WEST VIRGINIA
SECRETARY OF STATE
NATALIE E. TENNANT
ADMINISTRATIVE LAW DIVISION

Form #3

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2015 JUL 31 A 10:05

OFFICE WEST VIRGINIA
SECRETARY OF STATE

NOTICE OF AGENCY APPROVAL OF A PROPOSED RULE
AND
FILING WITH THE LEGISLATIVE RULE-MAKING REVIEW COMMITTEE

AGENCY: Department of Health and Human Resources/Bureau for Public Health TITLE NUMBER: 64

CITE AUTHORITY: W. Va. Code §§16-1-4, 16-4C-6, 16-4C-6c, 16-4C-14 and 16-4C-23

AMENDMENT TO AN EXISTING RULE: YES X NO ____

IF YES, SERIES NUMBER OF RULE BEING AMENDED: 48

TITLE OF RULE BEING AMENDED: EMERGENCY MEDICAL SERVICES

IF NO, SERIES NUMBER OF RULE BEING PROPOSED: ____

TITLE OF RULE BEING PROPOSED: ____

THE ABOVE PROPOSED LEGISLATIVE RULE HAVING GONE TO A PUBLIC HEARING OR A PUBLIC COMMENT PERIOD IS HEREBY APPROVED BY THE PROMULGATING AGENCY FOR FILING WITH THE SECRETARY OF STATE AND THE LEGISLATIVE RULE-MAKING REVIEW COMMITTEE FOR THEIR REVIEW.

Karen L Bowling

Authorized Signature

APPENDIX B

FISCAL NOTE FOR PROPOSED RULES

Rule Title: Emergency Medical Services

Type of Rule: [X] Legislative [ ] Interpretive [ ] Procedural

Agency: DHHR/BPH/Office of Emergency Medical Services

Address: 350 Capitol St. Room 425
Charleston, WV 25301

Phone Number: 304-558-3956 Email: melissa.j.kinnaird@wv.gov

Fiscal Note Summary

Summarize in a clear and concise manner what impact this measure will have on costs and revenues of state government.

The changes in relation to EMT-Industrial are consistent with passage of legislation that was effective July 1, 2014. W.Va. Code § 16-4C-6c(h)(3) limits the application fee for the certification to $10. The application fee for the EMT-Miner certification is currently $25. Other proposed changes clarify confusing language and remove a level of certification no longer in use.

Fiscal Note Detail

Show over-all effect in Item 1 and 2 and, in Item 3, give an explanation of Breakdown by fiscal year, including long-range effect.

	FISCAL YEAR		
Effect of Proposal	Current Increase/Decrease (use "-")	Next Increase/Decrease (use "-")	Fiscal Year (Upon Full Implementation)
1. Estimated Total Cost			
Personal Services			
Current Expenses			
Repairs & Alterations			
Assets			
Other			
2. Estimated Total Revenues	52,500.00	52,500.00	52,500.00

Rule Title: _____

Rule Title: Emergency Medical Services

3. **Explanation of above estimates (including long-range effect):**
Please include any increase or decrease in fees in your estimated total revenues.

There are approximately 3500 EMT-Miners (EMT-Industrial) currently. Reductions in fees are calculated based on this number of recertifications completed annually. It is not anticipated that this number will significantly reduce over the long range, unless there is a significant number of coal mine closures eliminating jobs for those individuals.

MEMORANDUM

Please identify any areas of vagueness, technical defects, reasons the proposed rule **would not** have a fiscal impact, and/or any special issues **not** captured elsewhere on this form.

Date: 7/30/2015

Signature of Agency Head or Authorized Representative

Karen L Bowling

TITLE 64
LEGISLATIVE RULE
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR PUBLIC HEALTH

SERIES 48
EMERGENCY MEDICAL SERVICES

Brief Summary of Rule: This rule is intended to ensure adequate provision of emergency medical services to the citizens of West Virginia and to meet the purposes set out in *W. Va. Code* §16-4C-2. The rule series is also intended to provide clear direction to emergency medical services (EMS) personnel and agencies in West Virginia. It is not intended to limit the scope of practice of any person who is a duly licensed health care provider under other pertinent provisions of West Virginia law and who is acting within the scope of his or her license. This rule applies to all persons or entities defined in *W. Va. Code* §§16-4C-14 and 16-4C-3 and to all other persons or entities engaging in the provision of emergency medical services in West Virginia.

Statement of Circumstances: The amendments to the current rule are largely non-substantive and intended only to clarify current provisions and to make technical drafting changes.

Identification of Proposed Amendments: The following is a summary of the proposed amendments:

- Reorganizes and make non-substantive drafting changes to definitions contained in section 2;
- Phases out "Advanced Care Technician" certification. Applications for certification or recertification as an Advanced Care Technician will no longer be accepted on or after March 31, 2015. An Advanced Care Technician certification not having expired on or before April 1, 2015, will continue in effect and be valid until March 31, 2017, at which time it will expire. And, effective March 31, 2017, all ACT certifications will expire and OEMS will no longer certify Advanced Care Technicians;
- Removes extraneous "EMS" references throughout the rule series;
- Replaces "EMT-Miner" with "EMT – Industrial" as a result of 2014 statutory amendments;
- Modified "EMT- Industrial" certification training requirements in § 6.8. to ensure consistency with statutory authority;
- Clarified provisions at §§ 6.3.f., 6.5.c. and 6.7.a.7. related to required criminal history background checks;
- Removed references to training required of Advanced Care Technicians, a category of EMT no longer certified; and
- Other non-substantive drafting corrections.

Relevant Statutes or Regulations: *W. Va. Code* §§16-1-4, 16-4C-6, 16-4C-6c, 16-4C-14 and 16-4C-23.

QUESTIONNAIRE

(Please include a copy of this form with each filing of your rule: Notice of Public Hearing or Comment Period; Proposed Rule, and if needed, Emergency and Modified Rule.)

DATE: July 31, 2015

TO: LEGISLATIVE RULE-MAKING REVIEW COMMITTEE

FROM: (*Agency Name, Address & Phone No.*) West Virginia Department of Health and Human Resources
Bureau for Public Health
Office of the Commissioner & WV State Health Officer
350 Capitol Street Room 702
Charleston, WV 25301
(304)558-2971

LEGISLATIVE RULE TITLE: EMERGENCY MEDICAL SERVICES (64 CSR 48)

1. Authorizing statute(s) citation W. Va. Code §§16-1-4, 16-4C-6, 16-4C-6c, 16-4C-14 and 16-4C-23

2. a. Date filed in State Register with Notice of Hearing or Public Comment Period:

   June 25, 2015

   b. What other notice, including advertising, did you give of the hearing?

   N/A

   c. Date of Public Hearing(s) ***or*** Public Comment Period ended:

   July 25, 2015

   d. Attach list of persons who appeared at hearing, comments received, amendments, reasons for amendments.

   Attached X No comments received _____

e. Date you filed in State Register the agency approved proposed Legislative Rule following public hearing: (be exact)

July 31, 2015

f. **Name, title, address and <u>phone/fax/e-mail numbers</u>** of agency person(s) to receive all *written correspondence* regarding this rule: (Please type)

Brian J. Skinner, General Counsel - Bureau for Public Health
West Virginia Department of Health and Human Resources
350 Capitol Street Room 702
Charleston, WV 25301
(304) 356-4122 – O
brian.j.skinner@wv.gov

g. **<u>IF DIFFERENT</u> FROM ITEM 'f'**, please give **Name, title, address and phone number(s)** of agency person(s) who wrote and/or has responsibility for the contents of this rule: (Please type)

N/A

3. If the statute under which you promulgated the submitted rules requires certain findings and determinations to be made as a condition precedent to their promulgation:

a. Give the date upon which you filed in the State Register a notice of the time and place of a hearing for the taking of evidence and a general description of the issues to be decided.

b. Date of hearing or comment period:

_____

c. On what date did you file in the State Register the findings and determinations required together with the reasons therefor?

_____

d. Attach findings and determinations and reasons:

Attached _____

TITLE 64
LEGISLATIVE RULE
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR PUBLIC HEALTH

SERIES 48
EMERGENCY MEDICAL SERVICES

Summary of Public Comments

Becky Oakley, RN, CMTE, Program Manager, Pre Hospital Transport Services, Charleston MedBase.

1) Removing references to Regional EMS Medical Director and Regional Medical Command Centers is inappropriate since the entities are in fact active. *See* §§ 2.44, 9.1.c, 9.1.c.2.I & 9.2.a.
2) The word "not" was inadvertently omitted §§ 6.2.d., 6.2.e., 6.2.f., 6.2.g., 6.2.h., 6.2.I., 6.2.j., & 6.2k.

Agency Response: The Office of Emergency Medical Services recognizes that its proposed amendment to remove references to Regional EMS Medical Director and Regional Medical Command Centers was in error and will restore the stricken language in §§ 2.44, 9.1.c, 9.1.c.2.I & 9.2.a. Additionally, the agency agrees that the provisions of 6.2.d., 6.2.e., 6.2.f., 6.2.g., 6.2.h., 6.2.I., 6.2.j., & 6.2k. incorrectly indicate that certain undesirable conduct is permissible. The suggested corrections will be made to the proposed rule.

Glen M. Satterfield, President, North Central Regional EMS, Inc.

1) Removing references to Regional EMS Medical Director and Regional Medical Command Centers is inappropriate since the entities are in fact active. *See* §§ 2.44, 9.1.c, 9.1.c.2.I & 9.2.a.
2) The word "not" was inadvertently omitted §§ 6.2.d., 6.2.e., 6.2.f., 6.2.g., 6.2.h., 6.2.I., 6.2.j., & 6.2k.

Agency Response: The Office of Emergency Medical Services recognizes that its proposed amendment to remove references to Regional EMS Medical Director and Regional Medical Command Centers was in error and will restore the stricken language in §§ 2.44, 9.1.c, 9.1.c.2.I & 9.2.a. Additionally, the agency agrees that the provisions of 6.2.d., 6.2.e., 6.2.f., 6.2.g., 6.2.h., 6.2.I., 6.2.j., & 6.2k. incorrectly indicate that certain undesirable conduct is permissible. The suggested corrections will be made to the proposed rule.

Gregory A. Burd NREMT-P BA, Program Manager, WVRETI .

The word "not" was inadvertently omitted §§ 6.2.d., 6.2.e., 6.2.f., 6.2.g., 6.2.h., 6.2.I., 6.2.j., & 6.2k.

Agency Response: The Office of Emergency Medical Services agrees that the provisions of 6.2.d., 6.2.e., 6.2.f., 6.2.g., 6.2.h., 6.2.I., 6.2.j., & 6.2k. incorrectly indicate that certain undesirable conduct is permissible. The suggested corrections will be made to the proposed rule.

Chris Hamilton, Senior Vice President, West Virginia Coal Association

1) OEMS failed to consult with the West Virginia Board of Miner Training Education and Certification when developing the proposed rule amendments.

2) The criteria for instructors contained in the proposed rule series "effectively prevents many uniquely qualified mining professionals from becoming certified and arguable conflicts with the statutory instructor qualification embodies in the statute."
3) Supports the immediate withdrawal of the currently proposed instructor certification policy and furthermore proposed a new policy be issued consistent with H.B. 4312 (2014).

Agency Response: The Office of Emergency Medical Services has reviewed Mr. Hamilton's comments and believes that the provisions of the proposed rule amendments are not inconsistent with statutory authority:

1) The provisions of the proposed rule that address certification and recertification of the EMT-Industrial classification (§ 6.8) are substantially similar to the provisions of *W.Va. Code* § 16-4C-6c(a). However, in an effort to reduce the opportunity for confusion, OEMS has amended the proposed rule to more accurately track statutory authority.
2) Because Mr. Hamilton fails to cite a specific provision of the proposed rule that he finds to "effectively prevent[] many uniquely qualified mining professionals from becoming certified and arguable conflicts with the statutory instructor qualification embodies in the statute", OEMS is uncertain as to which provisions he finds objectionable. The proposed rule includes provisions for educational requirements, including the acceptability of the instructors in section 8. Subsection 8.1 provides for the qualification of all instructors, including those for the EMT-Industrial classification in broad terms:

> 8.1.b. Continuing education programs shall contribute directly to the professional competence, skills, and education of emergency medical services personnel;
>
> 8.1.c. Lead instructors shall possess the necessary practical and academic skills to conduct the courses effectively and meet all standards specified by OEMS;
>
> 8.1.d. Visiting instructors shall possess the necessary practical and academic skills to present specific content effectively;
>
> 8.1.h.1. An Agency Training Coordinator -- This individual shall meet the standards and policies set forth by OEMS; or
>
> 8.1.h.2. An Agency Training Officer -- This individual shall meet the standards and policies set forth by OEMS.

The provisions of the rule would certainly not prevent any person with the requisite "practical and academic skills to conduct the courses effectively" to be certified as an instructor, including those who are "uniquely qualified mining professionals". Further, the provisions of § 8.1 do not conflict with the statutory instructor qualification embodied in the statute. Conversely, the proposed rule is drafted sufficiently broad to permit OEMS to consult with not only West Virginia Board of Miner Training Education and Certification, but with any party or organization, interested in developing training programs that contribute directly to the professional competence, skills, and education of EMS personnel.

However, OEMS will amend the proposed rule to include the following provision:

8.1.j. Mine training personnel, independent trainers, community and technical colleges, and Regional Educational Service Agencies (RESA) may be endorsed as a continuing education sponsor for EMT-Industrial certification and recertification courses and examinations. However, mine training personnel and independent trainers must have a valid cardiopulmonary resuscitation (CPR) certification and must be an approved MSHA or OSHA certified instructor.

3) Finally, OEMS declines the request to immediately withdrawal the proposed instructor certification policy and propose a new policy consistent with H.B. 4312 (2014). The agency believes that the proposed rule is consistent with *W. Va. Code* § 16-4C-6c(a) and H.B. 4312 (2014). The agency believes that proposed rule provides ample opportunity for OEMS to consult with the Board of Miner Training, Education and Certification in developing the curriculum for any emergency medical technician-industrial education programs and cognitive and skills recertification examinations.

Michael Cokeley, President, WV EMS TSN.

Removing references to Regional EMS Medical Director and Regional Medical Command Centers is inappropriate since the entities are in fact active. *See* §§ 2.44, 9.1.c, 9.1.c.2.I & 9.2.a.

Agency Response: The Office of Emergency Medical Services recognizes that its proposed amendment to remove references to Regional EMS Medical Director and Regional Medical Command Centers was in error and will restore the stricken language in §§ 2.44, 9.1.c, 9.1.c.2.I & 9.2.a

Becky Oakley, RN, CMTE, Secretary - EMSOR Board of Directors, Region 3 / 4

1) Removing references to Regional EMS Medical Director and Regional Medical Command Centers is inappropriate since the entities are in fact active. *See* §§ 2.44, 9.1.c, 9.1.c.2.I & 9.2.a.
2) The word "not" was inadvertently omitted §§ 6.2.d., 6.2.e., 6.2.f., 6.2.g., 6.2.h., 6.2.I., 6.2.j., & 6.2k.

Agency Response: The Office of Emergency Medical Services recognizes that its proposed amendment to remove references to Regional EMS Medical Director and Regional Medical Command Centers was in error and will restore the stricken language in §§ 2.44, 9.1.c, 9.1.c.2.I & 9.2.a. Additionally, the agency agrees that the provisions of 6.2.d., 6.2.e., 6.2.f., 6.2.g., 6.2.h., 6.2.I., 6.2.j., & 6.2k. incorrectly indicate that certain undesirable conduct is permissible. The suggested corrections will be made to the proposed rule.

Chris Hall, Executive Director, WV EMS Coalition.

1) The commenter requests that a definition be inserted for the term "Director" and that the rule series reflect the position's minimum qualifications.
2) Removing references to Regional EMS Medical Director and Regional Medical Command Centers is inappropriate since the entities are in fact active. *See* §§ 2.44, 9.1.c, 9.1.c.2.I & 9.2.a.
3) The commenter indicates that members of the WV EMS Coalition strongly oppose the phasing out of the Advanced Care Technician (ACT) certification. The commenter argues that "[n]o forma; notice of this termination has been issued by OEMS and that rather than terminating the certification, the ACT program should be strengthened.
4) The definition of Emergency Medical Service Agency or EMS agency (§ 2.14) includes a reference to "person". A person should not be licensed as an agency and the language should be deleted.

5) The definition of the phrase "Medical Director" (§ 2.26) should instead be "State Medical Director" to avoid confusion with the phrase "Regional or Agency Medical Director".
6) A reference to "regional EMS Board of Directors" in the definition of "Regional Medical Director" (§ 2.44) should be retained.
7) Section 3.1 should be amended to encourage county commissions to establish the local systems in conjunction with the designated providers within the local system with consideration given to the population density and funding availability within the geographical service area.
8) The commenter suggests an amendment to § 3.2.c. to strike the first sentence of the subdivision to remove a requirement that when an ambulance transports a patient to a medical facility's emergency room or department, a minimum patient handoff report as specified by OEMS, must be provided to the facility prior to the ambulance departing. The commenter further suggests that 72 hour requirement for EMS agencies to submit a copy of the complete PCR to the receiving facility, either electronically or written, be changed to 5 business days.
9) Subsection 4.13, which includes provisions related to EMS agency responsibility for the preparation and maintenance of records, be amended to clarify that the electronic storage of records is permissible.
10) The commenter requests that the provisions of subsection 4.2, which includes a rating system for EMS agencies licensed by the Commissioner, be amended at § 4.21.a., to change the current criteria that looks at whether ALS staffed and equipped EMS vehicles are *dispatched on all* emergency requests for service, to instead look at whether ALS staffed and equipped EMS vehicles are *routinely available to respond to* emergency requests for service. The commenter finds the term "all" to be too restrictive and unduly punishes squads that meet the standard of care for a majority of calls.
11) The commenter asks that § 4.22.a be amended to clarify that it is the agency medical director who is being referred to; that the subdivision be amended to clarify that it is the agency medical director that have the authority to dictate aspects of recertification, selection of equipment, etc.; and that the subdivision should acknowledge that in some cases medical direction is provided by more than one physician.
12) Subdivision 4.28.a. should be amended to avoid penalizing smaller agencies that utilize RESA, colleges, TSN offices , etc., for training and continuing education should not be penalized for offering their educational opportunities out of house. The wording should be reordered to clarify the training does not have to be made available in-house to receive credit as long as the training is made available.
13) Paragraph 5.1.k.3 should be clarified to achieve its intend purpose. A strict interpretation of this requirement would prevent a CCT ambulance from being fueled or serviced without appropriately certified EMS personnel on the vehicle or would require the removal of "Critical Care Transport" from the vehicle prior to service.
14) The commenter proposes the rule be amended to specifically provide that EMS vehicles be permitted to be used to deliver care at a level less than for which they are certified. (§5.3.a.).
15) The commenter notes word "not" was inadvertently omitted §§ 6.2.d., 6.2.e., 6.2.f., 6.2.g., 6.2.h., 6.2.I., 6.2.j., & 6.2k.
16) The commenter asks that the classifications of Mobile Critical Care Paramedic and Mobile Critical Care Nurse be included in classifications subject to reciprocity. (§ 6.5).
17) The commenter requests that CECBEMS continuing education courses be deemed approved without the need to submit an application for approval to OEMS. (§ 8.1.g.).
18) The commenter requests that a provision be added to the rule that requires any changes in protocols, medication and procedures, scope of practice of policy or procedures considered by the State Medical Policy and Care Committee, be subject to a 30 day public comment period. (§ 9.1.b.).

19) The commenter indicates that a provision at § 9.1.d.1.C.4.., that allows the medical regional medical director to waive a requirement that an agency medical director be board certification in emergency medicine, specifically indicate that it is the regional medical director that has the authority.
20) The commenter suggests that because references to the Regional medical Command Centers were removed, § 9.2.a., should be deleted.

Agency Response: The Bureau will respond to each of the above listed comments in order:

1) The Office of Emergency Medical Services (OEMS) agrees that it might be helpful to include a definition for the position of Director of the Office of Emergency Medical Services. However, it is inappropriate to include the qualification for the position within an administrative rule.
2) The OEMS recognizes that its proposed amendment to remove references to Regional EMS Medical Director and Regional Medical Command Centers was in error and will restore the stricken language in §§ 2.44, 9.1.c, 9.1.c.2.I & 9.2.a.
3) Advance Care Technician:
   a) The OEMS has made it known for some time of its intention to terminate the ACT certification. The OEMS points out that the only "formal notice" provided by law in advance of changes to agency rules, is through the very process that gave rise to the subject comment.
   b) Changes to legislative rules must adhere to the provisions of the State Administrative Procedures Act (APA). The APA provides for a period of public comment and review by the Legislative Rule-Making Review Committee. Despite the commenter's protest that the OEMS provided no "formal notice" of the proposed change, the commenter indicates that the ACT certification has been "the subject of on-going discussions between the Coalition and OEMS for months."
   c) The OEMS did receive and consider a proposal submitted by Coalition, and after due consideration of the proposal, has proceeded to amend the rule series.
   d) The OEMS notes that there are currently just 24 persons certified as ACTs. There are 8000 persons certified by OEMS. The ACT certification encompasses just .03% of the total persons certified by the OEMS.
   e) The proposed rule provides that the ACT certification will be phased out over an approximately 2 year period. All ACT certifications will expire on March 31, 2017. This period provides ample time for persons to complete the necessary requirements to progress to the Paramedic certification. In fact, based on comments received from the EMS community, the agency has extended the transition period from an original date of January 1, 2015.
   f) In phasing out the ACT certification, the OEMS is following the lead of National Registry of Emergency Medical Technicians (NREMT), the national emergency medical services certification organization, which is also phasing out the certification. NREMT is currently in the process of offering courses to transition the certification to the paramedic certification.
   g) The proposal submitted by the Coalition itself admits this inevitability when it proposed that the ACT certification be a "bridge" to a full-EMT-Paramedic certification.
   h) Finally, the OEMS disagrees with the commenter that the elimination of the ACT certification will decrease access to already limited emergency services, by noting that there are only 24 individuals currently certified as ACTs and this number has been decreasing each year as these certified persons leave the EMS field.
4) The use of the term person as it applies to the licensure of emergency medical service agencies is not inappropriate. *West Virginia Code* § 16-4c-6a(a) provides that "[a]ny *person* who proposes to establish

or maintain an emergency medical services agency . . . " (emphasis added). West Virginia statutory and regulatory law uniformly give the term "person" broad meaning and do not limit the application of the term to individuals. The State Administrative Procedures Act under which legislative rule-making is authorized, defines the term "person" to include not only individuals, but "partnerships, corporations, associations or public or private organizations of any character." *W. Va. Code* § 29-1-2(f). Likewise, *W. Va. Code* § 2-2-10, which includes rules for statutory construction defines the word "person" or "whoever" to include "corporations, societies, associations and partnerships, if not restricted by the context." Therefore, the agency declines to make the change suggested.

