



**Department of Health and Human Resources  
Bureau for Public Health  
Legislative Rule  
Title 64, Series 48**

**EMERGENCY MEDICAL SERVICES**

**BRIEF SUMMARY OF PROPOSED RULE**

This rule is being promulgated to comply with the requirement contained in WV Code §16-4C-14 to promulgate a rule on the use of paramedics to function in hospital emergency rooms under certain circumstances.

**STATEMENT OF CIRCUMSTANCES**

In HB2111, passed in the regular session of the legislature in 2005, the Commissioner of Bureau for Public Health was directed to promulgate this rule. Under the direct supervision of a registered professional nurse this rule sets forth guidelines to allow for paramedics to function in hospital emergency rooms when certain training requirements, standards and other criteria have been met.

## FISCAL NOTE FOR PROPOSED RULES

Rule Title: 64CSR48 - Emergency Medical Services

Type of Rule:                     Legislative                     Interpretive                     Procedural

Agency: HEALTH AND HUMAN RESOURCES

Address: State Capitol Complex, Building 3, Room 206  
Charleston, WV 25305

Phone Number: 304-285-3331                    Email: wramsey@wvdhhr.org

### Fiscal Note Summary

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

This measure is a result of House Bill 2111 from the 2005 legislative session. As a result of this bill the Commissioner of the Bureau for Public Health is required to promulgate this rule to set forth guidelines to allow paramedics to function in hospital emergency rooms when certain training, requirements, standards and other criteria have been met. This rule will have no effect on costs or revenues of state government.

### Fiscal Note Detail

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

Effect of Proposal	Fiscal Year		
	2006 Increase/Decrease (use "-" )	2007 Increase/Decrease (use "-" )	Fiscal Year (Upon Full Implementation)
<b>1. Estimated Total Cost</b>	0	0	0
Personal Services	0	0	0
Current Expenses	0	0	0
Repairs and Alterations	0	0	0
Equipment	0	0	0
Other	0	0	0
<b>2. Estimated Total Revenues</b>	0	0	0

**3. Explanation of above estimates (including long-range effect):**

Please include any increase or decrease in fees in your estimated total revenues.

No increase or decrease in estimated total revenues.

**Memorandum**

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

This rule has been promulgated as a requirement of House Bill 2111 from the 2005 legislative session. This rule does not have a fiscal impact since it merely establishes the guidelines to allow paramedics to provide certain services in the emergency room. The committees and board which oversees and implements these guidelines already exist and already perform these functions, hence requiring no increase in resources or expenses.

Date

6/28/06

FN64CSR48.BR 6/27/2006

Agency

Department of Health and Human Resources

Authorized Representative

Martha Yeager Walker  
Martha Yeager Walker  
Secretary

**QUESTIONNAIRE**

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

DATE: July 28, 2006

TO: LEGISLATIVE RULE-MAKING REVIEW COMMITTEE

FROM: (Agency Name, Address & Phone No.) WVDHHR / BPH  
350 Capitol Street, Room 702  
Charleston, WV 25301-3712  
Phone: (304) 558-2971

LEGISLATIVE RULE TITLE: 64CSR48, Emergency Medical Services

1. Authorizing statute(s) citation WV Code §§16-4C-14 and 16-4C-23

2. a. Date filed in State Register with Notice of Hearing or Public Comment Period:  
June 28, 2006

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

c. Date of Public Hearing(s) *or* Public Comment Period ended:  
July 28, 2006

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

Attached     X     No comments received

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

following public comment period, July 28, 2006

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

John D. Law, WVDHHR

Ann Spaner BPH

350 Capitol Street, Room 702

Charleston, WV 25301-3712

(304) 558-2971

fax (304) 558-1035

annspaner@wvdhhr.org

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

William D. Ramsey, M.D.

State EMS Medical Director

NOROP Center

190 Hart Field Road

Morgantown, WV 26505

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Phone: (304) 285-3331

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

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

N/A

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b. Date of hearing or comment period:

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

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d. Attach findings and determinations and reasons:

Attached 

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**State of West Virginia**  
**Board of Respiratory Care**  
106 Dee Drive, Suite 1  
Charleston, WV 25311

Joe Manchin III  
Governor

Phone: 304-558-1382  
Facsimile: 304-558-1383

July 18, 2006

John D. Law  
WV Dept of Health and Human Resources  
Ann Spaner  
WV Bureau of Public Health  
Diamond Bldg., Room 702  
350 Capitol Street  
Charleston, WV 25301

Re: Title; 64, Rule; 48  
Emergency Medical Services  
Comment to Proposed Rule

Dear Mr. Law and Ms. Spaner,

The West Virginia Board of Respiratory Care is concerned for the safety of patients and would like to address this proposed rule for the application of positive pressure breathing devices and mechanical ventilators by Emergency Medical Services personnel in the emergency room.

The Board recognizes that Emergency Medical Services personnel have the training for simple mechanical ventilation transport devices. Mechanical Ventilation and positive pressure devices for continued patient use are significantly more complicated.

It is our opinion that a licensed respiratory therapist is the best qualified health care professional to operate this equipment in the emergency room and in the hospital proper. The respiratory therapist has specialized training with their minimal training of an associate degree that is focused entirely on the delivery of gases, medication and ventilation to patients with pulmonary impairment.

Further, a licensed respiratory therapist has completed a vigorous examination process that validates their competency in the area of positive pressure devices and mechanical ventilation.

Therefore, it is the official position of this board that a licensed respiratory therapist should be the health care professional who provides this level of care for a patient with pulmonary impairment.

For the Board,

A handwritten signature in black ink that reads "Karen J. Stewart".

Karen J. Stewart, MS, LRTR  
Chairperson

COMMUNICATIONS SECTION  
BUREAU FOR PUBLIC HEALTH

2006 JUL 21 A 11:19

RECEIVED

**Emergency Medical Services 64-48**  
**Comments received:**

**Comment 1:**

Karen Stewart  
Chairperson  
Board of Respiratory Care  
106 Dee Drive, Suite 1  
Charleston, WV 25311

**Comment by letter 1:**

*"The West Virginia Board of Respiratory Care is concerned for the safety of patients and would like to address this proposed rule for the application of positive pressure breathing devices and mechanical ventilators by Emergency Medical Services personnel in the emergency room.*

*The Board recognizes that Emergency Medical Services personnel have the training for simple mechanical ventilation transport devices. Mechanical Ventilation and positive pressure devices for continued patient use are significantly more complicated.*

*It is our opinion that a licensed respiratory therapist is the best qualified health care professional to operate this equipment in the emergency room and in the hospital proper. The respiratory therapist has specialized training with their minimal training of an associate degree that is focused entirely on the delivery of gases, medication and ventilation to patients with pulmonary impairment.*

*Further, a licensed respiratory therapist has completed a vigorous examination process that validates their competency in the area of positive pressure devices and mechanical ventilation.*

*Therefore, it is the official position of this board that a licensed respiratory therapist should be the health care professional who provides this level of care for a patient with pulmonary impairment."*

**Response to comment 1:**

*"The concern is noted, and as per direct discussion with Ms. Stewart, this rule will not cause or allow for EMS personnel to provide management of complex or continued ventilation devices in the hospital setting.*

To: John D. Law  
WVDHHR

Ann Spanner  
BPH

From: Peter L. Hornbeck, Jr., RRT  
President  
West Virginia Society for Respiratory Care

Clinical Specialist  
Respiratory Care Svs  
West Virginia University Hospitals, Inc.

Date: July 26, 2006

Re: EMS Proposed Rule

As President of the WVSRC and a Respiratory Care Practitioner, I feel that the application of positive pressure ventilation by EMS in the Emergency Room setting needs to be addressed. I recognized that EMS personnel have been trained in simple mechanical ventilation transport devices. However, mechanical ventilation and positive pressure devices that are used in the Hospital setting are significantly more complicated. With these more complicated devices come the need for advanced knowledge in the delivery of medical gases, medication and ventilation of patients who suffer from pulmonary impairment.

These more advanced life support devices have many different modes that are used for ventilation, as well as variations in many of the settings depending on the type of pulmonary complication/impairments that the patient is experiencing. You would not ventilate an asthmatic the same way that you would patient with COPD, nor a patient who suffered a cardiac arrest the same way you would a patient with crushing chest injuries. If your peak airway pressures are to high which mode should you use and why, and what are the complications or hazards to the patient if you fail to recognize this problem. In all these situations the Respiratory Care Practitioner is the best-trained personnel to have available at the bedside to provide this care.

There are many other features on these advanced life support devices such as Graphic Waveforms. These waveforms enable the Respiratory Care Practitioner to see exactly what is going on inside that patients lungs with each breath delivered by the ventilator. As practitioner you can tell if the patient has an air leak, air trapping, auto-peep, or are you over distending the patients lungs. Each of these situations requires the attention of a properly trained Respiratory Care Practitioner.

All Respiratory Therapists have received the specialized training needed to deal with all of these situations as described above. After graduation all Respiratory Care Practitioners most complete a minimum of three levels of vigorous testing that validates

their competency in the areas of mechanical ventilation and other services provided by Respiratory Care in the hospital setting.

I recognize that EMS personnel also go through a significant level of training in pre-hospital stabilization and treatment of patients of all types, and that the services they provide are essential to the needs of all West Virginians when in a various medical emergencies outside of the hospital setting. I do not feel that it is fair to the citizens of West Virginia to say that with this training, EMS personnel could be working in an Emergency Department setting and potentially providing care for which they have not been adequately trained such as mechanical ventilation. As a Respiratory Care Practitioner and citizen of this State I think that these proposed rule changes be overturned at this time. In the future I also think that West Virginia Board of Respiratory Care should be include on all such proposed rule changes.

I want to thank you for your time and consideration of my comments. If there are further questions or concerns I can be reached at 304-598-4106, or via e-mail at [hornbeckp@wvuh.com](mailto:hornbeckp@wvuh.com).

**Comment 2:**

Peter L. Hornbeck, Jr., RRT  
President  
West Virginia Society for Respiratory Care  
Clinical Specialist  
Respiratory Care Svs.  
West Virginia University Hospitals, Inc.

**Comment by letter 2:**

*"As President of the WVSRRC and a Respiratory Care Practitioner, I feel that the application of positive pressure ventilation by EMS in the Emergency Room Setting needs to be addressed. I recognized that EMS personnel have been trained in simple mechanical ventilation transport devices. However, mechanical ventilation and positive pressure devices that are used in the Hospital setting are significantly more complicated. With these more complicated devices come the need for advanced knowledge in the delivery of medical gases, medication and ventilation of patients who suffer from pulmonary impairment.*

*These more advanced life support devices have many different modes that are used for ventilation, as well as variations in many of the settings depending on the type of pulmonary complication/impairments that the patient is experiencing. You would not ventilate an asthmatic the same way that you would patient with COPD, nor a patient who suffered a cardiac arrest the same way you would a patient with crushing chest injuries. If your peak airway pressures are to high which mode should you use and why, and what are the complications or hazards to the patient if you fail to recognize this problem. In all these situations the Respiratory Care Practitioner is the best-trained personnel to have available at the bedside to provide this care.*

*There are many other features on these advanced life support devices such as Graphic Waveforms. These waveforms enable the Respiratory Care Practitioner to see exactly what is going on inside that patients lungs with each breath delivered by the ventilator. As practitioner you can tell if the patient has an air leak, air trapping, auto-peep, or are you over distending the patients lungs. Each of these situations requires the attention of a properly trained Respiratory Care Practitioner.*

*All Respiratory Therapists have received the specialized training needed to deal with all of these situations as described above. After graduation all Respiratory Care practitioners most complete a minimum of three levels of vigorous testing that validates their competency in the areas of mechanical ventilation and other services provided by Respiratory Care in the hospital setting.*

*I recognize that EMS personnel also go through a significant level of training in pre-hospital stabilization and treatment of patients of all types, and that the services they provide are essential to the needs of all West Virginians when in a various medical emergencies outside of the hospital setting. I do not feel that it is fair to the citizens of West Virginia to say that with this training, EMS personnel could be working in an Emergency Department setting and potentially providing care for which they have not been adequately trained such as mechanical ventilation. As a Respiratory Care practitioner and citizen of this State I think that these proposed rule changes be overturned at this time. In the future I also think that West Virginia Board of Respiratory Care should be include on all such proposed rule changes..."*

**Response to comment 2:**

"The concern is noted, and as per direct discussion with Mr. Hombeck, this rule will not cause or allow for EMS personnel to provide management of complex or continued ventilation devices in the hospital setting. After discussion with Mr. Hombeck as to the details of the rule and process he expressed comfort with the rule."

TITLE 64  
LEGISLATIVE RULE  
BUREAU FOR PUBLIC HEALTH

SERIES 48  
EMERGENCY MEDICAL SERVICES

FILED

2006 JUL 28 P 2: 51

OFFICE WEST VIRGINIA  
SECRETARY OF STATE**§64-48-1. General.**

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

1.2. Authority. -- W. Va. Code §§16-4C-14 and 16-4C-23.

1.3. Filing Date. -- ~~April 17, 2002~~.

1.4. Effective Date. -- ~~July 1, 2002~~.

1.5. Applicability. -- This rule applies to all persons or entities defined in W. Va. Code §§16-4C-14 and 16-4C-3 and to all other persons or entities engaging in the provision of emergency medical services in West Virginia including but not limited to the following:

1.5.a. Emergency medical services agencies;

1.5.b. Emergency medical services personnel;

1.5.c. Emergency medical services providers;

1.5.d. Emergency medical services line officers;

1.5.e. Medical command; and

2.5. Basic Life Support (BLS). -- A basic level of out-of-hospital and interfacility emergency

1.5.f. Small emergency medical services providers.

1.6. Enforcement. -- This rule is enforced by the commissioner of the bureau for public health.

**§64-48-2. Definitions.**

2.1. Advanced Life Support (ALS). -- A sophisticated level of emergency medical services provided by the following levels of EMS personnel: EMT-P, EMSA-RN, EMSA-PA, EMSA-FN, EMSA-I, EMSA-DO, EMSA-MD, or as stated in this rule, which includes, but is not limited to, transportation of incapacitated individuals, basic life support procedures and ALS assessment, supervision, and interventions.

2.2. Air Ambulance. -- A specific dedicated or non-dedicated (used on an as-needed basis) aircraft used in air ambulance operations, as defined in Subsection 8.5 of this rule and has been inspected and approved by the FAA as compatible with any and all additional equipment permanently or temporarily equipped in that aircraft specifically for the aircraft's use in air ambulance operation according to Federal Aviation Regulations (FAR), Part 135.

2.3. Attendant. -- A person certified pursuant to this rule responsible for assisting in the care of an incapacitated individual or patient with respect to the provision of emergency medical services.

2.4. Attendant-in-Charge. -- A person certified pursuant to this rule to have the authority and responsibility for the care of patients with respect to the provision of emergency medical services.

medical services provided when a patient requires BLS services or continual medical supervision.

Basic life support can be performed by ALS personnel as well as an EMT-B, EMSA-FR or as stated in this rule.

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

2.7. Communications Center. - A facility that serves as the focal point of a communications system for a particular geographic area and the particular response agencies that serve there. The facility includes, but is not limited to, 911 centers, stand alone dispatch centers and other public safety answering points. The center receives calls for emergency assistance and dispatches the appropriate responders to the incident.

2.8. Critical Care Transport. - A level of sophisticated and specialized medical care and transportation requiring specifically trained and skilled personnel, operating under medical supervision as established by the WV State OEMS Medical Direction System.

