Project 5100 - Proposed

Department Of Health

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Chapter 31

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS (REPEALED)

Chapter 32

VIRGINIA EMERGENCY MEDICAL SERVICES REGULATIONS

12VAC5-32-10. Definitions.

Part I
General Provisions
Article 1
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~~ adequate level of care meeting the assessed needs of the patient's condition is present and available.

Commented [AB1]: This makes It clear that a paramedic can evaluate a patient and assign transport to a provider with a lower certification level. Same is true of on scene physicians.

"Accreditation" means approval granted to an entity by the Office of Emergency Medical Services (OEMS) 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: letter of review (LOR), 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.

"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.

“Active service member” means service on active duty or full-time National Guard duty.

"Acute" means a medical condition that is severe or intense or requiring urgent attention. ~~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 emergency medical technicihttps://na1.documents.adobe.com/public/fs?aid=CBFCIBAA3AAABLblqZhDvydzF2E85etELFwCAz8TVc0rnopcYA6q-0BWpJsMJ2g5SP2pLbcQ0P1lz3GFVm4A%2Aan” or “AEMT” means an individual certified with cognitive knowledge and a scope of practice that corresponds to that level in the National EMSEducation Standards (NEMSES) and Virginia Scope of Practice Model.

"Advanced life support" or "ALS" means the provision of care by EMS personnel who are certified as an advanced EMT, intermediate, or paramedic as approved by the Board of Health.

"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 National EMS Education Standards (NEMSES). Initial certification courses include:

1. Advanced EMT;

2. Paramedic;

3. Other programs approved by the Office of EMS.

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

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

Commented [AB2]: Seems like a better definition. Rapid onset is not part of the definition of acute

Commented [AB3]: Creates confusion with EMS

"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 of EMS. This training must include 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 any vehicle, vessel or craft that holds a valid permit issued by the Office of EMS and that is specially constructed, equipped, maintained, 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 drug kit by means other than securing the drug kit by the handle only.

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

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

"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.

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

"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 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 National EMS Education Standards (NEMSES). Initial certification courses include:

1. Emergency Medical Responder;

2. Emergency Medical Technician

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

"Candidate" means any person who is attempting to obtain certification.

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

"Certification" means a credential issued by the commissioner for a specified period of time.

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

"Certified cardiopulmonary perfusionists" means an individual who possesses current certification issued by the American Board of Cardiovascular Perfusion.

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

"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.).

"Community Paramedicine" "CP" means EMS providers operating in expanded roles by assisting with public health and primary healthcare to include preventative services to underserved populations in the community. The goal is to improve access to care and avoid duplicating existing services. An entity within Virginia advertising or providing Community Paramedicine to the public, must be licensed as an EMS agency in good standing with the Virginia Office of EMS.

"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 required to maintain certification.

"Course" means a basic or advanced life support training program leading to certification or awarding of continuing education credit hours as approved by the Office of EMS.

"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 assuring adherence to the rules and regulations, office policies, and any contract components.

"Credentialing" is the process whereby the Operational Medical Director determines competencies and set limits on medical practice for EMS Personnel. Such limits and competencies may not exceed the OMES Scope of Practice Document for First Responders, EMTs, AEMTs, Intermediates and Paramedics.

Commented [AB4]: This is an important term and concept that should be in our regulations. It is consistent with national use of the word.

"Critical care" or "CC" 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, paramedic, or registered nurse~~ paramedic or other appropriate Licensed Health Care Provider.

"Critical criteria" means an identified essential element of a state approved psychomotor 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 this chapter, defibrillation includes cardioversion.

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

"Defibrillator - 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 this chapter, 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 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.

"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 and certified for this position by an OEMS approved program, and is knowledgeable in proper post exposure medical follow up procedures and current regulations and laws governing disease transmission.

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

"EMS Advisory Board" means the emergency medical services advisory board as appointed by the Governor.

"EMS education coordinator" means any EMS provider who possesses Virginia certification as an EMS education coordinator. Such certification does not confer authorization to practice EMS.

"Emergency medical responder" or "EMR" means an individual certified with cognitive knowledge and a scope of practice that corresponds to that level in the National EMS Education Standards (NEMSES) and Virginia Scope of Practice Model.

"Emergency medical services agency" or "EMS agency" means any person engaged in the business, service, or regular activity, whether or not for profit, of providing medical care to persons who perceive an acute health deficit, illness, or injury which may include acute evaluation, the provision of immediate medical care, recommendations and referral for care, and the provision of patient transportation to appropriate destinations for care, and that holds a valid license as an emergency medical services agency issued by the Commissioner in accordance with § 32.1-111.6 of the Code of Virginia.

"EMS agency leadership report" means a report submitted in the approved format 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 personnel" or "EMS personnel" means a person, who is affiliated with an EMS agency, is responsible for the provision of emergency medical services including any or all persons who could be described as an attendant, attendant-in-charge, operator, ~~student~~, or ~~EMS physician~~, OMD, assistant OMD, Duty Physician, Duty Registered Nurse, Duty Nurse Practitioner, Duty Physician's Assistant. Duty Physician's, RN's, NP's and PA's are limited in their clinical practice by a written agreement with the OMD and their practice should be constrained to fit within the general scope of their ordinary active clinical practice.

"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.~~ Board Certification with American Board of Medical Specialties in Emergency Medical Services.

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

"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" or "EMT" means an individual certified with cognitive knowledge and a scope of practice that corresponds to that level in the National EMS Education

Commented [AB5]: It is really important that VDH/OEMS not have a different term for EMS physician than is used nationally.

Commented [AB6]: -EMS Physician
-Operational Medical Director
-Assistant Operational Medical Director
-Duty Physician (MD who runs EMS calls)

Standards (NEMSES) and Virginia Scope of Practice Model.

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

"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.

"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.

"Individual Continued Competency Requirements" (ICCR) means topics related to local protocols, areas of specialty or tasks that require additional focus based on QA/QI.

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

"Interfacility transport" means a mission for whom an admitted patient (or patients) was transported from a hospital or care giving facility (e.g., clinic, nursing home, etc) to a receiving facility or EMS agency.

“Intermediate” means an individual certified with cognitive knowledge and a scope of practice that corresponds to the Intermediate 99 level in the Virginia EMS Scope of Practice Model.

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

"Letter of Review" or "LOR" means an authorization for an EMS training center to conduct EMS classes until full accreditation is received.

"License" means an authorization to an EMS agency issued by the commissioner to provide

emergency medical services in the state.

"Local Continued Competency Requirements" (LCCR) means topics related to local protocols, area of specialty or tasks that require additional focus based on QA/QI.

~~"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 and responding interval standards as approved by the local government and the operational medical director.

"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"~~ "Mass Casualty Inicident" or "MCI" 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 theEMS provider in charge or incident commander on the scene. This term can be used if the casulaties are injured or ill. This event includes local emergencies declared by the locality's government and states of emergency declared by the Governor.

"Medical care facility," as defined by § 32.1-102.1 of the Code of Virginia, means any institution, place, building or agency, whether licensed or required to be licensed by the board or the 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 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~~ a physician in the emergency department or inpatient department at the receiving or sending facility. Operational Medical Directors, Assistant OMD's and Duty Physicians can provide "Medical Control".

"Medical direction" means the indirect or direct supervision of EMS personnel by the OperationalMedical Director of the EMS agency with which ~~he is~~ they are affiliated.

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

Commented [AB7]: I think that the EMS Councils should do what the EMS Councils should do. If additional resources are needed to do those things it should be through the Councils not through the Central office - that is the point of the Councils.

Commented [AB8]: A better term that "Major Medical Emergency" is "Mass Casualty Incident".
Should we define Crisis Standards of Care in this document?

Commented [AB9]: This change would reflect current practice.

Commented [AB10]: Consistent with national nomenclature

"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.

"Mobile Integrated Healthcare" "MIH" means the provision of healthcare using patient centered, mobile resources in the out of hospital environment. It may include, but is not limited to, services such as providing telephone advice to 9-1-1 callers instead of resource dispatch; providing community paramedicine care, chronic disease management, preventative care, post acute care discharge follow up visits, or transport or referral to a broad spectrum of appropriate care, not limited to hospital emergency departments. An entity within Virginia advertising or providing Mobile Integrated Healthcare to the public, must be licensed as an EMS agency and in good standing with the Virginia Office of EMS.

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

"NASEMSO" means the National Association of State EMS Officials.

"National Continued Competency Requirements" (NCCR) means current trends in evidence based medicine, scope of practice changes and position papers from numerous associations involved in EMS research.

Commented [AB11]: Spelling error corrected

"National EMS Education Standards" (NEMSES) means the minimal terminal objectives that entry-level EMS personnel shall achieve.

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

"Operational medical director" or "OMD" means an EMS physician, currently licensed to practice medicine or osteopathic medicine in the Commonwealth, who is formally recognized and responsible for providing medical direction, oversight and quality improvement to an EMS agency and personnel. Operational Medical Directors are the final authority for agency protocols and credentialing of EMS personnel. Protocols and credentialing must comply with the Scope of Practice Document and Formulary maintained by the Office of EMS.

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

“Paramedic” means an individual certified with cognitive knowledge and a scope of practice that corresponds to that level in the National EMS Education Standards (NEMSES) and Virginia Scope of Practice Model.

"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.

"Patient care report" or "PCR" means a document used to summarize the facts and events of an EMS incident and includes 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. "PCR" includes any supplements, addenda, or other related attachments that document patient information or care provided.

"Person" as defined in § 18.2-506.(a) of the Code of Virginia means any individual, corporation, partnership, association, 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 co-responsible for the didactic, lab, and clinical aspects of emergency medical care training programs, including the clinical and field actions of enrolled students.

"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 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.)

"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 Director" means an Education Coordinator responsible for all aspects of an accredited program including: administration, organization, supervision of the educational program, continuous quality review, long range planning, effectiveness of the program, cooperative involvement of the physician course director, and adequate controls to assure the quality of the educational program. The Program Director is the only individual eligible to announce a course to the Office of EMS for any education offered under the accreditation.

"Protocols" or "Medical Protocols" are maintained by an EMS agency to provide guidance to First Responders, EMT's, AEMT's, Intermediates and Paramedics. The OMD is ultimately responsible for the content of the protocols. The protocols must not exceed the Scope of Practice Document or Formulary maintained by OEMS for First Responders, EMT's, AEMT's, Intermediates and Paramedics. The protocols may also serve as guidance for Duty Physicians or written orders for Registered Nurses or prescribers who work with EMS agencies.

Commented [AB12]: Important addition.

"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.

"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 § 32.1-111.4:2 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 cardiovascular invasive specialists" means an individual who has successfully passed examinations offered by one or more of several credentialing bodies (e.g., Society of Invasive Cardiovascular Professionals (SICP), the Alliance of Cardiovascular Professionals (ACVP), Cardiovascular Credentialing International (CCI), and the California American College of Cardiology (ACC)).

"Registered nurse" means 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 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 time" means the elapsed time in minutes between the times a call for emergency medical services is received from the PSAP until the appropriate emergency medical response unit arrives on the scene.

"Responding time standard" means a time standard in minutes, 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.

"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.

"RLS" means red lights and sirens.

Commented [AB13]: The abbreviation RLS does not appear in the document elsewhere.

"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 107-2010 publication entitled "American National Standard for High-Visibility Safety Apparel and Headwear."

~~"Scope of Practice" means the extent and limits of medical procedures and medications that an EMS provider may perform as defined by the Office of EMS.~~ "Scope of Practice" means the extent and limits of medical procedures and medications that First Responder, EMT, AEMT, Intermediate or Paramedic may perform as defined by the Office of EMS in the Scope of Practice Document and Formulary that are approved by the EMS Advisory Board.

Commented [AB14]: EMS providers as defined above include physicians, nurses and others who's practice is governed by DHP not VDH.

"Sentinel event" means any significant occurrence, action, or change in the operational status of the entity from the time when it either applied for accreditation status or was accredited. The change in status can be based on 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;

Discontinuance of classes or business operations;

Failure to report a change in program personnel, location, change in training level or accreditation status;

Failure to maintain a successful passing percentage defined by the Office of EMS;

Loss of a NASEMSO recognized national EMS programmatic accreditor's 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 this chapter.

"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 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 such as, neonatal, pediatric, and perinatal, etc.

"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.

Commented [AB15]: Corrected typo

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

"Subject matter expert" means a person who is an authority in a particular area or topic.

"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.

"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.

"Training Program Administration Manual" (TPAM) means the manual which describes the administrative processes the Office follows with regard to how EMS accreditation, certification, and education is conducted.

"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.

Commented [AB16]: There is internal inconsistency here. A level III trauma center does not meet the definition as presented here.

"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.

"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.

12VAC5-32-20. Responsibility for regulations, application of regulations.

Article 2
Purpose and Applicability

A. This chapter 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 this chapter 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 this chapter.

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. This chapter has 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 whether treated and released or transported to a location within Virginia must comply with this chapter unless exempted in this chapter.

12VAC5-32-30. Power and procedures of regulations not exclusive.

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

12VAC5-32-40. Exceptions.

Article 3
Exceptions, Variances, and Exemptions

Exceptions to any provisions of this chapter are specified as part of the regulation concerned. Any deviation not specified in this chapter is not allowed except by variance or exemption.

12VAC5-32-50. Variances.

A. The commissioner is authorized to grant variances for any part or all of this chapter in accordance with the procedures set forth herein. A variance permits temporary specified exceptions to this chapter. An applicant, licensee, or permit or certificate holder, or designated regional EMS council may file a request for a variance in the approved format with the Office of EMS. If the applicant, licensee, or permit or certificate holder is an EMS agency, the following additional requirements apply:

1. The variance request shall be submitted for review and recommendations to the governing body or chief administrative officer of the jurisdiction 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 jurisdictions will be required to notify all other jurisdictions in writing of conditions of approved variance requests.

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

4. Both the request and the recommendation of the governing body or chief administrative officer shall be submitted together to the Office of EMS in the prescribed format.

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

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

2. Both the request and the recommendation of the operational medical director and the agency head shall be submitted to the Office of EMS in the prescribed format.

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

D. If the applicant for a variance is a designated regional EMS council, the following requirements shall apply:

1. The variance request must be submitted for review and recommendations to the governing body of all localities in the service delivery area of the applicant or the designated regional EMS council prior to submission to the Office of EMS.

2. Issuance of a variance does not obligate localities to allow conditions of such variance if they conflict with local ordinances or regulations.

3. Both the request and the recommendation of the governing bodies must be submitted together to the Office of EMS in the approved format.

12VAC5-32-60. Issuance of a variance.