5) The agency agrees with the commenter and the phrase "Medical Director" has been changed to "State Medical Director" where applicable.

6) The agency agrees with the comments and references to "regional EMS Board of Directors" in the definition of "Regional Medical Director" have been unstruck and restored to the rule series.

7) The agency declines to amend the provisions of section 3 to include language to encourage county commissions to establish the local systems in conjunction with the designated providers within the local system with consideration given to the population density and funding availability within the geographical service area. Legislative rules are those that, when promulgated after or pursuant to authorization of the Legislature, have (1) the force of law, or (2) supply a basis for the imposition of civil or criminal liability, or (3) grants or denies a specific benefit. Finally, there is no statutory authority for the suggested modification. Thus, the language suggested for inclusion by the commenter is not appropriate for this proposed rule series.

8) The "hand-off" report required by § 3.2.c. is electronic data that is required on all patients. It can be completed online during the run. Therefore, the agency declines to delete the first sentence of the subdivision. The 72 hour timeframe is not unreasonable and therefore, the agency declines to lengthen the period to 5 business days. A review of data indicates that in the vast majority of cases (in excess of 75%), agencies are in compliance with this requirement. Consequently, the agency declines to make the suggested change.

9) The agency does not believe any clarification of subsection 4.13 is necessary. The subsection provides, in relevant part "[r]ecords shall be stored in a manner as to provide reasonable safety from water and fire damage and from disclosure to persons other than those authorized by law." This provision does not prescribe the manner in which the records are maintained, so long as they are reasonably safe from water and fire damage. Additionally, the subsection specifically provides that "EMS agencies shall comply with data collection and reporting requirements in subsection 3.2. of this rule." Subsection 3.2 specifically provides for the electronic collection of data. The agency declines to make the requested clarification.

10) The provisions of subsection 4.2, provide for a rating system with which to determine whether the level of service is either Basic Life Support (BLS) or Advanced Life Support (ALS). Points are awarded on a continuum of 1 to 10. If the service is ALS, it must meet all of those requirements to receive the full points. To receive the maximum number of points the agency must fully meet the requirements of the subsection. The agency declines to adjust the requirements downward.

11) The OEMS agrees with the suggested modification and will modify the proposed rule accordingly.

12) The agency agrees with the commenter with regard to comments concerning subdivision 4.28.a.2., and will make the requested amendment.

13) The OEMS agrees with the suggested modification and will modify the proposed rule accordingly.

14) The OEMS agrees with the suggested modification and will modify the proposed rule accordingly.

15) The agency agrees that the provisions of 6.2.d., 6.2.e., 6.2.f., 6.2.g., 6.2.h., 6.2.I., 6.2.j., & 6.2k. incorrectly indicate that certain undesirable conduct is permissible. The suggested corrections will be made to the proposed rule.

16) The agency has not had an appropriate opportunity to study the issue but is willing to consider the whether to include the classifications of Mobile Critical Care Paramedic and Mobile Critical Care Nurse be included in classifications subject to reciprocity in § 6.5, in future rule amendments.

17) The agency declines to pre-approve CECBEMS continuing education courses since CECBEMS offers courses in disciplines other than EMS and not all course offered by CECBEMS may include material relevant to EMS certifications. (§ 8.1.g.).Consequently, it is necessary for the OEMS staff to evaluate and approve course offerings.

18) The agency agrees to the proposed change with a caveat that the 30 day comment period may be waived when exigent circumstances exist. (§ 9.1.b.).

19) The OEMS agrees with the commenter that the authority to waive the certification in emergency medicine in § 9.1.d.1.C.4.., should specifically provide that authority to the regional medical director.

20) The agency agrees that the Regional MPCC is no longer operation. The agency will remove the provision.

Charleston MEDBASE
EMS REGION III/IV

Charleston Area Medical Center
PO Box 1393
Charleston, WV 25325
(304) 388-6003 Emergency
(304) 388-7402 Business

July 21, 2015

Brian J. Skinner, Director, Public Health Regulation
Bureau for Public Health
350 Capitol Street, Room 702
Charleston, WV 25301

Re: Proposed Rule Amendment: 64CSR48

Dear Mr. Skinner,

I am writing to you on behalf of Charleston MedBase, the Regional Medical Command Center for EMS Region ¾. You sent notification and asked for comments on the proposed rule change amendments for 64CSR48 that was filed on June 25, 2015. Here are our written comments:

I. In the "Identification of Proposed Amendments", the second bullet states: "Removes references to "Regional EMS Board of Directors" which a [sic] now defunct entity".
We wish to inform you that the Regional EMS Board for this region (EMSOR) is not defunct and is active and properly registered with the WV Secretary of State's Office.

Additionally, the document references the regional boards as follows:

1. 2.44 – Regional EMS Medical Director – the document would eliminate "the input of Regional EMS Board of Directors".
2. 9.1.c – Regional Medical Director – the document retains the input of the "Regional Board of Directors".
3. 9.1.c.2.I – Regional Medical Director – here the document retains this statement: "Serve as medical liaison to the Regional EMS Board of Directors".
4. 9.2.a – Regional Medical Command Centers – here the document eliminates "with advice of the respective Regional EMS Board of Directors".

Charleston MedBase continues to work toward supporting the EMS System, not only for our nine county service area, but throughout West Virginia. We recommend that the active involvement of the Regional Boards throughout the state be retained.

In addition, there is the issue in the proposal in the following sections where EMS personnel "may" instead of "may not", which must be corrected: 6.2.d, 6.2.e, 6.2.f, 6.2.g, 6.2.h, 6.2.i, 6.2.j, 6.2.k.

We were only recently made aware of this proposed amendment and we wish to thank you for the opportunity to comment.

Sincerely,

Becky Oakley

Becky Oakley, RN, CMTE, Program Manager
Pre Hospital Transport Services
Charleston MedBase
Charleston Area Medical Center
Box 1393
Charleston, WV 25320

NORTH CENTRAL REGIONAL EMS, INC.

1829 Pleasant Valley Road
Fairmont, WV 26554
(304) 366-8764 (voice)
(304) 366-5091 (facsimile)

July 17, 2015

Brian J. Skinner, Director, Public Health Regulations
WV Department of Health & Human Resources
Bureau for Public Health
350 Capitol Street Room 702
Charleston, WV 25301

RE: Proposed Rule Amendment – 64SCR48

Dear Mr. Skinner:

I am writing to you today on behalf of the Board of Directors for North Central Regional Emergency Medical Services, Inc., which represents WV EMS Region VI/VII. It has come to our attention that the Proposed Rule Amendment filed on June 25, 2015 states and I quote "Remove references to Regional EMS Board of Directors which a [sic] now defunct entity".

We wish to inform you that this Board is not defunct and is properly registered with the WV Secretary of State's office.

The document references the regional boards as follows:

1. 2.44 – Regional EMS Medical Director – here the document eliminates the input of the "regional EMS Board of Directors".
2. 9.1.c – Regional Medical Director – here the document retains the input of the "regional board of directors".
3. 9.1.c.2.I – Regional Medical Director – here the document retains this statement: "Serve as medical liaison to the regional EMS board of directors".
4. 9.2.a – Regional Medical Command Centers – here the document eliminates "with advice of the respective Regional EMS Board of Directors".

This Board continues to work toward supporting the EMS System, not only in our thirteen county service area, but throughout West Virginia. We recommend that the involvement of the Regional Boards throughout the state be retained.

In addition, there is the issue in the proposal in the following sections where EMS personnel "may" instead of "may not" which must be corrected: 6.2.d, 6.2.e, 6.2.f, 6.2.g, 6.2.h, 6.2.i, 6.2.j, 6.2.k.

Although we were only recently made aware of this proposed amendment, I thank you for the opportunity to comment.

Sincerely,

Glen M. Satterfield, President

Skinner, Brian J

From: Greg Burd <greg.burd@wvreti.org>
Sent: Tuesday, July 14, 2015 12:19 PM
To: Skinner, Brian J
Subject: Comment on DHHR/BPH Rule change
Attachments: Proposed 64-48 Changes 7-14-2015 (2).pdf

Mr. Skinner I may have misread something, if so I apologize in advance. I've just reviewed the proposed changes to the attached document and I believe there to be a simple but important omission of a word in the highlighted sections on page's 23 and 24. Example; 6.2.f Certified personnel may make false statements etc... Should that not be Certified personnel may NOT make false statements etc...

Thanks in advance for your time and efforts

Gregory A. Burd NREMT-P BA
Program Manager
WVRETI
89 Richard Minnich Dr.
Sutton, WV 26601
304.765.4503 Office
304.765.4061 Fax
304.615.1833 Cell

Happiness lies in the joy of achievement and the thrill of creative effort.

Franklin D. Roosevelt

West Virginia Coal Association

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July 24, 2015

Mr. Brian Skinner
Director, Public Health Regulation
WV Department of Health and Human Services
Bureau of Public Health
350 Capitol Street Room 702
Charleston, WV 25301

Re: Comments to Title 64 Legislative Rule Series 48 Emergency Medical Services

Dear Mr. Skinner:

Thank you for the opportunity to comment on the proposed rule intended to implement the new EMT-Industrial Program.

I write as the Senior Vice President of the West Virginia Coal Association and as the senior member of the West Virginia Board of Miner Training Education and Certification.

Our Association and the West Virginia Board of Miner Training Education and Certification has been an active partner with your office dating back almost forty years since the inception of the EMT, EMSA and EMT-Mining programs for coal mining operations.

We have jointly worked on curriculum design, training and overall program administration issues throughout this period, and as an industry, we have acquired unparalleled expertise in mine emergency and mine rescue operations along with emergency medical personnel training and preparation.

We were also very active with the Legislature in the passage of HB 4312 establishing the new EMT-Industrial classification. After all, this program and new class of EMT was intended to replace the EMT-Mining class which has been in effect since 1984 and served our industry extremely well.

It's also noteworthy to point out that our industry was the major driver and advocate behind the passage of this legislation and further went to great length to ensure our Association and coal industry would have maximum input with DHHR in the formulation of the implementing rules and in other aspects of the program. This is evidenced by the West Virginia Board of Miner Training Education and Certification referenced throughout the enabling statute as provided herein.

With that in mind, we are extremely disappointed in the manner that DHHR has chosen to develop these rules without any substantive involvement or input from our industry or the West Virginia Board of Miner Training Education and Certification.

Despite repeated requests from our Association and the West Virginia Board of Miner Training Education and Certification, to meet and begin deliberations over this newly created legislatively mandated program, to this day there have not been any substantive discussions on this rule or any other aspect of the joint responsibility the Legislature placed with these two state entities. In fact, as recent as two weeks ago, two meetings between mining board members and your office were canceled by your office.

It's as if your agency is ignoring the clear intent of HB 4312 for your office and the West Virginia Board of Miner Training Education and Certification to work together in developing the criteria and standards governing the administration of the EMT-I program.

A major concern shared by our members during legislative deliberations over the EMT-Industrial Certification program before it was enacted into statutory law was over the difficulty or inability of qualified mine emergency training professionals to become certified to provide the appropriate training of mine emergency personnel.

Consequently, a new provision addressing this issue was enacted into statutory law which may be found at WV Code: **§16-4C-6c. Certification requirements for emergency medical technician-industrial.** (h). The commissioner shall propose rules for legislative approval, pursuant to the provisions of article three, chapter twenty-nine-a of this code, in consultation with the Board of Miner Training, Education and Certification, and may propose emergency rules, to: (1) Establish emergency medical technician-industrial certification and recertification courses and examinations; (2) Authorize providers to administer the certification and recertification courses and examinations, including mine training personnel, independent trainers, community and technical colleges, and Regional Educational Service Agencies (RESA): *Provided*, That the mine training personnel and independent trainers must have a valid cardiopulmonary resuscitation (CPR) certification and must be an approved MSHA or OSHA certified instructor;

These provisions reinforce the intent of the Legislature for mining companies to have greater flexibility to determine the best method of providing EMT-Industrial training to mine personnel including the use of in-house expertise.

However, the currently proposed criteria for instructors effectively prevents many uniquely qualified mining professionals from becoming certified and arguably conflicts with the statutory instructor qualification embodied in the statute.

Accordingly, we support an immediate withdrawal of the currently proposed instructor certification policy and furthermore propose a new policy be issued consistent with HB 4312.

We regret that you have excluded the West Virginia Board of Miner Training Education and Certification from having any meaningful involvement in this program and implementing rules but look forward to meeting with appropriate personnel from within your agency to jointly develop a set of workable and appropriate rules to guide program administration going forward.

Sincerely,

Chris Hamilton
Senior Vice President

ENROLLED
COMMITTEE SUBSTITUTE
FOR
H. B. 4312
(By Delegates Staggers and Lawrence)

[Passed March 8, 2014; in effect ninety days from passage.]

AN ACT to amend the Code of West Virginia, 1931, by adding thereto a new section, designated §16-4C-6c; and to amend and reenact §22A-10-1 of said code, all relating to creating a certification for emergency medical technician-industrial; establishing the certification and recertification requirements; specifying the term of the certification; restricting the practice of emergency medical technician-industrial; clarifying that emergency medical technician-industrial certification replaces emergency medical technician-miner certification; allowing the emergency medical technician-miner certification courses and examinations to be used for emergency medical technician-industrial certification; and authorizing rule-making authority for Commissioner of Bureau for Public Health in consultation with the Board of Miner Training, Education and Certification.

Be it enacted by the Legislature of West Virginia:

That the Code of West Virginia, 1931, be amended by adding thereto a new section, designated §16-4C-6c; and that §22A-10-1 of said code be amended and reenacted, all to read as follows:

CHAPTER 16. PUBLIC HEALTH.

ARTICLE 4C. EMERGENCY MEDICAL SERVICES ACT.

§16-4C-6c. Certification requirements for emergency medical technician-industrial.

(a) Commencing July 1, 2014, an applicant for certification as an emergency medical technician-industrial shall:

(1) Be at least eighteen years old;

(2) Apply on a form prescribed by the Commissioner;

(3) Pay the application fee;

(4) Possess a valid cardiopulmonary resuscitation (CPR) certification;

(5) Successfully complete an emergency medical technician-industrial education program authorized by the Commissioner in consultation with the Board of Miner Training, Education and Certification; and

(6) Successfully complete emergency medical technician-industrial cognitive and skills examinations authorized by the Commissioner in consultation with the Board of Miner Training, Education and Certification.

(b) The emergency medical technician-industrial certification is valid for three years.

(c) A certified emergency medical technician-industrial is only authorized to practice during his or her regular employment on industrial property. For the purposes of this section, "industrial property" means property being used for production, extraction or manufacturing activities.

(d) To be recertified as an emergency medical technician-industrial, a certificate holder shall:

(1) Apply on a form prescribed by the commissioner;

(2) Pay the application fee;

(3) Possess a valid cardiopulmonary resuscitation (CPR) certification;

(4) Successfully complete one of the following:

(A) A one-time thirty-two hour emergency medical technician-industrial recertification course authorized by the commissioner in consultation with the Board of Miner Training, Education and Certification; or

(B) Three annual eight-hour retraining and testing programs authorized by the commissioner in consultation with the Board of Miner Training, Education and Certification; and

(5) Successfully complete emergency medical technician-industrial cognitive and skills recertification examinations authorized by the commissioner in consultation with the Board of Miner Training, Education and Certification.

(e) Commencing July 1, 2014, the certification for emergency medical technician-miner, also known as emergency medical technician-mining, shall be known as the certification for emergency medical technician-industrial, and the certification is valid until the original expiration date, at which time the person may recertify as an emergency medical technician-industrial pursuant to this section.

(f) The education program, training, courses, and cognitive and skills examinations required for certification and recertification as an emergency medical technician-miner, also known as emergency medical technician-mining, in existence on January 1, 2014, shall remain in effect for the certification and recertification of emergency medical technician-industrial until they are changed by legislative rule by the commissioner in consultation with the Board of Miner Training, Education and Certification.

(g) The administration of the emergency medical technician-industrial certification and recertification program by the commissioner shall be done in consultation with the Board of Miner Training, Education and Certification.

(h) The commissioner shall propose rules for legislative approval, pursuant to the provisions of article three, chapter twenty-nine-a of this code, in consultation with the Board of Miner Training, Education and Certification, and may propose emergency rules, to:

(1) Establish emergency medical technician-industrial certification and recertification courses and examinations;

(2) Authorize providers to administer the certification and recertification courses and examinations, including mine training personnel, independent trainers, community and technical colleges, and Regional Educational Service Agencies (RESA): *Provided,* That the mine training personnel and independent trainers must have a valid cardiopulmonary resuscitation (CPR) certification and must be an approved MSHA or OSHA certified instructor;

(3) Establish a fee schedule: *Provided,* That the application fee may not exceed ten dollars and there shall be no fee for a certificate; and

(4) Implement the provisions of this section.

CHAPTER 22A. MINERS' HEALTH, SAFETY AND TRAINING.

ARTICLE 10. EMERGENCY MEDICAL PERSONNEL.

§22A-10-1. Emergency personnel in coal mines.

(a) Emergency medical services personnel must be employed on each shift at every mine that:

(1) Employs more than ten employees; and

(2) Has more than eight persons present on the shift.

(b) The emergency medical services personnel must be employed at their regular duties at a central location or, when more than one person is required pursuant to the provisions of subsection(d) of this section, at a location which provides for convenient, quick response to an emergency. The emergency medical services personnel must have available to them at all times such equipment prescribed by the Director of the Office of Miners' Health, Safety and Training, in consultation with the Commissioner of the Bureau for Public Health.

(c) "Emergency medical services personnel" means any person certified by the Commissioner of the Bureau for Public Health, or authorities recognized and approved by the commissioner, to provide emergency medical services as authorized in article four-c, chapter sixteen of this code, including emergency medical technician- -industrial.

(d) At least one emergency medical services personnel shall be employed at a mine for every fifty employees or any part thereof who are engaged at any time, in the extraction, production or preparation of coal.

(e) Commencing July 1, 2014, the certification for emergency medical technician-miner, also known as emergency medical technician-mining, shall be known as the certification for emergency medical technician-industrial, and the certification is valid until the original expiration date, at which time the person may recertify as an emergency medical technician-industrial pursuant to section six-c, article four-c, chapter sixteen of this code.

(f) A person wanting to be certified or recertified as an emergency medical technician-industrial must comply with the provisions of section six-c, article four-c, chapter sixteen of this code.

July 22, 2015

Brian J. Skinner, Director, Public Health Regulations
WV Department of Health & Human Resources
Bureau for Public Health
350 Capitol Street Room 702
Charleston, WV 25301

RE: Proposed Rule Amendment – 64SCR48

Dear Mr. Skinner,

As President of the WV Emergency Medical Services Technical Support Network, Inc. (WV EMS TSN, Inc.) Board of Directors, which has representation from each of the Regional EMS Board of Directors, it has come to our attention the Proposed Rule Amendment filed on June 25, 2015 states and I quote "Remove references to Regional EMS Board of Directors which a [sic] now defunct entity".

We wish to inform you the Regional EMS Boards of Directors are not defunct and are registered with the WV Secretary of State's Office.

The WV EMS TSN, Inc. Board of Directors continues to work toward supporting the EMS System throughout the fifty-five (55) counties in West Virginia. We recommend the involvement of the Regional Boards throughout the state be retained.

Although we were only recently made aware of this proposed amendment, I thank you for the opportunity to comment. You may contact me at 304.266.2648 if you have any questions.

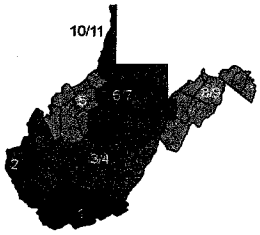
Sincerely,

Michael Cokeley

Michael Cokeley, President
WV EMS TSN, Inc. Board of Directors

cc: Nancy Price, Chief Executive Officer, WV EMS TSN, Inc.
WV EMS TSN Executive Committee Members

4921 Elk River Road, Elkview, WV 25071
(800) 525 – 6324 • (304) 965 – 0573 • (304) 965 – 0542 Fax



EMSOR Board of Directors, Region ¾

EMSOR Board of Directors
TSN Field Office
PO Box 7005
Huntington, WV 25774

July 21, 2015

Brian J. Skinner, Director, Public Health Regulation
Bureau for Public Health
350 Capitol Street, Room 702
Charleston, WV 25301

Re: Proposed Rule Amendment: 64CSR48

Dear Mr. Skinner,

I am writing to you on behalf of the Board of Directors for the Emergency Medical Services Regional Office - Region 3/4 (EMSOR). You sent notification and asked for comments on the proposed rule change amendments for 64CSR48 that was filed on June 25, 2015. Here are our written comments:

I. In the "Identification of Proposed Amendments", the second bullet states: "Removes references to "Regional EMS Board of Directors" which a [sic] now defunct entity".

We wish to inform you that this EMS Board is not defunct and is active and properly registered with the WV Secretary of State's Office.

Additionally, the document references the regional boards as follows:

1. 2.44 – Regional EMS Medical Director – the document would eliminate "the input of Regional EMS Board of Directors".
2. 9.1.c – Regional Medical Director – the document retains the input of the "Regional Board of Directors".
3. 9.1.c.2.I – Regional Medical Director – here the document retains this statement: "Serve as medical liaison to the Regional EMS Board of Directors".
4. 9.2.a – Regional Medical Command Centers – here the document eliminates "with advice of the respective Regional EMS Board of Directors".

EMSOR continues to work toward supporting the EMS System, not only for our nine county service area, but throughout West Virginia. We recommend that the active involvement of the Regional Boards throughout the state be retained.

In addition, there is issue in the proposal in the following sections where EMS personnel "may" instead of "may not", which must be corrected: 6.2.d, 6.2.e, 6.2.f, 6.2.g, 6.2.h, 6.2.i, 6.2.j, 6.2.k.

We were only recently made aware of this proposed amendment and we wish to thank you for the opportunity to comment.

Sincerely,

Becky Oakley

Becky Oakley, RN, CMTE
Secretary – EMSOR Board of Directors, Region 3/4

July 24, 2015

Brian J. Skinner, Director, Public Health Regulation
Bureau for Public Health
350 Capitol Street, Room 702
Charleston, WV 25301
(O) 304-356-4122
brian.j.skinner@wv.gov

RE: Title 64 Series 48 Emergency Medical Services

Dear Mr. Skinner,

The WV EMS Coalition, which encompasses representatives of the majority of ambulance squads in West Virginia, appreciates the opportunity to comment on Title 64 Series 48 Emergency Medical Services.

The statement of circumstances that accompanies this rule states, "the amendments to the current rule are largely non-substantive and intended only to clarify current provisions and to make technical drafting changes." Our organization strongly disagrees with the assertion that the changes proposed within this rule are "largely non-substantive". The proposals to remove references to the Regional EMS Board of Directors and to phase out Advanced Care Technicians (also referred to as ACT or EMT-I) represent significant policy changes that harm instead of improve the quality of emergency medical services system in West Virginia.

