

George E. Pickett, M.D., M.P.H.  
Director



# State of West Virginia

DEPARTMENT OF HEALTH  
CHARLESTON 25305

May 24, 1978

FILE IN THE OFFICE OF  
SECRETARY OF STATE OF  
WEST VIRGINIA

THIS DATE 5-24-78

Honorable A. James Manchin, Registrar  
Secretary of State  
State Capitol Complex  
Charleston, West Virginia 25305

Dear Mr. Manchin:

Pursuant to the provisions of West Virginia Code, Chapter Twenty nine-A, Article three, Section fifteen, as amended, the West Virginia Department of Health, Office of Emergency Medical Services hereby request the Regulations for Mobile Intensive Care Paramedics as filed with the Office of Secretary of State on January 15, 1974, be revoked for the following reasons.

Firstly, the above referenced Rules and Regulations were filed under the Authority of West Virginia Code, Chapter Thirty-one, Article three, Sections 1-3, as amended. A review of this Code reveals the totally unrelated topic of Consent of the State to the Construction of booms. A cursory search has also revealed that the State Department of Health failed to publish the required Class I - Legal Advertisement and additionally failed to conduct a public hearing as required by Chapter Twenty nine-A of the West Virginia Code, prior to that Chapter being amended on March 9, 1976.

Secondly, there is confusion as to the specific statutory authority of the State Health Department to file Rules and Regulations for Emergency Medical Services Training and Certification under the provisions of Chapter Thirty, Article Three-B, Sections one through four. The proper authority is Chapter Sixteen, Article four-C, Section four.

Thirdly, Chapter Sixteen, Article four-C, Section four required approval of the Emergency Medical Services Advisory Council for rules promulgated by the State Board of Health which exceed the minimum training requirements prior to such rules being adopted. This requirement has since been amended by the "Health Reorganization Act of 1977".

It is the expressed intention of West Virginia Department of Health, Office of Emergency Medical Services to promulgate and to properly file new Emergency Medical Service Training Rules and Regulations. The revocation of the existing Rules and Regulations will not adversely affect the standard of care currently being provided to our citizens.

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May 24, 1978

Mr. A. James Manchin

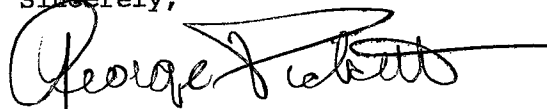
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The Office of Emergency Medical Services has created an Emergency Medical Services Training and Curriculum Committee for the purpose of developing a comprehensive training program designed to provide the latest course material for our students. Once the training program has been developed, new rules and regulations will be filed.

In accordance with the statutory provisions of the West Virginia Code, as amended, please find the seventeen required copies of Regulations for Mobile Intensive Care Paramedics, effective February 15, 1974.

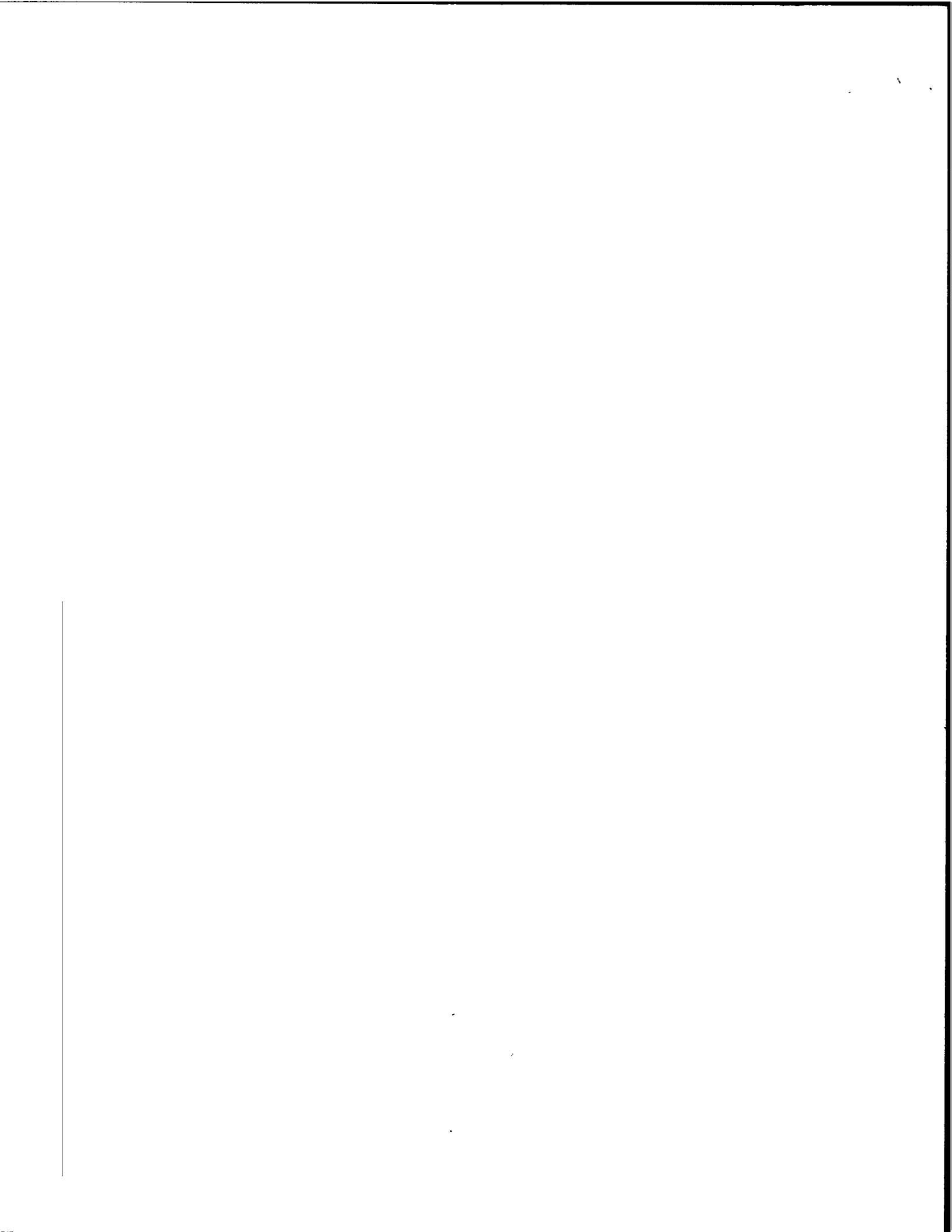
If you have any questions concerning this matter, please contact the Office of Emergency Medical Services, extension 348-3956.

Sincerely,

A handwritten signature in cursive script, appearing to read "George E. Pickett". The signature is written in dark ink and is positioned above the typed name and title.

George E. Pickett, M.D.  
Director, Department of Health

FMC/lbj



## CHAPTER 6.

## REGULATIONS FOR MOBILE INTENSIVE CARE PARAMEDICS.

## Article

## 1. Regulations for Mobile Intensive Care Paramedics, §§ 1-11.

## ARTICLE 1.

## REGULATIONS FOR MOBILE INTENSIVE CARE PARAMEDICS.

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| <p>Sec.</p> <p>1. General.</p> <p>2. Minimum training requirements for emergency medical technicians (EMTs) (87 hours).</p> <p>3. Minimum training requirements for mobile intensive care paramedic. Prerequisite: complete 87-hour EMT course.</p> <p>4. Job description of an emergency medical technician.</p> | <p>Sec.</p> <p>5. Job description of a mobile intensive care paramedic (MICP).</p> <p>6. Background requirements.</p> <p>7. Application for certification as mobile intensive care paramedic.</p> <p>8. Requirements for certification.</p> <p>9. Moral character.</p> <p>10. Termination of certificate.</p> <p>11. Method of performance.</p> |
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## SEC. 1. GENERAL.

1.01. Scope — These regulations establish general rules for the procedures and requirements pertaining to becoming a mobile intensive care paramedic.

1.02. Authority — These regulations are issued under authority of the West Virginia Code, Chapter 31, Article 3, Sections 1-3.

1.03. Effective Date — These regulations are promulgated on October 8, 1973, and become effective February 15, 1974.

1.04. Filing Date — These regulations were filed in the Office of the Secretary of State on January 15, 1974.

1.05. Certification — These regulations are certified authentic by the Secretary of State.

## SEC. 2. MINIMUM TRAINING REQUIREMENTS FOR EMERGENCY MEDICAL TECHNICIANS (EMTs) (87 HOURS).

2.01. The Emergency Medical Technician (EMT) His Role, Responsibilities, and Equipment. 3 Hours.

(a) Inform the student of:

- (1) Course Objectives
- (2) Scope
- (3) Procedures
- (4) Requirements for satisfactory completion



- (b) Provide an overview of the roles and responsibilities of the EMT:
    - (1) Prompt and efficient care of the patient
    - (2) Control of the accident scene
    - (3) Light extrication and preparation of the patient for transport
    - (4) Safe and efficient transport
    - (5) Orderly transfer of the patient and patient information to the hospital emergency department
    - (6) Communications
    - (7) Reporting and recordkeeping
    - (8) Vehicle and equipment care
  - (c) Explain legal aspects relating to emergency care
  - (d) Familiarize the student with the ambulance and its equipment
- 2.02. Anatomy. 3 hours.
- 2.03. Physiology. 3 hours.
- 2.04. Airway Obstruction and Pulmonary Arrest. 3 hours.
- (a) Develop a basic understanding of:
    - (1) Mechanics of respiration
    - (2) Importance of oxygen to body functioning
    - (3) Signs of airway obstruction
    - (4) Manual techniques of airway care
    - (5) Manual techniques of pulmonary resuscitation
    - (6) Anatomy of laryngectomy and tracheotomy patients
    - (7) Resuscitation of laryngectomy and tracheotomy patients.
  - (b) Teach the following skills:
    - (1) Manual techniques of airway care
    - (2) Mouth-to-mouth (nose) technique of pulmonary resuscitation
    - (3) Chest-pressure arm-lift (Sylvester) method of pulmonary resuscitation.
    - (4) Back-pressure arm-lift (Holger-Neilson) method of pulmonary resuscitation.
- 2.05. Mechanical Aids to Breathing and Pulmonary Resuscitation. 3 hours.
- (a) Develop a working knowledge of operation and use of:
    - (1) Mechanical aids to breathing
    - (2) Mechanical aids to pulmonary resuscitation.
  - (b) Teach the following skills:
    - (1) Use of two-way (S-shaped) airways
    - (2) Use of bag-mask resuscitator
    - (3) Use of oropharyngeal airways
    - (4) Use of suction unit
    - (5) Use of oxygen equipment.
- 2.06. Cardiac Arrest. 3 hours.
- (a) Develop a basic understanding of:
    - (1) Mechanics of circulation
    - (2) Importance of oxygen to body functioning
    - (3) Technique of determining blood pressure



- (4) Signs of cardiac arrest
- (5) Technique of cardiopulmonary resuscitation
- (6) Dangers to the patient if cardiopulmonary resuscitation is delayed or performed incorrectly.

*Skills* (b) Teach the following skills:

- (1) Cardiopulmonary resuscitation by a lone rescuer
- (2) Cardiopulmonary resuscitation by a team of rescuers
- (3) Determination of blood pressure.

**2.07. Bleeding, Shock, and Practice on Airway Care, Pulmonary Resuscitation and Cardiopulmonary Resuscitation. 3 hours.**

(a) Develop a basic understanding of:

- (1) Mechanics of circulation
- (2) Signs of external bleeding: artery, vein, capillary
- (3) Signs of internal bleeding
- (4) Signs of shock
- (5) Use of pressure dressings to control bleeding
- (6) Use of pressure points to control bleeding
- (7) Use of inflatable splints to control bleeding
- (8) Dangers and use of tourniquets in controlling bleeding
- (9) Importance of preventing shock and techniques of caring for the patient in shock.
- (10) Intravenous therapy.

(b) Teach the following skills:

- (1) Location of carotid, temporal, femoral, brachial, and radial arteries.
- (2) Control of bleeding by a pressure dressing.
- (3) Application of inflatable splints to arm and leg.

(c) Provide additional practice in:

- (1) Airway care
- (2) Pulmonary resuscitation
- (3) Cardiopulmonary resuscitation
- (4) Determination of blood pressure

**2.08. Practice, Test, and Evaluation — Airway Care, Pulmonary Arrest, Cardiac Arrest, Bleeding and Shock. 3 hours.**

(a) Test basic knowledges and skills associated with:

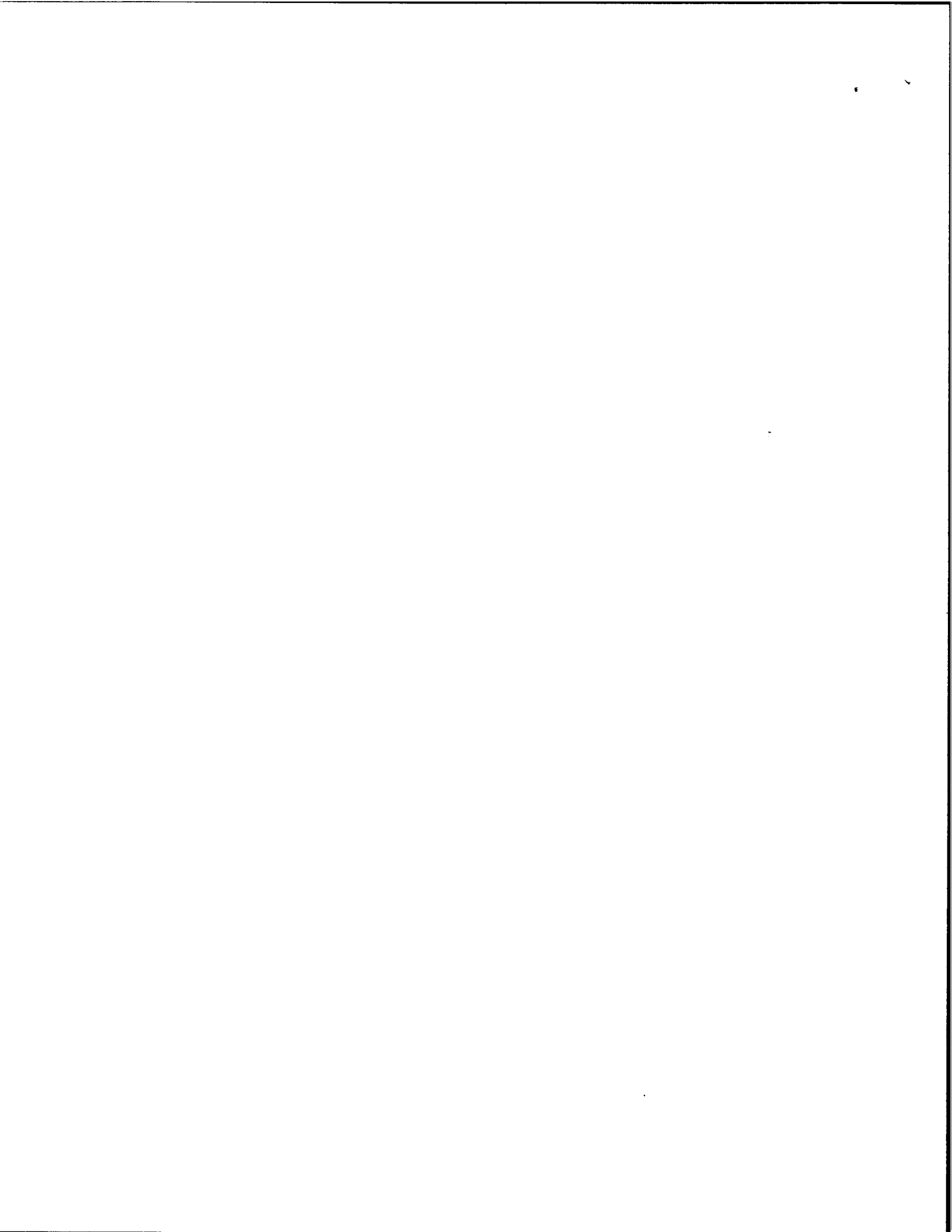
- (1) Airway care
- (2) Pulmonary arrest
- (3) Cardiac arrest
- (4) Bleeding
- (5) Shock

(b) Provide practice and evaluate the following skills:

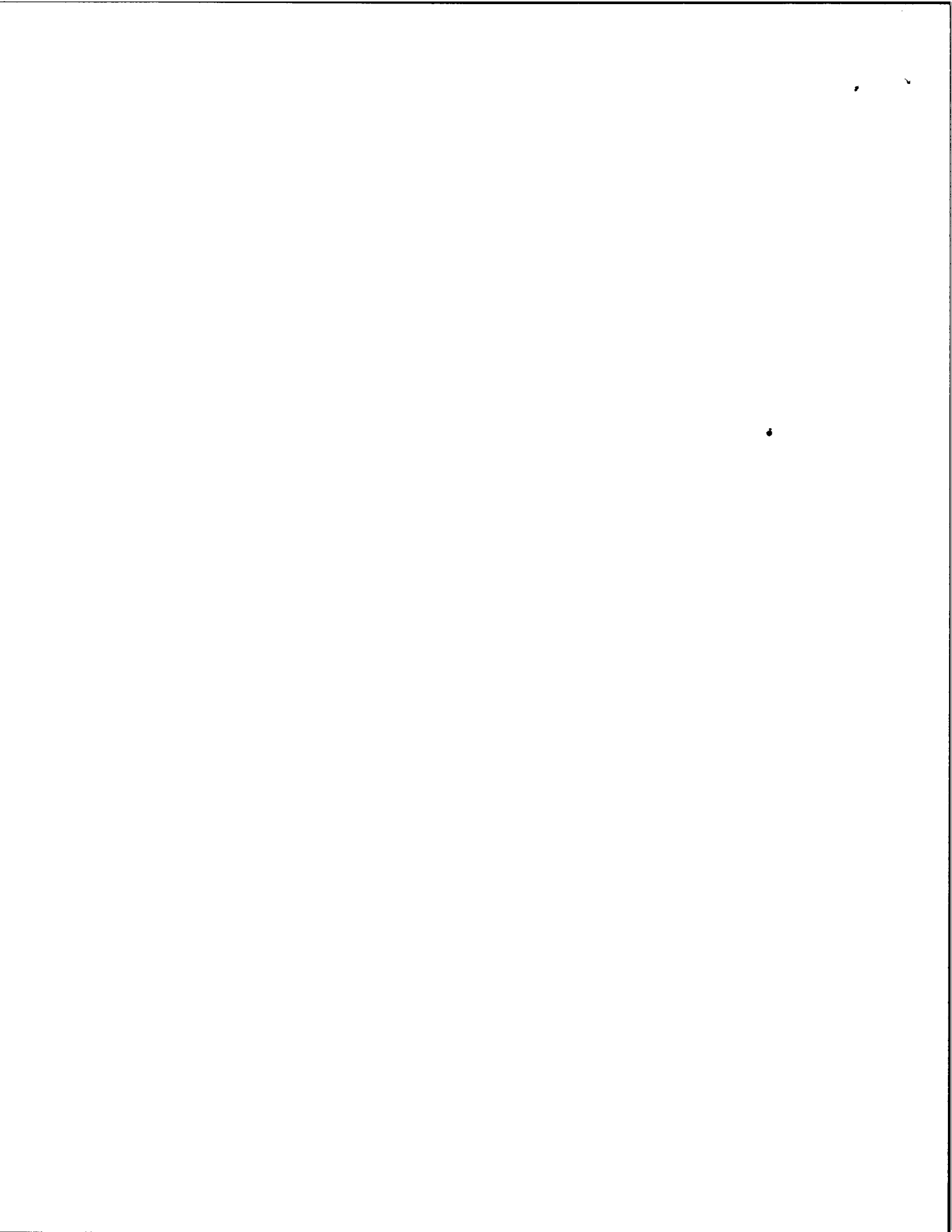
- (1) Use of suction equipment
- (2) Use of oxygen equipment
- (3) Pulmonary resuscitation using the bag-mask resuscitator



- (4) Cardiopulmonary resuscitation by a single rescuer
  - (5) Cardiopulmonary resuscitation by a team of rescuers.
- 2.09. Wounds. 3 hours.
- (a) Develop the following knowledges:
    - (1) Signs and significance of various wound types
    - (2) Causes and danger of infection in open wounds
    - (3) Basic care of wounds
    - (4) Techniques of dressing and bandaging wounds
  - (b) Develop skill in dressing and bandaging the following body parts:
    - (1) Extremities
    - (2) Forehead and scalp
    - (3) Neck
    - (4) Shoulder
    - (5) Hip
- 2.10. Fractures of the Upper Extremity. 3 Hours.
- (a) Develop a basic understanding of the following:
    - (1) Parts and functions of the musculoskeletal system
    - (2) General concepts of fractures and dislocations
    - (3) Types of splints and general rules for splinting
    - (4) Signs and symptoms of fractures, dislocations and sprains
    - (5) Techniques of immobilizing fractures and dislocations of the upper extremity.
  - (b) Develop skill in immobilizing and splinting fractures and dislocations of the upper extremity.
- 2.11. Fractures of the Lower Extremity. 2 hours, 30 minutes.
- (a) Develop a basic understanding of the following:
    - (1) Signs and symptoms of fractures and dislocations of the lower extremity
    - (2) Techniques of immobilizing fractures and dislocations of the lower extremity
  - (b) Develop skill in immobilizing fractures of the lower extremity
- 2.12. Injuries of the Head, Face, Neck and Spine. 3 hours.
- (a) Develop a basic understanding of the following:
    - (1) Elements and functions of the nervous system
    - (2) Signs and symptoms of a spinal fracture
    - (3) General rules of caring for patients with spinal injuries
    - (4) Signs of a skull fracture
    - (5) Techniques of caring for the patient suffering from injuries to the head, face, and neck
    - (6) Techniques of caring for the patient suffering from injuries to skull and brain
    - (7) Techniques of bandaging the skull, cheek, ear, and jaw
  - (b) Develop skills in dressing and bandaging the following injuries:
    - (1) Skull fracture
    - (2) Lacerated cheek



- (3) Avulsed ear
  - (4) Fractured jaw
  - (c) Develop skill in immobilizing a fractured neck
- 2.13. Injuries to the Eye, Chest, Abdomen, Pelvis Genitalia. 3 hours.**
- (a) Develop a basic understanding of the following:
    - (1) Parts and functions of the abdomen, digestive system, and genito urinary system
    - (2) Types of injuries to the eye, chest, abdomen, pelvis, and genitalia
    - (3) Techniques of care for injuries to the eye, chest, abdomen, pelvis, and genitalia
  - (b) Develop skills in dressing and bandaging the following:
    - (1) Eye, with and without protruding object
    - (2) Sucking chest wound with or without rib fracture
- 2.14. Practice, Test, and Evaluation—Injuries I. 2 hours, 30 minutes**
- (a) Test basic knowledges and skills associated with injuries to various body parts
  - (b) Provide practice on and evaluate skills in dressing and bandaging various body parts
- 2.15. Practice, Test, and Evaluation — Injuries II. 2 hours, 30 minutes**
- (a) Provide practice on and evaluate skills in immobilizing fractures of the:
    - (1) Upper extremity
    - (2) Lower extremity
    - (3) Ribs
    - (4) Neck
- 2.16. Medical Emergencies—I. 3 hours**
- (a) Develop a basic understanding of the causes, signs, symptoms, and techniques of care of:
    - (1) Poison victims
    - (2) Victims of bites and stings
    - (3) Heart attack patients
    - (4) Stroke patients
    - (5) Asthmatic patients
  - (b) Provide additional practice in administering:
    - (1) Oxygen
    - (2) Cardiopulmonary resuscitation
- 2.17. Medical Emergencies—II. 2 hours**
- (a) Develop a basic understanding of causes, signs, symptoms, and techniques of care of:
    - (1) Diabetic patients
    - (2) Patients suffering from acute abdominal problems
    - (3) Patients with communicable diseases
    - (4) Emotionally disturbed and unruly patients, including alcoholics and patients in a drug stupor
    - (5) Epileptic patients
    - (6) Unconscious patients



**2.18. Childbirth and Problems of Child Patients. 3 hours****(a) Develop a basic understanding of the following:**

- (1) Parts of the female anatomy involved in childbirth
- (2) Parts developing during pregnancy
- (3) Obstetrical terms and their meaning
- (4) Equipments and supplies used during emergency childbirth
- (5) Emergency care procedures for various phases and conditions associated with pregnancy and childbirth
- (6) Delivery and care of baby during normal and abnormal births
- (7) Clamping and cutting umbilical cord
- (8) Use of special carrier for premature babies
- (9) Resuscitation of infant
- (10) Procedures for caring for certain childhood problems

**2.19. Lifting and Moving Patients. 3 hours****(a) Develop a basic understanding of the following:**

- (1) Principles of moving and positioning patients for transportation
- (2) Techniques of moving patients from a bed or floor-height surface to a stretcher
- (3) Techniques of moving patients with suspected spinal injuries and immobilizing them on a backboard
- (4) Techniques of moving stretchers around narrow corners and down stairways
- (5) Loading stretchers on ambulances, securing them in place, and unloading them

**(b) Teach the following skills:**

- (1) Two-man lifts from a bed or floor-height to a stretcher
- (2) Immobilizing patients with spinal injuries on backboard
- (3) Loading and unloading stretchers

**2.20. Practice, Test, and Evaluation — Medical Emergencies, Emergency Childbirth, Lifting and Moving. 3 hours.****(a) Test basic knowledge and skills associated with:**

- (1) Poisoning
- (2) Bites and stings
- (3) Heart attack
- (4) Stroke
- (5) Asthmatic states
- (6) Diabetes
- (7) Acute abdomen
- (8) Transporting patients with communicable diseases
- (9) The emotionally disturbed and unruly
- (10) Epilepsy
- (11) The unconscious state
- (12) Emergency childbirth
- (13) Lifting and moving patients

**(b) Provide practice on and evaluate the following skills:**

- (1) Two-man lifts from a bed or floor-height surface to a stretcher



- (2) Immobilizing patients with special injuries on backboards
- (3) Cardiopulmonary resuscitation by a lone rescuer
- (4) Cardiopulmonary resuscitation by a member of a team using the bag-mask resuscitator

**2.21. Environmental Emergencies. 2 hours, 30 minutes****(a) Develop a basic understanding of the following:**

- (1) Estimation of severity of burn
- (2) Techniques of care for the burned patient
- (3) Special dangers of different types of burns — heat, chemical, electrical, radiation
- (4) Signs, symptoms, and techniques of care for the patient suffering from heat cramps, heat exhaustion, heat stroke, and frostbite.
- (5) Techniques of rescuing and caring for the drowning person
- (6) Techniques of rescuing and caring for the victim of diving injuries
- (7) Signs, symptoms, and techniques of care for the patient suffering from air embolism, bends, squeeze injuries, oxygen poisoning, and nitrogen poisoning
- (8) Major dangers of explosions

**2.22. Extrication from Automobiles. 3 hours.****(a) Develop a basic understanding of principles and considerations involved in extricating persons from automobiles****(b) Teach the following skills:**

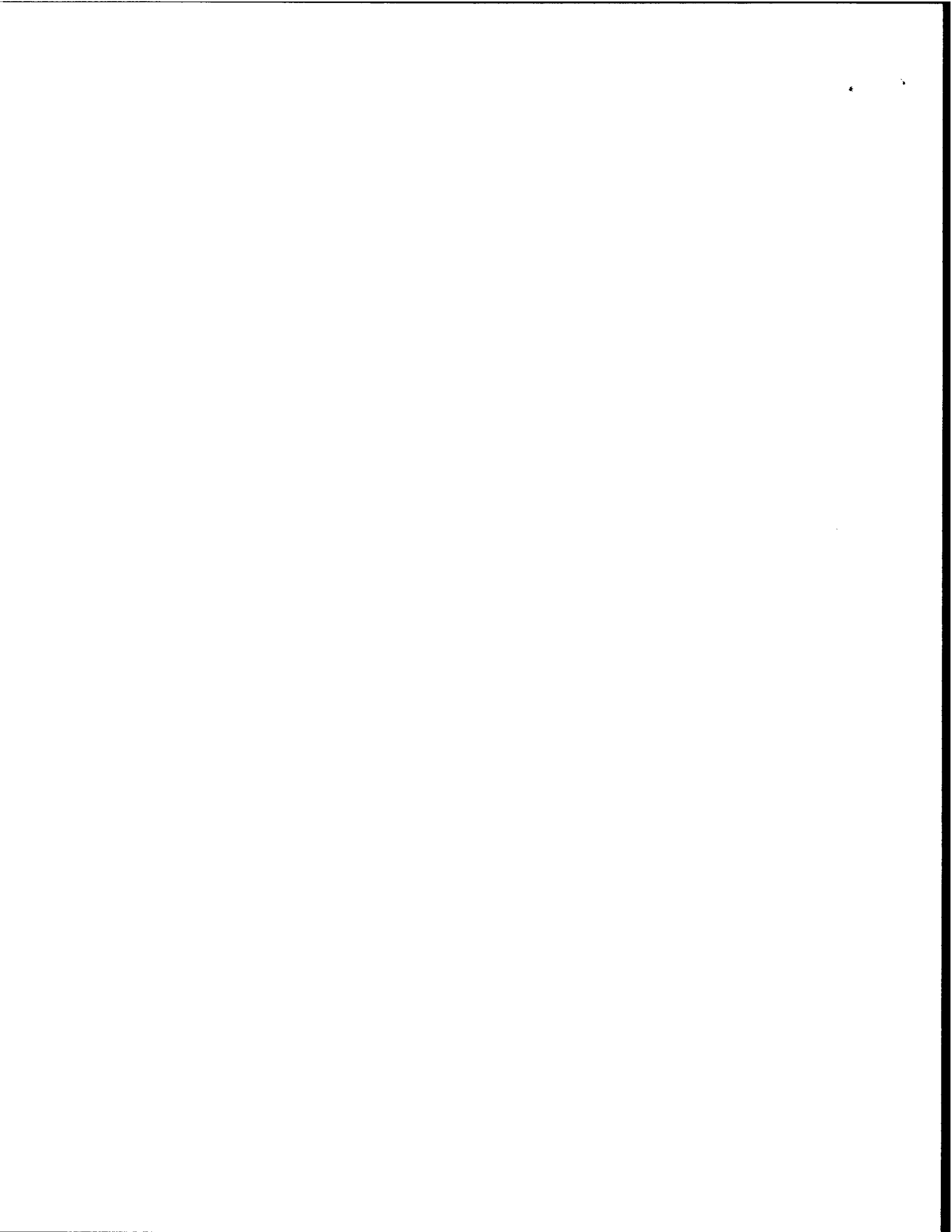
- (1) Techniques of removing patients with suspected spine injuries from automobiles
- (2) Techniques of removing victims from beneath automobiles

**2.23. Operations — Driving an Emergency Vehicle Maintaining a Safe and Ready Vehicle, Records and Reports, Communications and Procedures at Hospital Emergency Rooms. 3 hours.****(a) Develop a basic understanding of the following:**

- (1) Laws relating to operating an emergency vehicle
- (2) When and how to use emergency privileges
- (3) Procedures for daily inspections of vehicle systems and equipment and inspections to be made after each run
- (4) Information obtained and recorded by EMTs
- (5) Importance of communications and typical communications procedures
- (6) Procedures at hospital emergency rooms

**2.24. Responding to an Ambulance Call. 2 hours, 30 minutes****(a) Develop a basic understanding of the duties and responsibilities of the EMT during the various phases of an ambulance run:**

- (1) Preplanning considerations while driving to the scene
- (2) Considerations in analyzing the situation upon arrival at the scene
- (3) Procedures for examining patients
- (4) Triage procedures
- (5) Considerations during loading and transport



(b) Teach the following skills:

(1) Systematic procedures for examining patients

2.25. Medical Ethics. 3 hours

(a) Confidential information

(b) Handling hostile feelings in patients and oneself

2.26. Situational Review. 3 hours

(a) Provide an opportunity for integration and review of course contents by group discussion and situational examples

2.27. Final Written Test. 2 hours

(a) Test major knowledges taught in the emergency care course

2.28. Final Practical Evaluation of Skills. 3 hours

(a) Evaluate student demonstration of the following skills:

(1) Setting up, adjusting, and closing down oxygen equipment

(2) Bandaging the head, eye, and extremity. Cardiopulmonary resuscitation alone and as a member of a team

(3) Use of the bag-mask resuscitator

(4) Performing an examination for life-threatening problems and a systematic check of injuries

(5) Splinting a fracture of the upper extremity

(6) Splinting a fracture of the femur

(7) Lifting and moving patients from bed or floor-height surfaces and positioning them on a stretcher

(8) Immobilization of the neck and torso of a sitting patient on a short backboard

(9) Moving a patient with a suspected cervical spine injury from the floor and immobilizing him on a long backboard

(10) Determining blood pressure

2.29. Hospital Orientation — Emergency Room (Including accompaniment to X-Ray). 5 hours

(a) Receiving orientation as to how the trauma patient is stabilized prior to admittance for definite care

(b) Assisting in routine emergency department functions

(c) Receive further instructions on how to handle the patient with fractures

(d) Safety factors involved in the X-Ray department

2.30. Hospital Orientation — Coronary Care Department or Intensive Care Unit (ICU). 5 hours.

(a) Orientation as to the functions of Intensive Care department

(b) Receive clinical instructions on resuscitative procedures

(c) Assist in routine Intensive Care department functions

(d) Orientation as to the functions of Coronary Care department

(e) Explanation of the Coronary Care equipment. Observe monitors in the Coronary Care unit



**SEC. 3. MINIMUM TRAINING REQUIREMENTS FOR MOBILE INTENSIVE CARE PARAMEDIC. PREREQUISITE: COMPLETE 87-HOUR EMT COURSE.**

**3.01. Lectures**

- (a) Review and reinforcement of the rescue portion of the Emergency Medical Technician's Course (Optional) 8 hrs.
- (b) Review of anatomy and physiology of the heart, peripheral vascular system and condition system 2 hrs.
- (c) Study of cardiac disease and review of anatomy and physiology 2 hrs.
- (d) Electrocardiography 2 hrs.
  - (1) Normal EKG and principles including electrical safety-pacemakers 2 hrs.
  - (2) Supravent Arrhythmia 2 hrs.
  - (3) Ventricular Arrhythmia 2 hrs.
  - (4) Lethal Arrhythmia 2 hrs.
  - (5) Cardioversion of the lethal arrhythmia 2 hrs.
  - (6) Review 2 hrs.
- (e) Dosage, pharmacology, effect, side effect, etc. 4 hrs.
  - (1) Lidocaine
  - (2) Atropine
  - (3) Pentazaine (Talwin) *Pent AZOCINE*
  - (4) Neosynephrine.
  - (5) Review
- (f) Review external cardiac massage including pulmonary resuscitation 4 hrs.
- (g) Principles of fluid administration 4 hrs.
  - (1) D 5 W
  - (2) Normal salines
  - (3) Ringer's lactate
  - (4) Dextran
- (h) Review 2 hrs.