A request for a variance may be approved and issued by the 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 or the regional EMS council concerned is designated by the Board of Health;

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

4. The 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 commissioner will consider the recommendation of the governing body or chief administrative officer provided all of the above conditions are met;

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

7. If the request is made by a designated regional EMS Council, the commissioner will consider the recommendation of the governing body provided all the above conditions are met; and

8. 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, certificate, or designation. In such case, notice will be given within 30 days of the issuance of the license , certificate, or the issuance of a designation.

12VAC5-32-70. Content of variance.

A variance shall include the following information:

1. The name of the agency, service, or vehicle to which, or the person, or designated regional EMS council the variance applies;

2. The expiration date of the variance;

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

4. Any special conditions that may apply.

12VAC5-32-80. 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 commissioner; and

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

12VAC5-32-90. Termination of variance.

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

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

2. Falsification of any information;

3. Suspension or revocation of the license, permit or certificate affected, designation; 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 commissioner will notify the license, permit or certificate holder or agent of the designated regional EMS council 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.

12VAC5-32-100. Denial of a variance.

A request for a variance will be denied by the commissioner if any of the conditions of 12VAC5-32-60 fail to be met.

12VAC5-32-110. Exemptions.

A. The board is authorized to grant exemptions from any part or all of this chapter in accordance with the procedures set forth herein. An exemption permits specified or total exceptions to this chapter for the life of the regulation or a defined period of time as determined by the commissioner.

B. Request. A person may file a request for an exemption with the Office of EMS in an approved format. If the request is made by an EMS agency, the following additional requirements apply:

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

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

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

4. The recommendation of the governing body or chief administrative officer shall be submitted to the Office of EMS in the approved format.

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

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

2. Both the request and the recommendation of the operational medical director and the agency head shall be submitted to the Office of EMS in the approved format.

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

E. If the applicant for an exemption is a designated regional EMS council, the following requirements shall apply:

1. The request must be submitted for review and recommendations to the governing body of all localities in the service delivery area of the applicant or designated regional EMS council prior to the submission to the Office of EMS.

2. The exemption request must be submitted to the Office of EMS a minimum of 30 days before the scheduled review by the governing bodies. At the time of submission, the applicant or designated regional EMS council must provide the Office of EMS with the date, time, and location of the scheduled review by the governing bodies.

12VAC5-32-120. 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 posted on the Office of EMS section of the Virginia Department of Health's website.

12VAC5-32-130. Public hearing for exemption request.

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

12VAC5-32-140. Issuance of exemption.

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

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

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

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

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

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

D. If the request is made by a designated regional EMS council, the board may accept the recommendation of the governing bodies, provided all of the conditions in subsection A of this section are met.

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

12VAC5-32-150. Content of exemption.

An exemption includes the following information:

1. The name of the agency, service, or vehicle, the person, or the name of the applicant or designated regional EMS council to whom the exemption applies;

2. The provisions of the regulations that will be exempted; and

3. Any special conditions that may apply.

12VAC5-32-160. Conditions of exemption.

A. An exemption remains valid for the life of the regulation or a defined period of time as determined by the commissioner, unless and until terminated by the commissioner.

B. An exemption is neither transferable nor renewable.

12VAC5-32-170. Termination of exemption.

A. The 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, certificates or designation of a regional EMS council involved; or

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

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

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

12VAC5-32-180. Denial of an exemption.

A request for an exemption will be denied by the commissioner if any of the conditions of this chapter fail to be met.

12VAC5-32-190. General exemptions from this chapter.

The following are exempted from this chapter except as noted:

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

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

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

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

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

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

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

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

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

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

9. 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.

10. Stretcher-van interfacility transport services and stretcher-van 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 stretcher bound passengers between medical facilities in the Commonwealth when no ancillary medical care or oversight is necessary.

11. Special event permit for EMS agencies to use out of state EMS providers at a widely attended public event must be submitted in a format approved by the Office of EMS not inconsistent with the provisions of § 32.1-111.9 (1) and § 32.1-371, et seq. of the Code of Virginia.

12VAC5-32-200. Right to enforcement.

Article 4
Enforcement Procedures

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

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

E. An agency or regional EMS council, and all places of operation shall be subject to inspection by the Office of EMS for compliance with this chapter. 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 or regional EMS council.

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

12VAC5-32-210. Enforcement or adverse actions.

An enforcement action must be delivered to the affected person and submitted as required by the Interstate Commission for EMS Personnel Practice specifying 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 this chapter.

2. Citation: a written notification for violations of this chapter.

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

4. Civil penalty: the commissioner or designee may impose a civil penalty on an agency or entity that fails or refuses compliance with this chapter. 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.

5. Action of the commissioner: the commissioner may command a person operating in violation of this chapter 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.

6. Criminal enforcement: the commissioner may elect to enforce any part of this chapter 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 this chapter 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~~.

12VAC5-32-220. Suspension of a license, permit, certificate, endorsement, or designation.

A. The 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 commissioner. Thedecision must be based upon a review of evidence available to the commissioner.

2. The 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 this chapter.

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

Commented [AB17]: This is NEW, is it necessary??? Perhaps failure to comply with written notification should constitute a crime.

It seems reasonable that refusal to comply with written and acknowledged notification of a violation might constitute a criminal act, the way it is written now essentially will make us all criminals.

6. EMS training eligibility may be suspended if the certificate holder or EMS student is found to be operating or performing in a manner that presents a risk to, 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 commissioner will notify the licensee, or permit or certificate holder of the suspension in person or by certified mail to the last known address.

D. A suspension takes effect immediately upon receipt of notification unless otherwise specified. A suspension remains in effect until the 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.

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.

12VAC5-32-230. Revocation of a license, permit, or certificate.

A. The 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 commissioner.

2. The commissioner may revoke an EMS agency license, EMS vehicle permit, certification, endorsement, designation or EMS training eligibility for failure to adhere to the standards set forth in this chapter.

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

4. The commissioner may revoke EMS training eligibility for failure to adhere to the standards as set forth in this chapter, for lack of competence at such level as evidenced by lack of basic knowledge or skill, or for incompetent or unwarranted acts inconsistent with the standards in effect for the level of certification concerned.

5. The 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 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 the 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 their right to a hearing, they must notify the Office of EMS in writing of their 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, they will be deemed to have waived the right to a hearing. In such case, the 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.

12VAC5-32-240. 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 this chapter 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 the last known address. Notification will include 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.

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.

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.

12VAC5-32-245. Consent order.

The Office of EMS may issue a consent order to resolve disputes or disciplinary proceedings between two or more parties. A consent order may be issued in conjunction with enforcement actions set forth in 12VAC5-32-210.

12VAC5-32-250. Judicial review.

A. The procedures of the Administrative Process Act control all judicial reviews.

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

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

D. If the person who sought the appeal is aggrieved by the final decision, that person may seek judicial review as provided in the § 2.2-4023.1 of the Code of Virginia.

12VAC5-32-260. Submission of complaints.

Article 5
Complaints

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

1. The name and address of the complainant;

2. The name of the agency, service, person, or designated regional EMS council involved;

3. A description of any vehicle involved; and

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

12VAC5-32-270. Investigation process.

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

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

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

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

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

12VAC5-32-280. Action by the Office of EMS.

A. If the Office of EMS determines that a violation has occurred, it may apply all provisions of this chapter that it deems necessary and appropriate.

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

12VAC5-32-290. Requirement for EMS agency licensure and EMS certification.

Part II
EMS Agency, EMS Vehicle and EMS Personnel Standards

Article 1
EMS Agency Licensure and Requirements

No person may establish, operate, maintain, advertise, or represent themselves or any service or 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.

12VAC5-32-300. Provision of EMS within Virginia.

A person providing EMS to a patient received within Virginia and transported to a location within Virginia shall comply with this chapter.

12VAC5-32-310. General applicability of the regulations.

This chapter has general application throughout Virginia for an EMS agency and an applicant for EMS agency licensure.

12VAC5-32-320. Compliance with regulations.

A. A person shall comply with this chapter.

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

12VAC5-32-330. EMS agency name.

A person may not apply to conduct business under a name that is the same as or misleadingly similar to the name of a person licensed, endorsed, or designated by the Office of EMS.

12VAC5-32-340. Ability to pay.

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

12VAC5-32-350. Public access.

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

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

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

12VAC5-32-360. 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 shallprovide services within its primary service area as defined by the local EMS response plan.

12VAC5-32-370. EMS agency availability.

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

B. Licensed EMS agencies that meet the criteria stated in 12VAC5-32-360 but that operate under special conditions, that is, time of year, etc., must also meet the criteria outlined in 12VAC5-32-420 A 2 and C 4.

12VAC5-32-380. Destination to specialty care hospitals.

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

Commented [AB18]: This supersedes protocols and may not always be best for the patient. The state should not dictated medical care or destinations.

12VAC5-32-390. Nondiscrimination.

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

12VAC5-32-400. EMS agency licensure classifications.

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

1. Nontransport first response.
   a. Basic life support.
   b. Advanced life support.
2. Ground ambulance.
   a. Basic life support.
   b. Advanced life support.
3. Neonatal ambulance.
4. Air ambulance.

12VAC5-32-410. Application for EMS agency license.

A. An applicant for EMS agency licensure shall file an application in the approved format 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 § 32.1-111.14 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.

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 this chapter.
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 this chapter. 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.

12VAC5-32-420. 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

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

3. The applicant is determined by the Office of EMS to provide EMS to the citizens of the Commonwealth in accordance with this chapter.

B. The issuance of a license herein may not be construed to authorize any agency to operate any EMS vehicle without a franchise or permit in any county or municipality which has enacted an ordinance pursuant to § 32.1-111.6 D 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 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.

12VAC5-32-430. Display of EMS agency license.

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

12VAC5-32-440. EMS agency licensure renewal.

A. An EMS agency license renewal may be granted following an inspection as set forth in this chapter based on the following conditions:

1. The renewal inspection results demonstrate that the EMS agency complies with this chapter.

2. There have been no documented violations of this chapter that preclude a renewal.

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

12VAC5-32-450. 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 this chapter.

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.

12VAC5-32-460. Modification of an EMS agency license.

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

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

1. The licensee shall request the modifications in a format prescribed by the Office of EMS.

2. The Office of EMS may use the full provisions of this chapter in processing a request as an application.

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

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

C. A request for modification of an EMS agency license may be denied by the Office of EMS if the applicant or agency does not comply with this chapter.

12VAC5-32-470. 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, designated 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:

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 including facility and roadway signs, vehicle markings, and uniform items.

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

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

12VAC5-32-480. EMS agency insurance.

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

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

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

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

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

12VAC5-32-490. Place of operations.

A. An EMS agency shall maintain a fixed physical location. Any change in the address of 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 established by the CDC and the Virginia occupational safety and health laws (Title 40.1 of the Code of Virginia):

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

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.

12VAC5-32-500. 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 25 triage tags of a design approved by the Office of EMS on each permitted EMS vehicle.

12VAC5-32-510. Storage and security of drugs and related supplies.

A. An area used for storage of drugs and administration devices and a 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. Drugs and drug kits shall be maintained within their expiration date at all times.

C. Drugs and 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 drug storage compartment is maintained within the climate requirements specified in this section.

D. An EMS agency shall notify the Office of EMS in writing of any diversion of (i.e., loss or theft) or tampering with any controlled substances, 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.

12VAC5-32-520. 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 six years.

12VAC5-32-530. 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, training, and qualifications for the positions held to include the following:

1. Evidence of criminal history background check for eligibility;

2. Evidence of driving record review from the Department of Motor Vehicles;

3. Evidence of successful completion of an approved EVOC training program;

4. Authorization to practice from OMD; and

5. Evidence of successful completion of all required EMS personnel fitness to practice training.

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

12VAC5-32-540. EMS vehicle records.

An EMS agency shall have records for each vehicle currently in use to include maintenance reports demonstrating adherence to manufacturer's recommendations for preventive maintenance, valid vehicle registration, safety inspection, vehicle insurance coverage, and any reportable motor vehicle collision.

12VAC5-32-550. Patient care records.

A. The patient care record shall specifically identify by name the personnel who meet the staffing requirements of the EMS vehicle.

B. The patient care record 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.

12VAC5-32-560. EMS agency leadership.

A. An EMS agency must update and submit changes in leadership in a format approved by the Office of EMS within 30 days of a request or change in status of the following:

1. Chief executive officer (EMS chief) pursuant to § 32.1-111.4:6 or 32.1-111.4:7 of the Code of Virginia.

2. Training officer.

3. Designated infection control officer.

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

12VAC5-32-570. Availability of this chapter.

An EMS agency shall have readily available at each station access to current regulations for reference use by its officers and personnel.

12VAC5-32-580. 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 pursuant to 12VAC5-32-2070.

2. This agreement must identify the specific responsibilities of each ~~EMS physician~~ OMD, or assistant OMD, if an EMS agency has multiple OMDs.

3. This agreement must specify that EMS agency personnel may only provide medical care and participate in associated training programs while acting with the authorization of the operational medical director and within the scope of the EMS agency license in accordance with this chapter.

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

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

a. Medical malpractice; and

b. Civil claims; and

c. If applicable, other insurance worker's compensation and insurance coverage commensurate with job duties.

6. A formal job description may serve as this agreement if it meets the above outlined requirements of the agreement and is signed by the CEO and the EMS physician.

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 may be brought before the appropriate regional EMS council Board and/or ~~local EMS resource's medical direction~~ State Medical Direction Committee of the State EMS Advisory Board for review and recommendation.

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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 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 or an unresolved conflict or possible violation of this chapter or the Code of Virginia.

12VAC5-32-590. Quality management reporting.

An EMS agency shall have an ongoing quality management program (QM) designed to objectively, systematically, and continuously monitor, assess, and improve the quality and appropriateness of patient care provided by the agency. The QM shall be integrated and include activities related to patient care, communications, and all aspects of transport operations including the use of red lights and sirens pursuant to 12VAC5-32-680.4, and equipment maintenance pertinent to the agency's mission. The agency shall maintain a QM report that documents quarterly PPCR reviews, supervised by the operational medical director.

12VAC5-32-600. 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 timeframe the EMS agency complies with on a 90% basis within its primary service area (i.e., a timeframe 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.

12VAC5-32-610. Designated emergency response agency mutual aid.

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

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

12VAC5-32-620. EMS vehicle permit requirement.

Article 2

Emergency Medical Services Vehicle Permit

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

B. An EMS agency shall file an application for a permit in the format specified by the Office of EMS.

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

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

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

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

2. The applicant is an EMS agency.

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

4. The inspection meets the minimum requirements as defined in this chapter.

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

F. An EMS vehicle permit may include the following information:

1. The name and address of the agency.

2. The expiration date of the permit.

3. The classification and type of the EMS vehicle.

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

5. Any special conditions that may apply.

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

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

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

3. An EMS vehicle permit is not transferable.

4. An EMS agency must equip an EMS vehicle in compliance with this chapter at all times unless the vehicle is permitted as "reserved." A designated emergency response agency may be issued a "reserved" permit by the Office of EMS.

