirements, A. Sponsorship, 4. Eligible Sponsors.~~

~~(4) Section 1: General Requirements, A. Sponsorship, 6. Institutional Commitment.~~

~~(5) Section 1: General Requirements, B. Resources, 1 Personnel, a. Administrative Personnel, (1) Program Director/Direction, (c) Qualifications or Equivalents, 1).~~

~~(6) Section 1: General Requirements, B. Resources, 1 Personnel, c. Support Staff.~~

~~(7) Section 1: General Requirements, B. Resources, 1 Personnel, d. Professional Development.~~

~~(8) Section 1: General Requirements, D. Operation Policies, 1. Fair Practices, j.~~

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

~~b. The following are optional components of the Virginia Intermediate Accreditation Standards:~~

~~(1) Section 1: General Requirements, A. Sponsorship, 1. Institutional Accreditation.~~

~~(2) Section 1: General Requirements, A. Sponsorship, 2. Institutional Authority.~~

~~(3) Section 1: General Requirements, A. Sponsorship, 4. Eligible Sponsors.~~

~~(4) Section 1: General Requirements, A. Sponsorship, 6. Institutional Commitment.~~

~~(5) Section 1: General Requirements, B. Resources, 1 Personnel, a. Administrative Personnel, (1) Program Director/Direction, (c) Qualifications or Equivalents, 1).~~

~~(6) Section 1: General Requirements, B. Resources, 1 Personnel, c. Support Staff.~~

~~(7) Section 1: General Requirements, B. Resources, 1 Personnel, d. Professional Development.~~

~~(8) Section 1: General Requirements, D. Operation Policies, 1. Fair Practices, j.~~

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

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

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

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

12VAC5-31-1345. [~~Emergency Medical Technician-Paramedic (EMT-P) Paramedic~~].

A. The certification is issued for a period of three years from the end of the month of issuance.

B. An EMS provider who possesses a valid [~~EMT-P Paramedic~~] certification is simultaneously issued an EMT certification for an additional two years after his [~~EMT-P Paramedic~~] expiration.

12VAC5-31-1350. Training site accreditation process. (Repealed.)

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

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

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

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

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

~~2. The Office of EMS will issue conditional accreditation for a period of less than five years if the accreditation analysis identifies deficiencies that are determined to be of concern but do not justify prohibiting the program from starting and completing an initial training program. Before starting any additional certification courses, the program site must receive full accreditation by correcting the identified deficiencies.~~

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

12VAC5-31-1355. Emergency Medical Technician instructor.

[This section will expire 2 years from the implementation date of these regulations.]

A. The certification is valid for a period of two years from the end of the month of issuance.

B. An EMS provider who possesses a valid instructor certification is simultaneously issued an EMT certification valid for an additional two years after his instructor expiration.

12VAC5-31-1360. Renewal of program site accreditation. (Repealed.)

~~A. A training program site shall apply for renewal not less than 90 days before expiration of its current accreditation period. Reaccreditation will require review by a site reviewer of the program's performance and a recommendation to the Office of EMS for approval. However, programs conducting training courses leading to certification at the EMT-Paramedic level may be renewed only through compliance with the requirements of 12VAC5-31-1390. Renewal of a "Program Site Accreditation" will be valid for an additional five-year period.~~

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

12VAC5-31-1365. Advanced Life Support coordinator.

The certification is valid for a period of two years from the end of the month of issuance.

12VAC5-31-1370. Appeal of site accreditation application results. (Repealed.)

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

12VAC5-31-1375. EMS education coordinator.

The certification is valid for a period of two years from the end of the month of issuance.

12VAC5-31-1380. Program site accreditation administration. (Repealed.)

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

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

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

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

~~a. Dates;~~

~~b. Times; and~~

~~c. The schedule of events.~~

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

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

Article 2

Certification Process and Practice

12VAC5-31-1385. Certification periods.

An EMS certification is valid for the prescribed period as defined in Article 1 of this part for each level of certification unless suspended or revoked by the commissioner.

12VAC5-31-1387. Virginia EMS certification is required to practice.

In order to function as an EMS provider in the Commonwealth of Virginia, providers must hold a valid certification as issued by the commissioner and as defined in 12VAC5-31-1040.

12VAC5-31-1389. Initial course certification.

A. Candidates must successfully complete an approved Virginia certification course to be eligible for the certification examination.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

B. Candidates must then successfully complete the certification examination to receive Virginia certification at the level for which the course is approved.

12VAC5-31-1390. Program site accreditation of EMT-Paramedic programs. (Repealed.)

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

~~B. Initial accreditation can be issued by the Office of EMS pursuant to 12VAC5-31-1340 or by acceptance of accreditation issued by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) or another approved equivalent accreditation organization.~~

~~C. Following an initial five-year state accreditation period, renewal of accreditation at the EMT-Paramedic level will be issued only upon verification of accreditation issued by the CoAEMSP or another approved equivalent accreditation organization per 12VAC5-31-1380.~~

12VAC5-31-1391. Certification through reciprocity.

A person holding valid EMS certification from another state or a recognized EMS certifying body with which Virginia has a formal written agreement of reciprocity or possessing a National Registry certification at the [intermediate EMR, EMT, Advanced EMT, Intermediate] 99 or [paramedic Paramedic] level shall apply to the commissioner for reciprocity upon demonstration of Virginia residency, Virginia EMS agency affiliation, or a recognized need for Virginia EMS certification [and demonstrate as defined by the Office of EMS eligibility for certification at the level sought in Virginia from the state the same level training program was held.]

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

12VAC5-31-1393. Certification through legal recognition.

A person holding valid EMS certification from another state or a recognized EMS certifying body who does not meet the criteria in 12VAC5-31-1391 shall apply to the commissioner for legal recognition upon demonstration of Virginia residency, Virginia EMS agency affiliation, or a recognized need for Virginia EMS certification. Legal recognition may be issued for a period of one year or the duration of his current certification, whichever is shorter. Legal recognition is not available for any Virginia certification level if the Board of Health has determined that no equivalent exists at the level requested.

12VAC5-31-1395. EMT certification challenge.

A practical nurse, registered nurse to include those recognized through the Nurse Licensure Compact (§ 54.1-3030 et seq. of the Code of Virginia), physician assistant, dentist, or chiropractor who holds a current license to practice in Virginia; military corpsman with current credentials; and third or fourth year medical students shall apply to the commissioner for authorization to challenge at the EMT level. Upon completing the requirements for the EMT recertification and receiving notification of testing eligibility the candidate must complete the written and practical examination. Examination waivers are not allowed.

12VAC5-31-1400. Course approval request. (Repealed.)

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

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

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

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

~~D. In addition, training programs leading to certification at an initial or higher certification level shall also comply with the requirements for "Program Site Accreditation" listed in 12VAC5-31-1340 through 12VAC5-31-1390, if an accreditation process for the involved certification level has been adopted by the Office of EMS.~~

12VAC5-31-1401. General recertification requirements.

A. An EMS provider must complete the requirements for recertification and the Office of EMS must receive the required documentation within the issued certification period to maintain a current certification.

B. An EMS provider requesting recertification must complete the continuing education (CE) hour requirements for the level to be recertified.

C. An EMS provider requesting recertification must pass the written state certification examination.

1. An EMS provider affiliated with an EMS agency may be granted an exam waiver from the state written certification examination by the OMD of the EMS agency, provided:

a. The EMS provider meets the recertification requirements including those established by the OMD; and

b. The EMS provider must submit a completed Virginia EMS Certification Application with the exam waiver approval signed by the EMS agency OMD, which must be

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

received by the Office of EMS within 30 days following the expiration of his certification.

(1) If the Virginia EMS Certification Application form is received by the Office of EMS after the EMS provider's certification expiration date, the EMS provider may not practice at the expired certification level until a valid certification is received from the Office of EMS.

(2) If the Virginia EMS Certification Application form is received by the Office of EMS more than 30 days after the EMS provider's certification expiration date, his certification will be in reentry and he will be required to test pursuant to 12VAC5-31-1407.

2. An EMS provider under legal recognition pursuant to 12VAC5-31-1393 must pass a written and practical EMS certification examination and is not eligible for examination waiver.

12VAC5-31-1403. EMS provider recertification required.

A. Recertification of EMS credentials requires each individual to complete continuing education requirements as approved by the Board of Health and fulfill the recertification process before the expiration date of an applicable certification or reentry period.

B. The Board of Health will determine the continuing education hour [and topic category] requirements for each certification level.

C. Evidence of completion of the continuing education requirements must be received by the Office of EMS prior to the certification expiration.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

12VAC5-31-1405. Documentation of continuing education (CE).

A. Continuing education credit is only awarded to courses announced to the Office of EMS in a format as approved by the Office of EMS prior to the course being conducted and other programs approved by the Office of EMS for award of CE.

B. Award of credit for attendance in a CE program shall be submitted in a format approved by the Office of EMS.

12VAC5-31-1407. Recertification through reentry.

A. Individuals whose certification has expired may regain certification through completion of the reentry program within two years of the specific certification's expiration date. To reenter the person must fulfill the requirements as applicable in this chapter including all required testing within the two-year reentry period.

B. Individuals failing to complete the reentry process by the end of the two-year period following certification expiration will be required to complete an initial training program for the level lost.

Article 3

Educational Programs and Management

12VAC5-31-1409. Course curriculum.

A. Course coordinators (EMT instructor, ALS coordinator, or EMS education coordinator) shall utilize curricula or educational standards authorized and approved by the Office of EMS when conducting EMS education programs.

B. CE topics must be submitted for review and approval in a format as approved by the Office of EMS.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

12VAC5-31-1410. ~~Physician course director involvement. (Repealed.)~~

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

12VAC5-31-1411. BLS certification programs.

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

1. EMS First Responder.
2. EMS First Responder Bridge to EMT.
3. Emergency Medical Responder (EMR).
4. Emergency Medical Responder Bridge to EMT.
5. Emergency Medical Technician (EMT).

12VAC5-31-1413. Advanced life support certification programs.

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

1. EMT-Enhanced.
2. EMT -Enhanced Bridge to Intermediate.
3. Advanced EMT.
4. Advanced EMT Bridge to [Paramedic Intermediate].
5. [EMT-Intermediate Intermediate].
6. [EMT-Intermediate Intermediate] Bridge to Paramedic.
7. [EMT-Paramedic Paramedic].
- [8. RN Bridge to Paramedic.]

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

12VAC5-31-1415. Nationally recognized continuing education programs.

A. In order for a provider to receive continuing education in Virginia for [a national an auxillary] program, the national parent organization must be recognized by the Board of Health.

B. The instructor approved by the national parent organization referenced in subsection A of this section may award Category 1 continuing education credit for providers successfully completing an approved course. The instructor is not required to be an EMT instructor, ALS coordinator, or an EMS education coordinator in order to submit for course approval.

12VAC5-31-1417. Approved courses in cardio-pulmonary resuscitation.

A. Recognized programs for certification in cardiopulmonary resuscitation (CPR) for the purposes of testing for all certification levels are based upon programs approved by the Board of Health.

B. Completion of an approved course that tests the following skills is required:

1. One and two rescuer CPR - adult, child, infant resuscitation.
2. Complete airway obstruction - unconscious victim - adult, child, infant.
3. Complete airway obstruction - conscious victim - adult, child, infant.
4. Automated external defibrillation.

12VAC5-31-1419. Continuing education programs.