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

2.10. EMSA-DO. -- A person certified as an Emergency Medical Services Attendant - Doctor of Osteopathic Medicine.

2.11. EMSA-FN. -- A person certified as an Emergency Medical Services Attendant - Flight Nurse.

2.12. EMSA-FR. -- A person certified as an Emergency Medical Services Attendant - First Responder.

2.13. EMSA-I. -- A person certified as an Emergency Medical Services Attendant - Intermediate.

2.23. Major Medical Emergency. -- Any

2.14. EMSA-MD. -- A person certified as an Emergency Medical Services Attendant - Medical Doctor.

2.15. EMSA-PA. -- A person certified as an Emergency Medical Services Attendant - Physician's Assistant.

2.16. EMSA-RN. -- A person certified as an Emergency Medical Services Attendant - Registered Nurse.

2.17. Emergency Medical Services Vehicle (EMS vehicle). -- EMS transportation vehicles including ambulances, air ambulances and non-medical transportation vehicles as described in this rule. In addition, non-transporting EMS vehicles may include any private or publicly owned vehicle or craft that is designed, constructed, or modified and equipped and is intended to be used for and is maintained or operated to provide on-scene emergency medical services.

2.18. EMT-B. -- A person certified as an Emergency Medical Technician - Basic.

2.19. EMT-M. -- A person certified as an Emergency Medical Technician - Mining.

2.20. EMT-P. -- A person certified as an Emergency Medical Technician - Paramedic.

2.21. Emergency Vehicle Operator's Course. - A course of instruction approved by the commissioner for operators of emergency vehicles that includes safe driving skills, knowledge of the vehicle codes of West Virginia affecting emergency vehicles and driving skills during response to an incident and transportation of a patient to or from a health care facility. The course includes classroom and driving course skills.

2.22. Legal Recognition. -- The process by which a person acquires a certificate as an EMSP in West Virginia for a level in which he or she is certified in another state.

emergency event which cannot be managed

through the use of emergency medical services resources available locally.

2.24. Medical Command Center. -- A designated facility staffed by trained personnel, operating under medical supervision, who have ultimate authority and responsibility over patient care and facility destination decisions. The medical command supplies professional support through radio or telephone communications for the on-site and in-transit basic and advanced life support services administered by EMS personnel.

2.25. Medical Command Physician. - A physician approved by the Office of EMS (OEMS) Medical Direction System to give on-line medical direction to EMS personnel as established by Office of EMS (OEMS) Medical Direction system guidelines.

2.26. Medical Community. -- The aggregate physician and medical specialist resources located and available within a geographic area..

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

2.28. Office of EMS Medical Direction System. - The system established within the OEMS whose primary responsibility is, but not limited to, the establishment of the policies and procedures governing all aspects of the operation of the on-line and off-line medical direction for all EMS activities in West Virginia. This system includes, but is not limited to, State, Regional, and Agency Medical Directors; committees; and medical command centers.

2.29. Off-Line Medical Direction. - the component of medical direction given to EMS personnel and agencies through the OEMS Medical Direction System which includes all the activities of the State, Regional, and Agency Medical Directors; and Medical policy and Care

2.36. Squad or County Medical Director. -- A physician licensed in this state who provides

Committees; including but not limited to, medical treatment protocols, policies and procedures, educational requirements, quality improvement, scope of practice, privilege to practice, medical command center operation, and all other issues of a medical nature.

2.30. On-Line Medical Direction- The medical direction given by an approved Medical Command Physician to EMS personnel at the time of the incident, by voice or other means, as established by OEMS Medical Direction System guidelines.

2.31. Operator. -- A person recognized pursuant to this rule as responsible for the operation of an emergency medical services vehicle.

2.32. Patient Transportation. -- Movement or transfer of a patient from one (1) location to another by an approved and designated ambulance.

2.33. Rapid Response. -- A form of emergency medical services for which the lead EMS agency or an associated organization provides an initial response service in an area that may be remote from regularly staffed ambulances to improve on response times. Rapid response EMS personnel can provide on-scene assessment, intervention and supervision without patient transportation.

2.34. Recertification. -- The process by which any person renews a certificate as an EMSP for a level in which he or she is currently certified in this State.

2.35. Rescue. -- A service which may include: the search for lost persons; gaining access to trapped persons; the extrication of persons from water, confined space, heights, remote/wilderness locations and other potentially dangerous situations; and the rendering of assistance to those persons.

medical oversight, quality assurance, medical audits, and advice for an EMS agency or a group

of EMS agencies within a county.

**§64-48-3. Requirements for Emergency Medical Services Agencies.**

3.1. General Requirements. -- The commissioner shall evaluate EMS Agencies according to this rule. The Commissioner shall provide technical assistance to EMS Agencies to help with compliance.

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

3.3. Place of Operations. -- All EMS agencies which provide patient care shall comply with the following requirements pertaining to the place of operations:

3.3.a. Storage Space. -- The EMS Agency shall provide adequate and clean enclosed storage space for equipment and supplies. These storage spaces shall be constructed to permit thorough cleaning;

3.3.b. Supplies. -- The EMS Agency will maintain medical supplies required for the classes of vehicles in service at that location.

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

3.3.d. Medical Waste. -- All forms of medical waste shall be stored and disposed of according to W. Va. Code §25-5 and Division of Health Legislative Rule 64 CSR 56, Infectious Medical Waste.

3.4. Operational Policies and Procedures. -- All EMS Agencies shall maintain current written operational policies and procedures which shall be subject to and available for inspection by the

3.7. System Requirements. -- All EMS agen-

commissioner. The policies and procedures shall establish methods for the operation and maintenance of the services provided by the EMS Agency, including equipment, and facilities and the responsibilities of personnel associated with the agency as limited by the licensure level of the agency.

3.5. Records. -- All EMS Agencies are responsible for the preparation and maintenance of records. The records shall be subject to and available for inspection by the commissioner. Records shall be stored in a manner as to provide reasonable safety from water and fire damage and from disclosure to persons other than those authorized by law. Secure storage shall be provided for medical records. The EMS Agency shall prepare and maintain for a period of not less than five (5) years the following records:

3.5.a. Current personnel records of each EMS agency member or employee, including a file for each which provides documentation of training and qualifications for the position held including evidence of certification;

3.5.b. Records for each vehicle currently in use, including maintenance records, valid vehicle registration records, records of safety inspections, a record of vehicle insurance coverage, and accident report forms; and

3.5.c. Records of EMS agency service activity, including state OEMS Patient Care Records which specifically identify the vehicle operator and attendant in charge, dispatch records, and other OEMS Patient Care Record information. The OEMS Patient Care Record minimum data set as defined by the commissioner shall be submitted on a monthly schedule established by the commissioner for the individual agency.

3.6. Insurance. -- Each EMS agency shall have in effect and be able to furnish proof on demand of contracts errors and omissions insurance as required by W. Va. Code §16-4C-16.

cies shall provide one (1) or more of the following

types of service: rapid response, basic life support, advanced life support, critical care transport, rotary wing transport, or fixed wing transport.

3.8. Provision of Service. -- EMS agencies shall not refuse treatment, transportation, or other required services to patients to the nearest appropriate facility in the case of a critical illness or injury. This does not preclude EMS agencies from refusing to transport those persons who have been properly assessed and determined not to need EMS agency services, according to State-approved triage protocols.

3.9. Public Access. -- Each EMS agency shall provide for a publicly listed telephone number to receive calls for service from the public within its regular operating area, except as specified in Subdivision 3.9.b of this rule.

3.9.a. The number shall be answered on a twenty-four (24) hour basis.

3.9.b. Exception. -- Any EMS agency that, according to its written policy, does not respond to calls from the general public but responds only to calls from a unique population, such as the population of a state institution, an industrial plant, between specified health care facilities, or a university, is not required to provide a publicly listed telephone number. The agency shall provide for a telephone number and shall make that number known to the unique population it services. The number shall be required to be answered during all periods when that population may require service.

3.10. Availability. -- All EMS agencies shall ensure that service for which they are licensed is available to the public or population within their regular operating area on a twenty-four (24) hour continuous basis either by providing the service themselves or by written arrangement with another EMS agency, except as provided in Subdivision 3.9.b of this rule.

3.11 Communications. -- All EMS communications systems shall comply with state and

4.6. Verification. -- The commissioner may

federal rules, regulations, policies and protocols.

#### **§64-48-4. Licensure of Emergency Medical Services Agencies.**

4.1. Requirements for License. -- No person or entity shall establish or operate and maintain any service or organization as an EMS agency without a valid license.

4.2. Display of License. -- The license to operate shall be publicly displayed in the headquarters of the EMS agency.

4.3. Licenses. -- EMS licenses shall be issued for one or more of the following EMS services:

4.3.a. Rapid response-basic life support;

4.3.b. Rapid response-advanced life support;

4.3.c. Basic life support;

4.3.d. Advanced life support;

4.3.e. Critical care transport;

4.3.f. Rotary wing transport;

4.3.g. Fixed wing transport; and

4.3.h. Specialized multipatient medical transport, as described in the Division of Health Legislative Rule, 64CSR29, Specialized Multipatient Medical Transport.

4.4. Advertising. -- No EMS Agency shall advertise for services other than those for which it is licensed, or imply those services in the agency name.

4.5. Application. -- The EMS Agency shall file a written application for a license with the commissioner on forms specified by the commissioner.

use whatever lawful investigatory means necessary

to verify any or all information contained in the application.

4.7. **Determination of License Entitlement.** -- The commissioner shall determine whether an applicant or licensee is entitled to a license based upon the applicant's or licensee's previous record of performance in the provision of similar service, and the resources available to the applicant or licensee for the provision of the proposed service, such as: personnel and equipment; an objective measurement of the EMS Agency licensing standards by an inspection team; and evidence of the applicant's or licensee's current compliance with all state, local, and federal tax obligations.

4.8. **Inspection.** -- The commissioner has the right to inspect all places of operation of an EMS Agency or proposed EMS Agency for compliance with this rule. The inspection shall be in addition to other federal, state, or local inspections required by law. The inspection may include all places of operations of the EMS Agency or proposed EMS Agency and all records used by the EMS Agency or proposed EMS Agency. The commissioner may inspect, but not copy or maintain, records of protected status.

4.9. **Alternative Licensing Method.**

4.9.a. In lieu of the standards set forth in this section, the commissioner may recognize accreditation by a nationally recognized EMS Agency credentialing body as meeting state licensing standards. The accreditation term awarded after successful completion of a program shall be consistent with the established term of state licensure. The standards shall meet or exceed established State standards.

4.9.b. An official of the OEMS shall accompany accreditation officials during the site visit to the EMS provider.

4.9.c. The agency seeking alternative licensure shall forward a copy of the findings of the accrediting agency to the commissioner.

4.9.d. Agencies seeking alternative

licensing are subject to the fees set forth in Subsection 6.7. of this rule.

**§64-48-5. Licensing Standards.**

5.1. In addition to the requirements set forth in this rule, the commissioner shall score the EMS Agency or proposed EMS Agency according to the following standards. The score reflected as the total for the licensing standards shall be applied to a chart as referenced in Subdivision 6.3.f. of this rule to rank the agency accordingly.

5.2. **Level of Service.**

5.2.a. All EMS vehicles, emergency and non-emergency (with the exception of Class F Specialized Multipatient Medical Transport vehicles) are capable of full ALS performance at all times - fifteen (15) points;

5.2.b. ALS or BLS staffed EMS vehicles are dispatched on both emergency and non-emergency responses utilizing a tiered system in which the pre-determined level of service is dispatched based on the type of call received - thirteen (13) points;

5.2.c. ALS staffed and equipped EMS vehicles are provided on a part-time basis - ten (10) points; or

5.2.d. Basic life support only is available - five (5) points.

5.3. **Medical Accountability.**

5.3.a. **Off-Line Medical Direction.**

5.3.a.1. The medical director has a written contract with the EMS agency outlining his or her duties and responsibilities and is actively involved with the agency as demonstrated by direct participation in oversight of training and recertification, equipment selection, and clinical performance - six (6) points; or

5.3.a.2. The medical director is minimally involved with clinical performance, training or equipment selection but still meets minimum state standards for medical direction as determined by the commissioner - four (4) points.

#### 5.3.b. Quality Review.

5.3.b.1. The EMS agency has a current, written plan of medical quality review regularly conducted by the physician medical director - six (6) points; or

5.3.b.2. The EMS agency participates in a minimal quality review processes established by the commissioner - four (4) points.

#### 5.3.c. Quality Assurance.

5.3.c.1. The EMS Agency regularly provides findings from quality reviews to those involved in the activities reviewed. The findings may call for change in operations, or specific inservice training for individuals or the entire agency. The medical director insures that such findings are binding, implemented, and sufficiently documented - ten (10) points.

5.3.c.2. The EMS agency conducts quality reviews. The findings may call for a change in operations, or specific inservice training for individuals or the entire agency. The medical director or delegated EMS professional is involved in the findings but does not sufficiently document that they are binding and implemented - five (5) points.

### 5.4. Communications.

#### 5.4.a. System Tracking.

5.4.a.1. All EMS vehicles are tracked as to their availability, location and status by a single communications center, which may be a 911 center, other public safety answering point or an EMS agency dispatch center - three (3) points; or

5.4.a.2. The EMS Agency has a single

5.4.d.2. The dispatch center for the

communications center but the center does not consistently track EMS vehicle availability, location and status - one (1) point.

#### 5.4.b. Expertise and Consistency.

5.4.b.1. The dispatch center for the EMS Agency maintains current, written, standard operating policies and procedures for communications personnel with documented training in the Federal Department of Transportation (DOT) National Standard Curriculum-EMS Dispatcher Training Program - three (3) points;

5.4.b.2. The dispatch center for the EMS Agency maintains current, written standard operating policies and procedures for communications personnel with a state recognized course in basic dispatching - two (2) points; or,

5.4.b.3. The dispatch center for the EMS Agency has pre-orientation training for dispatchers offered, but there is no practiced standard operating policies and procedures - one (1) point.

#### 5.4.c. Pre-arrival Instructions.

5.4.c.1. The dispatch center for the EMS Agency has a standard, written format for questioning and information gathering, as well as approved pre-arrival instructions for communications personnel - two (2) points; or

5.4.c.2. The dispatch center for the EMS Agency uses a uniform but unwritten format for caller questioning and appropriate emergency medical services vehicle dispatching - one (1) point.

#### 5.4.d. Logging.

5.4.d.1. The dispatch center for the EMS Agency automatically records all radio transmissions and dedicated emergency phone line conversations - three (3) points; or

EMS Agency has telephone and radio

conversations that are not recorded but consistent, current written logs are created - one (1) point.

#### 5.5. Rapid Response.

##### 5.5.a. Capability.

5.5.a.1. The EMS Agency has formal, authorized, rapid response programs in place which routinely place trained and equipped personnel on the scene of potential life-threatening emergencies within four to eight (4-8) minutes of receipt of call ninety percent (90%) of the time in remote areas - two (2) points; or

5.5.a.2. The EMS Agency has rapid response capability, but is not using it regularly, or it is not available in all remote areas - one (1) point.

##### 5.5.b. Public Information and Education.

5.5.b.1. The EMS Agency has a functional community CPR training and EMS education program for the covered population with frequently published and well attended courses routinely conducted - two (2) points; or

5.5.b.2. The EMS Agency has a community CPR training and EMS education program for the population with intermittent courses conducted - one (1) point.

#### 5.6. Disaster Capability.

##### 5.6.a. Communications and Control.

5.6.a.1. The EMS Agency has a normal operational communications and control system that is capable of affecting and coordinating a system-wide response to a single disaster without any change in personnel or operations - three (3) points; or

5.6.a.2. The EMS Agency has communications and control systems which must be dramatically altered to respond to a disaster situation; with associated time delays - two (2) points.

##### 5.6.b. Disaster Plan.

5.6.b.1. The EMS Agency has a current, written, widely-distributed, acceptable and routinely practiced plan for disaster response within the EMS agency and between adjacent providers - three (3) points; or

5.6.b.2. The EMS Agency has a disaster response plan that is available to local providers and the EMS agency occasionally participates in disaster drills - two (2) points.