Sub-Total (Excluding #1, Section I) 32 hours.

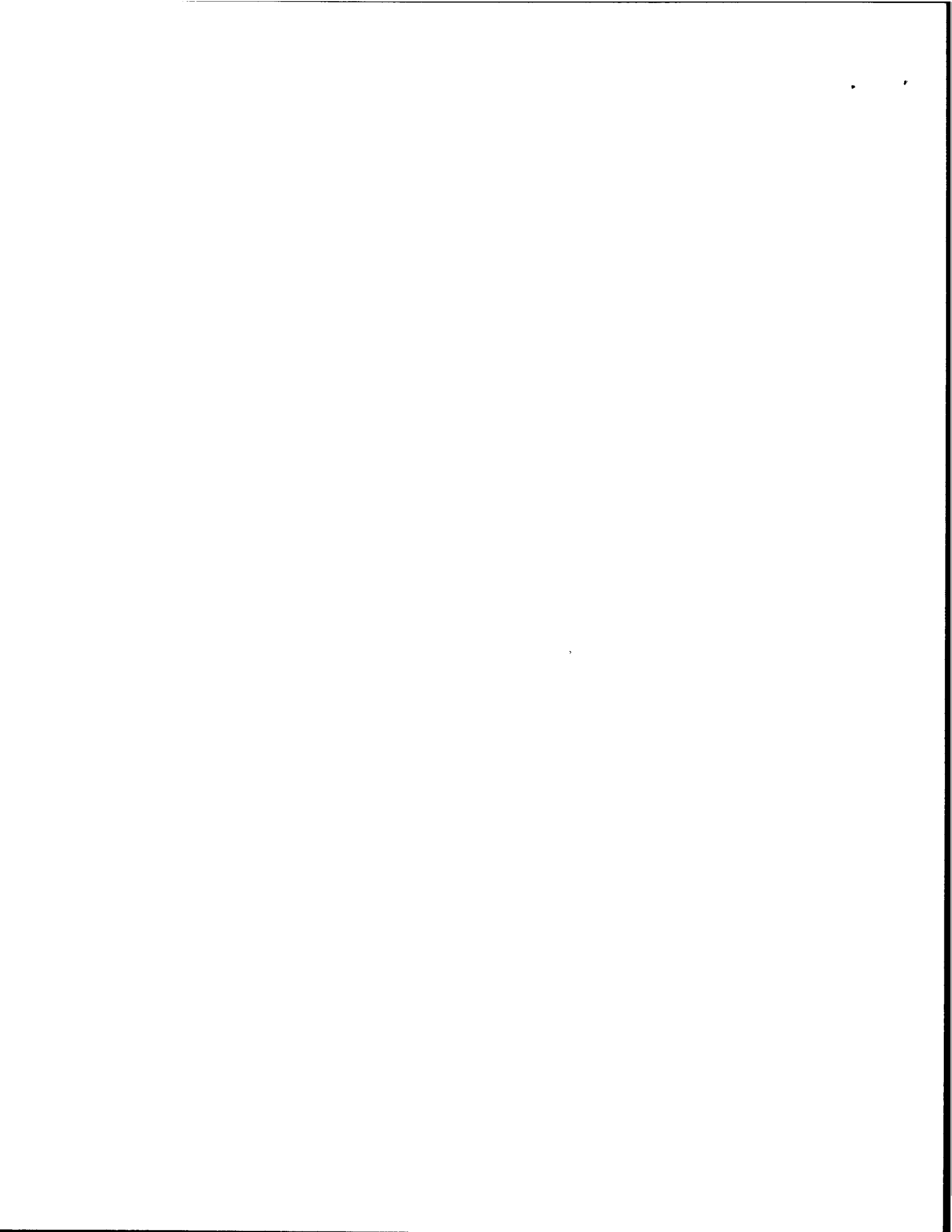
**3.02. Clinical Training 60 hours**

- (a) Clinical experience in either Intensive Care Unit, Coronary Care Unit, or Emergency Room (up to 20 hours may be in Emergency Room)
- (b) Learn technique of IV fluid administration, IV medicines, monitoring, etc. Sub-Total 92 hours

**3.03. Final Evaluation**

- (a) Final Test 2 hrs.
- (b) Review and Certification 2 hrs.

**Grand Total 96 hours**



**SEC. 4. JOB DESCRIPTION OF AN EMERGENCY MEDICAL TECHNICIAN.**

(EMT) — Confusion may exist as to the terminology, duties, and training requirements for Emergency Health Services personnel, especially the difference in the Emergency Medical Technician (EMT) and the Mobile Intensive Care Paramedic (MICP). Anyone desiring to become a Mobile Intensive Care Paramedic (MICP) must first be a graduate of the Emergency Medical Technician training course as outlined in the previous pages. The course for the EMTs must be approved by the Emergency Health Services of the State Department of Health. The following is the job description for the Emergency Medical Technician:

**4.01. Work Requirements**

- (a) Responds to emergency calls to provide efficient and immediate care to the critically ill and injured, and transports the patient to a medical facility.
- (b) After receiving the call from the dispatcher, drives ambulance to address or location given, using the most expeditious routes, depending on traffic and weather conditions. Observes traffic ordinances and regulations concerning emergency vehicle operation.
- (c) Upon arrival at the scene of accident or illness, parks the ambulance in a safe location to avoid an accident. In the absence of police, enlists the assistance of persons available to create a safe traffic environment, such as the placement of road flares, removal of debris, and redirection of traffic for the protection of the injured and those assisting in the care of the injured.
- (d) Determines the nature and extent of illness or injury and establishes priority for required emergency care, such as opening and maintaining an airway, giving positive pressure ventilation, cardiac resuscitation, controlling of hemorrhage, treatment of shock, immobilization of fractures, bandaging, assisting in childbirth, management of mentally disturbed patients, and initial care of poison and burn patients.
- (e) Reassures patients and bystanders by working in a confident, efficient manner. Avoids mishandling and undue haste while working expeditiously. Searches for medical identification emblem as a clue in providing emergency care.
- (f) Where patients must be extricated from entrapment, assesses the extent of injury and gives all possible emergency care and protection to the entrapped patient and uses the prescribed techniques and appliances for removing the patient safely. Radios the dispatcher for additional help or special rescue and/or utility services, if needed. Provides light rescue service if the ambulance has not been accompanied by a specialized unit. After extrication, provides additional care in sorting of the injured in accordance with standard emergency procedures.
- (g) Complies with regulations on the handling of the deceased, notifies



authorities, and arranges for protection of property and evidence at scene.

(h) Assists in lifting stretcher, placing in ambulance and seeing that patient and stretcher are secured and that emergency care, if necessary, is continued.

(i) From the knowledge of the condition of the patient and the extent of injuries and the relative locations and staffing of emergency hospital facilities, determines the most appropriate facility to which the patient will be transported, unless otherwise directed by the dispatcher or a physician. Reports directly to the emergency department or control center the nature and extent of injuries, the number being transported, and the destination to assure prompt medical care on delivery. For serious cases, may ask for additional advice from the hospital physician or emergency department.

(j) Constantly observes patient en route to emergency facility, administers additional care as indicated or directed by physician.

(k) Identifies diagnostic signs which may require radio communications with a medical facility for advice and for notification that special professional services and assistance be immediately available upon arrival at the medical facility.

(l) Assists in lifting and carrying the patient out of the ambulance and into the emergency department.

(m) Reports verbally and in writing his observation and care of patient at the emergency scene and in transit, to the emergency department staff for record and diagnostic purposes. Upon request, provides assistance to the emergency department staff.

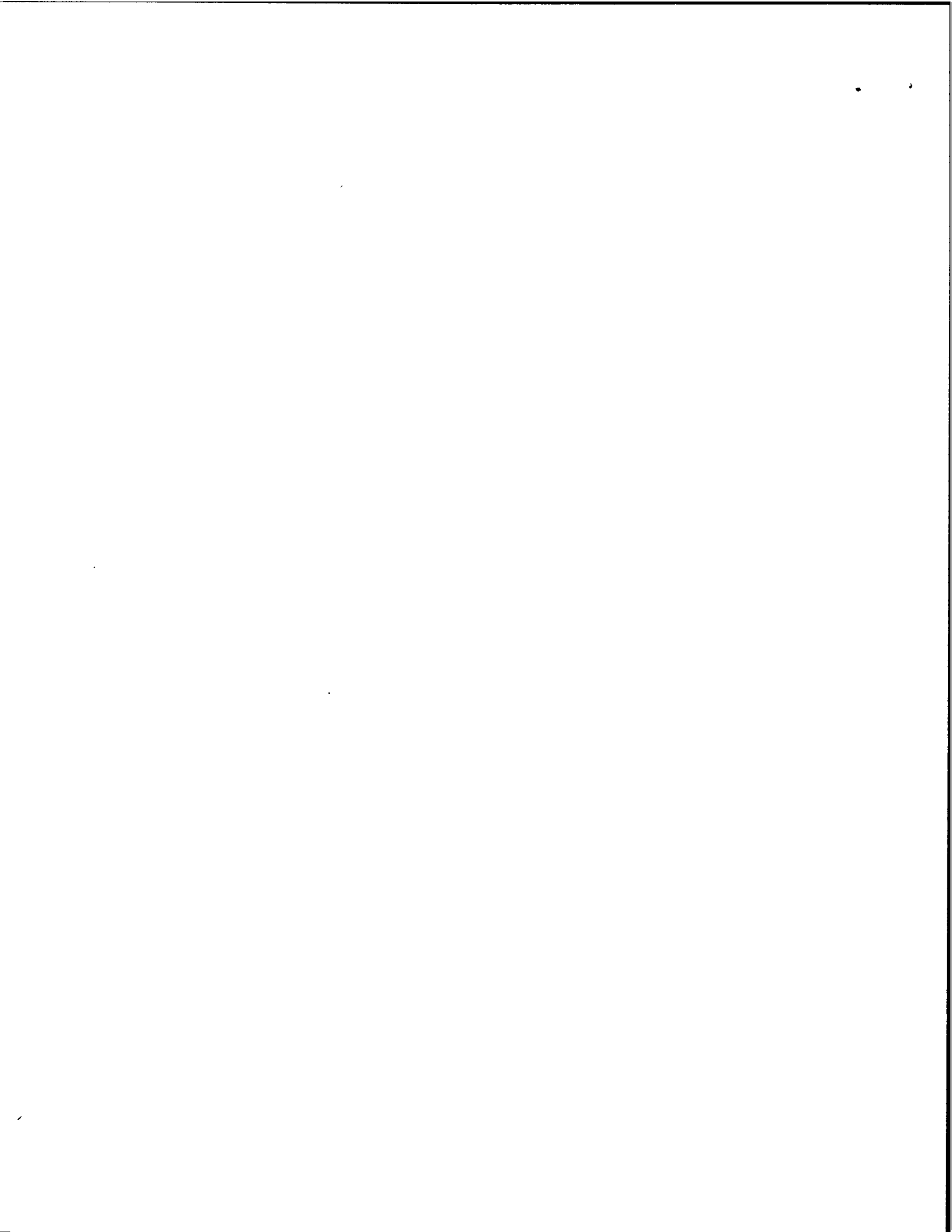
(n) After each trip, replaces used linens, blankets, and other supplies, sends supplies for sterilization, makes careful check of all equipment so that the ambulance is ready for the next run. Maintains ambulance in efficient operating condition. Ensures that the ambulance is clean and washed and kept neat and in an orderly condition. In accordance with local or state regulations, decontaminates the interior of the vehicle after transport of victim with contagious infection or radiation exposure. Determines that vehicle is in proper operating condition by checking gas, oil, water in battery and radiator, and tire pressure. Maintains familiarity with specialized equipment items used by the ambulance service.

4.02. Seniority and responsibility should be determined by the one responsible for employment and surveillance of personnel. Attendants and drivers should be equally trained in each other's duties and responsibilities so that they may function interchangeably or independently in caring for multiple casualties.

#### 4.03. Special Characteristics

##### (a) *Aptitudes*

(1) Motor coordination in administering emergency care of the



critically ill or injured, in lifting and carrying patients, and in driving the ambulance

(2) Manual dexterity and physical coordination in carrying, lifting, extricating, climbing, hoisting, and other similar maneuvers in a manner not detrimental to the patient, fellow workers, or self

(3) Facility to give and receive verbal and written directions and instruction

(b) *Interests and Temperaments*

(1) A pleasant personality

(2) Leadership ability; firm, yet courteous

(3) Good judgement under stress

(4) Clean and neat in appearance

(5) Good moral character

(6) Emotional stability and psychological adaptability

**SEC. 5. JOB DESCRIPTION OF A MOBILE INTENSIVE CARE PARAMEDIC (MICP).**

5.01. Capable of fulfilling the duties as outlined for the Emergency Medical Technician (EMT)

5.02. Administer some medications for which he has been certified by the State Medical Licensing Board when contact is maintained with a physician

5.03. Set up and administer IVs including venipuncture

5.04. Maintain a working knowledge of EKG equipment and be capable of interpreting rhythm disturbances and treat patients with medications when voice contact is maintained with a physician

5.05. Defibrillate pulseless patients

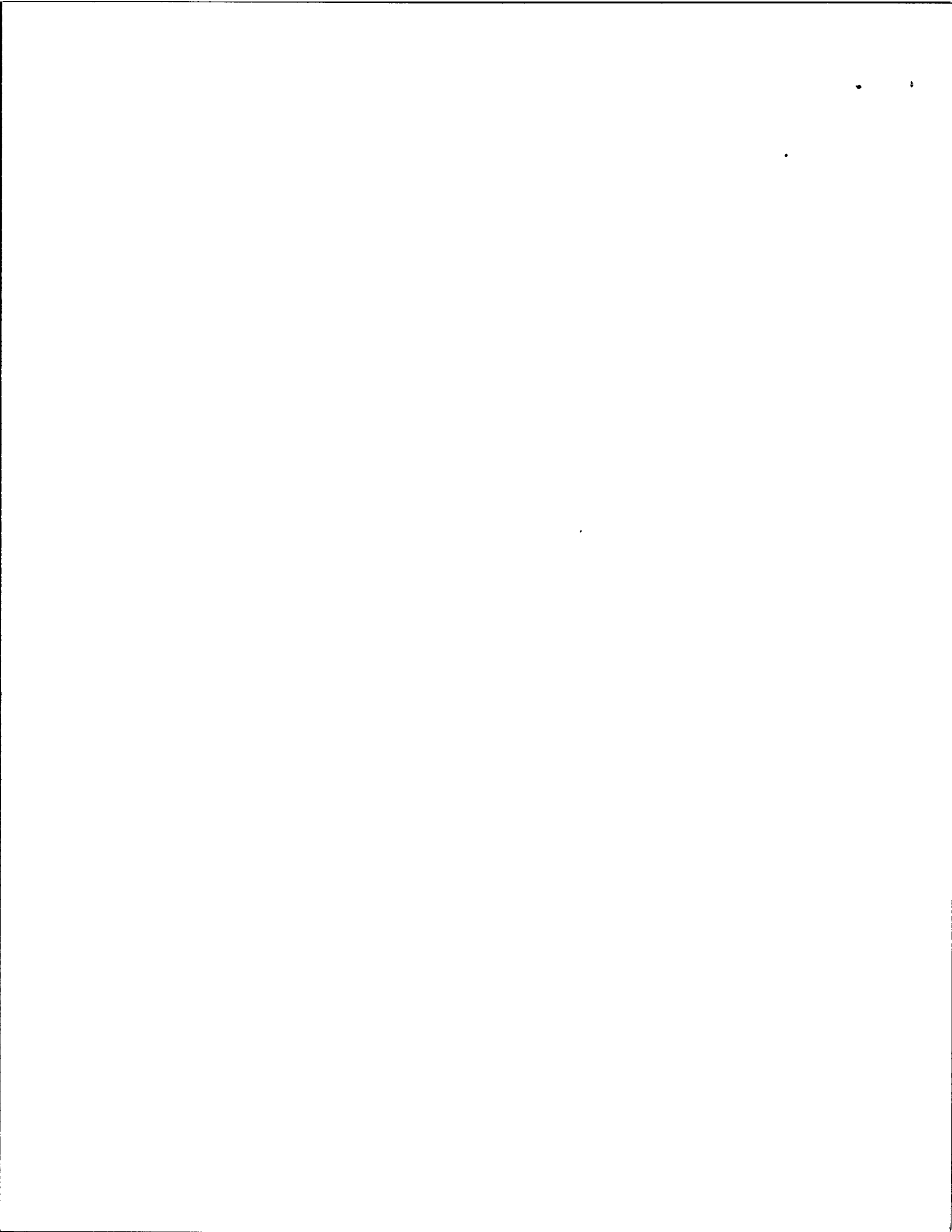
5.06. The scope of these procedures provides the additional capacity for the Mobile Intensive Care Paramedic to function in specialized roles within the hospital when needed such as: Coronary Technician, Inhalation Technician, Assist with obstetrical procedures. But *not* able to perform procedures where knowledge of the principles of emergency medicine is essential in the treatment of medical problems requiring sophisticated emergency care

**SEC. 6. BACKGROUND REQUIREMENTS.**

6.01. Before acceptance in an MICP course, the applicant must be a graduate from a standard four-year high school (GED diploma accepted).

6.02. Certified by the West Virginia Department of Health, Emergency Health Services Unit, as an Emergency Medical Technician. Must be recommended as a candidate for MICP by a physician who has direct knowledge of the candidate's ability, and then satisfactorily complete the MICP course and be certified by the State Health Department

6.03. MICP must pass screening tests as administered by qualified personnel if and when deemed necessary in any or all of the following areas: (1) physical,



(2) Intelligence (I.Q. tests), (3) personality inventories, (4) emotional stability tests, (5) aptitude, (6) social, and (7) driver examination (defensive and emergency).

### SEC. 7. APPLICATION FOR CERTIFICATION AS MOBILE INTENSIVE CARE PARAMEDIC.

7.01. The term "Board" as hereafter used refers to the Medical Licensing Board of West Virginia.

7.02. The term "Secretary" as hereafter used refers to the Secretary of the Medical Licensing Board of West Virginia.

7.03. Application for certification of Mobile Intensive Care Paramedic must be made by a physician licensed to practice in West Virginia *stating that the educational requirements have been fulfilled.*

7.04. Training requirements are outlined in the previous section for the Mobile Intensive Care Paramedic. As stated in Senate Bill #281, the course must be certified by Emergency Health Services Unit of the State Department of Health.

7.05. The minimum age of all applicants must be eighteen years.

7.06. *All applicants must, prior to applying for certification to the Board, pass both written and practical examination that is administered by the Emergency Health Services Unit of the State Health Department.*

7.07. Partnerships, corporations, or associations consisting of physicians, and organized in accordance with West Virginia law, in addition to physicians in solo practice, may employ Mobile Intensive Care Paramedics.

7.08. The Secretary of the Board may issue temporary certification when credentials permit until the next regular meeting of the Board.

7.09. The Board shall after proper certification issue a one (1) year temporary permit to the Mobile Intensive Care Paramedic. After one (1) year, the Mobile Intensive Care Paramedic shall request a permanent certification which must be renewed by the applicant every two (2) years. Prior to permanent certification, the Board will cause the Emergency Health Services Unit of the West Virginia Department of Health to ascertain the competencies of the applicant prior to issuing a new certificate.

### SEC. 8. REQUIREMENTS FOR CERTIFICATION.

8.01. Before being certified by the Board to perform as a Mobile Intensive Care Paramedic, an applicant shall be of good moral character and have satisfied the requirements of Emergency Health Services Unit of the State Health Department.

8.02. Whenever the Board determines that an applicant has failed to satisfy the Board that he should be certified, the Board shall immediately notify such applicant of its decision and indicate in what respect the applicant has so failed to satisfy the Board. Such applicant shall be given a formal hearing before the Board upon request of such applicant filed with or mailed by registered mail to



the Secretary of the Board at Charleston, West Virginia, within ten days after receipt of the Board's decision, stating the reasons for such request. The Board shall within 20 days of receipt of such request notify such applicant of the time and place of a public hearing, which shall be held within a reasonable time. The burden of satisfying the Board of his qualifications for certification shall be upon the applicant. Following such hearing, the Board shall determine on the basis of these regulations whether the applicant is qualified to be certified, and this decision of the Board shall be final as to that application.

8.03. In hearings held in pursuant to this rule the Board shall admit and hear evidence in the same manner and form as prescribed by law for civil actions.

#### SEC. 9. MORAL CHARACTER.

9.01. Every applicant shall be of good moral character, and the applicant shall have the burden of proving that he is possessed of good moral character by submitting two documents to this effect.

9.02. All information furnished to the Board by an applicant shall be deemed material and such information shall be and become a permanent record of the Board.

9.03. All investigations by the Board in reference to the moral character of an applicant may be informal, but shall be thorough, with the object of ascertaining the truth. Neither the hearsay rule, nor any other technical rule of evidence need be observed.

#### SEC. 10. TERMINATION OF CERTIFICATE.

10.01. The certification of a Mobile Intensive Care Paramedic shall be terminated by the Board, when, after due notice and a hearing in accordance with the provisions of this Section, it shall find:

- (a) That the Mobile Intensive Care Paramedic has held himself out or permitted another to represent him as a licensed physician;
- (b) That the Mobile Intensive Care Paramedic has in fact performed otherwise than at the direction and under the supervision of a physician licensed by the Board;
- (c) That the Mobile Intensive Care Paramedic has been delegated and performed a task or tasks beyond his competence;
- (d) That the Mobile Intensive Care Paramedic is an habitual user of intoxicants or drugs to such an extent that he is unable to safely perform as a Mobile Intensive Care Paramedic;
- (e) That the Mobile Intensive Care Paramedic has been convicted in any court, state or federal, of any felony or other criminal offense involving moral turpitude;
- (f) That the Mobile Intensive Care Paramedic has been adjudicated a mental incompetent or whose mental condition renders him unable safely to perform as an assistant to a physician; or



(g) That the Mobile Intensive Care Paramedic has failed to comply with any of the provisions relating to the Section pertaining to the methods of performance.

10.02. Before the Board shall terminate the certification granted by it to a Mobile Intensive Care Paramedic, it will give to the Mobile Intensive Care Paramedic a written notice indicating the general nature of the charges, accusation or complaint preferred against him and stating that the Mobile Intensive Care Paramedic will be given an opportunity to be heard concerning such charges or complaints at a time and place as stated in such notice, or to be thereafter fixed by the Board, and shall hold a public hearing within a reasonable time. The burden of satisfying the Board that the charges or complaints are unfounded shall be upon the Mobile Intensive Care Paramedic. Following such hearing, the Board shall determine on the basis of these regulations whether the certification of the Mobile Intensive Care Paramedic shall be terminated.

10.03. In hearings held by the Board, they shall admit and hear evidence in the same manner and form as prescribed by law for civil actions.

#### **SEC. 11. METHOD OF PERFORMANCE.**

11.01. A Mobile Intensive Care Paramedic must clearly identify himself as a Mobile Intensive Care Paramedic or by some other appropriate designation in order to insure that he is not mistaken for a licensed physician or physician's assistant. The Mobile Intensive Care Paramedic must wear an appropriate name tag — Mr., Miss, or Mrs. and surname plus PARAMEDIC.

11.02. A wallet size card furnished by the Board must be carried by the certified Mobile Intensive Care Paramedic bearing the name, address, date of issuance, number, expiration date, signature of certificate holder and Secretary of the Board. A recent photograph shall be affixed to the back of the card.

11.03. The Mobile Intensive Care Paramedic must be prepared to demonstrate upon request, to a member of the Board or other persons designated by the Board, his ability to perform those tasks assigned to him.



January 15, 1974

FILED IN THE OFFICE  
EDGAR F. HEISKELL, III  
SECRETARY OF STATE  
THIS DATE *1/15/74*

The Honorable Edgar F. Heiskell, III  
Secretary of State  
State Capitol  
Charleston, West Virginia 25305

Dear Sir:

Enclosed are two copies of "Regulations for Mobile Intensive Care Paramedics", designated Chapter 16-1, Series IX of the West Virginia Administrative Regulations.

I hereby certify that the attached regulations are true and accurate copies of official regulations adopted by the Medical Licensing Board of West Virginia October 8, 1973.

Very truly yours,

*N. H. Byer*  
N. H. Byer, M.D., M.P.H.  
State Director of Health

NHD:jd

Enclosure

January 15, 1974

Dear Sir:

Enclosed for you are two copies of "Regulations for the Control of Infectious Diseases" as signed by the Board of Health of the State of Virginia.

The Board of Health of the State of Virginia  
200 West Virginia Street  
Charleston, West Virginia 25302

Very truly yours,  
[Signature]

State Board of Health  
200 West Virginia Street, Charleston, West Virginia 25302

Very truly yours,

[Signature]

State Board of Health

RECEIVED  
STATE BOARD OF HEALTH  
JAN 16 1974

**WEST VIRGINIA ADMINISTRATIVE REGULATIONS**  
**State Department of Health**

References are to sections in W. Va. Administrative Regulations 16-1, Series IX

**Subject: Regulations for Mobile Intensive Care Paramedics**

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**Airway Obstruction and Pulmonary Arrest, Sec. 2.04**

**Anatomy, Sec. 2.02**

**Application for Certification as Mobile Intensive Care Paramedic, Sec. 7.01 - 7.09**

**Authority, Sec. 1.02**

**Background Requirements for Mobile Intensive Care Paramedic, Sec. 6.01 - 6.03**

**Bleeding, Shock, and Practice on Airway Care, Pulmonary Resuscitation and  
Cardiopulmonary Resuscitation, Sec. 2.07**

**Cardiac Arrest, Sec. 2.06**

**Certification, Sec. 1.05**

**Certification Requirements for Mobile Intensive Care Paramedic, Sec. 8.01 - 8.03**

**Characteristics, Special, Sec. 4.03**

**Childbirth and Problems of Child Patients, Sec. 2.18**

**Clinical Training, Sec. 3.02**

**Effective Date, Sec. 1.03**

**Emergency Medical Technician (EMT), Sec. 2.01**

**Environmental Emergencies, Sec. 2.21**

**Extraction from Automobiles, Sec. 2.22**

**Filing Date, Sec. 1.04**



## WEST VIRGINIA ADMINISTRATIVE REGULATIONS

References are to sections in W. Va. Administrative Regulations 16-1, Series IX

---

**Final Evaluation, Sec. 3.03**

**Final Practical Evaluation of Skills, Sec. 2.28**

**Final Written Test, Sec. 2.27**

**Fractures of the Lower Extremity, Sec. 2.11**

**Fractures of the Upper Extremity, Sec. 2.10**

**Hospital Orientation--Emergency Room, Sec. 2.29**

**Hospital Orientation--Coronary Care Department or Intensive Care Unit, Sec. 2.30**

**Injuries of the Head, Face, Neck and Spine, Sec. 2.12**

**Injuries to the Eye, Chest, Abdomen, Pelvis, Sec. 2.13**

**Job Description of Mobile Intensive Care Paramedic, Sec. 5.01 - 5.06**

**Lectures, Sec. 3.01**

**Lifting and Moving Patients, Sec. 2.19**

**Mechanical Aids to Breathing and Pulmonary Resuscitation, Sec. 2.05**

**Medical Emergencies I, Sec. 2.16**

**Medical Emergencies II, Sec. 2.17**

**Medical Ethics, Sec. 2.25**

**Method of Performance, Sec. 11.01 - 11.03**

**Moral Character, Sec. 9.01 - 9.03**

**Operations--Driving an Emergency Vehicle, Maintaining a Safe and Ready Vehicle, Records and Reports, Communications and Procedures at Hospital Emergency Rooms, Sec. 2.23**



**WEST VIRGINIA ADMINISTRATIVE REGULATIONS**

**References are to sections in W. Va. Administrative Regulations 16-1, Series IX**

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**Physiology, Sec. 2.03**

**Practice, Test, and Evaluation--Airway Care, Pulmonary Arrest, Cardiac Arrest,  
Bleeding and Shock, Sec. 2.08**

**Practice, Test, and Evaluation--Injuries I, Sec. 2.14**

**Practice, Test, and Evaluation--Injuries II, Sec. 2.15**

**Practice, Test, and Evaluation--Medical Emergencies, Emergency Childbirth,  
Lifting and Moving, Sec. 2.20**

**Requirements for Certification, Sec. 8.01 - 8.03**

**Responding to an Ambulance Call, Sec. 2.24**

**Scope, Sec. 1.01**

**Seniority & Responsibility, Sec. 4.02**

**Situational Review, Sec. 2.26**

**Special Characteristics, Sec. 4.03**

**Termination of Certificate, Sec. 10.01 - 10.03**

**Work Requirements, Sec. 4.01**

**Wounds, Sec. 2.09**



**WEST VIRGINIA ADMINISTRATIVE REGULATIONS**  
**State Department of Health**

**Chapter 16-1**  
**Series IX**  
**(1974)**

FILED IN THE OFFICE  
EDGAR F. HEISKELL III  
SECRETARY OF STATE  
THIS DATE 1/15/74

**Subject: Regulations for Mobile Intensive Care Paramedics**

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**Section 1. General**

**1.01. Scope.--These regulations establish general rules for the procedures and requirements pertaining to becoming a mobile intensive care paramedic.**

**1.02. Authority.--These regulations are issued under authority of the West Virginia Code, Chapter 31, Article 3, Sections 1-3.**