The programs must utilize the approved format for the corresponding level of certification as designed by the Office of EMS:

1. Category 1 (required) are topic areas that are required as part of the recertification criteria.
2. Category 2 (approved) are topic areas that support EMS activities.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

3. Category 3 are topic areas that are delivered through a multimedia format as approved by the Board of Health.

12VAC5-31-1420. ~~Course coordinator and instructor accountability. (Repealed.)~~

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

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

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

12VAC5-31-1421. Teaching materials and approved texts.

A. EMT instructor, ALS coordinator, or an EMS education coordinator shall use teaching materials and textbooks that reflect current EMS practices.

B. All textbooks and primary teaching materials utilized in a program shall be reviewed and receive written approval prior to the start of the program by the physician course director (PCD) or OMD and shall be maintained with other course records in accordance with the Virginia Public Records Act (Chapter 7 (§ 42.1-76 et seq.) of Title 42.1 of the Code of Virginia).

12VAC5-31-1423. Course announcement requirements.

A. BLS certification courses and continuing education programs that award Category 1 (required) continuing education credits shall be announced by an EMT instructor or EMS

State Board of Health

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

education coordinator. An EMT instructor or EMS education coordinator shall be present in the classroom at all times except:

1. In courses offered by the Office of EMS accredited programs, or

2. In BLS continuing education programs.

B. ALS certification courses and continuing education programs that award Category 1 (required) continuing education credits shall be announced by an ALS coordinator or EMS education coordinator.

12VAC5-31-1425. EMT instructor, ALS coordinator, or EMS education coordinator responsibilities as employee or contractor.

A. An EMT instructor, ALS coordinator or EMS education coordinator conducting [a] training [~~program~~ programs] as an employee or contractor for any other person as defined in §1-230 of the Code of Virginia, whether or not for profit, shall retain responsibility for compliance with the Office of EMS regulations.

B. Any other person as defined in § 1-230 of the Code of Virginia who operates an organization for the purpose of providing an EMS training program that employs or contracts with an EMT instructor, ALS coordinator, or EMS education coordinator to conduct a training program may not vary from or direct the EMT instructor, ALS coordinator, or EMS education coordinator to vary from compliance with Office of EMS regulations.

12VAC5-31-1427. Course approval request submission.

A. An EMT instructor, ALS coordinator, or EMS education coordinator shall submit a course approval request in a format approved by the Board of Health prior to the beginning date of a certification or continuing education course.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

1. Any approved course requesting funding through the EMS training fund requires that the course approval request and funding contract must be post marked or received [, and date and time stamped,] by the Office of EMS no less than 45 days prior to the begin date for the course.

2. Courses shall not start prior to receiving course number and topic or topics from the Office of EMS.

B. The EMT instructor, ALS coordinator, or EMS education coordinator shall use only those topic numbers assigned for the course as approved by the Office of EMS.

12VAC5-31-1429. Course approval request changes.

The course coordinator shall immediately notify the Office of EMS in writing of any changes in the information submitted on the Course Approval Request form.

12VAC5-31-1430. Certification examination. (Repealed.)

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

12VAC5-31-1431. Student course enrollment.

[For courses leading to certification at a new or higher level, the] EMT instructor, ALS coordinator or EMS education coordinator [~~for courses leading to certification at a new or higher level~~] shall have each student complete a "Virginia EMS Training Program Enrollment" form at the first meeting of the course.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

[1.] These forms must be reviewed by the EMT instructor, ALS coordinator, or EMS education coordinator and submitted to the Office of EMS no later than five business days following the first meeting of the course.

[2.] Any student who starts the program at a later date shall complete an enrollment form the first date of attendance providing 15% or more of the entire course has not been completed.

12VAC5-31-1433. Instructor participation records.

The EMT instructor, ALS coordinator, or EMS education coordinator shall maintain [~~records of attendance~~ instructor/provider level, subject taught] and participation of each certified EMT instructor, ALS course coordinator, EMS education coordinator or other individual who instructs in the program.

12VAC5-31-1435. Student records for certification courses.

A. The EMT instructor, ALS coordinator, or EMS education coordinator shall maintain records of class dates, topics instructed, attendance and performance for all students attending a certification course.

B. Student records shall be maintained in accordance with the Virginia Public Records Act (Chapter 7 (§ 42.1-76 et seq.) of Title 42.1 of the Code of Virginia) from the end date of the program and shall include but not be limited to:

1. Signed student acknowledgment forms collected upon completion of review of the appropriate BLS or ALS enrollment requirements.
2. Student signed class [~~roster~~ rosters].
3. Scores on all course quizzes, exams, and other didactic knowledge or practical skill evaluations.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

4. Skill proficiency records [~~on the applicable form~~ in a format as approved by the Office of EMS] :

a. For BLS programs, BLS individual age and clinical and skill performance verification information in a format as approved by the Office of EMS.

b. For ALS coordinator or EMS education coordinator programs, on forms or documents as approved by the ALS coordinator, EMS education coordinator, or an accredited program.

5. All hospital or field internship activities including dates, locations, competencies performed, student evaluations, preceptor name and certification level as applicable.

6. All corrective or disciplinary actions taken during the training program to include dates, findings supporting the need for corrective or disciplinary action, and all applicable details of steps taken to determine the degree and nature of the actions taken.

7. Copy of the course student disposition report (CSDR).

8. All other records requested to be maintained by the PCD or OMD for the program.

9. Any other records or reports as required by the Office of EMS.

12VAC5-31-1437. Continuing education record submission.

The course coordinator shall submit the CE records in a format approved by the Office of EMS within 15 days of the student's attendance.

12VAC5-31-1439. Verification of student course completion.

Verification of student eligibility on the CSDR by the EMT instructor, ALS coordinator, or EMS education coordinator for certification testing requires that each student successfully complete a certification program and [~~and meet that meets~~] the competency and performance

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

requirements contained within the applicable course [curriculum requirements] and all other guidelines and procedures for the course and state certification testing eligibility.

12VAC5-31-1440. Certification course enrollment. (Repealed.)

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

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

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

12VAC5-31-1441. Communications with PCD or OMD.

A. The EMT instructor, ALS coordinator, or EMS education coordinator shall inform the PCD or OMD of the progress of the training program to include:

1. Any program schedule changes.
2. Individual student performances.
3. Any student or instructor complaints.
4. The general progress of program activities.

B. The EMT instructor, ALS coordinator, or EMS education coordinator will assist the PCD or OMD with fulfillment of their course duties as required by Office of EMS regulations.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

12VAC5-31-1443. Alternative course presentation format.

EMS certification courses utilizing an approved alternative course presentation format using two-way video interactive technology shall comply with the following:

1. Use electronic media as real time two-way audio and video transmissions.
2. The EMT instructor, ALS coordinator, or EMS education coordinator must indicate in writing the desire to use such media which shall accompany the Course Approval Request form.
3. Any other requirements established by [, but not limited to,] the Office of EMS and, if applicable, the Virginia Community College System (VCCS) and the Virginia Department of Education.
4. [A For sites using one-way video and two-way audio, a] proctor who is certified at or above the level of the program shall be present at each remote site during the entire broadcast for all didactic portions of the program.
5. Any lab activities at the remote site shall have direct on-site supervision by a course [~~coordinator certified~~ faculty member] at or above the level of instruction. If the [~~instructor~~ faculty member] acts as the remote site proctor, he assumes the responsibility of the class roster.
6. In cases where the remote site proctor is absent or when the remote site electronics are not fully operational (transmit and receive audio or video) the students do not receive credit for attending and the session shall be rescheduled.
7. All course tests for the program whether at the origin or remote site must comply with subdivision 4 of this section.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

8. The course coordinator must maintain records of student participation in the approved alternative presentation format and submit continuing education records for each involved student for programs used for continuing education purposes.

9. Noncompliance with these regulations shall result in removal of Office of EMS approval and students shall lose eligibility for certification testing at the level of program certification.

10. The Guidelines for Videobroadcasting of EMS Educational Programs document must be signed by the EMT instructor, ALS coordinator, or EMS education coordinator and PCD or OMD and accompany any request for electronic transmission of a program with the Course Approval Request form.

11. Letter of agreement from the remote site or sites confirming and agreeing to the guidelines.

12VAC5-31-1445. Course scheduling.

Courses schedules shall reflect the minimum hours for the course of instruction of all required lessons of the [~~program~~ program's] curriculum prior to the course end date as approved by the Office of EMS.

12VAC5-31-1447. Maximum BLS or ALS course enrollment.

A. Initial and bridge certification course size shall be limited to a maximum of 30 enrolled students.

1. Additional students seeking continuing education credit may be admitted as reasonably allowed by facility size and instructional staff availability.

2. The group size for practical or lab skill sessions shall not exceed six students per instructor aide (6:1 ratio).

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

B. Office of EMS accredited institutions or organizations may exceed the maximum of 30 enrolled students, with [demonstrated] resources to meet class size. The group size for practical or lab skill sessions shall not exceed six students per instructor aide (6:1 ratio).

12VAC5-31-1449. Lesson instructors.

A. In addition to the lead instructor for each lesson, arrangements must be made to provide for instructor aides to assist in all practical skill sessions. Instructor aides shall be providers certified at or above the level of instruction.

B. Course coordinators who are certified EMTs may be used for instruction of basic skill stations in advanced life support programs. Basic skills are those procedures not requiring invasive activities or use of ALS equipment.

12VAC5-31-1450. BLS student enrollment requirements. (Repealed.)

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

- ~~1. Be proficient in reading, writing and speaking the English language in order to clearly communicate with a patient, family or bystander to determine a chief complaint, nature of illness, mechanism of injury or to assess signs and symptoms.~~
- ~~2. Be a minimum of 16 years of age at the beginning date of the certification program. If less than 18 years of age, he shall provide the course coordinator with a completed parental permission form with the signature of a parent or guardian verifying approval for enrollment in the course.~~
- ~~3. Have no physical or mental impairment that would render him unable to perform all practical skills required for that level of certification including the ability to function and communicate independently and perform appropriate patient care, physical assessments and treatments without the need for an assistant.~~

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

- ~~4. Hold current certification in an approved course in cardio-pulmonary resuscitation (CPR) at the beginning date of the certification program. This certification shall also be current at the time of state testing.~~
- ~~5. May not have been convicted or found guilty of any crime, offense or regulatory violation, or participated in any other prohibited conduct identified in these regulations.~~
- ~~6. If in a bridge certification program, he shall hold current Virginia certification at the EMS first responder level.~~
- ~~7. Meet other requirements for course enrollment as set by the regional EMS council or local EMS resource, the PCD or the course coordinator, approved by the Office of EMS.~~

12VAC5-31-1451. Course monitoring.

All programs and courses approved for issuance of certification or award of continuing education shall allow unannounced monitoring by the Office of EMS. Failure to comply with such course monitoring may result in the following disciplinary actions to include, but not be limited to:

1. Revocation of the training program's course approval.
2. Suspension or revocation of the training program's authority to award continuing education credits.
3. Revocation of the enrolled student's eligibility for certification testing.
4. Suspension or revocation of the EMS instructor [~~or course, ALS-coordinator, or EMS educational coordinator~~].

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

12VAC5-31-1453. EMT instructor, ALS coordinator, [and] EMS educational coordinator responsibilities for initial student testing.

A. An EMT instructor or EMS education coordinator for BLS programs shall ensure the following for documentation of eligibility for certification testing:

1. Submit a completed Course Student Disposition Report (CSDR) in a manner as prescribed by the Office of EMS.
2. Maintain with the course materials the completed individual parental permission form for students between 16 and 18 years of age on the beginning date of the course.
3. Maintain with the course materials the original copy of the completed and signed Basic Life Support Individual Age, Clinical and Skill Performance Verification Record [form and provide a copy to the student].