##### 5.6.c. Mutual Aid.

5.6.c.1. The EMS Agency maintains written mutual aid agreements that address adjacent EMS agencies common communication frequencies, equipment, and cross-training to allow personnel to adequately function together during a disaster - three (3) points; or

5.6.c.2. The EMS Agency maintains written mutual aid agreements that exist between the EMS agency and selected adjacent providers which covers disaster operations but little cross-training or drills exist - two (2) points.

#### 5.7. Response Time Performance.

5.7.a. Cities with populations of twelve thousand (12,000) or more.

5.7.a.1. The EMS Agency provides a staffed ambulance on scene of emergency responses within eight (8) minutes of receipt of the call by the EMS Agency in ninety percent (90%) of the cases in cities with populations of twelve thousand (12,000) or more - six (6) points; or

5.7.a.2. The EMS Agency provides a staffed ambulance on scene of emergency responses within fifteen (15) minutes of receipt of the call by the EMS Agency in ninety percent (90%) of the cases in cities with populations of twelve thousand (12,000) or more - four (4) points.

5.7.b. Rural Areas with population less than twelve thousand (12,000).

5.7.b.1. The EMS Agency provides a staffed ambulance on scene of emergency responses within twenty (20) minutes of receipt of the call by the EMS Agency in ninety percent (90%) of the cases for a rural area - six (6) points; or

5.7.b.2. The EMS Agency provides a staffed ambulance on scene of emergency responses within forty (40) minutes of receipt of the call by the EMS Agency in ninety percent (90%) of the cases for a rural area - four (4) points.

5.8. Personnel.

5.8.a. Job Description. -- The EMS Agency maintains current written job descriptions for all personnel - three (3) points.

5.8.b. Orientation. -- The EMS Agency uses a formal orientation process with documented completion of specific stated objectives - three (3) points.

5.8.c. Recruitment. -- The EMS Agency actively recruits qualified new personnel from both inside and outside the immediate area with measures in place to preserve and maintain adequate personnel and some retention measures - three (3) points.

5.8.d. Personnel Screening. -- The EMS Agency screens and selects applicants with a formal, objective process to identify the most qualified - three (3) points.

5.8.e. Personnel Policies and Procedures. -  
- The EMS Agency has written personnel policies and procedures that address all appropriate areas of qualifications, job performance, and other employment practices which are distributed to all agency personnel. The personnel policies and procedures shall be in accordance with all applicable State and Federal laws, rules, and

5.10.d. Financial Stability. -- The EMS Agency has a financial status that is stable so that

regulations - three (3) points.

5.9. Training.

5.9.a. Continuing Education. -- The EMS Agency requires and encourages personnel to obtain continuing education. The agency provides adequate opportunity for regularly scheduled in-house and outside-the-agency training activities - six (6) points.

5.9.b. Squad Training Officer's Program.

5.9.b.1. The EMS Agency participates fully in the state squad training officers program with a State designated squad training officer who maintains accurate and current training records of personnel and coordinates training activities on a regular basis - ten (10) points; or

5.9.b.2. The EMS Agency participates fully in the state squad training officers program with a State designated training officer who maintains accurate and current training records of personnel and coordinates training activities on a minimal basis - five (5) points.

5.10. Financial.

5.10.a. Budget. -- The EMS Agency has a written budget and uses it with accounting of receipts and expenditures according to generally accepted accounting practices. Financial statements are available for review - three (3) points.

5.10.b. Billing. -- The EMS Agency has written billing policies and procedures that are compliant with generally accepted accounting practices - three (3) points.

5.10.c. Pricing. -- The EMS Agency has pricing policies that maximize third party payments while minimizing out-of-pocket expenditures, especially for senior citizens and insured patients. Charges are adequate to cover the costs of providing the service - three (3) points.

crisis situations affecting employee compensation, routine supply, equipment purchases, and daily

operations did not occur - three (3) points.

5.10.e. Financial Responsibility. -- The EMS Agency has specific individuals with financial responsibility. They have ultimate financial responsibility and authority. Any delegation of financial responsibility is established in writing. The individual or individuals with financial responsibility shall be appropriately insured and/or bonded - three (3) points.

#### 5.11. Facilities and Equipment.

5.11.a. Vehicle Inspection Program. -- The EMS Agency's EMS vehicles are in good working order and maintained in a clean and sanitary fashion as documented by the annual OEMS-EMS vehicle inspection process - three (3) points.

5.11.b. Vehicle Maintenance Program. -- The EMS Agency uses a documented, comprehensive program of routine inspection and preventative maintenance for all EMS vehicles and equipment - three (3) points.

5.11.c. Facilities. -- The EMS Agency's facilities, stations, and quarters are adequate for the needs of all personnel. The stations and quarters are maintained in a clean and sanitary fashion and supplies are provided to allow for proper decontamination of personnel and equipment contaminated with blood and body fluids, including cleansing agents and storage of contaminated waste and equipment according to any applicable Occupational Safety & Health Administration or applicable State rules - three (3) points.

5.11.d. Equipment. -- The EMS Agency maintains medical equipment that functions correctly, is clean, and is fully compatible with current standards and protocols - three (3) points.

5.11.e. Supplies. -- The EMS Agency maintains supplies that are available in adequate quantities to meet the anticipated needs of the

6.2. The commissioner shall notify the EMS Agency in writing of the approval and issuance of

provider, and there is a process for replenishment or replacement of supplies and equipment in a convenient, timely manner so that there will be no lapse in availability as needed - three (3) points.

#### 5.12. Accountability and Stability.

##### 5.12.a. Government Support.

5.12.a.1. The responsible local government entity formally recognizes the agency and provides adequate support, financial or otherwise, if applicable, for the agency to operate. Mechanisms exist to insulate the agency and its personnel from political instability - two (2) points; or

5.12.a.2. The agency is formally recognized as an EMS provider by the responsible local government entity but receives little or no support - one (1) point.

5.12.b. Mission and Organization. -- The EMS Agency has a written mission statement that is known, and the agency is formally and legally organized with clear lines of managerial authority and responsibility - three (3) points.

5.12.c. Management Training. -- The EMS Agency managers are trained in EMS management practices and procedures. Continuing education in management practice is available and participation of managers is evident - three (3) points.

#### **§64-48-6. Issuance of Emergency Medical Services Agency License.**

6.1. The commissioner shall issue a license according to W. Va. Code §16-4-C-6a, provided information contained in the application is complete and correct, and the applicant is determined by the commissioner to be entitled to licensure in accordance with this rule.

an EMS Agency license within sixty (60) days of receipt of the application and completion of the

agency and vehicle inspection processes.

6.3. The EMS agency license shall include the following information:

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

6.3.b. The name and address of the person or persons designated as the official representative(s) of the EMS agency, or the owner as applicable;

6.3.c. The required renewal date of the license;

6.3.d. The types of services for which the EMS agency is licensed;

6.3.e. The number and classification of EMS vehicles the EMS Agency is licensed to operate and maintain;

6.3.f. The standards rating of the EMS agency according to the following scale:

6.3.f.1. Superior, ninety percent (90%) of applicable points;

6.3.f.2. Advanced, eighty percent (80%) of applicable points;

6.3.f.3. Standard, seventy percent (70%) of applicable points; and

6.3.f.4. Non-licensed. -- Less than seventy percent (70%) of applicable points.

6.3.g. Conditions of License. -- An EMS Agency license is valid for a period of two (2) years from the date of issuance unless revoked or suspended by the commissioner.

6.4. Renewal of a License. -- The EMS Agency may apply for renewal of its license during the last year of licensure but no later than ninety (90) days prior to the license renewal date. The

6.5.f. The commissioner shall issue a modified EMS agency license within ten (10) days

EMS Agency may renew its license based on the following provisions: the renewal meets minimum requirements of the inspection criteria as specified in this rule; the EMS Agency is in compliance with the standards as set forth in this rule; and there have been no violations of this rule which, in the sole discretion of the commissioner, would preclude the renewal. If the commissioner is unable to take action on renewal of a license prior to expiration, the license shall remain in full force and in effect until such time as he or she takes such action.

6.5. Modification of a License. -- If the EMS Agency makes any changes in the official representative, medical director, service provided, or in the number and classifications of the EMS vehicles operated and maintained by the Agency, modification of the EMS agency license is required. The procedure for modification of a license is as follows:

6.5.a. The licensee shall request in writing the modifications desired;

6.5.b. The commissioner shall use the provisions of Section 4 of this rule in processing such request as an application, except as specified in Subdivision 6.5.c. of this rule;

6.5.c. In the case of changes in the number and classification of EMS vehicles only, requests shall be approved by the commissioner, provided that the requirements of Section 5 of this rule are met;

6.5.d. The commissioner shall notify the EMS Agency of the approval within thirty (30) days of receipt of the request and completion of applicable inspections;

6.5.e. The EMS Agency shall return the EMS vehicle certificates of any EMS vehicles which have been eliminated from service to the commissioner within ten (10) days of their elimination;

of receipt of the discontinued EMS vehicle certificates or within ten (10) days of issuance of

any new EMS vehicle certificates required by the modification upon completion of applicable inspections;

6.5.g. The EMS Agency shall return the unmodified license to the commissioner within ten (10) days of receipt of the modified license;

6.5.h. The issuance of a modified license shall not be construed to authorize any EMS agency to provide emergency medical services or to operate any EMS vehicle without a franchise in any county or municipality which has enacted an ordinance requiring a franchise.

6.6. Denial of a License. -- The commissioner shall deny EMS Agency licenses according to the following procedures:

6.6.a. The commissioner shall deny an application for an EMS agency license if any of the provisions of Sections 4, 5 or 6 of this rule are not met.

6.6.b. The commissioner shall deny a request for modification of an EMS agency license if any of the conditions of Sections 4, 5 or 6 of this rule are not met, except as provided in Subdivision 6.5.c of this rule.

6.6.c. Notification. -- In the event that a license is denied, the commissioner shall notify the EMS Agency of the denial in writing and within the same period of time that applies to an issuance, renewal, or modification of the license.

6.7. Fees for Application. -- Fees for licensure application and inspection process shall be submitted with the application. The fees are:

6.7.a. Original license application, two hundred dollars (\$200);

6.7.b. Biennial renewal applications, two hundred dollars (\$200);

6.7.c. Yearly EMS vehicle inspection, one hundred dollars (\$100) per vehicle; and

7.1.d.2. Freshly laundered linen,

6.7.d. License modification, one hundred dollars (\$100).

6.8. Fees shall be made payable to the West Virginia Bureau for Public Health.

6.9. Applicable fees are due on July 1 of each year.

6.10. Rapid response vehicles (Class A EMS vehicles) shall not pay an inspection fee.

#### **§64-48-7. Emergency Medical Services Vehicle Requirements.**

##### **7.1. General Requirements.**

7.1.a. Safety. -- Each EMS vehicle shall be maintained in good repair and operating condition and shall have a current state safety inspection.

7.1.b. Occupant Safety. -- All front seat occupants shall use mechanical restraints while the vehicle is in motion.

7.1.c. EMS Vehicle Operations. -- No EMS vehicle shall be operated or maintained except by an EMS agency licensed by the commissioner. The EMS Agency shall exercise emergency operating privileges, including the use of audible and visible emergency warning devices, only during response to the location of an emergency call, while at the location, and during transportation of a patient. Operation of these devices shall be in compliance with the W. Va. Code §17C-2-5.

7.1.d. Sanitation. -- The following requirements for sanitary conditions apply to all EMS vehicles:

7.1.d.1. The interior of the EMS vehicle, including all storage areas, linens, equipment, and supplies shall be clean and sanitary;

disposable sheets, and pillow cases or the

equivalent shall be used in the transporting of patients and shall be changed after each use;

7.1.d.3. Pillows and mattresses used in the EMS vehicle shall be clean and in good repair. Protective covers shall be used;

7.1.d.4. Plastic bags, covered containers or compartments shall be used for the storage of soiled supplies and used disposable items. Red or orange bags shall be used for infectious waste;

7.1.d.5. Exterior surfaces shall be clean;

7.1.d.6. Blankets used or stored in the EMS vehicle shall be clean;

7.1.d.7. Single use devices or supplies inserted into the patient's body shall be stored in a sterile manner and disposed of after use. Reusable items shall be sterilized in accordance with current acceptable medical standards;

7.1.d.8. Surgical hand scrub or health care personnel handwash shall be available on the vehicle;

7.1.d.9. A bleach or disinfectant solution, approved by the United States Centers for Disease Control, shall be available on each vehicle for cleaning purposes;

7.1.d.10. A disposal container for used sharp items shall be available on the vehicle; and

7.1.d.11. The EMS Agency shall ensure that when an EMS vehicle has been used to transport a patient that has an infectious disease other than a common cold, the EMS vehicle and all contact surfaces shall be cleaned and disinfected prior to its being occupied by another patient.

7.1.e. Equipment and Supplies. -- The

8.1.b. If the EMS Agency employs a Class A EMS vehicle, it may be used for the delivery of advanced life support until the arrival of a class of

EMS Agency shall ensure that, according to its classification, each EMS vehicle is equipped with all the required equipment and supplies while en route to a scene or during transport of a patient as required by the West Virginia Department of Health and Human Resources, Bureau for Public Health, OEMS.

7.1.e.1. The EMS Agency shall ensure that vehicle equipment is maintained in good working operation at all times.

7.1.e.2. The EMS Agency shall ensure that supplies are restocked as necessary to maintain the minimum requirements during each response.

7.1.f. Inspection. -- All EMS vehicles are subject to, and shall be available for, inspection by the commissioner for compliance with this rule. This inspection shall be in addition to other inspections required for the EMS vehicle by Federal, State, or local law, rules, and regulations. The commissioner may inspect at any time and without prior notification.

#### **§64-48-8. Classification of EMS Vehicles.**

8.1. Class A. -- A rapid response vehicle is classified as a Class A EMS vehicle.

8.1.a. The EMS Agency may own and operate a Class A EMS vehicle as an optional unit intended solely for the immediate response to the location of a call for the delivery of life support. Personally owned vehicles (POVs) of rapid responders may be used for rapid response purposes and are exempt from Class A requirements but remain under the authority of the official representative of the licensed EMS agency. POVs and their operators are subject to requirements of the Division of Motor Vehicles and OEMS Emergency Vehicle Permit program.

EMS vehicle which is designed for patient transportation provided that it is so equipped and staffed.

8.1.c. The Class A EMS vehicle shall not be used for the transportation of patients except in the case of a disaster.

8.1.d. The operator's compartment of a Class A EMS vehicle shall be constructed to allow for adequate accommodations for the safe operation of the EMS vehicle.

8.1.e. All front seat safety belts shall be operable for individuals riding in front seats.

8.1.f. If the EMS vehicle is used for the delivery of advanced life support, it shall have a lockable storage compartment for a medication kit and its supplies.

8.1.g. The major portion of the body of the Class A EMS vehicle shall be one (1) of four (4) approved safety colors: bright, highly visible shades of red, white, yellow, orange, or combinations thereof. Additional colors are permitted upon approval of the commissioner.

8.1.h. All lettering shall be a minimum of three (3) inches in height except for that lettering which appears as part of an organization logo or emblem.

8.1.i. Additionally, the name of the EMS agency, and of the city, town, or county shall appear on both sides of the EMS vehicle. Logos or emblems are permitted.

8.1.j. Vehicles that are licensed as emergency vehicles which have a primary purpose other than the delivery of EMS (i.e., fire apparatus) are not required to meet the regulations of Subdivisions 8.1.g. through 8.1.i of this rule.

8.1.k. Emergency warning lights shall be installed so as to provide adequate visible warning from all four (4) sides of the EMS vehicle in accordance with applicable US Government Services Agency (GSA) KKK-A-1822 specifications. One (1) or more audible warning devices shall be installed to provide adequate

8.2.e. The EMS Agency may use the

audible warning. All Class A vehicles shall have communications equipment which provides voice communications between the EMS vehicle and its base of operation and voice communications between the EMS vehicle and other EMS vehicles of the same EMS agency for which this requirement applies. The communications equipment shall be operational and compatible with the EMS communications system and comply with state and federal rules, regulations, policies and protocols.