The Regional EMS Board of Directors *are not defunct entities* as stated in the summary of the proposed rule. These are active boards that conduct regular meetings often with staff from the Office of Emergency Medical Services (OEMS) in attendance. The boards provide a important forum for local EMS agencies and personnel to gather to discuss ways to improve the delivery of patient care within the diverse regions of the state. They also serve as a valuable voice for local EMS concerns by appointing representatives that report to the WV EMS Advisory Council.

We believe the need for Regional EMS Boards is particularly important due to the significant difference that exists in population density, topography, economies, health care services and transportation infrastructure across the various regions of the state and the unique challenges they present to providing quality patient care. Rather than OEMS seeking to eliminate recognition of the boards, the West Virginia EMS Coalition would seek to collaborate with state officials on ways to empower these local boards to provide greater feedback on the health care and transportation needs of their communities.

The proposal of this rule with the ACT/EMT-I phase-out inclusion is an even greater surprise and disappointment to the members of our organization. The OEMS initially announced a plan to stop certifying ACTs effective January 1, 2015 without any formal written notice to ambulance squads utilizing ACTs or to the individuals certified as ACTs. After hearing concerns expressed by the EMS Community, the Commissioner of Public Health allowed the program to be continued indefinitely while it received further study.

The WV EMS Coalition welcomed this approach and had requested that a study be conducted with participation from EMS agencies utilizing ACTs, personnel certified at the level and EMS education representatives should be conducted to determine the feasibility of maintaining the ACT/EMT-I level of certification within West Virginia. Unfortunately to our knowledge, no real study or research was conducted with any participation from the affected parties and 30 days later a notice was issued by OEMS on the continued phase out of ACT despite the existence of legislative rule recognizing the level of service.

The filing of this rule seeking to legislatively dissolve the certification of ACTs in late June without any advance notice to the EMS community was surprising because we felt that an open, ongoing and productive dialogue was occurring between our representatives and Bureau of Public Health Commissioner Dr. Rahul Gupta. In fact, a plan (attached) had been submitted to Commissioner on March 31, 2015 detailing how ACT/EMT-I could be strengthen to create a career pathway for a greater number of EMS personnel to become paramedics. There was never any response provided to this proposal. However, its receipt was acknowledged and the EMS community was under the impression that it was being reviewed for discussion on the issue.

The continuation of ACT is of critical importance to our rural communities. West Virginia is the second most rural state in the nation resulting in a need for a greater number of staffed ambulances to ensure prompt response times during medical emergency. Squads are having an increasingly difficult time recruiting and retaining paramedic to staff advanced life support ambulances. ACTs provide an opportunity for our rural counties and squads to maintain advanced life support care while transitioning from EMT to Paramedic. Last year ACTs in West Virginia responded to over 2,500 calls for emergency medical assistance. If this certification is eliminated, we are greatly concerned about the reduction in level of service and response times that will potentially occur in our medically underserved communities.

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P. 304-544-9733 – chris@wvemscoalition.com

The West Virginia EMS Coalition requests the recognition of Regional EMS Boards and ACT certification be maintained. The quality of patient care is in no way improved by the elimination of these provisions with in the rule. Further without the proposed amendments related to Regional EMS Boards and ACTs, there appears to only be stylistic changes being proposed to the rule and no substantive reason to advance the revisions through the Legislative Rulemaking Review process. *Therefore, we would further request that the rule be withdrawn from further consideration.*

If the Bureau for Public Health disagrees with our recommendation that the rule be withdrawn then we would request the following revisions to the rule be considered.

64-48-2. Definitions.

At 64-48-1.7 the Commissioner of the Bureau of the Bureau for Public Health is specifically provided with authority to enforce the rule and that authority is recognized throughout. We know from experience however that the Commissioner must, by necessity, delegate much of the operational oversight responsibility of implementing the rule and thereby managing the OEMS system in the state to the Office of Emergency Services (OEMS) within the Bureau. The role that OEMS (defined at 64-48-2.32) serves in this capacity is also recognized throughout the rule.

Administratively OEMS is led by the OEMS Director (referred to in various sections of the current rule, e.g. 64-48-4.36(b)) and a full-time OEMS Medical Director is responsible for overseeing all medical aspects of the OEMS system. The definition of the Medical Director and the qualifications and responsibilities of that position are currently included in the rule (see 64-48-2.26). There is no similar definition for the OEMS Director nor are the minimum qualifications and broad responsibilities of that key administrative position defined.

We strongly suggest the addition of OEMS Director be inserted at the appropriate location within 64-48-2. Definitions. Further, we suggest, in a manner similar to that of the OEMS Medical Director, minimum qualifications for that position be established within the rule including "substantial experience in the provision of emergency medical services gained in a position recognized by the state through certification to provide such services, or gained in a senior leadership position with an agency licensed by the state to provide such services" and a requirement the position be full-time.

2-1. ACT

As previously stated the proposed rule, at this multiple other locations throughout the proposal, eliminates the certification category of 'Advanced Care Technician' also regularly referred to as EMT-I. No explanation for this proposed amendment to the existing rule is provided beyond a cryptic reference in the Bureau's summary of the proposed amendments which references a phase out of this certification.

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The members of the WV EMS Coalition strongly oppose this proposed amendment to CSR 64 Series 48 Emergency Medical Services. No formal notice of the termination of this certification has been issued by OEMS, yet the summary indicates that "applications for certification or recertification of ACT will be no longer accepted" proposing a date that is retroactive to March 31, 2015. Given the continued dialogue between the Coalition and OEMS on the matter of ACT certification, to note its proposed elimination in a proposed amendment is disappointing - at best. We believe that strengthening the ACT program rather than eliminating it will best serve West Virginia's residents access to quality emergency medical services.

The ACT certification has been the subject of on-going discussions between the Coalition and OEMS for months. A formal proposal for continuing the ACT certification was presented to Bureau for Public Health Commissioner Gupta, at his request, on March 31, 2015. To date, other than an acknowledgement of receipt of the proposal there has been no further dialogue. A copy of that correspondence is attached to the comments being filed.

The ACT certification has been successfully utilized by several of our member agencies as a method for quickly expanding critical emergency services and has been especially useful in rural, underserved areas of much of the state. ACT certification can be achieved with less time and expense commitment by individuals while pursuing a full EMT-Paramedic certification. In fact, the proposal submitted to the Commissioner proposes the use of ACT certification as a 'bridge' to such certification. Elimination of the ACT certification will decrease access to already limited emergency services and all amendments to the rule striking language enabling the ACT level of certification should be restored.

2.14 Emergency Medical Service Agency or EMS agency

This definition refers to a person or entity licensed to provide emergency medical services. A person should not be licensed as an agency and should be deleted.

> 2.14 Emergency Medical Service Agency or EMS agency - An ~~person or~~ entity licensed to provide emergency medical services.

2.26 Medical Director

This definition refers to the State Medical Director. The word "State" should be insert to avoid confusion with the role of Regional or Agency Medical Director

2.44 Regional EMS Medical Director

The reference to a regional EMS Board of Directors and it assigned duties should be restored in this all subsequent sections where "regional EMS Board of Directors" was struck from the rule.

3.1. Local EMS Systems

This section establishes the duty of county commissions to provide emergency ambulance service pursuant to WV Code 7-15-1 et seq. The rule proceeds to require county commissions to establish local EMS systems, which set a variety of standards including

minimum service levels, number of ambulances and service hours. The rule in empowering County Commissions to set these standards fails to recognize the funding limitations contained in 7-15-4 to the duties imposed by 7-15-1. The West Virginia EMS Coalition encourages consideration of language encouraging county commissions establish the local systems in conjunction with the designated providers within the local system with consideration given to the population density and funding availability within the geographical service area.

3.2.c. EMS Data System

There remain concerns related to mandating a patient handoff report prior to departing. Written handoff reports run counter to current efforts to develop a paperless electronic records system. It also creates concerns about consistency of information if two separate documents are created at two separate times. Further, some squads have been instructed by some emergency departments not to supply the reports.

Additionally, the 72-hour requirement for submission of PCR is challenging for most squads. Large squads participating in dozens of EMS incidents per day simply can't process the volume within this short time frame. Smaller squads often do not have the manpower necessary to meet this standard. The 72-hour standard also fails to recognize that emergency medical services are delivered on weekends and holidays. And adding manpower to process data faster simply isn't practical under the current reimbursement environment where Medicaid has not increased rates in over 10 years. We would encourage the consideration of adjusting the requirement to 5 business days.

~~When an ambulance transports a patient to a medical facility's emergency room or department, a minimum written patient handoff report, as specified by OEMS, shall be provided to the facility prior to departing.~~ Within ~~seventy-two (72) hours~~ 5 business days of the conclusion of providing ~~EMS~~ services to a patient~~,~~ the EMS agency shall make a copy of the complete PCR available to the receiving facility, either electronically or written if requested, which shall serve as the official record of the ~~EMS~~ incident.

4.13 Records.

This section should be clarified to ensure that electronic storage of records is permissible.

4.21. Level of Service.

The use of the word "all" is too restrictive and unduly punishes squads that meet this standard of care for the majority of calls. The following would be a more equitable application of the standard while maintaining the spirit of the requirement:

4.21.a. ALS staffed and equipped EMS vehicles are ~~dispatched on all~~ routinely available to respond to emergency requests for service, or; a tiered response dispatch system is dispatched based on criteria from an OEM recognized EMD program. Fifteen (15) points.

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4.20.b. ALS services are available only on a part-time basis. Ten (10) points.

4.20.c. BLS services only are available. Five (5) points.

4.22.a. Off-Line Medical Direction.

This section refers to the agency medical director and should be amended to clarify that it is not referring to the State or Regional Medical Director.

Also, the intent of this section is to ensure the medical director is actively involved with agency. However, as drafted, this section can be interpreted to provide agency medical directors with the ability to dictate aspects of recertification, selection of equipment, etc. This would conflict with statewide protocols and guidelines established by OEMS and MPCC.

Finally, the section should refer to medical director or directors in recognition of the use by certain squads of a physician group to provide medical direction.

4.21.a.1. The agency medical director(s) has a written contract with the EMS agency outlining duties and responsibilities and is actively involved with the agency through direct participation in activities, included, but not limited to; oversight of training, skills maintenance and recertification as established by OEMS and the MPCC; ~~equipment selection;~~ clinical performance evaluation—and the performance improvement process as evidenced by documented participation in quarterly, or more frequent, meetings with agency officials and personnel. Ten (10) points; or

4.21.a.2. The medical director(s) has a written contract with the EMS agency outlining duties and responsibilities with minimal evidence of active involvement with the agency. Five (5) points.

4.28.a. Personnel Education

Smaller agencies that utilize RESA, colleges, TSN offices etc. for training and continuing education should not be penalized for offering their educational opportunities out of house. The wording should be reordered to clarify the training does not have to be made available in-house to receive credit as long as the training is made available.

4.27.a.2. The EMS agency provides~~, or makes available,~~ in-house or makes available training activities meeting all minimum recertification requirements for all EMS personnel levels within the agency. Ten (10) points; or

5.1.k.3.

This language should be clarified to achieve it's intend purpose. A strict interpretation of this requirement would prevent a CCT ambulance from being fueled or serviced without appropriately certified EMS personnel on the vehicle or would require the removal of "Critical Care Transport" from the vehicle prior to service.

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5.1.k.3. An EMS vehicle may only be lettered with the terms "Paramedic", "Advanced Life Support", "Critical Care Transport" or similar service-level designations when the vehicle is licensed by the OEMS office for that level of service. ~~both equipped and staffed by appropriately certified EMS personnel~~.

5.3 Transporting EMS Vehicles

The WV EMS Coalition is concerned that current OEMS interpretation of rules is preventing squads for utilizing transporting EMS vehicles to deliver care at a level less than they are certified. For example, squads have been instructed that they can not use an ALS certified ambulance to deliver BLS services. This unnecessarily restricts squads ability to manage and maximize the utilization of their vehicles and staff. The delivery of BLS services in an ALS ambulance does not negatively impact patient care. In fact such restriction may negatively affect patient care by preventing the utilization of ALS vehicle to deliver services if a BLS unit is unavailable. We would suggest the following revision to 5.3.a.

5.3.a. Transporting EMS vehicles are used for the delivery of basic or advanced life support or critical care transport. The equipment, supplies, and staffing required are dependent upon the level service being provided on a particular EMS incident as specified in the Medical Direction System's policy, protocols and scope practice. Transporting EMS vehicles may be used to deliver services at the level at which they are certified or below. Transporting EMS vehicles may not deliver services at levels exceeding that at which they are certified.

6.2 Standards of Conduct

While attempting to make non-substantive stylistic revisions to 6.2.d, 6.2.e, 6.2.g, 6.2.h, 6.2.i, 6.2.j and 6.2.k, the word "not" was dropped from the various rule sections following the word "shall" that has been replaced by "may". The word "not" being drop from these sections creates a substantive change that has the unintended consequence of permitting a number of undesirable actions by certified personnel.

6.5 Credential Transfer Requirements

It is felt that the possibility exists that qualified MCCPs and MCCNs could seek reciprocity in the future and the ability to accommodate them is important.

6.5. Credential Transfer Requirements. -- The Commissioner may grant certification to individuals certified as an Emergency Medical Dispatcher, Emergency Medical Responder, Emergency Medical Technician, Advanced Care Technician, Paramedic, Mobile Critical Care Paramedic or Mobile Critical Care Nurse, or equivalent levels, in another U. S. state or territory provided that the individual:

§64-48-8. Education.

8.1.g

OEMS recognizes CECBEMS courses for continuing education purposes. CECBEMS courses should be deemed as approved courses without a separate submission and approval from OEMS.

OEMS should allow unlimited training via the asynchronous format. Currently, CECBEMS hours are limited defeating the CECBEMS approach. It shouldn't matter where a person receives the CME hours from as long as they are within the correct discipline. Improve accessibility to CME courses through asynchronous formats would greatly add to efforts to improve retention for smaller, rural squads.

> 8.1.g. Continuing education programs shall be submitted and approved in a manner and time frame specified by OEMS. CECBEMS (continuing education coordinating board for emergency medical services) distributive education programs shall be deemed approved without submission to OEMS. OEMS shall not limit the number of qualified hour of continuing education received through a CECBEMS distributive education program;

9.l.b. State Medical Policy and Care Committee

Subsection 9.1.b.1 outlines the duties and responsibilities of the State Medical Policy and Care Committee. These duties include the development of protocols, medical policies, scope of practice and determination of medications and procedures utilized by EMS personnel and agencies.

Changes in these protocols, policies, scope of practice, medications and procedures can have a significant financial and operational impact on squads. The West Virginia EMS Coalition strongly believes that any proposed changes to these areas of responsibility for the SMPCC should be subject to a 30 day comment period prior to implementation. This will allow squads the opportunity to evaluate the proposed changes and provide SMPCC and OEMS with comments on the affect the change will have on patient care and agency finances.

> 9.1.b.2 Any changes in protocols, medication and procedures, scope of practice or policy and procedure as authorized in 9.1.b.1 shall be published on the OEMS website and subject to a thirty (30) day public comment period prior to their effective date.

9.1.d.1.C.4

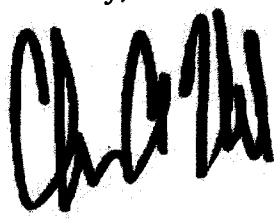
This section should be amended to clarify the requirement can be waived by the Regional Medical Director.

9.1.d.2.F

This section states that an agency medical director shall serve as a member of the regional MPCC. A previous revision to these rules eliminated the regional MPCC so this section should be deleted.

We appreciate your consideration of our extensive comments regarding the proposed changes to Title 64 Series 48 Emergency Medical Services. We hope you will give them full and proper consideration and we look forward to a continued dialogue as the agency review our comments and prepares its response.

Sincerely,



Chris Hall, Executive Director
WV EMS Coalition

Attachment

206 Capitol Street -3rd Flr – Charleston, WV 25301
P. 304-544-9733 – chris@wvemscoalition.com

Subject: EMT Intermediate Career Ladder draft final

Date: Tuesday, March 31, 2015 at 8:23:31 AM Eastern Daylight Time

From: Tom Susman <tomsusman@tsgsolution.com>

To: Gupta, Rahul (Rahul.Gupta@wv.gov) <Rahul.Gupta@wv.gov>, Taylor, Barb S (Barb.S.Taylor@wv.gov) <Barb.S.Taylor@wv.gov>, Chris Hall <chris@orion-strategies.com>

Priority: High

Dr. Gupta:

This letter will follow-up on our recent meeting addressing the concerns of members of the EMS community that I represent regarding proposed certification and recertification processes for EMTs and Paramedics posted to the Office of Emergency Services (OEMS) web site. As of this letter the proposed changes remain posted under the heading: "Proposed New Recertification Policy Documents". It is indicated that they are DRAFT ONLY and are still being reviewed for grammar and punctuation errors. Given the above please consider the comments being provided today as partial comment on the proposals as well.

As we have researched this option, I truly believe this approach if adopted will help alleviate workforce issues with EMS. The issue for many with EMT-I was the uncertainty that surrounded the program. In talking with squads I have come to believe if there was some predictability the uptake would be significant.

The current proposals appear virtually the same as those you and I discussed previously in late December when they were originally released. At that meeting you agreed to withdraw them until a proper notice had been provided. Those in the EMS community that I work with who would have been affected by the proposals were most appreciative of your consideration in doing so.

As you know from our most recent discussion, the recently-posted proposals are not ones we can support either. The impact of the proposed change to EMT-I will, we believe, essentially prohibit a currently certified EMT-I from providing services under his/her current scope of practice after 3/31/15. It will have a differential but definite detrimental impact on the provision of emergency services by some squads operating in the state – particularly in rural areas.

We left our most recent meeting with a sense that you were willing to consider an alternative to the EMT-I policy proposed and subsequently have been made aware of at least anecdotal reports of EMT-Is who were facing the 3/31 termination being informed of an extension of their effective date. We thank you for that prompt apparent directive and, while we don't know if this change has been communicated broadly, we encourage you to do so formally.

In our discussion we proposed the adoption of OEMS policy that would install the EMT-I certification as part of a career track leading ultimately to the Paramedic certification. My clients, and based on feedback we have received from the EMS Coalition, others in the EMS community believe that such a career progression was the original intention when this level of certification was created in West Virginia. We understand the concerns raised by you and your staff of the minimal number of individuals impacted by the proposed change and the evidence provided that the EMT-I certification is not being sought.

Our argument to the latter point is that the community colleges previously offering the training chose not to continue because of a lack of clarity by the OEMS leadership over where it fit in the overall scheme of providing EMS services in the state. Further, based on a recent survey (see attached "EMT Intermediate: A Career Ladder for the EMS Community") of programs that have offered it, there is significant interest in rejuvenating that training.

Finally, in our recent discussion, a conceptual 12 month extension of the current certification for an EMT-I that has not yet bridged to Paramedic was raised for discussion, along with no new certifications of EMT-Is. Based on our extensive review of the requirements and time commitments for successfully bridging to the Paramedic status we believe that the 12 months may be too small a window to complete all of the requirements and keep any semblance of a work schedule. In addition the academic calendars at the Community and Technical Colleges are a complicating factor beyond our control.

Consequently, our strong recommendation is for a 24 month extension. Because we believe that the EMT-I certification is an important piece of service delivery currently and that it should continue as part of a career track we also believe that the certification should remain a potential option for individuals seeking new certifications as well. Further information documenting our rationale for a 24 month period is contained in the attachment.

Thank you again for your attention to our concerns and those of the broader EMS community.

Tom Susman

EMT INTERMEDIATE

A Career Ladder for the EMS Profession

EMT Intermediate Career Path

Imagine a road trip Welch to Weirton. Now imagine that trip with only 4 hospitals along the way. How about imagining there only being a dozen or so advanced care lifesaving personnel to take care of you in case something was to happen? Southern WV EMS Providers cover a distance of 2798 square miles of rural terrain with a skeleton crew of advanced personnel. In an attempt to combat this scarcely covered area we are seeking support for the retention of EMT Intermediate Certification. Every county in the state can or will benefit if they choose to.

Implementation of a State EMT Intermediate Program will result in an interdisciplinary career laddered approach to providing rural communities with advanced level providers in addition to allowing the advanced level provider to pursue their paramedic certification. A State EMT Intermediate will have an integrated approach. EMT Intermediates will receive training, education and have opportunities to network and share best practices. Allowing for a career ladder will not only benefit recruitment and retention efforts, but will also expand the skill set among EMS workers.

There is no such thing as a "dead end" job in health care. Our goal is to allow an Emergency Vehicle Driver become a Critical Care Transport Paramedic by blending on the job training with an employer sponsored career ladder program. This will allow front line workers to move up faster.

	EVOC →	EMT →	EMT Intermediate →	CCT Paramedic
Salaries:	$22,308	$33,897	$44,616	$53, 768

This is much like the model in traditional hospital based career ladders.

	CNA →	LPN→	RN →	NP →	specialized NP Anesthesia
Salaries	$22,000	$43,000	$66,000	$92,000 and up	

When you already have a job, it can be difficult to find the time and money to continue your education so you can qualify for a better position. Career ladder programs enable workers in health care settings to get education and skills training on the job, so they don't have to take time off and lose income while they prepare for a better-paying career.

Allowing this type of advancement will turn an EMS job into an EMS career. "We believe that employees, at all levels in their healthcare career, deserve the opportunity to advance," says Rebecca Starr, Deputy Director of the Jobs to Careers Initiative. "Education and training is the key to advancement. However, so many of the low-wage, low-skilled employees do not have the time or money to seek training outside of normal work hours, so that is why we have initiated Jobs to Careers." Sustaining EMT Intermediate in WV can bridge the gap of geography, economics and poverty for the career paramedic. Supporting agencies want to extend this education and fund the employee's experiences. This type of on the job training is valuable tool to our underserved, economically challenged rural southern WV communities.

See appendix D

Proposal includes:
Career Path details on training
Comparison time frames to traditional colleges

EMT Intermediate Career Path

Career Path to Paramedic that can be both college credit and or clock hours.

All can be:

- ***Delivered online or face to face at multiple locations and or times***
- ***Delivered within a college or as an extension of the Workforce Development Department***
- ***Possess Certifications in EMS***

EMT Basic 154 Hour Course

- 10 Credit Hour Course
- Fits nicely into 16 week program
- Highly marketable job skill set

EMT Intermediate 426 Hour Course

- 18 College Credit Hours
- Fits into 24 week program
- If ran as a skill set can be accomplished in a straight 35 week course.
- Marketable job skill set. Highly sought after in rural EMS Communities.

EMT-Paramedic Bridge Program 584 Hour Course

- 30 College Credit Hours
- If ran as a skill set can be run as a straight 48 week course.
- Highly sought after skill set.

Critical Care Transport Paramedic

- 5 College Credit Hours
- Fits into 10-12 week course
- Typically ran as a straight 10-12 week course
- Most highly sought after skill set.