**1.03. Effective Date.--These regulations are promulgated on October 8, 1973, and become effective February 15, 1974.**

**1.04. Filing Date.--These regulations were filed in the Office of the Secretary of State on January 15, 1974.**

**1.05. Certification--These regulations are certified authentic by the Secretary of State.**

**Section 2. Minimum Training Requirements for Emergency Medical Technicians (EMTs) (87 Hours)**

**2.01. The Emergency Medical Technician (EMT) - His Role, Responsibilities, and Equipment. 3 hours.**

**(a) Inform the student of:**



- (1) Course Objectives**
  - (2) Scope**
  - (3) Procedures**
  - (4) Requirements for satisfactory completion**
- (b) Provide an overview of the roles and responsibilities of the EMT:**
- (1) Prompt and efficient care of the patient**
  - (2) Control of the accident scene**
  - (3) Light extrication and preparation of the patient for transport**
  - (4) Safe and efficient transport**
  - (5) Orderly transfer of the patient and patient information to the hospital emergency department**
  - (6) Communications**
  - (7) Reporting and recordkeeping**
  - (8) Vehicle and equipment care.**
- (c) Explain legal aspects relating to emergency care**
- (d) Familiarize the student with the ambulance and its equipment**

**2.02. Anatomy. 3 hours**

**2.03. Physiology. 3 hours**

**2.04. Airway Obstruction and Pulmonary Arrest. 3 hours**



- (a) Develop a basic understanding of:**
  - (1) Mechanics of respiration**
  - (2) Importance of oxygen to body functioning**
  - (3) Signs of airway obstruction**
  - (4) Manual techniques of airway care**
  - (5) Manual techniques of pulmonary resuscitation**
  - (6) Anatomy of laryngectomy and tracheotomy patients**
  - (7) Resuscitation of laryngectomy and tracheotomy patients.**
  
- (b) Teach the following skills:**
  - (1) Manual techniques of airway care**
  - (2) Mouth-to-mouth (nose) technique of pulmonary resuscitation**
  - (3) Chest-pressure arm-lift (Sylvester) method of pulmonary resuscitation.**
  - (4) Back-pressure arm-lift (Holger-Nelson) method of pulmonary resuscitation.**

**2.05. Mechanical Aids to Breathing and Pulmonary Resuscitation. 3 hours.**

- (a) Develop a working knowledge of operation and use of:**
  - (1) Mechanical aids to breathing**
  - (2) Mechanical aids to pulmonary resuscitation.**
  
- (b) Teach the following skills:**



- (1) Use of two-way (S-shaped) airways**
- (2) Use of bag-mask resuscitator**
- (3) Use of oropharyngeal airways**
- (4) Use of suction unit**
- (5) Use of oxygen equipment.**

**2.06. Cardiac Arrest. 3 hours.**

**(a) Develop a basic understanding of:**

- (1) Mechanics of circulation**
- (2) Importance of oxygen to body functioning**
- (3) Technique of determining blood pressure**
- (4) Signs of cardiac arrest**
- (5) Technique of cardiopulmonary resuscitation**
- (6) Dangers to the patient if cardiopulmonary resuscitation is delayed or performed incorrectly.**

**(b) Teach the following skills:**

- (1) Cardiopulmonary resuscitation by a lone rescuer**
- (2) Cardiopulmonary resuscitation by a team of rescuers**
- (3) Determination of blood pressure.**

**2.07. Bleeding, Shock, and Practice on Airway Care, Pulmonary Resuscitation and Cardiopulmonary Resuscitation. 3 hours.**

**(a) Develop a basic understanding of:**



- (1) Mechanics of circulation**
  - (2) Signs of external bleeding: artery, vein,  
capillary**
  - (3) Signs of internal bleeding**
  - (4) Signs of shock**
  - (5) Use of pressure dressings to control bleeding**
  - (6) Use of pressure points to control bleeding**
  - (7) Use of inflatable splints to control bleeding**
  - (8) Dangers and use of tourniquets in controlling  
bleeding**
  - (9) Importance of preventing shock and techniques  
of caring for the patient in shock**
  - (10) Intravenous therapy.**
- (b) Teach the following skills:**
- (1) Location of carotid, temporal, femoral, brachial,  
and radial arteries.**
  - (2) Control of bleeding by a pressure dressing**
  - (3) Application of inflatable splints to arm and leg.**
- (c) Provide additional practice in:**
- (1) Airway care**
  - (2) Pulmonary resuscitation**



**(3) Cardiopulmonary resuscitation**

**(4) Determination of blood pressure.**

**2.08. Practice, Test, and Evaluation - Airway Care, Pulmonary Arrest,  
Cardiac Arrest, Bleeding and Shock. 3 hours.**

**(a) Test basic knowledges and skills associated with:**

**(1) Airway care**

**(2) Pulmonary arrest**

**(3) Cardiac arrest**

**(4) Bleeding**

**(5) Shock.**

**(b) Provide practice and evaluate the following skills:**

**(1) Use of suction equipment**

**(2) Use of oxygen equipment**

**(3) Pulmonary resuscitation using the bag-mask  
resuscitator**

**(4) Cardiopulmonary resuscitation by a single  
rescuer**

**(5) Cardiopulmonary resuscitation by a team of  
rescuers.**

**2.09. Wounds. 3 hours.**

**(a) Develop the following knowledges:**

**(1) Signs and significance of various wound types**



- (2) Causes and danger of infection in open wounds**
- (3) Basic care of wounds**
- (4) Techniques of dressing and bandaging wounds.**
- (b) Develop skill in dressing and bandaging the following  
body parts:**
  - (1) Extremities**
  - (2) Forehead and scalp**
  - (3) Neck**
  - (4) Shoulder**
  - (5) Hip**

**2.10. Fractures of the Upper Extremity. 3 hours.**

- (a) Develop a basic understanding of the following:**
  - (1) Parts and functions of the musculoskeletal system**
  - (2) General concepts of fractures and dislocations**
  - (3) Types of splints and general rules for splinting**
  - (4) Signs and symptoms of fractures, dislocations and  
sprains**
  - (5) Techniques of immobilizing fractures and dis-  
locations of the upper extremity.**
- (b) Develop skill in immobilizing and splinting fractures and  
dislocations of the upper extremity.**



**2.11 Fractures of the Lower Extremity. 2 hrs., 30 min.**

- (a) Develop a basic understanding of the following:**
  - (1) Signs and symptoms of fractures and dislocations of the lower extremity**
  - (2) Techniques of immobilizing fractures and dislocations of the lower extremity**
- (b) Develop skill in immobilizing fractures of the lower extremity**

**2.12 Injuries of the Head, Face, Neck and Spine. 3 hrs.**

- (a) Develop a basic understanding of the following:**
  - (1) Elements and functions of the nervous system**
  - (2) Signs and symptoms of a spinal fracture**
  - (3) General rules of caring for patients with spinal injuries**
  - (4) Signs of a skull fracture**
  - (5) Techniques of caring for the patient suffering from injuries to the head, face, and neck**
  - (6) Techniques of caring for the patient suffering from injuries to skull and brain**
  - (7) Techniques of bandaging the skull, cheek, ear, and jaw**



**(b) Develop skills in dressing and bandaging the following injuries:**

- (1) Skull fracture**
- (2) Lacerated cheek**
- (3) Avulsed ear**
- (4) Fractured jaw**

**(c) Develop skill in immobilizing a fractured neck**

**2.13 Injuries to the Eye, Chest, Abdomen, Pelvis**

**Genitalia. 3 hrs.**

**(a) Develop a basic understanding of the following:**

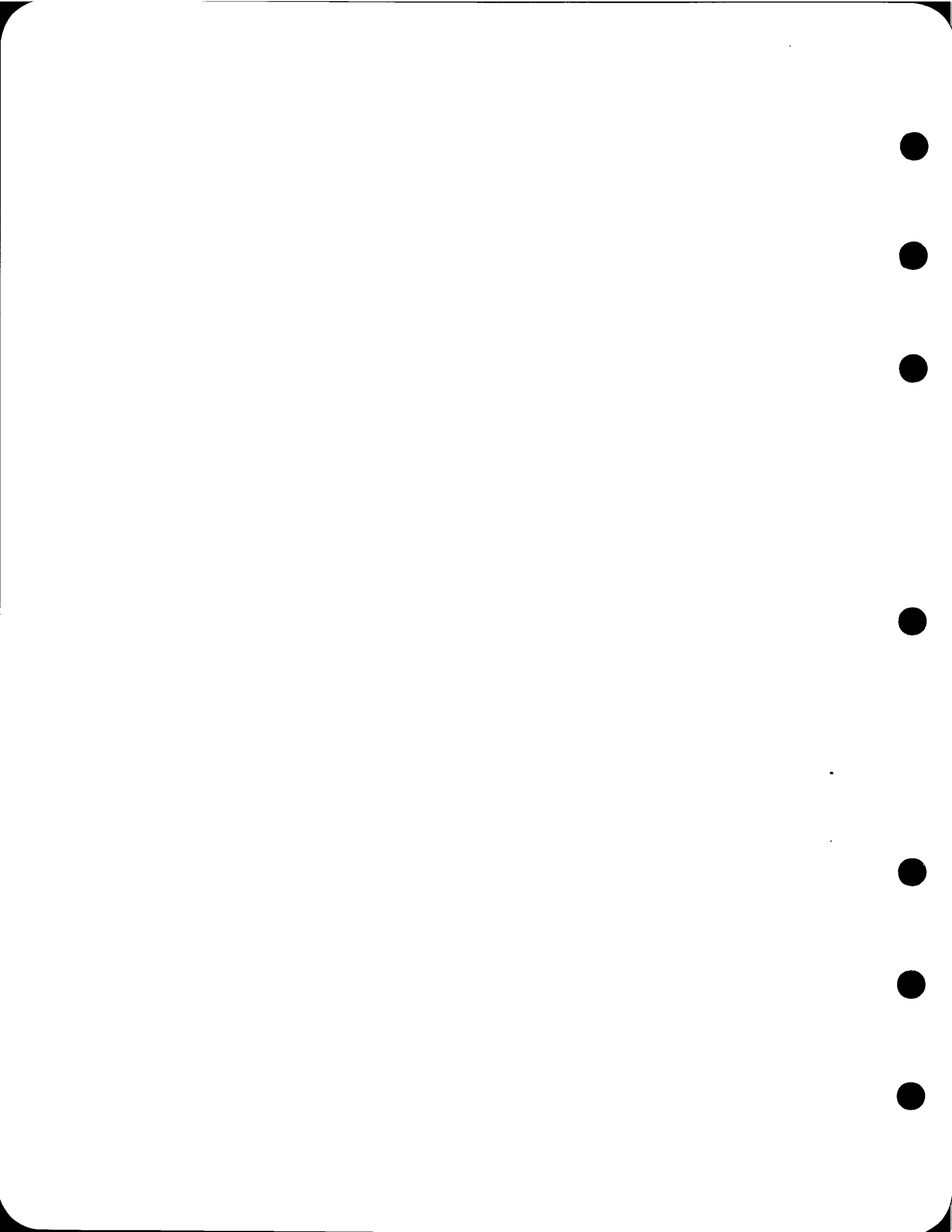
- (1) Parts and functions of the abdomen, digestive system, and genito urinary system**
- (2) Types of injuries to the eye, chest, abdomen, pelvis, and genitalia**
- (3) Techniques of care for injuries to the eye, chest, abdomen, pelvis, and genitalia**

**(b) Develop skills in dressing and bandaging the following:**

- (1) Eye, with and without protruding object**
- (2) Sucking chest wound with or without rib fracture**



- 2.14 Practice, Test, and Evaluation - Injuries I. 3 hrs.**
- (a) Test basic knowledges and skills associated with injuries to various body parts**
  - (b) Provide practice on and evaluate skills in dressing and bandaging various body parts**
- 2.15 Practice, Test, and Evaluation - Injuries II. 2 hrs., 30 min.**
- (a) Provide practice on and evaluate skills in immobilizing fractures of the:**
    - (1) Upper extremity**
    - (2) Lower extremity**
    - (3) Ribs**
    - (4) Neck**
- 2.16 Medical Emergencies - I. 3 hrs.**
- (a) Develop a basic understanding of the causes, signs, symptoms, and techniques of care of:**
    - (1) Poison victims**
    - (2) Victims of bits and stings**
    - (3) Heart attack patients**
    - (4) Stroke patients**
    - (5) Asthmatic patients**
  - (b) Provide additional practice in administering:**



- (1) Oxygen**
- (2) Cardiopulmonary resuscitation**

**2.17 Medical Emergencies - II. 2 hrs.**

- (a) Develop a basic understanding of causes, signs, symptoms, and techniques of care of:**
  - (1) Diabetic patients**
  - (2) Patients suffering from acute abdominal problems**
  - (3) Patients with communicable diseases**
  - (4) Emotionally disturbed and unruly patients, including alcoholics and patients in a drug stupor**
  - (5) Epileptic patients**
  - (6) Unconscious patients**

**2.18 Childbirth and Problems of Child Patients. 3 hrs.**

- (a) Develop a basic understanding of the following:**
  - (1) Parts of the female anatomy involved in childbirth**
  - (2) Parts developing during pregnancy**
  - (3) Obstetrical terms and their meaning**
  - (4) Equipments and supplies used during emergency childbirth**



- (5) Emergency care procedures for various phases and conditions associated with pregnancy and childbirth**
- (6) Delivery and care of baby during normal and abnormal births**
- (7) Clamping and cutting umbilical cord**
- (8) Use of special carrier for premature babies**
- (9) Resuscitation of infant**
- (10) Procedures for caring for certain childhood problems**

**2.19 Lifting and Moving Patients. 3 hrs.**

- (a) Develop a basic understanding of the following:**
  - (1) Principles of moving and positioning patients for transportation**
  - (2) Techniques of moving patients from a bed- or floor-height surface to a stretcher**
  - (3) Techniques of moving patients with suspected spinal injuries and immobilizing them on a backboard**
  - (4) Techniques of moving stretchers around narrow corners and down stairways**



- (5) **Loading stretchers on ambulances, securing them in place, and unloading them**

**(b) Teach the following skills:**

- (1) **Two-man lifts from a bed- or floor-height to a stretcher**
- (2) **Immobilizing patients with spinal injuries on backboard**
- (3) **Loading and unloading stretchers**

**2.20 Practice, Test, and Evaluation - Medical Emergencies,  
Emergency Childbirth, Lifting and Moving. 3 hrs.**

**(a) Test basic knowledge and skills associated with:**

- (1) **Poisoning**
- (2) **Bites and stings**
- (3) **Heart attack**
- (4) **Stroke**
- (5) **Asthmatic states**
- (6) **Diabetes**
- (7) **Acute abdomen**
- (8) **Transporting patients with communicable diseases**
- (9) **The emotionally disturbed and unruly**



- (10) Epilepsy
  - (11) The unconscious state
  - (12) Emergency childbirth
  - (13) Lifting and moving patients
- (b) Provide practice on and evaluate the following skills:
- (1) Two-man lifts from a bed- or floor-height surface to a stretcher
  - (2) Immobilizing patients with special injuries on backboards
  - (3) Cardiopulmonary resuscitation by a lone rescuer
  - (4) Cardiopulmonary resuscitation by a member of a team using the bag-mask resuscitator

**2.21 Environmental Emergencies. 2 hrs., 30 min.**

- (a) Develop a basic understanding of the following:
- (1) Estimation of severity of burn
  - (2) Techniques of care for the burned patient
  - (3) Special dangers of different types of burns--  
heat, chemical, electrical, radiation
  - (4) Signs, symptoms, and techniques of care for the patient suffering from heat cramps, heat exhaustion, heat stroke, and frostbite.



- (5) Techniques of rescuing and caring for the drowning person**
- (6) Techniques of rescuing and caring for the victim of diving injuries**
- (7) Signs, symptoms, and techniques of care for the patient suffering from air embolism, bends, squeeze injuries, oxygen poisoning, and nitrogen poisoning**
- (8) Major dangers of explosions**

**2.22 Extrication from Automobiles. 3 hrs.**

- (a) Develop a basic understanding of principles and considerations involved in extricating persons from automobiles**
- (b) Teach the following skills:**
  - (1) Techniques of removing patients with suspected spine injuries from automobiles**
  - (2) Techniques of removing victims from beneath automobiles**

**2.23 Operations--Driving an Emergency Vehicle, Maintaining a Safe and Ready Vehicle, Records and Reports, Communications and Procedures at Hospital Emergency Rooms. 3 hrs.**



- (a) Develop a basic understanding of the following:**
  - (1) Laws relating to operating an emergency vehicle**
  - (2) When and how to use emergency privileges**
  - (3) Procedures for daily inspections of vehicle systems and equipment and inspections to be made after each run**
  - (4) Information obtained and recorded by EMTs**
  - (5) Importance of communications and typical communications procedures**
  - (6) Procedures at hospital emergency rooms**

**2.24 Responding to an Ambulance Call. 2 hrs., 30 min.**

- (a) Develop a basic understanding of the duties and responsibilities of the EMT during the various phases of an ambulance run:**
  - (1) Preplanning considerations while driving to the scene**
  - (2) Considerations in analyzing the situation upon arrival at the scene**
  - (3) Procedures for examining patients**
  - (4) Triage procedures**



**(5) Considerations during loading and transport**

**(b) Teach the following skill:**

**(1) Systematic procedures for examining patients**

**2.25 Medical Ethics. 3 hrs.**

**(a) Confidential Information**

**(b) Handling hostile feelings in patients and oneself**

**2.26 Situational Review. 3 hrs.**

**(a) Provide an opportunity for integration and review of course contents by group discussion and situational examples**

**2.27 Final Written Test. 2 hrs.**

**(a) Test major knowledges taught in the emergency care course**

**2.28 Final Practical Evaluation of Skills. 3 hrs.**

**(a) Evaluate student demonstration of the following skills:**

**(1) Setting up, adjusting, and closing down oxygen equipment**

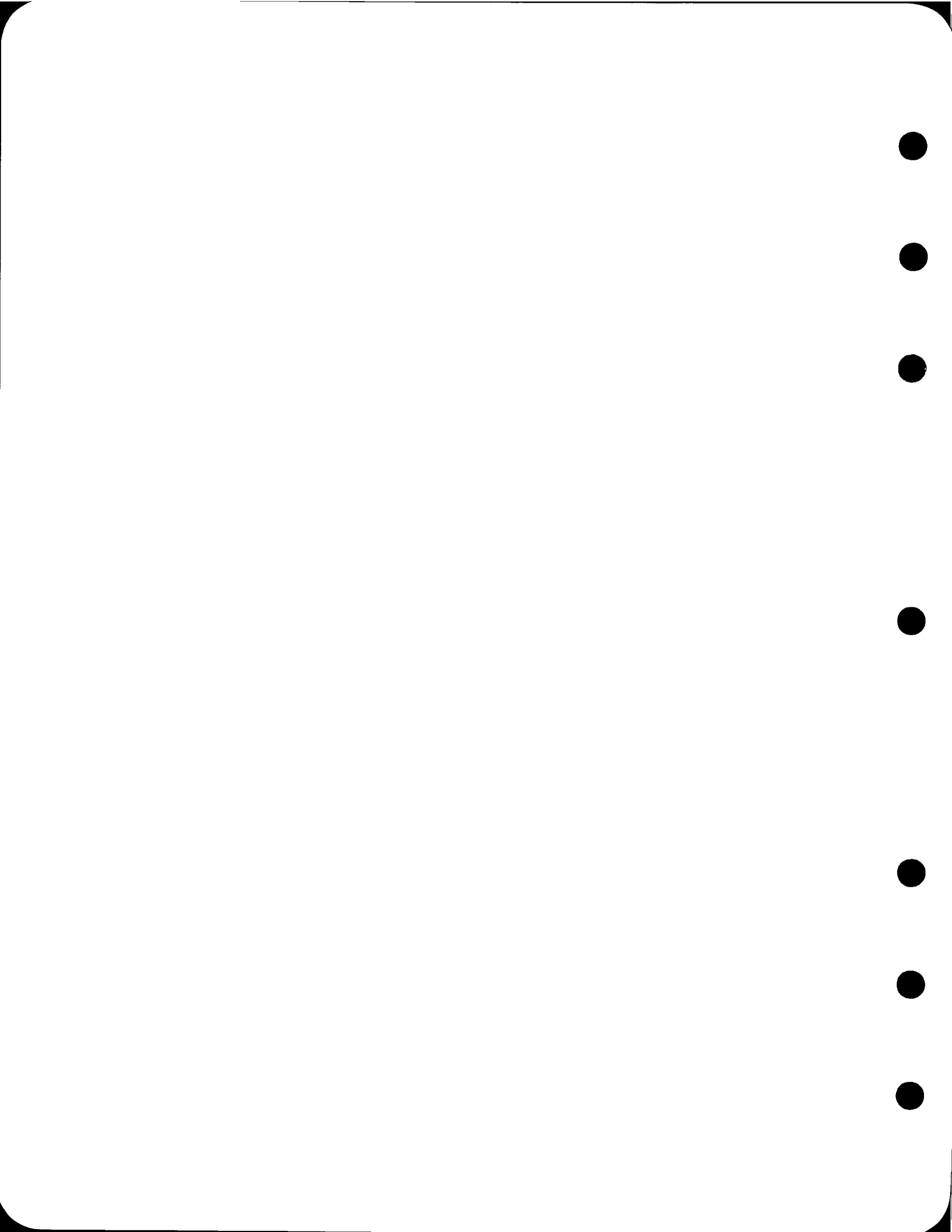
**(2) Bandaging the head, eye, and extremity. Cardiopulmonary resuscitation alone and as a member of a team**



- (3) Use of the bag-mask resuscitator**
- (4) Performing an examination for life-threatening problems and a systematic check of injuries**
- (5) Splinting a fracture of the upper extremity**
- (6) Splinting a fracture of the femur**
- (7) Lifting and moving patients from bed- or floor-height surfaces and positioning them on a stretcher**
- (8) Immobilization of the neck and torso of a sitting patient on a short backboard**
- (9) Moving a patient with a suspected cervical spine injury from the floor and immobilizing him on a long backboard**
- (10) Determining blood pressure**

**2.29 Hospital Orientation--Emergency Room (Including accompaniment to X-Ray). 5 hrs.**

- (a) Receiving orientation as to how the trauma patient is stabilized prior to admittance for definite care**
- (b) Assisting in routine emergency department functions**
- (c) Receive further instructions on how to handle the**



**patient with fractures**

- (d) Safety factors involved in the X-Ray department**

**2.30 Hospital Orientation--Coronary Care Department or Intensive  
Care Unit (ICU). 5 hrs.**

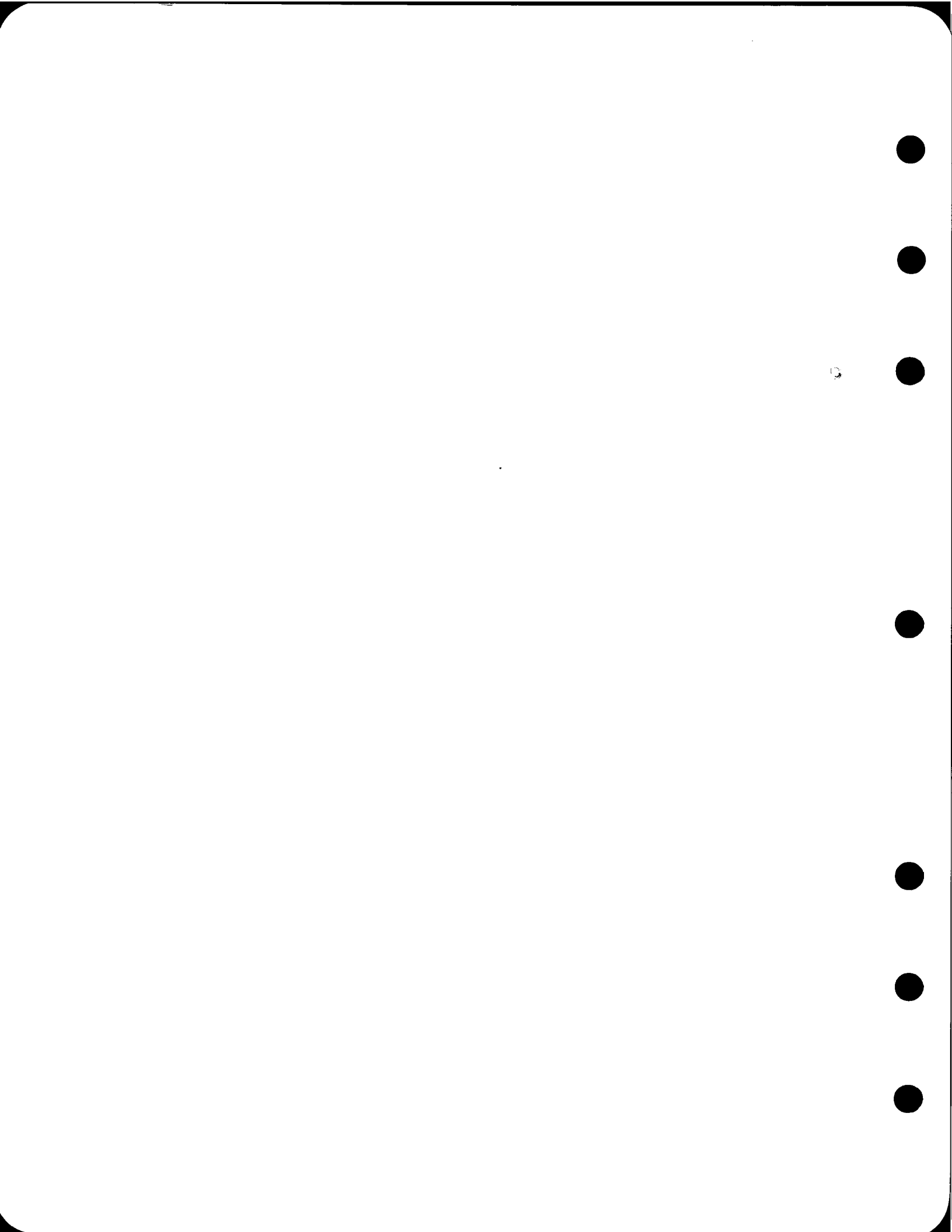
- (a) Orientation as to the functions of Intensive Care  
department**
- (b) Receive clinical instructions on resuscitative  
procedures**
- (c) Assist in routine Intensive Care department  
functions**
- (d) Orientation as to the functions of Coronary Care  
department**
- (e) Explanation of the Coronary Care equipment.  
Observe monitors in the Coronary Care unit**

**Section 3. Minimum Training Requirements for Mobile Intensive Care  
Paramedic. Prerequisite: Complete 87-hour EMT course**

**3.01 Lectures**

- (a) Review and reinforcement of the rescue  
portion of the Emergency Medical Technician's  
Course (Optional)**
- (b) Review of anatomy and physiology of the**

**8 hrs.**



- heart, peripheral vascular system and  
conduction system 2 hrs.
- (c) Study of cardiac disease and review of anatomy  
and physiology 2 hrs.
- (d) Electrocardiography 2 hrs.
- (1) Normal EKG and principles including  
electrical safety-pacemakers 2 hrs.
- (2) Supravent Arrhythmia 2 hrs.
- (3) Ventricular Arrhythmia 2 hrs.
- (4) Lethal Arrhythmia 2 hrs.
- (5) Cardioversion of the lethal  
arrhythmia 2 hrs.
- (6) Review 2 hrs.
- (e) Dosage, pharmacology, effect, side  
effect, etc. 4 hrs.
- (1) Lidocaine
- (2) Atropine
- (3) Pentazaine (Talwin)
- (4) Neosynephrine
- (5) Review
- (f) Review external cardiac massage including



pulmonary resuscitation 4 hrs.

(g) Principles of fluid administration 4 hrs.

(1) D 5 W

(2) Normal salines

(3) Ringer's lactate

(4) Dextran

(h) Review 2 hrs.

Sub-Total (Excluding #1, Section 1) 32 hrs.

3.02 Clinical Training 60 hrs.

(a) Clinical experience in either Intensive Care  
Unit, Coronary Care Unit, or Emergency Room  
(up to 20 hours may be in Emergency Room)

(b) Learn technique of IV fluid administration,  
IV medicines, monitoring, etc.

Sub-Total 92 hrs.

3.03 Final Evaluation

(a) Final Test 2 hrs.

(b) Review and certification 2 hrs.

Grand Total 96 hrs.