8.1.1. Equipment and Supplies. -- The West Virginia Department of Health and Human Resources, Bureau for Public Health, OEMS shall inspect Class A vehicle equipment and supplies according to requirements of this rule.

8.2. Class B. -- A basic life support vehicle is classified as a Class B EMS vehicle.

8.2.a. The Class B EMS vehicle is primarily intended for the response to the location of a call, for the delivery of basic life support, and for the transportation of patients who require care.

8.2.b. An EMS Agency may not use a Class B EMS vehicle for the delivery of advanced life support on a regular basis, but advanced life support level personnel and equipment may be added to a Class B vehicle for the purpose of increasing a patient's level of care during a transport when assistance is requested from a basic life support vehicle and crew.

8.2.c. The EMS Agency may use a Class B EMS vehicle for the care and transportation of patients who require less than basic life support, such as simple transportation of incapacitated individuals, provided that all the requirements for the operation of a basic life support EMS vehicle continue to be met.

8.2.d. The EMS Agency may use the Class B EMS vehicle for critical care transport services (Class D) if additional equipment and personnel are added to the vehicle for the type of care being provided.

Class B EMS vehicle for the care and

transportation of patients receiving intravenous fluids with no added medications when the patient is a non-emergency interfacility transport and is under the care of an EMT-B.

8.2.f. The EMS Agency may use the Class B EMS vehicle for interfacility care and transportation of patients receiving intravenous fluids with or without medications added when the patient is under the care of an EMSA-RN, EMSA-FN, EMT-P or higher level of EMSP who is acting under protocol from the regional medical command center.

8.2.g. The EMS Agency may use the Class B EMS vehicle for the interfacility care and transportation of patients receiving intravenous fluids with or without medications added when the patient is under the care of a Registered Nurse acting under protocol from the sending medical facility and is accompanied by an EMT-B or higher level EMSP.

8.2.h. Vehicle Specifications. -- The Class B EMS Vehicle shall meet or exceed the design specifications of the GSA KKK-A-1822 specifications for the appropriate year of manufacture.

8.2.i. The major portion of the body of the Class B EMS vehicle shall be one (1) of four (4) approved safety colors: bright, highly visible shades of red, white, yellow, orange, or combinations thereof. Additional colors shall be permitted upon approval of the commissioner.

8.2.j. All lettering shall be a minimum of three (3) inches in height except for that lettering which appears as part of an organization logo or emblem.

8.2.k. Additionally, the name of the EMS agency, and of the city, town, or county shall appear on both sides of the EMS vehicle. Logos or emblems are permitted.

8.2.l. Emergency warning lights shall be

8.3.d. The major portion of the body of the Class C EMS vehicle shall be one (1) of four

installed so as to provide adequate visible warning from all four (4) sides of the EMS vehicle in accordance with applicable GSA KKK-A-1822 specifications. One (1) or more audible warning devices shall be installed to provide adequate audible warning. All Class B vehicles shall have communications equipment which provides voice communications between the EMS vehicle and its base of operation and voice communications between the EMS vehicle and other EMS vehicles of the same EMS agency for which this requirement applies. The communications equipment shall be operational and compatible with the EMS communications system and comply with state and federal rules, regulations, policies and protocols.

8.2.m. Equipment and Supplies. -- The West Virginia Department of Health and Human Resources, Bureau for Public Health, OEMS shall inspect Class B vehicle equipment and supplies according to the requirements of this rule.

8.3. Class C. -- An advanced life support vehicle is classified as a Class C EMS vehicle.

8.3.a. The Class C EMS vehicle is primarily intended for the response to the location of a call for the delivery of basic and advanced life support, and for the transportation of patients who require advanced life support.

8.3.b. The EMS Agency may use a Class C EMS vehicle as a Class B EMS vehicle provided that all requirements for the operation of a Class B EMS vehicle are met. It may also be used for critical care transport services (Class D) if the proper additional equipment is added to the vehicle for the type of care being provided.

8.3.c. Vehicle Specifications. -- The Class C EMS vehicle shall meet or exceed the design specifications of the GSA KKK-A-1822 specifications for the appropriate year of manufacture.

(4) approved safety colors: bright, highly visible shades of red, white, yellow, orange, or

combinations thereof. Additional colors are permitted upon approval of the commissioner.

8.3.e. All lettering shall be a minimum of three (3) inches in height except for that lettering which appears as part of an organization logo or emblem.

8.3.f. Additionally, the name of the EMS agency, and of the city, town, or county shall appear on both sides of the EMS vehicle. Logos or emblems are permitted.

8.3.g. Emergency warning lights shall be installed so as to provide adequate visible warning from all four (4) sides of the EMS vehicle in accordance with applicable GSA KKK-A-1822 specifications. One (1) or more audible warning devices shall be installed to provide adequate audible warning. All Class C vehicles shall have communications equipment which provides voice communications between the EMS vehicle and its base of operation and voice communications between the EMS vehicle and other EMS vehicles of the same EMS agency for which this requirement applies. The communications equipment shall be operational and compatible with the EMS communications system and comply with state and federal rules, regulations, policies, and protocols.

8.3.h. Equipment and Supplies. -- The West Virginia Department of Health and Human Resources, Bureau for Public Health, OEMS shall inspect Class C vehicle equipment and supplies according to the requirements of this rule.

8.4. Class D. -- A critical care transport unit is classified as a Class D EMS vehicle.

8.4.a. The Class D EMS vehicle is specifically intended for the response to a request

8.4.h. Emergency warning lights shall be installed so as to provide adequate visible warning from all four (4) sides of the EMS vehicle in accordance with GSA KKK-A-1822 specifications.

One (1) or more audible warning devices shall be installed to provide adequate audible warning. All Class D vehicles shall have communications

from a physician or medical facility, for the delivery of basic and advanced life support for the patient who requires specialized care during patient transfers.

8.4.b. The EMS Agency may use a Class D EMS vehicle for the treatment and transportation of BLS and ALS adult, pediatric, or neonatal patients if the vehicle is equipped and staffed for the type of patient being transported.

8.4.c. The EMS Agency shall not use a Class D EMS vehicle for the treatment or transportation of any other patients who need ALS or BLS services available by any Class B or C EMS vehicle unless the Class D EMS vehicle is equipped and staffed as a Class B or C EMS vehicle.

8.4.d. Vehicle Specifications. -- The Class D EMS vehicle shall meet or exceed the design specifications of the GSA KKK-A-1822 guidelines for the appropriate year of manufacture.

8.4.e. The major portion of the body of the Class D EMS vehicle shall be one (1) of four (4) approved safety colors: bright, highly visible shades of red, white, yellow, orange, or combinations thereof. Additional colors shall be permitted upon approval of the commissioner.

8.4.f. All lettering shall be a minimum of three (3) inches in height except for that lettering which appears as part of an organization logo or emblem.

8.4.g. Additionally, the name of the EMS agency, and of the city, town, or county shall appear on both sides of the EMS vehicle. Logos or emblems are permitted.

equipment which provides voice communications between the EMS vehicle and its base of operation and voice communications between the EMS vehicle and other EMS vehicles of the same EMS agency for which this requirement applies. The communications equipment shall be operational and compatible with the EMS communications

system and comply with state and federal rules, regulations, policies, and protocols.

8.4.i. Equipment and Supplies. -- The West Virginia Department of Health and Human Resources, Bureau for Public Health, OEMS shall inspect Class D vehicle equipment and supplies according to the requirements of this rule.

8.5. Class E - The life support vehicle for air transportation is classified as a Class E EMS aircraft. There shall be two (2) categories, one (1) for rotary wing aircraft and one (1) for fixed wing aircraft. Both categories of aircraft shall comply with Federal Aviation Regulations (FAR), Part 135. Any EMS Agency engaging in air ambulance service for compensation or hire under these regulations shall be a certified air carrier under FAR, Part 135.

#### 8.5.a. Rotary Winged Aircraft.

8.5.a.1. A Class E EMS rotary winged aircraft is primarily intended for the response to the location of a call for the delivery of basic and advanced life support, and for the air transportation of patients who require critical care and rapid transportation.

8.5.a.2. Provided that the aircraft is equipped and staffed, the EMS Agency may also employ Class E rotary winged aircraft for the delivery of specialized transportation services such as neonatal and high risk obstetrics or for the transportation of equipment, medical personnel, supplies, blood, human organs, or other health related services.

8.5.a.3. The Class E rotary winged aircraft patient compartment design shall allow sufficient space to accommodate at least two (2) trained medical personnel and at least one (1) stretcher patient.

8.5.a.4. When the Class E rotary

8.5.a.13. All Class E rotary wing vehicles shall have communications equipment which provides voice communications between the EMS vehicle and its base of operation and voice

winged aircraft is used for the delivery of advanced life support care and techniques, the patient care compartment shall be configured so that advanced life support techniques can be performed for at least one (1) patient during transport.

8.5.a.5. If the aircraft is used for the transportation of patients who require neonatal care, then the interior design of the aircraft shall provide space for a minimum of one (1) transport module/incubator.

8.5.a.6. The aircraft operator's cockpit area shall be constructed to allow adequate accommodations for the safe operation of the craft.

8.5.a.7. Door openings shall be of sufficient size to permit the safe loading and unloading of a patient occupying a stretcher.

8.5.a.8. The word "AMBULANCE" may appear on the aircraft. The name of the EMS agency or program shall appear on both sides of the aircraft. An additional logo is permissible.

8.5.a.9. A visible warning device may be installed on the underside of the aircraft to provide adequate day and night emergency warning. An audible warning device may be installed to provide adequate emergency warning and external voice communications.

8.5.a.10. The aircraft shall be equipped with a remote-controlled search light.

8.5.a.11. The patient area lighting shall include overhead or dome lighting that does not interfere with the safe operation of the aircraft.

8.5.a.12. The aircraft shall be equipped with a light that illuminates the tail rotor area. The device may be a Tel-Tail or equivalent light.

communications between the EMS vehicle and other EMS vehicles of the same EMS agency for which this requirement applies. The communications equipment shall be operational

and compatible with the EMS communications system and comply with state and federal rules, regulations, policies and protocols.

8.5.a.14. Equipment and Supplies. -- The West Virginia Department of Health and Human Resources, Bureau for Public Health, OEMS shall inspect Class E rotary wing aircraft equipment and supplies according to the requirements of this rule.

#### 8.5.b. Fixed Wing/Aircraft.

8.5.b.1. The fixed wing aircraft Class E EMS vehicle is primarily intended for extended air transport to a location within the state or across state boundaries, for the delivery of basic and advanced life support, and for the air transportation of patients who require critical care and rapid transportation.

8.5.b.2. Provided that the aircraft is equipped and staffed, the EMS Agency may also employ Class E fixed winged aircraft for the delivery of specialized transportation services (such as neonatal and high risk obstetrics) or for the transportation of equipment, medical personnel, supplies, blood, human organs, or other health related services.

8.5.b.3. When the Class E fixed winged aircraft is used for the delivery of advanced life support, the patient compartment design shall have sufficient space to accommodate at least two (2) trained medical persons and one (1) stretcher patient.

8.5.b.4. Door openings shall include an opening which shall be of sufficient size so as to permit the safe loading and unloading of a patient occupying a stretcher, or transport incubator, without interrupting life support measures.

8.5.b.5. The cabin shall be large enough to allow access to the patient while in flight by at least two (2) certified crew members, as

9.1.a.2. Demonstrate competency during emergencies using basic or advanced life support equipment and skills in accordance with

well as adequate room for medical equipment and supplies. The upper surface of the stretcher shall not be less than thirty (30) inches from the ceiling of the aircraft.

8.5.b.6. The patient area lighting shall include overhead or dome lighting adequate for patient care that does not interfere with the safe operation of the aircraft.

8.5.b.7. All electrically operated medical equipment used on the aircraft shall have its own external power source available.

8.5.b.8. All Class E fixed wing vehicles shall have communications equipment which provides voice communications between the EMS vehicle and its base of operation and voice communications between the EMS vehicle and other EMS vehicles of the same EMS agency for which this requirement applies. The communications equipment shall be operational and compatible with the EMS communications system and comply with state and federal rules, regulations, policies and protocols.

8.5.b.9. Equipment and Supplies. -- The West Virginia Department of Health and Human Resources, Bureau for Public Health, OEMS shall inspect Class E fixed wing aircraft equipment and supplies according to the requirements of this rule.

### §64-48-9. EMS Personnel Requirements.

#### 9.1. General Requirements.

9.1.a. Personnel Qualifications. -- EMS personnel shall:

9.1.a.1. Be at least eighteen (18) years of age, with the exception of an EMSA-FR, who shall be at least sixteen (16) years of age;

the course objectives from the U.S. Department of Transportation National Standard Curricula for EMS personnel, including having the ability to:

9.1.a.2.A. Communicate (speak and hear) with co-workers, patients, physicians, and dispatchers in person, or via telephone and telecommunications using the English language;

9.1.a.2.B. Lift, carry, and balance a minimum of one hundred twenty-five (125) pounds alone, and equally distributed two hundred fifty (250) pounds with assistance at a height of thirty-three (33) inches, for a distance of ten (10) feet;

9.1.a.2.C. Read and comprehend written materials under stressful conditions;

9.1.a.2.D. Document in writing, patient information on the West Virginia OEMS Patient Care Record; and

9.1.a.2.E. Demonstrate manual dexterity and fine motor skills, with ability to perform all functions needed for providing quality patient care;

9.1.a.3. Bend, stoop, crawl, and walk on uneven surfaces;

9.1.a.4. Meet minimum vision requirements to operate a motor vehicle within the state;

9.1.a.5. Not be addicted to the use of any drugs or intoxicating substances; and

9.1.a.6. Not be under the influence of any intoxicating substance while on duty or when responding to calls or assisting in the care of a patient.

#### **§64-48-10. Criminal Convictions of EMS Personnel.**

10.1. Criminal Convictions-General Denial.-- Certification of individuals having been convicted of certain crimes presents an unreasonable risk to public health and safety. The commissioner shall deny applications for certification by individuals

10.2.b.1. Crimes involving controlled

convicted of the following crimes in all cases:

10.1.a. Felonies involving sexual misconduct where the victim's failure to affirmatively consent is an element of the crime, such as forcible rape;

10.1.b. Felonies involving the sexual or physical abuse of children, the elderly or infirm, such as sexual misconduct with a child, making or distributing child pornography or using a child in a sexual display, incest involving a child, assault on an elderly or infirm person;

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

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

10.2. Criminal Convictions-Presumptive Denial. -- The commissioner shall deny applications for certification by individuals in the following categories except in extraordinary circumstances, and then shall grant certification only if the applicant establishes by clear and convincing evidence that certification will not jeopardize public health and safety:

10.2.a. Individuals who have been convicted of any crime and who are currently incarcerated, on work release, probation or parole; and

10.2.b. Individuals convicted of crimes in the following categories unless either at least five (5) years have passed since the conviction or five (5) years have passed since release from custodial confinement:

substances or synthetic drugs, including unlawful

possession or distribution, or the intent to distribute unlawfully, Schedule I through V drugs as defined by the Uniform Controlled Dangerous Substances Act;

10.2.b.2. Serious crimes against property, such as grand larceny, burglary, embezzlement or insurance fraud; or

10.2.b.3. Any crime involving sexual misconduct.

10.3. Criminal Convictions-Discretionary Denial. -- The commissioner may deny applications for certification by individuals convicted of any crimes including driving under the influence, but not including minor traffic violations after consideration of the following factors:

10.3.a. The seriousness of the crime;

10.3.b. Whether the crime relates directly to the skills needed for prehospital care service and the delivery of patient care;

10.3.c. How much time has elapsed since the crime was committed;

10.3.d. Whether the crime involved violence to or abuse of another person;

10.3.e. Whether the crime involved a minor or a person of diminished capacity; and

10.3.f. Whether the applicant's actions and conduct since the crime occurred are consistent with the holding of a position of public trust.