EMT Intermediate Career Path

Details of Courses and Certifications

EMT Basic

154 Hours of class along with an 8 hour observation patient contact day. Approved Training Centers in WV through the WVOEMS can provide this course. Successful completion of the course enables a participant to take the NREMT and WV State EMT Basic Exam. Only one exam required to be certified. It is as the discretion of the student which exam they prefer. The EMT Basic is the basic provider of medicine within an ambulance crew.

EMT Intermediate

198 Classroom or online work, 202 hours of clinical make up the program. Successful completion of the curriculum enables a participant to take the NREMT Intermediate Exam. The EMT Intermediate may perform nearly all the lifesaving skills as their paramedic ALS peer. This form of training is often times considered a "skill set" stepping stone to the paramedic for the non-traditional adult student.

EMT Intermediate to Paramedic Bridge Program

418 Classroom or online work, 166 hours of clinical make up the program. Successful completion of the curriculum enables a participant to take the NREMT Paramedic Exam. The paramedic can perform nearly all the lifesaving skills necessary to protect the public. This form of training is the premier achievement for the pre-hospital provider.

Critical Care Transport Paramedic

160 hours 96 Classroom or online work, 64 hours of clinical make up the program. Successful completion of the curriculum enables a participant to take the West Virginia CCT certification exam. The CCT Paramedic can perform advanced transfer skills from high fidelity acuity patients that are unstable and need definitive care.

See Appendix E

EMT Intermediate Career Path

Noncredit programs have been highlighted as part of career pathways to help low-wage workers gain the credentials necessary to progress in the labor market (Alssid et al.,2002; Grubb et al., 2003). Beginning with noncredit workforce courses in a given field, people may obtain entry-level employment and continue their education in certificate or degree programs to advance in the workplace.

Some colleges, aware of student migration between noncredit and credit programs, recognize the potential role of noncredit workforce education as a recruitment tool for credit programs.

Career Ladder compared to college credit recognizes the key to success in today's world hinges upon the ability to be flexible and to adapt to change. Individual employers and industry groups look to career ladders to help improve and maintain their competitive edge by identifying opportunities for bringing new technologies and skills into the workplace and by delivering customized training programs in response to their specific needs and challenges. See Appendix C

Traditional Paramedic Programs

College	Length of Time
Mt West C&TC, Huntington WV	74 weeks
http://www.mctc.edu/assets/pdfs/Paramedic_2014-2015.pdf	
Southern C&TC	64 weeks
http://www.southernwv.edu/files/paramedic-aas.pdf	
New River C&TC	68 Weeks
http://www.newriver.edu/component/content/article/23-multiple/academic-services/399-paramedic-cp	
Pierpont C&TC	58 weeks
http://www.pierpont.edu/ac/programs/emergency-medical-services-technician-paramedic	
Blue Ridge C&TC	64 weeks
http://catalog.blueridgectc.edu/preview_program.php?catoid=4&poid=309&returnto=82	

Challenges & Solutions

1. The NREMT is moving away EMT I certification. The certification will remain until 2019.
2. The NREMT changed from traditional testing to computer testing in 2006. In response to this WV created their own EMT Basic written certification exams. Through use of the alliance and partnership with the Atlantic EMS Council West Virginia has access to validated test questions. This process can be adapted by using the NREMT Exam that is being made available to states.
3. The NREMT wrote all training centers a notice in 2013 that "The NREMT will continue to offer an Intermediate/99 assessment examination to support States utilizing this provider level as they requested." See appendix A
4. Maryland, Virginia and Colorado all have made collaborative efforts in obtaining the NREMT Exams. See appendix B

EMT Intermediate Career Path

Governor Supports Industry Collaborative Trainings with Workforce Education

Governor's Stance on Career Ladders and Expanding Business

Governor Tomblin Announces West Virginia to Receive Grant Funding for Workforce Development

8/14/2014

W.Va. selected as part of Learning Network by National Governors Association

"West Virginia workforce projections indicate 44% of job openings in the next 10 years will require more than a high school education, but less than a four-year degree," Gov. Tomblin said. "Our middle schools and community and technical colleges are adapting curriculums to meet the needs of new and expanding businesses in the Mountain State, and this partnership will give us the opportunity to collaborate with leaders and other states from across the country to expand our current training programs and while supporting companies investing in West Virginia."

As a member of the Learning Network, West Virginia will receive $10,000 in grant funding as well as ongoing support from the NGA Center for Best Practices and outside experts to expand current workforce development efforts. Those include tailoring education and training programs to meet state-specific needs, integrating education and workforce data to increase training opportunities and strengthening and building new partnerships between industry and education.

Websites for Workforce Education Missions All Support Industrial Trainings for These Ventures

http://www.wvcommerce.org/business/whywestvirginia/workforce.aspx

http://www.bridgevalley.edu/workforce-economic-development

In Summary

Rural EMS in West Virginia needs EMT Intermediate. We as a state of EMS professionals can utilize an existing NREMT exam that is validated and current. Through collaboration with centers for workforce education EMS can build a career ladder for EMS Professionals. Our proposal is in the spirit of Governor Tomlin's intent to "meet the needs of new and expanding businesses in the Mountain State".

This gives the rural healthcare provider an alternative to traditional on campus medical training to advance their career in EMS. This not only is in line with the health care career ladder philosophy it is a workforce education model that can be easily articulated to associate degrees in EMS.

Our total proposal asks for WV to maintain EMT I as an occupational skill set in order to allow underprivileged workers the opportunity to attend classes for relatively the same amount of time as a traditional paramedic student. The Emergency Vehicle Driver to Paramedic time can total 74 weeks. This takes into consideration the length of time for training, traditional college breaks, test prep and certification processes.

TITLE 64
LEGISLATIVE RULE
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR PUBLIC HEALTH

SERIES 48
EMERGENCY MEDICAL SERVICES

§64-48-1. General.

1.1. Scope. -- This rule is intended to ensure adequate provision of emergency medical services to the citizens of West Virginia and to meet the purposes set out in *W. Va. Code* §16-4C-2; to provide clear direction to emergency medical services (EMS) personnel and agencies in West Virginia.

1.2. Authority. -- *W. Va. Code* §§ 16-1-4, 16-4C-6, 16-4C-6c, 16-4C-14 and 16-4C-23.

1.3. Filing Date. -- ~~April 21, 2011~~.

1.4. Effective Date. -- ~~April 21, 2011.~~

~~1.5. Repeal and Replace. -- This legislative rule repeals and replaces Bureau for Public Health rule, Emergency Medical Services, 64CSR48. Additionally, this rule repeals and supersedes two existing Legislative rules filed as: Division of Health rule, Specialized Multipatient Medical Transport, 64CSR29; and Division of Health rule, Fire Department Rapid Response Services Licensure, 64CSR44. All statutorily required elements of those rules are included in and addressed by this rule.~~

~~1.6.~~ 1.5. Applicability. -- The provisions of this rule are not intended to limit the scope of practice of any person who is a duly licensed health care provider under other pertinent provisions of ~~this code~~ West Virginia law and who is acting within the scope of his or her license. This rule applies to all persons or entities defined in *W. Va. Code* §§ 16-4C-14 and 16-4C-3 and to all other persons or entities engaging in the provision of emergency medical services in West Virginia~~; including, but not limited to; the following:~~

~~1.6.a. Emergency medical services agencies;~~

~~1.6.b. Emergency medical services personnel;~~

~~1.6.c. Emergency medical services providers;~~

~~1.6.d. Emergency medical services line officers;~~

~~1.6.e. Medical command; and~~

~~1.6.f. Small emergency medical services providers~~.

1.7. Enforcement. -- This rule is enforced by the Commissioner of the Bureau for Public Health.

§64-48-2. Definitions.

2.1. ~~ACT -- A person certified as an Advanced Care Technician.~~

~~2.2.~~ Advanced Life Support (ALS) -- A level of emergency medical services which includes, but is not limited to; the assessment, treatment and transportation of sick and injured persons, invasive and non-invasive medical procedures, the administration of medications and basic life support procedures as approved for the appropriate level of certification by the OEMS Medical Direction System.

~~2.3.~~ 2.2. Air Ambulance -- An aircraft configured and medically equipped to transport patients by air. The patient care compartment of air medical ambulances shall be staffed by a certified medical crew meeting the requirements of this rule.

~~2.4.~~ 2.3. Agency Medical Director -- A West Virginia licensed physician who meets the requirements of subdivision 9.1.e. of this rule, and accepts responsibility for providing medical oversight, medical performance review and extending privilege to practice to a licensed EMS agency and its personnel under the guidelines established by OEMS.

~~2.5.~~ 2.4. Basic Life Support (BLS) -- A level of emergency medical services which includes, but is not limited to, assessment, treatment and transportation of sick and injured persons; including medical procedures, the administration of limited medications, basic life saving procedures and continuous medical supervision as approved for the appropriate level of certification by the OEMS Medical Direction System.

~~2.6.~~ 2.5. Certification -- The process by which a person acquires a certificate as an emergency medical services personnel for a level in which he or she is not currently certified in this state.

~~2.7.~~ 2.6. Certification Transfer -- The issuance of certification through reciprocity, legal recognition, challenge, or equivalency based on prior training, certification or licensure in another state, commonwealth, territory or the United States military.

~~2.8.~~ 2.7. Communications Center -- A facility that receives calls for emergency assistance and dispatches the appropriate responders to EMS incidents for a particular geographic area. These facilities include, but are not limited to 911 centers, stand alone dispatch centers and other public safety answering points.

~~2.9. Credentialing -- The total process of becoming certified and authorized to practice EMS in West Virginia.~~

~~2.10.~~ 2.8. Criminal history background check -- A report from a criminal history record system maintained by federal or state governmental agencies that is based on fingerprint identification or any other method of positive identification.

2.9. Critical Care Transport -- A level of sophisticated, specialized medical care and transportation requiring specifically trained, skilled and equipped personnel operating under guidelines established by the OEMS Medical Direction System.

2.10. Data System -- An electronic system designated by OEMS for the collection, storage, and retrieval of all information relating to the provision of emergency medical services including, but not limited to electronic patient care records, the credentialing information system (CIS), the state medical asset resource tracking tool (SMARTT), emergency medical services toolkits, medical command data, and other specialized data collections.

2.11. Director of the Office of Emergency Medical Services, OEMS Director, or Director -- The Director of the Office of Emergency Medical Services within the Bureau for Public Health.

2.12. Disaster -- A natural or man-made occurrence which creates need for the provision of EMS which exceeds the capacity of prompt provision of care or transportation by the EMS providers in the immediate area of the occurrence.

~~2.12. Driver -- A person who possesses appropriate qualifications, as specified by the Commissioner pursuant to this rule, that is responsible for the operation of a ground EMS vehicle.~~

~~2.13. Emergency Medical Services Vehicle (EMS vehicle) -- EMS transportation vehicles including: ambulances, air ambulances and other patient transportation vehicles; and non-transporting, medically equipped vehicles operated by licensed EMS agencies as described in this rule. EMS vehicles include any private or publicly owned vehicle or craft intended to provide on-scene emergency medical services or patient transportation.~~

~~2.14.~~ 2.13. Emergency Medical Dispatcher (EMD) -- A person certified as an Emergency Medical Dispatcher.

~~2.15.~~ 2.14. Emergency Medical Responder (EMR) -- A person certified as an Emergency Medical Responder.

~~2.16. EMS Data System -- An electronic system designated by OEMS for the collection, storage, and retrieval of all information relating to the provision of EMS including, but not limited to electronic patient care records, the credentialing information system (CIS), the state medical asset resource tracking tool (SMARTT), EMS toolkits, medical command data, and other specialized data collections.~~

~~2.17. EMS Incident -- An event which generates a request to provide emergency medical services assessment, treatment or transportation by EMS agencies and personnel. EMS incidents include, but are not limited to 911 response, non-emergency transportation, inter-facility~~

~~transport, patient refusals of care, no care needed or provided and standby in support of other emergency responses or emergency events.~~

~~2.18. EMS Medical Director – A West Virginia licensed physician, board certified in emergency medicine, with substantial experience in emergency medicine, appointed by the Commissioner, to oversee all medical aspects of the WV Emergency Medical Services (OEMS) System.~~

2.15. Emergency Medical Service Agency or EMS agency – A person or entity licensed to provide emergency medical services.

2.16. Emergency Medical Services Vehicle (EMS vehicle) -- EMS transportation vehicles including: ambulances, air ambulances and other patient transportation vehicles; and non-transporting, medically equipped vehicles operated by licensed EMS agencies as described in this rule. EMS vehicles include any private or publicly owned vehicle or craft intended to provide on-scene emergency medical services or patient transportation.

~~2.19.~~ 2.17. Emergency Medical Technician (EMT) -- A person certified as an Emergency Medical Technician.

~~2.20. EMT-M – A person certified as an Emergency Medical Technician – Miner.~~

2.18. Emergency Medical Technician – Industrial (EMT-I) -- A person certified as an Emergency Medical Technician – Industrial.

~~2.21.~~ 2.19. Emergency Medical Vehicle Operator (EMVO) -- A person certified as an Emergency Medical Vehicle Operator.

2.20. Incident -- An event which generates a request to provide emergency medical services assessment, treatment or transportation by EMS agencies and personnel. Incidents include, but are not limited to 911 response, non-emergency transportation, inter-facility transport, patient refusals of care, no care needed or provided and standby in support of other emergency responses or emergency events.

~~2.22.~~ 2.21. Inspector -- A person authorized by OEMS to inspect EMS agencies, vehicles, training institutions, or other facilities as necessary.

~~2.23.~~ 2.22. Investigator -- A person authorized by OEMS to conduct investigations on behalf of the Commissioner.

~~2.24.~~ 2.23. Local ~~EMS~~ System -- A coordinated arrangement of resources organized to provide emergency ambulance service within a defined geographical area. The systems are provided under the authority of either a county commission, statutory ambulance authority or other legislatively-established entity charged with the responsibility for providing the service.

~~2.25.~~ 2.24. Medical Command Center -- A designated facility staffed by paramedic communications specialists, operating under medical supervision, who provide on-line advice

and direction to EMS personnel for specific EMS incidents regarding treatment, triage and destination decisions under the guidelines of the EMS Medical Direction System.

~~2.26.~~ 2.25. Medical Command Physician (MCP) -- A West Virginia licensed physician operating as part of a medical command center who provides on-line medical direction to EMS personnel using patient care treatment, triage and transportation protocols and guidelines approved by the Office of EMS. The MCP has ultimate authority and responsibility for patient care activities provided on a specific EMS incident.

~~2.27.~~ 2.26. Medical Direction System -- The aggregate medical resources responsible for the establishment of policies and procedures governing all aspects of the operation of the on-line and off-line medical direction for all EMS activities in West Virginia.

~~2.28.~~ 2.27. Medical Facility -- Any hospital, medical clinic, physician's office, or other similar facility, licensed or certified by the appropriate State agency, at which medical care and treatment is available.

~~2.29.~~ 2.28. Medical Policy and Care Committee (MPCC) -- The MPCC is composed of each regional medical director and may include physicians representing specialty areas such as pediatrics, trauma cardiology and others as necessary. The committee serves as the primary policy making body and advisory body to the State ~~EMS~~ Medical Director concerning medical issues involving the OEMS system. The committee shall meet at least bi-annually, or more frequently as necessary.

~~2.30.~~ 2.29. Mobile Critical Care Nurse (MCCN) -- A person possessing a valid, unrestricted Registered Nurse license in West Virginia who meets OEMS requirements for paramedic certification and who has completed additional state-approved education and meets other requirements to provide Critical Care Transport.

~~2.31.~~ 2.30. Mobile Critical Care Paramedic (MCCP) -- A person certified as a paramedic who has completed additional state-approved education and meets other requirements to provide Critical Care Transport.

~~2.32.~~ 2.31. Non-Public EMS Response Entity -- A licensed EMS agency which provides EMS to a specific population and geographic area, including, but not limited to industrial sites and military operations. The service is not accessible by or available to the general public.

~~2.33.~~ 2.32. OEMS -- The Office of Emergency Medical Services under the Commissioner of the Bureau for Public Health as created by statute in *W. Va. Code* §16-4C-4.

~~2.34.~~ 2.33. Official Representative -- An individual assigned by the licensed EMS agency with signature authority to represent the licensed EMS agency.

~~2.35.~~ 2.34. Off-Line Medical Direction -- The component of medical oversight provided to EMS personnel and agencies including, but not limited to; medical treatment protocols and guidelines, triage protocols, destination protocols, policies and procedures, determination of

EMS personnel scopes of practice, privilege to practice, medical command center operation, and other issues of a medical nature.

~~2.36.~~ 2.35. On-Line Medical Direction -- The medical direction given by personnel at an approved Medical Command Center to EMS personnel at the time of an EMS incident, by voice or other means, as established by OEMS protocol and guidelines.

~~2.37.~~ 2.36. Paramedic -- A person certified as a Paramedic.

~~2.38.~~ 2.37. Patient Transportation -- Movement or transfer of a patient from any location to another by an EMS vehicle licensed by OEMS.

~~2.39.~~ 2.38. Pilot-in-Command -- A person who possesses appropriate Federal Aviation Administration credentials and who, pursuant to this rule, is responsible for the operation of an air ambulance.

~~2.40.~~ 2.39. Primary Patient Caregiver -- A person certified pursuant to this rule that has primary authority and responsibility for the care of patients with respect to the provision of emergency medical services on a particular EMS incident.

~~2.41.~~ 2.40. Privilege to Practice -- Authority to perform those skills and procedures defined within the scope of practice established by the OEMS Medical Direction System for a particular level of certification granted by the agency medical director with concurrence of the State ~~EMS~~ Medical Director.

~~2.42.~~ 2.41. Protocol -- A document developed and approved by the Medical Policy and Care Committee that describes the diagnostic procedures, treatment procedures, medication administration and patient care practices that shall be completed by EMS personnel within their scope of practice based upon the assessment of a patient, and the scope of practice of the primary patient caregiver.

~~2.43.~~ 2.42. Rapid Response -- A form of EMS designed to provide an initial response service to improve EMS incident response time and patient outcome. Rapid response services shall be coordinated as part of a local EMS System or licensed EMS agency. Rapid response EMS personnel operating under the OEMS Medical Direction System, provide on-scene assessment, intervention and treatment without patient transportation.

~~2.44.~~ 2.43. Recertification -- The process by which EMS personnel renew an EMS certificate for which they are or were certified in this State.

~~2.45.~~ 2.44. Regional EMS Medical Director -- A West Virginia licensed physician, recommended by a regional EMS Board of Directors and by the ~~EMS~~ State Medical Director, appointed by the Commissioner to oversee medical aspects of EMS within a particular geographic region of the state.

2.45. State Medical Director -- A West Virginia licensed physician, board certified in emergency medicine, with substantial experience in emergency medicine, appointed by the Commissioner, to oversee all medical aspects of the OEMS.

§64-48-3. Systems and Operations.

3.1. Local ~~EMS~~ Systems -- *W. Va. Code* §7-15-1, *et seq.*, establishes the duty of county commissions to provide emergency ambulance service. That service may be provided directly, through private enterprise, by its designees, by contracting, by creation of an ambulance authority or other legislatively-established entity charged with the responsibility for providing the service.

3.1.a. County commissions shall establish Local ~~EMS~~ Systems which:

3.1.a.1. Define a geographical service area, the minimum size of which shall be one (1) county; and

3.1.a.2. Establish the minimum level of service required within the service area and ensures the established level of care is available to all citizens within that service area 24 hours per day and 365 days per year.

3.1.b. Each county shall develop ~~an EMS~~ a plan describing how the local ~~EMS~~ system will address:

3.1.b.1. The dispatch, coordination and oversight of all agencies and personnel operating within the Local ~~EMS~~ System;

3.1.b.2. The provision of sufficient numbers of permitted and staffed ambulances to provide emergency ambulance coverage to the service area 24 hours per day;

3.1.b.3. The establishment, monitoring and reporting of system response time standards;

3.1.b.4. The integration ~~of EMS~~ with other county emergency management entities in the county's all-hazard disaster plan; and

3.1.b.5. The establishment of ~~an EMS~~ a communication system that provides for:

3.1.b.5.A. Public access using the telephone number 9-1-1 within the public telephone network as the primary method to request ~~EMS~~ assistance;

3.1.b.5.B. An emergency communications system operated by public safety telecommunicators with training in the management of calls for emergency medical assistance available 24 hours per day;

3.1.b.5.C. Dispatch of the most appropriate EMS agency or EMS vehicle to any request for assistance in accordance with a written plan for management and deployment of ~~EMS~~ resources, including requests for mutual aid; and

3.1.b.5.D. Two-way voice communications from within the defined service area to the emergency communications center or Public Safety Answering Point (PSAP).

3.1.c. A Local ~~EMS~~ System may use one (1) or more ~~licensed~~ EMS agencies within the established service area.

3.1.d. County commission statutory ambulance authorities or other statutory entities charged with the responsibility for providing the service shall designate those transporting and non-transporting EMS agencies which are affiliated with the Local ~~EMS~~ System. Air ambulance agencies and non-public response agencies are exempt from this requirement.

3.1.d.1. Affiliation shall be evidenced by a contract, franchise agreement or other written documentation.

3.1.e. Local ~~EMS~~ Systems shall designate an official contact person who shall be the primary contact for OEMS in all matters relating to the Local ~~EMS~~ System.

3.2. ~~EMS~~ Data System.

3.2.a. OEMS shall participate in the National EMS Information System (NEMSIS) electronic data collection project. OEMS shall establish and publish a minimum ~~EMS~~ data set required for collection on all ~~EMS~~ incidents. ~~An EMS~~ A data dictionary shall be established describing the definitions of each data element. All data collection systems shall be certified NEMSIS compliant for all state required data elements. OEMS shall maintain a list of collection programs approved for use in the state. Additionally, state approved collection programs shall be certified NEMSIS compliant for each EMS agency.

3.2.b. EMS agencies shall collect, maintain and report accurate patient data for all ~~EMS~~ incidents. Agencies shall complete a patient care report (PCR) for all EMS incidents. PCRs shall be completed and submitted to the West Virginia Prehospital Information System (PreMIS) following the conclusion of providing ~~EMS~~ services to a patient, in accordance with policies and guidelines established by OEMS.

3.2.c. When an ambulance transports a patient to a medical facility's emergency room or department, at a minimum a patient handoff report as specified by OEMS, shall be provided to the facility prior to departing. Within seventy-two (72) hours of the conclusion of providing ~~EMS~~ services to a patient, the EMS agency shall make a copy of the complete PCR available to the receiving facility, either electronically or written, which shall serve as the official record of the ~~EMS~~ incident.

§64-48-4. Agencies.

4.1. The Commissioner shall evaluate EMS agencies according to this rule.

4.2. Responsibility. -- EMS agencies are responsible for ensuring that vehicles operated and maintained by the agency and personnel associated with the agency comply with this rule at all times.

4.3. License Required. -- A person or entity shall not establish or operate and maintain or advertise any service or organization as an EMS agency without a valid OEMS license.