Section 4. Job Description of an Emergency Medical Technician

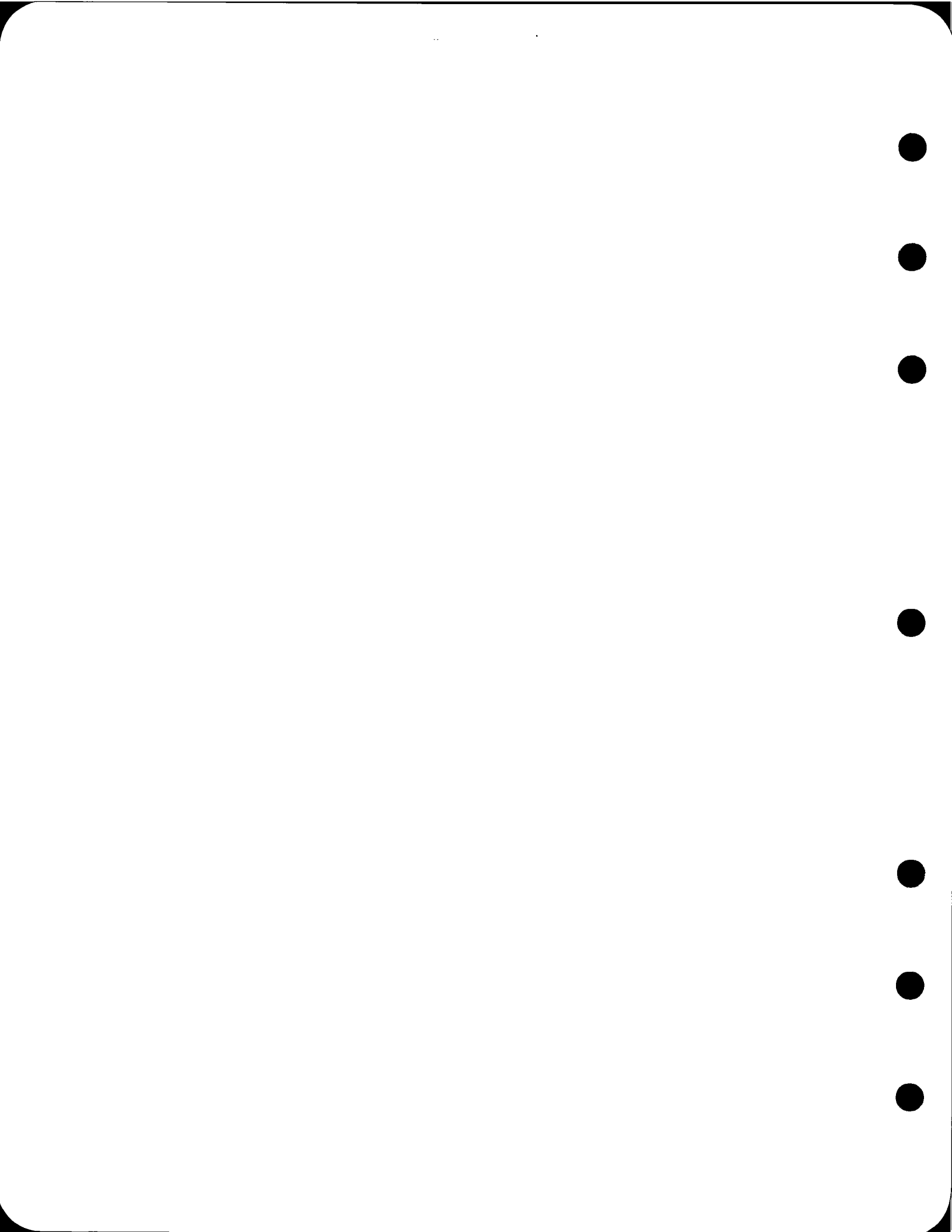
(EMT)--Confusion may exist as to the terminology, duties,



**and training requirements for Emergency Health Services personnel, especially the difference in the Emergency Medical Technician (EMT) and the Mobile Intensive Care Paramedic (MICP). Anyone desiring to become a Mobile Intensive Care Paramedic (MICP) must first be a graduate of the Emergency Medical Technician training course as outlined in the previous pages. The course for the EMTs must be approved by the Emergency Health Services of the State Department of Health. The following is the job description for the Emergency Medical Technician:**

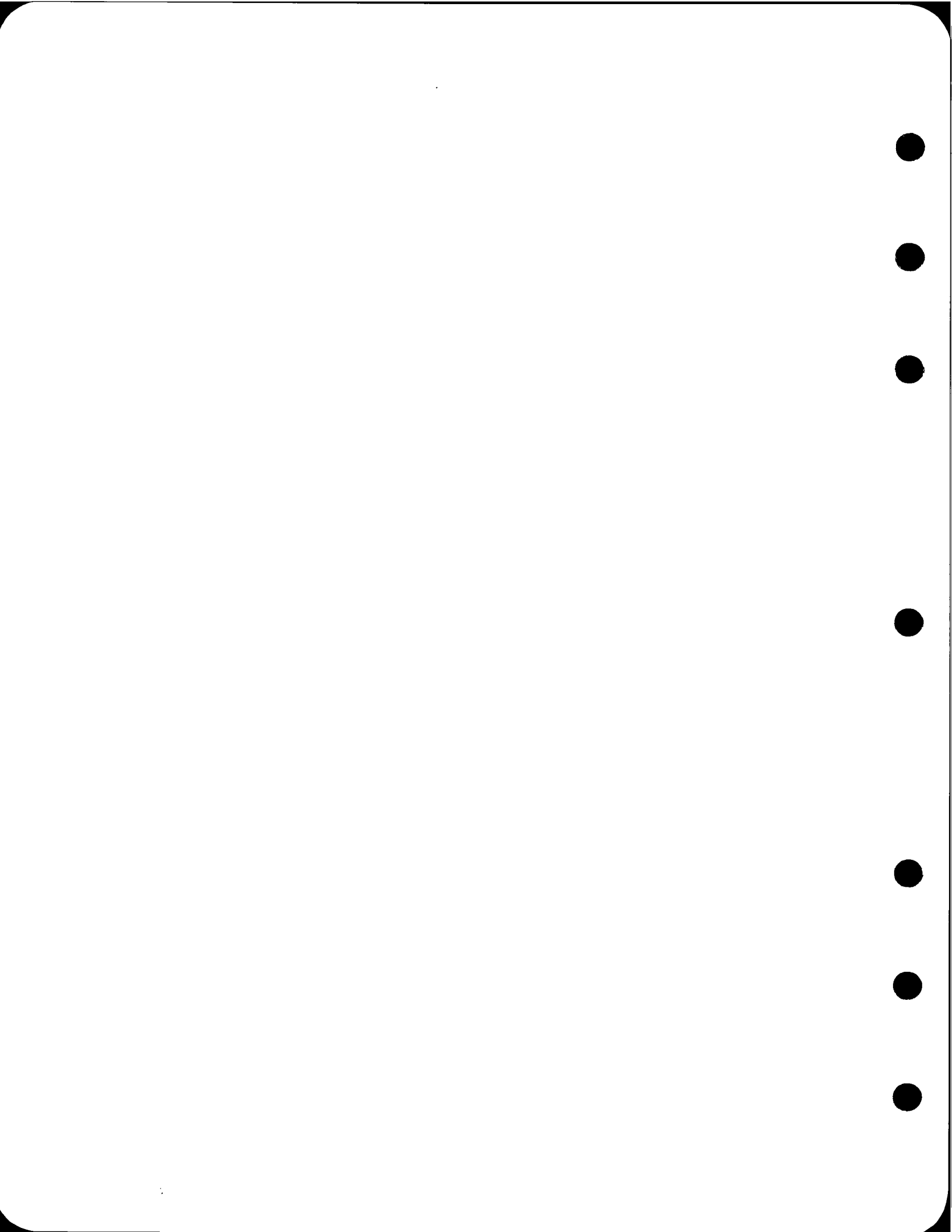
**4.01 Work Requirements**

- (a) Responds to emergency calls to provide efficient and immediate care to the critically ill and injured, and transports the patient to a medical facility.**
- (b) After receiving the call from the dispatcher, drives ambulance to address or location given, using the most expeditious routes, depending on traffic and weather conditions. Observes traffic ordinances and regulations concerning emergency vehicle operation.**
- (c) Upon arrival at the scene of accident or illness, parks the ambulance in a safe location to avoid an**



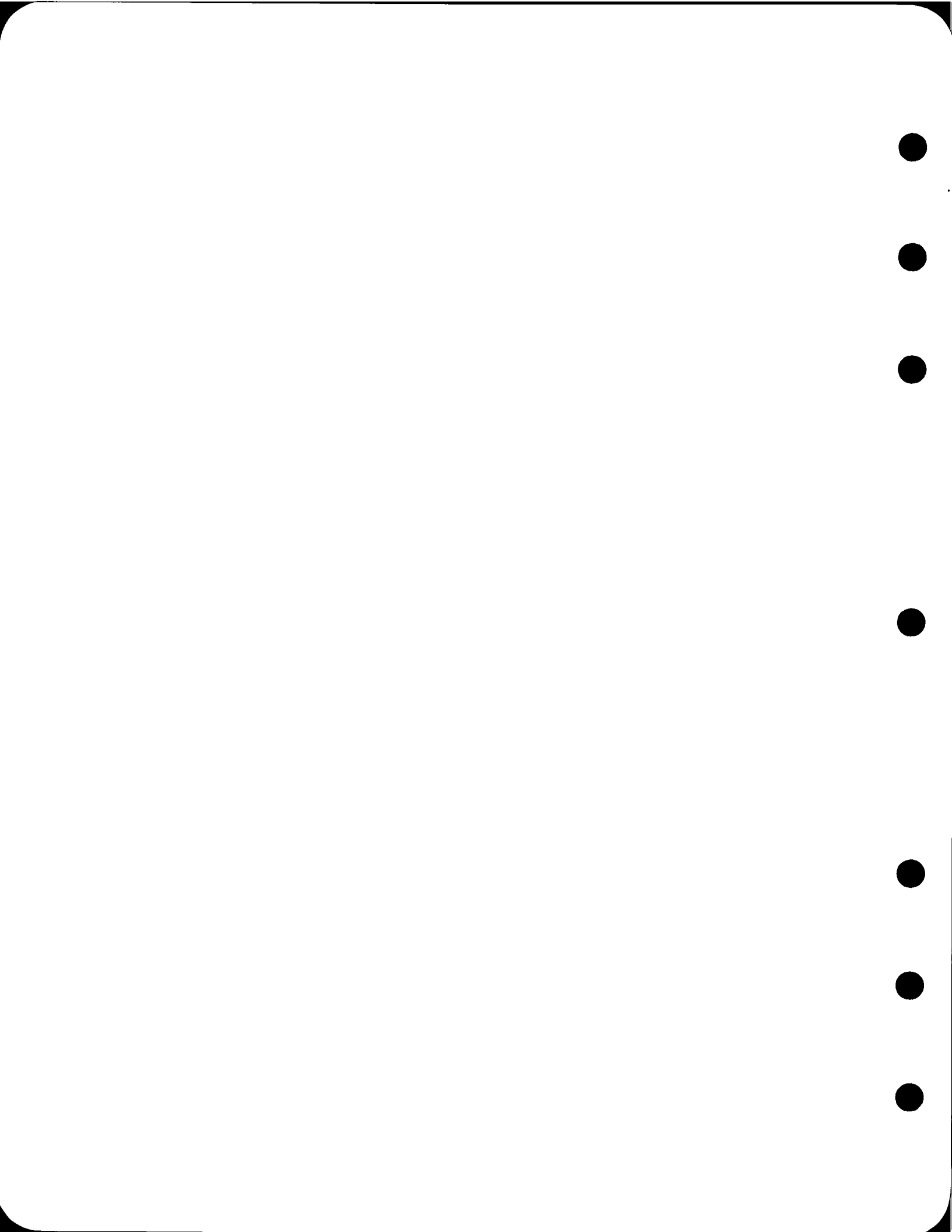
**accident. In the absence of police, enlists the assistance of persons available to create a safe traffic environment, such as the placement of road flares, removal of debris, and redirection of traffic for the protection of the injured and those assisting in the care of the injured.**

- (d) Determines the nature and extent of illness or injury and establishes priority for required emergency care. Renders emergency care, such as opening and maintaining an airway, giving positive pressure ventilation, cardiac resuscitation, controlling of hemorrhage, treatment of shock, immobilisation of fractures, bandaging, assisting in childbirth, management of mentally disturbed patients, and initial care of poison and burn patients.**
- (e) Reassures patients and bystanders by working in a confident, efficient manner. Avoids mishandling and undue haste while working expeditiously. Searches for medical identification emblem as a clue in providing emergency care.**
- (f) Where patients must be extricated from entrapment, assesses the extent of injury and gives all possible**



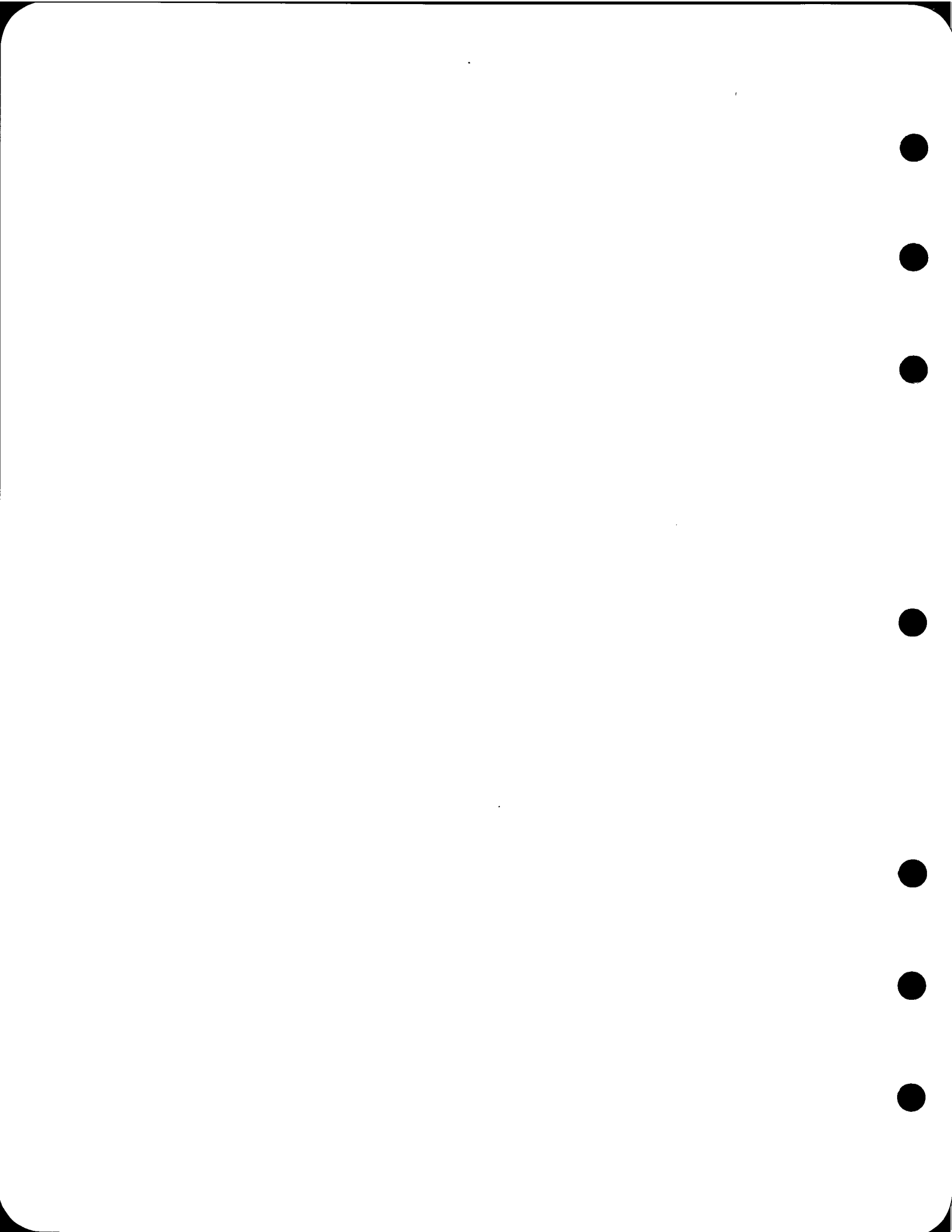
**emergency care and protection to the entrapped patient and uses the prescribed techniques and appliances for removing the patient safely. Radios the dispatcher for additional help or special rescue and/or utility services, if needed. Provides light rescue service if the ambulance has not been accompanied by a specialized unit. After extrication, provides additional care in sorting of the injured in accordance with standard emergency procedures.**

- (g) Complies with regulations on the handling of the deceased, notifies authorities, and arranges for protection of property and evidence at scene.**
- (h) Assists in lifting stretcher, placing in ambulance and seeing that patient and stretcher are secured and that emergency care, if necessary, is continued.**
- (i) From the knowledge of the condition of the patient and the extent of injuries and the relative locations and staffing of emergency hospital facilities, determines the most appropriate facility to which the patient will be transported, unless otherwise directed by the dispatcher or a physician. Reports directly to the**



**emergency department or control center the nature and extent of injuries, the number being transported, and the destination to assure prompt medical care on delivery. For serious cases, may ask for additional advice from the hospital physician or emergency department.**

- (j) Constantly observes patient en route to emergency facility, administers additional care as indicated or directed by physician.**
- (k) Identifies diagnostic signs which may require radio communications with a medical facility for advice and for notification that special professional services and assistance be immediately available upon arrival at the medical facility.**
- (l) Assists in lifting and carrying the patient out of the ambulance and into the emergency department.**
- (m) Reports verbally and in writing his observation and care of patient at the emergency scene and in transit, to the emergency department staff for record and diagnostic purposes. Upon request, provides assistance to the emergency department staff.**
- (n) After each trip, replaces used linens, blankets, and**

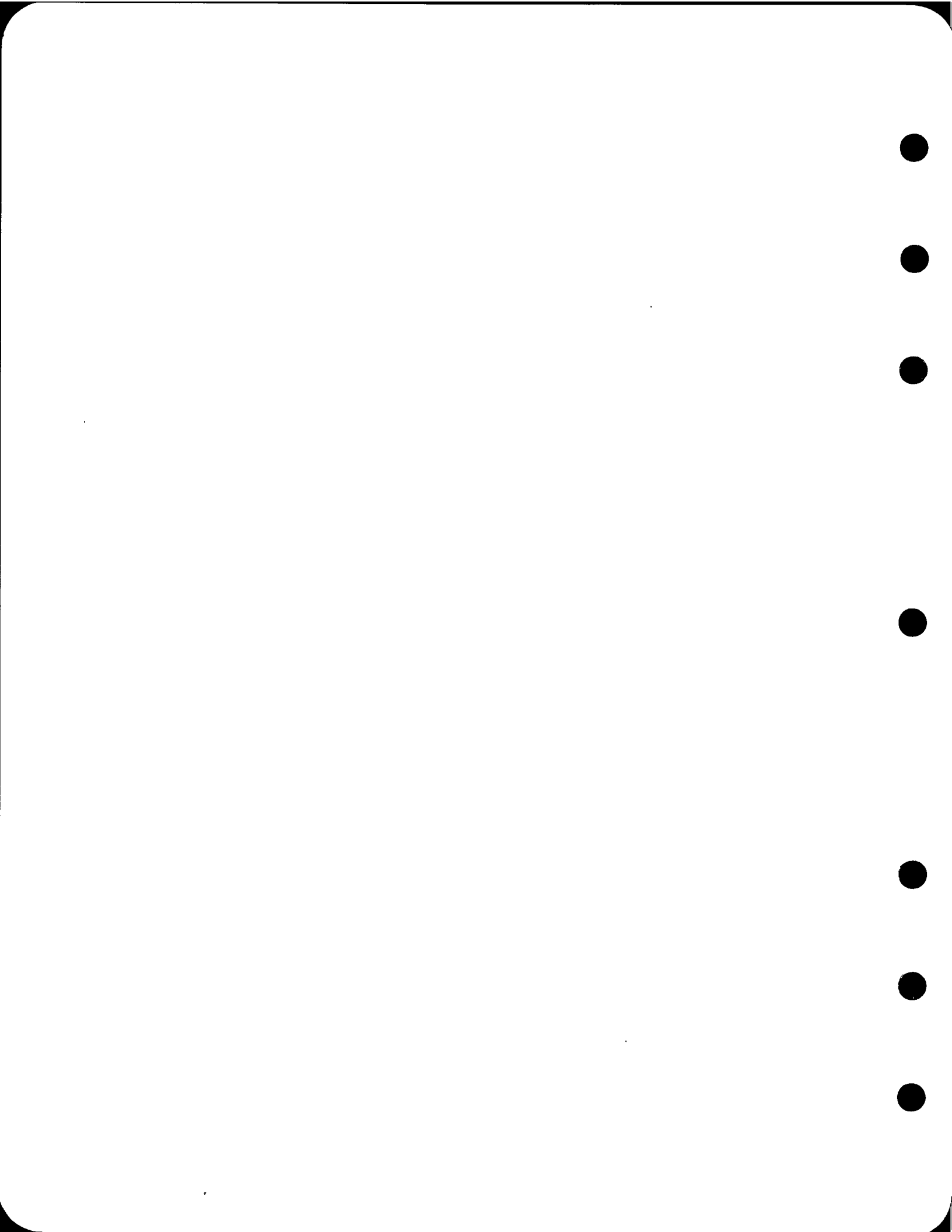


other supplies, sends supplies for sterilization, makes careful check of all equipment so that the ambulance is ready for the next run. Maintains ambulance in efficient operating condition. Ensures that the ambulance is clean and washed and kept neat and in an orderly condition. In accordance with local or state regulations, decontaminates the interior of the vehicle after transport of victim with contagious infection or radiation exposure. Determines that vehicle is in proper operating condition by checking gas, oil, water in battery and radiator, and tire pressure. Maintains familiarity with specialized equipment items used by the ambulance service.

**4.02** Seniority and responsibility should be determined by the one responsible for employment and surveillance of personnel. Attendants and drivers should be equally trained in each other's duties and responsibilities so that they may function interchangeably or independently in caring for multiple casualties.

**4.03** Special Characteristics

(a) Aptitudes



- (1) Motor coordination in administering emergency care of the critically ill or injured, in lifting and carrying patients, and in driving the ambulance
- (2) Manual dexterity and physical coordination in carrying, lifting, extricating, climbing, hoisting, and other similar maneuvers in a manner not detrimental to the patient, fellow workers, or self
- (3) Facility to give and receive verbal and written directions and instruction

(b) Interests and Temperaments

- (1) A pleasant personality
- (2) Leadership ability; firm, yet courteous
- (3) Good judgment under stress
- (4) Clean and neat in appearance
- (5) Good moral character
- (6) Emotional stability and psychological adaptability

**Section 5. Job Description of a Mobile Intensive Care Paramedic (MICP)**

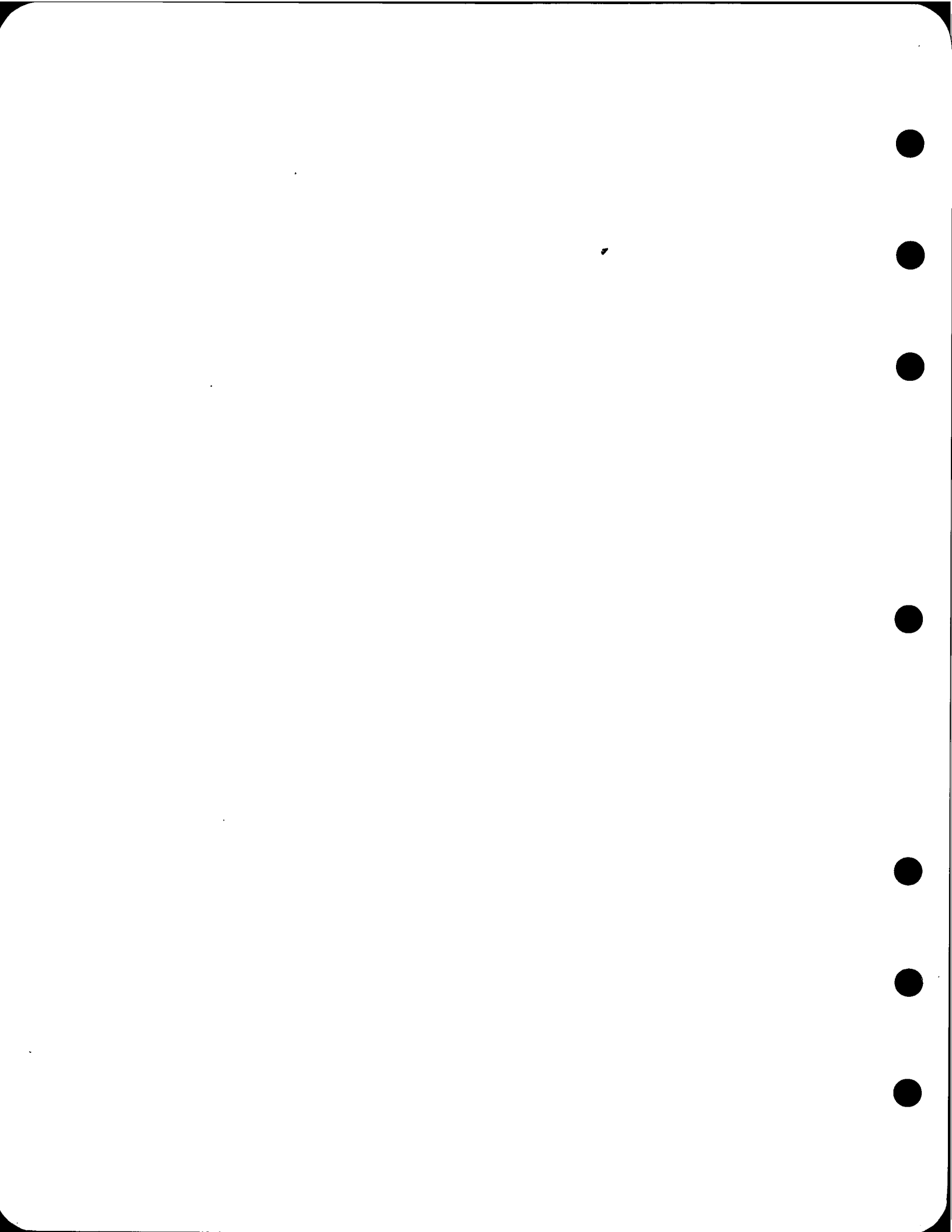
- 5.01 Capable of fulfilling the duties as outlined for the  
Emergency Medical Technician (EMT)**



- 5.02 Administer some medications for which he has been certified by the State Medical Licensing Board when contact is maintained with a physician
- 5.03 Set up and administer IVs including venipuncture
- 5.04 Maintain a working knowledge of EKG equipment and be capable of interpreting rhythm disturbances and treat patients with medications when voice contact is maintained with a physician
- 5.05 Defibrillate pulseless patients
- 5.06 The scope of these procedures provides the additional capacity for the Mobile Intensive Care Paramedic to function in specialized roles within the hospital when needed such as: Coronary Technician, Inhalation Technician, Assist with obstetrical procedures. But not able to perform procedures where knowledge of the principles of emergency medicine is essential in the treatment of medical problems requiring sophisticated emergency care

**Section 6. Background Requirements**

- 6.01 Before acceptance in an MICP course, the applicant must be a graduate from a standard four-year high school (GED diploma accepted).
- 6.02 Certified by the West Virginia Department of Health, Emergency



**Health Services Unit, as an Emergency Medical Technician.**

**Must be recommended as a candidate for MICP by a physician who has direct knowledge of the candidate's ability, and then satisfactorily complete the MICP course and be certified by the State Health Department.**

- 6.03. MICP must pass screening tests as administered by qualified personnel if and when deemed necessary in any or all of the following areas: (1) physical, (2) intelligence (I.Q. tests), (3) personality inventories, (4) emotional stability tests, (5) aptitude, (6) social, and (7) driver examination (defensive and emergency).**

**Section 7. Application for Certification as Mobile Intensive Care Paramedic**

- 7.01. The term "Board" as hereafter used refers to the Medical Licensing Board of West Virginia.**
- 7.02. The term "Secretary" as hereafter used refers to the Secretary of the Medical Licensing Board of West Virginia.**
- 7.03. Application for certification of Mobile Intensive Care Paramedic must be made by a physician licensed to practice in West Virginia stating that the educational requirements have been fulfilled.**
- 7.04. Training requirements are outlined in the previous section for the Mobile Intensive Care Paramedic. As stated in Senate Bill #281,**



the course must be certified by Emergency Health Services Unit of the State Department of Health.

7.05. The minimum age of all applicants must be eighteen years.

7.06. All applicants must, prior to applying for certification to the Board, pass both written and practical examination that is administered by the Emergency Health Services Unit of the State Health Department.

7.07. Partnerships, corporations, or associations consisting of physicians, and organized in accordance with West Virginia law, in addition to physicians in solo practice, may employ Mobile Intensive Care Paramedics.

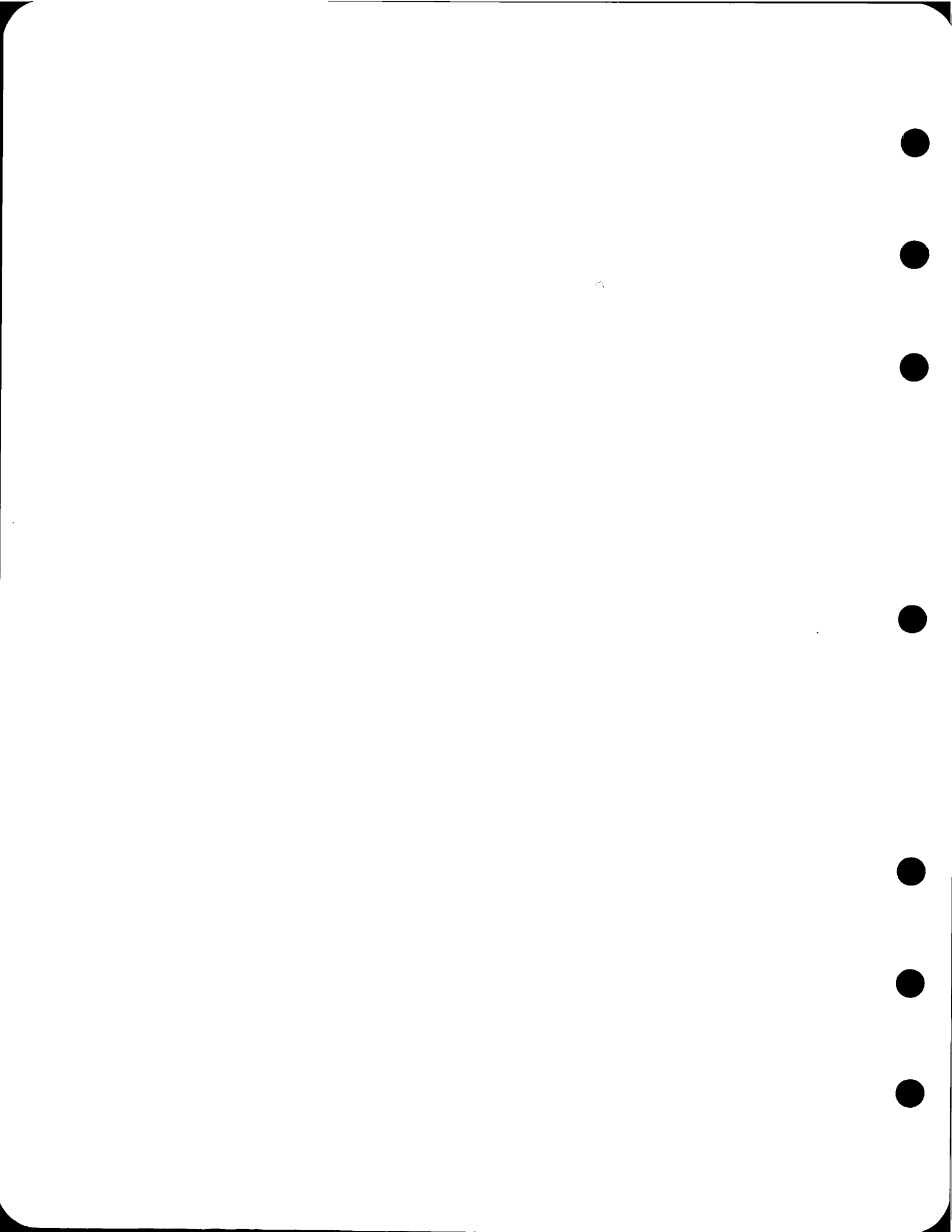
7.08. The Secretary of the Board may issue temporary certification when credentials permit until the next regular meeting of the Board.

7.09. The Board shall after proper certification issue a one (1) year temporary permit to the Mobile Intensive Care Paramedic. After one (1) year, the Mobile Intensive Care Paramedic shall request a permanent certification which must be renewed by the applicant every two (2) years. Prior to permanent certification, the Board will cause the Emergency Health Services Unit of the West Virginia Department of Health to ascertain the competencies of the applicant prior to issuing a new certificate.



**Section 8. Requirements for Certification**

- 8.01. Before being certified by the Board to perform as a Mobile Intensive Care Paramedic, an applicant shall be of good moral character and have satisfied the requirements of Emergency Health Services Unit of the State Health Department.**
- 8.02. Whenever the Board determines that an applicant has failed to satisfy the Board that he should be certified, the Board shall immediately notify such applicant of its decision and indicate in what respect the applicant has so failed to satisfy the Board. Such applicant shall be given a formal hearing before the Board upon request of such applicant filed with or mailed by registered mail to the Secretary of the Board at Charleston, West Virginia, within ten days after receipt of the Board's decision, stating the reasons for such request. The Board shall within 20 days of receipt of such request notify such applicant of the time and place of a public hearing, which shall be held within a reasonable time. The burden of satisfying the Board of his qualifications for certification shall be upon the applicant. Following such hearing, the Board shall determine on the basis of these regulations whether the applicant is qualified to be certified, and this decision of the Board shall be final as to that application.**



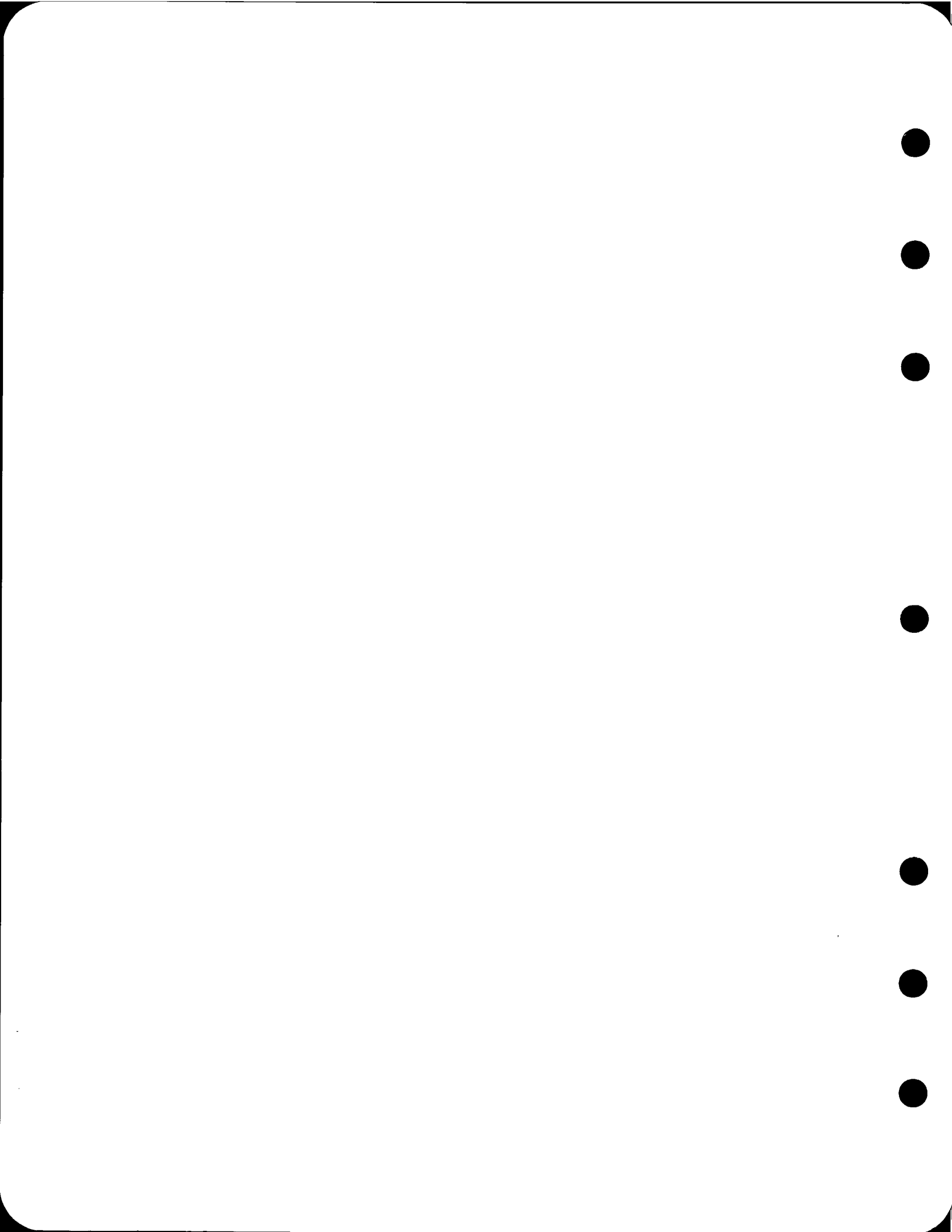
- 8.03. In hearings held in pursuant to this rule the Board shall admit and hear evidence in the same manner and form as prescribed by law for civil actions.