#### **§64-48-11. Personnel Positions and Roles.**

11.1. Personnel Positions. -- EMS personnel may serve as a vehicle operator, attendant-in-charge, or attendant during emergency responses, non-emergency responses, and interfacility transports.

11.2. Provision of Care. -- EMS personnel

12.5. Medical information concerning any

shall provide consistent, high quality emergency medical care to all patients.

11.3. EMS personnel shall provide emergency medical care consistent with the level of training for which they are certified and within the scope of the license of the EMS agency with which they are affiliated.

11.4. EMS personnel may perform any procedures, treatments, or techniques for which they are certified and trained if the procedures, treatments, and techniques are in accordance with all policies and procedures established by the OEMS Medical Direction System.

11.5. EMS personnel shall follow all policies and procedures established by the OEMS Medical Direction System concerning refusal of treatment, withholding of treatment, living wills, and valid do not resuscitate orders as prescribed by W. Va. Code 16-30-1 et seq.

11.6. The attendant-in-charge shall accompany and care for the patient in the patient compartment of the vehicle, and he or she shall be certified for the class of EMS vehicle involved, except as otherwise permitted by this rule.

#### **§64-48-12. Standards of Conduct.**

12.1. All EMS personnel shall comply with the requirements of this rule.

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

12.3. EMS personnel shall not be under the influence or impaired by any drugs or any intoxicating substances while on duty, while responding to or while assisting in the care of a patient.

12.4. EMS personnel and EMS agencies are responsible for providing patient care information to the commissioner as required by this rule.

individual is confidential and shall not be shared

without patient consent or disclosed except for continuing medical care, for investigations by the department of health and human resources, or by mandate of a legally executed court order.

12.6. EMS personnel shall not represent themselves as qualified to perform a level of care for which they are not currently certified.

12.7. EMS personnel shall document all decisions not to transport a patient on the OEMS Patient Care Record.

### **§64-48-13. EMS Vehicle Personnel Requirements.**

#### 13.1. Class A EMS Vehicle.

13.1.a. A Class A EMS vehicle shall have a minimum of one (1) EMS personnel.

13.1.b. The operator of a Class A EMS vehicle shall, at a minimum:

13.1.b.1. Have a valid motor vehicle operator's permit;

13.1.b.2. Have successfully completed a CPR and first aid course approved by the commissioner and possesses valid and current credentials; and

13.1.b.3. Beginning September 1, 2002, and thereafter, have successfully completed an emergency vehicle operator's training course approved by the commissioner.

13.1.c. A Class A EMS vehicle shall have an attendant-in-charge.

13.1.c.1. If a Class A EMS vehicle is used for the delivery of basic life support services, the attendant-in-charge shall be: an EMSA-FR; an EMT-B; or an equivalent EMSP approved by the commissioner.

13.1.c.2. If a Class A EMS vehicle is used for the delivery of advanced life support

13.2.e. Only the operator is required to be

services, the attendant-in-charge shall be: an EMT-P; an EMSA-1, an EMSA-RN; an EMSA-FN; an EMSA-DO; an EMSA-MD; or an equivalent EMSP approved by the commissioner.

13.1.c.3. The operator of a Class A EMS vehicle may serve as the attendant-in-charge if he or she meets the requirements of paragraphs 13.1.c.1 or 13.1.c.2 of this rule, as applicable.

13.1.c.4. Non-certified assistants or observers are permitted in Class A EMS vehicles at the discretion of the responsible EMS agency.

#### 13.2. Class B EMS Vehicle Personnel.

13.2.a. A Class B EMS vehicle shall have a minimum of one operator and one attendant in charge.

13.2.b. The operator of a Class B EMS vehicle shall, at a minimum:

13.2.b.1. Have a valid motor vehicle operator's permit;

13.2.b.2. Have successfully completed a CPR and first aid course approved by the commissioner and possesses valid and current credentials, or be certified as an EMSA-FR, an EMT-M, an EMT-B, or an equivalent EMSP approved by the commissioner; and

13.2.b.3. Beginning September 1, 2002, and thereafter, have successfully completed an emergency vehicle operator's training course approved by the commissioner.

13.2.c. A Class B EMS vehicle shall have an attendant-in-charge who shall be an EMT-B or an equivalent EMSP approved by the commissioner.

13.2.d. Non-certified assistants or observers are permitted in Class B EMS vehicles at the discretion of the responsible EMS agency.

in a Class B vehicle while it is en route in response

to an emergency call, if the necessary EMS personnel are known to be en route or at the location of the call, and there is not a patient in the vehicle.

### 13.3. Class C EMS Vehicle.

13.3.a. A Class C EMS vehicle shall have a minimum of one operator and one attendant in charge.

13.3.b. The operator of a Class C EMS vehicle shall, at a minimum, meet the requirements for a Class B EMS vehicle operator specified in this rule.

13.3.c. A Class C EMS vehicle shall have an attendant-in-charge, who shall, at a minimum, be certified as an EMT-P, an EMSA-I, an EMSA-RN, an EMSA-PA, an EMSA-FN, an EMSA-DO, an EMSA-MD or an EMSP with equivalent training or experience as approved by the commissioner.

13.3.d. The operator may serve as an attendant, if he or she is a certified EMT-B, but shall not serve as the attendant-in-charge.

13.3.e. Non-certified assistants or observers are permitted at the discretion of the EMS agency in addition to the required certified personnel.

13.3.f. When a Class C EMS vehicle is used as a Class B EMS vehicle, the personnel and equipment requirements for a Class B EMS vehicle apply, and when it is used as a Class D EMS vehicle, the requirements for a Class D EMS vehicle apply.

### 13.4. Class D EMS Vehicle.

13.4.a. A Class D EMS vehicle shall have a minimum of two (2) EMSP.

13.4.b. The operator of a Class D EMS vehicle shall meet, at a minimum, the requirements for a Class B EMS vehicle operator.

13.4.c. A Class D EMS vehicle shall have

an attendant-in-charge, who shall at a minimum be certified as an EMSA-MD, EMSA-DO, an EMSA-PA, EMSA-FN, or an EMSA-RN or EMT-P who has been trained and meets the requirements for Critical Care Transport as established by the commissioner.

13.4.d. Non-certified assistants or observers are permitted at the discretion of the EMS agency in addition to the required certified personnel.

13.4.e. When a Class D EMS vehicle is used as a Class B EMS vehicle, the personnel and equipment requirements for a Class B EMS vehicle apply, and when it is used as a Class C EMS vehicle, the personnel requirements for a Class C EMS vehicle apply.

### 13.5. Class E EMS Vehicle Personnel.

#### 13.5.a. Rotary Wing Aircraft.

13.5.a.1. When a rotary wing aircraft is used for the delivery of basic life support and for transporting patients who require basic life support care, the aircraft flight crew shall consist of the following:

13.5.a.1.A. A pilot in command who, at a minimum, meets all the requirements of the Federal Aviation Administration, including possession of a valid airman's certificate for rotary wing craft, and has a minimum of two thousand (2000) hours of flying experience in the applicable category of aircraft, including a minimum of one hundred (100) hours of night time flying experience; and

13.5.a.1.B. An attendant-in-charge, who, at a minimum, shall be a certified EMT-B or equivalent EMSP approved by the commissioner.

13.5.a.2. When a rotary wing aircraft is used for the delivery of advanced life support or for neonatal life support, the flight crew shall consist of the following:

13.5.a.2.A. A pilot in command who meets the requirements of subparagraph 13.5.a.1.A of this rule; and

13.5.a.2.B. An attendant-in-charge who is an aeromedical specialist as approved by the commissioner.

13.5.a.3. When a rotary wing aircraft is used for the delivery of advanced life support and for the transportation of patients who require such care, the flight crew shall consist of the following:

13.5.a.3.A. A pilot in command who meets the requirements of subparagraph 13.5.a.1.A of this rule; and

13.5.a.3.B. An attendant-in-charge who is an aeromedical specialist who shall either be certified as:

13.5.a.3.B.1. An EMT-P who: has had specialized aeromedical training; has a minimum of two (2) years of experience as an EMT-P; and has demonstrated expertise in intensive, emergency, and prehospital care; or

13.5.a.3.B.2. An EMSA-FN who has had specialized aeromedical training; has a minimum of two (2) years of experience in critical care nursing; has demonstrated expertise in intensive, emergency, and prehospital care; and has the equivalent knowledge and skills from the DOT National Standard Curriculum for the EMT-Paramedic or equivalent training or experience as approved by the commissioner.

13.5.a.4. When a rotary wing aircraft is used for the delivery of critical care life support and for the transportation of patients who require that care, the flight crew shall consist of the following:

13.5.a.4.A. A pilot in command

13.5.b.2. If a fixed-wing aircraft is used for the delivery of advanced life support and for the transportation of patients who require this care, the attendant-in-charge shall be certified as

who meets the requirements of subparagraph 13.5.a.1.A of this rule;

13.5.a.4.B. An attendant-in-charge who is a physician, a registered nurse trained and experienced to provide care for the type of patient being transported, or an EMSP with equivalent training or experience as approved by the commissioner; and

13.5.a.4.C. An additional attendant, who at a minimum, shall be a certified EMT-P or an equivalent EMSP approved by the commissioner;

13.5.a.5. Non-certified assistants or observers are permitted in Class E EMS rotary wing aircraft vehicles at the discretion of the responsible EMS agency.

#### 13.5.b. Fixed Wing Aircraft.

13.5.b.1. When a fixed wing aircraft is used for the delivery of basic life support and for the transportation of patients who require basic life support care, the flight crew shall consist of the following:

13.5.b.1.A. A pilot in command, who, at a minimum, meets all the requirements of the Federal Aviation Administration Part 135, including possession of a valid airman's certificate with multi-engine and instrument airplane rating, and has a minimum of two thousand (2000) hours of flying experience in the applicable category of aircraft, of which include one thousand (1000) hours as pilot in command and one hundred (100) hours of night time flying experience; and

13.5.b.1.B. An attendant-in-charge, who at a minimum, shall be a certified EMT-B or equivalent EMSP approved by the commissioner.

an: emergency medical technician-paramedic with specialized aeromedical training, a minimum of two (2) years of experience as a paramedic, and demonstrated expertise in intensive, emergency,

and prehospital care; or EMSA-FN with specialized aeromedical training, a minimum of two (2) years of experience in critical care nursing, demonstrated expertise in intensive, emergency, and prehospital care, and with equivalent knowledge and skills from the National Standard Curriculum for the EMT-Paramedic or equivalent training or experience as approved by the commissioner.

13.5.b.3. If a fixed wing aircraft is used for the delivery of critical care life support and for the transportation of patients who require this care, the attendant-in-charge shall be a physician or registered nurse trained to provide care for the type of patient being transported or an EMSP with equivalent training or experience as approved by the commissioner; and

13.5.b.4. An additional attendant, who at a minimum, shall be a certified emergency medical technician-paramedic or an equivalent EMSP approved by the commissioner.

13.5.b.5. Non-certified assistants or observers are permitted in Class E fixed-wing aircraft in addition to the required certified personnel at the discretion of the responsible EMS agency.

**§64-48-14. Certification, Recertification, Legal Recognition, and Scope of Practice for EMS Personnel.**

14.1. EMSA-First Responder (EMSA-FR).

14.1.a. Certification.

14.1.a.1. A person qualifies for certification as an EMSA-First Responder if he or she:

14.1.a.1.A. Completes an application on a form prescribed by the commissioner;

14.1.a.1.B. Meets the EMS personnel requirements specified in Sections 9 and 10 of this rule;

14.1.a.1.C. Successfully completes a DOT National Standard Curriculum First Responder Training Program approved by the commissioner;

14.1.a.1.D. Successfully completes the written examination prescribed by the commissioner;

14.1.a.1.E. Successfully completes a practical test of first responder skills prescribed by the commissioner;

14.1.a.1.F. Successfully completes a CPR course approved by the commissioner and possesses valid and current credentials;

14.1.a.1.G. Is affiliated with an EMS agency;

14.1.a.1.H. Submits an application for, and is cleared by, a legal background check as specified by the commissioner, to be performed at the applicant's expense. The background check shall consist of, at a minimum, a check of federal and state convictions, child support judgements, and driving records; and

14.1.a.1.I. Completes other requirements specified by the commissioner.

14.1.a.2. An EMSA-First Responder's certificate is valid for three (3) years, subject to disciplinary action under Section 15 of this rule.

14.1.b. Recertification EMSA-First Responder-- An EMSA-First Responder shall apply for recertification during the last year of his or her certification period, but no later than ninety (90) days prior to the end of the certification period. The Commissioner, through the OEMS, may refuse to recertify an individual who fails to apply and complete all requirements in a timely manner. The OEMS will recertify as an EMSA-First Responder an individual who:

14.1.b.1. Completes an application on a form prescribed by the commissioner and meets the EMS personnel requirements of Sections 9 and 10 of this rule;

14.1.b.2. Successfully completes a CPR course approved by the commissioner and possesses valid and current credentials;

14.1.b.3. Successfully completes one (1) of the following:

14.1.b.3.A. The OEMS squad training officers program - EMSA-First Responder continuing education requirement; and the EMSA-First Responder written and practical skills exam; or

14.1.b.3.B. An OEMS approved DOT National Standard Curriculum First Responder refresher course; or

14.1.b.3.C. The entire OEMS approved DOT National Standard Curriculum - first responder training program and the accompanying written and practical skills examinations; and

14.1.b.4. Completes other requirements specified by the commissioner.

14.1.c. Legal Recognition EMSA First Responder. -- The commissioner will grant EMSA-First Responder certification to an individual who is currently certified as a first responder in another state who:

14.1.c.1. Completes an application on a form prescribed by the commissioner and meets the EMS personnel requirements of Sections 9 and 10 of this rule;

14.1.c.2. Can demonstrate successful completion of a first responder training curriculum which is recognized by the department as meeting or exceeding standards for the curriculum in the first responder training course approved by the commissioner, within the two (2) years preceding

14.1.f. The commissioner shall not grant

submission of the application, or as an alternative, successfully completes the West Virginia EMSA-First Responder training course approved by the commissioner;

14.1.c.3. Successfully completes written and practical certification examinations recognized by the commissioner as meeting or exceeding the standards of the examination prescribed by the commissioner;

14.1.c.4. Successfully completes a CPR course approved by the commissioner and possesses valid and current credentials;

14.1.c.5. Submits an application for, and is cleared by, a legal background check as specified by the commissioner, to be performed at the applicant's expense. The background check shall consist of, at a minimum, a check of federal and state convictions, child support judgements, and driving records; and,

14.1.c.6. Completes other requirements as specified by the commissioner.

14.1.d. An individual whose first responder certification has expired at the time of application shall meet the requirements in Subdivision 14.1.a. of this rule and shall successfully complete the EMSA-First Responder practical skills and written knowledge examination prescribed by the commissioner. Legal Recognition certification under this subsection is valid for a period of three (3) years. Upon expiration of legal recognition certification, the individual to whom the commissioner granted legal recognition shall meet requirements for recertification in Subdivision 14.1.b. of this rule.

14.1.e. Scope of Practice EMSA-First Responder. -- An EMSA-First Responder shall provide BLS services according to the OEMS "Standards of Practice for EMS Personnel" as authorized by the OEMS medical director and the state medical policy and care committee.

final certification credentials and the ability to

provide service according to the OEMS and "Standards of Practice for EMS Personnel" to an individual who is not affiliated with a licensed EMS agency until the individual becomes affiliated with a licensed EMS agency.