12VAC5-32-630. 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 an application for a temporary permit in the format specified by the Office of EMS. Submission of this application requires the EMS agency to attest that the vehicle complies with this chapter.

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 this chapter.

2. The Office of EMS may inspect an EMS vehicle issued a temporary permit at any time for compliance with this chapter and issuance of an EMS vehicle permit.

E. A temporary EMS vehicle permit will include the following information:

1. The name and address of the EMS agency.

2. The expiration date of the EMS vehicle permit.

3. The classification and type of the EMS vehicle.

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

5. Any special conditions that may apply.

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

1. A temporary EMS vehicle permit is valid for 90 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.

12VAC5-32-640. Denial of an EMS vehicle permit.

A. An application for an EMS vehicle permit shall be denied by the Office of EMS if any conditions of this chapter fail to be met.

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

12VAC5-32-650. Display of EMS vehicle permit.

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

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

12VAC5-32-660. EMS vehicle advertising.

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

12VAC5-32-670. Renewal of an EMS vehicle permit.

A. Renewal of an EMS vehicle permit may be granted following an inspection if the EMS agency and EMS vehicle comply with this chapter.

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

12VAC5-32-680. EMS vehicle safety.

Article 3
Emergency Medical Services Vehicle Classifications and Requirements

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 aircraft 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 rating (GVWR). At minimum, the operating weight shall be GVWR minus 700 pounds (316 kg).

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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. An EMS agency shall perform at least one quarterly quality management review pursuant to 12VAC5-32-590 demonstrating policy compliance on the use of red lights and sirens.

5. The use of any and all tobacco products or electronic cigarettes, to include vaping, is prohibited in EMS transport vehicles at all times.

12VAC5-32-690. EMS vehicle occupant safety.

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

B. Stretcher patients shall be secured on the stretcher utilizing a minimum of three straps, to include over shoulders and the upper torso, unless contraindicated by patient condition.

C. Pediatric patient or occupant up to 45 pounds must be secured in a pediatric safe transport device.

D. Equipment and supplies in the patient compartment shall be stored within a closed and latched compartment or fixed securely in place.

12VAC5-32-700. EMS vehicle sanitation.

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

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

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

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

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

5. A used sharp item shall be disposed of in a leak-proof, puncture-resistant, and appropriately marked biohazard container (needle-safe device or sharps box) that is securely mounted.

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

a. Contaminated surfaces shall be cleaned and disinfected using a method recommended by the CDC.

b. 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 a container clearly marked with a biohazard label.

12VAC5-32-710. EMS vehicle inspection.

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

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

12VAC5-32-720. 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 or the Federal Aviation Administration as applicable.

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

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

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

12VAC5-32-730. EMS vehicle communications.

Effective communications systems are necessary for the protection of life and property within the Commonwealth of Virginia. Accordingly, all agencies shall comply with the following:

1. DERA Agencies shall maintain proper push-to-talk communications capabilities between the EMS vehicle, the PSAP/Primary Communications Center, and medical receiving facilities

2. DERA Agencies shall maintain a second means of communications between its vehicles, base stations/PSAPs, and medical receiving facilities.

3. Agencies shall provide portable radios for at least two riding positions

4. Agencies shall comply with the Communications Act of 1934, as amended (47 USC § 301 et. seq.) as applicable.

5. Agencies shall comply with all applicable Federal Communications Commission (FCC) requirements under Parts 1, 15, 17, 80, 90, and 101 of the FCC's Rules (47 CFR Parts 1, 15, 17, 80, 90, and 101) as applicable.

6. Agencies shall either maintain a license issued by the FCC for the frequencies in all radio equipment or, if relying on another licensed communications system, shall maintain a current memorandum of understanding for the operation of the communications system as required by the FCC as applicable.

7. Agencies shall maintain interoperability channels within the bands covered by radio equipment operated by the agency in order to communicate with mutual aid partners as applicable.

8. Agencies shall program radio equipment to operate on Federal Interoperability Channels applicable within the bands covered by the radio equipment operated by the agency to include National Field Interoperability Guide channels.

9. A permitted 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.

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

11. Nontransport EMS vehicles and ground ambulances must have communications capability for direct two-way voice communications between the vehicle and air-ambulance designated to serve its primary response area by the Medevac Plan.

12. Air ambulances shall have immediate push-to-talk fixed or cross-patched communications equipment under the supervision of an agency dispatch center or governmental PSAP that provides direct two-way voice communications between the air-ambulance, other EMS vehicles in its primary response area and public safety vehicles or personnel at landing zones.

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

12VAC5-32-740. 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.

1. The use of Battenburg markings utilizing contrasting reflective colors may be used in place of the continuous reflective band.

2. The use of chevrons on the rear of a vehicle may be used in place of the continuous reflective band. Each stripe in the chevron will be a single reflective color alternating between two high-contrasting colors.

B. The following must appear in permanently affixed lettering that is a minimum of three inches in height, or seal that is a minimum of fourteen inches and of a color that contrasts with the surrounding vehicle background. Lettering and seal must comply with the restrictions and specifications listed in this chapter.

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.

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.

b. The word "AMBULANCE" shall appear horizontally on or above rear doors. The word "AMBULANCE" shall be in block, contrasting die cut letters of not less than 6" in height, centered, with a white border.

c. A "Star of Life" of not less than 32" in blue, die cut style (may be without the white Staff of Asclepius), shall be displayed on the ambulance roof top.

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.

c. The word "AMBULANCE" shall appear horizontally on or above rear doors. The word "AMBULANCE" shall be in block, contrasting die cut letters of not less than 6" in height, centered, with a white border.

d. A "Star of Life" of not less than 32" in blue, die cut style (may be without the white Staff of Asclepius), shall be provided displayed on the ambulance roof top.

12VAC5-32-750. Air Ambulance markings.

A. On a primary air ambulance, the following must appear in permanently affixed lettering that is a minimum of three inches in height and of a color that contrasts with its surrounding background. Lettering must comply with the restrictions and specifications listed in this chapter.

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

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

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

12VAC5-32-760. 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 Paramedic at all times.

B. A nontransport response vehicle with a primary purpose as a fire apparatus, excluding NFPA 1901 defined special service vehicle, or law-enforcement vehicle is not required to comply with the specifications for vehicle marking and lettering, provided the vehicle is appropriately marked and lettered to identify it as an authorized emergency vehicle.

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

12VAC5-32-770. 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. 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 this chapter. 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 drugs and drug kits. When not in use, drugs and drug kits must be kept locked in the required storage compartment or approved bracket at all times. The EMS agency shall maintain drugs and drug kits as specified in this chapter.

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.

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.

12VAC5-32-780. 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 national ambulance standards as approved by the Office of EMS.

C. A ground ambulance must be constructed to provide sufficient space for the safe storage of all required equipment and supplies. A ground ambulance must have a locking interior storage compartment or approved locking bracket used for the secure storage of drugs and drug kits that is accessible from within the patient compartment. Drugs and 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 drugs and drug kits as specified in this chapter.

12VAC5-32-790. Advanced 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 – Advanced -EMT equipment package; and

2. ALS – Intermediate/Paramedic equipment package.

B. ALS equipment packages shall consist of the equipment and supplies as specified in this chapter.

12VAC5-32-800. 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 national ambulance standards as approved by the Office of EMS 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 this chapter.

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

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

3. A neonatal ambulance must have a locking interior storage compartment or approved locking bracket used for the secure storage of drugs and drug kits that is accessible from within the patient compartment. Drugs and 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 drugs and drug kits as specified in this chapter.

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

12VAC5-32-810. EMS vehicle equipment requirements.

In addition to the items otherwise listed in this article, an EMS vehicle must be equipped with all of the items required for its vehicle classification and any ALS equipment package it carries as listed in 12VAC5-32-820 (D).

12VAC5-32-820. Required vehicle equipment.

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 (1).

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

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 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.

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

b. 4" x 4" gauze pads, sterile and individually wrapped (12).

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

d. Roller or conforming gauze of assorted widths (6).

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

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

g. Trauma scissors (1).

h. Emesis basin containers or equivalents (2).

i. Sterile normal saline for irrigation, 1000 ml containers (or equivalent volume in other container sizes) (1).

j. Oral glucose (1).

k. Mechanical tourniquets (2).

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 (2).

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 though 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 that provide significant insulation qualities. (2).

Commented [AB21]: Not cotton bath blankets.

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. 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).

b. Hazard warning devices such as a reflective cone, triangle, or approved equivalent (3 each).

c. 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 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 (2 each).

d. 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. 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).

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).

Commented [AB22]: Note that medical protocols are referenced.

5. Dressing and supplies.

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

b. 4" x 4" gauze pads, sterile and individually wrapped (12).

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

d. Roller or conforming gauze of assorted widths (6).

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

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

g. Trauma scissors (1).

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) (2).

k. Oral glucose (2).

l. Mechanical tourniquets (2).

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 (2).

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 though 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).

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. Wheeled stair chair with a minimum 350 lb. capacity, three restraint straps, with lock able wheels or stabilizer bar (1).

c. Flashlight (2).

d. 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).

e. Safety apparel (2).

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

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

11. Tools and hazard warning devices.

a. Adjustable wrench, 10" (1).

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

c. Current USDOT approved Emergency Response Guidebook (1)

12. Equipment to provide active and passive rewarming for hypothermic patients.

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).

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

e. 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 sizes. These masks must be made of single use soft see-through plastic or rubber (4 each).

d. Oxygen nasal cannula in child 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. 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 pediatric size (1).

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

c. Sphygmomanometer in child sizes (1 each).

d. Sphygmomanometer in infant size (2).

5. Dressing and supplies.

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

b. 4" x 4" gauze pads, sterile and individually wrapped (12).

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

d. Roller or conforming gauze of assorted widths (6).

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

f. Trauma scissors (1).

g. Alcohol preps (12).

h. Emesis basin containers or equivalents (2).

i. Sterile normal saline for irrigation, 1000 ml containers (or equivalent volume in other container sizes) (2).

6. Personal protection equipment.

a. Waterless antiseptic hand wash (1).

b. Exam gloves, nonsterile, pairs in sizes small though 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).

7. Linen and bedding.

a. Towels, cloth (2).

b. Sheets (4).

c. Blankets (2).

8. Safety equipment.

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

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

D. Advanced life support equipment package.

1. Advanced –EMT package.

a. Drug kit with all controlled drugs authorized for use by the EMS agency's Advanced EMT 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. 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 sets each).

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

d. Drug kit with all controlled drugs authorized for use by the EMS agency's Intermediate, 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).

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 pediatric patients (1).

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

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

d. Drug kit with all controlled drugs authorized for use by the EMS agency's Advanced EMT, Intermediate, 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 (Intermediate/Paramedic package).

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

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

(1) Laryngoscope handle with two sets of batteries, adult and pediatric blades in sizes 0-4 (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 colorimetric evaluation devices, wave form capnography, 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 colorimetric evaluation devices, wave form capnography, or equivalent (2).

12VAC5-32-830. Application for agency licensure.

Article 4

Air Medical Regulations, Rotor and Fixed Wing Operations

General provisions. Air medial 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.

12VAC5-32-840. 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.

12VAC5-32-850. Air medical service personnel classifications.

Air medical service personnel classifications are as follows:

1. Air medical crew (rotary).

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

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

(1) Board prepared physician;

(2) Nurse practitioner or physician assistant, licensed for a minimum of three years with specialized air medical training and possessing the equivalent training as identified in 12VAC5-32-860;

(3) Registered nurse, licensed for a minimum of three years with specialized air medical training as identified in 12VAC5-32-860;

(4) Paramedic, certified for a minimum of three years with specialized air medical training as identified in 12VAC5-32-860.

c. An attendant shall be a paramedic or registered nurse as approved by the Office of EMS, with specialized air medical training as identified in 12VAC5-32-860.

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 Board prepared physician;

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

(3) Registered nurse, licensed for a minimum of three years, with specialized air medical training;

(4) Paramedic, certified for a minimum of three years, with specialized air medical training;

(5) An emergency medical technician certified for a minimum of three years with specialized air medical training;

c. An attendant shall be an EMT, paramedic, or registered nurse, as approved by the Office of EMS, with specialized air training as identified in 12VAC5-32-860.

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 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 that includes in-flight treatment protocols, general aircraft safety and emergency procedures, operational policies, infection control, and altitude physiology annually.

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

(1) Specialty care personnel must have a certification or license by a Virginia governing authority, and have relevant specialty experience as described by program policy.

(2) Pretransport safety briefing performed prior to transport.

(3) Specialty care personnel are familiar with air medical service policies, safety and survival techniques as they relate to the specific aircraft.

12VAC5-32-860. Training.

A. The air medical agency shall have a planned and structured program in which all medical transport personnel must participate. Competency must be demonstrated and documented through relevant continuing education programs, simulation labs, 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 unique to the agency's primary service area.

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 agency's primary coverage area (fixed wing excluded).

C. Registered nurse training requirements.

1. Valid unrestricted license to practice nursing in Virginia.

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

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

4. Pediatric Advanced Life Support (PALS) - documented evidence of current PALS or equivalent education.

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

6. EMT Certification within 12 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 the Office of EMS.~~

~~3. ACLS - documented evidence of current ACLS certification according to the AHA or equivalent as approved by the Office of EMS.~~

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 within 12 months of hire. (fixed wing, mission specific).

E. Minimum initial training for air medical clinical staff.

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

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

a. Altitude physiology and stressors of flight.

b. Air medical resource management.

c. Aviation - aircraft orientation, safety, in-flight procedures, and general aircraft safety including depressurization procedures for fixed wing.

d. Cardiology.

e. Disaster and triage.

f. EMS radio communications.

g. Hazardous materials recognition and response.

h. External pacemakers, automatic implantable cardiac defibrillator (AICD), and central lines.

i. High risk obstetric emergencies (bleeding, medical, trauma).

j. Infection control.

k. Mechanical ventilation and respiratory physiology for adult, pediatric, and neonatal patients as it relates to the mission statement and scope of care of the medical transport service specific to the equipment.

l. Metabolic or endocrine emergencies.

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

n. Neuro.

o. Pediatric medical emergencies.

p. Pediatric trauma.

q. Pharmacology (specialty application).

r. Respiratory emergencies.

s. Scene management.

t. Rescue and extrication awareness.

u. Survival training.

v. Toxicology.

2. Clinical component of initial education. Clinical experiences or high fidelity simulations shall include the following points (experiences shall be specific to the mission statement and scope of care of the medical transport service). Measurable objectives shall be developed and documented for each experience listed below reflecting hands-on experience versus observation only (fixed wing excluded).

a. Advanced airway management.

b. Basic care for pediatrics, neonatal and obstetrics.

c. Critical care.

d. Emergency care.