Section 9. Moral Character

- 9.01. Every applicant shall be of good moral character, and the applicant shall have the burden of proving that he is possessed of good moral character by submitting two documents to this effect.
- 9.02. All information furnished to the Board by an applicant shall be deemed material and such information shall be and become a permanent record of the Board.
- 9.03. All investigations by the Board in reference to the moral character of an applicant may be informal, but shall be thorough, with the object of ascertaining the truth. Neither the hearsay rule, nor any other technical rule of evidence need be observed.

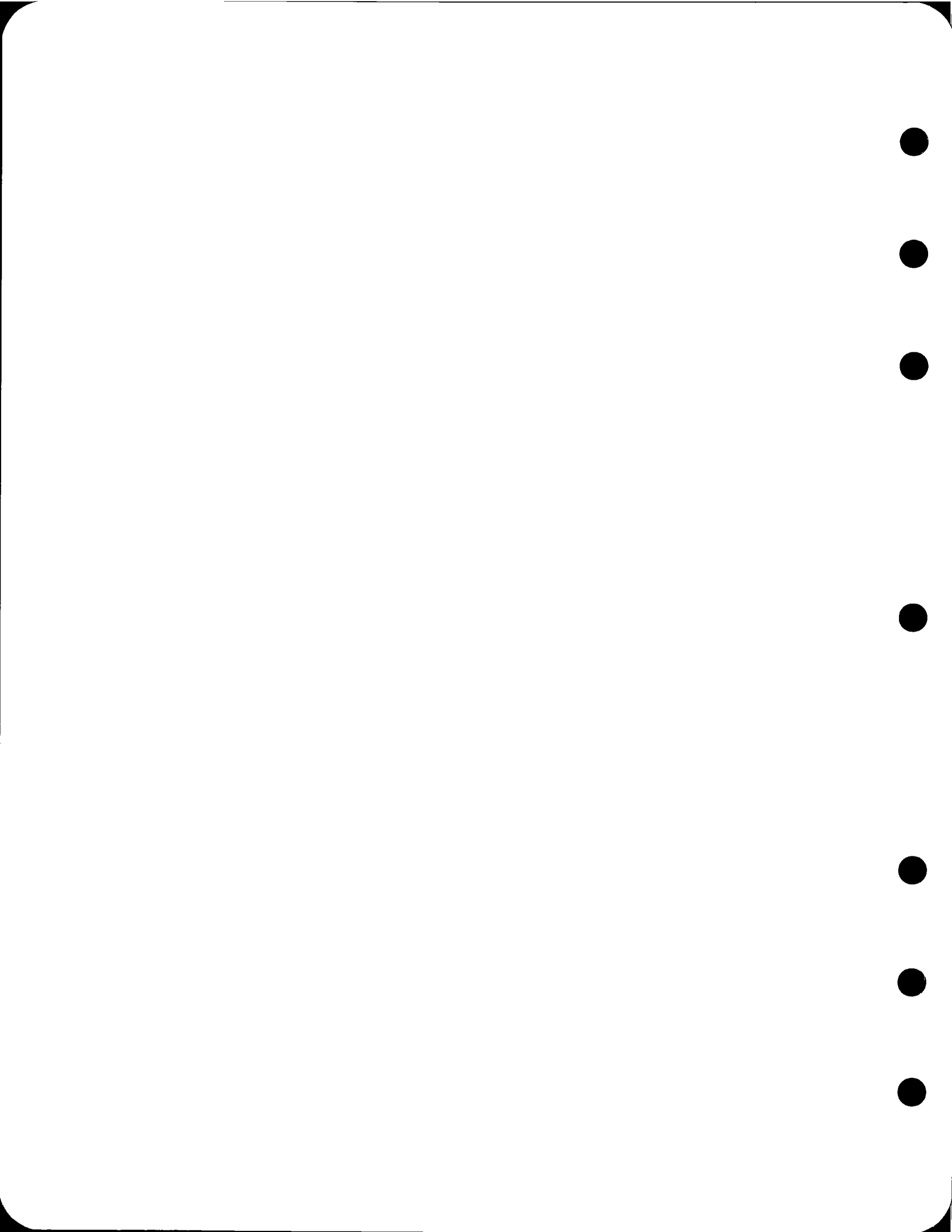
Section 10. Termination of Certificate

- 10.01. The certification of a Mobile Intensive Care Paramedic shall be terminated by the Board, when, after due notice and a hearing in accordance with the provisions of this Section, it shall find:
- (a) That the Mobile Intensive Care Paramedic has held himself out or permitted another to represent him as a licensed physician;



- (b) That the Mobile Intensive Care Paramedic has in fact performed otherwise than at the direction and under the supervision of a physician licensed by the Board;**
- (c) That the Mobile Intensive Care Paramedic has been delegated and performed a task or tasks beyond his competence;**
- (d) That the Mobile Intensive Care Paramedic is an habitual user of intoxicants or drugs to such an extent that he is unable to safely perform as a Mobile Intensive Care Paramedic;**
- (e) That the Mobile Intensive Care Paramedic has been convicted in any court, state or federal, of any felony or other criminal offense involving moral turpitude;**
- (f) That the Mobile intensive Care Paramedic has been adjudicated a mental incompetent or whose mental condition renders him unable safely to perform as an assistant to a physician; or**
- (g) That the Mobile Intensive Care Paramedic has failed to comply with any of the provisions relating to the Section pertaining to the methods of performance.**

**10.02. Before the Board shall terminate the certification granted by it to a Mobile Intensive Care Paramedic, it will give to the Mobile**



Intensive Care Paramedic a written notice indicating the general nature of the charges, accusation or complaint preferred against him and stating that the Mobile Intensive Care Paramedic will be given an opportunity to be heard concerning such charges or complaints at a time and place stated in such notice, or to be thereafter fixed by the Board, and shall hold a public hearing within a reasonable time. The burden of satisfying the Board that the charges or complaints are unfounded shall be upon the Mobile Intensive Care Paramedic. Following such hearing, the Board shall determine on the basis of these regulations whether the certification of the Mobile Intensive Care Paramedic shall be terminated.

- 10.03. In hearings held by the Board, they shall admit and hear evidence in the same manner and form as prescribed by law for civil actions.

**Section 11. Method of Performance**

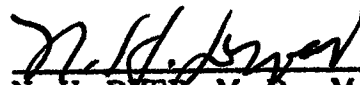
- 11.01. A Mobile Intensive Care Paramedic must clearly identify himself as a Mobile Intensive Care Paramedic or by some other appropriate designation in order to insure that he is not mistaken for a licensed physician or physician's assistant. The Mobile Intensive Care Paramedic must wear an appropriate name tag--Mr., Miss, or Mrs.

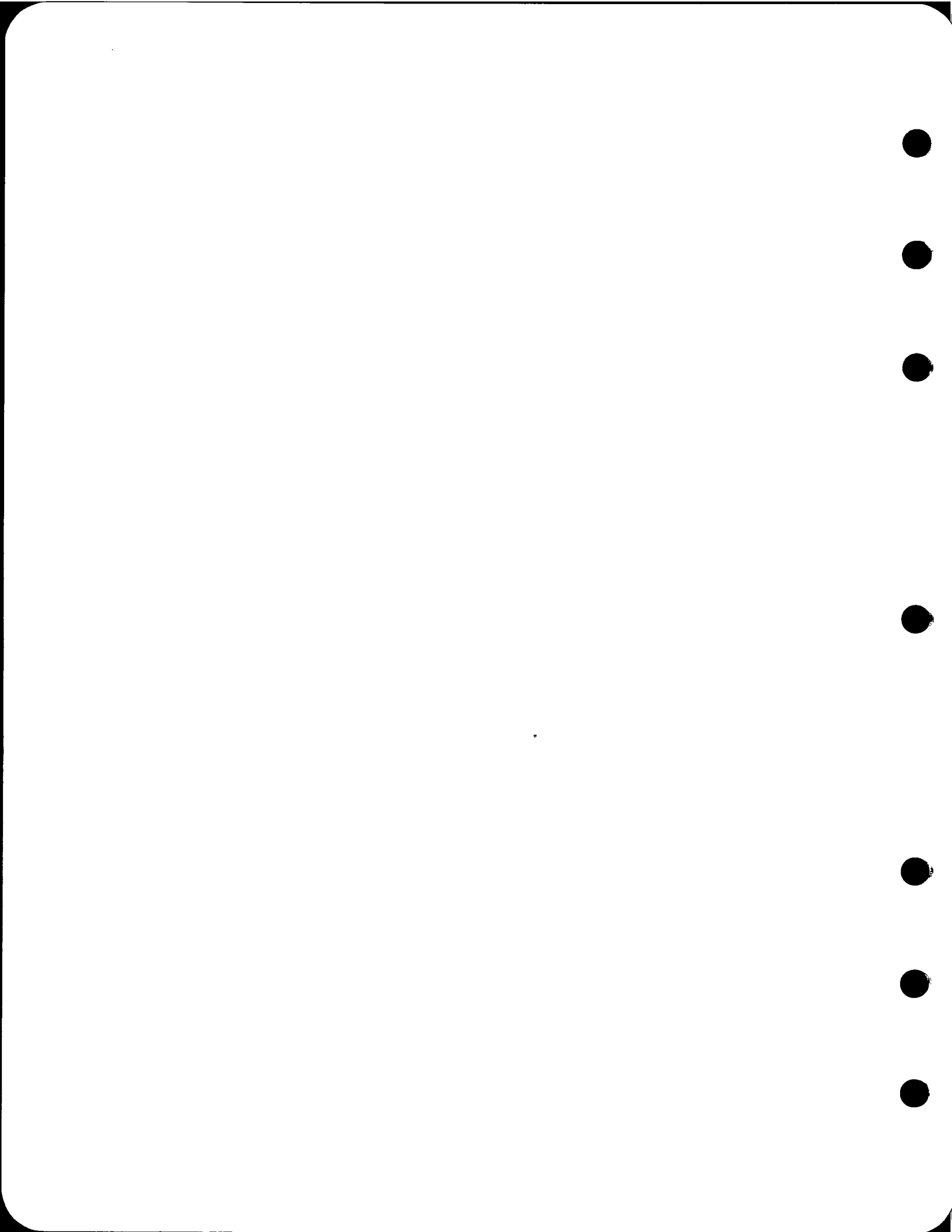
11.11.18

and surname plus PARAMEDIC.

- 11.02. A wallet size card furnished by the Board must be carried by the certified Mobile Intensive Care Paramedic bearing the name, address, date of issuance, number, expiration date, signature of certificate holder and Secretary of the Board. A recent photograph shall be affixed to the back of the card.
- 11.03. The Mobile Intensive Care Paramedic must be prepared to demonstrate upon request, to a member of the Board or other persons designated by the Board, his ability to perform those tasks assigned to him.

I hereby certify that the foregoing regulations constitute the official regulations adopted by the Medical Licensing Board of West Virginia October 8, 1973, and filed pursuant to law in the office of the Secretary of State, State of West Virginia.

  
\_\_\_\_\_  
N. H. DYER, M. D., M. P. H.  
STATE DIRECTOR OF HEALTH



N. H. DYER, M.D., M.P.H.  
STATE DIRECTOR OF HEALTH



**State of West Virginia**  
DEPARTMENT OF HEALTH  
CHARLESTON 25305

FILED IN THE OFFICE  
EDGAR F. HEISKELL III  
SECRETARY OF STATE  
THIS DATE 1/15/74

January 15, 1974


The Honorable Edgar F. Heiskell, III  
Secretary of State  
State Capitol  
Charleston, West Virginia 25305

Dear Sir:

Enclosed are two copies of "Regulations for Mobile Intensive Care Paramedics", designated Chapter 16-1, Series IX of the West Virginia Administrative Regulations.

I hereby certify that the attached regulations are true and accurate copies of official regulations adopted by the Medical Licensing Board of West Virginia October 8, 1973.

Very truly yours,

  
N. H. Dyer, M.D., M.P.H.  
State Director of Health

NHD:jd

Enclosure



WEST VIRGINIA ADMINISTRATIVE REGULATIONS  
State Department of Health

FILED IN THE OFFICE  
EDGAR F. WEISKELL III  
SECRETARY OF STATE  
THIS DATE 1/15/72

References are to sections in W. Va. Administrative Regulations 16-1, Series IX

Subject: Regulations for Mobile Intensive Care Paramedics

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Airway Obstruction and Pulmonary Arrest, Sec. 2.04

Anatomy, Sec. 2.02

Application for Certification as Mobile Intensive Care Paramedic, Sec. 7.01 - 7.09

Authority, Sec. 1.02

Background Requirements for Mobile Intensive Care Paramedic, Sec. 6.01 - 6.03

Bleeding, Shock, and Practice on Airway Care, Pulmonary Resuscitation and  
Cardiopulmonary Resuscitation, Sec. 2.07

Cardiac Arrest, Sec. 2.06

Certification, Sec. 1.05

Certification Requirements for Mobile Intensive Care Paramedic, Sec. 8.01 - 8.03

Characteristics, Special, Sec. 4.03

Childbirth and Problems of Child Patients, Sec. 2.18

Clinical Training, Sec. 3.02

Effective Date, Sec. 1.03

Emergency Medical Technician (EMT), Sec. 2.01

Environmental Emergencies, Sec. 2.21

Extraction from Automobiles, Sec. 2.22

Filing Date, Sec. 1.04



WEST VIRGINIA ADMINISTRATIVE REGULATIONS

References are to sections in W. Va. Administrative Regulations 16-1, Series IX

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Final Evaluation, Sec. 3.03

Final Practical Evaluation of Skills, Sec. 2.28

Final Written Test, Sec. 2.27

Fractures of the Lower Extremity, Sec. 2.11

Fractures of the Upper Extremity, Sec. 2.10

Hospital Orientation--Emergency Room, Sec. 2.29

Hospital Orientation--Coronary Care Department or Intensive Care Unit, Sec. 2.30

Injuries of the Head, Face, Neck and Spine, Sec. 2.12

Injuries to the Eye, Chest, Abdomen, Pelvis, Sec. 2.13

Job Description of Mobile Intensive Care Paramedic, Sec. 5.01 - 5.06

Lectures, Sec. 3.01

Lifting and Moving Patients, Sec. 2.19

Mechanical Aids to Breathing and Pulmonary Resuscitation, Sec. 2.05

Medical Emergencies I, Sec. 2.16

Medical Emergencies II, Sec. 2.17

Medical Ethics, Sec. 2.25

Method of Performance, Sec. 11.01 - 11.03

Moral Character, Sec. 9.01 - 9.03

Operations--Driving an Emergency Vehicle, Maintaining a Safe and Ready  
Vehicle, Records and Reports, Communications and Procedures at  
Hospital Emergency Rooms, Sec. 2.23



WEST VIRGINIA ADMINISTRATIVE REGULATIONS

References are to sections in W. Va. Administrative Regulations 16-1, Series IX

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Physiology, Sec. 2.03

Practice, Test, and Evaluation--Airway Care, Pulmonary Arrest, Cardiac Arrest,  
Bleeding and Shock, Sec. 2.08

Practice, Test, and Evaluation--Injuries I, Sec. 2.14

Practice, Test, and Evaluation--Injuries II, Sec. 2.15

Practice, Test, and Evaluation--Medical Emergencies, Emergency Childbirth,  
Lifting and Moving, Sec. 2.20

Requirements for Certification, Sec. 8.01 - 8.03

Responding to an Ambulance Call, Sec. 2.24

Scope, Sec. 1.01

Seniority & Responsibility, Sec. 4.02

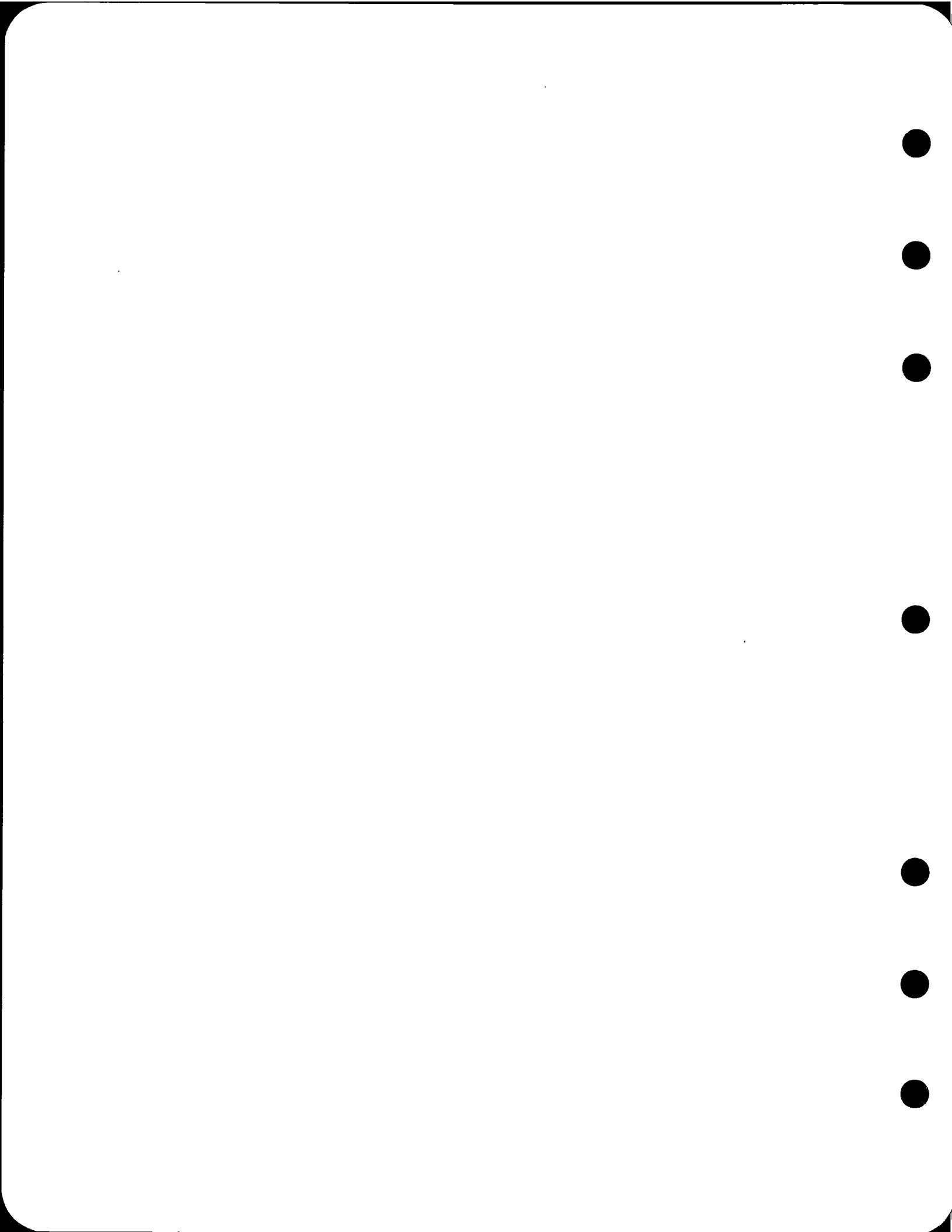
Situational Review, Sec. 2.26

Special Characteristics, Sec. 4.03

Termination of Certificate, Sec. 10.01 - 10.03

Work Requirements, Sec. 4.01

Wounds, Sec. 2.09



WEST VIRGINIA ADMINISTRATIVE REGULATIONS  
State Department of Health

Chapter 16-1  
Series IX  
(1974)

FILED IN THE OFFICE  
ELGAR F. WEISKELL III  
SECRETARY OF STATE  
THIS DATE 1/15/74

Subject: Regulations for Mobile Intensive Care Paramedics

---

Section 1: General

1.01. Scope.--These regulations establish general rules for the procedures and requirements pertaining to becoming a mobile intensive care paramedic.

1.02. Authority.--These regulations are issued under authority of the West Virginia Code, Chapter 31, Article 3, Sections 1-3.

1.03. Effective Date.--These regulations are promulgated on October 8, 1973, and become effective February 15, 1974.

1.04. Filing Date.--These regulations were filed in the Office of the Secretary of State on January 15, 1974.

1.05. Certification--These regulations are certified authentic by the Secretary of State.

Section 2. Minimum Training Requirements for Emergency Medical Technicians  
(EMTs) (87 Hours)

2.01. The Emergency Medical Technician (EMT) - His Role, Responsibilities, and Equipment. 3 hours.

(a) Inform the student of:



- (1) Course Objectives
  - (2) Scope
  - (3) Procedures
  - (4) Requirements for satisfactory completion
- (b) Provide an overview of the roles and responsibilities of the EMT:
- (1) Prompt and efficient care of the patient
  - (2) Control of the accident scene
  - (3) Light extrication and preparation of the patient for transport
  - (4) Safe and efficient transport
  - (5) Orderly transfer of the patient and patient information to the hospital emergency department
  - (6) Communications
  - (7) Reporting and recordkeeping
  - (8) Vehicle and equipment care
- (c) Explain legal aspects relating to emergency care
- (d) Familiarize the student with the ambulance and its equipment
- 2.02. Anatomy. 3 hours
- 2.03. Physiology. 3 hours
- 2.04. Airway Obstruction and Pulmonary Arrest. 3 hours



- (a) Develop a basic understanding of:
  - (1) Mechanics of respiration
  - (2) Importance of oxygen to body functioning
  - (3) Signs of airway obstruction
  - (4) Manual techniques of airway care
  - (5) Manual techniques of pulmonary resuscitation
  - (6) Anatomy of laryngectomy and tracheotomy patients
  - (7) Resuscitation of laryngectomy and tracheotomy patients.
- (b) Teach the following skills:
  - (1) Manual techniques of airway care
  - (2) Mouth-to-mouth (nose) technique of pulmonary resuscitation
  - (3) Chest-pressure arm-lift (Sylvester) method of pulmonary resuscitation.
  - (4) Back-pressure arm-lift (Holger-Neilson) method of pulmonary resuscitation.

2.05. Mechanical Aids to Breathing and Pulmonary Resuscitation. 3 hours.

- (a) Develop a working knowledge of operation and use of:
  - (1) Mechanical aids to breathing
  - (2) Mechanical aids to pulmonary resuscitation.
- (b) Teach the following skills:



- (1) Use of two-way (S-shaped) airways
- (2) Use of bag-mask resuscitator
- (3) Use of oropharyngeal airways
- (4) Use of suction unit
- (5) Use of oxygen equipment.

2.06. Cardiac Arrest. 3 hours.

(a) Develop a basic understanding of:

- (1) Mechanics of circulation
- (2) Importance of oxygen to body functioning
- (3) Technique of determining blood pressure
- (4) Signs of cardiac arrest
- (5) Technique of cardiopulmonary resuscitation
- (6) Dangers to the patient if cardiopulmonary resuscitation is delayed or performed incorrectly.

(b) Teach the following skills:

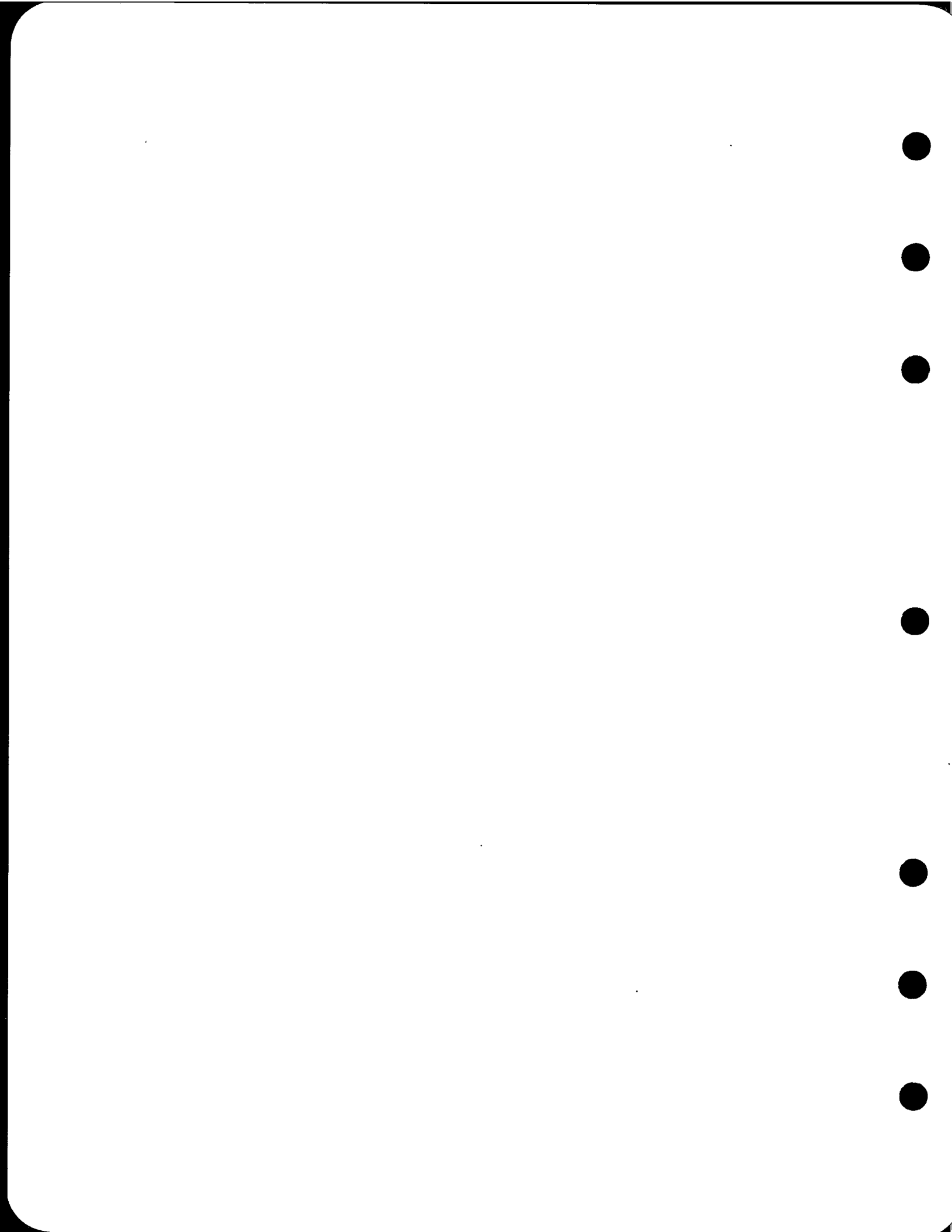
- (1) Cardiopulmonary resuscitation by a lone rescuer
- (2) Cardiopulmonary resuscitation by a team of rescuers
- (3) Determination of blood pressure.

2.07. Bleeding, Shock, and Practice on Airway Care, Pulmonary Resuscitation and Cardiopulmonary Resuscitation. 3 hours.

(a) Develop a basic understanding of:



- (1) Mechanics of circulation
  - (2) Signs of external bleeding: artery, vein,  
capillary
  - (3) Signs of internal bleeding
  - (4) Signs of shock
  - (5) Use of pressure dressings to control bleeding
  - (6) Use of pressure points to control bleeding
  - (7) Use of inflatable splints to control bleeding
  - (8) Dangers and use of tourniquets in controlling  
bleeding
  - (9) Importance of preventing shock and techniques  
of caring for the patient in shock
  - (10) Intravenous therapy.
- (b) Teach the following skills:
- (1) Location of carotid, temporal, femoral, brachial,  
and radial arteries.
  - (2) Control of bleeding by a pressure dressing
  - (3) Application of inflatable splints to arm and leg.
- (c) Provide additional practice in:
- (1) Airway care
  - (2) Pulmonary resuscitation



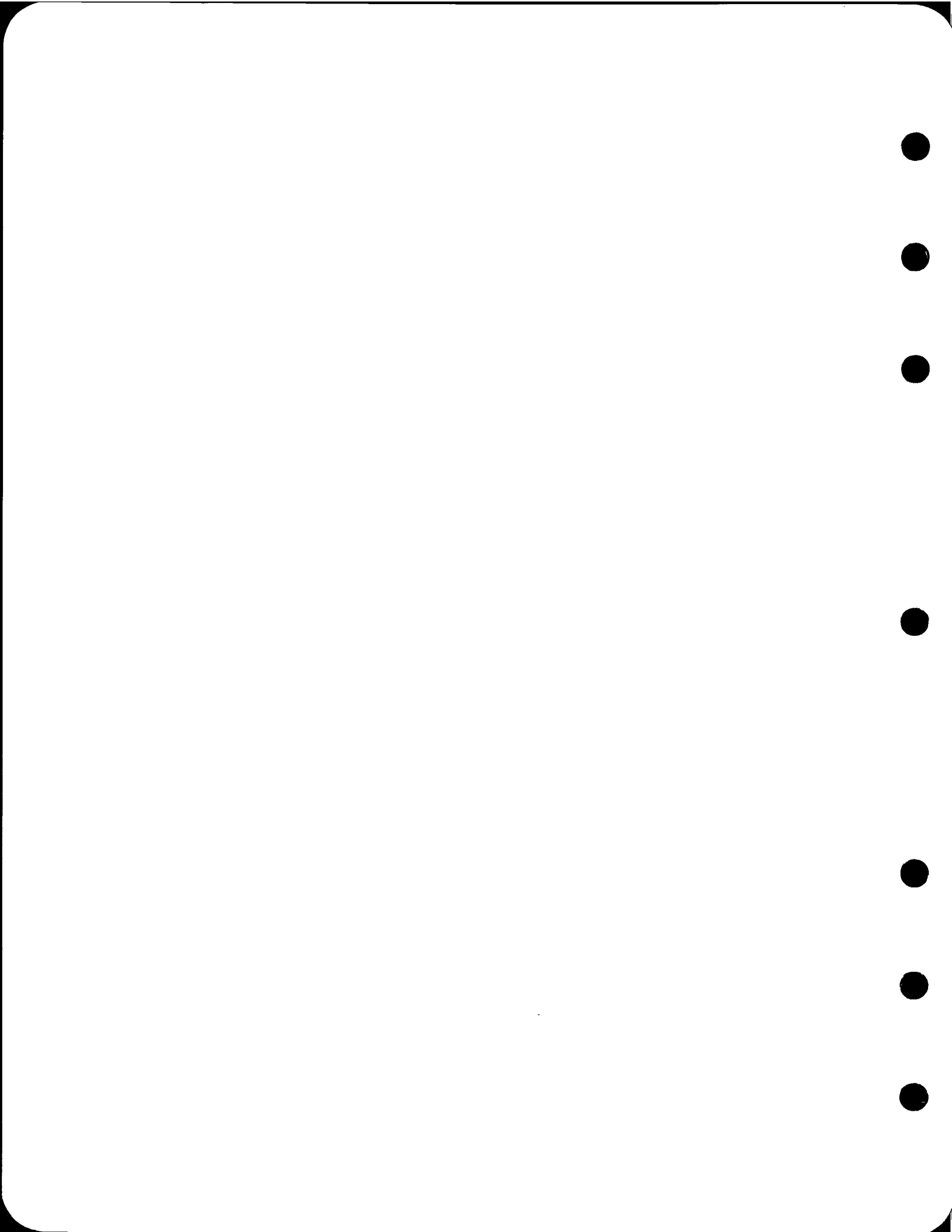
- (3) Cardiopulmonary resuscitation
- (4) Determination of blood pressure.