14.2. Emergency Medical Technician-Basic (EMT-B).

14.2.a. Certification EMT-B. -- Certification is valid for three (3) years and subject to disciplinary action under Section 15 of this rule. The OEMS shall certify as an EMT-B an individual who:

14.2.a.1. Completes an application on a form as prescribed by the commissioner and meets the EMS personnel requirements of Sections 9 and 10 of this rule;

14.2.a.2. Successfully completes an EMT-Basic training course following the DOT National Standard Curriculum for EMT-Basics as approved by the commissioner;

14.2.a.3. Successfully completes EMT-B written and practical skills examination approved by the commissioner;

14.2.a.4. Successfully completes a CPR course approved by the commissioner and possesses valid and current credentials;

14.2.a.5. Submits an application for, and is cleared by, a legal background check as specified by the commissioner, to be performed at the applicant's expense. The background check shall consist of, at a minimum, a check of federal and state convictions, child support judgements, and driving records; and

14.2.a.6. Completes other requirements specified by the commissioner.

14.2.b. Recertification EMT-B. -- An EMT-B shall apply for recertification during the last year of his or her recertification period, but no later than ninety (90) days prior to the end of the period. The commissioner, through the OEMS,

may refuse to recertify an individual who fails to apply and complete all requirements in a timely manner. The OEMS shall recertify as an EMT-B an individual who:

14.2.b.1. Completes an application on a form prescribed by the commissioner and meets the EMS personnel requirements of Sections 9 and 10 of this rule;

14.2.b.2. Successfully completes a CPR course approved by the commissioner and possesses valid and current credentials;

14.2.b.3. Files with the OEMS proof of successful completion of one (1) of the following:

14.2.b.3.A. The continuing education requirements as specified under the OEMS "Squad Training Officers Program" for EMT-B's, or;

14.2.b.3.B. Completion of an OEMS approved DOT National Standard Curriculum EMT-B refresher course, or;

14.2.b.3.C. Completion of an OEMS approved DOT National Standard Curriculum EMT-B course.

14.2.b.4. Successfully completes EMT-B recertification written and practical examinations as prescribed by the commissioner in addition to the educational requirements above; and

14.2.b.5. Completes other requirements as specified by the commissioner.

14.2.c. Legal Recognition EMT-B. -- An individual who possesses EMT-B certification from another state may qualify for legal recognition as an EMT-B in West Virginia. Applications shall be submitted to the OEMS which has final authority to make the decision. Legal recognition may be granted to EMT-Bs from states that the OEMS has formal agreement with if:

14.2.c.1. The applicant is currently certified in a state with an agreement on file at the OEMS;

14.2.c.2. The applicant completes the written and practical exams or equivalents as specified by the commissioner;

14.2.c.3. The applicant has more than six (6) months before his or her current certification expires;

14.2.c.4. The applicant successfully completes a CPR courses approved by the commissioner and possesses valid and current credentials;

14.2.c.5. The applicant submits an application for, and is cleared by, a legal background check as specified by the commissioner, to be performed at the applicant's expense. The background check shall consist of, at a minimum, a check of federal and state convictions, child support judgements, and driving records; and

14.2.c.6. The individual meets other requirements as specified by the commissioner.

14.2.d. Scope of Practice EMT-B. -- An EMT-B shall provide BLS services according to the OEMS "Standards of Practice for EMS Personnel" as authorized by the OEMS medical director and the state medical policy and care committee.

14.2.e. The commissioner shall not grant final certification credentials and the ability to provide service according to the OEMS and "Standards of Practice for EMS Personnel" to an individual who is not affiliated with a licensed EMS agency until the individual becomes affiliated with a licensed EMS agency.

#### 14.3. EMSA-Intermediate(EMSA-I).

14.3.a. Certification EMSA-I.-  
Certification is valid for four (4) years and subject

14.3.c. Recertification EMSA-I--An

to disciplinary action under Section 15 of this rule. The OEMS shall certify as an EMSA-I an individual who:

14.3.a.1. Completes an application on a form prescribed by the commissioner and meets the requirements of Sections 9 and 10 of this rule;

14.3.a.2. Possesses current West Virginia certification as an EMT-B;

14.3.a.3. Successfully completes an EMSA-I training course following the DOT National Standard Curriculum for EMT-I as approved by the commissioner;

14.3.a.4. Successfully completes a practical examination of EMSA-I skills as approved by the commissioner;

14.3.a.5. Successfully completes a written examination as approved by the commissioner;

14.3.a.6. Successfully completes a CPR course approved by the commissioner and possesses valid and current credentials;

14.3.a.7. Submits an application for, and is cleared by, a legal background check as specified by the commissioner, to be performed at the applicant's expense. The background check shall consist of, at a minimum, a check of federal and state convictions, child support judgements, and driving records; and,

14.3.a.8. Completes other requirements as specified by the commissioner.

14.3.b. An individual who is not affiliated with an EMS agency shall not be granted final certification credentials and the ability to provide service according to the OEMS "Standards of Practice for EMS Personnel" until the individual becomes affiliated with a licensed EMS agency and its associated medical director.

EMSA-I shall apply for recertification during the

last year of his or her certification period, but no less than ninety (90) days prior to the end of the period. The Commissioner, through the OEMS, may refuse to recertify an individual who fails to apply and complete all requirements in a timely manner. The OEMS shall recertify as an EMSA-I an individual who:

14.3.c.1. Completes an application on a form prescribed by the commissioner and meets the EMS personnel requirements of Sections 9 and 10 of this rule;

14.3.c.2. Completes a DOT National Standard Curriculum Refresher Course;

14.3.c.3. Completes additional hours of continuing education in EMS related topics as specified by the commissioner;

14.3.c.4. Successfully completes a written examination as approved by the commissioner;

14.3.c.5. Successfully completes a practical skills examination as approved by the commissioner;

14.3.c.6. Successfully completes a CPR course approved by the commissioner and possesses valid and current credentials; and

14.3.c.7. Completes other requirements as specified by the commissioner.

14.3.d. Legal Recognition EMSA-I-An individual who possesses EMSA-I or equivalent certification from another state may qualify for legal recognition as an EMSA-I in West Virginia. Applications should be submitted to the OEMS which has the final authority to make decisions. Legal recognition may be granted to the EMSA-I from states that the OEMS has formal agreement with if:

14.3.d.1. The applicant is currently certified in a state with an agreement on file at the OEMS;

14.4.a.1. Completes an application on

14.3.d.2. The applicant completes the written and practical exams or equivalents as specified by the commissioner;

14.3.d.3. The applicant has more than six (6) months remaining before his or her current certification expires;

14.3.d.4. The applicant successfully completes a CPR course approved by the commissioner and possesses valid and current credentials;

14.3.d.5. The applicant submits an application for, and is cleared by, a legal background check as specified by the commissioner, to be performed at the applicant's expense. The background check shall consist of, at a minimum, a check of federal and state convictions, child support judgements, and driving records; and

14.3.d.6. The applicant meets other requirements as specified by the commissioner.

14.3.e. Scope of Practice EMSA-I- An EMSA-I shall provide ALS services according to the OEMS "Standards of Practice for EMS Personnel" for the EMSA-I as authorized by the OEMS medical director and state medical policy and care committee.

14.3.f. The commissioner shall not grant final certification credentials and the ability to provide service according to the OEMS and "Standards of Practice for EMS Personnel" to an individual who is not affiliated with a licensed EMS agency until the individual becomes affiliated with a licensed EMS agency.

14.4. Emergency Medical Technician-Paramedic (EMT-P).

14.4.a. Certification EMT-P. -- The OEMS shall certify as an EMT-P an individual who:

a form prescribed by the commissioner and meets

the EMS personnel requirements of Sections 9 and 10 of this rule;

14.4.a.2. Possesses current West Virginia certification as an EMT-B;

14.4.a.3. Successfully completes an EMT-P training program following the DOT National Standard Curriculum for EMT-Paramedic as approved by the commissioner;

14.4.a.4. Successfully completes a practical examination of EMT-P skills as approved by the commissioner;

14.4.a.5. Successfully completes a written examination as approved by the commissioner;

14.4.a.6. Successfully completes a CPR course approved by the commissioner and possesses valid and current credentials;

14.4.a.7. Submits an application for, and is cleared by, a legal background check as specified by the commissioner, to be performed at the applicant's expense. The background check shall consist of, at a minimum, a check of federal and state convictions, child support judgements, and driving records; and

14.4.a.8. Completes other requirements as specified by the commissioner.

#### 14.4.b. Recertification EMT-Paramedic.

14.4.b.1. An EMT-P shall apply for recertification during the last year of his or her certification period, but no later than ninety (90) days prior to the end of the period. The commissioner, through the OEMS, may refuse to recertify an individual who fails to apply and complete all requirements in a timely manner.

14.4.b.2. EMT-Paramedic certification is considered continuous in nature. The OEMS shall renew the continuous certification of

14.4.b.4. For the EMT-Paramedic whose EMS agency did not score the maximum

EMT-Paramedics on a two (2) or four (4) year basis dependent on the individual's EMS agency licensure status and in conjunction with the squad or county medical director and the OEMS approval. The two (2) or four (4) year period shall be referred to as a certification period.

14.4.b.3. For EMT-Paramedics whose EMS agency scores the maximum allowable points in EMS Agency Licensure Standards for medical accountability (Subsection 5.3. of this rule) and training (Subsection 5.9. of this rule) and in conjunction with the approval of the squad or county medical director and OEMS, the individual EMT-Paramedic may be recertified on a two (2) year basis by:

14.4.b.3.A. Completion of a DOT National Standard EMT-P refresher course or the equivalent OEMS approved squad training officer's program for EMT-Paramedics;

14.4.b.3.B. Verification by the squad or county medical director on a regular basis of the completion of EMT-P practical skills during the renewal application process. The regular basis for the skills verification shall be established on a schedule to be filed by the squad or county medical director and approved by the OEMS;

14.4.b.3.C. Completion of additional continuing education in EMS related topics as specified by the commissioner;

14.4.b.3.D. Successful completion of a CPR course approved by the commissioner and possession of valid and current credentials;

14.4.b.3.E. Completion of an application attesting to the conclusion of the requirements in this rule on a form as prescribed by the commissioner; and

14.4.b.3.F. Completion of other requirements as specified by the commissioner.

allowable points for EMS Agency Licensure Standards for medical accountability and training, or

the agency so chooses, recertification shall occur on a four (4) year basis by:

14.4.b.4.A. Completion of a DOT National Standard Curriculum EMT-P Refresher Course or the equivalent OEMS squad training officer's program for EMT-Paramedics;

14.4.b.4.B. Completion of additional continuing education in EMS related topics as specified by the commissioner;

14.4.b.4.C. Successful completion of a written examination as approved by the commissioner;

14.4.b.4.D. Successful completion of a practical skills examination as approved by the commissioner;

14.4.b.4.E. Successful completion of a CPR course approved by the commissioner and possession of valid and current credentials;

14.4.b.4.F. Completion of an application attesting to the conclusion of the requirements in this paragraph on a form as prescribed by the commissioner; and

14.4.b.4.G. Completion of other requirements as specified by the commissioner.

14.4.c. Legal Recognition EMT-Paramedic.

14.4.c.1. An individual who possesses EMT-P certification from another state may qualify for legal recognition as an EMT-P in West Virginia. Applications shall be submitted to the OEMS which has final authority to make the decisions.

14.4.c.2. Legal recognition may be granted to EMT-Ps from states that the OEMS has formal agreement with if:

14.4.c.2.A. The applicant is currently certified in a state with an agreement on file at the OEMS;

14.4.c.2.B. The applicant successfully completes the written and practical exams or equivalents as specified by the commissioner;

14.4.c.2.C. The applicant successfully completes a CPR course approved by the commissioner and possesses valid and current credentials;

14.4.c.2.D. The current certification has more than six (6) months remaining before expiration;

14.4.c.2.E. The applicant submits an application for, and is cleared by, a legal background check as specified by the commissioner, to be performed at the applicant's expense. The background check shall consist of, at a minimum, a check of federal and state convictions, child support judgements, and driving records; and

14.4.c.2.F. The applicant meets other requirements as specified by the commissioner.

14.4.d. Scope of Practice EMT-Paramedic. -- An EMT-P shall provide ALS services according to the OEMS "Standards of Practice for EMS Personnel" for the EMT-P as authorized by the OEMS medical director and the state medical policy and care committee.

14.4.e. The commissioner shall not grant final certification credentials and the ability to provide service according to the OEMS and "Standards of Practice for EMS Personnel" to an individual who is not affiliated with a licensed EMS agency until the individual becomes affiliated with a licensed EMS agency.

14.5. EMSA-Registered Nurse (EMSA-RN) and EMSA-Physician's Assistant (EMSA-PA).

14.5.a. Certification EMSA-RN and EMSA-PA. -- The OEMS shall certify as an EMSA-RN or EMSA-PA an individual who:

14.5.a.1. Completes an application on a form prescribed by the commissioner and meets the EMS personnel requirements of Sections 9 and 10 of this rule;

14.5.a.2. Is professionally licensed by the State of West Virginia as a Registered Nurse or Physician's Assistant;

14.5.a.3. Successfully completes a course of study designed by the individual's medical director and approved by the OEMS to meet the objectives for which no previous training or education exists from the DOT National Standard Curriculum for the EMT- Paramedic;

14.5.a.4. Successfully completes a CPR course approved by the commissioner and possesses valid and current credentials;

14.5.a.5. Submits an application for, and is cleared by, a legal background check as specified by the commissioner, to be performed at the applicant's expense. The background check shall consist of, at a minimum, a check of federal and state convictions, child support judgements, and driving records; and

14.5.a.6. Completes all other requirements established and specified by the commissioner.

14.5.b. Recertification EMSA-RN and EMSA-PA.

14.5.b.1. An EMSA-RN or EMSA-PA shall apply for recertification during the last year of his or her certification period, but no later than 90 days prior to the end of the period. The commissioner, through the OEMS, may refuse to recertify an individual who fails to apply and complete all requirements in a timely manner.

14.5.b.2. EMSA-RN and EMSA-PA certification is considered continuous in nature. The OEMS shall renew that continuous certification of EMSA-RN or EMSA-PA on a two (2) year or four (4) year basis dependent on the

14.5.b.4. For the EMSA-RN or

individual's EMS agency practice and in conjunction with the squad or county and regional medical director's approval. The two (2) or four (4) year period shall be referred to as a certification period.

14.5.b.3. For EMSA-RNs or EMSA-PAs whose EMS agency scores the maximum allowable points in EMS Agency Licensure Standards for medical accountability and training and in conjunction with the approval of squad or county medical director and OEMS, the individual EMSA-RN or EMSA-PA may be recertified on a two (2) year basis by:

14.5.b.3.A. Completion of a DOT National Standard EMT-P refresher course or the equivalent OEMS approved squad training officer's program for EMSA-RNs and EMSA-PAs;

14.5.b.3.B. Completion of EMSA-RN or EMSA-PA practical skills verified by the squad or county medical director on a regular basis and attested to by the squad or county medical director during the renewal application process. The regular basis for the skills verification will be established on a schedule to be filed by the squad or county medical director and approved by the OEMS;

14.5.b.3.C. Completion of additional continuing education in EMS related topics as specified by the commissioner;

14.5.b.3.D. Successful completion of a CPR course approved by the commissioner and has possession of valid and current credentials;

14.5.b.3.E. Completion of an application attesting to the conclusion of the requirements in this paragraph on a form as prescribed by the commissioner; and

14.5.b.3.F. Completion of other requirements as specified by the commissioner.

EMSA-PA whose EMS agency did not score the

maximum allowable points for EMS Agency Licensure Standards for medical accountability and training, or the agency so chooses, recertification shall occur on a four (4) year basis by:

14.5.b.4.A. Completion of a DOT National Standard Curriculum EMT-P Refresher Course or the equivalent OEMS squad training officer's program for EMSA-RNs and EMSA-PAs;

14.5.b.4.B. Completion of additional continuing education in EMS related topics as specified by the commissioner;

14.5.b.4.C. Successful completion of a written examination as approved by the commissioner;

14.5.b.4.D. Successful completion of a practical skills examination as approved by the commissioner;

14.5.b.4.E. Successful completion of a CPR course approved by the commissioner and possession of valid and current credentials;

14.5.b.4.F. Completion of an application attesting to the conclusion of the requirements in this paragraph on a form as prescribed by the commissioner; and

14.5.b.4.G. Completion of other requirements as specified by the commissioner.