B. An ALS coordinator or EMS education coordinator coordinating ALS programs shall [provide submit] the [following documentation of eligibility for certification testing:

1. Completion of the] Course Student Disposition [(CSDR) report for certification testing eligibility].
- [2. A copy of the student's EMT-Enhanced competency verification summary to the Office of EMS test examiner.]

Article 4

Certification Testing

12VAC5-31-1454. Admission to certification test.

A. The person desiring to take the certification examination must present the following:

1. The Virginia certification eligibility letter.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

2. Current government issued photo identification.

3. If a retest, the latest testing results.

B. The person desiring to take the certification examination must be registered for the test site.

12VAC5-31-1455. [Initial certification Certification] testing requirements.

A. An Office of EMS written and practical examination process is required by the following:

1. Any candidate who completes an initial program at the following levels:

a. [~~First Responder~~ First Responder/EMR].

b. Emergency Medical Technician.

c. Emergency Medical Technician-Enhanced.

d. Advanced EMT.

e. [~~Emergency Medical Technician-Intermediate-99~~ Intermediate] provided National Registry no longer tests at this level.

[~~f. Emergency Medical Technician-Paramedic provided National Registry no longer tests at this level.~~]

2. Any candidate who is challenging the certification level.

3. Any certified EMS provider who received his current certification through legal recognition.

4. Any candidate who is in reentry for First Responder or Emergency Medical Technician.

B. An Office of EMS written examination only is required for the following:

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

1. Any provider who recertifies prior to his certification expiration except those who received [~~their~~ his] current certification through legal recognition.
2. Any candidate who is in reentry for EMT-Enhanced, Advanced EMT, [~~EMT-Intermediate~~ Intermediate] and [~~EMT-Paramedic~~ Paramedic].

12VAC5-31-1457. General description of certification examination.

A. Office of EMS certification examinations are required by all providers unless otherwise described in these regulations.

B. Primary certification testing is the first attempt at the certification examination process.

1. This process includes both the written and practical examination for providers seeking a new or higher level of certification.

2. Primary testing must begin [:

~~a. Within within] 180 days of the course end date [; or~~

[~~b. Within the enrollment expiration date for students attending an Office of EMS accredited program] .~~

C. Primary retest requires the candidate to retest that portion of the primary test failed within 90 days of the primary test attempt.

D. Secondary certification testing (written and practical) occurs when a candidate fails the primary attempt and either fails the primary retest or does not retest within 90 days of the primary examination attempt. Secondary certification testing requires the candidate to submit as described in these regulations CE that satisfies the recertification requirements for the level of EMS certification sought.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

E. Secondary retest requires the candidate to retest that portion of the secondary test failed within 90 days of the secondary test attempt.

F. Successful completion of the certification examination process must be completed [;

1. Within within] 365 days of the primary test attempt [;~~or~~

[2. Prior to the enrollment expiration date for students attending an Office of EMS accredited program.].

G. The certification examination process requires that certification testing be conducted and proctored [in a manner approved] by the Office of EMS.

12VAC5-31-1459. Certification eligibility.

Certification eligibility will be demonstrated by the possession of a valid eligibility letter from the Office of EMS by the candidate.

12VAC5-31-1460. ALS student enrollment requirements. (Repealed.)

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

1. Be proficient in reading, writing and speaking the English language in order to clearly communicate with a patient, family or bystander to determine a chief complaint, nature of illness, mechanism of injury or to assess signs and symptoms.

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

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

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

5. Have no physical or mental impairment that would render him unable to perform all practical skills required for that level of training. Physical performance skills must include

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

~~the ability of the student to function and communicate independently, to perform appropriate patient care, physical assessments and treatments without the need for an assistant.~~

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

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

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

12VAC5-31-1461. Prohibition of oral examinations.

A certification candidate may not use another person or any electronic or mechanical means to translate [written] certification examination material into an audible [or,] tactile [, or visual] format.

12VAC5-31-1463. Candidates requirements for state recertification.

A. This section shall apply to individuals requesting state recertification who hold current certification at or below the level requested to be recertified (excluding those who gained their current certification through legal recognition).

B. Students requesting recertification must demonstrate eligibility as evidenced by completion of the continuing education requirements for the corresponding recertification program for the level to be recertified. Evidence of completion for the continuing education

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

requirements shall be received by the Office of EMS in an approved method prior to certification expiration for the provider to be classified in current provider status.

12VAC5-31-1465. Recertification examination requirement.

A. Individuals who are eligible to recertify and hold current certifications are required to successfully complete the state written examination process based upon the following:

1. All individuals who are not affiliated with a licensed EMS agency must take the state written examination to recertify.

2. Individuals affiliated with a licensed EMS agency may be granted an exam waiver from the state written recertification examination by the operational medical director (OMD) of the EMS agency, provided:

a. A completed Virginia EMS Certification Application signed by the OMD and the individual is submitted to the Office of EMS documenting the exam waiver or a format approved by the Office of EMS.

b. A Virginia EMS Certification Application form submitted as an exam waiver must be received by the Office of EMS no later than 30 days following the expiration of the individual's certification at the level being waived.

(1) Virginia EMS Certification Application forms received by the Office of EMS during the 30 days after the individual's certification expiration date will be considered valid for recertification purposes. However, during this period following expiration, the individual may not practice at the expired certification level.

(2) Virginia EMS Certification Application forms received by the Office of EMS more than 30 days after the individual's certification expiration date will be considered as

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

invalid and the individual will be deemed in reentry status and required to test to regain current certification.

B. Candidates in current provider status required or choosing to take the state recertification examination must demonstrate eligibility as evidenced by presentation of a valid recertification eligibility notice letter from the Office of EMS.

12VAC5-31-1467. Basic and advanced life support written examinations.

A. All state written examinations shall be conducted by the Office of EMS.

B. The Office of EMS standard for successful completion is defined as a minimum score of:

1. 70% on all basic life support certification examinations.

2. 80% on all EMT instructor [and EMS education coordinator] certification examinations.

3. 85% on all EMT instructor [and EMS education coordinator] pretest examinations.

4. 80% on all advanced life support certification examinations.

12VAC5-31-1469. Basic and advanced life support practical certification examinations.

A. Practical examinations shall be conducted by the Office of EMS or as approved for accredited training programs.

B. Candidates taking a practical examination conducted by the Office of EMS shall demonstrate proficiency on all practical stations required for the program level being tested. Grades of unsatisfactory will constitute failure of that station, requiring a retest.

C. Candidates failing any practical station examination conducted by the Office of EMS will have an opportunity to retest the station or stations failed.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

D. If a primary retest is failed, the candidate examination conducted by the Office of EMS must complete the secondary retest requirements.

12VAC5-31-1470. Course coordinator responsibility for certification candidate eligibility. (Repealed.)

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

- ~~1. A "Virginia EMS Certification Application" with required signature attesting to the eligibility for certification testing.
 - ~~a. If a BLS certification program, the course coordinator shall by his signature attest to the eligibility of the certification candidate for certification testing.~~
 - ~~b. If an ALS certification program, the physician course director shall by his signature attest to the eligibility of the certification candidate for certification testing.~~~~
- ~~2. If a certification candidate is less than 18 years of age on the beginning date of the program, the parental permission form that was completed and signed at the beginning of the program.~~
- ~~3. A completed individual skill performance, clinical training or field internship record, or a combination of these, as applicable for the EMS certification program.~~

12VAC5-31-1471. Examination retest.

A. Candidates failing to achieve a minimum passing score on any state administered written or practical examinations must retest within 90 days from the original exam date.

B. BLS and EMT Enhanced candidates failing one or more stations of the practical but passing the written examination are not required to repeat a successful written examination of a

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

testing series. Likewise, a candidate failing the written examination would not be required to repeat a successful practical examination of a testing series.

C. If any retest is failed or a retest is not taken within the allowed 90-day retest period, the candidate will be considered to have failed the initial testing series and must complete secondary eligibility before secondary certification testing may be attempted.

D. Secondary certification testing eligibility requires:

1. Satisfaction of all requirements as set forth in the minimum continuing education requirements for the corresponding recertification CE program for the level being tested.

a. This training may not include any course or program completed before the initial series of testing.

b. This training may include those CE hours completed after the initial certification examination has been attempted.

c. This training must be submitted on CE cards or a format as approved by the Office of EMS.

2. Receipt of written notification from the Office of EMS of eligibility for secondary certification testing.

E. Upon notification of eligibility to test from the Office of EMS, a candidate who has previously failed a written or practical retest will be allowed one additional series of testing.

1. Candidates attempting a second series of testing are required to successfully complete both the written and practical examinations regardless of the results of the previous testing attempts.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

2. This requirement for successful completion of both the written and practical examinations will apply equally to initial, recertification, and reentry candidates who have failed a previous series of testing.

3. All appropriate sections of these regulations will apply to the second series of testing.

F. Failure of any retest during the second series of testing will require the candidate to complete an entire initial basic training program or applicable bridge course before any additional testing may be attempted at this certification level.

G. The requirements of this section including initial and secondary certification testing series must be completed within 365 days from the date of the initial certification test attempt (i.e., first test date) or prior to the enrollment expiration date for students attending an OEMS accredited program. Failure to complete this process within this prescribed period will require the candidate to repeat an entire initial basic training program or applicable bridge course before any additional testing may be attempted at this certification level.

H. Future testing of candidates required to complete an entire initial basic training program under subsections F or G of this section will be processed in the same manner as any candidate completing a similar course for the first time.

12VAC5-31-1473. Candidate evidence of eligibility for retesting.

Candidates requesting to retest a failed written or practical exam or exams must demonstrate eligibility as evidenced by presentation of the letter of retest eligibility from the Office of EMS and the latest test results.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

12VAC5-31-1475. Candidate evidence of eligibility for secondary testing.

Candidates requesting testing a second series of exams after failure of an initial testing series must demonstrate eligibility as evidenced by valid secondary eligibility notice from the Office of EMS.

12VAC5-31-1477. Examination security and review.

A. All Virginia examinations are the property of the Office of EMS. Individuals taking an examination may not copy or make recordings or reproduce in any other manner any material from the examination. Failure to return the examination will subject the individual to disqualification for certification.

B. Giving or obtaining information or aid prior to, during, or following any exam as evidenced by direct observation of the state examination administrator or administrators or subsequent analysis of examination results or engaging in other prohibited acts, may be sufficient cause to terminate candidate participation, to invalidate the results of a candidate's examination, to take enforcement action against other involved persons, or to take other appropriate action even if there is no evidence of improper conduct by the candidate. In these cases, the Office of EMS reserves the right to delay processing of examination results until a thorough and complete investigation may be conducted.

1. Unauthorized giving or obtaining information will include but not be limited to:

- a. Giving unauthorized access to secure test questions.
- b. Copying or reproducing all or any portion of any secure test booklet.
- c. Divulging the contents of any portion of a secure test.
- d. Altering candidate's responses in any way.
- e. Making available any answer keys.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

- 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.

12VAC5-31-1480. Eligibility for certification examination. (Repealed.)

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

- ~~1. A completed "Virginia EMS Certification Application" form signed by the course coordinator for BLS programs or the physician course director for ALS programs.~~
- ~~2. A parental permission form if the certification candidate was less than 18 years of age on the beginning date of a BLS program.~~

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

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

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

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

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

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

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

12VAC5-31-1490. Recertification Eligibility Notice. (Repealed.)

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

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

12VAC5-31-1500. Eligibility for EMT-Instructor certification program. (Repealed.)