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

f. Pediatric critical care.

g. Prehospital care.

3. Annual continuing education requirements. Continuing education or staff development programs shall include reviews or updates for all air medical clinical staff 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. Mental health awareness.

h. Fatigue risk management.

i. Survival training.

12VAC5-32-870. 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.

2. Aircraft warning devices.

Use of Night Vision Googles (NVG), or 180 degree controllable searchlight 400,000 candle power (fixed wing excluded).

3. Design and dimensions.

a. Surfaces easily cleaned and stain resistant.

b. Security restraints for stretcher to aircraft.

b. Climate controlled environment for operator and patient care compartments.

d. 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 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.

5. Aircraft safety equipment.

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

b. Seatbelts for all occupants.

c. Flashlight.

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

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

f. "No Smoking" sign posted.

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

h. Survival kit to include signaling capabilities and shelter.

i. Safety apparel for each crew member.

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)

e. Face shield or eyewear. (Helmet shield acceptable for this requirement). (2)

f. Infectious waste trash bags. (2)

2. Basic life support air ambulance supply requirements.

a. Roller or conforming gauze of assorted widths. (6)

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

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. Portable O2 unit containing a quantity of oxygen sufficient to supply the patient at the appropriate flow rate for the period of time it is anticipated oxygen will be needed but not less than 10 liters per minute for 15 minutes. The unit must be manually controlled and have an approved flow meter.

m. 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.

n. O2 high concentration mask and cannula, child and adult. (2 each)

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

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

q Suction catheters, wrapped, rigid tonsil tip, FR18, FR14, FR8 and FR6. (2 each)

r. Stethoscope, adult, and pediatric sizes. (1 each)

s. BP cuff, pediatric, adult, and large adult. (1 each)

t. 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).

u. Emesis basin or equivalent container. (2)

v. Removable stretcher or spine board with a minimum of 3 restraint straps and manufacturer approved aircraft mounting device. (1)

w. Rigid cervical collars in small adult, medium adult, large adult and pediatric sizes (1 each). If adjustable adult collars are utilized, a minimum of two.

3. Advanced life support air ambulance equipment requirements.

a. A drug kit with controlled medications authorized by the agency's OMD for use by clinical staff. (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)

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 adult, 1 pediatric)

n. Pulse oximetry monitoring device. (1)

o. A mechanical ventilator and circuit appropriate to age and scope of care on-board for critical care transports as pertinent to the scope of care of the medical transport service.

12VAC5-32-880. General requirements.

Article 5

EMS Personnel Requirements and Standard of Conduct

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 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 psychomotor 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.

12VAC5-32-890. Criminal or enforcement history.

A. General denial. Application for affiliation, endorsement, certification, or recertification of individuals convicted of certain crimes present an unreasonable risk to public health and safety. Thus, applications for affiliation, endorsement, certification, or recertification by individuals convicted of the following crimes will be denied in all cases:

1. Felonies involving sexual misconduct.

2. 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. Any crime in which the victim is an out-of-hospital patient or a patient or resident of a health care facility including abuse of, neglect of, theft from, or financial exploitation of a person entrusted to the care or protection of the applicant.

4. Felony crimes of violence such as assault or battery, use of a dangerous weapon, 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 health care provider licensing or certifying body.

6. Failure to disclose a covered criminal conviction or the withholding of any material information regarding such conviction shall be an independent basis for denial of eligibility, suspension of a certification, or denial of an application for agency affiliation, certification or recertification.

7. Two or more felony convictions.

B. Presumptive denial. Application for affiliation, endorsement, certification, or recertification by individuals in the following categories will be denied except in extraordinary circumstances, and then will be granted only if the applicant or provider establishes by clear and convincing evidence that affiliation, endorsement, certification, or recertification will not jeopardize public health and safety.

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

2. Application for affiliation, endorsement, certification, or recertification 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 et seq. of the Code of Virginia).

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

c. Any other crime that involves sexual misconduct.

d. Three or more criminal convictions of like or similar crimes.

3. Is currently under any disciplinary or enforcement action from another state EMS office or other recognized state or national health care provider licensing or certifying body.

4. Failure to disclose a covered criminal conviction or the withholding of any material information regarding such conviction shall be an independent basis for denial of eligibility, suspension of a certification, or denial of an application for agency affiliation, certification or recertification.

C. Permitted vehicle operations. Agencies are responsible for the monitoring of compliance with all driving criteria set forth in this chapter.

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

2. Personnel who have been court ordered 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 until all requirements of the court have been satisfied. Personnel or agencies shall be required to report these situations to the Office of EMS.

3. 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;

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 their operator's or driver's license. The immediate agency notification shall be defined as no more than 10 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).

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 the Office of EMS upon request.

12VAC5-32-900. State and federal law compliance.

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

12VAC5-32-910. EMS personnel fitness to practice.

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

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

B. The EMS agency shall have a "Fatigue Risk Management" policy which includes at a minimum:

1. Maximum hours on duty per shift;

2. Education and training to mitigate fatigue risk, to include recommended rest prior to duty;

3. Ability for EMS personnel to rest when working longer than 12 consecutive hours.

C. The EMS agency shall develop curricula for mental health awareness training for its personnel pursuant to § 32.1-111.5:1 of the Code of Virginia.

12VAC5-32-920. 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 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 patient care report completed by the attendant-in-charge for each patient treated to the agency that responds and transports the patients. The patient care report copy 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 their 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; or

7. For EMS agency operations. Certain administrative, financial, legal and QM activities of the EMS agency that are necessary to operate and support core functions of treatment, transportation, payment, and/or data reporting as prescribed in § 32.1-116.1 of the Code of Virginia.

12VAC5-32-930. Misrepresentation of qualifications.

EMS personnel 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 this chapter.

12VAC5-32-940. 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.

12VAC5-32-950. False application for license, permit, certificate, endorsement or designation.

EMS personnel may not obtain or aid another person in obtaining agency licensure, vehicle permitting, certification, endorsement or designation through fraud, deceit, forgery or deliberate misrepresentation or falsification of information.

12VAC5-32-960. False statements or submissions.

EMS personnel may not make false statements, misrepresentations, file false credentials or willfully conceal material information to the board, the department, or the Office of EMS regarding application for agency licensure, vehicle permitting, certification, endorsement or designation or in connection with an investigation conducted by the board, the department or the Office of EMS.

12VAC5-32-970. Falsification of materials.

EMS personnel may not willfully alter or change the appearance or wording of any license, permit, certificate, endorsement, designation, patient care report, official agency documents, or any forms submitted to the Office of EMS.

12VAC5-32-980. Misappropriation or theft of drugs.

EMS personnel may not possess, remove, use or administer any controlled substances, 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.

12VAC5-32-990. Discrimination in provision of care.

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

12VAC5-32-1000. Sexual harassment.

EMS personnel may not engage in sexual harassment. 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

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 their work.

12VAC5-32-1010. Operational medical director authorization to practice and Agency Protocols.

A. EMS personnel as defined in § 54.1-3408.B.3 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.

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.

C. Agency Protocols, the Agency and the OMD will maintain agency medical protocols that, in detail, outline expected medical care to be provided. The protocols may rely on Regional Protocols maintained by the appropriate EMS Council or any third-party entity. The Agency may supplement referenced protocols with additional provisions or may maintain an entirely unique set of protocols. The final authority for Agency protocols rests with the OMD. This notwithstanding, the protocols will comply with 12VA5-32-1020 with regards to Scope of Practice. Agency Medical Protocols constitute the sole controlling document regarding patient care for Paramedics, Advanced EMT's, EMT's and First Responders.

12VAC5-32-1020. Scope of practice.

EMS personnel shall only perform those procedures, 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 Scope of Practice Model as approved by the EMS Advisory Board and the Board of Health.

Commented [AB23]: Clarify which Boards are doing the approval.

12VAC5-32-1030. Extraordinary care outside of protocols.

In the event of an immediate threat to loss of life or limb, medical control may authorize an

EMS provider with specific training to provide care not authorized under existing agency protocol but within the EMS provider's Scope of Practice. The circumstances must be documented on the patient care report.

12VAC5-32-1040. Inability to carry out medical control orders.

In the following circumstances, EMS personnel may refuse to perform specific procedures or treatments, provided medical control is informed of the refusal and the refusal of care is documented on the patient care report:

1. If not adequately trained and proficient to perform the procedure;

2. If the procedure is not fully understood; or

3. If the procedure is judged not to be in the best interests of the patient.

12VAC5-32-1050. Refusal of care.

A decision not to treat or transport a patient shall be fully documented on the patient care report.

12VAC5-32-1060. Consent or refusal.

A. Whenever care is rendered without first obtaining consent, the circumstances shall be documented on the patient care report.

B. Refusal of care must be obtained and documented on the patient care report.

12VAC5-32-1070. Transfer of patient care/patient abandonment.

EMS personnel may not leave a patient in need of emergency medical care without first providing for a level of care capable of meeting the assessed and documented needs of the patient's condition and either transfer care to a level capable of meeting the assessed needs or a refusal is obtained.

12VAC5-32-1080. Provider disagreement over patient's needs.

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

12VAC5-32-1090. Attending of the patient during transports.

During transportation, the patient shall be attended in the patient compartment of the vehicle by the required attendant-in-charge. Where additional attendants are required by this chapter, they must attend the patient in the patient compartment of the vehicle during transportation unless otherwise allowed.

12VAC5-32-1100. Provision of patient care documentation.

EMS personnel and EMS agencies shall provide the receiving medical facility or transporting EMS agency with a copy of the patient care report for each patient treated at the time of patient transfer. When EMS personnel are unable to provide the full patient care report at the time of patient transfer, EMS personnel shall provide an abbreviated documented report with the critical EMS findings and actions at the time of patient transfer and the full patient care report shall be made available to the accepting facility within 12 hours.

12VAC5-32-1110. Emergency operation of EMS vehicle.

EMS personnel are only authorized to operate an EMS vehicle under emergency conditions, as allowed by § 46.2-920 of the Code of Virginia:

1. When responding to medical emergencies for which they have been dispatched or have witnessed.

2. When transporting patients to a hospital or other medical clinic when the attendant-in-charge has determined that the patient's condition is unstable or life threatening.

12VAC5-32-1120. Provision of care by ~~mutual aid~~ EMS personnel not dispacted to a scene.

EMS personnel who have not been specifically requested to respond to a call may assist a responding EMS agency at the scene of a medical emergency if the provider is licensed or certified to provide a level of care at the scene that is required to meet the assessed needs of the patient, and

1. A response obligation to locality or a mutual aid agreement exists between the provider's EMS agency and the responding EMS agency, or

2. Medical control ~~shall~~ may be contacted to obtain approval to provide patient care as the AIC.If contact with medical control is not possible or would unduly delay the provision of care,or

3. the the EMS provider may proceed with the indicated treatment with approval of the responding EMS agency's personnel on the scene. In such event, the circumstances of the incident must be documented on the patient care report.

4. Provision of care may proceed if necessary to prevent loss of life or disability.

Commented [AB24]: This is important to get right!

12VAC5-32-1130. 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 the Office of EMS upon commitment of requested resources. Notification by direct verbal communication shall be made to the local OEMS program representative.

12VAC5-32-1140. Provision of care by students.

A student enrolled in an approved EMS certification training program may perform the clinical skills and functions of EMS personnel who are certified at the level of the course of instruction while participating in clinical and field internship training as provided for in this chapter when:

1. The student is caring for patients in the affiliated hospitals or other facilities approved by the training program's PCD, provided that the related didactic subject matter and practical skills laboratory have been completed and the students are under the direct supervision of a preceptor who is a physician, physician assistant, nurse practitioner, registered nurse or an EMS provider certified at or above the level of the training program. The affiliated hospital or facility must approve preceptors.

2. The student is caring for patients during a required course internship program with an EMS agency approved by the training program's PCD and EMS agency's OMD, provided that the related didactic subject matter and practical skills laboratory have been completed and the student is under direct supervision of and accompanied by an EMS provider certified at or above the level of the training program, or under the direct supervision of a licensed physician.

3. Nothing in subdivision 1 or 2 of this section removes the obligation of the supervising hospital, facility or licensed EMS agency for ultimate responsibility for provision of appropriate patient care during clinical or internship training.

4. Nothing in subdivision 1 or 2 of this section may be construed to authorize a noncertified or unlicensed individual to provide care outside of the approved supervised settings of the training program in which they are enrolled.

5. Nothing in subdivision 1 or 2 of this section may be construed to authorize a noncertified or unlicensed individual to provide care or to operate an emergency medical services vehicle in a county or municipality that has enacted an ordinance pursuant to § 32.1-111.14 (A) (8) of the Code of Virginia making it unlawful to do so.

12VAC5-32-1150. Adequate response staffing.

An EMS agency shall provide for an adequate number of trained or certified EMS personnel to perform all essential tasks necessary for provision of timely and appropriate patient care on all

calls to which the EMS agency responds.

1. A responding EMS vehicle shall be staffed with the appropriately trained and qualified personnel to fulfill the staffing requirements for its vehicle classification. An operator may respond alone with an EMS vehicle to a medical emergency if the required EMS providers are known to be responding to the scene.

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

12VAC5-32-1160. Attendant-In-Charge authorization.

An attendant-in-charge shall be authorized by the EMS agency's OMD to use all skills and equipment required for their level of certification and the type of transport to be performed. The Attendant in Charge does not need to be the highest level of care provider available to the patient, however if the patient requires care at a higher level such care shall be provided if available.

12VAC5-32-1170. Minimum age of EMS vehicle personnel.

A. EMS personnel serving in a required staffing position on an EMS vehicle shall be at a minimum 18 years of age.

B. An EMS agency may allow assistants or observers in addition to the required personnel. An assistant or observer must be at a minimum 16 years of age.

12VAC5-32-1180. 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.

2. Attendant-in-charge shall be currently certified as an EMS first responder, emergency medical responder, or emergency medical technician, an advanced life support provider, OMD, assistant OMD, duty physician, duty nurse, duty PA or duty NP as approved by the Office of EMS.

12VAC5-32-1190. Transfer of ALS package.

Advanced life support equipment may be transferred from one EMS vehicle to another EMS vehicle not otherwise equipped to provide the needed level of ALS. When this equipment is transferred, the EMS vehicle shall have required EMS personnel in compliance with this chapter.

12VAC5-32-1200. Ground ambulance staffing requirements.

A ground ambulance transport requires a minimum of two persons:

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. An attendant-in-charge who must meet the requirements listed for the type of transport to be performed.

12VAC5-32-1210. Basic life support vehicle transport.

During a basic life support transport, the attendant-in-charge must be certified as an emergency medical technician or an equivalent approved by the Office of EMS.

12VAC5-32-1220. 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

Commented [AB25]: Does this mean that an ALS ambulance must have EMS personnel on board?