2.08. Practice, Test, and Evaluation - Airway Care, Pulmonary Arrest, Cardiac Arrest, Bleeding and Shock. 3 hours.

- (a) Test basic knowledges and skills associated with:
  - (1) Airway care
  - (2) Pulmonary arrest
  - (3) Cardiac arrest
  - (4) Bleeding
  - (5) Shock.
- (b) Provide practice and evaluate the following skills:
  - (1) Use of suction equipment
  - (2) Use of oxygen equipment
  - (3) Pulmonary resuscitation using the bag-mask resuscitator
  - (4) Cardiopulmonary resuscitation by a single rescuer
  - (5) Cardiopulmonary resuscitation by a team of rescuers.

2.09. Wounds. 3 hours.

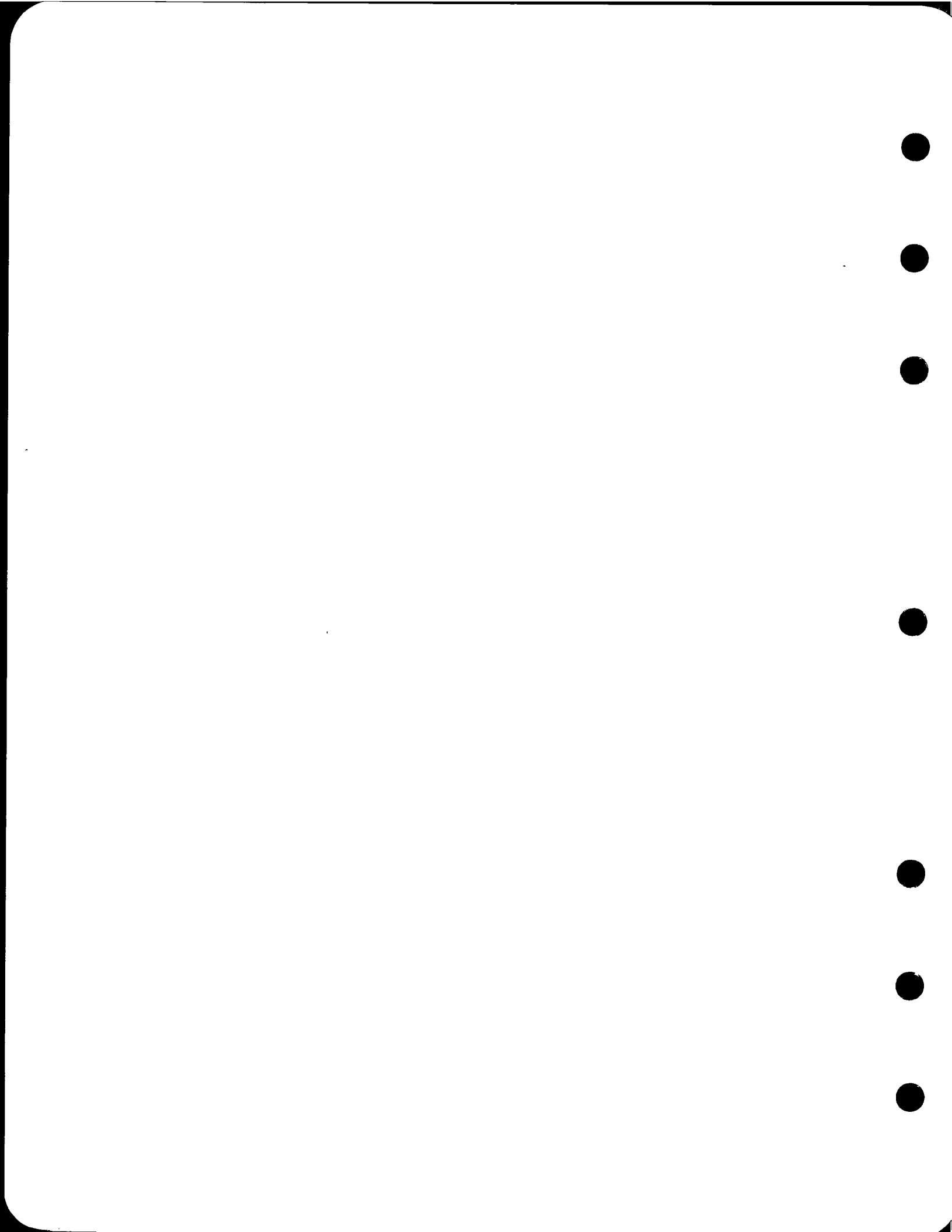
- (a) Develop the following knowledges:
  - (1) Signs and significance of various wound types



- (2) Causes and danger of infection in open wounds
  - (3) Basic care of wounds
  - (4) Techniques of dressing and bandaging wounds.
- (b) Develop skill in dressing and bandaging the following body parts:
- (1) Extremities
  - (2) Forehead and scalp
  - (3) Neck
  - (4) Shoulder
  - (5) Hip

2.10. Fractures of the Upper Extremity. 3 hours.

- (a) Develop a basic understanding of the following:
- (1) Parts and functions of the musculoskeletal system
  - (2) General concepts of fractures and dislocations
  - (3) Types of splints and general rules for splinting
  - (4) Signs and symptoms of fractures, dislocations and sprains
  - (5) Techniques of immobilizing fractures and dislocations of the upper extremity.
- (b) Develop skill in immobilizing and splinting fractures and dislocations of the upper extremity.



2.11 Fractures of the Lower Extremity. 2 hrs., 30 min.

- (a) Develop a basic understanding of the following:
  - (1) Signs and symptoms of fractures and dislocations of the lower extremity
  - (2) Techniques of immobilizing fractures and dislocations of the lower extremity
- (b) Develop skill in immobilizing fractures of the lower extremity

2.12 Injuries of the Head, Face, Neck and Spine. 3 hrs.

- (a) Develop a basic understanding of the following:
  - (1) Elements and functions of the nervous system
  - (2) Signs and symptoms of a spinal fracture
  - (3) General rules of caring for patients with spinal injuries
  - (4) Signs of a skull fracture
  - (5) Techniques of caring for the patient suffering from injuries to the head, face, and neck
  - (6) Techniques of caring for the patient suffering from injuries to skull and brain
  - (7) Techniques of bandaging the skull, cheek, ear, and jaw



(b) Develop skills in dressing and bandaging the following injuries:

- (1) Skull fracture
- (2) Lacerated cheek
- (3) Avulsed ear
- (4) Fractured jaw

(c) Develop skill in immobilizing a fractured neck

2.13 Injuries to the Eye, Chest, Abdomen, Pelvis

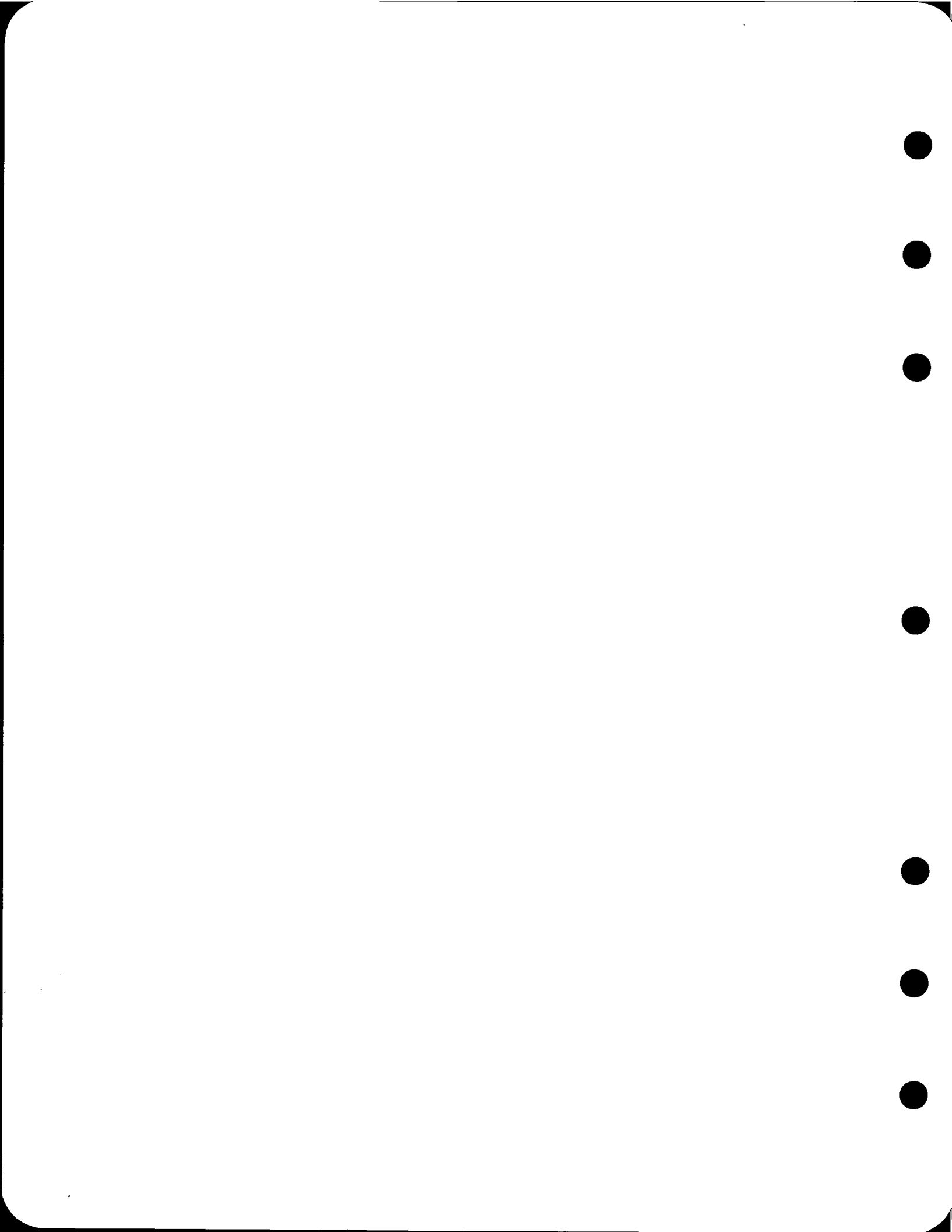
Genitalia. 3 hrs.

(a) Develop a basic understanding of the following:

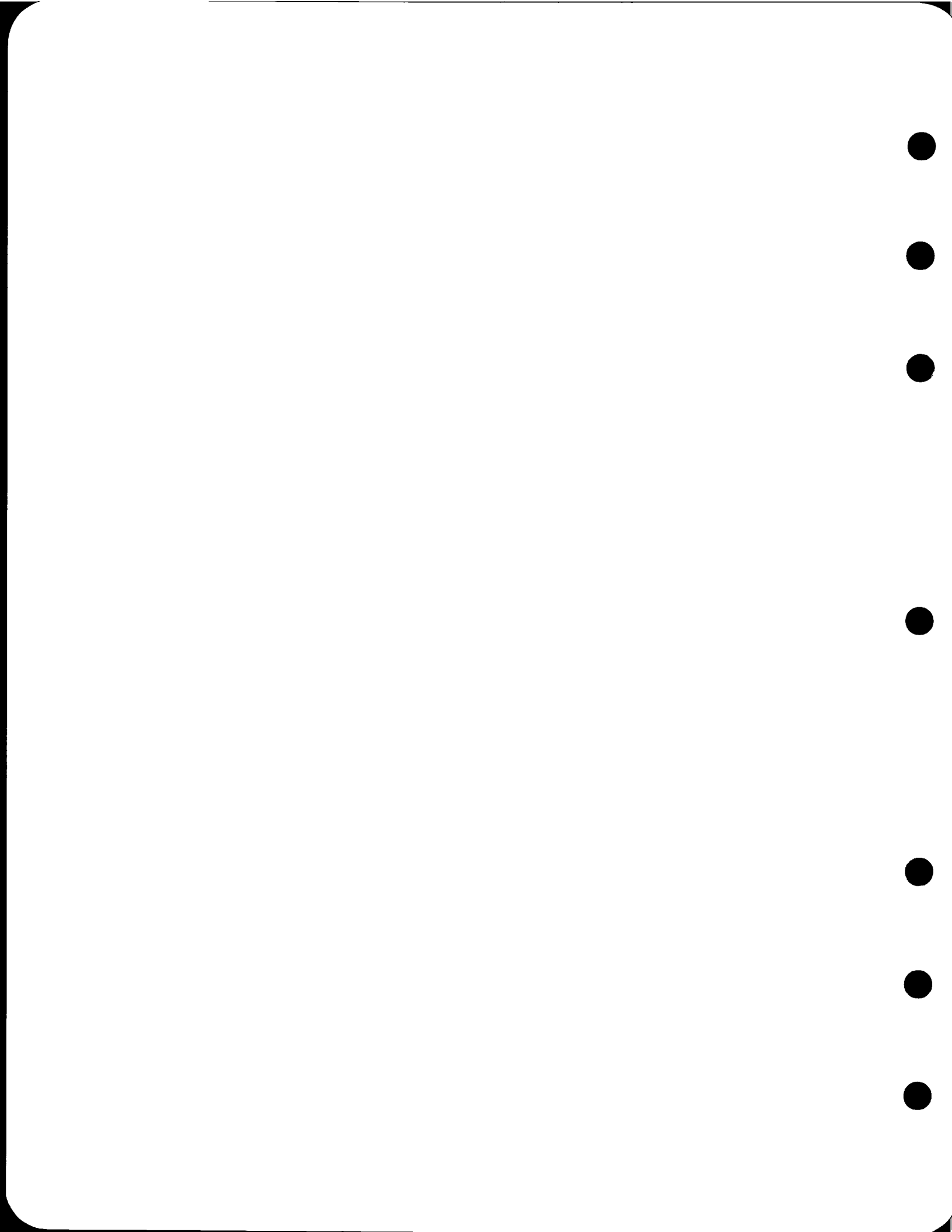
- (1) Parts and functions of the abdomen, digestive system, and genito urinary system
- (2) Types of injuries to the eye, chest, abdomen, pelvis, and genitalia
- (3) Techniques of care for injuries to the eye, chest, abdomen, pelvis, and genitalia

(b) Develop skills in dressing and bandaging the following:

- (1) Eye, with and without protruding object
- (2) Sucking chest wound with or without rib fracture



- 2.14 Practice, Test, and Evaluation - Injuries I. 3 hrs.
- (a) Test basic knowledges and skills associated with injuries to various body parts
  - (b) Provide practice on and evaluate skills in dressing and bandaging various body parts
- 2.15 Practice, Test, and Evaluation - Injuries II. 2 hrs., 30 min.
- (a) Provide practice on and evaluate skills in immobilizing fractures of the:
    - (1) Upper extremity
    - (2) Lower extremity
    - (3) Ribs
    - (4) Neck
- 2.16 Medical Emergencies - I. 3 hrs.
- (a) Develop a basic understanding of the causes, signs, symptoms, and techniques of care of:
    - (1) Poison victims
    - (2) Victims of bits and stings
    - (3) Heart attack patients
    - (4) Stroke patients
    - (5) Asthmatic patients
  - (b) Provide additional practice in administering:



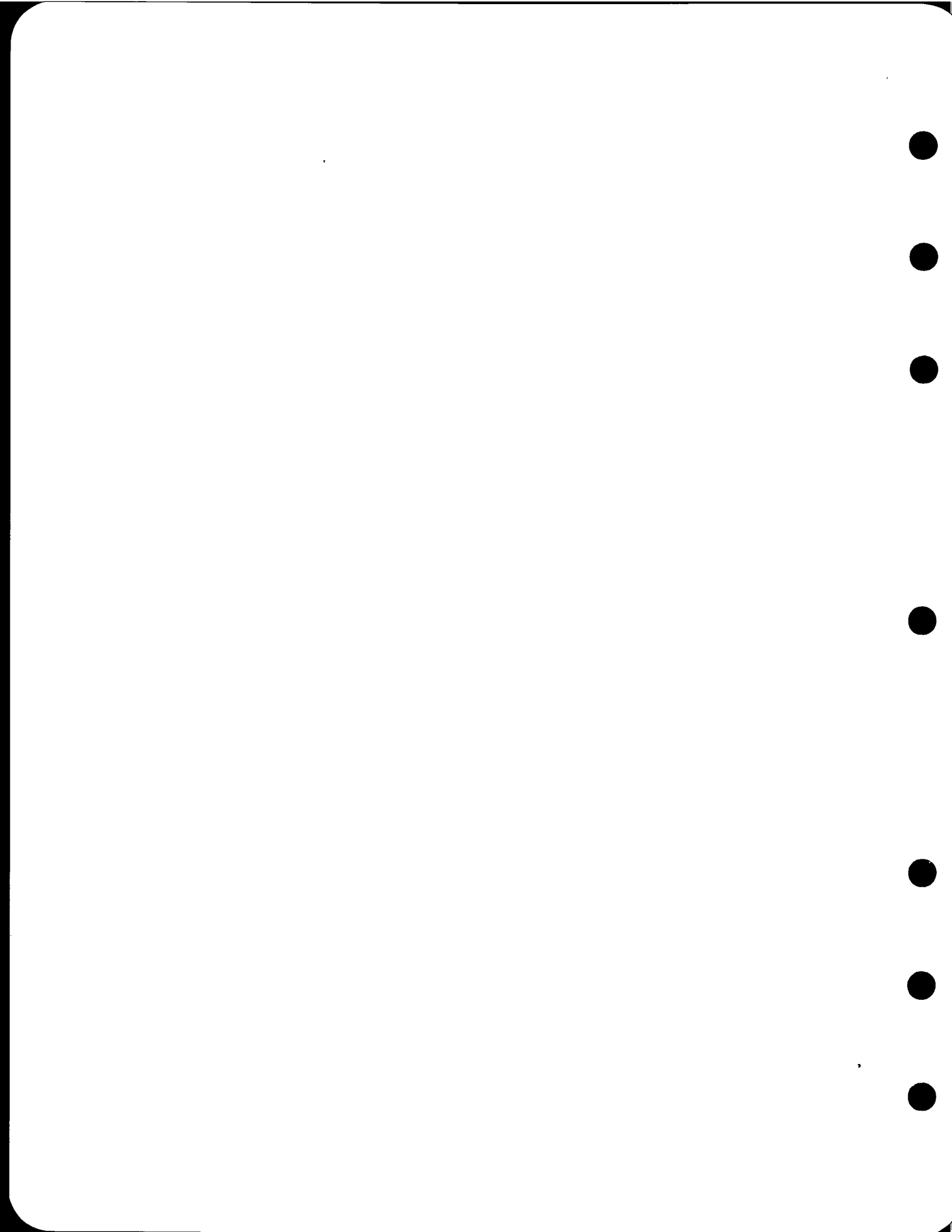
- (1) Oxygen
- (2) Cardiopulmonary resuscitation

2.17 Medical Emergencies - II. 2 hrs.

- (a) Develop a basic understanding of causes, signs, symptoms, and techniques of care of:
  - (1) Diabetic patients
  - (2) Patients suffering from acute abdominal problems
  - (3) Patients with communicable diseases
  - (4) Emotionally disturbed and unruly patients, including alcoholics and patients in a drug stupor
  - (5) Epileptic patients
  - (6) Unconscious patients

2.18 Childbirth and Problems of Child Patients. 3 hrs.

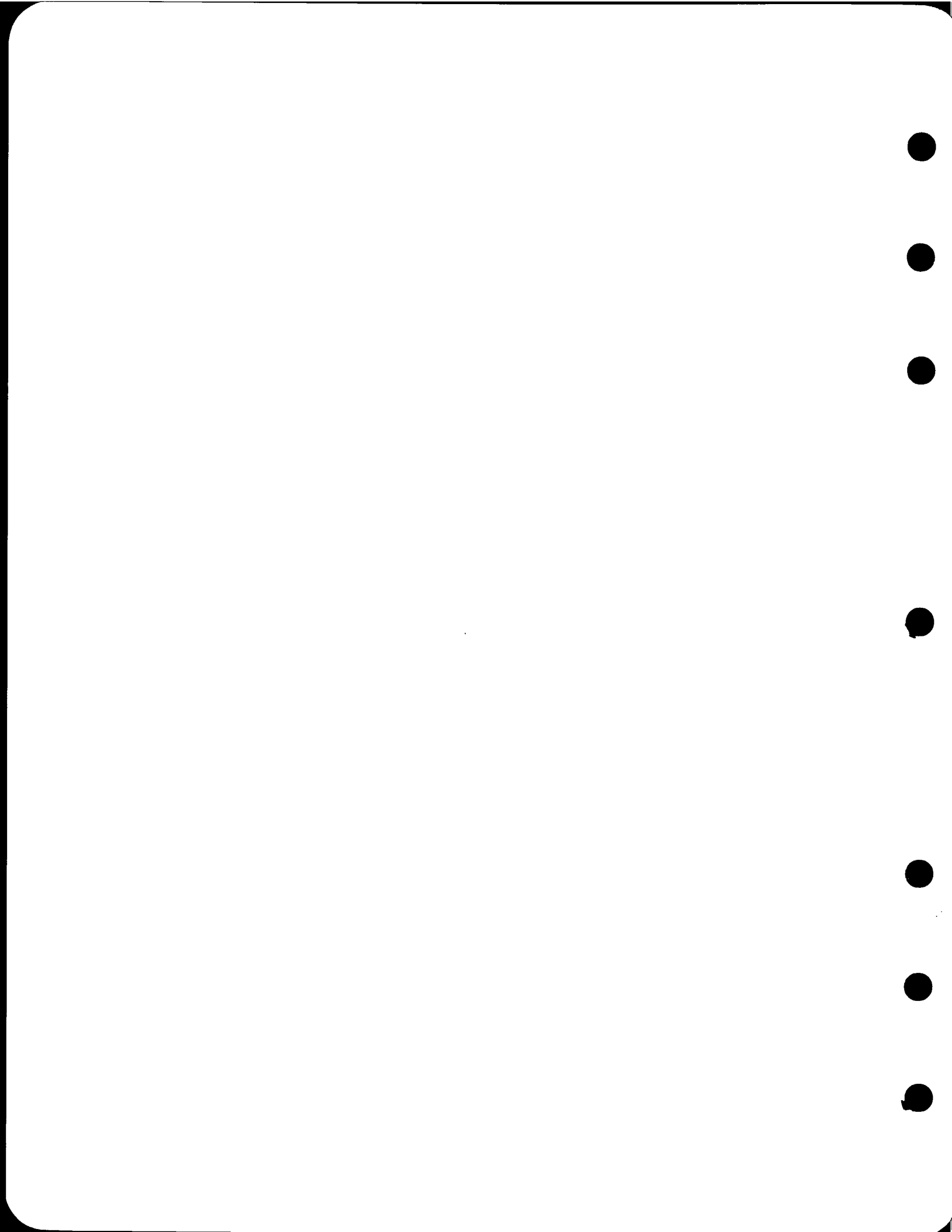
- (a) Develop a basic understanding of the following:
  - (1) Parts of the female anatomy involved in childbirth
  - (2) Parts developing during pregnancy
  - (3) Obstetrical terms and their meaning
  - (4) Equipments and supplies used during emergency childbirth



- (5) Emergency care procedures for various phases and conditions associated with pregnancy and childbirth
- (6) Delivery and care of baby during normal and abnormal births
- (7) Clamping and cutting umbilical cord
- (8) Use of special carrier for premature babies
- (9) Resuscitation of infant
- (10) Procedures for caring for certain childhood problems

2.19 Lifting and Moving Patients. 3 hrs.

- (a) Develop a basic understanding of the following:
  - (1) Principles of moving and positioning patients for transportation
  - (2) Techniques of moving patients from a bed- or floor-height surface to a stretcher
  - (3) Techniques of moving patients with suspected spinal injuries and immobilizing them on a backboard
  - (4) Techniques of moving stretchers around narrow corners and down stairways



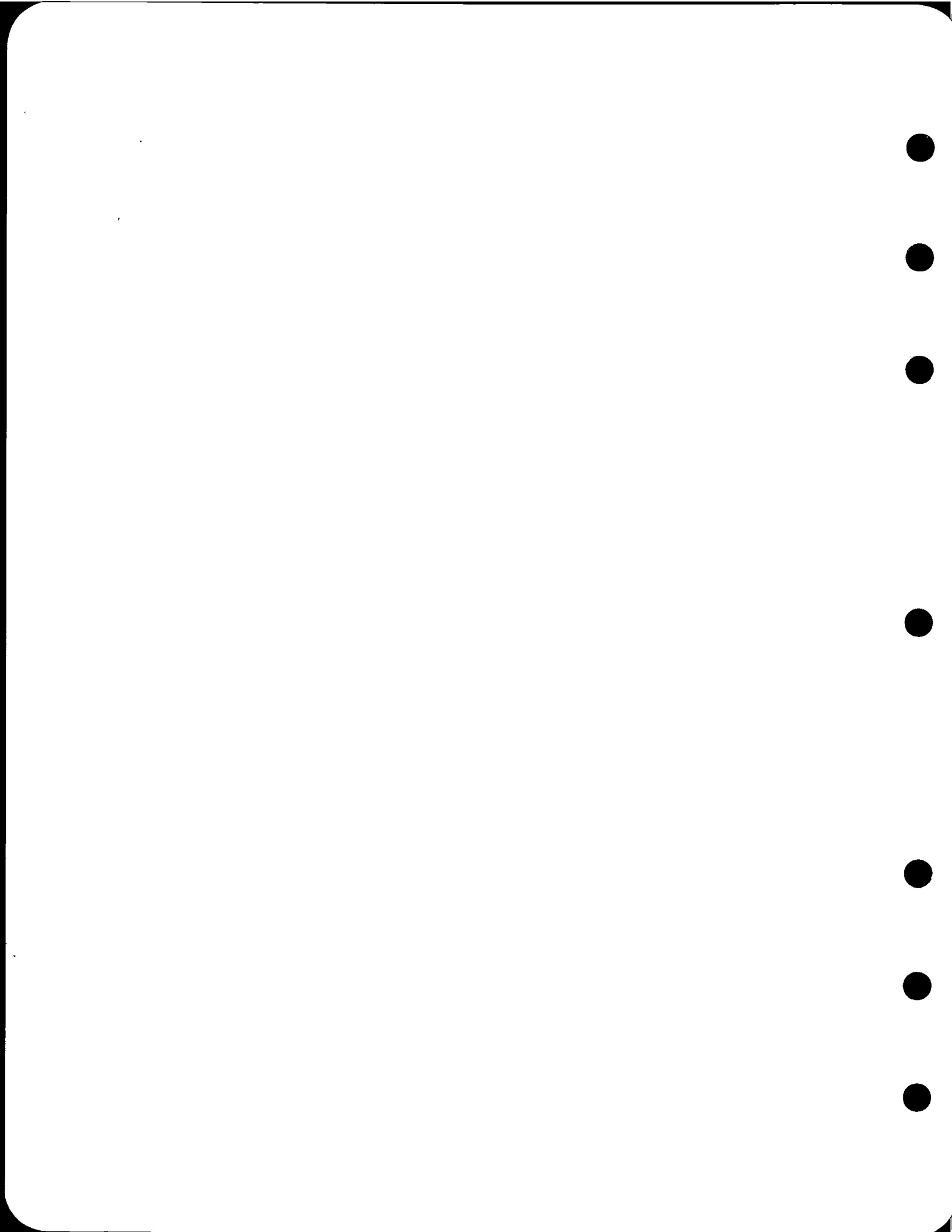
- (5) Loading stretchers on ambulances, securing them in place, and unloading them

(b) Teach the following skills:

- (1) Two-man lifts from a bed- or floor-height to a stretcher
- (2) Immobilizing patients with spinal injuries on backboard
- (3) Loading and unloading stretchers

2.20 Practice, Test, and Evaluation - Medical Emergencies,  
Emergency Childbirth, Lifting and Moving. 3 hrs.

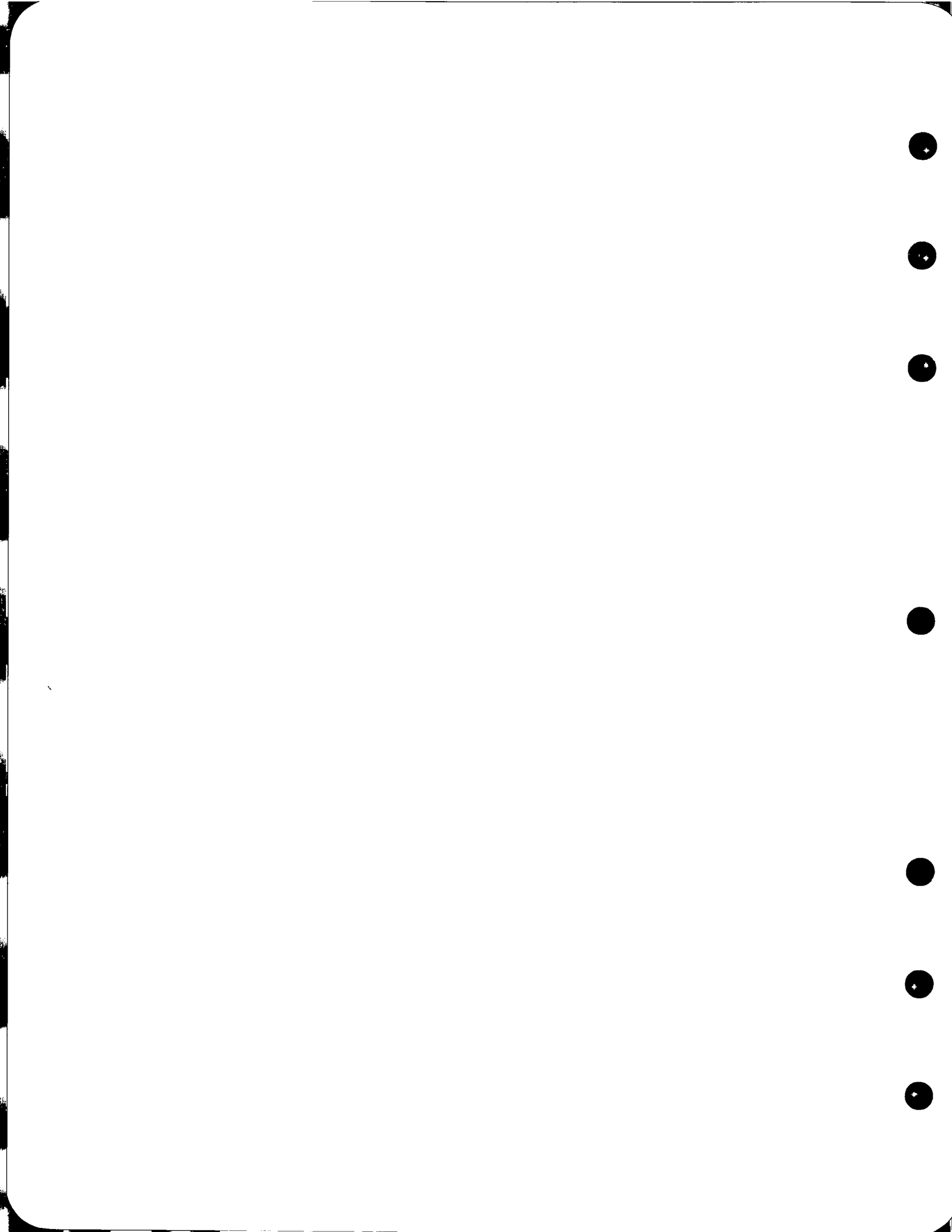
- (a) Test basic knowledge and skills associated with:
- (1) Poisoning
  - (2) Bites and stings
  - (3) Heart attack
  - (4) Stroke
  - (5) Asthmatic states
  - (6) Diabetes
  - (7) Acute abdomen
  - (8) Transporting patients with communicable diseases
  - (9) The emotionally disturbed and unruly



- (10) Epilepsy
  - (11) The unconscious state
  - (12) Emergency childbirth
  - (13) Lifting and moving patients
- (b) Provide practice on and evaluate the following skills:
- (1) Two-man lifts from a bed- or floor-height surface to a stretcher
  - (2) Immobilizing patients with special injuries on backboards
  - (3) Cardiopulmonary resuscitation by a lone rescuer
  - (4) Cardiopulmonary resuscitation by a member of a team using the bag-mask resuscitator

2.21. Environmental Emergencies. 2 hrs., 30 min.

- (a) Develop a basic understanding of the following:
- (1) Estimation of severity of burn
  - (2) Techniques of care for the burned patient
  - (3) Special dangers of different types of burns--  
heat, chemical, electrical, radiation
  - (4) Signs, symptoms, and techniques of care for the patient suffering from heat cramps, heat exhaustion, heat stroke, and frostbite.