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

~~1. Be a minimum of 21 years of age.~~

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

~~3. Be a high school graduate or equivalent.~~

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

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

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

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

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

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

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

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

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

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

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

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

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

Article 5

BLS Programs

12VAC5-31-1501. BLS certification course attendance.

A. Students must [be present for complete] a minimum of 85% of the [entire didactic and lab aspects of the] course.

B. Students must complete all healthcare facility competency and field internship requirements for the program.

C. Students must successfully demonstrate competency to perform all required skills as specified by the Office of EMS for the level of the training program attended. Use of training manikin practice may not substitute for performance of skills involving actual patients in a clinical setting except as allowed by the Office of EMS.

12VAC5-31-1503. BLS course student requirements.

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

1. Be proficient in reading, writing and speaking the English language in order to clearly communicate with a patient, family, or bystander to determine a chief complaint, nature of illness or, mechanism of injury; assess signs and symptoms; and interpret protocols.
2. Be a minimum of 16 years of age at the beginning date of the certification program. If less than 18 years of age, the student must provide the EMT instructor or the EMS educational coordinator with a completed parental permission form as approved by the Office of EMS with the signature of a parent or guardian supporting enrollment in the course.
3. Have no physical or mental impairment that would render the student or provider unable to perform all practical skills required for that level of certification including the ability to function and communicate independently and perform patient care, physical assessments, and treatments.
4. Hold current certification in an approved course in cardio-pulmonary resuscitation (CPR) at the beginning date of the certification program. This certification must also be current at the time of state testing.
5. If in a bridge certification program, the student must hold current Virginia certification at the EMS First Responder level through completion of the certification examination process.

12VAC5-31-1505. EMS First Responder certification program.

The EMS First Responder curriculum will be the current version of the Virginia Standard Curriculum or Virginia education standards for the EMS First Responder as approved by the Office of EMS and will consist of a minimum number of hours of didactic training.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

12VAC5-31-1507. First Responder bridge to EMT.

The Virginia EMS First Responder Bridge curriculum will be based upon the National Standard Curriculum for the EMT and the bridge program curriculum approved by the Office of EMS.

12VAC5-31-1509. EMS First Responder bridge length.

The Virginia EMS First Responder Bridge will consist of a minimum number of hours of didactic training and competency.

12VAC5-31-1510. EMS certification written examination. (Repealed.)

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

- ~~1. 70% on a BLS certification examination.~~
- ~~2. 80% on an ALS certification examination.~~
- ~~3. 85% on an EMT Instructor pretest examination.~~
- ~~4. 80% on an EMT Instructor recertification examination.~~

12VAC5-31-1511. First Responder bridge to EMT certification examinations.

Candidates completing the Virginia EMS First Responder Bridge program must complete the current EMT written and practical examinations administered by the Office of EMS.

12VAC5-31-1513. Emergency Medical Technician (EMT) certification.

The EMT curriculum will be based upon the current version of the National Standard Curriculum for the EMT or Virginia education standards and any additions, deletions, or other modifications as approved by the Office of EMS and will consist of a minimum number of hours of didactic training and competency.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

12VAC5-31-1515. Emergency Medical Technician (EMT) certification examination.

Candidates completing the EMT training program must successfully complete the Office of EMS approved EMT written and practical examinations.

12VAC5-31-1520. EMS certification practical examination. (Repealed.)

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

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

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

Article 6

ALS Programs

12VAC5-31-1521. ALS course student requirements.

An enrolled student in an ALS certification program shall comply with the following:

1. Be proficient in reading, writing and speaking the English language in order to clearly communicate with a patient, family or bystander to determine a chief complaint, nature of illness, mechanism of injury, to assess signs and symptoms, and interpret protocols.
2. Be a minimum of 18 years of age at the beginning date of the certification program.
3. Certification as an EMT or higher EMS certification level.
4. Posses a high school or general equivalency diploma.
5. Have no physical or mental impairment that would render the student or provider unable to perform all practical skill required for that level of certification including the

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

ability to function and communicate independently and perform appropriate patient care, physical assessments, and treatments.

6. If in a bridge certification program, the student shall be eligible for certification at the prerequisite lower ALS level at the beginning date of the bridge program and shall have obtained certification at the bridge program's prerequisite certification level before certification testing for the bridge level.

12VAC5-31-1523. EMT-Enhanced certification.

A. The EMT-Enhanced curriculum will be the current Virginia Standard Curriculum for the EMT-Enhanced as approved by the Office of EMS.

B. Certification for the EMT-Enhanced course will be awarded upon successful completion of written and practical examinations administered by the Office of EMS.

C. EMT-Enhanced certification practical testing will follow practical testing guidelines as approved by the Office of EMS.

12VAC5-31-1524. Advanced EMT certification.

A. The Advanced EMT curriculum will be the current Virginia Standard Curriculum for the Advanced EMT or Virginia education standards as approved by the Office of EMS.

B. Certification for the Advanced EMT course will be awarded upon successful completion of written and practical examinations administered by the Office of EMS.

C. Advanced EMT certification practical testing will follow practical testing guidelines as approved by the Office of EMS.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

12VAC5-31-1525. [~~EMT-Intermediate~~ Intermediate] certification.

A. The [~~EMT-Intermediate~~ Intermediate] curriculum will be the U.S. Department of Transportation National Standard Curriculum for the [~~Intermediate~~ EMT-Intermediate] 99 or a bridge program curriculum or Virginia education standards as amended and approved by the Office of EMS.

B. Certification for the [~~EMT-Intermediate~~ Intermediate] course will be awarded through reciprocity upon successful completion of written and practical examinations created and administered by the National Registry of Emergency Medical Technicians.

C. When the National Registry of Emergency Medical Technicians no longer tests EMT-Intermediate 99, the Board of Health will assume testing responsibilities for this level.

12VAC5-31-1527. [~~EMT-Paramedic~~ Paramedic] certification.

A. The [~~EMT-Paramedic~~ Paramedic] curriculum will be the National Standard Curriculum for the [~~EMT-Paramedic or Paramedic~~] or a bridge program [~~curriculum~~] approved by the Office of EMS.

B. Certification for the [~~EMT-Paramedic~~ Paramedic] course will be awarded through reciprocity upon successful completion of written and practical examinations created and administered by the National Registry of Emergency Medical Technicians.

12VAC5-31-1529. Advanced life support bridge courses.

A. Bridge courses are designed to allow a candidate to advance from a lower level of ALS certification to a higher level of ALS certification or for a Virginia licensed registered nurse to bridge to the [~~EMT-Paramedic~~ Paramedic] certification level:

1. EMT-Enhanced to [~~EMT-Intermediate~~ Intermediate] Bridge.
2. [~~EMT-Intermediate~~ Intermediate] to [~~EMT-Paramedic~~ Paramedic] Bridge.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

3. RN to [~~EMT-Paramedic~~ Paramedic] Bridge.

B. All bridge programs shall use the training curriculum approved by the Office of EMS for the certification level of the program.

12VAC5-31-1530. ~~Certification examination retest. (Repealed.)~~

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

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

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

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

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

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

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

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

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

12VAC5-31-1531. Registered nurse to [~~EMT-Paramedic~~ Paramedic] bridge prerequisites.

RN to [~~EMT-Paramedic~~ Paramedic] students must be able to document compliance with the following prerequisites:

1. The candidate must be currently licensed as an RN in Virginia or as recognized through the Nursing Compact Agreement as approved by the Virginia Board of Nursing.
2. The candidate must currently hold certification as a Virginia EMT or higher certification.
3. The candidate must be currently participating as an EMS field provider or actively working as an RN.

12VAC5-31-1533. Registered [~~Nurse~~ nurse] to [~~EMT-Paramedic~~ Paramedic] bridge program completion requirements.

A. The RN to [~~EMT-Paramedic~~ Paramedic] bridge curriculum shall be the National Standard Curriculum for the [~~EMT-Paramedic~~ Paramedic] or a bridge program derived from this curriculum approved by the Office of EMS.

B. The student will receive formal instruction in all the objectives listed in the [~~EMT-Paramedic~~ Paramedic] curriculum as recognized by the Office of EMS either through an accredited [~~EMT-Paramedic~~ Paramedic] course or through a nursing education program as recognized by the Virginia Board of Nursing.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

C. Certification for the RN to [~~EMT-Paramedic~~ Paramedic] bridge course will be awarded through reciprocity upon successful completion of written and practical examinations created and administered by the National Registry of Emergency Medical Technicians.

12VAC5-31-1535. NREMT Paramedic endorsements.

A. Physician assistants (PA) or nurse practitioners (NP) may receive Virginia endorsement to sit for the National Registry of EMT's Paramedic written and practical examinations after providing verification of successful completion of the following criteria:

1. The PA or NP shall be currently Virginia certified as an EMT-Basic or may be allowed, with written permission from the Office of EMS, to complete the 36 hour EMT-Basic continuing education (CE) hours and successfully complete the EMT-Basic written and practical certification examination.

2. The PA or the NP shall receive endorsement from an EMS physician who verifies the candidate satisfies the paramedic competencies by completing a form as prescribed by the Office of EMS.

3. Team leader skills shall be completed and verified on a form as prescribed by the Office of EMS.

B. Third and fourth year medical students, and Virginia licensed dentists or chiropractors may receive Virginia endorsement to sit for the National Registry of EMT-Paramedic written and practical examinations after providing successful completion of the following criteria:

1. Must possess or have possessed pre-hospital ALS certification that must not have expired more than 24 months prior to submission.

2. Must be currently certified as a Virginia EMT-Basic.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

3. Third and fourth year medical students shall submit a copy of their official medical school transcripts. Dentists or chiropractors shall submit to the Office of EMS a copy of their license to practice in Virginia.

12VAC5-31-1540. ~~Prohibition of oral examination administration. (Repealed.)~~

~~A certification candidate may not use another person or any electronic or mechanical means to translate certification examination material into an audible or tactile format.~~

Article 7

EMT Instructor, ALS Coordinator and EMS Education Coordinator

12VAC5-31-1541. [~~EMT instructor candidate (Reserved.)~~]

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

~~1. Be a minimum of 21 years of age.~~

~~2. Hold current Virginia EMS certification as an EMT or higher Virginia EMS Certification level.~~

~~3. Have been certified as an EMT or higher level of EMS certification for a minimum of two years.~~

~~4. Must have a minimum of two years field experience as an EMS provider.~~

~~5. Proof of a high school diploma or equivalent.~~

~~B. The EMT instructor candidate must not have any EMS compliance enforcement issued within the previous twenty four months or twenty four months from the end date of the issued enforcement action.]~~

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

12VAC5-31-1542. [EMT-Instructor (Reserved.)]

[A. The instructor candidate shall successfully complete a written and practical pre-test as approved by the Virginia Office of EMS.]

[B. The instructor candidate will successfully complete an instructor program as approved by the Virginia Office of EMS.]

12VAC5-31-1543. EMT instructor recertification.

[This section will expire 2 years from the implementation date of these regulations.]

A. The EMT instructor's certification shall be renewed every two years. To fulfill the recertification requirements, the EMT instructor must:

1. Instruct a minimum of 50 hours of EMT or First Responder subject material in approved courses within the two-year certification period. This requirement only may be met through instruction of standard Basic Life Support training courses or other programs approved for Basic Life Support (Category 1) continuing education credit.

2. Successfully complete a minimum of one EMS instructor update within the two-year certification period.

3. Successfully complete the [~~EMT-Basic~~ EMT] written certification examination with a minimum passing score of 80%. This examination may be completed at any time following attendance of an EMS instructor update. If the EMT instructor is affiliated with a licensed EMS agency, this examination may be waived by the EMS agency's OMD.