Commented [AB26]: You don't always need a paramedic to transport

care from another appropriately equipped EMS vehicle. This transfer must include all items required for the type of ALS equipment package that the attendant-in-charge is authorized to use.

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

3. An attendant must be certified as an emergency medical technician as 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 as 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.

12VAC5-32-1230. 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 personnel certified at an advanced life support level as 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.

B. An attendant-in-charge who must be a physician, registered nurse, physician assistant, registered cardiovascular invasive specialists, or certified cardiopulmonary perfusionists 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 advanced life support provider as 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.

E. 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.

12VAC5-32-1240. Neonatal transport requirements.

A. If a ground ambulance is utilized to perform an interfacility neonatal transport; the vehicle must be

equipped with the additional items listed in 12VAC5-32-810 C, D 3, or D 5, and staffed in compliance with this section.

B. A minimum of three persons is required:

1. An operator who at a minimum possesses a valid motor vehicle operator's permit issued by Virginia or another state, and who has successfully completed an approved emergency vehicle operator's course (EVOC) training course as 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 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 as approved by the Office of EMS.

12VAC5-32-1250. Emergency medical responder.

Part III

EMS Education and Certification

Article 1

Certification Levels

Emergency medical responder (EMR) certification is issued for a period of four years from the end of the month of issuance.

12VAC5-32-1260. Emergency medical technician.

Emergency medical technician (EMT) certification is issued for a period of four years from the end of the month of issuance.

12VAC5-32-1270. Advanced emergency medical technician.

A. Advanced emergency medical technician (AEMT) 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 AEMT certification is simultaneously issued an EMT certification for an additional two years after the AEMT expiration.

12VAC5-32-1280. Intermediate.

A. Intermediate 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 Intermediate certification is simultaneously issued an EMT certification for an additional two years after the Intermediate expiration.

12VAC5-32-1290. Paramedic.

A. Paramedic 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 Paramedic certification is simultaneously issued an EMT certification for an additional two years after the Paramedic expiration.

12VAC5-32-1300. Advanced life support coordinator.

Advanced life support coordinator endorsement is valid for a period of two years from the end of the month of issuance.

12VAC5-32-1310. EMS education coordinator.

EMS education coordinator certification is valid for a period of three years from the end of the month of issuance.

12VAC5-32-1320. Certification periods.

Article 2

Certification Process and Practice

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.

12VAC5-32-1330. 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 12VAC5-32-1010.

12VAC5-32-1340. Initial course certification.

A. Candidates must successfully complete an approved Virginia designated certification course to be eligible for the certification examination.

B. Candidates who successfully complete the Virginia designated certification examination will be issued Virginia certification at the level for which the course is approved.

12VAC5-32-1350. Certification through reciprocity.

A person possessing a certification issued by a NASEMSO recognized certifying body at the EMR, EMT, advanced EMT, or paramedic level shall apply to the commissioner for reciprocity upon demonstration of Virginia residency, Virginia EMS agency affiliation, or a recognized need for Virginia EMS certification.

12VAC5-32-1360. Certification through legal recognition.

A person holding valid EMS certification from another state who does not meet the criteria in 12VAC5-32-1350 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 applicants will be issued an EMT certification for a period of one year or the duration of the current out of state certification, whichever is shorter.

12VAC5-32-1370. EMT certification challenge.

A physician, physician assistant, nurse practitioner, registered nurse, to include those recognized through the Nurse Licensure Compact (§ 54.1-3030 et seq. of the Code of Virginia), or dentist 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 demonstration of Virginia residency, Virginia EMS agency affiliation, or a recognized need for Virginia EMS certification. Upon completing the requirements for EMT recertification as identified in 12VAC5-32-1390 (A) and receiving notification of testing eligibility the candidate must complete the designated Virginia EMS examination process.

12VAC5-32-1380. General recertification requirements.

A. An EMS provider requesting recertification must complete the continuing education hour requirements, as identified in 12VAC5-32-1390, or provide evidence to the Office of EMS of passing a cognitive examination issued by a NASEMSO recognized certifying body within the last two years for the level at which the EMS provider is requesting to be recertified.

B. The Office of EMS shall receive documentation of the EMS provider's completion of continuing education or evidence of successful passing of the cognitive examination prior to the certification expiration for the provider to maintain a current certification.

C. An EMS provider under legal recognition pursuant to 12VAC5-32-1360 must recertify by passing the Virginia designated examination process.

12VAC5-32-1390. EMS provider recertification continuing education requirements.

A. The board will determine the continuing education hour and topic category requirements for each certification level.

B. Evidence of completion of the continuing education requirements must be received by the Office of EMS prior to the certification expiration.

12VAC5-32-1400. 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.

12VAC5-32-1410. Recertification through reentry.

A. Individuals whose certification has expired are in reentry and may regain certification by complying with 12VAC5-32-1650 within two years of the specific certification's expiration date.

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.

12VAC5-32-1415. Voluntary surrender of certification.

A. Certification surrender shall be made by the provider in writing to the Office of EMS indicating the level of certification they wish to surrender. The document shall include:

1. The provider's Virginia EMS certification number;

2. The provider's legal name as it appears on the certification;

3. A statement indicating the desire to surrender the certification and the level being surrendered;

4. The provider's signature; and

5. A Notary Public's seal on the document.

B. Surrendering of a ALS certification:

1. Paramedic's shall convey if they desire the level of certification to be Advanced EMT. Otherwise their recognized level of certification will become the co-issued EMT.

2. Intermediate's shall convey if they desire the level of certification to be Advanced EMT. Otherwise their recognized level of certification will become the co-issued EMT.

3. Advanced EMT certification shall cause the provider's level of certification to become the co-issued EMT.

D. Regaining of a surrendered Virginia EMS certification shall require the provider to comply with the regulations governing initial certification for the level sought.

E. Reciprocity will not be allowed to regain a surrendered EMS certification.

12VAC5-32-1420. Course curriculum.

Article 3
Educational Programs and Management

A. Course coordinators (ALS coordinator or EMS education coordinator) shall utilize the Training Program Administration Manual (TPAM) and 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.

12VAC5-32-1430. Basic life support certification programs.

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

1. Emergency medical responder (EMR).

2. Emergency medical technician (EMT).

12VAC5-32-1440. Advanced life support certification programs.

ALS certification programs authorized for issuance of certification in Virginia are:

1. Advanced emergency medical technician.

2. Paramedic.

12VAC5-32-1450. Nationally recognized continuing education programs.

A. In order for a provider to receive continuing education in Virginia for an auxiliary program, the national parent organization must be recognized by the board.

B. The instructor approved by the national parent organization referenced in subsection A of this section may award NCCR continuing education credit for providers successfully completing an approved course. The instructor is not required to be an ALS coordinator or an EMS education coordinator in order to submit for course approval.

12VAC5-32-1460. Approved courses in cardio-pulmonary resuscitation.

Recognized programs for certification in cardiopulmonary resuscitation (CPR) shall be based upon programs that comply with the American Heart Association's recommendations for healthcare providers.

12VAC5-32-1470. Continuing education programs.

The programs shall utilize the approved format for the corresponding level of certification as designed by the Office of EMS:

1. National Continued Competency Requirements (NCCR) are topic areas that are mandated as part of the recertification criteria.

2. Local Continued Competency Requirements (LCCR) are topic areas that support EMS activities.

12VAC5-32-1480. Teaching materials.

ALS coordinator or an EMS education coordinator shall use teaching materials that reflect current National EMS Edcuation Standards (NEMSES) and continued competency best practice medicine.

12VAC5-32-1490. Course announcement requirements.

A. BLS certification courses and continuing education programs that award NCCR continuing education credits shall be announced by an EMS education coordinator. An EMS education coordinator shall be present in the classroom at all times except:

1. In courses offered by programs accredited by the Office of EMS, or

2. In BLS continuing education programs.

B. ALS certification courses shall be announced by the recognized program director of the accredited program that possesses certification as an EMS education coordinator.

C. ALS continuing education programs that award NCCR continuing education credits shall be announced by an ALS coordinator or EMS education coordinator. Lesson instructors shall be certified at or above the highest level of continuing education awarded in the program.

D. Auxiliary programs shall be announced as defined in 12VAC5-32-1450.

12VAC5-32-1500. ALS coordinator or EMS education coordinator responsibilities as employee or contractor.

A. An ALS coordinator, or EMS education coordinator conducting training 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 ALS coordinator or EMS education coordinator to conduct a training program may not vary from or direct the ALS coordinator or EMS education coordinator to vary from compliance with Office of EMS regulations.

12VAC5-32-1510. Course approval request submission.

A. Courses shall not start prior to receiving course number and topic or topics from the Office of EMS.

B. An EMS education coordinator or if accredited, the program director of the accredited program shall submit a course approval request in a format approved by the board prior to the beginning date of a certification course.

C. An ALS coordinator or EMS education coordinator shall submit a course approval request in a format approved by the Office of EMS prior to the beginning date of continuing education course.

D. The ALS coordinator or EMS education coordinator shall use only those topic numbers assigned for the course as approved by the Office of EMS.

12VAC5-32-1520. Course approval request changes.

The course coordinator shall immediately notify the Office of EMS in writing of any changes to the information submitted on the course approval request, in a format approved by the Office of EMS.

12VAC5-32-1530. Student course enrollment.

A. For courses leading to certification at a new or higher level, the EMS education coordinator or program director of the accredited program shall:

1. Have each student complete the online "Course Enrollment Application" on the Virginia EMS Portal within five days of the start date of the course.

2. Online approval of the student's course application in the Virginia EMS Portal no later than 15 days from the begin date of the course or, if the course is less than 30 days, submit the online approvals to the Office of EMS no later than 7 days from the begin date of the course.

3. Have any student who starts the program at a later date complete the online "Course Enrollment Application" on the Virginia EMS Portal within 5 days from the first class attended with written justification from the coordinator as to how this applicant complies with eligibility.

B. For courses leading to certification at a new or higher level, the EMS education coordinator or program director of the accredited program shall have each student complete an electronic application with the NASEMSO recognized certifying body and shall be reviewed by the EMS education coordinator or program director to assure certification application is established correctly prior to the end date of the course.

12VAC5-32-1540. Instructor records.

The ALS coordinator or EMS education coordinator or if accredited, program director of the accredited program shall maintain the following information: instructor/provider level, subject taught, and participation of each ALS course coordinator, EMS education coordinator, or other individuals who instruct in the program.

12VAC5-32-1550. Student records for certification courses.

A. The 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:

1. Signed student acknowledgment forms collected upon completion of review of the appropriate BLS or ALS enrollment requirements.

2. Student signed class rosters.

3. Scores on all course quizzes, exams, and other didactic knowledge or psychomotor skill evaluations.

4. For BLS programs, maintain with the course materials the completed individual parental permission form for students 16 and 17 years of age on the beginning date of the course.

5. Skill proficiency records in a format as approved by the Office of EMS that include the information contained in the Office of EMS psychomotor skill competencies.

6. All hospital or field internship activities including dates, locations, competencies performed, student evaluations, preceptor name and certification level as applicable.

7. All corrective or disciplinary actions taken during the training program to include dates, findings supporting the need for corrective or disciplinary action, and details of the actions taken.

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.

10. The use of non-OEMS forms, when such a form exists, must at a minimum contain the information on the OEMS approved form.

12VAC5-32-1560. 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.

12VAC5-32-1570. Verification of student course completion and testing eligibility..

The EMS education coordinator or program director of an accredited program shall verify student eligibility for certification testing in the Virginia EMS Portal and the NASEMSO recognized certifying body; indicating students have successfully completed a certification program that meets the competency and performance requirements contained in the course requirements and all guidelines and procedures for course and certification testing eligibility.

12VAC5-32-1580. Communication with Course Physician.

Commented [AB27]: May not be an EMS physician

A. The EMS education coordinator or program director shall inform the ~~EMS~~ Course Physician of theprogress 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 EMS education coordinator or program director will assure the EMS Physician will fulfill their course duties as required by Office of EMS regulations.

12VAC5-32-1590. Course scheduling.

All initial certification courses shall be scheduled in a manner that allows for competency validation in all cognitive, lab, clinical, and capstone field experience components that complies with the BLS or ALS certification program clinical hour and competency summary document.

12VAC5-32-1600. Maximum BLS or ALS course enrollment.

A. Initial 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 psychomotor or lab skill sessions shall not exceed six students per instructor (six to one ratio).

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 psychomotor or lab skill sessions shall not exceed six students per instructor (six to one ratio).

12VAC5-32-1610. Instructor requirements..

A. Instructors shall be providers certified at or above the level of instruction or be considered subject matter experts.

B. Education 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.

12VAC5-32-1620. Course monitoring.

All programs and courses approved for issuance of certification or award of continuing education must allow unannounced monitoring by the Office of EMS.

12VAC5-32-1630. .

12VAC5-32-1640. Admission to psychomotor testing.

Article 4
Certification Testing

A. Any candidate desiring to take the psychomotor examination must be registered for the test site.

B. BLS candidates for psychomotor examination must present the following at a test site:

1. The Virginia certification eligibility letter for psychomotor examination;

2. Current government issued photo identification; and

3. If a retest, the latest testing results.

C. ALS candidates seeking admission to a NASEMSO recognized certifying body test site shall comply with the NASEMSO recognized certifying body policy.

12VAC5-32-1650. Certification examination requirements.

A. NASEMSO recognized certifying body's cognitive and the Virginia BLS psychomotor examination is required for the following:

1. Any candidate who completes an initial program at the following levels:

a. Emergency medical responder.

b. Emergency medical technician.

B. A NASEMSO recognized certifying body's cognitive and psychomotor examination is required for the following:

1. Advanced EMT.

2. Paramedic.

C. Only a NASEMSO recognized certifying body's cognitive examination is required for any candidate in reentry for the following:

1. Advanced EMT.

2. Paramedic.

12VAC5-32-1660. Certification examination policy.

A. The Office of EMS certification examination process shall follow the NASEMSO recognized certifying body's policy.

B. The certification examination process requires that certification testing be conducted and proctored in a manner approved by the Office of EMS.

12VAC5-32-1670. Certification eligibility.

Certification eligibility shall require:

1. Indication of successful course completion in the Virginia EMS Portal;

2. Indication of successful course completion with the NASEMSO recognized certifying body.

12VAC5-32-1680. Candidates requirements for state recertification.

A. Students requesting recertification must demonstrate eligibility as evidenced by:

1. Completion of the continuing education requirements for the level to be recertified. Evidence of completion shall be received by the Office of EMS in an approved method prior to certification expiration for the provider to maintain current certified status; or

2. Providing documentation to the Office of EMS from providers who currently possess certification by a NASEMSO recognized certifying body and were successful by utilizing

recertification by examination as defined by the NASEMSO recognized certifying body's recertification by testing policy.