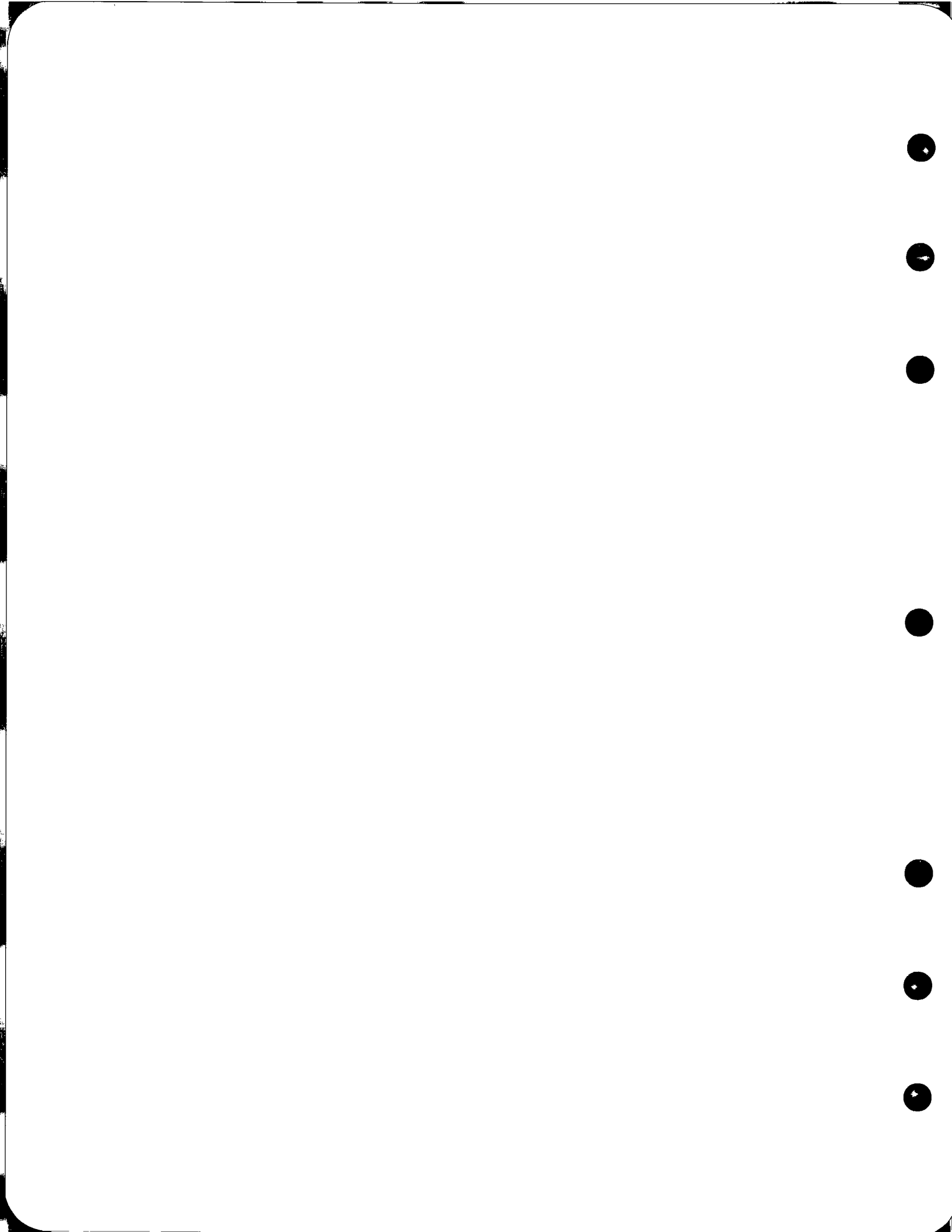


- (5) Techniques of rescuing and caring for the drowning person
- (6) Techniques of rescuing and caring for the victim of diving injuries
- (7) Signs, symptoms, and techniques of care for the patient suffering from air embolism, bends, squeeze injuries, oxygen poisoning, and nitrogen poisoning
- (8) Major dangers of explosions

2.22 . . . Extrication from Automobiles. 3 hrs.

- (a) Develop a basic understanding of principles and considerations involved in extricating persons from automobiles
- (b) Teach the following skills:
  - (1) Techniques of removing patients with suspected spine injuries from automobiles
  - (2) Techniques of removing victims from beneath automobiles

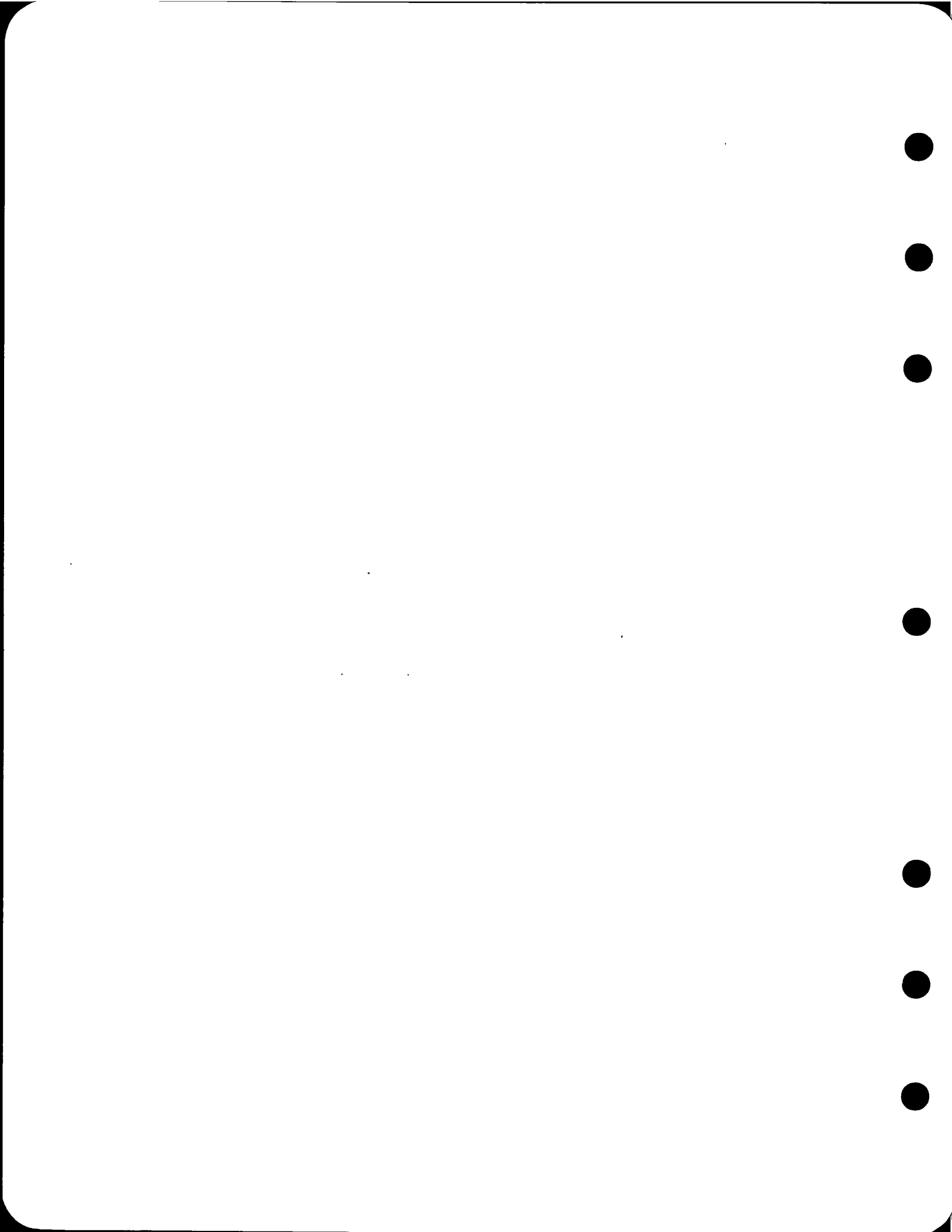
2.23 Operations--Driving an Emergency Vehicle, Maintaining a Safe and Ready Vehicle, Records and Reports, Communications and Procedures at Hospital Emergency Rooms. 3 hrs.



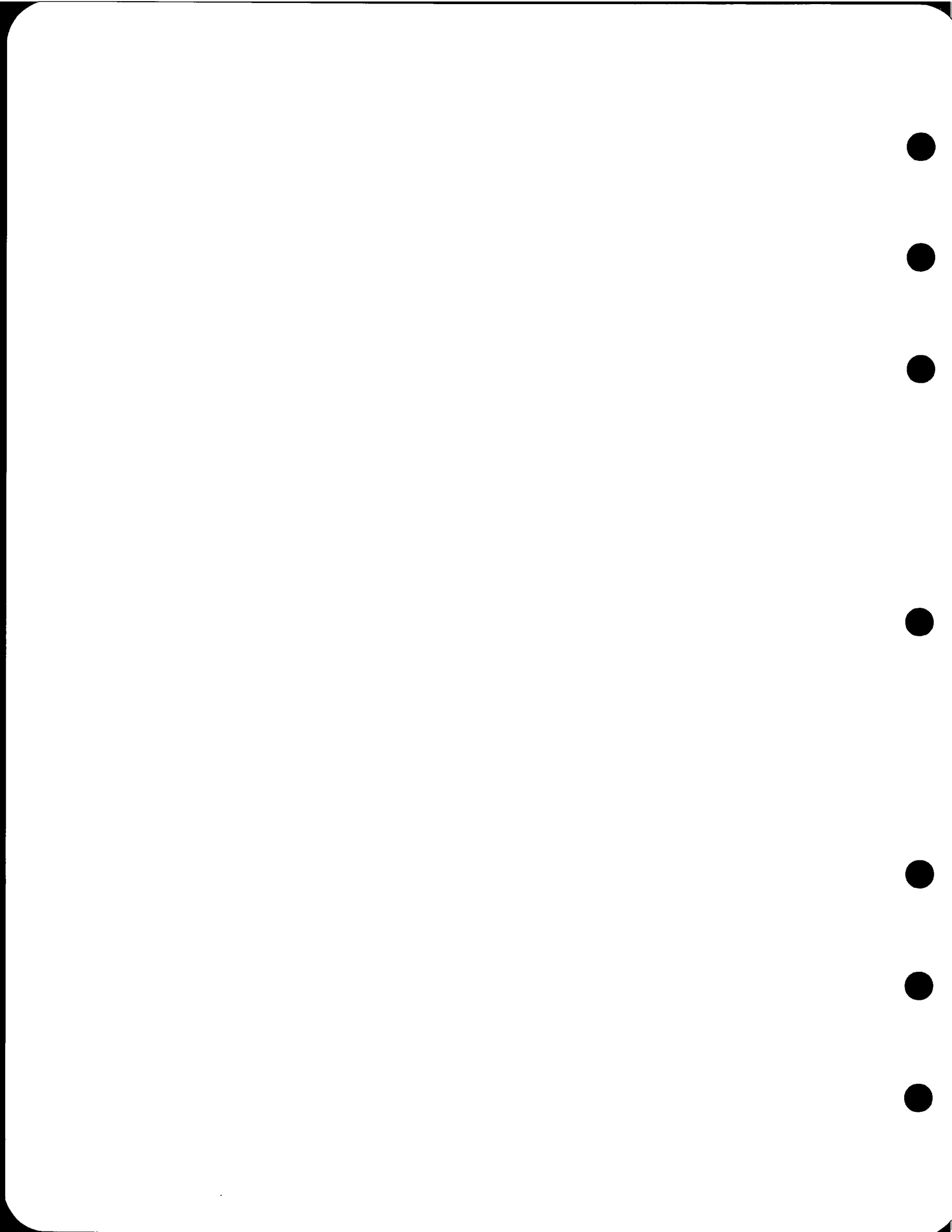
- (a) Develop a basic understanding of the following:
  - (1) Laws relating to operating an emergency vehicle
  - (2) When and how to use emergency privileges
  - (3) Procedures for daily inspections of vehicle systems and equipment and inspections to be made after each run
  - (4) Information obtained and recorded by EMTs
  - (5) Importance of communications and typical communications procedures
  - (6) Procedures at hospital emergency rooms

2.24 Responding to an Ambulance Call. 2 hrs., 30 min.

- (a) Develop a basic understanding of the duties and responsibilities of the EMT during the various phases of an ambulance run:
  - (1) Preplanning considerations while driving to the scene
  - (2) Considerations in analyzing the situation upon arrival at the scene
  - (3) Procedures for examining patients
  - (4) Triage procedures



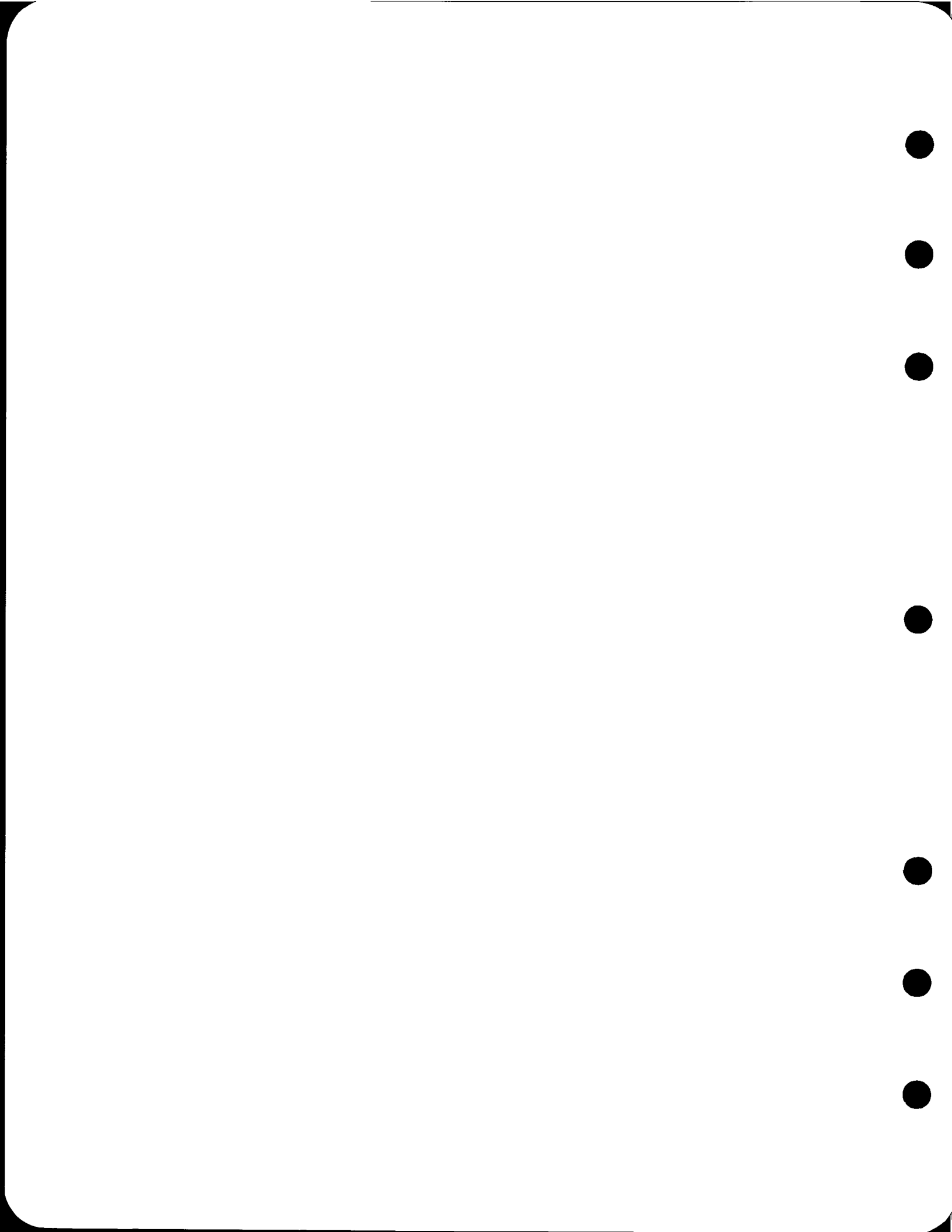
- (5) Considerations during loading and transport
  - (b) Teach the following skill:
    - (1) Systematic procedures for examining patients
- 2.25. Medical Ethics. 3 hrs.
- (a) Confidential Information
  - (b) Handling hostile feelings in patients and oneself
- 2.26. Situational Review. 3 hrs.
- (a) Provide an opportunity for integration and review of course contents by group discussion and situational examples
- 2.27. Final Written Test. 2 hrs.
- (a) Test major knowledges taught in the emergency care course
- 2.28. Final Practical Evaluation of Skills. 3 hrs.
- (a) Evaluate student demonstration of the following skills:
    - (1) Setting up, adjusting, and closing down oxygen equipment
    - (2) Bandaging the head, eye, and extremity. Cardiopulmonary resuscitation alone and as a member of a team



- (3) Use of the bag-mask resuscitator
- (4) Performing an examination for life-threatening problems and a systematic check of injuries
- (5) Splinting a fracture of the upper extremity
- (6) Splinting a fracture of the femur
- (7) Lifting and moving patients from bed- or floor-height surfaces and positioning them on a stretcher
- (8) Immobilization of the neck and torso of a sitting patient on a short backboard
- (9) Moving a patient with a suspected cervical spine injury from the floor and immobilizing him on a long backboard
- (10) Determining blood pressure

2.29 Hospital Orientation--Emergency Room (Including accompaniment to X-Ray). 5 hrs.

- (a) Receiving orientation as to how the trauma patient is stabilized prior to admittance for definite care
- (b) Assisting in routine emergency department functions
- (c) Receive further instructions on how to handle the



patient with fractures

- (d) Safety factors involved in the X-Ray department

2.30 Hospital Orientation--Coronary Care Department or Intensive  
Care Unit (ICU). 5 hrs.

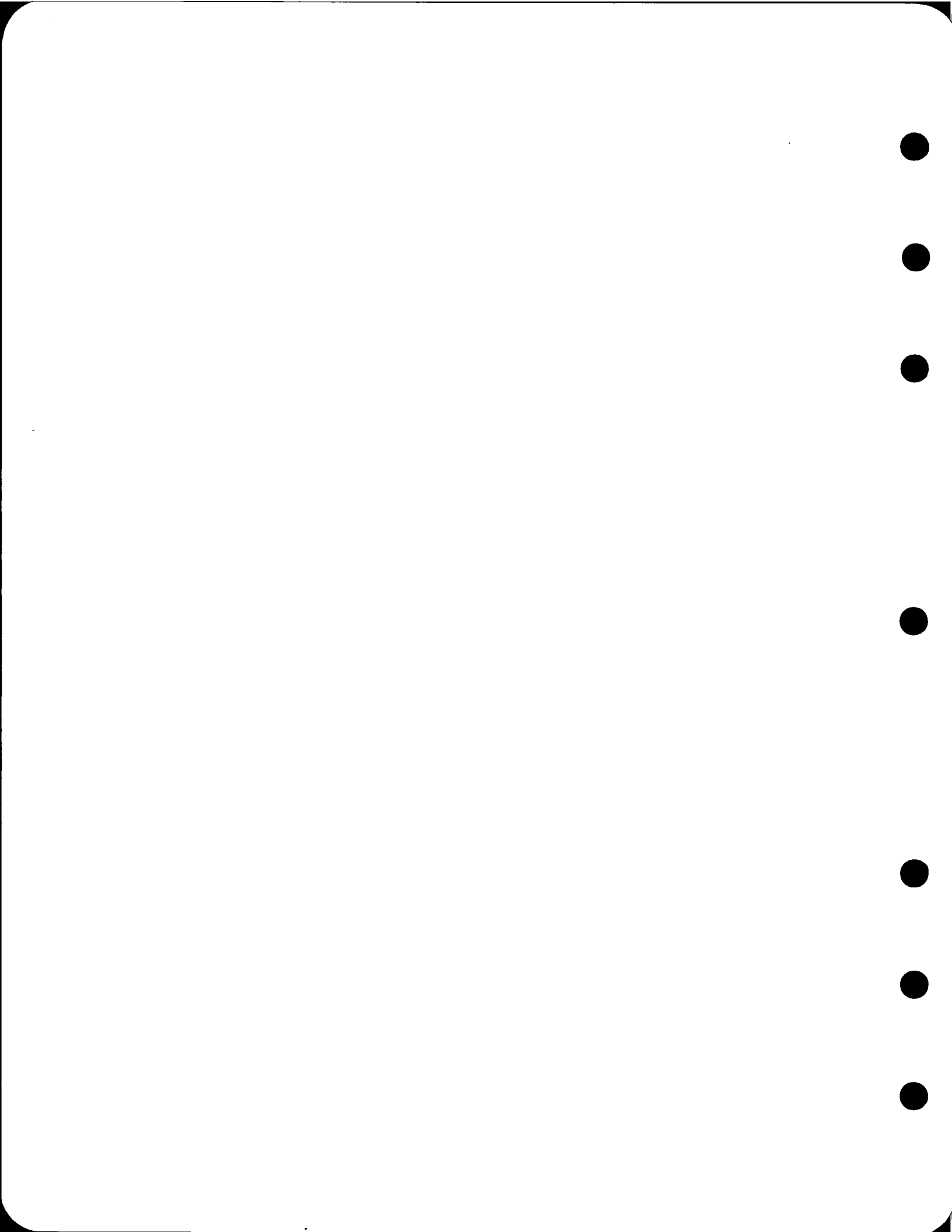
- (a) Orientation as to the functions of Intensive Care  
department
- (b) Receive clinical instructions on resuscitative  
procedures
- (c) Assist in routine Intensive Care department  
functions
- (d) Orientation as to the functions of Coronary Care  
department
- (e) Explanation of the Coronary Care equipment.  
Observe monitors in the Coronary Care unit

Section 3. Minimum Training Requirements for Mobile Intensive Care  
Paramedic. Prerequisite: Complete 87-hour EMT course

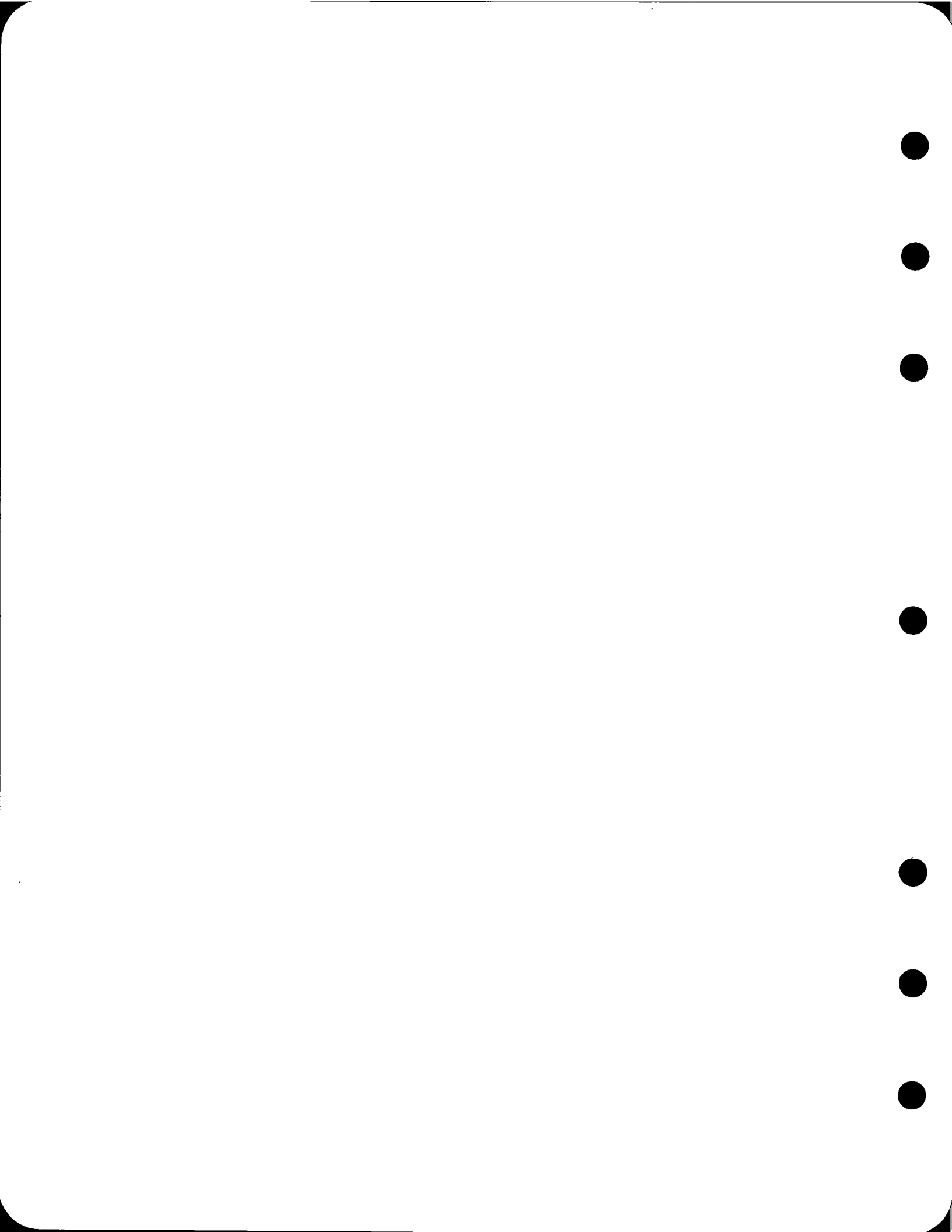
3.01 Lectures

- (a) Review and reinforcement of the rescue  
portion of the Emergency Medical Technician's  
Course (Optional)
- (b) Review of anatomy and physiology of the

8 hrs.



- heart, peripheral vascular system and  
conduction system 2 hrs.
- (c) Study of cardiac disease and review of anatomy  
and physiology 2 hrs.
- (d) Electrocardiography 2 hrs.
- (1) Normal EKG and principles including  
electrical safety-pacemakers 2 hrs.
- (2) Supravent Arrhythmia 2 hrs.
- (3) Ventricular Arrhythmia 2 hrs.
- (4) Lethal Arrhythmia 2 hrs.
- (5) Cardioversion of the lethal  
arrhythmia 2 hrs.
- (6) Review 2 hrs.
- (e) Dosage, pharmacology, effect, side  
effect, etc. 4 hrs.
- (1) Lidocaine
- (2) Atropine
- (3) Pentazaine (Talwin)
- (4) Neosynephrine
- (5) Review
- (f) Review external cardiac massage including



pulmonary resuscitation 4 hrs.

(g) Principles of fluid administration 4 hrs.

(1) D 5 W

(2) Normal salines

(3) Ringer's lactate

(4) Dextran

(h) Review 2 hrs.

Sub-Total (Excluding #1, Section 1) 32 hrs.

3.02 Clinical Training 60 hrs.

(a) Clinical experience in either Intensive Care  
Unit, Coronary Care Unit, or Emergency Room  
(up to 20 hours may be in Emergency Room)

(b) Learn technique of IV fluid administration,  
IV medicines, monitoring, etc.

Sub-Total 92 hrs.

3.03 Final Evaluation

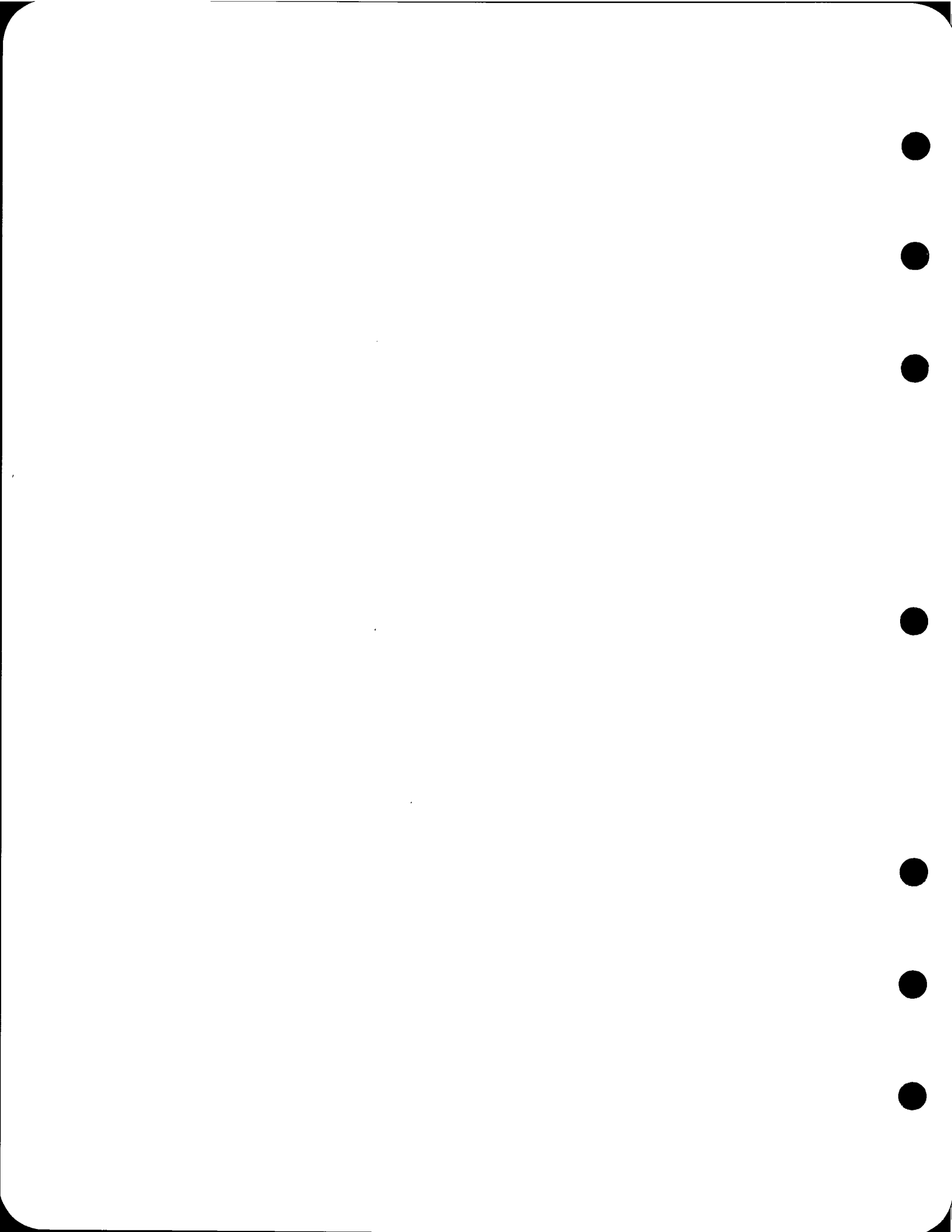
(a) Final Test 2 hrs.

(b) Review and certification 2 hrs.

Grand Total 96 hrs.