B. Have no physical or mental impairment that would render the instructor unable to perform and evaluate all practical skills and tasks required of an EMT.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

12VAC5-31-1544. EMT instructor reentry.

[This section will expire 2 years from the implementation date of these regulations.]

Individuals whose EMT instructor certification has expired may regain full certification through completion of the reentry program within two years of their previous expiration date provided:

1. If the EMT instructor has completed the teaching requirements but is unable to fulfill one or more of the remaining requirements, the remaining requirements for recertification shall be completed within two years following the expiration date. However, if the required [~~EMT-Basic~~ EMT] examination was not completed prior to expiration, this examination may not be waived by an EMS Agency OMD.
2. If the EMT instructor has not completed the teaching requirements, the following requirements will be necessary for reentry:
 - a. Successful completion of the EMT instructor written and practical pretest examinations.
 - b. Attendance of the administrative portions of an EMT instructor institute.
3. Upon completion of the applicable requirements for reentry, new EMT instructor credentials will be issued for a two-year period. Thereafter, all of the requirements for recertification under 12VAC5-31-1545 will apply.

12VAC5-31-1545. [~~Advanced Life Support coordinator program. (Reserved.)~~]

[An Advanced Life Support Coordinator may coordinate initial and continuing education training programs for EMT-Enhanced, Advanced EMT, EMT-Intermediate and EMT-Paramedic up to their level of EMS certification or other healthcare certification/licensure as approved by the Office of EMS.]

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

12VAC5-31-1546. [~~Advanced Life Support coordinator certification (Reserved.)~~]

[A. Prerequisites for certification as an Advanced Life Support Coordinator are:

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

2. The Advanced Life Support Coordinator candidate must not have any EMS compliance enforcement issued within the previous twenty four months or two years from the end date of the issued enforcement action.

3. The applicant must hold current certification and/or licensure for one or more of the following issued by the Commonwealth of Virginia:

a. EMT-Enhanced

b. Advanced EMT

c. EMT-Intermediate

d. EMT-Paramedic

e. Physician Assistant

f. Nurse Practitioner

g. Registered Nurse

h. Doctor of Osteopathy

i. Doctor of Medicine

B. A Certification Application shall be completed and submitted as prescribed by the Office of EMS.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

C. Upon receipt of a complete Advanced Life Support Coordinator application meeting the prerequisites and qualifications for certification, the applicant must attend an Advanced Life Support Coordinator seminar.

D. Performance of any medical procedure is not permitted based upon Advanced Life Support Coordinator certification.]

12VAC5-31-1547. Renewal of Advanced Life Support coordinator.

A. An ALS coordinator must maintain current certification as a Virginia ALS provider or licensure as a doctor of medicine, doctor of osteopathy, registered nurse, or physician assistant.

B. An ALS coordinator must resubmit an ALS coordinator certification application before his expiration month.

C. Successfully complete a minimum of one EMS instructor update or an ALS coordinator meeting within the two-year certification period.

D. A individual whose ALS coordinator certification has expired may regain full endorsement through completion of the reentry program within two years of his previous expiration date provided he:

1. Submits a completed ALS coordinator certification application; and

2. Successfully completes a minimum of one EMS instructor update or an ALS coordinator meeting within the two-year certification period.

12VAC5-31-1548. EMS education coordinator.

A. The EMS education coordinator may announce and teach courses at or below his provider certification level. An EMS education coordinator who certifies at a higher level may not begin announcing or coordinating courses at that level until they have attained one year of field experience at that level.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

B. Performance of any medical procedure is not permitted based upon EMS education coordinator certification.

C. Current EMT instructors and ALS coordinators will be transitioned to EMS education coordinator within four years of (the effective date of these regulations).

12VAVC-5-31-1549. EMS education coordinator prerequisites.

Prerequisites for certification as an EMS education coordinator are:

1. Be a minimum of 21 years of age.

2. [~~Posses~~ Possess] a high school diploma or equivalent.

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

[~~3. 4.~~] Have three years medical experience with a minimum of two years verified field experience as an EMS provider at the appropriate [~~level~~] EMS level or two years of current Virginia licensure as [~~an a~~] registered nurse, [~~physicians physician~~] assistant, doctor of osteopathic medicine, or doctor of medicine.

[~~4. 5.~~] Must not have any EMS compliance enforcement actions within the previous five years.

12VAC5-31-1550. Certification examination security. (Repealed.)

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

~~1. Unauthorized access to a certification examination question;~~

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

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

12VAC5-31-1551. EMS education coordinator certification process.

A. Eligible EMS education coordinator candidates will submit an application to include endorsement from an EMS physician.

B. Upon receipt and verification of the application, the eligible EMS education coordinator candidate will [~~be required to receive an eligibility to test letter and must~~] complete a written and practical examination.

[1. The EMS education coordinator application is valid for a period of two years from either primary test attempt date or 180 days after the application is approved, which ever is less. During this period of time, the candidate cannot submit another EMS education coordinator application.

2. EMS education coordinator candidate written testing process shall have a primary and secondary attempt.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

- a. Primary written testing attempt is the first attempt at the EMS education coordinator written testing process.
 - b. Primary retest requires the candidate to retest the written within 90 days of the date the primary test was attempted.
 - c. Secondary written testing occurs when a candidate fails the primary attempt and either fails the primary retest or does not retest within 90 days of the primary written attempt.
 - d. Secondary written test eligibility is initiated 90 days from the date of the failed primary retest or 180 days after the date of the failed primary test, whichever is less.
 - e. Secondary written retest requires the candidate to retest the written test within 90 days of the date the secondary test was attempted.
3. An EMS education coordinator candidate practical testing process shall have a primary and secondary attempt which cannot begin before the written primary test.
- a. Primary practical testing attempt is the first attempt at the EMS education coordinator practical testing process.
 - b. Primary retest requires the candidate to retest that portion of the practical test failed. Same day retesting is allowed only if less than 75% of the practical is failed.
 - c. Secondary practical testing is initiated after practical primary retest failure and requires the candidate test all practical stations.
 - d. Secondary retest requires the candidate to retest that portion of the practical test failed. Same day retesting is allowed only if less than 75% of the secondary attempt on the practical testing is failed.]

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

C. After successfully completing the written and practical examination, the qualified eligible EMS education coordinator candidate shall attend training as required by OEMS.

[D. All components of the EMS education coordinator certification process must be completed within two years from the end of the month of the primary test attempt or 180 days after approved and eligibility for testing is initiated, which ever is less.]

12VAC5-31-1552. EMS education coordinator recertification process.

A. To be eligible to recertify, the EMS education coordinator shall:

1. Maintain his provider certification.
2. Teach a minimum of 50 hours of initial certification or Category 1 CE and provide documentation of completion submitted in a process established by OEMS.
3. Complete one EMS education coordinator update in the two-year certification period.
4. Complete a minimum of 12 hours of instructor focused continuing education.
5. Submit an EMS education coordinator application to include endorsement from an EMS Physician.

B. Upon completion of the recertification requirements, the EMS education coordinator will receive an "Eligibility Notice" and must take and pass the EMS education coordinator recertification examination.

C. All recertification requirements must be completed and submitted to OEMS prior to the certification expiration date.

12VAC5-31-1553. EMS education coordinator reentry.

A. If an EMS education coordinator does not complete or submit all recertification requirements prior to his expiration date, he will go into a two-year reentry period.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

B. During the reentry, the EMS education coordinator will not be allowed to coordinate any certification [of or] CE courses. Any current courses in progress at the time of loss of EMS education coordinator certification will be suspended.

C. All outstanding recertification requirements shall be completed during the reentry period.

D. Failure to complete all recertification requirements during the reentry period will require the provider to complete the entire certification process as prescribed in 12VAC5-31-1551.

12VAC5-31-1560. BLS course coordinator reimbursement. (Repealed.)

~~A. The BLS course coordinator for approved first responder and emergency medical technician certification courses and Category 1 "Required" CE programs is eligible to request reimbursement. Reimbursement is designed to cover estimated costs for instruction and coordination of approved programs.~~

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

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

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

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

~~C. Requirements for Reimbursement Approval. A BLS course coordinator requesting reimbursement shall complete and sign the "Independent Contractor" agreement section of the Course Approval Request form.~~

~~1. A BLS course coordinator requesting reimbursement is an "Independent Contractor" and is not an employee of the Office of EMS or any agency of the Commonwealth of Virginia while fulfilling this independent contractor agreement.~~

~~2. The training program shall be "open" to any qualified student up to the maximum of 30 allowed in a single program. No requirement for specific agency or employment affiliation may be imposed to limit or exclude enrollment by any individual in reimbursed courses.~~

~~3. There shall be a minimum enrollment of 13 students at the start of the program to qualify for full reimbursement, unless the Office of EMS has granted specific prior approval.~~

~~a. Programs with enrollments of less than 13 students at the time of instruction of the third lesson of the course curriculum shall submit a "Small Course Special Approval Request" form to the Office of EMS. This form requires justification of the need for continued instruction of this program for reimbursement.~~

~~b. Programs approved for reimbursement with enrollments of less than 13 will be reimbursed at a lower rate than larger programs.~~

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

~~4. "Small Course Special Approval Request" forms will be reviewed by Office of EMS staff and returned to the course coordinator indicating approval or denial. Programs are initially approved for reimbursement based upon the information provided at the time of request. Failure to properly coordinate and instruct the program, or other violations of applicable sections of these regulations may be deemed as grounds to deny or modify reimbursement payments at course completion.~~

~~D. Final Payment. Upon course completion, and after all requirements of these regulations and the reimbursement contract have been satisfied, the course coordinator may request reimbursement.~~

~~1. To make application for payment, the Reimbursement Claim Form shall be submitted to the Office of EMS for review and final approval.~~

~~2. A course coordinator may request that payment be made out in his name or that of a sole proprietorship or partnership he operates as a principal party. Checks made to organizations require submission of the business' federal employers identification number (FEIN) in place of the course coordinator's social security number in these cases. Reimbursement may not be paid to anyone other than the course coordinator who announced and contracted for the involved course.~~

Article 8

EMS Training Fund

12VAC5-31-1561. EMS training fund.

The Board of Health has established the emergency medical services training fund (EMSTF) to support certification and continuing education for BLS and ALS programs. Funding for various approved training programs will be administered on a contract basis between the EMT instructor, ALS coordinator, or EMS educational coordinator and the Office of EMS. [In addition,

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

~~a tuition reimbursement component has been established to help defray the costs associated with obtaining initial certification.]~~

12VAC5-31-1563. Contracting through the EMS training fund.

~~The Board of Health promulgates funding contracts for EMS training programs annually on July 1. Only EMT instructors, ALS coordinators, or EMS educational coordinators are eligible to submit funding contracts. The requirements of the funding contracts supersede these regulations as they are legal documents.~~

12VAC5-31-1565. [Individual tuition reimbursement. (Reserved.)]

~~[A. Individual reimbursement is provided for expenses incurred by students who attend initial certification programs that received funding from the EMSTF program. Funding is made available to any certified and affiliated EMS provider in the Commonwealth.~~

~~B. Reimbursement will be awarded based upon tuition expenses incurred by the student (minus grants and scholarships) up to the maximum amount defined in the EMSTF program. Funding for individual tuition reimbursement is determined by the Office of EMS based upon the EMSTF tuition award formula. There are two different funding levels:~~

~~1. Non-EMSTF funded initial certification programs, and~~

~~2. EMSTF funded initial certification programs~~

~~C. Individual requests for tuition reimbursement require that the applicant:~~

~~1. Be a Virginia certified EMS provider at the level of the program for which tuition is requested.~~

~~2. Submit a completed application as prescribed by the Office of EMS.~~

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

~~3. Ensure the submitted application shall be postmarked to the Virginia Office of EMS within 180 days of the applicant receiving Virginia certification at the level for which the tuition reimbursement is sought.~~

~~4. Not submit or have previously submitted at the current level his name for reimbursement under the organizational tuition reimbursement process.~~

12VAC5-31-1567.[Organizational tuition reimbursement (Reserved.)]