B. This section shall apply to individuals requesting state recertification at a level below their current certification (excluding those who gained their current certification through legal recognition).

1. Completion of the continuing education requirements for the level to be recertified. Evidence of completion shall be received by the Office of EMS in an approved method prior to expiration for the provider to maintain current certified status.

12VAC5-32-1690. Basic and advanced life support cognitive examinations.

A. All state cognitive examinations shall be a NASEMSO recognized certifying body's cognitive examination for the level being sought.

B. The education coordinator candidate pretest shall be a NASEMSO recognized certifying body's cognitive examination.

C. The Office of EMS standard for successful completion is defined as passing a NASEMSO recognized certifying body's cognitive examination.

12VAC5-32-1700. Psychomotor examination procedures.

A. Psychomotor examinations shall be conducted as prescribed by the Office of EMS.

1. EMR and EMT psychomotor examinations shall have an OEMS representative present unless otherwise allowed by an accredited program.

2. Advanced EMT, and paramedic psychomotor examinations shall be conducted by a NASEMSO recognized certifying body representative who will be a contractor or employee of the Office of EMS.

B. Candidates taking a psychomotor examination for BLS certification shall comply with the passing criteria established by the Office of EMS.

C. Candidates taking a psychomotor examination for ALS certification shall comply with the passing criteria established by the NASEMSO recognized certifying body.

12VAC5-32-1710. BLS candidate evidence of eligibility for retesting.

BLS candidates requesting to retest a failed psychomotor 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.

12VAC5-32-1720. Examination security and review.

A. All examinations shall follow the testing security policies of the Office of EMS and the NASEMSO recognized certifying body. All Virginia examinations are the property of the Office of EMS or a NASEMSO recognized certifying body. Individuals taking or participating in any function with an examination shall follow all policies addressing examination security and review whether with the Office of EMS or a NASEMSO recognized certifying body.

B. Under no circumstances will psychomotor scenarios be provided to an EMS education coordinator, EMS Physician, candidate, or any unauthorized individual for their review, at any time.

12VAC5-32-1730. Basic life support certification course expectations.

Article 5
Basic Life Support Programs

A. Programs shall define minimum didactic and lab requirements for successful completion.

B. Students shall complete all health care facility competency and field internship requirements for the program by the course end date.

C. Students shall successfully demonstrate knowledge and psychomotor competency for all required components for the level of the program being taught as defined by the program director and EMS Physician.

12VAC5-32-1740. Basic life support course student requirements.

The enrolled student, 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 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 younger than 18 years of age, the student must provide 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 psychomotor 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 or obtain current certification in an approved course in cardiopulmonary resuscitation (CPR) prior to the end date of the certification program. This certification must be current at the time of certification testing.

5. Comply with all federal, state and regional laws pertaining to EMS operations and this chapter at all times.

12VAC5-32-1750. Emergency medical responder certification program.

The EMR certification program shall comply with the National EMS Education Standards (NEMSES).

Candidates completing the EMR certification program must successfully complete the Office of EMS approved EMR psychomotor and a NASEMSO recognized certifying body's cognitive examinations.

12VAC5-32-1760. Emergency medical technician certification.

The EMT certification program shall comply with the National EMS Education Standards (NEMSES).

Candidates completing the EMT certification program must successfully complete the Office of EMS approved EMT psychomotor and a NASEMSO recognized certifying body's cognitive examinations.

12VAC5-32-1770. Advanced life support certification course expectations.

Article 6
Advanced Life Support Programs

A. Programs shall define minimum didactic and lab requirements for successful completion.

B. Students must complete all health care facility competency and field internship requirements for the program within 180 days of the course end date.

1. An EMS student may apply for a variance before the 180 day period ends allowing additional field clinical training time.

2. An EMS student may be enrolled in a subsequent course under advanced placement standing for the same purposes.

C. Students shall successfully demonstrate knowledge and psychomotor competency for all required components for the level of the program being taught as defined by the program director and EMS Physician.

12VAC5-32-1780. Advanced life support course student requirements.

The 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. Have no physical or mental impairment that would render the student or provider unable to perform all psychomotor 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 or obtain current certification in an approved course of Cardiopulmonary resuscitation (CPR) prior to the end date of the certification program. This CPR certification must be current at the time of EMS certification testing.

5. Be compliant with the NASEMSO recognized certifying body policy.

6. Comply with all federal, state and regional laws pertaining to EMS operations and this chapter at all times.

12VAC5-32-1790. Advanced emergency medical technician certification.

A. The advanced EMT certification program shall comply with the current National EMS Education Standards (NEMSES).

B. Certification for the Advanced EMT course shall be awarded through reciprocity upon successful completion of cognitive and psychomotor examinations created and administered by the NASEMSO recognized certifying body.

12VAC5-32-1800. .

12VAC5-32-1810. Paramedic certification.

A. The Paramedic certification program shall comply with the National EMS Education Standards (NEMSES).

B. Certification for the Paramedic course will be awarded through reciprocity upon successful completion of cognitive and psychomotor examinations created and administered by the NASEMSO recognized certifying body.

12VAC5-32-1820. Renewal of advanced life support coordinator.

Article 7

Advanced Life Support Coordinator and Emergency Medical Services Education Coordinator

A. To be eligible to recertify, the ALS coordinator shall:

1. Maintain current certification as a Virginia ALS provider or licensure as a doctor of medicine, doctor of osteopathy, registered nurse, or physician assistant.

2. Submit an ALS coordinator re-endorsement application in the approved format before the expiration month.

B. There is no reentry for ALS Coordinator.

12VAC5-32-1830. EMS education coordinator.

A. The EMS education coordinator shall maintain EMS certification at or above EMT.

B. 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.

C. Performance of any medical procedure is not permitted based upon EMS education coordinator certification.

12VAC5-32-1840. EMS education coordinator prerequisites.

Prerequisites for certification as an EMS education coordinator are:

1. Be a minimum of 21 years of age.

2. Possess a high school diploma or equivalent.

3. Hold current Virginia EMS certifications as an EMT or higher level Virginia EMS certification.

4. Have three years clinical experience with a minimum of two years verified field experience as an EMS provider at the appropriate EMS level or two years of current Virginia licensure as a registered nurse, physician assistant, nurse practitioner, doctor of osteopathic medicine, or doctor of medicine.

5. Must not have any EMS compliance enforcement actions within the previous five years.

12VAC5-32-1850. EMS education coordinator certification process.

A. Eligible EMS education coordinator candidates will submit an application in the approved format to include endorsement from an EMS physician and an EMS education coordinator. The EMS education coordinator application is valid for 90 days from the date of submission.

B. Upon completion and verification of the application, the eligible applicant will become an EMS education coordinator candidate. The EMS education coordinator candidate shall follow the Office of EMS defined candidate process.

1. The EMS education coordinator candidacy is valid for two years to the end of the month from the date the application is approved.

2. During this period of time the candidate may not submit another EMS education coordinator application.

C. All components of the EMS education coordinator certification process must be completed within two years to the end of the month of the application approval.

12VAC5-32-1860. 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 NCCR continuing education submitted in a process established by Office of EMS.

3. Participate in an EMS education coordinator update in the three-year certification period as defined by the Office of EMS.

4. Receive an endorsement from an EMS physician which remains valid for 180 days.

5. Successfully pass the EMS education coordinator recertification examination.

B. All requirements must be completed and submitted to the Office of EMS prior to the certification expiration date.

12VAC5-32-1870. EMS education coordinator reentry.

A. If an EMS education coordinator does not complete or submit all recertification requirements prior to the expiration date, he will go into a two-year reentry period.

B. During the reentry, the EMS education coordinator will not be allowed to coordinate any certification 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 and attendance of an EMS Education Coordinator update during the reentry period is required.

D. Failure to complete all recertification requirements during the reentry period will require the provider to complete the entire certification process as prescribed in 12VAC5-32-1850.

12VAC5-32-1880. Accreditation of EMS training programs.

Article 8
Accreditation of EMS Programs

A. Accreditation for EMT programs is optional. EMT programs seeking accreditation shall possess a valid accreditation or letter of review (LOR) as issued by the commissioner or designee before any accredited training programs are offered.

B. Accreditation for ALS programs is required. Training programs that lead to eligibility for initial certification at the:

1. Advanced EMT level must hold a valid accreditation or letter of review (LOR) as issued by the commissioner or designee before any training programs are offered.

2. Paramedic level must hold a valid accreditation or letter of review (LOR) by a NASEMSO recognized national EMS programmatic accreditor or an equivalent organization approved by the board or designee before any training programs are offered.

C. All certification programs seeking accreditation in Virginia shall comply with this chapter;

1. For advanced EMT programs, the current version of the Guidelines for an Accredited Educational Program as defined by the Office of EMS or a NASEMSO recognized national EMS programmatic accreditor.

2. For paramedic programs, the current version of the Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions as defined by a NASEMSO recognized national EMS programmatic accreditor or an equivalent organization approved by the board.

D. All program directors must be certified as an EMS education coordinator.

E. The program director for an Advanced EMT, or EMT program is exempt from the bachelor's degree requirement as specified by the NASEMSO recognized national EMS programmatic accreditor.

F. The medical director required by a NASEMSO recognized national EMS programmatic accreditor shall also meet the requirements for an EMS physician as required by this chapter.

G. All accredited programs shall notify the Office of EMS immediately upon receiving notice about the following changes:

1. Program personnel to include:

a. The program director;

b. ~~EMS~~ Course physician; and

c. Primary faculty.

2. Additions or deletions to clinical site contracts and field site contracts.

3. Primary site location or changes to include the addition or removal of satellite locations.

4. Any sentinel event.

12VAC5-32-1890. 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.

12VAC5-32-1900. Initial accreditation.

A. State Accreditation

1. The initial accreditation process will begin upon the receipt by the Office of EMS of an application for accreditation.

a. Initial accreditation may be issued by the Commissioner as follows:

i. The Commissioner will issue full accreditation for no more than five years from the accreditation date if the accreditation analysis and site visit report determines that the training program is in full compliance with the requirements for accreditation as defined by the Office of EMS.

ii. The Commissioner will issue provisional accreditation if the accreditation analysis and site visit report identifies deficiencies that are determined to be of concern but do not justify prohibiting the program from continuing 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 site visit report, and submit to the Office of EMS, in the approved format.

iii. The Commissioner may deny accreditation to the applicant if the accreditation analysis and site visit report identifies deficiencies that are determined to be sufficient to prohibit the program from starting an initial training program.

iv. The Commissioner will issue a letter of review to an applicant if the accreditation analysis and site visit report identifies that the program meets the minimum expectation to be granted a letter of review. The letter of review issued by Virginia will allow the program to complete one cohort class at the requested level. An accreditation site visit will be held upon completion of the initial cohort class.

B. National Accreditation

1. Paramedic programs must obtain initial accreditation by applying to and receiving a letter of review (LOR) from a NASEMSO recognized national EMS programmatic accreditor. Programs achieving accreditation issued by a NASEMSO recognized national EMS programmatic accreditor or an equivalent organization approved by the board are awarded state accreditation from the Office of EMS. Full accreditation will be issued for a period concurrent with that issued by the NASEMSO recognized national EMS programmatic accreditor or other approved organization.

12VAC5-32-1910. Renewal of accreditation.

A. Paramedic program applicants shall only be renewed by obtaining a valid accreditation from the NASEMSO recognized national EMS programmatic accreditor or an equivalent organization approved by the board.

B. Advanced EMT or EMT optional track programs shall apply for renewal of their program accreditation not less than 270 days before the end of their current accreditation cycle. 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 date if the accreditation analysis and site visit report 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 probationary status if the accreditation analysis and site visit report identifies deficiencies that are determined to be of concern but do not justify prohibiting the program from starting an initial training program. A follow up site visit will be conducted by the Office of EMS. If the site visit report identified deficiencies have not been adequately addressed, no additional certification courses may be announced.

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 additional programs.

12VAC5-32-1920. Accreditation of alternative locations.

A. Accredited training programs in Virginia shall contact the Office of EMS for accreditation of alternative training sites which differ from the site receiving initial accreditation.

B. Institutions that intend to operate entire programs or parts of programs at a different location or learning site shall prepare and submit requests in the approved format to the Office of EMS for each additional location.

12VAC5-32-1930. 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 the approved format within 10 days to the Office of EMS pursuant to § 2.2-4019 of the Virginia Administrative Process Act.

12VAC5-32-1940. (Reserved.).

12VAC5-32-1950. Equivalent accreditation of EMS programs.

A. The commissioner may issue an equivalent accreditation to programs obtaining a valid accreditation from the NASEMSO recognized national EMS programmatic accreditor or an equivalent organization approved by the board.

B. As a condition for equivalent accreditation, a representative from the board must be included with each visit by the NASEMSO recognized national EMS programmatic accreditor or any other approved accreditation organization.

1. Programs with equivalent accreditation shall notify the board 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) EMS physician.

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 the NASEMSO recognized national EMS programmatic accreditor.

e. Any sentinel event.

2. Accreditation issued by a NASEMSO recognized national EMS programmatic accreditor or other organization approved by the board shall remain current during any certification training program that requires accreditation by the board. Revocation, removal, or expiration of accreditation issued by a NASEMSO recognized national EMS programmatic

accreditor or other another organization approved by the board shall invalidate the corresponding state accreditation of the training program.

12VAC5-32-1960. Requirement for ~~EMS~~ OMD or PCD physician endorsement.

Part IV
EMS Physician Regulations

A physician wishing to serve as an EMS agency operational medical director (OMD) or an EMS training program physician course director (PCD) shall hold current endorsement as an EMS physician issued by the Office of EMS.

12VAC5-32-1970. Qualifications for OMD or PCD physician endorsement.

A physician seeking endorsement as an OMD or PCD physician shall hold a current unrestricted license to practice medicine or osteopathy issued by the Virginia Board of Medicine. The applicant must submitdocumentation of their qualifications for review on a form prescribed by the Office of EMS. The documentation required shall present evidence of the following:

1. Board certification in Emergency Medicine issued by a national organization recognized by the Office of EMS. As an applicant under this section, a physician must submit documentation of current board certification, or

2. Subspecialty Emergency Medical Services board certification issued by a national organization recognized by the Office of EMS. As an applicant under this section, a physician must also submit documentation of current and active primary board certification, or

3. Emergency Medicine board prepared applicant who is in the active application process for board certification in emergency medicine. As an applicant under this section, a physician must also submit documentation of 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, or

4. Board certification in family practice, internal medicine, or surgery or is in the active application process for board certification in family practice, internal medicine, or surgery issued by a national organization recognized by the Office of EMS. As an applicant under this section, a physician must also submit documentation of 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, and completion of an EMS medical direction program approved by the Office of EMS prior to submitting application for consideration of endorsement as an EMS physician.