4.4. Display of License. -- The license shall be displayed publicly in the headquarters of the agency.

4.5. Licensed Service Types. -- EMS licenses shall be issued for one or more of the following ~~EMS~~ services:

4.5.a. Rapid response. -- basic life support;

4.5.b. Rapid response. -- advanced life support;

4.5.c. Basic life support;

4.5.d. Advanced life support;

4.5.e. Critical care transport;

4.5.f. Rotary wing transport;

4.5.g. Fixed wing transport;

4.5.h. Specialized multi-patient medical transport. This type of service may not be licensed unless the EMS agency provides at least basic life support service; and

4.5.i. Fire Department Rapid Response. -- This applies only to fire departments certified by the State Fire Commission.

4.5.i.1. A fire department rapid response service that charges a fee for its medical services or transports patients is subject to all licensure requirements and applicable standards of this rule, including the payment of fees.

4.5.i.2. A fire department rapid response service that does not charge a fee for its medical services or transport of patients shall obtain one of the following:

4.5.i.2.A. A license subject to all requirements and applicable standards of this rule, including full inspection and payment of fees; or

4.5.i.2.B. A license subject to requirements and applicable standards of this rule as outlined in subdivision 4.9.~~a.~~ of this rule.

4.5.i.3. A certified fire department is not subject to licensure as described in this rule if it only provides CPR and AED services, manpower or other non-medical assistance at ~~EMS~~ incidents.

4.6. Advertising. -- EMS agencies shall not advertise, in print, electronic or other media for public consumption, any service for which they are not licensed. Aeromedical agencies shall not solicit direct flight requests for service from the general public. Agencies may advertise for personnel or other community-oriented activities.

4.7. Application.

4.7.a. The EMS agency shall submit an application to OEMS for a license, in a format specified by the Commissioner, prior to agency inspection.

4.7.b. Any EMS agency seeking to make changes in the level of service, service area, station locations or number of vehicles shall submit an application in a format specified by the Commissioner, prior to making the change.

4.7.c. Management of an EMS agency includes those serving as Official Representative, Medical Director or Training Officer. Any changes to Management require a revised application to be submitted within ten (10) days of the change.

4.8. Verification. -- The Commissioner may use any lawful investigatory means necessary to verify information contained in an application.

4.9. License Issuance. -- The Commissioner shall determine whether an applicant shall be issued a license based upon: the applicant's previous record of performance in the provision of a similar service; the resources available to the applicant for the provision of services; an objective measurement of the applicant's compliance with requirements and standards of this rule; and evidence of the applicant's current compliance with all state, local and federal obligations, included, but not limited to; taxes and worker's compensation obligations.

4.10. Inspection. -- The Commissioner may inspect all places of operation of an EMS agency or proposed EMS agency, at any time, for compliance with this rule. The inspection shall be in addition to other federal, state or local inspections required by law. The inspection shall include all places of operations and all records of the EMS agency or proposed EMS agency. The Commissioner may inspect, but not copy or maintain, records of a protected status.

4.10.a. Fire department rapid response agency inspection:

4.10.a.1. The Official Representative of the agency, as indicated on the application, shall verify the applicant's compliance with the requirements of this rule and sign and attest to compliance before a notary public.

4.10.a.2. The Commissioner may inspect all places of operation of an existing or proposed fire department rapid response service for compliance with this rule. The inspection

shall be in addition to other federal, state, or local inspections required by law. The Commissioner may inspect, but not copy or maintain, records of a protected status.

4.10.a.3. Inspections shall be conducted at no cost to the applicant.

4.11. Place of Operations. -- EMS agencies shall comply with the following requirements pertaining to all places of operations:

4.11.a. Storage. -- The EMS agency shall provide adequate and clean storage spaces in an enclosed area for equipment and supplies. These storage spaces shall be constructed to permit thorough cleaning;

4.11.b. Supplies. -- The EMS agency shall maintain medical supplies required for all the classes of vehicles operated by the agency;

4.11.c. Sanitary Requirements. -- All areas used for storage of equipment and supplies shall be kept neat, clean and sanitary. Plastic bags or enclosed containers shall be provided for soiled supplies;

4.11.d. Living Quarters. -- If crews are required to work twenty-four (24) hour or greater length shifts, appropriate quarters shall be provided. These quarters shall meet standards established by *W. Va. Code* §21-3-1, Safety and Welfare of Employees, and others established by the Commissioner; and

4.11.e. Medical Waste. -- All forms of medical waste shall be stored and disposed of according to *W. Va. Code* §20-5J-1, et seq. and Division of Health Legislative Rule, Infectious Medical Waste, 64CSR56.

4.12. Operational Policies and Procedures. -- EMS agencies shall maintain current written operational policies and procedures which are subject to inspection by the Commissioner. Required policies and procedures include, but are not limited to: operation and maintenance of services; equipment and facilities management; health and safety practices for ~~EMS~~ personnel; patient safety; a medication management plan compliant with federal and state requirements; infection control practices; anti-harassment; vehicle operations; and personnel management. Additional aeromedical agency requirements include: a contemporaneous flight following plan used in all phases of flight operations; a notification policy for requesting agencies and facilities which includes estimated time of arrival, any changes in time or flight status; a routinely drilled post accident/incident plan; a policy to reduce "helicopter shopping" including appropriate pre-flight screening and cooperation with other aeromedical providers; and a customer education program addressing patient preparation, landing zone management, and customer safety around the aircraft and equipment.

4.13. Records. -- EMS agencies are responsible for the preparation and maintenance of records. All records are subject to inspection by the Commissioner. Records shall be stored in a manner as to provide reasonable safety from water and fire damage and from disclosure to persons other than those authorized by law. Secure storage shall be provided for all medical records. EMS agencies shall comply with data collection and reporting requirements in

subsection 3.2. of this rule. The EMS agency shall prepare and maintain for a period of not less than seven (7) years the following records:

4.13.a. Personnel records for ~~EMS~~ personnel and other staff documenting training, qualifications and certifications for positions held;

4.13.b. Records for each EMS vehicle including vehicle registration records, records of safety inspections, repair and crash incident reports as specified by the Commissioner;

4.14. Insurance. -- Each EMS agency shall have in effect, maintain and furnish proof of errors and omissions insurance as required by *W. Va. Code* §16-4C-16, and current insurance policies for all EMS vehicles operated by the agency.

4.15. Non-Discrimination. -- EMS agencies shall maintain a written policy to prohibit the refusal of emergency response, treatment and transportation of patients to the nearest appropriate facility on ~~EMS~~ incidents with potentially critical illness or injury, regardless of the patient's age, sex, ethnicity or ability to pay for services.

4.16. Public Access. -- An EMS agency shall provide a publicly listed telephone number to receive requests for service from the general public within its regular operating area.

4.16.a. The primary emergency number shall be 911.

4.16.b. Secondary telephone numbers may be provided for the provision of non-emergency services.

4.16.c. An EMS agency that, according to written policy, does not respond to calls from the general public and responds only to calls from a defined, closed population, such as the population of an institution, an industrial plant, facility or a university, is not required to provide a publicly listed telephone number. These agencies shall provide a telephone number that is known to the defined population served and is answered during all periods when that population may require service.

4.17. Availability. -- EMS agencies shall ensure that service for which they are licensed is available to the public or population served within their regular operating area on a twenty-four (24) hour continuous basis either by providing the service themselves or by written agreement with another licensed EMS agency.

4.18. Communications. -- ~~EMS~~ Communication systems shall comply with state and federal rules, regulations, policies and protocols.

4.19. Performance Improvement. -- EMS agencies shall comply with the minimum performance improvement program established by the Commissioner.

4.20. Standards. -- In addition to the requirements set forth in this rule, the Commissioner shall score the EMS agency or proposed EMS agency according to the ~~following~~ standards contained in subsection 4.21 through 4.31.:

~~4.20.a. Applicability of Standards. --~~ Certain standards, as determined by the Commissioner, may not apply to an EMS agency depending on the type of service provided or population served.

4.21. Level of Service. -- EMS agencies that have been licensed by the Commissioner are subject to a rating system based upon the following evaluations and point scores.

4.21.a. ALS staffed and equipped EMS vehicles are dispatched on all emergency requests for service, or; a tiered response is dispatched based on criteria from an OEMS recognized Emergency Medical Dispatch program. Fifteen (15) points.

4.21.b. ALS services are available only on a part-time basis. Ten (10) points.

4.21.c. BLS services only are available. Five (5) points.

4.22. Medical Accountability.

4.22.a. Off-Line Medical Direction.

4.22.a.1. The agency medical director(s) has a written contract with the EMS agency outlining duties and responsibilities and is actively involved with the agency through direct participation in activities, included, but not limited to; oversight of training, skills maintenance and recertification as established by OEMS and the MPCC; ~~equipment selection;~~ clinical performance evaluation and the performance improvement process as evidenced by documented participation in quarterly, or more frequent, meetings with agency officials and personnel. Ten (10) points; or

4.22.a.2. The medical director(s) has a written contract with the EMS agency outlining duties and responsibilities with minimal evidence of active involvement with the agency. Five (5) points.

4.22.b. Performance Improvement. -- The EMS agency demonstrates superior commitment to performance improvement as evidenced by activities substantially exceeding state minimum requirements described in subsection ~~4.18.~~ 4.19. of this rule. Fifteen (15) points.

4.23. Rapid Response.

4.23.a. The EMS agency has a rapid response program which routinely places trained and equipped personnel on the scene of potential life-threatening emergencies prior to the arrival of an ambulance, in accordance with policies and guidelines established by OEMS. Five (5) points; or

4.23.b. The EMS agency has formalized rapid response capabilities provided irregularly, or is not available in all parts of the service area. Two (2) points.

4.24. Public Education and Information.

4.24.a. The EMS agency has community presence which is documented through provision of ~~EMS~~ public education and community service programs for the covered population. The EMS agency offers the activities quarterly, or more often and actively participates with outside organizations and groups. Five (5) points; or

4.24.b. The EMS agency provides limited or intermittent education or service programs within the community. One (1) point.

4.25. Disaster Capability.

4.25.a. Disaster Plan. The EMS agency has a current, written all-hazards plan for disaster response which is integrated with adjacent providers and emergency management officials. The plan is compliant with current federal and state emergency planning and operational standards. Five (5) points.

4.25.b. Disaster Drills.

4.25.b.1. The EMS agency conducts, or participates in, disaster drills with adjacent EMS agencies, other emergency response entities and county emergency management agencies at least annually. Five (5) points.

4.26. Mutual Aid.

4.26.a. The EMS agency maintains current written mutual aid agreements addressing all aspects of reciprocal service provision with all adjacent EMS agencies, or operates under written mutual aid guidelines established by the Local ~~EMS~~ System. Five (5) points.

4.26.b. The EMS agency has limited-scope mutual aid agreements or does not have them with all adjacent EMS agencies. One (1) point.

4.27. Personnel.

4.27.a. Job Descriptions. -- The EMS agency maintains current written job descriptions for all positions within the agency. Three (3) points.

4.27.b. Recruitment. -- The EMS agency uses a formal, documented recruitment program to actively recruit new personnel. Three (3) points.

4.27.c. Personnel Screening. -- The EMS agency screens and selects applicants with a formal, documented, objective process. Three (3) points.

4.27.d. Orientation. -- The EMS agency uses a formal orientation process with documented completion of specific stated objectives. Documentation of completion is maintained in each personnel file. Three (3) points.

4.27.e. Retention. -- The EMS agency uses a formal, documented retention program to aid in retention of qualified personnel. Three (3) points.

4.28. Education and Training

4.28.a. Personnel Education.

4.28.a.1. The EMS agency provides ~~EMS~~ education for all ~~EMS~~ personnel levels within the agency. Educational offerings exceed minimum recertification requirements and include at least one program leading to original certification. Fifteen (15) points;

4.28.a.2. The EMS agency provides~~, or makes available~~, in-house or makes available training activities meeting all minimum recertification requirements for all ~~EMS~~ personnel levels within the agency. Ten (10) points; or

4.28.a.3. The EMS agency provides some in-house training activities meeting some recertification requirements for ~~EMS~~ personnel. Five (5) points.

4.28.b. Training Officer's Program. The EMS agency participates fully in the state approved training officers' program with a qualified designated agency training officer and offers in-house continuing education programs a minimum of two (2) time per year. Ten (10) points.

4.29. Financial. -- the following shall be prepared according to generally accepted accounting practices:

4.29.a. Budget. -- The EMS agency shall have an approved, written operating and capital expenditures budget which includes projected income and expenses, actual income and expenses, and an accounting of budget variances. Budget reports are provided quarterly, at a minimum, to the agency's governing body or ownership, management personnel and other significant stakeholders. Five (5) points.

4.29.b. Financial Stability. -- The EMS agency is financially viable as evidenced by:

4.29.b.1. A full financial audit or quarterly articulated financial statements provided by an independent accounting firm during the license period. Ten (10) points;

4.29.b.2. A financial review conducted by an independent entity within the license period. Five (5) points; and

4.29.b.3. Interim articulated financial statements. Two (2) points.

4.29.c. Financial Responsibility. -- The EMS agency has formally designated individuals with financial responsibility. Individuals with financial responsibility shall be appropriately insured or bonded. Five (5) points.

4.30. Facilities and Equipment.

4.30.a. Facilities Maintenance Program. -- The EMS agency uses a documented, comprehensive program of routine inspection and preventive maintenance for all agency facilities. Five (5) points.

4.30.b. Vehicle Maintenance Program. -- The EMS agency uses a documented, comprehensive program of routine inspection and preventive maintenance performed by qualified personnel for all EMS vehicles. Five (5) points.

4.30.c. Medical Equipment. -- The EMS agency uses a documented, comprehensive program of routine inspection and preventive maintenance performed by qualified personnel for all ~~EMS~~ medical equipment. Five (5) points.

4.31. Accountability and Stability.

4.31.a. Government Support and Recognition:

4.31.a.1. The responsible county commission statutory ambulance authority or other statutory entity charged with the responsibility for providing the service formally recognizes the agency as part of the Local ~~EMS~~ System and provides sufficient resources to support of agency operations. Five (5) points; or

4.31.a.2. The agency is formally recognized by the responsible county commission, statutory ambulance authority or other statutory entity charged with the responsibility for providing the service as part of the Local ~~EMS~~ System but receives minimal support. Two (2) points;

4.31.b. Organization and Management:

4.31.b.1. The agency is formally and legally organized with clear lines of managerial authority and responsibility as evidenced by an agency charter or articles of incorporation, current written by-laws, current registration with the Secretary of State, current organizational charts, policies, etc. Five (5) points.

4.31.b.2. Management Education -- EMS agency management personnel have documented education in ~~EMS~~ emergency medical services management practices and procedures. Continuing education in management practice is required and participation of current management personnel is documented. Five (5) points.

4.32. The Commissioner may issue a license according to *W. Va. Code* §16-4C-4a, provided the information contained in the application is complete and correct, and the applicant is determined eligible for licensure by the Commissioner in accordance with this rule.

4.33. The Commissioner shall notify the EMS agency in writing of the findings of the inspection and, if the inspection is approved, issue an EMS agency license within sixty (60) days of receipt of application and completion of agency and vehicle inspections.

4.34. An EMS agency license shall include the following information:

4.34.a. The name and address of the EMS agency;

4.34.b. The name of the official representative of the EMS agency;

4.34.c. All levels of service for which the agency is licensed; and

4.34.d. The issue and expiration dates of the license.

4.35. The standards ratings and renewal periods are determined as follows:

4.35.a. "A" rating -- a score of ninety percent (90%) or higher of applicable points. A four (4) year license shall be issued.

4.35.b. "B" rating -- a score of between eighty percent (80%) and eighty-nine percent (89%) of applicable points. A three (3) year license may be issued.

4.35.c. "C" rating -- a score of between seventy percent (70%) and seventy-nine percent (79%) of applicable points. A two (2) year license may be issued.

4.35.d. "F" rating -- a score of less than seventy percent (70%) of applicable points. No license shall be issued.

4.35.e. "Provisional" rating -- a score of greater than seventy percent (70%) of applicable points earned by a new agency. Six (6) months license may be issued; and

4.35.f. Extension of license -- The Commissioner may extend, as necessary, an agency license for a period of not greater than six (6) months from the date of expiration.

4.36. Review of Preliminary Agency Inspection Findings.

4.36.a. When a preliminary inspection report is completed, the OEMS inspector and the agency official representative shall meet to discuss the findings.

4.36.a.1. The agency official representative shall either concur with the findings or present documentation or facts disputing any portion of the preliminary inspection report.

4.36.b. In the case of disputed findings the OEMS inspector may concur with the information provided and revise the findings appropriately, or refer the preliminary inspection report, along with all documentation presented by the official representative to the Director of OEMS for review.

4.36.b.1. The Director may either uphold the inspector's findings or modify the findings based on the facts presented.

4.36.b.2. The Director shall communicate his or her action to the agency principal official within ten (10) days of receiving the preliminary inspection report and associated documentation.

4.37. Plan of Improvement.

4.37.a. An EMS agency may submit a plan of improvement to improve the rating upon receipt of a final license inspection report.

4.37.b. A plan of improvement shall only be applicable to the standards section of a final license inspection report.

4.37.c. The agency has ten (10) working days from receipt of the final license inspection report to notify OEMS of intent to submit a plan of improvement.

4.37.d. The proposed plan of improvement shall be submitted within fifteen (15) days of initial notification.

4.37.e. Plans of improvement shall include:

4.37.e.1. Standards to be addressed;

4.37.e.2. Specific improvement strategies to be implemented;

4.37.e.3. The desired outcome of the proposed improvements; and

4.37.e.4. A proposed implementation period.

4.37.f. The Commissioner has ten (10) working days to approve or reject the plan.

4.37.g. The agency shall specify the areas of the plan he or she rejected.

4.37.h. In the event the plan is rejected, the agency may submit a revised plan within ten (10) working days of receipt of notice of the plan's rejection.

4.37.i. Once an improvement plan is approved, the agency shall complete the proposed improvements within the agency's specified implementation period.

4.37.j. Upon completion of the improvement period, OEMS shall re-inspect the specific standards proposed for improvement.

4.37.k. If, as a result of re-inspection, standards ratings improve, the Commissioner shall issue a new license reflecting the change.

4.37.l. If, as a result of re-inspection, there is no improvement, the original license rating shall stand without opportunity for further review until the next inspection period.

4.38. Alternative Licensing Method.

4.38.a. In lieu of the requirements set forth in this section, the Commissioner may recognize an agency evaluation by a nationally recognized EMS agency accrediting body as meeting State licensing requirements; provided that the nationally recognized EMS agency meets or exceeds State requirements, as determined by the Commissioner;

4.38.b. An OEMS inspector shall accompany accreditation officials during the site visit to the EMS agency;

4.38.c. The accrediting body shall provide a copy of the findings of the accreditation site visit directly to OEMS; and

4.38.d. Agencies seeking alternative licensing are subject to the fees set forth in subsection 4.39. of this rule.

4.39. Agency Fees. -- Non-refundable fees for agency license and vehicle permits are due upon receipt of the invoice. Fees are:

4.39.a. Original agency license application, five hundred dollars ($500.00).

4.39.b. Renewal fee for each agency licensing period, three hundred dollars ($300.00), except that no additional fee shall be charged to provisional licensees.

4.39.c. Yearly EMS vehicle permit, two hundred dollars ($200.00) per vehicle. Non-transporting vehicles are exempt from this fee.

4.39.d. Agency license modification, including revision based upon a plan of improvement, one hundred dollars ($100.00). A change of official representative, medical director, training officer, postal address or other contact information is exempt from this fee.

4.39.e. Fees shall be paid to the West Virginia Bureau for Public Health in a manner specified by the Commissioner.

§64-48-5. Vehicles.

5.1. General Requirements.

5.1.a. Unless specified differently herein, ground ambulances shall meet applicable US Government Services Agency ~~KKK-A-1822~~ or subsequent federally approved specifications at the time of the vehicle's manufacture.

5.1.b. Each EMS vehicle shall be maintained in good repair and operating condition and shall have a current state inspection if required by the state issuing the vehicle license.

5.1.c. EMS vehicles shall not be maintained or operated except by a licensed EMS agency. United States government EMS vehicles are exempt from this requirement.

5.1.d. The EMS agency may exercise emergency operating privileges, including the use of audible and visible emergency warning devices, only during response to the location of an emergency call, while at the location, and during transportation of a patient. Operation of these devices shall be in compliance with the *W. Va. Code* §17C-2-5.

5.1.e. All ~~drivers~~ operators of ground EMS vehicles shall meet the requirements of paragraphs 6.7.a.9., 6.7.a.10. and 6.7.a.11. of this rule, in addition to minimum standards established for the individual's level of certification.

5.1.f. Sanitation. -- The following requirements for sanitary conditions apply to all EMS vehicles:

5.1.f.1. The interior of EMS vehicles, including all storage areas, linens, equipment, and supplies shall be clean and sanitary;

5.1.f.2. Freshly laundered linen or disposable sheets and pillow cases shall be used during the transporting of patients and shall be changed after each use;

5.1.f.3. Pillows and mattresses used in EMS vehicles shall be clean and in good repair;

5.1.f.4. Plastic bags, covered containers or compartments shall be used for the storage of soiled supplies and used disposable items. Biohazard bags clearly marked with the biohazard symbol shall be used for infectious waste;

5.1.f.5. Exterior surfaces shall be clean;

5.1.f.6. Blankets used in EMS vehicles shall be clean and replaced after use;

5.1.f.7. Single use devices or supplies shall be stored in a sterile manner and appropriately disposed of after use. Reusable items shall be sterilized in accordance with current medical practices;

5.1.f.8. Waterless antibacterial hand cleaner shall be available on each EMS vehicle;

5.1.f.9. A bleach or disinfectant solution, approved by the United States Centers for Disease Control, shall be available on EMS vehicles for cleaning purposes;

5.1.f.10. A disposal container for used sharp items shall be available on each EMS vehicle; and

5.1.f.11. The EMS agency shall ensure that, when EMS vehicles are used to transport a patient with an infectious disease, all interior contact surfaces shall be cleaned and disinfected prior to being occupied by another patient.

5.1.g. Equipment and Supplies. -- The EMS agency shall ensure that each EMS vehicle has all required equipment and supplies necessary for the level of service being provided while en route to an ~~EMS~~ incident, at the scene and during transport of a patient.

5.1.g.1. The EMS agency shall ensure that vehicle equipment is maintained in good working operation at all times.

5.1.g.2. The EMS agency shall ensure that supplies are restocked as necessary to maintain the minimum requirements during each response.

5.1.h. The operator's compartment shall accommodate safe operation of the EMS vehicle.

5.1.i. Safety belts shall be available and operational for all seat positions in EMS vehicles, no shoulder harness-type restraints are allowed on side-facing seat positions.

5.1.j. All EMS vehicles shall have a lockable storage compartment for medications in accordance with ~~policies established by OEMS~~ federal Drug Enforcement Administration regulations.