~~[A. Reimbursement is provided for tuition expenses incurred by EMS agencies or governmental organizations which pay for students to attend initial certification programs.~~

~~B. Funding is made available to include but are not limited to:~~

~~1. 501(c) (3) organizations~~

~~2. Governmental organizations~~

~~3. Individuals who are not considered for-profit entities.~~

~~C. Reimbursement will be awarded based upon tuition expenses (minus grants and scholarships) up to the maximum amount defined in EMSTF program.~~

~~1. Funding for organizational tuition reimbursement is determined by the Office of EMS based upon the EMSTF tuition award formula:~~

~~a. There are two different funding levels:~~

~~(1) Non-EMSTF funded initial certification programs~~

~~(2) EMSTF funded initial certification programs~~

~~D. Organizational requests for tuition reimbursement require that the applicant:~~

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

~~1. Submit for providers who are affiliated with a Virginia EMS agency that is capable of delivering care at the level of certification for which the EMS agency is seeking tuition reimbursement.~~

~~2. Submit a completed application as prescribed by the Office of EMS.~~

~~3. Ensure the submitted application for tuition reimbursement is received by the Virginia Office of EMS within 180 days of the provider(s) receiving Virginia certification at the level for which the tuition reimbursement is sought. Documents must be postmarked before the deadline in order to be accepted.~~

~~4. Complete a separate application for each type of program (level) for which tuition reimbursements is being requested.~~

~~5. Ensure that no provider on the application has been submitted (or has previously submitted at the current level) for reimbursement under the individual tuition reimbursement process.~~

~~E. Falsification of information shall nullify the tuition reimbursement request and any subsequent requests for a period of five (5) years.]~~

12VAC5-31-1570. EMS training grant program. (Repealed.)

~~A reimbursement fund has been established to support certification and continuing education programs through the "Virginia Rescue Squad Assistance Fund" grant program. Reimbursement for coordination and instruction of approved programs will be administered through the separate regulations established for the "Virginia Rescue Squad Assistance Fund."~~

12VAC5-31-1580. Certification period. (Repealed.)

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

- ~~1. A BLS certification is valid for four years from the end of the month of issuance, except as noted below.~~
- ~~2. An ALS certification is valid for three years from the end of the month of issuance. An EMS provider with ALS certification may be simultaneously issued an EMT certification for an additional two years.~~
- ~~3. An EMT instructor certification is valid for two years from the end of the month of issuance. An EMS provider with EMT instructor certification may be simultaneously issued an EMT certification for an additional two years.~~

12VAC5-31-1590. Certification through reciprocity. (Repealed.)

~~Upon demonstration of Virginia residency, Virginia EMS agency affiliation or a recognized need for Virginia EMS certification, a person holding valid EMS certification from another state or a recognized EMS certifying body with which Virginia has a formal written agreement of reciprocity may be issued a certification.~~

12VAC5-31-1600. Certification through legal recognition. (Repealed.)

~~Upon demonstration of Virginia residency, Virginia EMS agency affiliation or a recognized need for Virginia EMS certification, a person holding valid EMS certification from another state or a recognized EMS certifying body with which Virginia does not have a formal written agreement of reciprocity but who has completed a training program in compliance with the minimum training standards established by the National Standard Curriculum for the level requested, may be issued certification for a period of one year or the duration of their current certification, whichever is shorter. Legal recognition is not available for any Virginia certification level if the Office of EMS has determined that no equivalent National Standard Curriculum exists at the level requested.~~

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Article 9

Accreditation of EMS Programs

12VAC5-31-1601. Accreditation of EMS training programs.

A. Training programs that lead to eligibility for initial certification at the Advanced EMT, [~~EMT-Intermediate~~ Intermediate] and [~~EMT-Paramedic~~ Paramedic] level shall hold a valid accreditation issued by the Board of Health before any training programs are offered.

B. All certification programs seeking accreditation in Virginia shall comply with these regulations and the current version of the Standards and Guidelines for an Accredited Educational Program for the Emergency Medical Services Profession established by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) or an equivalent organization approved by the Board of Health.

C. The program director for an Advanced EMT, [~~EMT-Intermediate~~ Intermediate], EMT-Enhanced (optional track) or EMT (optional track) program is exempt from the bachelor's degree requirement as specified by CoAEMSP standards.

D. The medical director required by CoAEMSP standards shall also meet the requirements for an OMD or PCD as required by these regulations.

E. All accredited programs shall notify the Board of Health immediately upon receiving notice about the following changes:

1. Program personnel to include:

- a. The program director;
- b. OMD or PCD; and
- c. Primary faculty or instructional staff.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

2. Additions or deletions to clinical site contracts and field site contracts.

3. Location.

4. Learning or teaching modalities.

5. Any sentinel event.

12VAC5-31-1603. Sentinel events.

In cases where a sentinel event occurs, the commissioner may:

1. Place a program on probationary accreditation until the sentinel event is satisfactorily resolved; or

2. Revoke accreditation for the program.

12VAC5-31-1605. Initial accreditation.

A. The initial accreditation process will begin upon the receipt by the Board of Health of an application for accreditation and a completed institutional self study.

B. EMT-Paramedic programs can obtain initial accreditation in one of two ways:

1. State accreditation by applying to the Board of Health for an initial grant of accreditation not to exceed five years.

2. Programs achieving accreditation issued by CoAEMSP or an equivalent organization approved by the Board of Health shall apply to the Office of EMS for state accreditation.

Full accreditation will be issued for a period concurrent with that issued by the CoAEMSP or other approved organization up to a maximum of five years.

C. Advanced EMT and [~~EMT-Intermediate~~ Intermediate] programs can obtain accreditation by applying to the Board of Health for an initial grant of accreditation not to exceed five years.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

D. EMT-Enhanced programs (optional track) can obtain accreditation by applying to the Board of Health for an initial grant of accreditation not to exceed five years.

E. EMT programs (optional track) can obtain accreditation by applying to the Board of Health for an initial grant of accreditation not to exceed five years.

F. The commissioner shall grant initial accreditation as follows:

1. The commissioner will issue full accreditation for a period of five years from the accreditation date if the accreditation analysis determines that the training program is in full compliance with the requirements for accreditation outlined in the appropriate section of EMS regulations.

2. The commissioner will issue provisional accreditation if the accreditation analysis and report identifies deficiencies that are determined to be of concern but do not justify prohibiting the program from starting and completing an initial training program. Before starting any additional certification courses, the program site must receive full accreditation by correcting the deficiencies identified in the accreditation analysis and report.

3. The commissioner will issue an accreditation denied status to the applicant if the accreditation analysis and report identifies deficiencies that are determined to be sufficient to prohibit the program from starting an initial training program.

12VAC5-31-1607. Renewal of accreditation.

A. [~~EMT-Paramedic~~ Paramedic] program applicants shall only be renewed by obtaining a valid accreditation from the Committee on Accreditation of Allied Health Education Programs (CAAHEP), CoAEMSP or an equivalent organization approved by the Board of Health.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

B. Advanced EMT and [~~EMT-Intermediate~~ Intermediate] , or EMT-Enhanced or EMT as optional tracks programs shall apply for renewal of their program accreditation not less than 270 days before the end of their current accreditation cycle. [~~Reaccreditation~~ Reaccreditation] will require submitting a new application for accreditation and an updated institutional self study. The institutional self study will be reviewed by a site review team which will determine the program's performance and provide the commissioner with a recommendation as to whether program accreditation should be renewed.

1. The commissioner will issue full accreditation for a period of five years from the [~~reaccreditation~~ reaccreditation] date if the accreditation analysis determines that the training program is in full compliance with the requirements for accreditation outlined in the Virginia EMS regulations.

2. The commissioner will issue provisional [~~reaccreditation~~ reaccreditation] if the accreditation analysis and report identifies deficiencies that are determined to be of concern but do not justify prohibiting the program from starting and completing an initial training program. Before starting any additional certification courses, the program site shall receive full accreditation by correcting the deficiencies identified at the reaccreditation date.

3. The commissioner shall issue an accreditation denied status to the applicant if the accreditation analysis identifies deficiencies that are determined to be sufficient to prohibit the program from starting an initial training program.

12VAC5-31-1609. Accreditation of alternative locations and learning sites.

A. Accredited training programs in Virginia shall contact the Board of Health for accreditation of alternative training sites which differ from the site receiving initial accreditation.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

B. Institutions that intend to operate entire programs or parts of programs at a different location or learning site shall prepare and submit on a form prescribed by the Board of Health for each additional location.

12VAC5-31-1610. ~~Certification through equivalency.~~ (Repealed.)

~~A Virginia licensed practical nurse, registered nurse (to include those recognized through the Nurse Licensure Compact (§ 54.1-3030 et seq. of the Code of Virginia)), physician assistant or military corpsman with current credentials may be issued EMT certification through equivalency after completing the requirements of 12VAC5-31-1640 B, including passing a written and practical certification examination.~~

12VAC5-31-1611. Appeal of site accreditation application results.

Appeals by a program concerning the (i) denial of initial or renewal of accreditation or (ii) issuance of probationary accreditation shall be submitted in writing within 10 days to the Office of EMS pursuant to § 2.2-4019 of the Virginia Administrative Process Act.

12VAC5-31-1613. Accreditation of [~~EMT-Paramedic~~ Paramedic] programs.

A. [~~EMT-Paramedic~~ Paramedic] programs with state accreditation shall be limited to one initial grant of state accreditation for a five year period.

B. Renewal of [accreditation] at the [~~EMT-Paramedic~~ Paramedic] level will be issued only upon verification of accreditation issued by CoAEMSP, CAAHEP, or another approved equivalent accreditation organization as specified in this chapter.

12VAC5-31-1615. Equivalent accreditation of EMS programs.

A. The commissioner may issue an equivalent accreditation to programs obtaining a valid accreditation from the CAAHEP, CoAEMSP, or an equivalent organization approved by the Board of Health.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

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

1. Programs with equivalent accreditation shall notify the Board of Health immediately upon receiving notice about the following changes:

a. Scheduling of site team visits to include:

(1) Dates;

(2) Times; and

(3) The agenda or schedule of events.

b. Changes in program personnel to include:

(1) The program director; and

(2) OMD or PCD.

c. Changes or additions to, or deletions from clinical site contracts and field site contracts.

d. Notice of revocation, removal, or expiration of accreditation issued by CoAEMSP.

e. Any sentinel event.

2. Accreditation issued by CoAEMSP or other organization approved by the Board of Health shall remain current during any certification training program that requires accreditation by the Board of Health. Revocation, removal, or expiration of accreditation issued by CoAEMSP or other another organization approved by the Board of Health shall invalidate the corresponding state accreditation of the training program.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

12VAC5-31-1620. Certification through reentry. (Repealed.)

~~A. An EMS provider whose EMS certification has expired within the previous two years may be issued certification after completing the requirements of 12VAC5-31-1640 B, including passing a written or practical certification examination, or both, as required by the Office of EMS. An EMS provider who fails to complete the reentry process by the end of the two-year period following expiration is required to complete an initial certification program.~~

~~B. An EMS provider who has resided outside of Virginia for a minimum of two years, has maintained certification through another state or the national registry of EMTs and whose eligibility to regain certification through reentry has expired, may be issued certification through 12VAC5-31-1590 or 12VAC5-31-1600 as applicable.~~

12VAC5-31-1630. Voluntary inactivation of certification. (Repealed.)