5. In the event that an EMS agency or training program is located in a geographic area that does not have available a physician meeting the requirements stated in 1, 2, 3, or 4 of this section, or if an EMS agency has a specific need for a physician meeting specialized knowledge requirements (i.e., pediatrics, neonatology, etc.), then an available physician may submit their qualifications to serve as an EMS physician under these circumstances. An EMS physician endorsed under this subsection by the Office of EMS is limited to service within the designated geographic area or agency. A physician seeking endorsement under this subsection must provide documentation of 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.

12VAC5-32-1980. Application for OMD or PCD physician endorsement.

A. A physician seeking endorsement as an OMD or PCD physician must make application to the prescribed format to the Office of EMS.

B. The Office of EMS will review the application and the enclosed documents and notify the physician in writing of the status of the application within 30 days of receipt.

12VAC5-32-1990. Conditional endorsement.

Physicians will be issued a conditional endorsement for a period of one year pending the completion of the following requirements:

1. Upon verification of completion of the Virginia specific EMS system orientation module developed by the Virginia Office of EMS 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 OMD or PCD physician fails to complete the required EMS medical direction program or the training pursuant to 12VAC5-32-1970 within the initial one-year period, theendorsement will lapse.

12VAC5-32-2000. Lapse of EMS physician endorsement.

A. If an OMD or PCD physician fails to apply for re-endorsement prior to expiration, the Office of EMS will notify the EMS physician and any EMS agency that the EMS physician is associated with of the loss of endorsement.

B. If an EMS physician fails to apply for re-endorsement prior to expiration, the Office of EMS will notify the EMS training course that the EMS physician is associated with of the loss of endorsement. Any training programs already begun shall obtain an endorsed EMS Physician within 15 days. No new programs may be started or announced until an endorsed EMS Physician is obtained.

C. 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 (12VAC5-32-580 et seq.) of this chapter.

D. Upon loss of EMS physician endorsement, a new endorsement may only be issued upon completion of the application requirements of this chapter.

12VAC5-32-2010. Change in OMD or PCD physician contact information.

An EMS physician must report any changes of their name, contact addresses and contact telephone numbers to the Office of EMS within 30 days.

12VAC5-32-2020. 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 12VAC5-32-1970.

B. EMS physicians who are subspecialty board certified in EMS must attend a minimum of one Virginia EMS Physician Workshop sponsored by the Office of EMS within the five-year endorsement period.

C. EMS physicians not subspecialty board certified in EMS must attend two Virginia EMS Physician Workshops sponsored by the Office of EMS within the five-year endorsement period.

D. EMS physicians who are board certified in family practice, internal medicine, or surgery must submit completion of formal certification in ACLS, ATLS and PALS within past 5 years. 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.

12VAC5-32-2030. Service by an OMD or PCD physician.

A. An endorsed OMD or PCD physician may serve within the limits of the endorsement as an operational medical director (OMD) or as a physician course director (PCD), or both.

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

12VAC5-32-2040. Agreement to serve as an operational medical director.

A. An OMD or PCD 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 an agreement to serve as OMD with the EMS agency. This agreement shall at a minimum incorporate the requirements outlined in 12VAC5-32-580.

12VAC5-32-2050. Responsibilities of operational medical directors.

A. Responsibilities of the operational medical director may include provision of direct patient care.

B. Responsibilities of the operational medical director regarding medical control functions include medical directions provided directly to prehospital providers by the OMD or a designee either on-scene, through direct voice communications, or other electronic means.

C. Responsibilities of the operational medical director regarding medical direction functions include:

1. Establishing protocols or guidelines, operational policies and procedures, medical audits, reviews of care and determination of outcomes for the purpose of system design recommendations.

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 this chapter, other applicable state regulations including § 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 counseling, retraining, testing, probation, restriction of clinical privileges, 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 or restriction of practice privileges that are the result of remedial 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

Commented [AB28]: This is not needed, it is up to the agency and the course directors to see that the services provided by the physician are adequate. In the future we may see full time EMS physicians who serve many agencies and course directors and provide high quality services.

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 dispatch, medical, and operational protocols and guidelines, consistent with Virginia EMS regulations designed to deliver quality patient care. This function includes the selection and use of appropriate medications, supplies, training, and equipment.

8. Maintaining appropriate professional relationships with the local community including medical care facilities, emergency departments, emergency physicians, allied health personnel, law enforcement, fire protection and dispatch agencies.

9. Establishing any other agency policies, procedures, and guidelines 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.

~~**12VAC5-32-2060. OMD and EMS agency conflict resolution.**~~

~~A. In the event of an unresolved conflict between an EMS agency and its OMD, the issues involved may be brought before an OMD resource such as a regional council medical direction committee or assemble a regional peer panel of two or more physicians as subject matter experts for review and non-binding recommendations.~~

~~B. When the EMS agency presents a significant risk to public safety or health, the OMD must attempt to resolve the issues in question. If a risk remains unresolved and presents an immediate threat to public safety or health, the OMD shall contact the Office of EMS for assistance.~~

Commented [AB29]: This is a redundant entry. This is addressed above.

12VAC5-32-2070. Change of operational medical director.

A. An OMD choosing to resign must provide the agency and the Office of EMS a minimum of 30 days written notice of intent. When possible, the OMD should assist the agency in securing a successor for this position.

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

C. When extenuating circumstances require an immediate change of an agency's OMD (e.g., death, critical illness, etc.), the Office of EMS must be notified by the OMD within one business day so that a qualified replacement may be approved. In the event that the OMD is not capable of making this notification, the EMS agency will be responsible for compliance with this requirement. Under these extenuating circumstances, the Office of EMS may authorize the EMS agency to continue its operations pending the approval of a permanent or temporary replacement OMD.

D. When temporary circumstances make an agency's OMD unavailable to serve for a period not expected to exceed one year (e.g., military commitment, unexpected clinical conflict, etc.), the OMD must notify the Office of EMS within 10 business days so that a qualified interim replacement may be approved. Any circumstances that make an agency's OMD unavailable to serve for a period expected to exceed one-year will require a change in the agency OMD as required by this section.

E. The Office 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 this chapter or the Code of Virginia.

12VAC5-32-2080. Responsibilities of physician course directors.

A. Every basic or advanced life support training program and course requesting the award of certification or "Required" NCCR continuing education (CE) credits must have a minimum of one physician course director (PCD) who is a licensed physician holding endorsement as an OMD or PCD physician from the Office of EMS.

B. The PCD will have the following responsibilities as they relate to the selection and training of basic and advanced life support personnel:

1. The PCD will collaborate with the course coordinator or educational coordinator to verify that all students accepted into the course of training meet state, regional, and local prerequisites for certification.

2. The PCD will collaborate with the course coordinator or educational coordinator to confirm that all instructors for the course are certified at or above the level being instructed or have expertise in the particular subject being taught.

3. The PCD must regularly monitor and confirm that the training program adheres to the following criteria:

a. Satisfaction of the minimum objectives prescribed in the Office of EMS-approved training curriculum for the course of instruction. Upon presentation of an individual's "Virginia EMS Certification Application" for the PCD's signature by the course coordinator (ALS Coordinator) of an advanced life support training program, the PCD should confirm the student's successful completion of the course including their assessed competency to perform all required skills;

b. Continuing education programs are based upon the objectives prescribed in the Office of EMS approved recertification curriculum and other approved continuing education programs;

c. Consistency is maintained with local medical direction protocols and guidelines;

d. Consistency is maintained with any other local guidelines established by the regional EMS council or local EMS resource; and

e. Any additional requirements imposed for programs conducted for a single EMS agency or other organization must comply with the minimum guidelines defined in subdivisions 3 a through d of this subsection.

12VAC5-32-2090. Compliance with training regulations.

A. The PCD must verify that the course coordinator or educational coordinator and all instructors are aware that possession or distribution of study guides or other written materials obtained through reconstruction of any state or national registry of EMTs certification examination is not permitted.

B. Where violations of this section or any part of this chapter are suspected of any PCD, the Office of EMS may suspend the instruction of any ongoing courses, withhold issuance of certifications, or suspend certifications issued to the course's students, instructors, the course coordinator, or educational coordinator until an investigation is concluded.

C. Investigations resulting in a finding of a violation of this chapter by a PCD may result in an enforcement action. The Office of EMS may report the results of any investigation to the State Board of Medicine for further review and action as deemed necessary.

12VAC5-32-2100. Physician course director responsibility to students.

A. PCD/student relationship. The PCD shall assure that students are made aware of the PCD's responsibilities for the course, and of how to contact and if possible meet the PCD during the first lessons of any certification course.

B. Hospital-based experiences and field internships. The PCD shall collaborate with the course coordinator or educational coordinator to assure readiness and classroom proficiency for the field practice of students enrolled in an approved EMS certification training program while the students are participating in clinical and field internship training. During these training programs the enrolled students may perform the clinical skills and functions of EMS personnel who are certified at the level of the course of instruction when:

1. The students are caring for patients in the affiliated hospitals or other healthcare-related facilities approved by the PCD, provided that the related didactic subject matter and practical skills laboratory have been completed and the students are under the direct supervision of a preceptor who is a physician, physician's assistant, nurse practitioner, registered nurse or an EMS provider certified at or above the level of the training program. All preceptors must be approved by the affiliated hospital or facility.

2. The students are caring for patients during a required course field internship program with a licensed EMS agency approved by the PCD, provided that the related didactic subject matter and practical skills laboratory have been completed and the students are under the direct supervision of and accompanied by an EMS provider certified at or above the level of the training program, or under the direct supervision of a licensed physician.

Nothing in this subsection removes the obligation of the supervising hospital, facility or licensed EMS agency for ultimate responsibility for provision of appropriate patient care by students participating in clinical or internship training.

12VAC5-32-2110. Physician endorsement exemptions.

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 12VAC5-32-2020.

12VAC5-32-2120. Purpose of designated regional EMS councils.

Part VII

Designated Regional EMS Councils

For the purposes of this chapter regional EMS councils shall be designated by the board, adhere to policy direction established by the Office of EMS and carry out the development and implementation of an efficient, effective, and accountable statewide regional EMS deliverysystem.

12VAC5-32-2130. Provision of regional EMS council services within Virginia and compliance with this chapter.

An organization or person providing designated regional EMS council services within Virginia must comply with this chapter, the applicable regulations of other state agencies, the Code of Virginia and the United States Code. The Office of EMS will publish the Virginia Regional EMS Council Designation Manual, a document that describes and provides guidance on how to comply with this chapter.

12VAC5-32-2140. Requirement for regional EMS council designation.

Any organization or person establishing, operating, maintaining, advertising or representing itself or any services as a designated regional EMS council must have a valid designation issued by the board.

12VAC5-32-2150. Designation of a regional EMS council.

A. The board will designate a regional EMS council that satisfies the representation requirements in this chapter.

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 this chapter;

c. Current roster of the membership of the applicant organization's board of directors. The roster shall 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;

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 designation term 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 in its service delivery area.;

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 this chapter;

i. Directory of localities, hospitals and EMS agencies. A comprehensive directory of the localities, hospitals, and EMS agencies in the applicant's service delivery area.

2. A listing of all hospitals within the applicant's proposed geographic service delivery area.

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.

12VAC5-32-2160. Application process for designation.

A. An applicant for regional EMS council designation shall file a written application specified by the Office of EMS.

B. 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.

C. An applicant must provide information on any previous record of performance in the provision of related EMS services or any other related licensure, registration, certification or endorsement within or outside Virginia.

D. Completed application packages must be received in the Office of EMS no later than October 1 to be considered for designation commencing July 1 of the following year.

E. The application and preliminary review process is to be completed by the Office of EMS prior to a site review visit.

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

G. If the applicant organization does not comply with the required standards for designation as a regional EMS council, the agent of the applicant organization will be notified in writing of the deficiencies by the Office of EMS.

H. If the applicant organization complies with the required standards, the agent of the applicant organization will be notified in writing and arrangements will be made for a site visit by a review team as designated by the Office of EMS.

I. The Office of EMS will conduct a site review of the applicant.

J. The applicant organization will receive the written report of the visiting team containing its findings and recommendations in accordance with the criteria.

K. If a deficiency is reported, the Office of EMS may order the designated regional EMS council to correct the deficiency by issuing a written correction order.

L. If a deficiency requires a revisit by a site review team, a fee commensurate with direct costs will be paid by the applicant.

M. The site review process will be completed prior to the Office of EMS forwarding a recommendation for designation or denial to the board.

N. The Office of EMS will then forward a recommendation for designation or denial to the board.

O. Acting upon the favorable recommendation of the site review team and the Office of EMS, the board may designate the applicant organization as a regional EMS council.

P. The Office of EMS may schedule unannounced site visits at its discretion.

12VAC5-32-2170. Inspection.

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

1. All fixed places of operations, including all offices and training facilities;
2. All applicable records maintained by the applicant agency; and
3. All vehicles and required equipment used by the applicant agency.
4. Interviews with members of the regional council board of directors, regional EMS council staff, and regional EMS system stakeholders.

12VAC5-32-2180. Designation approval.

A. The Office of EMS will review and make recommendations to the board determining whether an applicant is qualified for designation based upon the applicant meeting the requirements of this chapter.

B. The board will make the final determination on regional EMS designation.

C. The designated regional EMS council or applicant has the right to appeal any decision or order of the board regarding approval or denial of regional EMS designation in accordance with the Virginia Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia).

12VAC5-32-2190. Designation periods.

The designation is for a period of three years, effective July 1, or as determined by board approval, after completion of the designation process.

12VAC5-32-2200. Regional EMS councils requesting un-designation.

Regional EMS councils desiring to become undesignated by the board must provide the Office of EMS a minimum of 30 days written notice of intent. Upon review the Office of EMS will forward the request to the board with its recommendation. Only the board can grant or remove regional EMS council designation.

12VAC5-32-2210. Powers and procedures of regulations not exclusive.

The board reserves the right to authorize any procedure for the enforcement of this chapter that is not inconsistent with the provisions set forth herein or the provisions of §§ 32.1-27 and 32.1-111.1 of the Code of Virginia.

12VAC5-32-2220. Exemptions.

Exceptions to any provision of this chapter are specified as part of the regulation concerned. Any deviation not specified in this chapter is not allowed except by variance or exemption.

12VAC5-32-2230. Composition of designated regional EMS councils.

A designated regional EMS council shall include, if available, representatives of the participating local governments, fire protection agencies, law-enforcement agencies, emergency

medical services agencies, hospitals, licensed practicing physicians, emergency care nurses, mental health professionals, emergency medical technicians and other appropriate allied health professionals.

12VAC5-32-2240. Governing body of a designated regional EMS council.