5.1.k. Exterior Vehicle Marking Requirements:

5.1.k.1. All ground ambulances purchased on or after January 1, 2012, shall have the following retro reflective marking:

5.1.k.1.A. A four inch (4") wide stripe running the length of the sides of the vehicle at or below the level of the bottom of the windshield;

5.1.k.1.B. Rear facing vertical surfaces 50% of which have a forty-five (45) degree down-and-away chevron pattern of contrasting-color 6" stripes;

5.1.k.1.C. A four inch (4") wide stripe on 25% of the width of the front of the vehicle;

5.1.k.1.D. A two inch (2") wide vehicle side and rear boundary contour or edge markings; and

5.1.k.1.E. A twelve inch (12") "Star of Life" emblem on both sides and the rear of the vehicle.

5.1.k.2. The name of the EMS agency shall appear on both sides and the back of the vehicle in four inch (4") minimum height letters. Clearly readable logos or emblems are acceptable.

5.1.k.3. An EMS vehicle may only be lettered with the terms "Paramedic", "Advanced Life Support", "Critical Care Transport" or similar service-level designations when

the vehicle is licensed by the OEMS for that level of service ~~both equipped and staffed by appropriately certified EMS personnel~~.

5.1.k.4. The public access emergency telephone number 9-1-1 shall be displayed on the ambulance. Specialized Multi Patient Medical Transport (SMPMT) and non-public access EMS vehicles may display a different number.

5.1.k.5. Emergency warning lights shall be visible from all four sides of the vehicle.

5.1.k.6. One (1) or more audible warning devices shall be installed to provide adequate audible warning.

5.1.k.7. All EMS vehicles shall have communications equipment which provides voice communication between the vehicle and its dispatch center, other EMS vehicles of the same EMS agency, and medical command. Communication equipment shall be operational and compatible with the EMS communication system and comply with state and federal rules, regulations, policies and protocols.

5.1.l. Inspection. -- All EMS vehicles are subject to inspection by the Commissioner for compliance with this rule at any time and without prior notification. This inspection shall be in addition to other inspections required for EMS vehicles by Federal, State, or local law, rules, and regulations.

5.2. Non-Transporting EMS Vehicles.

5.2.a. The EMS agency may use non-transporting EMS vehicles intended for the immediate movement of ~~EMS~~ personnel and equipment to the location of an ~~EMS~~ incident. Personally Owned Vehicles (POVs) may be used for similar purposes and are exempt from this rule, provided that they are authorized by the official representative of the licensed EMS agency. POVs and their operators are subject to requirements of the Division of Motor Vehicles and OEMS Emergency Vehicle Permit program.

5.2.b. Non-transporting EMS vehicles shall not be used for the transportation of patients, except in the case of a disaster.

5.3. Transporting EMS Vehicles, excluding Specialized Multi Patient Medical Transport vehicles, shall meet the following requirements:

5.3.a. Transporting EMS vehicles are used for the delivery of basic or advanced life support or critical care transport. The equipment, supplies, and staffing required are dependent upon the level of service being provided on a particular ~~EMS~~ incident as specified in the Medical Direction System's policy, protocols and scope of practice. Transporting EMS vehicle may be used to deliver services at the level at which they are certified or below. Transporting EMS vehicles may not deliver services at levels exceeding that at which they are certified.

5.3.b. Staffing is dependent upon the level of service being provided on a particular ~~EMS~~ incident as specified in the Medical Direction system's policy, protocols and scope of practice and appropriate staff shall be onboard at all times during patient treatment and transport:

5.3.b.1. Basic life support -- at a minimum a certified EMVO and EMT;

5.3.b.2. Advanced life support -- at a minimum a certified EMVO and ACT or Paramedic, provided that individual protocols may specify alternative staffing as specified by the OEMS Medical Direction System.

5.3.b.3. Critical care transport -- at a minimum a certified EMVO and two (2) MCCPs, or one (1) MCCP and one (1) MCCN as required by treatment guidelines and policies specific to the individual patient's care requirements as specified by the OEMS Medical Direction System. Hospital-based specialty medical personnel may replace one of the certified ~~EMS~~ personnel for the purpose of providing a higher level of care required by a particular patient.

5.3.b.4. The minimum equipment and supplies required are dependent upon the level of service being provided on a particular ~~EMS~~ incident as specified in OEMS's policy, protocols and scope of practice and shall be onboard at the time of response and during patient treatment and transport.

5.4. Air Ambulance. -- There shall be two (2) categories, one (1) for rotary wing aircraft and one (1) for fixed wing aircraft. All EMS agencies engaging in air ambulance service under this rule shall operate under Federal Aviation Administration (FAA) Part 135 rules.

5.4.a. Rotary Winged Aircraft.

5.4.a.1. An EMS rotary winged aircraft is intended for response to the location of an EMS incident or for interfacility transportation of patients;

5.4.a.2. The aircraft patient compartment shall accommodate at least two (2) medical personnel who shall have access to the patient's head and upper body from a seat-belted position while in flight and at least one (1) stretcher patient, and:

5.4.a.2.A. Provide necessary space to insure that the patient's airway is maintained and to provide adequate ventilator support from a secured, seat-belted position of medical personnel, and

5.4.a.2.B. Be configured to allow medical personnel to have full-body patient view and access, and access to equipment and supplies to initiate basic, advanced, and critical care life support emergency procedures while in flight;

5.4.a.3. The cockpit shall be configured so that flight controls and pilot communications equipment are protected from intended or accidental interference by the patient or medical equipment and supplies;

5.4.a.4. Door openings shall accommodate the loading of a stretcher without compromising the stability of the patient or the functioning of monitoring systems, intravenous lines, and manual or mechanical ventilation;

5.4.a.5. A visible warning device may be installed on the underside of the aircraft to provide adequate day and night emergency warning. An audible warning device may be installed to provide adequate emergency warning and external voice communications;

5.4.a.6. Patient area lighting shall not interfere with the safe operation of the aircraft; and

5.4.a.7. The aircraft shall have communications equipment which provides voice communications between the aircraft and its base of operation, between the aircraft and other ~~EMS~~ emergency medical services aircraft of the same EMS agency for which this requirement applies and between the aircraft and a ~~WV~~ Medical Command Center. The communications equipment shall be operational and compatible with the ~~EMS~~ communications system and comply with state and federal rules, regulations, policies and protocols.

5.5. An EMS Agency may use ~~EMS~~ rotary winged aircraft for the delivery of critical care transport. The equipment, supplies, and staffing required are dependent upon the level of service being provided on a particular ~~EMS~~ incident as specified in the Medical Direction System's policy, protocols, guidelines and scope of practice.

5.5.a. Staffing requirements are determined by the level of service being provided on a particular ~~EMS~~ incident as specified in the Medical Direction System's policy, protocols and scope of practice. The following shall be onboard at all times during patient treatment and transport:

5.5.a.1. Critical care transport -- a minimum of a pilot-in-command and one (1) MCCP and one (1) MCCN. Hospital-based specialty medical personnel may replace one of the certified EMS personnel for the purposes of providing a higher level of care required by a particular patient;

5.5.a.2. The minimum equipment and supplies as defined by OEMS policy is determined by the level of service being provided on a particular ~~EMS~~ incident and shall be onboard at the time of response and during patient treatment and transport.

5.5.b. Fixed Wing Aircraft.

5.5.b.1. An ~~EMS~~ fixed wing aircraft is primarily intended for extended air transport between medical facilities within the state or across state boundaries.

5.5.b.2. The aircraft patient compartment shall accommodate at least two (2) medical personnel who shall have access to the patient's head and upper body from a seat-belted position while in flight and at least one (1) stretcher patient and:

5.5.b.2.A. Provide necessary space to insure that the patient's airway is maintained and to provide adequate ventilator support from a secured, seat-belted position of medical personnel.

5.5.b.2.B. Be configured to allow medical personnel to have full-body patient view and access, and access to equipment and supplies to initiate basic, advanced, and critical care life support emergency procedures.

5.5.b.3. The cockpit shall be configured so that flight controls and pilot communications equipment are protected from intended or accidental interference by the patient or medical equipment and supplies.

5.5.b.4. Door openings shall accommodate the loading of a stretcher without compromising the stability of the patient or the functioning of monitoring systems, intravenous lines, and manual or mechanical ventilation.

5.5.b.5. Patient area lighting shall not interfere with the safe operation of the aircraft.

5.5.b.6. All ~~EMS~~ aircraft shall have communications equipment which provides voice communications between the aircraft and its base of operation and voice communications between the aircraft and other ~~EMS~~ aircraft of the same EMS agency for which this requirement applies and between the aircraft and its Medical Command Center. The communications equipment shall be operational and compatible with the ~~EMS~~ communications system and comply with state and federal rules, regulations, policies and protocols.

5.5.b.7. Staffing is determined by the level of service being provided on a particular ~~EMS~~ incident as specified by Medical Direction System's policy, protocols and scope of practice and appropriate staff shall be onboard at all times during patient treatment and transport:

5.5.b.7.A. Basic life support. -- a minimum of a pilot-in-command and an EMT;

5.5.b.7.B. Advanced life support. -- at a minimum of a pilot-in-command and Paramedic, provided that individual protocols may specify alternative staffing as specified by the OEMS Medical Direction System;

5.5.b.7.C. Critical care transport. -- a minimum of a pilot-in-command and two (2) MCCPs, or one (1) MCCP and one (1) MCCN based on treatment guidelines and policies as specified by the OEMS Medical Direction System. Hospital-based specialty medical personnel may replace one of the certified ~~EMS~~ emergency medical services personnel for the purpose of providing a higher level of care required by a particular patient.

5.5.b.7.D. The minimum equipment and supplies as defined by OEMS policy is determined by the level of service being provided on a particular ~~EMS~~ incident and shall be onboard at the time of response and during patient treatment and transport.

5.6. Specialized Multi Patient Medical Transport (SMPMT) vehicles:

5.6.a. A specialized multi patient medical transport (SMPMT) vehicle is used to transport patients, with a medical history and no apparent immediate need for any level of medical supervision, to and from scheduled medical appointments.

5.6.b. SMPMT vehicles shall be maintained in good repair and operating condition and shall have a current state inspection, if required by the state issuing the vehicle license.

5.6.c. The interior of SMPMT vehicles, including all storage areas, equipment, and supplies shall be clean and sanitary;

5.6.d. Safety belts shall be available and operational for all seat positions in SMPMT vehicles.

5.6.e. SMPMT vehicles shall not be equipped with any form of stretcher.

5.6.f. An EMS agency may not use a SMPMT vehicle for delivery of basic or advanced life support, except in the case of a disaster.

5.6.g. SMPMT vehicle specifications include the following:

5.6.g.1. The vehicle may be a commercial passenger van or specially modified passenger van. Passenger sedans, limousines, recreational vehicles and sport utility vehicles with less than three (3) passenger doors and a wheelbase of less than one hundred (100) inches are not permitted.

5.6.g.2. The name of the agency shall appear on both sides and the back of the vehicle in four inch (4") minimum height letters. Clearly readable logos or emblems are acceptable.

5.6.g.3. A contact phone number, other than 911, may appear on the vehicle

5.6.g.4. Neither the word ambulance nor other ~~EMS~~ emergency designation shall appear on the vehicle, provided that such appearing as part of the name of the agency shall be exempt.

5.6.g.5. A Star of Life is not permitted on the vehicle.

5.6.h. Equipment and supplies for SMPMT vehicles include:

5.6.h.1. Communications equipment which provides voice communications between the vehicle and its dispatch center; and

5.6.h.2. The minimum equipment and supplies required are as specified in OEMS's policy.

5.6.i. All SMPMT vehicles shall be inspected by OEMS.

5.6.j. SMPMT vehicles shall be staffed with one (1) ~~EMS personnel~~ person who shall be certified, at a minimum, as an Emergency Medical Vehicle Operator pursuant to subsection 6.7. of this rule.

§64-48-6. Personnel.

6.1. Minimum Eligibility Requirements. -- An applicant for certification ~~as EMS personnel~~, and a certificate ~~holders~~ holder, shall:

6.1.a. Be at least eighteen (18) years of age. Emergency Medical Responder and Emergency Medical Technician minimum shall be sixteen (16) years of age. Persons under eighteen (18) years of age shall not serve as primary patient care attendant or driver of any EMS vehicle;

6.1.b. Be neat and clean in appearance;

6.1.c. Possess the ability to speak, ~~hear,~~ read, comprehend, and write the English language;

6.1.d. Possess physical and mental abilities to independently perform all relevant EMS skills including, but not limited to: performing physical assessments, providing appropriate patient care, calculating medication dosages, communicating effectively, and documenting patient care activities;

6.1.e. Possess manual dexterity and fine motor skills required to perform all patient care functions;

6.1.f. Possess the ability to bend, stoop, crawl, and walk on uneven surfaces; and

6.1.g. Meet minimum vision requirements to operate a motor vehicle in this state.

6.2. Standards of Conduct.

6.2.a. ~~EMS~~ Certified personnel shall comply with all applicable rules, policies and procedures implemented by the State Emergency Medical System.

6.2.b. ~~EMS~~ Certified personnel shall comply with all federal, state, and local laws.

6.2.c. ~~EMS~~ Certified personnel ~~shall~~ may not be impaired by legal or illegal drugs or intoxicating substances while on duty, when responding to or operating at ~~EMS~~ incidents, and when engaged in any patient care activities.

6.2.d. ~~EMS~~ Certified personnel ~~shall~~ may not misrepresent themselves as authorized to perform a level of care for which they are not currently certified or authorized nor provide that care. However, students currently enrolled in an approved ~~EMS~~ education program when properly authorized and supervised may provide care for which they are trained.

6.2.e. ~~EMS~~ Certified personnel ~~shall~~ may not obtain, aid or encourage another person or entity to obtain agency licensure, vehicle permits, certification, endorsement or designation through fraud, deceit, forgery or other misrepresentation or falsification of information.

6.2.f. ~~EMS~~ Certified personnel ~~shall~~ may not make false statements or misrepresentations, file false credentials or conceal or omit information from OEMS regarding an application for agency licensure, vehicle permitting, certification, endorsement or investigation.

6.2.g. ~~EMS~~ Certified personnel ~~shall~~ may not alter or change the appearance or wording of any license, permit, certificate, endorsement, designation, patient care record, or other official documents for the purpose of fraud, deceit, forgery or other deliberate misrepresentation or falsification of information.

6.2.h. ~~EMS~~ Certified personnel ~~shall~~ may not possess, remove, use or administer any controlled substances, medications, medication delivery devices, or other regulated medical devices from any EMS agency, EMS vehicle, healthcare facility, academic institution or other location without documented authorization.

6.2.i. ~~EMS~~ Certified personnel ~~shall~~ may not discriminate in the provision of emergency medical services based on race, gender, religion, age, national origin, medical condition or any other reason prohibited by law.

6.2.j. ~~EMS~~ Certified personnel ~~shall~~ may not engage in illegal harassment of patients or coworkers.

6.2.k. ~~EMS~~ Certified personnel ~~shall~~ may not disclose medical information regarding any patient without that patient's consent, except that information required for continuation of treatment, for payment purposes or operations, including quality review investigations and training, or by mandate of a legally issued subpoena or lawful court order.

6.2.l. ~~EMS~~ Certified personnel shall disclose illegal, unethical acts and conduct of EMS personnel or agencies to OEMS.

6.2.m. ~~EMS~~ Certified personnel shall possess state issued certification credentials while on duty, when responding to or operating at EMS incidents, and when engaged in any patient care activities.

6.2.n. ~~EMS~~ Certified personnel shall report to OEMS and to their affiliated EMS agencies within ten (10) days any arrest, indictment, misdemeanor or felony conviction, or revocation, suspension or other disciplinary sanction of a certificate or other privilege to practice any health care profession or occupation in any state or exclusion from federal reimbursement programs.

6.3. Certification Requirements. -- In addition to the requirements of subsection 6.1. of this rule, an applicant for ~~Emergency Medical Vehicle Operator,~~ Emergency Medical Dispatcher,

Emergency Medical Responder, Emergency Medical Technician, ~~Advanced Care Technician,~~ Paramedic, Mobile Critical Care Paramedic or Mobile Critical Care Nurse certification shall:

6.3.a. Apply in a format prescribed by the Commissioner;

6.3.b. Submit the appropriate fees as described in subsection 6.9. and 6.11. of this rule;

6.3.c. Continuously meet all requirements for EMS personnel as described in this rule;

6.3.d. Disclose any limitations or exclusions by an EMS agency, ~~EMS~~ State Medical Director or any other healthcare profession certification or licensing authority in any state. The limitations or exclusions may be considered by the Commissioner prior to issuance of certification in West Virginia;

6.3.e. Possess valid CPR certification prescribed by the Commissioner;

6.3.f. ~~Apply for and be cleared by~~ Submit to a criminal history background ~~checks as specified by the Commissioner, including, but not limited to: federal and state criminal background checks, a child support status check, sexual offender registry check, and a check of federal and state medical practice exclusions or restrictions;~~ check and the results of the criminal background check does not indicate that the applicant:

6.3.f.1. ~~Shall not have demonstrated~~ Demonstrates an inability or unwillingness to comply with state laws, rules, procedures, etc.; or

6.3.f.2. ~~Shall not pose~~ Poses a threat to public safety, health or welfare.

6.3.g. Successfully complete an education program appropriate for the level of certification as prescribed by the Commissioner;

6.3.h. Successfully complete a cognitive and skills examinations appropriate for the level of certification as prescribed by the Commissioner; and

6.3.i. Meet other requirements established by the Commissioner.

6.4. Recertification Requirements. -- An applicant for ~~Emergency Medical Vehicle Operator,~~ Emergency Medical Dispatcher, Emergency Medical Responder, Emergency Medical Technician, ~~Advanced Care Technician,~~ Paramedic, Mobile Critical Care Paramedic or Mobile Critical Care Nurse recertification shall:

6.4.a. Apply for recertification during the last year of his or her certification period, but no later than ninety (90) days prior to the end of the applicant's certification period;

6.4.b. Apply in a format prescribed by the Commissioner;

6.4.c. Submit the appropriate fees as described in subsection 6.9. and 6.11. of this rule;

6.4.d. Continuously meet all requirements for EMS personnel as described in this rule;

6.4.e. Disclose any limitations or exclusions by an EMS agency, ~~EMS~~ State Medical Director or any other healthcare profession certification or licensing authority in any state. The limitations or exclusions may be considered by the Commissioner prior to issuance of recertification in West Virginia;

6.4.f. Possess valid CPR certification prescribed by the Commissioner;

6.4.g. Complete refresher and continuing medical education prescribed by the Commissioner appropriate for the level of certification;

6.4.h. Demonstrate continued competency via one of the following methods:

6.4.h.1. The applicant shall maintain continuous National Registry certification, if applicable, or

6.4.h.2. Successfully complete any state cognitive and skills examinations prescribed by the Commissioner appropriate for the level of certification; and

6.4.i. Meet other requirements established by the Commissioner.

6.5. Credential Transfer Requirements. -- The Commissioner may grant certification to an individual certified as an Emergency Medical Dispatcher, Emergency Medical Responder, Emergency Medical Technician~~, Advanced Care Technician~~, Paramedic, or equivalent levels, in another U. S. state or territory provided that the individual:

6.5.a. Meets all requirements for the EMS certification level for which he or she is applying as described in this rule;

6.5.b. Demonstrates current equivalent education and certification in another US state or territory, the US military or a federal agency;

6.5.c. ~~Apply for and be cleared by background checks as specified by the Commissioner, including, but not limited to: federal and state criminal background checks, a child support status check, sexual offender registry check, and a check of federal and state medical practice exclusions or restrictions;~~ Submits to a criminal history background check and the results of the criminal background check does not indicate that the applicant:

6.5.c.1. Demonstrates an inability or unwillingness to comply with state laws, rules, procedures, etc.: or

6.5.c.2. Poses a threat to public safety, health or welfare.

6.5.d. Demonstrates competency via one of the following methods:

6.5.d.1. The applicant shall possess current National Registry certification at the appropriate level;

6.5.d.2. Previous National Registry certification at the appropriate level with continuous, current, state certification with one (1) year or more remaining; or

6.5.d.3. Possess a valid state certification with one (1) year or more remaining, provided that the applicant may be required to successfully complete state cognitive and skills examinations prescribed by the Commissioner.

6.5.e. Completes training and education in West Virginia protocols and scope of practice at the appropriate level as prescribed by the Commissioner;

6.5.f. Meets other requirements established by the Commissioner; and

6.5.g. Disclose any limitations or exclusions by an EMS agency, ~~EMS~~ State Medical Director or any other healthcare profession certification or licensing authority in any state. The limitations or exclusions may be considered by the Director or Commissioner prior to issuance of certification in any state.

6.6. Certification Period. -- Certification as an Emergency Medical Dispatcher, Emergency Medical Vehicle Operator, Emergency Medical Responder, Emergency Medical Technician, ~~Advanced Care Technician,~~ Paramedic, Mobile Critical Care Paramedic or Mobile Critical Care Nurse is valid for a period of two (2) years with expiration dates determined by the Commissioner.

6.7. Emergency Medical Vehicle Operator.

6.7.a. Certification Requirements. -- The applicant shall:

6.7.a.1. Apply in a format prescribed by the Commissioner;

6.7.a.2. Submit the appropriate fees as described in subsection 6.9. of this rule;

6.7.a.3. Be 18 years of age;

6.7.a.4. Possess valid CPR certification prescribed by the Commissioner;

6.7.a.5. Successfully complete hazardous materials awareness training meeting Department of Labor, Occupational Safety and Health Administration (OSHA) 1910.120 requirements or greater;

6.7.a.6. Successfully complete first aid training meeting United States Department of Labor, OSHA 1910.266, appendix B, requirements or greater;

6.7.a.7. ~~Apply for and be cleared by background checks as specified by the Commissioner, including, but not limited to: federal and state criminal background checks, a~~

~~child support status check, sexual offender registry check, and a check of federal and state medical practice exclusions or restrictions~~ Submit to a criminal history background check and the results of the criminal background check does not indicate that the applicant:

6.7.a.7.A. Demonstrates an inability or unwillingness to comply with state laws, rules, procedures, etc.: or

6.7.a.7.B Poses a threat to public safety, health or welfare.

6.7.a.8. Disclose any limitations or exclusions by an EMS agency, ~~EMS~~ State Medical Director or any other healthcare profession certification or licensing authority in any state. The limitations or exclusions may be considered by the Commissioner prior to issuance of certification credentials;

6.7.a.9. Possess and maintain a valid driver's license;

6.7.a.10. Not have been convicted of driving under the influence of alcohol or drugs, reckless driving or other vehicular violation causing bodily injury or death within the two (2) years prior to submitting an application; and

6.7.a.11. Successfully complete an emergency vehicle operator course approved by the Commissioner.