~~Requests from individuals desiring to permanently surrender or downgrade their current certification on a voluntary basis will not be processed except upon verification of the individual's ineligibility for continued certification under these regulations (e.g., felony conviction, permanent disability, etc.).~~

~~1. Any individual holding a current EMS certification who is affiliated with a licensed EMS agency and no longer wishes to practice at their current level of certification; may request to have their certification placed in inactive status by the Office of EMS.~~

~~2. Requests for inactive status will require a minimum inactive period of 180 days during which time requests for reinstatement to active status will not be allowed.~~

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

12VAC5-31-1640. EMS recertification requirement. (Repealed.)

~~A. An EMS provider must complete the requirements for recertification and the Office of EMS must receive the required documentation within the issued certification period to maintain a current certification.~~

~~B. An EMS provider requesting recertification must complete the CE hour requirements for the level to be recertified.~~

~~C. An EMS provider requesting recertification must pass the written state certification examination.~~

~~1. Except an EMS provider under legal recognition, 12VAC5-31-1600, must pass a written and practical EMS certification examination.~~

~~2. An EMS provider affiliated with an EMS agency may be granted an exam waiver from the state written certification examination by the OMD of the EMS agency, provided:~~

~~a. The EMS provider meets the recertification requirements including those established by the OMD; and~~

~~b. The EMS provider must submit a completed "Virginia EMS Certification Application" with the exam waiver approval signed by the EMS agency OMD, which must be received by the Office of EMS within 30 days following the expiration of his certification.~~

~~(1) If the "Virginia EMS Certification Application" form is received by the Office of EMS after the EMS provider's certification expiration date, the EMS provider may not practice at the expired certification level until a valid certification is received from the Office of EMS.~~

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

~~(2) If the "Virginia EMS Certification Application" form is received by the Office of EMS more than 30 days after the EMS provider's certification expiration date, his certification will be in reentry and he will be required to test pursuant to 12VAC5-31-1620.~~

12VAC5-31-1650. EMT instructor recertification. (Repealed.)

An EMT instructor requesting recertification must complete the following requirements within the two-year certification period to maintain current certification:

- ~~1. Instruct a minimum of 50 hours in BLS certification courses or other programs approved for BLS (Category 1) CE hours;~~
- ~~2. Attend one EMT-Instructor/ALS Coordinator Update Seminar;~~
- ~~3. Attend a minimum of 10 hours of approved continuing education. An instructor holding an ALS level certification is not required to attend these additional 10 hours of continuing education if his ALS certification is current at the time of EMT-Instructor recertification;~~
- ~~4. Pass the EMT basic written certification examination with a minimum passing score of 80%. This examination may be attempted only after attending an EMT-Instructor/ALS Coordinator Update Seminar. If the EMT-instructor is affiliated with a licensed EMS agency, this examination may be waived by the EMS agency's OMD per 12VAC5-31-1580; and~~
- ~~5. Have no physical or mental impairment that would render the EMT Instructor unable to perform and evaluate all practical skills and tasks required of an EMT.~~

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

12VAC5-31-1660. EMT instructor reentry. (Repealed.)

~~An EMS provider whose EMT instructor certification has expired may regain certification through completion of the reentry program within two years of the expiration date of his EMT Instructor certification:~~

~~1. If the EMT instructor had completed the teaching requirements of subdivision 1 of 12VAC5-31-1650, but was unable to fulfill one or more of the requirements of subdivisions 2-5 of 12VAC5-31-1650, the remaining requirements shall be completed within two years following the expiration date. If the EMT basic examination required under subdivision 4 of 12VAC5-31-1650 was not completed before expiration, this examination may not be waived by an EMS agency OMD.~~

~~2. If an EMT instructor does not complete the teaching requirements of 12VAC5-31-1650, the following requirements will be necessary for reentry:~~

~~a. Successful completion of the EMT instructor written and practical pretest examinations as specified under 12VAC5-31-1480; and~~

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

12VAC5-31-1670. Continuing education categories. (Repealed.)

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

~~1. "Required" (Category 1). CE hours may be issued provided the objectives listed in the applicable "Basic Life Support Category 1 Training Modules" or "Advanced Life Support Category 1 Training Modules" are followed, a qualified instructor is present and available to respond to students, requirements for specific contact hours are met and the course coordinator complies with these regulations.~~

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

~~2. "Approved" (Category 2). CE hours may be issued provided that a qualified instructor is present and available to respond to students, topics are approved and the course coordinator complies with these regulations.~~

~~3. "Multimedia" (Category 3). CE hours may be issued for contact with periodicals, videotapes, and other multimedia sources provided that specific contact hours for the certification level involved are met.~~

12VAC5-31-1680. Submission of continuing education. (Repealed.)

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

~~1. A course coordinator must submit a CE record/scancard within 15 days of the course end date or the student's attendance of an individual lesson for an EMS provider attending a training program for recertification hours.~~

~~2. An EMS provider is responsible for the accuracy of all information submitted for CE hours.~~

12VAC5-31-1690. Recertification Eligibility Notice. (Repealed.)

~~An EMS provider who has satisfied the CE hours specified for his certification level may be issued a "Recertification Eligibility Notice" that remains valid until the expiration of the current certification period for the level indicated or the two-year "reentry" period.~~

12VAC5-31-1700. ALS coordinator endorsement. (Repealed.)

~~A. A person applying for endorsement as an ALS coordinator must:~~

~~1. Be a minimum of 21 years of age.~~

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

12VAC5-31-1710. ~~Renewal of ALS coordinator endorsement. (Repealed.)~~

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

~~B. An ALS coordinator shall resubmit an ALS coordinator application before the expiration date of his ALS coordinator endorsement. A separate ALS coordinator application is required for each region in which the applicant desires to continue to coordinate an ALS certification or CE programs.~~

~~C. An ALS coordinator must attend one EMT Instructor/ALS Coordinator Update Seminar within his certification period.~~

~~D. An ALS coordinator attempting to regain endorsement through the reentry program shall, within two years of his expiration date, complete the ALS coordinator application and the requirements of subsections A, B and C of this section.~~

12VAC5-31-1810. Qualifications for EMS physician endorsement.

A physician seeking endorsement as an EMS physician shall hold a current unrestricted license to practice medicine or osteopathy issued by the Virginia Board of Medicine. The applicant must submit documentation of his qualifications for review ~~by the medical direction committee of the regional EMS council or local EMS resource~~ on a form prescribed by the Office of EMS. The documentation required shall present evidence of the following:

1. Board certification in emergency medicine or that applicant is in the active application process for board certification in emergency medicine issued by a national organization recognized by the Office of EMS, or board certification in family practice, internal medicine, or surgery or is in the active application process for board certification in family practice, internal medicine, or surgery issued by a national organization recognized by

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

the Office of EMS. As an applicant under this section, a physician must also submit documentation of successful course completion or current certification in ACLS, ATLS, and PALS or present documentation of equivalent education in cardiac care, trauma care, and pediatric care completed within the past five years.

~~2. Board certification in family practice, internal medicine or surgery or that applicant is in the active application process for board certification in family practice, internal medicine or surgery issued by a national organization recognized by the Office of EMS. As an applicant under this section, a physician must also submit documentation of successful course completion or current certification in ACLS, ATLS and PALS (or present documentation of equivalent education in cardiac care, trauma care and pediatric care) completed within the past five years.~~

~~3.~~ 2. Completion of an EMS medical direction program approved by the Office of EMS within the past five years prior to submitting application for consideration of endorsement as an EMS physician.

~~4.~~ 3. In the event that an EMS agency or training program is located in a geographic area that does not have available a physician meeting the requirements stated in subdivisions 1 or 2 of this section, or if an EMS agency has a specific need for a physician meeting specialized knowledge requirements (i.e., pediatrics, neonatology, etc.), then an available physician may submit their his qualifications to serve as an EMS physician under these circumstances. An EMS physician endorsed under this subsection by the Office of EMS is limited to service within the designated geographic areas area or agency of the recommending regional EMS councils or local EMS resources.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

~~a. A physician seeking review for endorsement under this section may apply to any number of regional EMS councils or local EMS resources for service within each respective geographic service area.~~

~~b. A physician seeking endorsement under this section must provide documentation of successful course completion or current certification in cardiac care, trauma care, and pediatric care or equivalent education (such as ACLS, ATLS and PALS) completed within one year of endorsement. All or part of this requirement may be waived if the Office of EMS determines this training is not required due to the specialized nature of the EMS agency to be served.~~

12VAC5-31-1820. Application for EMS physician endorsement.

A. ~~Physicians~~ A physician seeking endorsement as an EMS physician must make application on forms ~~prescribed~~ provided by the Office of EMS. ~~The physician must submit the application with all requested documentation of their qualifications to the regional EMS council or local EMS resource for review.~~

~~B. Upon receipt of the application, the regional EMS council or local EMS resource will review the physician's qualifications, verify credentials and review the application at the next scheduled meeting of the medical direction committee of the regional EMS council or local EMS resource. The review will specify either recommendation or rejection with justification documented on the physician's application. The application will be submitted to the Office of EMS within 15 days of the review.~~

~~G. B.~~ The Office of EMS will review the application and the enclosed documents and notify the physician in writing of the status of his application within 30 days of receipt. Final disposition of an application may be delayed pending further review by the EMS ~~advisory board medical direction committee~~ Advisory Board Medical Direction Committee as applicable.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

12VAC5-31-1830. Conditional endorsement.

Physicians ~~who are otherwise eligible but who have not completed an approved EMS Medical Direction Program as required by 12VAC5-31-1810 within the past five years~~ will be issued a conditional endorsement for a period of one year pending the completion of the following requirements:

1. Upon verification of EMS medical direction program attendance ~~and the training required pursuant to 12VAC5-31-1810~~ at one four-hour "Currents" session within the one-year conditional endorsement, the Office of EMS will reissue endorsement with an expiration date five years from the date of original issuance.

2. If the conditional EMS physician fails to complete the required EMS medical direction program or the training pursuant to 12VAC5-31-1810 within the initial one-year period, his endorsement will lapse.

12VAC5-31-1840. Lapse of EMS physician endorsement.

A. If an EMS physician fails to reapply for endorsement prior to expiration, the Office of EMS will notify the EMS physician, ~~applicable regional EMS councils or local EMS resources,~~ and any EMS agency or training course that the EMS physician is associated with, of the loss of endorsement. Any training programs already begun may be completed under the direction of the involved EMS physician, but no other programs may be started or announced.

B. Any EMS agency notified of the loss of their OMD's EMS physician endorsement will be required to immediately obtain the services of another endorsed EMS physician to serve as operational medical director pursuant to Part II (12VAC5-31-300 et seq.) of these regulations.

C. Upon loss of EMS physician endorsement, a new endorsement may only be issued upon completion of the application requirements of these regulations.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

12VAC5-31-1850. Change in EMS physician contact information.

An EMS physician must report any changes of his name, contact addresses and contact telephone numbers to the Office of EMS within ~~15~~ 30 days.

12VAC5-31-1860. Renewal of endorsement.

A. Continued endorsement as an EMS physician requires submission of an application for renewal to the Office of EMS before expiration of the five-year endorsement period. Renewal of an EMS physician endorsement is based upon the physician's continuing to meet and maintain the qualifications specified in 12VAC5-31-1810.