Section 4. Job Description of an Emergency Medical Technician

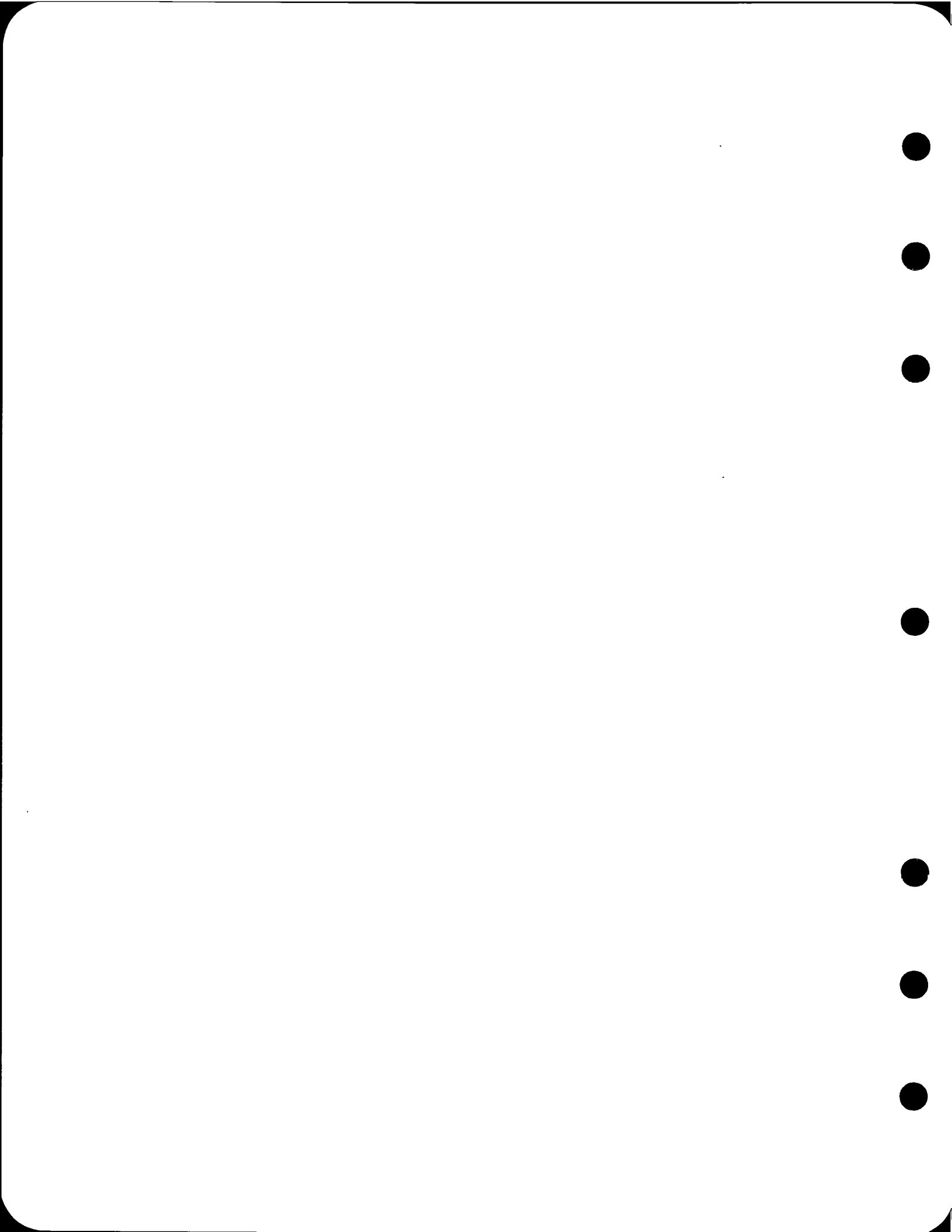
(EMT)--Confusion may exist as to the terminology, duties,



and training requirements for Emergency Health Services personnel, especially the difference in the Emergency Medical Technician (EMT) and the Mobile Intensive Care Paramedic (MICP). Anyone desiring to become a Mobile Intensive Care Paramedic (MICP) must first be a graduate of the Emergency Medical Technician training course as outlined in the previous pages. The course for the EMTs must be approved by the Emergency Health Services of the State Department of Health. The following is the job description for the Emergency Medical Technician:

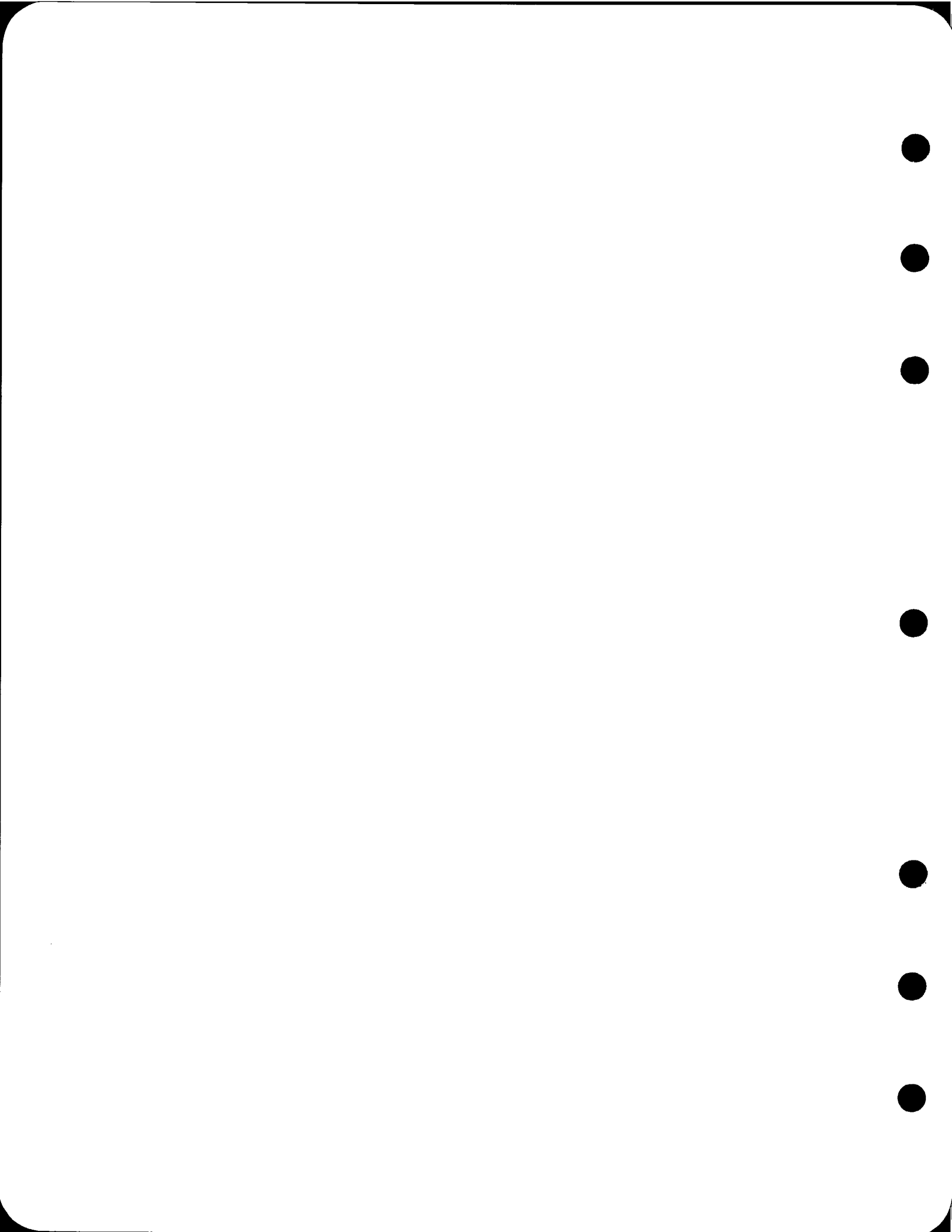
4.01 Work Requirements .

- (a) Responds to emergency calls to provide efficient and immediate care to the critically ill and injured, and transports the patient to a medical facility.
- (b) After receiving the call from the dispatcher, drives ambulance to address or location given, using the most expeditious routes, depending on traffic and weather conditions. Observes traffic ordinances and regulations concerning emergency vehicle operation.
- (c) Upon arrival at the scene of accident or illness, parks the ambulance in a safe location to avoid an



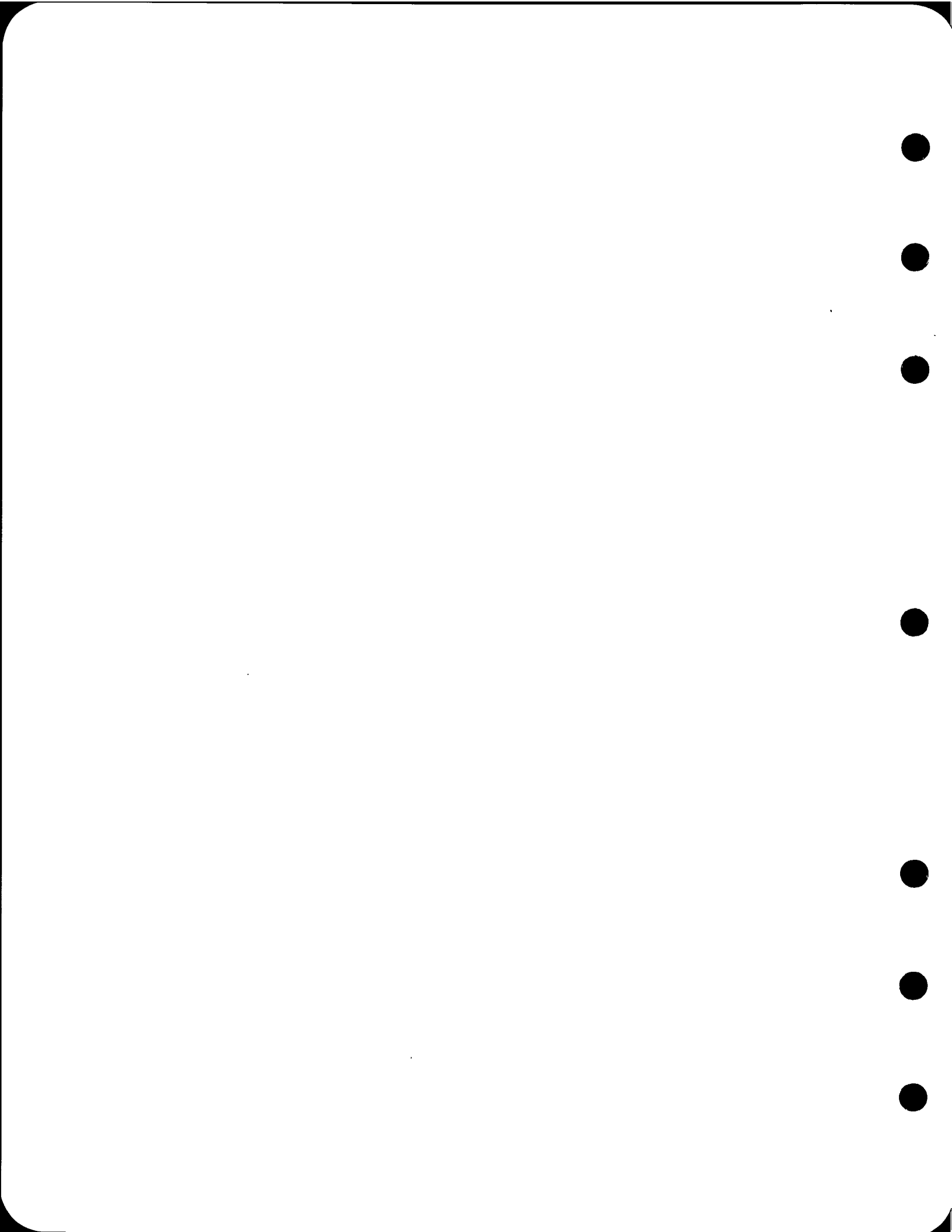
accident. In the absence of police, enlists the assistance of persons available to create a safe traffic environment, such as the placement of road flares, removal of debris, and redirection of traffic for the protection of the injured and those assisting in the care of the injured.

- (d) Determines the nature and extent of illness or injury and establishes priority for required emergency care. Renders emergency care, such as opening and maintaining an airway, giving positive pressure ventilation, cardiac resuscitation, controlling of hemorrhage, treatment of shock, immobilization of fractures, bandaging, assisting in childbirth, management of mentally disturbed patients, and initial care of poison and burn patients.
- (e) Reassures patients and bystanders by working in a confident, efficient manner. Avoids mishandling and undue haste while working expeditiously. Searches for medical identification emblem as a clue in providing emergency care.
- (f) Where patients must be extricated from entrapment, assesses the extent of injury and gives all possible



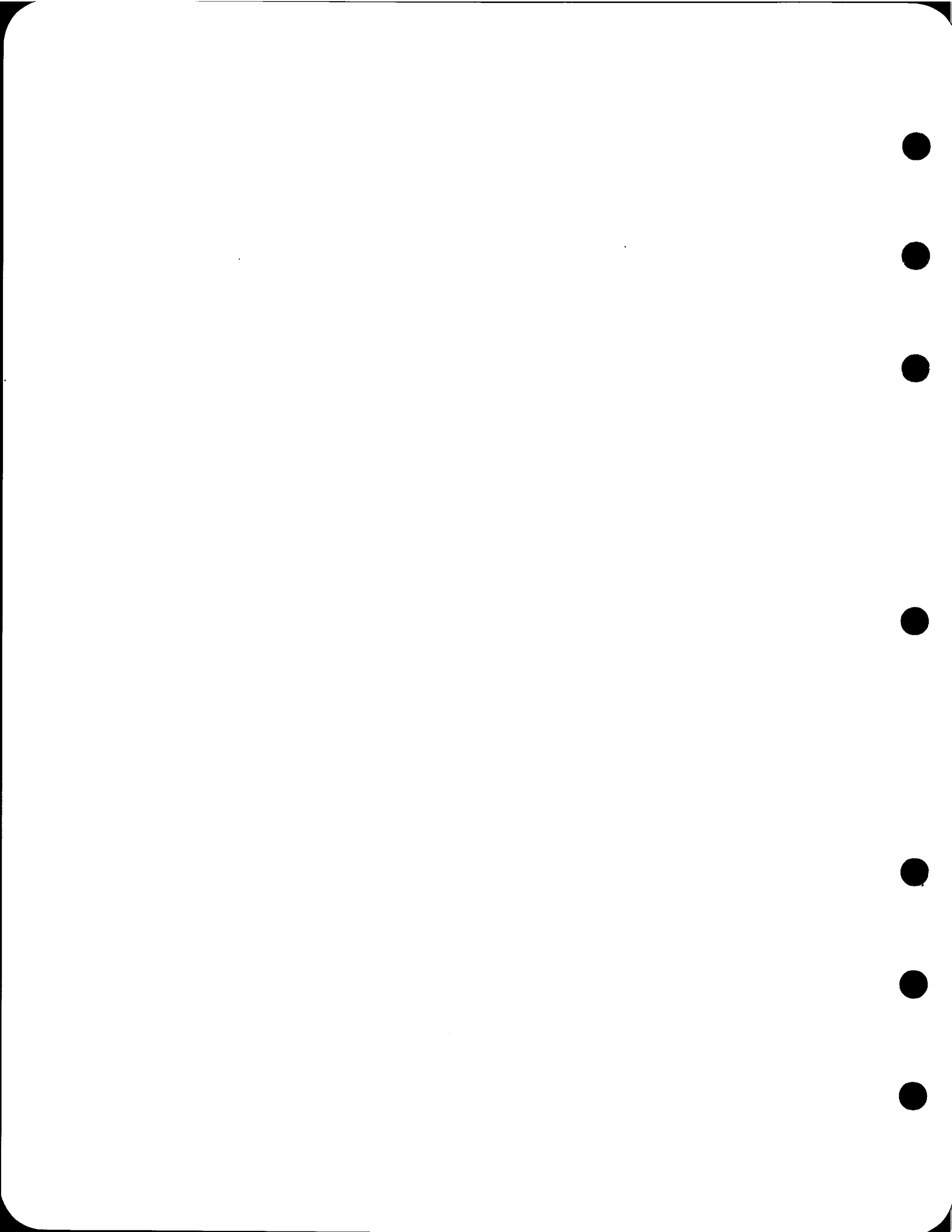
emergency care and protection to the entrapped patient and uses the prescribed techniques and appliances for removing the patient safely. Radios the dispatcher for additional help or special rescue and/or utility services, if needed. Provides light rescue service if the ambulance has not been accompanied by a specialized unit. After extrication, provides additional care in sorting of the injured in accordance with standard emergency procedures.

- (g) Complies with regulations on the handling of the deceased, notifies authorities, and arranges for protection of property and evidence at scene.
- (h) Assists in lifting stretcher, placing in ambulance and seeing that patient and stretcher are secured and that emergency care, if necessary, is continued.
- (i) From the knowledge of the condition of the patient and the extent of injuries and the relative locations and staffing of emergency hospital facilities, determines the most appropriate facility to which the patient will be transported, unless otherwise directed by the dispatcher or a physician. Reports directly to the



emergency department or control center the nature and extent of injuries, the number being transported, and the destination to assure prompt medical care on delivery. For serious cases, may ask for additional advice from the hospital physician or emergency department.

- (j) Constantly observes patient en route to emergency facility, administers additional care as indicated or directed by physician.
- (k) Identifies diagnostic signs which may require radio communications with a medical facility for advice and for notification that special professional services and assistance be immediately available upon arrival at the medical facility.
- (l) Assists in lifting and carrying the patient out of the ambulance and into the emergency department.
- (m) Reports verbally and in writing his observation and care of patient at the emergency scene and in transit, to the emergency department staff for record and diagnostic purposes. Upon request, provides assistance to the emergency department staff.
- (n) After each trip, replaces used linens, blankets, and

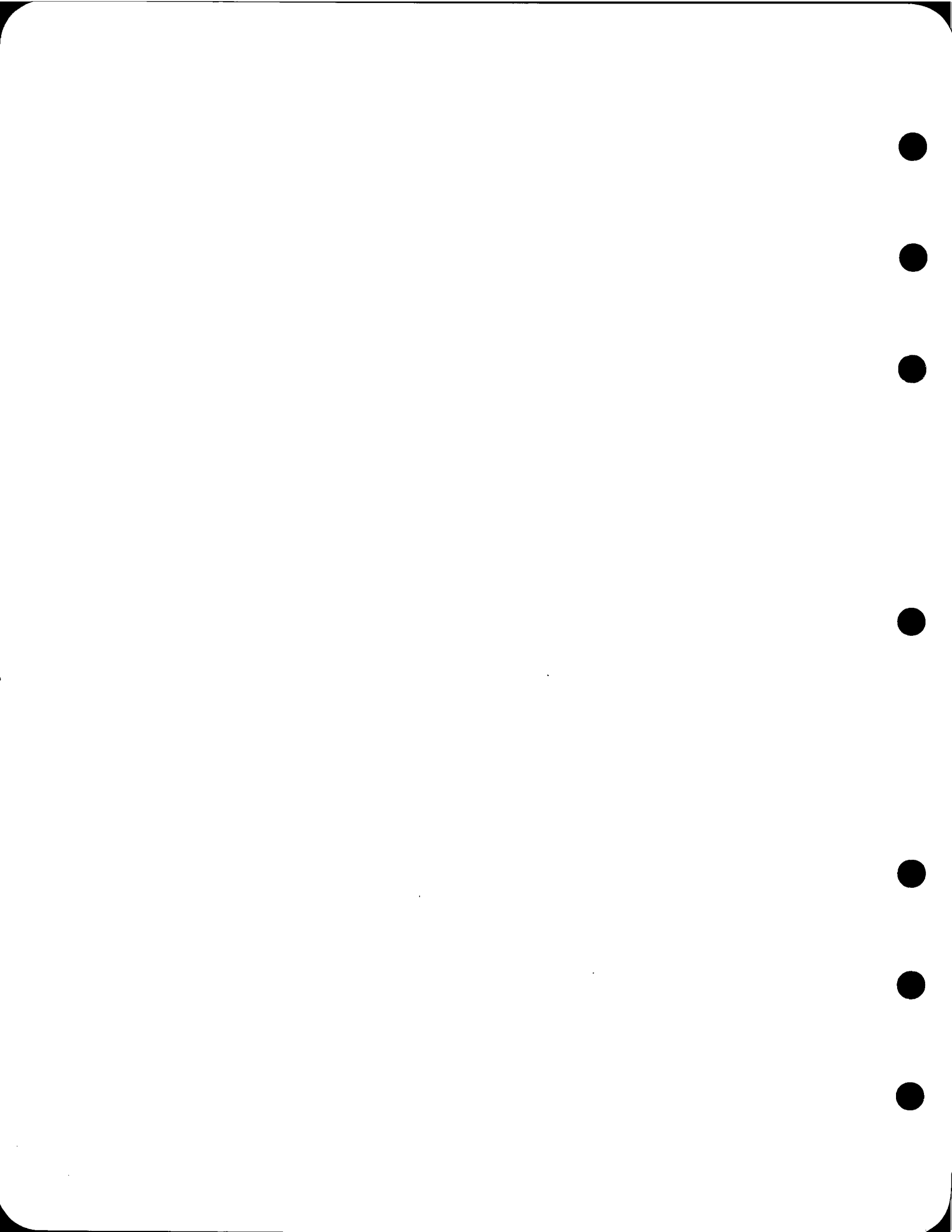


other supplies, sends supplies for sterilization, makes careful check of all equipment so that the ambulance is ready for the next run. Maintains ambulance in efficient operating condition. Ensures that the ambulance is clean and washed and kept neat and in an orderly condition. In accordance with local or state regulations, decontaminates the interior of the vehicle after transport of victim with contagious infection or radiation exposure. Determines that vehicle is in proper operating condition by checking gas, oil, water in battery and radiator, and tire pressure. Maintains familiarity with specialized equipment items used by the ambulance service.

4.02 Seniority and responsibility should be determined by the one responsible for employment and surveillance of personnel. Attendants and drivers should be equally trained in each other's duties and responsibilities so that they may function interchangeably or independently in caring for multiple casualties.

4.03 Special Characteristics

(a) Aptitudes



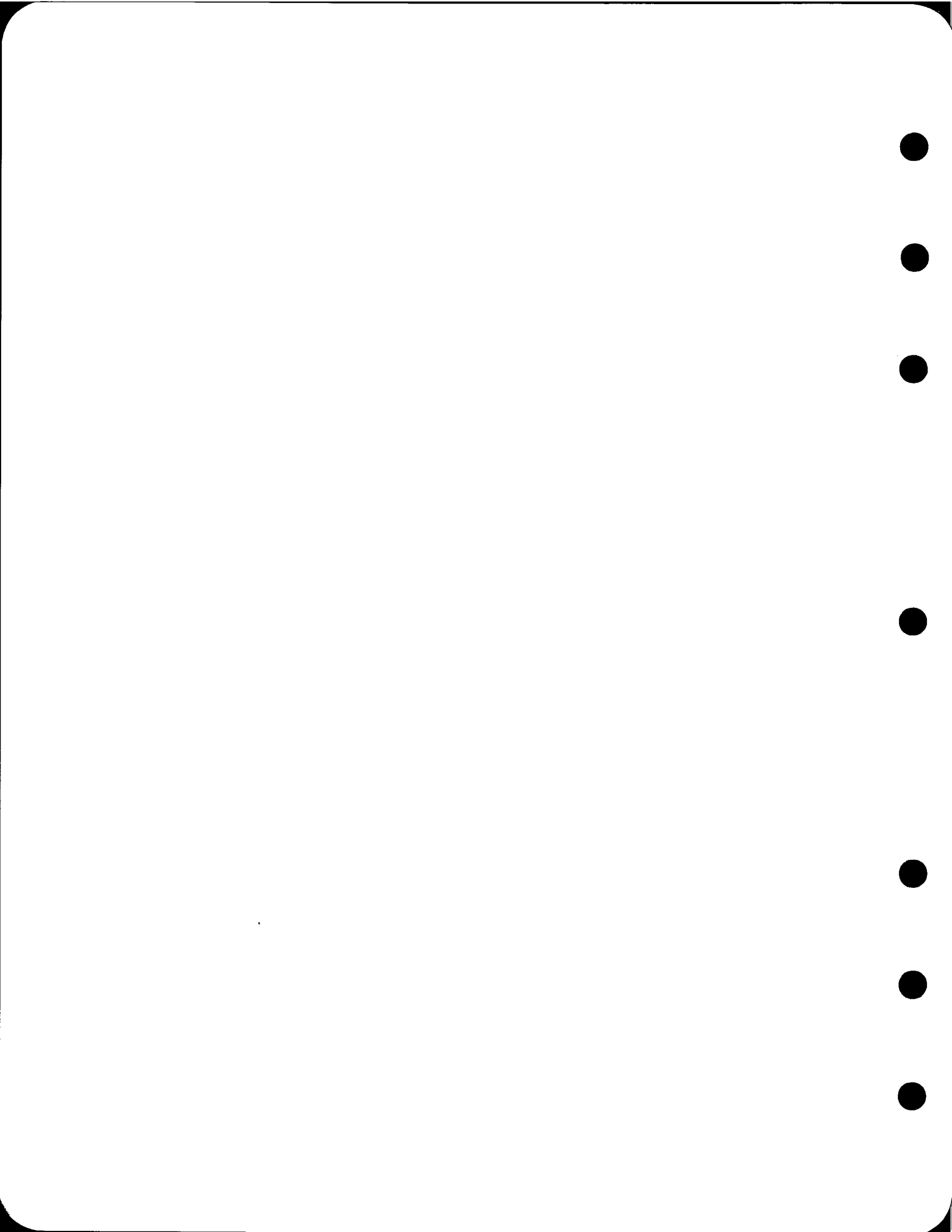
- (1) Motor coordination in administering emergency care of the critically ill or injured, in lifting and carrying patients, and in driving the ambulance
- (2) Manual dexterity and physical coordination in carrying, lifting, extricating, climbing, hoisting, and other similar maneuvers in a manner not detrimental to the patient, fellow workers, or self
- (3) Facility to give and receive verbal and written directions and instruction

(b) Interests and Temperaments

- (1) A pleasant personality
- (2) Leadership ability; firm, yet courteous
- (3) Good judgment under stress
- (4) Clean and neat in appearance
- (5) Good moral character
- (6) Emotional stability and psychological adaptability

Section 5. Job Description of a Mobile Intensive Care Paramedic (MICP)

- 5.01 Capable of fulfilling the duties as outlined for the  
Emergency Medical Technician (EMT)



- 5.02 Administer some medications for which he has been certified by the State Medical Licensing Board when contact is maintained with a physician
- 5.03 Set up and administer IVs including venipuncture
- 5.04 Maintain a working knowledge of EKG equipment and be capable of interpreting rhythm disturbances and treat patients with medications when voice contact is maintained with a physician
- 5.05 Defibrillate pulseless patients
- 5.06 The scope of these procedures provides the additional capacity for the Mobile Intensive Care Paramedic to function in specialized roles within the hospital when needed such as: Coronary Technician, Inhalation Technician, Assist with obstetrical procedures. But not able to perform procedures where knowledge of the principles of emergency medicine is essential in the treatment of medical problems requiring sophisticated emergency care

Section 6. Background Requirements

- 6.01 Before acceptance in an MICP course, the applicant must be a graduate from a standard four-year high school (GED diploma accepted).
- 6.02 Certified by the West Virginia Department of Health, Emergency



Health Services Unit, as an Emergency Medical Technician .

Must be recommended as a candidate for MICP by a physician who has direct knowledge of the candidate's ability, and then satisfactorily complete the MICP course and be certified by the State Health Department.

- 6.03. MICP must pass screening tests as administered by qualified personnel if and when deemed necessary in any or all of the following areas: (1) physical, (2) intelligence (I.Q. tests), (3) personality inventories, (4) emotional stability tests, (5) aptitude, (6) social, and (7) driver examination (defensive and emergency).

Section 7. Application for Certification as Mobile Intensive Care Paramedic

- 7.01. The term "Board" as hereafter used refers to the Medical Licensing Board of West Virginia.
- 7.02. The term "Secretary" as hereafter used refers to the Secretary of the Medical Licensing Board of West Virginia.
- 7.03. Application for certification of Mobile Intensive Care Paramedic must be made by a physician licensed to practice in West Virginia stating that the educational requirements have been fulfilled.
- 7.04. Training requirements are outlined in the previous section for the Mobile Intensive Care Paramedic. As stated in Senate Bill #281,



the course must be certified by Emergency Health Services Unit of the State Department of Health.

- 7.05. The minimum age of all applicants must be eighteen years.
- 7.06. All applicants must, prior to applying for certification to the Board, pass both written and practical examination that is administered by the Emergency Health Services Unit of the State Health Department.
- 7.07. Partnerships, corporations, or associations consisting of physicians, and organized in accordance with West Virginia law, in addition to physicians in solo practice, may employ Mobile Intensive Care Paramedics.
- 7.08. The Secretary of the Board may issue temporary certification when credentials permit until the next regular meeting of the Board.
- 7.09. The Board shall after proper certification issue a one (1) year temporary permit to the Mobile Intensive Care Paramedic. After one (1) year, the Mobile Intensive Care Paramedic shall request a permanent certification which must be renewed by the applicant every two (2) years. Prior to permanent certification, the Board will cause the Emergency Health Services Unit of the West Virginia Department of Health to ascertain the competencies of the applicant prior to issuing a new certificate.



Section 8. Requirements for Certification

- 8.01. Before being certified by the Board to perform as a Mobile Intensive Care Paramedic, an applicant shall be of good moral character and have satisfied the requirements of Emergency Health Services Unit of the State Health Department.
- 8.02. Whenever the Board determines that an applicant has failed to satisfy the Board that he should be certified, the Board shall immediately notify such applicant of its decision and indicate in what respect the applicant has so failed to satisfy the Board. Such applicant shall be given a formal hearing before the Board upon request of such applicant filed with or mailed by registered mail to the Secretary of the Board at Charleston, West Virginia, within ten days after receipt of the Board's decision, stating the reasons for such request. The Board shall within 20 days of receipt of such request notify such applicant of the time and place of a public hearing, which shall be held within a reasonable time. The burden of satisfying the Board of his qualifications for certification shall be upon the applicant. Following such hearing, the Board shall determine on the basis of these regulations whether the applicant is qualified to be certified, and this decision of the Board shall be final as to that application.



- 8.03. In hearings held in pursuant to this rule the Board shall admit and hear evidence in the same manner and form as prescribed by law for civil actions.

Section 9. Moral Character

- 9.01. Every applicant shall be of good moral character, and the applicant shall have the burden of proving that he is possessed of good moral character by submitting two documents to this effect.
- 9.02. All information furnished to the Board by an applicant shall be deemed material and such information shall be and become a permanent record of the Board.
- 9.03. All investigations by the Board in reference to the moral character of an applicant may be informal, but shall be thorough, with the object of ascertaining the truth. Neither the hearsay rule, nor any other technical rule of evidence need be observed.

Section 10. Termination of Certificate

- 10.01. The certification of a Mobile Intensive Care Paramedic shall be terminated by the Board, when, after due notice and a hearing in accordance with the provisions of this Section, it shall find:
- (a) That the Mobile Intensive Care Paramedic has held himself out or permitted another to represent him as a licensed physician;



- (b) That the Mobile Intensive Care Paramedic has in fact performed otherwise than at the direction and under the supervision of a physician licensed by the Board;
- (c) That the Mobile Intensive Care Paramedic has been delegated and performed a task or tasks beyond his competence;
- (d) That the Mobile Intensive Care Paramedic is an habitual user of intoxicants or drugs to such an extent that he is unable to safely perform as a Mobile Intensive Care Paramedic;
- (e) That the Mobile Intensive Care Paramedic has been convicted in any court, state or federal, of any felony or other criminal offense involving moral turpitude;
- (f) That the Mobile intensive Care Paramedic has been adjudicated a mental incompetent or whose mental condition renders him unable safely to perform as an assistant to a physician; or
- (g) That the Mobile Intensive Care Paramedic has failed to comply with any of the provisions relating to the Section pertaining to the methods of performance.

10.02. Before the Board shall terminate the certification granted by it to a Mobile Intensive Care Paramedic, it will give to the Mobile



Intensive Care Paramedic a written notice indicating the general nature of the charges, accusation or complaint preferred against him and stating that the Mobile Intensive Care Paramedic will be given an opportunity to be heard concerning such charges or complaints at a time and place stated in such notice, or to be thereafter fixed by the Board, and shall hold a public hearing within a reasonable time. The burden of satisfying the Board that the charges or complaints are unfounded shall be upon the Mobile Intensive Care Paramedic. Following such hearing, the Board shall determine on the basis of these regulations whether the certification of the Mobile Intensive Care Paramedic shall be terminated.

- 10.03. In hearings held by the Board, they shall admit and hear evidence in the same manner and form as prescribed by law for civil actions.

Section 11. Method of Performance


- 11.01. A Mobile Intensive Care Paramedic must clearly identify himself as a Mobile Intensive Care Paramedic or by some other appropriate designation in order to insure that he is not mistaken for a licensed physician or physician's assistant. The Mobile Intensive Care Paramedic must wear an appropriate name tag--Mr., Miss, or Mrs.



and surname plus PARAMEDIC .

- 11.02. A wallet size card furnished by the Board must be carried by the certified Mobile Intensive Care Paramedic bearing the name, address, date of issuance, number, expiration date, signature of certificate holder and Secretary of the Board. A recent photograph shall be affixed to the back of the card.
- 11.03. The Mobile Intensive Care Paramedic must be prepared to demonstrate upon request, to a member of the Board or other persons designated by the Board, his ability to perform those tasks assigned to him.

I hereby certify that the foregoing regulations constitute the official regulations adopted by the Medical Licensing Board of West Virginia October 8, 1973, and filed pursuant to law in the office of the Secretary of State, State of West Virginia.

  
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N. H. DYER, M. D., M. P. H.  
STATE DIRECTOR OF HEALTH