6.7.b. Recertification requirements. -- The applicant shall:

6.7.b.1. Apply in a format prescribed by the Commissioner;

6.7.b.2. Submit the appropriate fees as described in subsection 6.9. of this rule;

6.7.b.3. Possess valid CPR certification prescribed by the Commissioner;

6.7.b.4. Successfully complete hazardous materials awareness training meeting US Department of Labor OSHA 1910.120 requirements or greater;

6.7.b.5. Possess valid first aid certification meeting US Department of Labor OSHA 1910.266, appendix B requirements or greater; and

6.7.b.6. Possess and maintain a valid driver's license.

6.8. ~~EMT-Miner~~ EMT-Industrial. This certification is established in accordance with *W. Va. Code* ~~§22A-10-1, et seq~~ § 16-4C-6c.

6.8.a. Certification Requirements. -- The applicant shall:

6.8.a.1 Apply in a format prescribed by the Commissioner;

6.8.a.2. Submit the appropriate fees as described in subsection 6.10. of this rule;

6.8.a.3. Be 18 years of age;

6.8.a.4. Possess valid ~~CPR~~ cardiopulmonary resuscitation (CPR) certification prescribed by the Commissioner;

6.8.a.5. Successfully complete an ~~education program, prescribed by the Commissioner~~ emergency medical technician-industrial education program authorized by the Commissioner in consultation with the Board of Miner Training, Education and Certification;

6.8.a.6. Successfully complete ~~cognitive and skills examinations prescribed by the Commissioner~~ emergency medical technician- industrial cognitive and skills examinations authorized by the Commissioner in consultation with the Board of Miner Training, Education and Certification .

6.8.b. Certification is valid for a period of three (3) years.

6.8.c. Recertification requirements. -- The applicant shall:

6.8.c.1. Apply in a format prescribed by the Commissioner;

6.8.c.2. Submit the appropriate fees as described in subsection 6.10. of this rule;

6.8.c.3. Successfully complete one of the following:

6.8.c.3.A. ~~a thirty-two (32) hour recertification course for three (3) year certification, or~~ A one-time thirty-two hour emergency medical technician-industrial recertification course authorized by the Commissioner in consultation with the Board of Miner Training, Education and Certification; or

6.8.c.3.B. Three annual eight-hour retraining and testing programs authorized by the Commissioner in consultation with the Board of Miner Training, Education and Certification; and

6.8.c.4. ~~Successfully complete eight (8) hours of specific training each year for one (1) year certification; and~~

~~6.8.c.5.~~ Successfully complete ~~cognitive and skills examinations prescribed by the Commissioner for the appropriate recertification method~~ emergency medical technician-industrial cognitive and skills recertification examinations authorized by the Commissioner in consultation with the Board of Miner Training, Education and Certification.

6.8.d. Practice as a certified EMT-~~Miner~~ Industrial is only authorized during the certificate holder's active employment on ~~mine~~ industrial property. For the purposes of this subdivision "industrial property" means property being used for production, extraction or manufacturing activities.

6.9. Fees. An applicant for Emergency Medical Vehicle Operator, Emergency Medical Responder, Emergency Medical Technician~~, Advanced Care Technician~~, Paramedic, Mobile

Critical Care Paramedic or Mobile Critical Care Nurse applicants, to be deposited in the Emergency Medical Services Agency Licensure Fund, established by the provisions of *W. Va. Code* §16-4C-6b, shall pay the following non-refundable certification fees:

6.9.a. Initial certification via National Registry or state examination, includes fingerprint processing: $50.00;

6.9.b. Recertification via National Registry maintenance or state process: $25.00;

6.9.c. Legal recognition: $100.00;

6.9.d. Reinstatement:

6.9.d.1. Certification expired beyond two (2) years, including fingerprint processing: $100.00;

6.9.d.2. Certification suspended or otherwise expired as a result of actions taken per subsection 7.5. of this rule: $100.00.

6.10. Fees for EMT-~~Miner~~ Industrial ~~and Emergency Medical Dispatcher~~ applicants:

6.10.a. Initial ~~certification~~ application: ~~$25.00~~ $10.00;

6.10.b. Recertification: ~~$25.00~~ $10.00.

6.11. Fees for Emergency Medical Dispatcher applicants:

6.11.a. Initial application: $25.00;

6.11.b. Recertification: $25.00.

6.12. Fee for certification modification: $5.00.

~~6.12.~~ 6.13. Card or certificate replacement: $5.00.

~~6.13.~~ 6.14. Late (within 90 days of expiration date) recertification application, additional $25.00.

6.15. *ACT Certification Cessation.* No application for certification as an Advanced Care Technician pursuant to subsection 6.3, or recertification as an Advanced Care Technician, pursuant to subsection 6.4, will be accepted on or after March 31, 2015. An Advanced Care Technician certification not having expired on or before April 1, 2015, shall continue in effect and be valid until March 31, 2017, at which time it will expire. Effective March 31, 2017, all Advanced Care Technician certifications will expire and OEMS will no longer certify or recertify Advanced Care Technicians.

§64-48-7. Investigative/Disciplinary.

7.1. The Commissioner may initiate investigations on his or her own motion, and shall, upon the written complaint of any person, cause investigations to be conducted to determine if disciplinary action is called for and impose the sanctions upon ~~EMS~~ emergency medical services personnel as described in *W. Va. Code* § 16-4C-9. Reasons for such actions include, but are not limited to:

7.1.a. Failure to comply with any requirements of subsections 6.1. or 6.2. of this rule;

7.1.b. Incompetent practice while providing emergency medical services;

7.1.c. Abuse or abandonment of a patient;

7.1.d. Willful preparation or filing of false medical reports or records, or the inducement of other persons to do so;

7.1.e. Destruction of medical records required to be maintained;

7.1.f. Failure to comply with patient care reporting requirements established by the Commissioner;

7.1.g. A willful or consistent pattern of failure to complete details on a patient's medical record;

7.1.h. Having a license, certification or other authorization to practice a health care profession or occupation revoked, suspended or subjected to disciplinary sanction;

7.1.i. Improper disclosure of confidential patient information;

7.1.j. Violating a duty imposed by ~~the EMS act~~ *W. Va. Code* §§ 16-4C-1 *et seq.*, this rule or an order of the Commissioner previously entered in a disciplinary proceeding; or

7.1.k. Other reasons determined by the Commissioner which may pose a threat to the health and safety of the public or exposes the public to risk or loss of life or property.

7.2. The Commissioner may initiate complaints, investigations and impose the sanctions upon EMS agencies described in *W. Va. Code* § 16-4C-9. Reasons for such actions include, but are not limited to:

7.2.a. Failure to comply with any requirements of section 4 of this rule;

7.2.b. Operating EMS vehicles which fail to comply with section 5 of this rule;

7.2.c. Failure to comply with all applicable rules, policies and procedures of the OEMS;

7.2.d. Disclosure of medical or other information, if prohibited by Federal or State law;

7.2.e. Preparation or filing of false medical reports or records, or the inducement of other persons to do so;

7.2.f. Failure to disclose illegal, unethical acts and conduct of ~~EMS~~ emergency medical services personnel or agencies to OEMS;

7.2.g. Failure to report to OEMS, within ten (10) days any known arrest, indictment, misdemeanor or felony conviction, or revocation, suspension or other disciplinary sanction of a certificate or other authorization to practice any health care profession or occupation in any state for all EMS personnel affiliated with the agency;

7.2.h. Destruction of medical records required to be maintained;

7.2.i. Refusal to render emergency medical care because of a patient's race, sex, creed, national origin, age, handicap, medical problem or financial inability to pay;

7.2.j. Violating a duty imposed by the act, this rule or an order of the Commissioner previously entered in a disciplinary proceeding; or

7.2.k. Other reasons determined by the Commissioner which may pose a threat to the health and safety of the public or exposes the public to risk or loss.

7.3. Investigation. -- The Commissioner shall conduct an investigation with the intent to obtain appropriate resolution of complaint.

7.3.a. OEMS may conduct investigations in conjunction with licensed agencies or law enforcement personnel as well as conduct separate and distinct investigations.

7.3.b. OEMS shall investigate any and all matters within its jurisdiction, in accordance with established investigative protocols.

7.3.c. If it is determined that OEMS does not have jurisdiction over an investigative matter, OEMS may refer the complaint to another agency or organization having jurisdiction.

7.3.d. Initiation of an OEMS investigation does not release an EMS agency or other responsible entity from performing an internal investigation or imposing sanctions.

7.4. A person who files false or slanderous allegations against ~~EMS~~ emergency medical services personnel is subject to penalties for civil as well as criminal false reporting.

7.5. Disciplinary and Corrective Action. -- The Commissioner may impose disciplinary or corrective measures in this rule upon EMS agencies and ~~EMS~~ emergency medical services personnel for non-compliance with this rule. Disciplinary options may include, but are not limited to one or more of the following:

7.5.a. Administrative fines of up to $5,000 per violation;

7.5.b. Denial of certification;

7.5.c. Written reprimand;

7.5.d. Limitation on the certificate holder's authorization to practice;

7.5.e. Limitation of the EMS agency's license to provide service;

7.5.f. Required refresher courses or other education at the individual's expense;

7.5.g. A consent agreement;

7.5.h. Probation;

7.5.i. Suspension;

7.5.j. Revocation; and

7.5.k. Mandatory participation and successful completion ~~in~~ of a detoxification/rehabilitation program at the individual's expense.

7.5.l. The factors which may be considered by the Commissioner when determining the appropriate disciplinary action include, but are not limited to:

7.5.l.1. The nature and severity of the actions under consideration;

7.5.l.2. Any actual or potential harm to the public or public trust;

7.5.l.3. Any actual or potential harm to a patient;

7.5.l.4. The individual's prior disciplinary record;

7.5.l.5. Prior remediation;

7.5.l.6. The number or variety of the actions under consideration;

7.5.l.7. Any aggravating evidence;

7.5.l.8. Any mitigating evidence;

7.5.l.9. Any discipline imposed by the ~~EMS agency~~ OEMS or ~~EMS~~ the State Medical Director, if any, for the same occurrence; and

7.5.l.10. In cases of criminal conviction or arrest, compliance with the terms of the sentence or court ordered conditions~~, including the period of time elapsed since the act leading to the conviction occurred~~.

7.6. Administrative Fines. -- OEMS may impose an administrative fine of up to five thousand dollars ($5,000.00) per violation on any licensee or certificate holder found by the preponderance of the evidence to have committed any of the infractions described by this rule.

7.6.a. In assessing fines, OEMS shall give due consideration to the appropriateness of the fine with respect to factors that include the gravity of the violation, the good faith of the licensee or certificate holder, the history of previous violations, and the totality of the discipline to be imposed.

7.6.b. Fines shall be paid in a manner prescribed by the Commissioner within sixty (60) days of receipt of notice of a fine.

7.7. The procedures for hearings, rights of appeal, judicial review apply as set forth in *W. Va. Code* § 16-4C-10.

7.7.a. It is the intention of this rule to safeguard the citizens of West Virginia by preventing any person who may be unfit or unqualified from ~~practicing in EMS~~ engaging in emergency medical services and to safeguard the interests of ~~EMS~~ emergency medical services personnel by affording them due process of law and an opportunity for fair notice and a meaningful hearing.

7.7.b. Those persons adversely affected by the enforcement of this rule desiring a contested case hearing to determine any rights, duties, interests or privileges shall do so in a manner prescribed in the West Virginia Bureau for Public Health rule, 64 CSR 1, Rules of Procedure for Contested Case Hearings and Declaratory Rulings, and the provisions of this rule.

7.8. Confidentiality of Proceedings.

7.8.a. Any action taken by the Commissioner prior to the completion of administrative remedies and procedures established by *W. Va. Code* §§16-4C-10 and 29-5-1 *et seq.* shall remain confidential to the greatest extent consistent with the public good and State law.

7.8.b. The Commissioner shall communicate proposed action prior to the completion of the administrative remedies and procedures only to the affected individual, his or her EMS agency, the agency's medical director and the regional medical director of the region affected.

7.9. Filing Papers.

7.9.a. Written communications concerning proceedings under this rule shall be filed with the Commissioner by mailing the communications to the OEMS and the Commissioner shall consider the postmark on the communications to be the filing date of the communications.

7.9.b. The Commissioner shall furnish copies of the written communications to the affected individual, his or her EMS agency's official representative, the agency's medical director and the regional medical director for the region affected, and a notation shall be endorsed on the communications showing those persons who have been furnished copies.

7.10. Emergency Suspension. -- The Commissioner or Director may issue an emergency suspension order to any licensee or certificate holder if there is probable cause that the conduct or continued service or practice of any licensee or certificate holder may create danger to public health or safety.

7.10.a. An emergency suspension is effective immediately without a hearing or prior notice to the license or certificate holder. Notice to the license or certificate holder shall be presumed established on the date that a copy of the signed emergency suspension order is sent to the licensee or certificate holder via US certified mail, return receipt requested, at the address shown in the current records of OEMS or via personal service.

7.10.b. The Commissioner shall send a copy of the emergency suspension order to the licensee's or certificate holder's EMS agency's official representative and medical director and may send the order to other parties whose legitimate interests may be at risk;

7.10.c. Written request for a hearing shall be received within ten (10) days of the notification of suspension order. The written request shall specify the grounds for the appeal;

7.10.d. Upon receipt of the written request, OEMS shall respond to the request for a hearing within ten (10) days;

7.10.e. Hearing appeals are governed by *W. Va. Code* §29-A-5.

§64-48-8. Education.

8.1. Endorsement of Sponsors of Continuing Education. -- The Commissioner may grant endorsement to an applicant as a continuing education sponsor provided that the applicant meets the following requirements:

8.1.a. Entities and institutions shall apply in a format prescribed by the Commissioner;

8.1.b. Continuing education programs shall contribute directly to the professional competence, skills, and education of ~~EMS~~ emergency medical services personnel;

8.1.c. Lead instructors shall possess the necessary practical and academic skills to conduct the courses effectively and meet all standards specified by OEMS;

8.1.d. Visiting instructors shall possess the necessary practical and academic skills to present specific content effectively;

8.1.e. Continuing education program materials shall be written and distributed to attendees at or before the time offered, whenever practical;

8.1.f. Continuing education programs shall be presented in a suitable setting, including on-line or other distributive education methods, appropriate to the educational purpose of the specific course;

8.1.g. Continuing education programs shall be submitted and approved in a manner and time frame specified by OEMS;

8.1.h. If the continuing education sponsor is a licensed EMS agency, the agency shall be in compliance with the OEMS standards for Agency Training Officer Programs. The Agency Training Officer Program shall have at a minimum:

8.1.h.1. An Agency Training Coordinator -- This individual shall meet the standards and policies set forth by OEMS; or

8.1.h.2. An Agency Training Officer -- This individual shall meet the standards and policies set forth by OEMS.

8.1.i. Endorsement of the continuing education sponsor is effective for five (5) calendar years, unless the program's endorsement is revoked under subsection 8.5. of this rule.

8.1.j. Mine training personnel, independent trainers, community and technical colleges, and Regional Educational Service Agencies (RESA) may be endorsed as a continuing education sponsor for EMT-Industrial certification and recertification courses and examinations. However, mine training personnel and independent trainers must have a valid cardiopulmonary resuscitation (CPR) certification and must be an approved MSHA or OSHA certified instructor.

8.2. BLS Training Institutes. -- A BLS training institute shall be a secondary or post-secondary institution, or a consortium of secondary or post-secondary institutions or other entities determined by OEMS to be qualified to deliver ~~EMS~~ emergency medical services education. To qualify for endorsement as a BLS training institute, the entity shall comply with the following:

8.2.a. Criteria. -- The institute shall demonstrate the ability to conduct one (1) or more of the following training programs:

8.2.a.1. An Emergency Medical Technician original course compliant with Department of Transportation (DOT) National EMS Education Standards or standards approved by OEMS;

8.2.a.2. An Emergency Medical Technician Refresher course compliant with DOT National EMS Education Standards or standards approved by OEMS;

8.2.a.3. An Emergency Medical Responder course compliant with DOT National EMS Education Standards or standards approved by OEMS;

8.2.a.4. An Emergency Medical Responder refresher course compliant with DOT National EMS Education Standards or standards approved by OEMS.

8.2.a.5. An Emergency Medical Dispatcher course compliant with DOT National Education Standards or standards approved by OEMS.

8.2.a.6. An Emergency Medical Technician-~~Miner~~ Industrial course compliant with standards approved by OEMS.

8.2.a.7. Emergency Medical Technician-~~Miner~~ Industrial refresher course compliant with standards approved by OEMS;

8.2.b. Personnel.

8.2.b.1. Medical Director. -- The institute shall have a medical director who is a physician licensed in the State of West Virginia. The medical director shall be experienced in emergency medical care and shall assist with:

8.2.b.1.A. Practical skills development and testing;

8.2.b.1.B. Recruitment, selection and orientation of the training institute's faculty; and

8.2.b.1.C. Providing medical advice and assistance to the training institute's faculty and students; and

8.2.b.1.D. Provide medical oversight for student clinical practice.

8.2.b.2. Administrative Director. -- A BLS training institute shall have an administrative director who has experience in educational administration. Responsibilities of the administrative director include:

8.2.b.2.A. Application processing and oversight of the student selection process;

8.2.b.2.B. Class scheduling and the assignment of instructors;

8.2.b.2.C. The provision and maintenance of required training equipment;

8.2.b.2.D. Requesting written and practical examinations;

8.2.b.2.E. The maintenance and submission of student records in a manner specified by OEMS;

8.2.b.2.F. The selection and supervision of qualified instructors and skills evaluators;

8.2.b.2.G. Management of the ~~EMS~~ emergency medical services budget for the institute; and

8.2.b.2.H. Administering the grievance procedure as outlined in paragraph 8.2.d.3. of this rule.

8.2.b.3. Lead Instructor. -- A BLS training institute shall designate a lead instructor for each educational program conducted by the training institute. Lead instructors shall possess the necessary practical and academic skills to conduct programs effectively and comply with all instructor standards specified by OEMS. The lead instructor is responsible for the management and supervision of specific BLS educational programs offered by the training institute.

8.2.b.4. Visiting Instructors. -- ABLS training institute may use the services of adjunct faculty for specific portions of an educational program. The faculty shall have expertise in a particular area and are not required to be certified EMS personnel or have specific EMS experience. A visiting instructor is not eligible to be a lead instructor.

8.2.b.5. BLS Practical Skills Evaluator. -- This individual shall meet the standards and policies set forth by OEMS;

8.2.c. Facilities and Equipment. -- The institute shall maintain, or by agreement have available, facilities necessary for the provision of BLS training courses. The facilities shall include classrooms and space for equipment storage, and shall be a suitable setting devoted to the educational purpose of the course. The institute shall provide and maintain the essential equipment and supplies to provide all approved programs of instruction as determined by OEMS.

8.2.d. Operating Procedures.

8.2.d.1. The institute shall develop and implement an anti-discrimination policy with respect to student selection and faculty recruitment.

8.2.d.2. The institute shall maintain records on each enrolled student that include class performance, practical and written examination results, and reports made concerning the progress of the student during the training program.

8.2.d.3. The institute shall provide a mechanism by which students may appeal decisions made by the institute regarding dismissal or other disciplinary action.

8.2.d.4. The institute shall provide students with a clear description of the program and its content including learning goals, course objectives, and competencies to be attained.

8.2.d.5. The institute shall submit documentation of all educational programs in a manner specified by OEMS;

8.2.e. Liability. -- The institute shall provide evidence of professional liability and errors and omissions insurance in the amount of one million dollars ($1,000,000) for all training programs offered by the institute; and

8.2.f. The endorsement of the BLS Training Institute is effective for five (5) calendar years, unless the program's endorsement is revoked under subsection 8.5. of this rule.

8.3. ALS Training Institutes. -- An ALS training institute shall be a post-secondary institution, or a consortium of post-secondary institutions and other entities determined by

OEMS to be qualified to deliver EMS education. To qualify for endorsement as an ALS training institute, the entity shall comply with the following:

8.3.a. Training Programs. -- The institute shall evidence the ability to conduct one (1) or more of the following training programs:

8.3.a.1. A paramedic course compliant with DOT National EMS Education Standards or standards approved by OEMS; or

8.3.a.2. A paramedic refresher course compliant with DOT National EMS Education Standards or standards approved by OEMS.

~~8.3.a.3. An Advanced Care Technician (ACT) course, compliant with DOT National EMS Education Standards or standards approved by OEMS; or~~

~~8.3.a.4. An Advanced Care Technician (ACT) refresher course, compliant with DOT National EMS Education Standards or standards approved by OEMS;~~

8.3.b. Clinical Agreements. -- The ALS training institute shall maintain appropriate clinical agreements with hospitals and ALS prehospital care agencies for the provision of student clinical experiences;

8.3.c. Personnel.

8.3.c.1. Medical Director. -- An institute shall have a medical director who is a physician licensed in the State of West Virginia. The medical director shall be experienced in emergency medical care and shall assist with:

8.3.c.1.A. Practical skills development and testing;

8.3.c.1.B. Recruitment, selection and orientation of training institute faculty;

8.3.c.1.C. Providing medical advice and assistance to training institute faculty and students.

8.3.c.1.D. Providing medical oversight for student clinical practice;

8.3.c.1.E. Identifying and approving facilities and ALS services where students can fulfill clinical and field internship requirements;

8.3.c.1.F. Identifying and approving individuals to serve as field and clinical preceptors for supervising and evaluating student performance when fulfilling clinical and field internship requirements.

8.3.c.2. Program Director. -- The program director shall have a Bachelors Degree in a related field and at least three (3) years of experience in education administration and three (3) years of experience in ALS patient care. The responsibilities of the program director include:

8.3.c.2.A. Application processing and oversight of the student selection process;

8.3.c.2.B. Class scheduling and the assignment of instructors;

8.3.c.2.C. Provision and maintenance of required training equipment;

8.3.c.2.D. Requesting written and practical examinations;

8.3.c.2.E. Maintenance and submission of student records in a manner specified by OEMS; ~~and~~

8.3.c.2.F. Selecting and supervising qualified course coordinators, instructors and skills evaluators;

8.3.c.2.G. Managing the ~~EMS~~ emergency medical services education budget for the institute; and

8.3.c.2.H. Administering a grievance procedure as outlined in paragraph 8.2.d.3. of this rule.

8.3.c.3. Lead Instructor. -- The ALS training institute shall designate a lead instructor for each course of instruction conducted by the training institute. A lead instructor shall possess the necessary practical and academic skills to conduct programs effectively and comply with all instructor standards specified by OEMS. Specific duties of the lead instructor also include:

8.3.c.3.A. Scheduling and supervising course instructors;

8.3.c.3.B. Scheduling and supervising student clinical activities and field internships;

8.3.c.3.C. Maintenance and submission of student records in a manner specified by OEMS;

8.3.c.3.D. Providing counseling services for students; and

8.3.c.3.E. Development of course syllabi and instructional resources.