14.5.c. Legal Recognition EMSA-RN and EMSA-PA.

14.5.c.1. An individual who possesses an equivalent to the EMSA-RN or EMSA-PA certification from another state may qualify for legal recognition as an EMSA-RN or EMSA-PA in West Virginia. Applications shall be submitted to the OEMS which has final authority to make the decision.

14.5.c.2. Legal recognition may be

14.5.e. The commissioner shall not grant final certification credentials and the ability to provide service according to the OEMS and

granted to EMSA-RN or EMSA-PA equivalents from states that the OEMS has formal agreement with if:

14.5.c.2.A. The applicant is currently certified in a state with an agreement on file at the OEMS;

14.5.c.2.B. The applicant completes the written and practical exams or equivalents as specified by the commissioner;

14.5.c.2.C. The applicant has more than six (6) months remaining before his or her current certification expires;

14.5.c.2.D. The applicant successfully completes a CPR course approved by the commissioner and possesses valid and current credentials;

14.5.c.2.E. The applicant submits an application for, and is cleared by, a legal background check as specified by the commissioner, to be performed at the applicant's expense. The background check shall consist of, at a minimum, a check of federal and state convictions, child support judgements, and driving records; and

14.5.c.2.F. The applicant meets other requirements as specified by the commissioner.

14.5.d. Scope of Practice EMSA-RN and EMSA-PA. -- While providing ALS services for a licensed EMS agency the EMSA-RN or EMSA-PA shall only provide those services outlined in the OEMS "Standard of Practice of EMS Personnel" for EMSA-RN and EMSA-PA as authorized by the OEMS Medical Director and the State Medical Policy and Care Committee. At no time may the scope of these services exceed that authorized by the W. Va. Code for Registered Professional Nurses or Physician's Assistants.

"Standards of Practice for EMS Personnel" to an individual who is not affiliated with a licensed EMS agency until the individual becomes affiliated

with a licensed EMS agency.

#### 14.6. EMSA-Flight Nurse (EMSA-FN).

14.6.a. Certification EMSA-FN. -- The OEMS shall certify as an EMSA-FN an individual who:

14.6.a.1. Completes an application on a form prescribed by the commissioner and meets the EMS personnel requirements of Sections 9 and 10 of this rule;

14.6.a.2. Is professionally licensed by the State of West Virginia as a Registered Professional Nurse;

14.6.a.3. Successfully completes a CPR course approved by the commissioner and possesses valid and current credentials;

14.6.a.4. Completes a course of study in specialized aeromedical knowledge and skills designed by the individual's medical director and approved by the OEMS;

14.6.a.5. Submits an application for, and is cleared by, a legal background check as specified by the commissioner, to be performed at the applicant's expense. The background check shall consist of, at a minimum, a check of federal and state convictions, child support judgements and driving records; and

14.6.a.6. Completes all other requirements as established and specified by the commissioner.

#### 14.6.b. Recertification EMSA-FN.

14.6.b.1. An EMSA-FN shall apply for recertification during the last year of his or her certification period, but no later than ninety (90) days prior to the end of the period. The commissioner, through the OEMS, may refuse to recertify an individual who fails to apply and complete all requirements in a timely manner.

14.6.b.3.F. Completing other requirements as specified by the commissioner.

14.6.b.2. EMSA-FN certification is considered continuous in nature. The OEMS will renew that continuous certification of EMSA-FN on a two (2) year or four (4) year basis dependent on the individual's EMS agency practice and in conjunction with the squad or county medical director and OEMS approval. The two (2) or four (4) year period shall be referred to as a certification period.

14.6.b.3. For EMSA-FN whose EMS agency scores the maximum allowable points in EMS Agency Licensure Standards for medical accountability and training and in conjunction with the approval of squad or county medical director and the OEMS, the individual EMSA-FN may be recertified on a two (2) year basis by:

14.6.b.3.A. Completing a DOT National Standard EMT-P refresher course or the equivalent OEMS approved squad training officer's program for EMT-Paramedics;

14.6.b.3.B. Completing EMSA-FN practical skills verified by the squad or county medical director on a regular basis and attested to by the squad or county medical director during the recertification application process. The regular basis for the skills verification will be established on a schedule to be filed by the squad or county medical director and approved by the OEMS;

14.6.b.3.C. Completing additional continuing education in Aeromedical or EMS related topics as specified by the commissioner;

14.6.b.3.D. Successfully completing a CPR course approved by the commissioner and possession of valid and current credentials;

14.6.b.3.E. Completing an application attesting to the conclusion of the requirements in this paragraph on a form prescribed by the commissioner; and

14.6.b.4. For an EMSA-FN whose

EMS agency did not score the maximum allowable points for EMS Agency Licensure Standards for medical accountability and training, recertification shall occur on a four (4) year basis by:

14.6.b.4.A. Completing a DOT National Standard Curriculum EMT-P Refresher Course or the equivalent OEMS Squad Training Officers Program for EMT-Paramedics;

14.6.b.4.B. Completing additional continuing education in EMS related topics as specified by the commissioner;

14.6.b.4.C. Successfully completing a written examination as approved by the commissioner;

14.6.b.4.D. Successfully completing a practical skills examination as approved by the commissioner;

14.6.b.4.E. Successfully completing a CPR course approved by the commissioner and possession of valid and current credentials;

14.6.b.4.F. Completing an application attesting to the conclusion of the requirements in this rule on a form as specified by the commissioner; and

14.6.b.4.G. Completing other requirements as specified by the commissioner.

#### 14.6.c. Legal Recognition EMSA-FN.

14.6.c.1. An individual who possesses an equivalent to the EMSA-FN certification from another state may qualify for legal recognition as an EMSA-FN in West Virginia. Applications shall be submitted to the OEMS which has final authority to make the decision.

14.6.c.2. Legal recognition may be

14.6.e. The commissioner shall not grant final certification credentials and the ability to provide service according to the OEMS and "Standards of Practice for EMS Personnel" to an

granted to EMSA-FN equivalents from states that the OEMS has formal agreement with if:

14.6.c.2.A. The applicant is currently certified in a state with an agreement on file at the OEMS;

14.6.c.2.B. The applicant completes the written and practical exams or equivalents as specified by the commissioner;

14.6.c.2.C. The applicant successfully completes a CPR course approved by the commissioner and possesses valid and current credentials;

14.6.c.2.D. The applicant has more than six (6) months before his or her current certification expires;

14.6.c.2.E. The applicant submits an application for, and is cleared by, a legal background check as specified by the commissioner, to be performed at the applicant's expense. The background check shall consist of, at a minimum, a check of federal and state convictions, child support judgements, and driving records; and

14.6.c.2.F. The individual meets other requirements as specified by the commissioner.

14.6.d. Scope of Practice EMSA-FN. -- While providing ALS services for a licensed EMS agency the EMSA-FN shall only provide those services outlined in the OEMS "Standard of Practice of EMS Personnel" for EMSA-FN as authorized by the OEMS Medical Director and the State Medical Policy and Care Committee. At no time may the scope of these services exceed that authorized by the WV code for Registered Professional Nurses.

individual who is not affiliated with a licensed EMS agency until the individual becomes affiliated with a licensed EMS agency.

14.7. EMSA-Doctor of Osteopathy and Doctor of Medicine (EMSA-DO, EMSA-MD).

14.7.a. Certification EMSA-DO, EMSA-MD. To be certified as an EMSA-DO or EMSA-MD, an applicant shall:

14.7.a.1. Complete an application on a form prescribed by the commissioner and meet the EMS personnel requirements of Sections 9 and 10 of this rule;

14.7.a.2. Be professionally licensed by the State of West Virginia as a Doctor of Osteopathy or Doctor of Medicine;

14.7.a.3. Submit an application for, and be cleared by, a legal background check as specified by the commissioner, to be performed at the applicant's expense. The background check shall consist of, at a minimum, a check of federal and state convictions, child support judgements, and driving records.

14.7.b. Recertification EMSA-DO and EMSA-MD.

14.7.b.1. An EMSA-DO or EMSA-MD shall apply for recertification during the last year of his or her certification period, but no later than ninety (90) days prior to the end of the period. Failure to apply for renewal in a timely manner may result in the individual not being renewed before their current certification expires. The commissioner, through the OEMS, may refuse to recertify an individual who fails to apply and complete all requirements in a timely manner.

14.7.b.2. EMSA-DO or EMSA-MD certification is considered continuous in nature. The OEMS shall renew that continuous certification on a four (4) year basis. The four (4) year period shall be referred to as a certification period.

14.7.b.3. The individual EMSA-DO or EMSA-MD is eligible for recertification by

15.1.g. Disclosure of medical or other information if prohibited by Federal or State law;

completing continuing education requirements established by the commissioner.

14.7.c. Legal Recognition EMSA-DO or EMSA-MD. -- No manner of legal recognition shall exist for the EMSA-DO or EMSA-MD.

14.7.d. Scope of Practice EMSA-DO or EMSA-MD. -- An EMSA-DO or EMSA-MD shall provide ALS services according to the OEMS "Standards of Practice for EMS Personnel" for the EMSA-DO or EMSA-MD as authorized by the OEMS medical director and the state medical policy and care committee. In addition, the EMSA-DO or EMSA-MD may perform those services as authorized by law.

#### **§64-48-15. Disciplinary and Corrective Action.**

15.1. The commissioner may conduct investigations, hearings and dispositions, imposing upon EMS personnel one (1) or more of the disciplinary or corrective measures in this rule for one (1) or more of the following reasons:

15.1.a. Incompetent practice while providing emergency medical services;

15.1.b. Deceptive or fraudulent procurement of certification or recognition credentials;

15.1.c. Willful or negligent practice beyond the scope of certification or recognition authorization;

15.1.d. Abuse or abandonment of a patient;

15.1.e. The rendering of services while under the influence of alcohol or illegal drugs;

15.1.f. The operation of an emergency vehicle in a reckless manner or while under the influence of illegal drugs or alcohol;

15.1.h. Willful preparation or filing of

false medical reports or records, or the inducement of others to do so;

15.1.i. Destruction of medical records required to be maintained;

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

15.1.k. Failure to comply with OEMS or regional EMS procedural, transfer and medical treatment protocols;

15.1.l. Failure to comply with patient care reporting requirements as established by the commissioner;

15.1.m. Failure to meet recertification requirements;

15.1.n. Conviction of a felony or crime;

15.1.o. Conviction of a misdemeanor which relates to the practice or the profession of EMS;

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

15.1.q. Misuse or misappropriation of drugs or medication;

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

15.1.s. Failure to comply with skill maintenance requirements established by the commissioner;

15.1.t. Violating a duty imposed by the act, this rule or an order of the commissioner previously entered in a disciplinary proceeding; or

15.4.c. Those persons adversely affected

15.1.u. Other reasons as determined by the commissioner which pose a threat to the health and safety of the public

15.2. All EMS personnel and the official EMS agency representative shall report to the commissioner, within thirty (30) days, a misdemeanor or felony conviction, or a revocation, suspension or other disciplinary sanction of a certificate or other authorization to practice a health care profession or occupation.

15.3. If, upon investigation, hearing and disposition disciplinary action is appropriate for one (1) of the reasons listed in Subsection 15.1 of this rule, the commissioner may:

15.3.a. Deny an application for certification or recognition;

15.3.b. Administer a written reprimand with or without probation;

15.3.c. Revoke, suspend, limit or otherwise restrict the certification or recognition;

15.3.d. Require the person to take refresher educational courses; and/or

15.3.e. Stay enforcement of a suspension and place the individual on probation with the right to vacate the probationary order for noncompliance.

15.4. Due Process.

15.4.a. The provisions of W. Va. Code §§16-4C-9 and 16-4C-10 apply.

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

by the enforcement of this rule desiring a contested

case hearing to determine any rights, duties, interests or privileges shall do so in a manner prescribed in the West Virginia Division of Health Procedural Rules, 64 CSR 1, Rules of Procedure for Contested Case Hearings and Declaratory Rulings, and the provisions of this rule.

#### 15.5. Confidentiality of Proceedings.

15.5.a. It is the intention of this rule that any action taken by the commissioner prior to the completion of administrative remedies and procedures established by W. Va. Code §§16-4C-10 and 29-5-1 et seq. shall remain confidential to the greatest extent consistent with the public good and State law.

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

#### 15.6. Filing Papers.

15.6.a. Written communications concerning proceedings under this rule shall be filed with the commissioner by mailing the communications to the OEMS in the City of Charleston, and the commissioner shall consider the postmark on the communications to be the filing date of the communications.

15.6.b. Copies of the written communications shall be furnished to the affected individual, his or her EMS agency, the agency's medical director and the regional medical director for the region affected, and a notation shall be endorsed on all these communications showing that all of these persons have been furnished copies.

#### 15.7. Hearing Examiners.

15.7.a. The commissioner may appoint neutral and impartial persons as hearing examiners

16.1.a.2. The courses shall contribute directly to the professional competence, skills, and

to receive evidence following a notice of appeal filed pursuant to W. Va. Code §16-4C-10.

15.7.b. The hearing examiner shall conduct the hearing of the appeal and shall forward the record thereof, together with his or her recommendations, promptly after the completion of such hearing.

15.7.c. The commissioner is not bound by the recommendations of any hearing examiner, and shall enter such order as he or she considers appropriate after the hearing.

#### 15.8. Hearings.

15.8.a. Hearings shall be open to the public only if the appellant so desires.

15.8.b. The commissioner or hearing examiner has the duty to conduct a full, fair and impartial hearing; to take appropriate action to avoid unnecessary delay; to maintain order; to cause oaths to be administered by appropriate public officers; to cause the hearing to be recorded by stenographic or mechanical means; to rule on the admissibility of evidence; and otherwise to conduct the hearing in a fair and orderly fashion.

#### §64-48-16. Accreditation of Training Agencies.

16.1. Accreditation of Sponsors of Continuing Education. -- Entities and institutions may apply for accreditation as a continuing education sponsor by submitting to the commissioner an application on a form supplied by the OEMS. The applicant shall provide all information requested on the application.

16.1.a. The commissioner shall grant accreditation to an applicant as a continuing education sponsor provided that following requirements are met:

16.1.a.1. The courses shall be intellectual and practical in content;

education of EMS personnel;

16.1.a.3. The course instructors shall possess the necessary practical and academic skills to conduct the course effectively;

16.1.a.4. Course materials shall be well written, carefully prepared, readable and distributed to attendees at or before the time the course is offered whenever practical;

16.1.a.5. The courses shall be presented in a suitable setting devoted to the educational purpose of the course; and the course shall be open to EMS personnel interested in the subject manner.

16.1.a.6. If the continuing education sponsor is a licensed EMS agency, the agency shall be in compliance with the OEMS Squad Training Officers Program.

16.1.b. Accreditation of the continuing education sponsor shall be effective for five (5) calendar years.

16.1.c. At least thirty (30) days prior to expiration of the five (5) year accreditation period, a continuing education sponsor shall apply to the commissioner for renewal of the sponsor's accreditation. The commissioner shall renew the sponsor's accreditation if the sponsor meets all of the following requirements:

16.1.c.1. The sponsor has presented, within the preceding five (5) years, at least five (5) separate continuing education courses which meet the minimum standards in Subsection 16.1. of this rule; and

16.1.c.2. The sponsor establishes to the commissioner's satisfaction that future courses to be offered by the sponsor will meet the minimum standards in Subsection 16.1. of this rule.