A. A regional EMS council shall be organizationally independent of any other entity.

B. A regional EMS council shall be governed by a board.

C. Articles of incorporation and bylaws shall be in force that specifies:

1. Designated regional EMS council representation;

2. Method of designated regional EMS council appointments and/or elections;

3. Governing board representation;

4. Method of governing board appointments and/or elections;

5. Tenure of representatives;

6. Officers, their roles, responsibilities and terms of office;

7. Quorum requirements;

8. Meeting attendance requirements and enforcement policies;

9. Indemnification of officers and directors; and

10. Dissolution of assets.

D. There shall be a minimum of five members with full voting privileges comprising a governing board. The Executive Director of the organization may serve in an ex officio capacity, but shall not have voting privileges.

12VAC5-32-2250. Regional EMS plan.

A designated regional EMS council, in cooperation with the EMS Advisory Board, shall develop, maintain, and distribute a comprehensive regional EMS plan for coordinating and improving the delivery of EMS in the regional service area, in accordance with §§ 32.1-111.3 and 32.1-111.4:2 of the Code of Virginia.

1. The plan shall be submitted for approval by the Office of EMS within one year of designation.

2. The approved plan shall be distributed to the Office of EMS, all localities, EMS agencies, hospitals and EMS physicians within its service delivery area.

3. The plan shall be reviewed and revised, if necessary, every three years and redistributed to the Office of EMS, all localities, EMS agencies, hospitals and EMS physicians within its service delivery area.

12VAC5-32-2260. Regional trauma triage plan.

A designated regional EMS council, in corporation with the EMS Advisory Board, shall develop, maintain, and distribute a regional trauma triage plan in accordance with §§ 32.1-111.3 and 32.1-111.4:2 of the Code of Virginia.

1. The plan shall be submitted ~~for approval by the~~ to the Office of EMS within one year of designation.

2. The approved plan shall be distributed to the Office of EMS, all localities, EMS agencies, hospitals and EMS physicians within its service delivery area.

3. The plan shall be reviewed and revised, if necessary, every three years and submitted for approval by the Office of EMS.

4. The approved revisions shall be distributed to the Office of EMS, all localities, EMS agencies, hospitals and EMS physicians within its service delivery area.

Commented [AB30]: Should not require OEMS approval. OEMS the appropriate entity to determine care and disposition of patients.

12VAC5-32-2270. Financial assistance for emergency medical services.

A. A designated regional EMS council shall participate in the Virginia financial assistance for emergency medical services program and assist eligible EMS agencies and organizations needing funding within the service area.

B. The designated regional EMS council participation in the Virginia financial assistance for emergency medical services program process shall have written guidelines and procedures, approved by the Office of EMS, that meet the requirements stated in 12VAC5-32-2320 through 12VAC5-32-2460.

12VAC5-32-2280. Base funding of designated regional EMS councils.

A. Required services provided by a designated regional EMS council may be funded by the state.

B. A designated regional EMS council may receive annual base funding by the state to assist with infrastructure development and maintenance in providing required regional services.

C. A designated regional EMS council shall submit documentation, as required, demonstrating a 25% match for base funding to the Office of EMS. Moneys received directly or indirectly from the Commonwealth shall not be used as matching funds.

12VAC5-32-2290. Matching funds.

For the purposes of this chapter, approved matching funds are monetary and/or in-kind services as approved by the Office of EMS and only apply to base funding.

12VAC5-32-2300. Performance standards.

A. The Office of EMS may enter into performance-based contracts that establish standards for the delivery of specific identified services and projects with designated regional EMS councils. These services and projects shall include performance standards for:

1. Regional medical direction;
2. Regional EMS plan;
3. Trauma triage plan;
4. EMS performance improvement program;
5. Regional trauma performance improvement program;
6. Technical assistance and review for Rescue Squad Assistance Fund grant applications;
7. Regional infrastructure; and
8. Criteria for matching funds.

B. The contracts will be based upon the specific needs of the regional service delivery area and the requirements of the Office of EMS as described in § 32.1-111.4:2 of the Code of Virginia.

12VAC5-32-2310. 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 shall have an independent review of financial records conducted by a 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.

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.

12VAC5-32-2320. Financial Assistance and Review Committee.

Part VIII

Financial Assistance for Emergency Medical Services

A. Financial Assistance and Review Committee (FARC) appointments.

1. Appointments shall be made for terms of three years or the unexpired portions thereof in a manner to preserve, insofar as possible, the representation of the emergency medical services councils. No member may serve more than two successive terms. The chairman shall be elected from the membership of the FARC for a term of one year and shall be eligible for reelection.

2. The EMS Advisory Board may revoke appointment for failure to adhere to the standards set forth in this chapter, and the State and Local Government Conflict of Interests Act (§ 2.2-3100 et seq. of the Code of Virginia).

3. Midterm vacancies shall be filled by nominations submitted from the affected designated regional EMS council.

B. Geographical representation.

1. Designated regional EMS councils shall be eligible to submit nominations to the EMS Advisory Board for representation on the FARC.

2. The eligible designated regional EMS council shall nominate three candidates to fill a vacancy on the FARC. The EMS Advisory Board shall make appointments from the nominations submitted by the designated regional EMS council.

3. A designated regional EMS council whose representative has completed two successive terms on FARC shall not be eligible to submit a nomination for one full term (three years).

C. Meetings and attendance.

1. The FARC shall meet at least four times annually at the call of the chairman or the commissioner.

2. Attendance at FARC Grant Review meetings is mandatory for all members.

3. A quorum for a meeting of the FARC shall consist of not fewer than four members.

12VAC5-32-2330. Rescue Squad Assistance Fund general grant program administration.

A. The FARC will administer the Rescue Squad Assistance Fund (RSAF) General Grant Program and the funding of RSAF General Grant awards using the Office of EMS approved pricing, applicant eligibility, award criteria, and priorities as approved by the EMS Advisory Board.

B. The Office of EMS shall approve and maintain a list that represents an average price of EMS vehicles, EMS equipment, communications equipment, and EMS education programs frequently requested under the RSAF General Grant Program. This list will be based on current market pricing and is not all-inclusive. RSAF General Grant awards for items maintained on this list shall not exceed the approved amount.

C. Funding priorities for RSAF General Grants shall be identified in the Virginia Statewide EMS Plan as stipulated in § 32.1-111.3 of the Code of Virginia or special initiatives as approved by the EMS Advisory Board.

D. Deadline for submission of applications shall be March 15 and September 15 of each year.

E. Applications shall be made to the Office of EMS.

F. The Office of EMS will review applications for compliance with the EMS regulations and RSAF policies and procedures. The FARC reviews and grades applications and makes recommendations on general grant funding.

12VAC5-32-2340. Rescue Squad Assistance Fund general grant award cycle.

A. The Rescue Squad Assistance Fund grant period shall be for a period of 12 months from the date of award and there shall be two review cycles per year.

B. Applications shall be made in the approved format to the Office of EMS.

C. Dates of award shall be July 1 and January 1 of each year.

D. Other dates in the award process shall be established by the Office of EMS.

12VAC5-32-2350. Amount of Rescue Squad Assistance Fund grant award.

A. The amount of Rescue Squad Assistance Fund (RSAF) General Grant award granted an applicant will not exceed 50% of the cost of the items except in documented and approved cases of hardship. The amount of an RSAF General Grant award shall be based upon the amount requested for the items and state approved pricing determined by the Office of EMS. The amount awarded will not exceed the amount requested by the applicant.

B. Additional funding may be recommended for those unique situations where the applicant has demonstrated the lack of reasonable capability to generate a 50% match (hardship). The additional funding above a 50% match will be determined by the FARC.

1. Awards identified on the notice of award as being "hardship" (above a 50% match level) require the grantee to purchase from available state contracts.

Awardees, able to demonstrate the ability to purchase at a cost equal to or less than the state contract price may purchase outside the state contract with prior approval.

2. The FARC shall recommend the percentage of an RSAF General Grant award based upon the review of the application.

12VAC5-32-2360. Award of Rescue Squad Assistance Fund general grants.

A. The requirements of this section shall apply to the disbursement of funds.

B. A nonprofit licensed EMS agency or other Virginia emergency medical service organization operating on a nonprofit basis exclusively for the benefit of the general public pursuant to § 32.1-111.12 of the Code of Virginia is eligible for an Rescue Squad Assistance Fund (RSAF) General Grant.

C. An applicant must be in compliance with this chapter.

D. Programs, services, and equipment funded by the RSAF must comply with the plans, policies, procedures, and guidelines adopted by the EMS Advisory Board. Grants may be approved for the following:

1. Establishment of a new EMS agency, program, or service where needed to improve emergency medical services offered in an area;

2. Expansion or improvement of an existing EMS agency, program, or service;

3. Replacement of equipment or procurement of new equipment; or

4. Establishment, expansion or improvement of EMS training programs.

E. The Office of EMS shall make awards as approved by the commissioner.

F. Grantees will be notified of their award.

G. Funds may be disbursed to the grantee at any time within the grant period. Agreement to the award and any attached conditions shall be secured prior to any disbursements.

H. Funds shall not be used for expenditures or commitments made before the date of the grant award or after the conclusion of the grant period.

I. If a jurisdiction applies for a RSAF grant, any unencumbered return to locality funds shall be used to offset the total approved RSAF grant award.

12VAC5-32-2370. Responsibilities of the Rescue Squad Assistance Fund grantee.

A. A Rescue Squad Assistance Fund grantee shall not discriminate in the provisions of its services or in the conduct of its business affairs on the basis of race, color, creed, religion, sex, national origin, or disability.

B. The grantee shall be responsible for ensuring that items, programs, or services purchased in whole or in part with the use of the state moneys comply with this chapter.

C. Grantee shall be responsible for the preparation and maintenance of proper accounting records that shall be maintained for a period of not less than five years from the end of the grant period.

12VAC5-32-2380. Emergency Grant Awards.

A. The commissioner empowers the Office of EMS the ability to implement Emergency Grant Awards. The Office of EMS will advise the EMS Advisory Board and FARC of emergency grants awarded and the purposes of disbursement of these funds.

B. Applications shall be made by the approved format to the Office of EMS at any time.

C. The Emergency Grant Award will be made or rejected by the Office of EMS within 10 business days after receiving an application.

E. Award of funds shall be based upon incidents or circumstances involving the loss or potential loss of critical equipment or services.

12VAC5-32-2390. EMS System Initiative Awards.

EMS System Initiative Awards are based on priorities and needs identified by the Office of EMS to meet EMS system objectives as stipulated in § 32.1-111.3 of the Code of Virginia.

1. The Office of EMS may implement EMS System Initiative Awards at any time.

2. EMS System Initiative Award applications shall be submitted by the approved format to the Office of EMS, using approved pricing, application eligibility award criteria, and approved priorities.

3. The EMS System Initiative Award will be made or rejected by the Office of EMS within 30 business days after receiving an application.

4. EMS System Initiative Awards may be granted for the following purposes, based upon the demonstrated need:

a. Establishment of a new EMS agency, program, or service where needed to improve emergency medical services offered in an area;

b. Expansion or improvement of an existing EMS agency, program, or service;

c. Replacement of equipment or procurement of new equipment; or

d. Establishment, expansion or improvement of EMS training programs.

12VAC5-32-2400. Use of funds.

A. Awards shall be made in accordance with § 32.1-111.12 of the Code of Virginia.

B. Funds shall be used only for the specific items, service, or programs for which they were awarded and in accordance with any conditions placed upon a grant award.

C. The grantee shall sign a memorandum of agreement attesting that the award funds shall be used as granted and the grantee meets all conditions placed upon the award.

D. Sale, trade, transfer, or disposal, within five years of vehicles or items specified by the Office of EMS in the notice of award purchased in whole or in part with the use of state moneys requires prior approval by the Office of EMS.

E. EMS vehicles purchased with funding from the Rescue Squad Assistance Fund (RSAF) shall meet the current state and federal standards for the type of vehicle purchased.

F. Funds shall not be approved or disbursed for:

1. Leased equipment or vehicle;

2. Equipment or vehicles secured by a lien;

3. Guarantees or warranties;

4. Used equipment or vehicles without prior approval; or

5. Fire suppression apparatus or law-enforcement equipment.

12VAC5-32-2410. Ownership.

All equipment, including EMS vehicles, shall be in the name of the organization to which the award has been made or in the name of the local jurisdiction or government entity in which the organization is located. This requirement shall apply to the ownership of equipment purchased in whole or in part with the use of these funds. A copy of the title for each EMS vehicle shall be provided to the Office of EMS.

12VAC5-32-2420. Improper expenditures.

A. An audit revealing expenditures not permitted by the conditions of the award will result in the grantee being required to reimburse the Office of EMS any funds received.

B. An agency providing false, misleading or improper information to the Office of EMS will be ineligible for future grants for a period of five years.

12VAC5-32-2430. Modification of an award.

Any changes in the project, including any changes in the approved items, shall be permitted only by modification of the award.

1. The grantee must request in writing the specific modifications desired and the reasons and circumstances necessitating such a request to the Office of EMS.

2. The commissioner may modify, approve or deny the request for modification.

12VAC5-32-2440. Suspension of an award.

A. The commissioner may suspend an award and all disbursements of funds attached pending an investigation and following an informal fact-finding conference as defined in the Virginia Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia).

B. There shall exist reasonable cause for suspension prior to such action by the commissioner. Such cause shall include:

1. Failure to comply with this chapter;

2. Violation of the terms of any conditions or agreements attached to an award; or

3. A reasonable belief by the commissioner that any such violations might otherwise continue unabated.

C. The Office of EMS shall notify the grantee of the suspension by certified mail to the last known address.

D. A suspension shall take effect immediately upon receipt of notification unless otherwise specified. A suspension shall remain in effect until reinstated or revoked by the commissioner.

12VAC5-32-2450. Revocation of an award.

The commissioner may revoke an award and all disbursements of funds attached after an informal fact-finding conference as defined in the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia) or waiver thereof.

1. Cause. There must exist reasonable cause for revocation prior to such action by the commissioner.

2. Notification. The Office of EMS must notify the grantee of the revocation by certified mail to the last known address.

3. Period of effect. A revocation shall be permanent unless and until overturned on appeal.

12VAC5-32-2460. Extension of grant award.

A. Any extension of the grant award shall require the approval of the Office of EMS.

1. Request. The grantee shall submit by the approved format to the Office of EMS, the reasons and circumstances necessitating such a request.

2. Approval. The Office of EMS shall render a decision within 30 days of receipt of the request.

B. Extensions are limited to 12 months beyond the end of the original grant award.

FORMS

Student Permission Form for BLS Students Less than 18 Years Old, EMS.TR.07 (rev. 7/2011)

Documents Incorporated By Reference

TR-06 Course Roster
TR-07 Student Permission Form
TR-09 BLS Student Signatures
TR-10 ALS Student Signatures
EMS Physician OMD Application Form