B. Completion of equivalent related continuing education programs may be substituted for formal certification in ACLS, ATLS and PALS for the purposes of endorsement renewal. Acceptance of these continuing education hours is subject to approval by the Office of EMS.

C. An EMS physician must also attend a minimum of two "Currents" sessions as sponsored by OEMS within the five-year endorsement period.

12VAC5-31-1880. Agreement to serve as an operational medical director.

A. An EMS physician may serve as the sole operational medical director (OMD) or one of multiple OMDs required for licensure of an EMS agency.

B. The EMS physician shall enter into a written agreement to serve as OMD with the EMS agency. This agreement shall at a minimum incorporate the specific responsibilities and authority ~~specified below~~ as defined in 12VAC5-31-590.

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

~~2. Must identify the specific responsibilities of each EMS physician if an agency has multiple OMDs; and~~

~~3. Must ensure that adequate indemnification exists for:~~

~~a. Medical malpractice; and~~

~~b. Civil liability.~~

12VAC5-31-1890. Responsibilities of operational medical directors.

A. Responsibilities of the operational medical director regarding medical control functions include but are not limited to medical directions provided directly to prehospital providers by the OMD or a designee either on-scene or through direct voice communications.

B. Responsibilities of the operational medical director regarding medical direction functions include but are not limited to:

1. Using protocols, operational policies and procedures, medical audits, reviews of care and determination of outcomes, for the purpose of establishing direction of education, and limitation of provider patient care functions.

2. Verifying that qualifications and credentials for the agency's patient care or emergency medical dispatch personnel are maintained on an ongoing basis through training, testing and certification that, at a minimum, meet the requirements of these regulations, other applicable state regulations and including, but not limited to, § 32.1-111.5 of the Code of Virginia.

3. Functioning as a resource to the agency in planning and scheduling the delivery of training and continuing education programs for agency personnel.

4. Taking or recommending appropriate remedial or corrective measures for EMS personnel, consistent with state, regional and local EMS policies that may include but

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

are not limited to counseling, retraining, testing, probation, and in-hospital or field internships.

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

6. Reviewing and auditing agency activities to ensure an effective quality management program for continuous system and patient care improvement, and functioning as a resource in the development and implementation of a comprehensive mechanism for the management of records of agency activities including prehospital patient care and dispatch reports, patient complaints, allegations of substandard care and deviations from patient care protocols or other established standards.

7. Interacting with state, regional and local EMS authorities to develop, implement, and revise medical [, and] operational [protocols consistent with the Code of Virginia] and dispatch protocols, policies [,] and procedures designed to deliver quality patient care. This function includes the selection and use of appropriate medications, supplies, and equipment.

8. Maintaining appropriate professional relationships with the local community including but not limited to medical care facilities, emergency departments, emergency physicians, allied health personnel, law enforcement, fire protection and dispatch agencies.

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

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

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

12VAC5-31-1950. Physician endorsement exemptions.

A. On ~~January 1, 2003, endorsement~~ Endorsement as an EMS physician will be initially issued to each licensed physician currently recorded as having previously been endorsed to serve as an operational medical director by the Office of EMS. Issuance of an EMS physician endorsement will be subject to renewal pursuant to ~~12VAC5-31-1820~~ [12VAC5-31-1860] .

B. EMS physicians initially endorsed through the "grandfather" clause who fail to request renewal before expiration will be subject to compliance with the full provisions of 12VAC5-31-1810 in order to regain endorsement as an EMS physician.

12VAC5-31-2330. Designation of a regional EMS council.

A. The Board of Health will designate a regional EMS council that satisfies the representation requirements in these regulations.

B. The designation of a regional EMS council will be based on:

1. The "Regional EMS Council Designation Manual" application process.

a. Completed application. Submitted applications missing any information requested will be considered incomplete and will not be processed for designation;

b. Completed Regional EMS Council Self-Assessment Checklist; comply with all indicated standards consistent with these regulations;

c. Current roster of the membership of the applicant organization's board of directors. The roster needs to show all members of the board of directors for the applicant, their addresses, e-mail addresses, phone numbers, and the constituency they represent;

d. Current approved bylaws. A copy of the most recently approved bylaws complete with adoption date;

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

- e. Scope of services. This shall include data and information that demonstrates the qualifications of the applicant to plan, initiate, expand or improve the regional EMS delivery system;
 - f. Budget. A proposed budget for the first year of designation must illustrate costs associated with the applicant's proposed operations and programs as a designated regional EMS council;
 - g. EMS involvement. Documentation demonstrating how the applicant organization interacts with EMS agencies and personnel;
 - h. Policies and guidelines. Up-to-date policies and guidelines covering all aspects of the applicant's regional EMS councils operations, must show revision date of all changes made and be consistent with these regulations;
 - i. Directory of localities, hospitals and EMS agencies. A comprehensive directory of the localities, hospitals and EMS agencies the applicant organization will be serving.
2. ~~Hospital catchment areas for~~ A listing of all hospitals within the applicant's proposed geographic service delivery area. ~~Hospital catchment areas are the geographic area from which a hospital draws the majority of its patients.~~
3. The demonstrated capability to establish communitywide and regional programs.
4. An evaluation of prior performance as a designated regional EMS council.
- C. The Office of EMS will evaluate the performance and effectiveness of a regional EMS council on a periodic basis.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

12VAC5-31-2570. Correction order.

A. The Office of EMS may order the designated regional EMS council to correct a deficiency, cease any violations or comply with these regulations by issuing a written correction order as follows:

1. Correction orders may be issued in conjunction with any other enforcement action in response to individual violations or patterns of violations.
2. The Office of EMS will determine that a deficiency or violation exists before issuance of any correction order.

B. The Office of EMS will send a correction order to the agent of the designated regional EMS council by certified mail to his last known address or via personal service with written receipt. Notification will include, but not be limited to, a description of the deficiency or violation to be corrected, and the period within which the deficiency or situation must be corrected, which shall not be less than 30 days from receipt of such order, unless an emergency has been declared by the Office of EMS.

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

D. Should the designated regional EMS council be unable to comply with the correction order by the prescribed date, it may submit a request for modification of the correction order with the Office of EMS. The Office of EMS will approve or disapprove the request for modification of the correction order within 10 days of receipt.

E. The designated regional EMS council shall correct the deficiency or situation within the period stated in the order.

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

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

2. Should the designated regional EMS council fail to make the correction within the time period cited in the order, the Office of EMS may invoke any of the other enforcement procedures set forth in this part.

12VAC5-31-2740. Accountability for public funds.

A. A designated regional EMS council shall maintain a current operating statement, reflecting revenue and expenditures, available for review.

B. A designated regional EMS council shall have a current income and expenditure statement available at all governing board meetings.

C. A designated regional EMS council shall have an independent annual audit of financial records with management letters conducted by a certified public accountant.

D. A designated regional EMS council ~~may~~ shall have an independent ~~audit review~~ of financial records conducted by a ~~Certified Professional Accountant (CPA)~~ certified public accountant upon change of an executive director.

E. A designated regional EMS council shall retain all books, records, and other documents relative to public funds for six years after the close of the fiscal year the funds were received. The Office of EMS, its authorized agents, and/or state auditors shall have full access to and the right to examine any materials related to public funds during said period.

F. A designated regional EMS council shall follow generally accepted accounting principles for financial management.

G. A designated regional EMS council's governing board shall approve its annual fiscal year (July 1 through June 30) budget by July 15 of each year.

State Board of Health

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

H. A designated regional EMS council shall comply with all appropriate federal and state tax-related reporting.

I. A designated regional EMS council shall follow generally accepted fund raising practices in the charitable field.

J. A designated regional EMS council shall have written policies that indicate by position, signatories of executed financial and contractual instruments.

FORMS (12VAC5-31)

Clinical Training Record, EMS-TR-05 (rev. 4/95).

Training Program/Instructor Complaint Form, EMS-TR-30 (rev. 8/93).

Virginia Course Approval Request Form, EMS-TR-01 (rev. ~~9/99~~ 7/08).

Consolidated Test Site - Reimbursement Claim Form, EMS-TR-02C (rev. 10/98).

Student Course Fee Summary for State Reimbursed BLS Training Programs, EMS-TR-01-SF (rev. 9/97).

Application for EMS Variance/Exemption, EMS-TR-10 (rev. 4/00).

Course Summary Form, EMS-TR-03 (rev. 9/97).

EMS Continuing Education (CE) Registration Card Scan Form, EM-156839:6543 (rev. 1/96).

Virginia EMS Training Program Enrollment Form, EM-234503-1:6543 (rev. 1/01).

Virginia EMS Certification Application, EM-210983-5:65432 (rev. 1/97).

Application for EMS Agency License, EMS-AGENCY-APP (rev. 1/00).

Application for EMS Vehicle Permit, EMS-6010F (rev. 2/02).

Complaint Form (rev. 1/00).

State Board of Health

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

OMD Personnel Information Form/Agreement To Serve, OMD-PIS (rev. 1/02).

Certified Advanced Life Support Coordinator Application, Certified ALS Coordinator Application 2000.doc (rev. 1/00).

Reimbursement Claim Form, EMS-TR-02 (rev. 5/99).

Small Course Approval Request Form, EMS-TR-01-S (rev. 9/99).

Pre-Hospital Patient Care Report, 5936-0225-1306 (rev. 6/01).

Registered Automated External Defibrillation Service Patient Care Incident Report, EMS-AED-001 (rev. 7/99).

Virginia Office of EMS BLS Course Student Information Package (rev. 1/1/05).

Virginia Office of EMS ALS Course Student Information Package (rev. 1/1/05).

Basic Life Support Individual Age, Clinical and Skill Performance Verification Record, EMS-TR-33 (rev. 1/06).

Basic Life Support Student Permission Form For Students Less Than 18 Years Old, EMS-TR-07 (rev. 1/05).

Physician Assistant & Nurse Practitioner Paramedic Program Competency Summary, EMS-TR-37 (rev. 7/06).

Institutional Self Study for Paramedic Programs - Application for EMT-Paramedic Accreditation (rev. 7/07).

Institutional Self Study for Intermediate Programs - Application for EMT-Intermediate Accreditation (rev. 7/07).

Alternative Site Application for EMS Programs In Virginia (7/07).

DOCUMENTS INCORPORATED BY REFERENCE (12VAC5-31)

State Board of Health

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Standards and Guidelines for an Accredited Education Program for the Accreditation of Educational Programs in the Emergency Medical Technician-Paramedic Services Professions. Essentials/Standards initially adopted in 1978, revised in 1989 and 1999, and 2005 by the American Academy of Pediatrics, American College of Cardiology, American College of Emergency Physicians, American College of Osteopathic Emergency Physicians, American College of Surgeons, American Society of Anesthesiologists, Commission on Accreditation of Allied Health Education Programs, National Association of Emergency Medical Services Educators, National Association of Emergency Medical Technicians, National Association of State Emergency Medical Services Directors, and National Registry of Emergency Medical Technicians.

Scope of Practice - Procedures for EMS Personnel, 2009, Virginia Office of Emergency Medical Services.

Scope of Practice - Formulary for EMS Personnel, 2009, Virginia Office of Emergency Medical Services.

American National Standard for High-Visibility Safety Apparel and Headwear, ANSI/ISEA 107-2004, revised 2004, International Safety Equipment Association.

Virginia Standard Curriculum.

United States Department of Transportation National Standard Curriculum.

Guidelines for Video Broadcasting of EMS Educational Programs.

Certification Statement:

I certify that this regulation is full, true, and correctly dated.

_____ (Signature of certifying official)

Name and title of certifying official: _____

State Board of Health

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

Name of agency: _____

Date: _____