8.3.c.4. Clinical Preceptors. -- The ALS training institute shall ensure the availability of qualified clinical preceptors for each clinical rotation. The clinical preceptor is responsible for the supervision and evaluation of students while fulfilling clinical requirements in an approved facility.

8.3.c.5. Field Preceptors. -- The ALS training institute shall ensure the availability of qualified field preceptors for each student. The field preceptor is responsible for the

supervision and evaluation of students while fulfilling field internships with an approved ALS service.

8.3.c.6. Visiting Instructors. -- An ALS training institute may use adjunct faculty for specific portions of an educational program. The faculty shall have expertise in a particular area and are not required to be certified ~~EMS~~ personnel or have specific ~~EMS~~ emergency medical services experience. A visiting instructor is not eligible to be lead instructor.

8.3.c.7. ALS Practical Skills Evaluator. -- This individual shall meet the standards and policies set forth by OEMS;

8.3.d. Facilities and Equipment. -- The institute shall maintain, or by agreement have available, facilities necessary for the provision of ALS training courses. The facilities shall include classrooms and space for equipment storage, and shall be a suitable setting devoted to the educational purpose of the course. The institute shall provide and maintain the essential equipment and supplies to provide all approved programs of instruction as determined by OEMS;

8.3.e. Operating Procedures.

8.3.e.1. The institute shall develop and implement an anti-discrimination policy with respect to student selection and faculty recruitment.

8.3.e.2. The institute shall maintain records on each enrolled student including class performance, practical and written examination results, and reports made concerning the progress of the student during the training program.

8.3.e.3. The institute shall provide a mechanism by which students may appeal decisions made by the institute regarding dismissal or any other disciplinary action.

8.3.e.4. The institute shall provide students with a clear description of the program and its content, including learning goals, course objectives, and competencies to be attained.

8.3.e.5. The institute shall submit documentation of all education programs in a manner specified by OEMS.

8.3.f. Liability. -- The institute shall provide evidence of professional liability and errors and omissions insurance in the amount of one million dollars ($1,000,000) for all training programs offered by the institute.

8.3.g. Endorsement of the ALS Training Institute is effective for five (5) calendar years, unless the program endorsement has been revoked under subsection 8.5. of this rule.

8.3.h. Alternative Recognition Method.

8.3.h.1. In lieu of the standards prescribed in subdivisions a through g of this section, OEMS may endorse any institute that is accredited by a nationally recognized accrediting agency

for EMS educational programs, provided that the standards used by that agency meet or exceed state endorsement standards. In addition, the following conditions apply:

8.3.h.1.A. An OEMS official shall accompany national accrediting agency officials during site visits to the ALS Training Institute; and

8.3.h.1.B. The accrediting agency shall forward a copy of the findings of the site visit directly to OEMS.

8.4. CCT Training Institutes. -- A CCT training institute shall be a post-secondary institution, or a consortium of post-secondary institutions and other entities determined to be qualified by OEMS to deliver EMS education. To qualify for endorsement as a CCT training institute, the entity shall comply with the following:

8.4.a. Training Programs. -- The institute shall demonstrate the ability to conduct the following training programs approved by the Commissioner:

8.4.a.1. A Critical Care Transport (CCT) course compliant with OEMS Standards; and

8.4.a.2. A Critical Care Transport (CCT) refresher course compliant with OEMS Standards;

8.4.b. The CCT training institute shall maintain appropriate clinical agreements with hospitals and ALS prehospital care agencies for the provision of student clinical experiences.

8.4.c. Personnel.

8.4.c.1. Medical Director. -- An institute shall have a medical director who is a physician licensed in the State of West Virginia. The medical director shall be experienced in critical care medicine. The responsibilities of the medical director include:

8.4.c.1.A. Assuring that the course content is in compliance with standards set by OEMS;

8.4.c.1.B. Assisting with the recruitment, selection, and orientation of the training institute's faculty;

8.4.c.1.C. Providing technical advice and assistance to the training institute's faculty and students;

8.4.c.1.D. Approving the content of written and practical skills and participating in the final skills evaluation;

8.4.c.1.E. Identifying and approving facilities and CCT services where students can fulfill clinical and field internship requirements; and

8.4.c.1.F. Identifying and approving individuals to serve as qualified field and clinical preceptors.

8.4.c.2. Lead Instructor. -- The CCT training institute shall designate a lead instructor for each educational program conducted by the training institute. A lead instructor shall possess the necessary practical and academic skills to conduct programs effectively and comply with all instructor standards specified by OEMS. The lead instructor is responsible for the management and supervision of specific CCT educational programs offered by the training institute. The duties of the lead instructor include:

8.4.c.2.A. Application processing and oversight of the student selection process;

8.4.c.2.B. Class scheduling and the assignment of instructors;

8.4.c.2.C. Providing and maintaining required training equipment;

8.4.c.2.D. Requesting written and practical examinations;

8.4.c.2.E. Maintaining and submitting of student records in a manner specified by OEMS; and

8.4.c.2.F. Selecting and supervising qualified instructors and skills evaluators.

8.4.c.3. Clinical Preceptors. -- The CCT training institute shall ensure the availability of qualified clinical preceptors for each clinical rotation. The clinical preceptor is responsible for the supervision and evaluation of students while fulfilling clinical requirements in an approved facility.

8.4.c.4. Field Preceptors. -- The CCT training institute shall ensure the availability of qualified field preceptors for each student. The field preceptor is responsible for the supervision and evaluation of students while fulfilling field internships with an approved CCT service.

8.4.c.5. Visiting Instructor. -- A CCT training institute may use adjunct faculty for specific portions of an educational program. The faculty shall have expertise in a particular area and are not required to be certified EMS personnel or have specific EMS experience. A visiting instructor is not eligible to be the lead instructor.

8.4.c.6. CCT Practical Skills Evaluator. -- This individual shall meet the standards and policies as set forth by OEMS;

8.4.d. Facilities and Equipment. -- The institute shall maintain, or by agreement have available, facilities necessary for the provision of CCT training courses. The facilities shall include classrooms and space for equipment storage, and shall be a suitable setting devoted to the educational purpose of the course. The institute shall provide and maintain the essential equipment and supplies to provide all approved programs of instruction as determined by OEMS;

8.4.e. Operating Procedures.

8.4.e.1. The institute shall develop and implement an anti-discrimination policy with respect to student selection and faculty recruitment.

8.4.e.2. Records shall be maintained on each enrolled student which include class performance, practical and written examination results, and reports made concerning the progress of the student during the training program.

8.4.e.3. The institute shall provide a mechanism by which students may appeal decisions made by the institute regarding dismissal or any other disciplinary action.

8.4.e.4. Students shall be provided with a clear description of the program and its content, including learning goals, course objectives, and competencies to be attained.

8.4.e.5. The institute shall submit documentation of all educational programs in a manner specified by OEMS;

8.4.f. Liability. -- The institute shall provide evidence of professional liability and errors and omissions insurance in the amount of one million dollars ($1,000,000) for all training programs offered by the institute.

8.4.g. The endorsement of the CCT Training Institute is effective for five (5) calendar years, unless the program's endorsement is revoked under subsection 8.5. of this rule.

8.5. Renewal, Suspension, or Revocation of Endorsement.

8.5.a. Renewal: At least ninety (90) days prior to the expiration of the program's endorsement the institute shall reapply for endorsement in a format prescribed by the Commissioner. The Commissioner may renew the sponsor's endorsement if the sponsor meets the following requirements:

8.5.a.1. The sponsor has offered, within the five (5) year endorsement period, at least:

8.5.a.1.A. Sponsors of Continuing Education -- Ten (10) approved educational courses; or

8.5.a.1.B. Providers of Original Certification Education (BLS, ALS & CCT) -- Three (3) approved educational courses with a cumulative sixty percent (60%) completion rate for initially enrolled students; and,

8.5.a.2. The program has maintained continual compliance with all requirements of this rule appropriate for the educational programs it provides.

8.5.b. The Commissioner may suspend or revoke the endorsement of a training institute for one (1) or more of the following:

8.5.b.1. Failure to maintain compliance with all criteria, standards and policies set forth by OEMS;

8.5.b.2. Absence of completed programs or student enrollment in programs for two (2) consecutive years. This absence shall result in automatic revocation of program endorsement;

8.5.b.3. Failure to meet performance measures as established by OEMS;

8.5.b.4. Evidence of falsification of any program activity or student record;

8.5.b.5. Loss of independent program accreditation status, if applicable; or

8.5.b.6. Any other reasons determined by the Commissioner which may pose a threat to the health and safety of the public or exposes the public to risk or loss of life or property.

8.5.c. The Commissioner shall give written notice to the institute's administrative director thirty (30) days prior to withdrawing endorsement. The notice shall identify specific reasons for withdrawal of endorsement.

8.5.d. The institute has fifteen (15) days to respond to the notice. The Commissioner shall determine whether to verify or reconsider the withdrawal.

§64-48-9. Medical Direction.

9.1. Off-Line Medical Direction.

9.1.a. ~~EMS~~ State Medical Director. -- The ~~EMS~~ State Medical Director shall be a physician appointed by the Commissioner to be in charge of overseeing the medical aspects of the West Virginia ~~EMS~~ emergency medical services system.

9.1.a.1. The ~~EMS~~ State Medical Director shall have:

9.1.a.1.A. A valid, unrestricted license to practice medicine in the State of West Virginia;

9.1.a.1.B. Experience in emergency management of acutely ill or injured patients;

9.1.a.1.C. Experience in on-line medical direction of ~~EMS~~ emergency medical services personnel;

9.1.a.1.D. Experience in the education of ~~EMS~~ emergency medical services personnel;

9.1.a.1.E. Experience in the medical audit, review, and critique of ~~EMS~~ emergency medical services personnel and agencies;

9.1.a.1.F. Board certification in emergency medicine; and

9.1.a.1.G. Experience in medical administration and management.

9.1.a.2. The ~~EMS~~ State Medical Director shall:

9.1.a.2.A. Act as the primary medical authority on all medical issues pertaining to the statewide EMS system;

9.1.a.2.B. Chair the Medical Policy and Care Committee (MPCC);

9.1.a.2.C. Review and recommend to the Commissioner the appointment of all regional EMS Medical Directors;

9.1.a.2.D. Establish and review all system-wide medical protocols and policies in consultation with the state Emergency Medical Policy and Care Committee;

9.1.a.2.E. Designate all regional medical command centers;

9.1.a.2.F. Consult with the Commissioner, as requested, concerning revocations of ~~EMS~~ emergency medical services personnel certification;

9.1.a.2.G. Assist OEMS in establishing certification, recertification, and continuing education requirements for EMS personnel;

9.1.a.2.H. Review and recommend the designation of specialty care centers to the Commissioner;

9.1.a.2.I. Maintain liaison with the members of the Legislature on medical issues related to EMS;

9.1.a.2.J. Review state procedures, plans, and processes for compliance with current standards of emergency medical care;

9.1.a.2.K. Appoint physician specialists and other appropriate medical personnel to the MPCC;

9.1.a.2.L. Delegate portions of his or her authority to other qualified physicians; and

9.1.a.2.M. Perform other duties assigned by the Commissioner.

9.1.a.3. The ~~EMS~~ Medical Director has the following authority:

9.1.a.3.A. To make the final decision on all matters of a medical nature related to OEMS;

9.1.a.3.B. To restrict privileges of ~~EMS~~ emergency medical services personnel at any time in order to assure quality patient care;

9.1.a.3.C. To establish medical policies and procedures to carry out the activities outlined in this rule; and

9.1.a.3.D. Any other authority designated by the Commissioner.

9.1.b. Medical Policy and Care Committee (MPCC). -- The MPCC is composed of each regional medical director and may include physicians representing specialty areas such as pediatrics, trauma, cardiology and others as necessary. The committee serves as the primary policy making body and advisory body to the ~~EMS~~ State Medical Director concerning medical issues involving the ~~EMS~~ emergency medical services system. The committee shall meet at least annually, or more frequently as necessary.

9.1.b.1. The MPCC shall:

9.1.b.1.A. Create, review, and approve treatment, triage and transportation protocols used within the state EMS system;

9.1.b.1.B. Determine medications, equipment, and procedures used within OEMS;

9.1.b.1.C. Establish scopes of practice for all certified ~~EMS~~ emergency medical services personnel;

9.1.b.1.D. Act on and advise the ~~EMS~~ State Medical Director on emergency health related issues;

9.1.b.1.E. Establish policies and procedures governing categorization of individual facility medical capabilities in order to determine the appropriateness of ~~EMS~~ transport to that facility;

9.1.b.1.F. Implement procedures necessary to carry out its duties; and

9.1.b.1.G. Perform other duties assigned by the ~~EMS~~ State Medical Director or the Commissioner.

9.1.b.2. Any changes in protocol, medication and procedure, scope of practice or policy and procedure as authorized in § 9.1.b.1 will be published on the OEMS website and subject to a thirty (30) day public comment period prior to their being effective. However, the MPCC may waive the public comment period when it finds that exigent circumstances exists and that changes in protocol, medication and procedure, scope of practice or policy and procedure must be implemented immediately to ensure patient safety.

9.1.c. Regional Medical Director. -- The regional medical director shall be a physician, recommended by the regional board of directors, and appointed by the Commissioner in consultation with the ~~EMS~~ State Medical Director to oversee medical aspects of a regional ~~EMS~~ emergency medical services system.

9.1.c.1. The regional medical director shall have:

9.1.c.1.A. A valid, unrestricted license to practice medicine in the State of West Virginia;

9.1.c.1.B. Experience in emergency management of acutely ill or injured patients;

9.1.c.1.C. Experience in on-line medical direction of ~~EMS~~ emergency medical services personnel;

9.1.c.1.D. Experience in the education of ~~EMS~~ personnel;

9.1.c.1.E. Experience in the medical audit, review, and critique of ~~EMS~~ personnel and agencies; and

9.1.c.1.F. Board certification in emergency medicine. This requirement may be waived by the ~~EMS~~ State Medical Director.

9.1.c.2. The Regional EMS Medical Director shall:

9.1.c.2.A. Serve as the medical liaison with the ~~EMS~~ Medical Director;

9.1.c.2.B. Serve as a member of the MPCC;

9.1.c.2.C. Serve as the primary medical authority on medical issues of the regional ~~EMS~~ emergency medical services system;

9.1.c.2.D. Review the appointments of all Agency Medical Directors;

9.1.c.2.E. Implement and monitor a regional performance improvement program;

9.1.c.2.F. Educate, train and monitor the medical command physicians who operate in the regional command centers;

9.1.c.2.G. Serve as medical director of the regional medical command center;

9.1.c.2.H. Establish and review protocols in conjunction with the MPCC;

9.1.c.2.I. Serve as medical liaison to the regional EMS board of directors;

9.1.c.2.J. Assist OEMS in ensuring that personnel in the regional EMS system comply with certification, recertification, credentialing and continuing education requirements established by OEMS;

9.1.c.2.K. Recommend to OEMS disciplinary actions involving ~~EMS~~ personnel;

9.1.c.2.L. Delegate portions of his or her authority to other qualified physicians as needed, with the approval of the State Medical Director;

9.1.c.2.M. Review plans, procedures, and processes within the region for compliance with current standards of emergency care; and

9.1.c.2.N. Meet with the Agency Medical Directors within the region, at least annually, or when necessary to disseminate information regarding activities of the OEMS system.

9.1.c.3. Authority. -- The Regional EMS Medical Director may restrict privileges of any prehospital personnel within the region at any time in order to assure quality patient care. This may be accomplished in conjunction with the agency Medical Director. This restriction of privileges shall be according to guidelines established by OEMS.

9.1.d. Agency Medical Director. -- The agency medical director, by written agreement with the Agency, and concurrence of the Regional EMS Medical Director and State ~~EMS~~ Medical Director, oversees medical aspects of an EMS agency or local EMS system and extends or restricts the privilege to practice to ~~EMS~~ personnel associated with the agency.

9.1.d.1. Qualifications. -- The Agency Medical Director shall possess:

9.1.d.1.A. A valid, unrestricted license to practice medicine in the State of West Virginia;

9.1.d.1.B. Experience in prehospital and emergency department management of acutely ill or injured patients;

9.1.d.1.C. The Agency Medical Director shall have the following qualifications unless they are waived by the Regional Medical Director:

9.1.d.1.C.1 Experience in on-line medical direction of ~~EMS~~ emergency medical services personnel;

9.1.d.1.C.2. Experience in the education of ~~EMS~~ emergency medical services personnel;

9.1.d.1.C.3. Experience in the medical audit, review, and critique of ~~EMS~~ emergency medical services personnel and agencies; and

9.1.d.1.C.4. Board certification in emergency medicine: *Provided*, That this requirement may be waived by the Regional Medical Director.

9.1.d.2. Responsibilities. -- The Agency Medical Director shall:

9.1.d.2.A. Provide advice and guidance on all aspects of the medical care provided by the agency or county;

9.1.d.2.B. Be the physician on whose authority all medical care is administered by agency or county EMS personnel;

9.1.d.2.C. Grant, restrict or deny privileges for ~~EMS~~ emergency medical services personnel practice within the agency or county;

9.1.d.2.D. Oversee the medical review of patient care provided by the agency or county;

9.1.d.2.E. ~~Serve as a member of the regional MPCC;~~ Meet with the Regional Medical Director annually; and

9.1.d.2.F. Perform other duties assigned by the regional or ~~EMS~~ Medical Directors or the Commissioner.

9.1.d.3. Authority. -- The Agency Medical Director may restrict privileges of EMS personnel affiliated with the agency or county at any time in order to assure quality patient care. This restriction of privileges shall be according to guidelines established by OEMS.

9.2. On-line Medical Direction.

9.2.a. Regional Medical Command Centers are centers designated by the MPCC~~,~~ and OEMS~~,~~ with advice of the respective Regional EMS Board of Directors~~,~~ to serve as the regional medical command center for all on-line medical control of EMS personnel operating in a particular region.

9.2.a.1. Requirements/ Designation. -- Regional medical command centers shall:

9.2.a.1.A. Be equipped with appropriate communication equipment, as specified by OEMS, to communicate with EMS vehicles and personnel and interface with the OEMS communications system;

9.2.a.1.B. Meet all requirements listed in this rule;

9.2.a.1.C. Agree to abide by all policies and procedures contained in the state or regional communications systems plan as established by OEMS; and

9.2.a.1.D. Agree to abide by medical treatment protocols or guidelines, triage and destination protocols or guidelines, and other policies and procedures approved by the OEMS Medical Direction System.

9.2.a.2. Staffing. -- The Regional Command Center shall be staffed twenty-four (24) hours per day, three hundred sixty-five (365) days per year by paramedic communication specialists and shall have ready access to medical command physicians at all times.

9.2.a.3. Responsibilities. -- The regional medical command facility shall:

9.2.a.3.A. Serve as the authoritative medical command center for its primary designated area, but with the possibility of an expanded coverage area in the event of a disaster or the inoperability of other medical command centers;

9.2.a.3.B. Control and facilitate all communications of a medical nature for the EMS agencies and personnel operating in its region including ground and aeromedical EMS vehicles;

9.2.a.3.C. Serve as the final decision maker regarding the provision of patient care for all prehospital EMS incidents within the region, including, but not limited to interpretation and authorization of patient treatment, facility destination or diversion protocols and guidelines;

9.2.a.3.D. Assist EMS agencies and personnel with medical direction for interfacility transfer patient care, as needed;

9.2.a.3.E. Follow all procedures and guidelines governing delivery of medical command and direction of units as established by OEMS including, but not limited to, data collection and quality assurance;

9.2.a.3.F. Maintain a record keeping system as outlined by OEMS guidelines and make those records available to State or Regional ~~EMS~~ Medical Directors, or OEMS investigators, for review as requested;

9.2.a.3.G. Perform other duties assigned by Regional or ~~EMS~~ State Medical Directors; and

9.2.a.3.H. Provide on-line medical command to ~~EMS~~ emergency medical services personnel passing through the region who require medical direction.

9.2.a.4. Authority. -- The regional medical command center may implement procedures necessary to carry out its duties outlined in this rule and OEMS guidelines.

9.2.a.5. Alternative Facilities. -- Regions may elect to have alternate command facilities in the event of equipment malfunction or when the primary center cannot be contacted for any reason. These backup facilities shall be approved by the ~~EMS~~ State Medical Director and included in the regional communication plan. In the event none of the command facilities

can be reached, then the receiving hospital may provide medical command as needed to ~~EMS~~ emergency medical services personnel.

§64-48-10. EMS Personnel in Emergency Departments.

10.1. ~~EMS~~ Emergency medical services personnel employed by a hospital may, in the event of a life threatening emergency, perform their full scope of practice as outlined by the MPCC, within the hospital under the direct supervision of the attending physician.

10.2. In all other situations ~~EMS~~ emergency medical services personnel may only perform those services outlined in the written policy and procedures established by the local facility as outlined in subsection 10.3. of this section.

10.3. Any hospital using or employing ~~EMS~~ emergency medical services personnel to provide services within the hospital emergency room or department shall develop and implement written policies and procedures governing these activities. These policies and procedures shall:

10.3.a. Include the roles, responsibilities, and specific tasks or procedures which may be performed by EMS personnel;

10.3.b. Be developed jointly by the director of nursing of the emergency room and the medical director of the emergency room or department;

10.3.c. Allow for the direct supervision of the ~~EMS~~ emergency medical services personnel by a registered professional nurse and comply with all supervision guidelines established by the Board of Registered Professional Nurses;

10.3.d. Comply with the training requirements established by OEMS;

10.3.e. Contain specific procedures governing medical review and quality improvement of services provided by EMS personnel in the hospital setting and shall include the mechanisms for identification, correction, training, and disciplinary functions associated with these activities; and

10.3.f. Be approved by the Joint Care Committee as established in subsection 10.7. of this rule.

10.4. ~~EMS~~ Emergency medical services personnel shall not exceed the scope of practice established by the MPCC for the individual's certification level.

10.5. ~~EMS~~ Emergency medical services personnel shall maintain active EMS certification and meet all requirements contained in section 6 of this rule.

10.6. The medical facility shall maintain training records and in-service records of the ~~EMS~~ emergency medical services personnel in its employment and make the records available for inspection by OEMS and the Board of Examiners for Registered Professional Nurses.

10.7. The ~~EMS~~ State Medical Director or designee and the President of the Board of Examiners for Registered Professional Nurses or his or her designee shall establish a Joint Care Committee for the purpose of establishing minimum guidelines for the policies and procedures to be used by the local facilities concerning the functioning of ~~EMS~~ emergency medical services personnel in the emergency room setting. These guidelines may include a list of specific procedures and activities performed by ~~EMS~~ emergency medical services personnel in the emergency room setting and shall also contain the definition of a life threatening emergency.

§64-48-11. Administrative Due Process.

Any person adversely affected by the enforcement of this rule desiring a contested case hearing to determine any rights, duties, interests or privileges shall do so in a manner prescribed in the Bureau for Public Health rule, Rules of Procedure for Contested Case Hearings and Declaratory Rulings, 64 CSR 1.