16.2. BLS Training Institutes. -- A BLS training institute shall be accredited by the  
16.2.b.1.B. Assisting with the recruitment, selection and orientation of training institute faculty; and

commissioner for a five (5) year term. A BLS training institute shall be a secondary or postsecondary institution, regional education services agency, hospital, EMS regional field office, EMS agency, or another entity which meets the criteria in this rule. To qualify for accreditation as a BLS training institute, an EMS agency shall demonstrate compliance with the following:

16.2.a. Criteria. -- The institute shall evidence the ability to conduct one (1) or more of the following training programs approved by the commissioner:

16.2.a.1. Emergency Medical Technician-Basic course, DOT National Standard Curriculum;

16.2.a.2. Emergency Medical Technician-Basic Refresher course, DOT National Standard Curriculum;

16.2.a.3. Emergency Medical Services Attendant-First Responder course, DOT National Standard Curriculum;

16.2.a.4. Emergency Medical Services Attendant-First Responder Refresher course, DOT National Standard Curriculum; or

16.2.a.5. EMS Instructor Training Program, DOT National Standard Curriculum.

16.2.b. Personnel.

16.2.b.1. Medical Director. -- An institute shall have a medical director who is a physician licensed in the State of West Virginia. The medical director shall be experienced in emergency medical care, and shall have demonstrated ability in education/administration. The responsibilities of the medical director include:

16.2.b.1.A. Assuring that the course content is in compliance with this rule;

16.2.b.1.C. Providing technical advice and assistance to training institute faculty

and students.

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

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

16.2.b.2.B. Class scheduling and assignment of instructors;

16.2.b.2.C. Preparation, maintenance, and inventory of necessary training equipment;

16.2.b.2.D. Administration of written and practical skills examinations;

16.2.b.2.E. Maintenance of student records and files; and

16.2.b.2.F. Student/faculty liaison.

16.2.b.3. Course Coordinator. -- The BLS training institute shall designate a course coordinator for each course of instruction conducted by the training institute. The coordinator shall have qualifications as determined by the commissioner. The course coordinator is responsible for the management and supervision of each BLS training course offered by the training institute. Specific duties of the course coordinator also include:

16.2.b.3.A. Scheduling and supervising course instructors;

16.2.b.3.B. Scheduling and supervising student clinical activities;

16.2.b.3.C. Completing course

16.2.d.3. The institute shall provide a mechanism by which students may appeal decisions made by the institute regarding dismissal

records, including individual student performance summaries and scores; and

16.2.b.3.D. Providing counseling services to students.

16.2.b.4. Instructors. -- A BLS training institute shall ensure the availability of instructors for each training course. Instructors shall meet the qualifications as specified by the commissioner. Instructors are responsible for presenting course materials in accordance with the curriculum established by this rule.

16.2.b.5. Other Faculty. -- A BLS training institute may use the instructional services of other personnel as may be considered appropriate, subject to approval by the commissioner.

16.2.c. Facilities and Equipment. -- The institute shall maintain, or by agreement have available, facilities necessary for the provision of BLS training courses. The facilities shall include classrooms and space for equipment storage, and shall be of sufficient size to conduct didactic and practical skill performance sessions. The commissioner is responsible for determining the appropriateness of the facilities provided. The institute shall provide and maintain the essential equipment and supplies as identified in the OEMS BLS training course manual.

16.2.d. Operating Procedures.

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

16.2.d.2. A file shall be maintained on each enrolled student to include class performance, practical and written examination results, and reports made concerning the progress of the student during the training program.

or other disciplinary action. The grievance procedure is subject to approval by the commissioner.

16.2.d.4. Students shall be provided with a clear description of the program and its content, including learning goals, course objectives, and competencies to be attained.

16.2.d.5. The institute shall evidence compliance with policies contained in the OEMS BLS training course manual.

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

16.2.f. Alternative Accreditation Methods.

16.2.f.1. In lieu of the standards described thus far in this section, the OEMS shall recognize accreditation by a national accreditation agency for BLS programs. The accreditation term awarded after successful completion of a national program will be consistent with the term of the state accreditation program and the standard used by that agency shall meet or exceed state accreditation standards.

16.2.f.2. An official of the OEMS shall accompany national accreditation agency officials during the site visit of the BLS Training Institute.

16.2.f.3. The institution seeking accreditation shall forward a copy of the findings of the national accrediting agency to the OEMS.

16.3. ALS Training Institutes. -- An ALS training institute shall be accredited by the commissioner for a five (5) year term. An ALS training institute shall be a secondary or a postsecondary institution, hospital, EMS regional office, EMS agency, or another entity which meets the criteria in this rule. To qualify for accreditation

16.3.b.1.D. Approving the content of written and practical skills examination;

16.3.b.1.E. Identifying and approving facilities and ALS services where

as an ALS training institute, an EMS agency shall demonstrate compliance with the following:

16.3.a. Training Programs. -- The institute shall evidence the ability to conduct one (1) or more of the following training programs approved by the commissioner:

16.3.a.1. Emergency Medical Technician-Paramedic Course, DOT National Standard Curriculum;

16.3.a.2. Emergency Medical Technician-Paramedic Refresher Course, DOT National Standard Curriculum;

16.3.a.3. Emergency Medical Services Attendant- Intermediate Course, DOT National Standard Curriculum; or

16.3.a.4. Emergency Medical Services Attendant - Intermediate Refresher Course, DOT National Standard Curriculum.

16.3.b. Personnel.

16.3.b.1. Medical Director. -- An institute shall have a medical director who is a physician licensed in the State of West Virginia. The medical director shall be experienced in emergency medical care, and shall have demonstrated ability in education/administration. The responsibilities of the medical director include:

16.3.b.1.A. Assuring that the course content is in compliance with this rule;

16.3.b.1.B. Assisting with the recruitment, selection, and orientation of training institute faculty;

16.3.b.1.C. Providing technical advice and assistance to training institute faculty and students; students can fulfill clinical and field internship requirements; and

16.3.b.1.F. Identifying and approving individuals who will serve as field and

clinical preceptors for supervising and evaluating student performance when fulfilling clinical and field internship requirements.

16.3.b.2. Administrative Director. -- The administrative director shall have at least three (3) years of experience in administration and three (3) years of experience in ALS patient care education. Responsibilities of the administrative director include:

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

16.3.b.2.B. Class scheduling and assignment of instructors;

16.3.b.2.C. Preparation, maintenance, and inventory of necessary training equipment;

16.3.b.2.D. Administration of written and practical skills examinations;

16.3.b.2.E. Maintenance of student records and files; and

16.3.b.2.F. Student/faculty liaison.

16.3.b.3. Course Coordinator. -- The ALS training institute shall designate a course coordinator for each course of instruction conducted by the training institute. The coordinator shall be a currently certified EMT-Paramedic or health professional as defined in this rule, and shall have other qualifications prescribed by the OEMS ALS training manual. The course coordinator is responsible for the management and supervision of each ALS training course offered by the training institute. Specific duties of the course

16.3.b.7. Other Faculty. -- An ALS training institute may use the instructional services of other personnel as may be deemed appropriate, subject to approval by the commissioner.

16.3.c. Facilities and Equipment. -- The institute shall maintain facilities appropriate for

coordinator also include:

16.3.b.3.A. Scheduling and supervising course instructors;

16.3.b.3.B. Scheduling and supervising student clinical activities and field internships;

16.3.b.3.C. Completing course records, including individual student performance summaries and scores; and

16.3.b.3.D. Providing counseling services for students.

16.3.b.4. Instructors. -- The ALS training institute shall ensure the availability of instructors for each course. An instructor shall be experienced in the education of individuals at the ALS level, and approved by the course medical director as qualified to teach those sections of the course to which the instructor is assigned. An instructor is responsible for presenting course materials in accordance with the curriculum established by this rule.

16.3.b.5. Clinical Preceptors. -- The ALS training institute shall ensure the availability of clinical preceptors for each course. The clinical preceptor is responsible for the supervision and evaluation of paramedic students while fulfilling clinical requirements in an approved facility.

16.3.b.6. Field Preceptors. -- The ALS training institute shall ensure the availability of field preceptors for each student. The field preceptor is responsible for supervision and evaluation of paramedic students while fulfilling field internships with an approved ALS service.

conducting ALS training courses. Facilities include classrooms and space for equipment storage which shall be of sufficient size to conduct didactic and practical skill performance sessions. The commissioner is responsible for determining the appropriateness of the facilities. The institute shall provide and maintain the essential equipment

and supplies as identified in the OEMS ALS training manual. The equipment includes items necessary to perform skills required by the course curriculum, as defined in this rule.

#### 16.3.d. Operating Procedures.

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

16.3.d.2. A file shall be maintained on each enrolled student to include class performance, practical and written examination results and reports made concerning the progress of the student during the training program.

16.3.d.3. The institute shall provide a clear mechanism by which students may grieve decisions made by the institute regarding dismissal or other disciplinary action. The grievance procedure shall be subject to approval by the commissioner.

16.3.d.4. Students shall be provided with a clear description of the program and its content, including learning goals, course objectives and competencies to be attained.

16.3.d.5. The institute shall evidence compliance with policies contained in the OEMS ALS training manual.

#### 16.3.e. Alternative Accreditation Methods.

16.3.e.1. In lieu of the standards described thus far in this section, the OEMS will recognize accreditation by a national accreditation agency for ALS programs. The accreditation term awarded after successful completion of a national program will be consistent with that of the state program and the standards used by that agency will **§64-48-17. OEMS Medical Direction System.**

#### 17.1. Off-Line Medical Direction.

17.1.a. State EMS Medical Director. -- The state EMS medical director shall be a physician appointed by the commissioner to be in

meet or exceed state accreditation standards.

16.3.e.2. An official of the OEMS will accompany national accreditation agency officials during the site visit to the ALS Training Institute.

16.3.e.3. The institution seeking accreditation shall forward a copy of the findings of the national accreditation agency to the OEMS.

#### 16.4. Suspension/Revocation of Accreditation.

16.4.a. The commissioner may suspend or revoke the accreditation of a training institute upon written complaint and substantiated investigation for one (1) or more of the following:

16.4.a.1. Failure to maintain compliance with the criteria (relating to BLS and ALS training institutes) and standards and policies in their respective OEMS ALS and BLS training manuals; or

16.4.b.2. An absence of students in the program for two (2) consecutive years.

16.4.b. The commissioner shall give written notice to the institution's administrative director and the regional EMS field office that the action is contemplated before withdrawing accreditation. The notice will identify reasons for withdrawal of accreditation and shall provide sufficient time for response and a request for appeal and review of the commissioner's determination.

16.4.c. The commissioner may hear appeals concerning the revocation or suspension of accreditation.

charge of overseeing the medical aspects of the West Virginia EMS System.

17.1.a.1. The state EMS medical director shall have the following qualifications:

17.1.a.1.A. A valid license to

practice medicine in the State of West Virginia;

17.1.a.1.B. Experience in pre-hospital and emergency department management of the acutely ill or injured patient;

17.1.a.1.C. Experience in on-line, base station radio direction of prehospital emergency units;

17.1.a.1.D. Experience in the training of basic and advanced prehospital personnel;

17.1.a.1.E. Experience in the medical audit, review, and critique of basic and advanced prehospital personnel;

17.1.a.1.F. Board certification in emergency medicine; and

17.1.a.1.G. Experience in administration and management with interpersonal skills at consensus and task building.

17.1.a.2. The state EMS medical director shall carry out the following duties:

17.1.a.2.A. Act as the primary medical authority on all medical issues pertaining to the EMS system;

17.1.a.2.B. Chair the state medical policy and care committee;

17.1.a.3.C. Appoint all regional EMS medical directors;

17.1.a.2.D. Establish and review all system-wide medical protocols in consultation with the state Medical Policy and Care Committee;

17.1.a.3.A. Final decision on all matters of a medical nature related to the EMS system;

17.1.a.3.B. The authority to suspend or revoke certification of EMS personnel as delegated by the commissioner;

17.1.a.2.E. Approve the designation of all regional medical command centers;

17.1.a.2.F. Review and make recommendations to the commissioner concerning all suspensions or revocations of certification of EMS personnel;

17.1.a.2.G. Assure that personnel in the EMS system meet the certification, recertification, and continuing education requirements as set forth in the rules;

17.1.a.2.H. Review and recommend to the commissioner the designation of trauma centers;

17.1.a.2.I. Conduct hearings on issues as described in the rules;

17.1.a.2.J. Maintain liaison with the members of the legislature on medical issues related to EMS;

17.1.a.2.K. Review state and regional procedures, plans, and processes for compliance with state standards of emergency medical care;

17.1.a.2.L. Delegate portions of his/her authority to other qualified physicians; and

17.1.a.2.M. Perform other duties as assigned by the commissioner.

17.1.a.3. The state EMS medical director has the following powers:

17.1.a.3.C. The authority to establish policies and procedures to carry out the activities outlined in this rule; and

17.1.a.3.D. Other powers as designated by the commissioner.

17.1.b. State Medical Policy and Care

Committee (MPCC). -- The State MPCC is composed of each regional medical director and chaired by the state medical director. The committee serves as the primary policy making body and advisory body to the state medical director concerning medical issues involving the EMS system. The committee shall meet at least annually and more frequently as required to carry out its function.

17.1.b.1. The state medical policy and care committee has the following duties and powers:

17.1.b.1.A. Establish, review, and approve all medical protocols, drugs, and procedures utilized within the EMS system;

17.1.b.1.B. Establish the scope of practice of all personnel within the EMS system;

17.1.b.1.C. Act on and/or advise the state medical director on issues presented to them;

17.1.b.1.D. Designate regional medical command centers;

17.1.b.1.E. Establishes policies and procedures governing categorization of facility's medical capabilities in order to determine appropriateness of EMS transport to that facility;

17.1.b.1.F. Implement procedures necessary to carry out its duties; and

17.1.b.1.G. Other duties as assigned by the state medical director or commissioner.

17.1.c. Regional Medical Director. -- The regional medical director shall be a physician who

17.1.c.2.C. Serve as a member of the state Medical Policy and Care Committee (MPCC);

17.1.c.2.D. Serve as the chairman of the regional Medical Policy and Care Committee;

is recommended by the regional board of directors and appointed by the state medical director to be in charge of all medical aspects of the regional EMS system.

17.1.c.1. The regional medical director shall have the following qualifications:

17.1.c.1.A. A valid license to practice medicine in the State of West Virginia;

17.1.c.1.B. Experience in pre-hospital and emergency department management of the acutely ill or injured patient;

17.1.c.1.C. Experience in on-line base station radio direction of EMS personnel and vehicles;

17.1.c.1.D. Experience in the training of basic and advanced prehospital personnel;

17.1.c.1.E. Experience in the medical audit, review, and critique of basic and advanced prehospital personnel; and

17.1.c.1.F. Board certification in emergency medicine, which certification may be waived at the discretion of the state EMS medical director

17.1.c.2. The regional EMS medical director shall carry out the following duties:

17.1.c.2.A. Approve the medical command physicians who operate in the regional medical command centers;

17.1.c.2.B. Serve as the medical liaison with the state EMS medical director;

17.1.c.2.E. Serve as the primary medical authority on medical issues of the regional EMS system;

17.1.c.2.F. Provide final approval of all squad/county medical directors;

17.1.c.2.G. Implement and monitor the regional quality assurance/quality improvement program, including review of the quality assurance programs of the squad/county medical director;

17.1.c.2.H. Serve as medical director of the regional medical command center;

17.1.c.2.I. Review for approval all recertification documents for prehospital personnel after they are received from the squad/county medical director;

17.1.c.2.J. Mediate and provide final regional approval on all disciplinary actions;

17.1.c.2.K. Establish and review protocols in conjunction with the state medical policy and care committee;

17.1.c.2.L. Serve as medical liaison to the regional EMS board of directors;

17.1.c.2.M. Assist the state office of EMS in ensuring that personnel in the EMS system meet the certification, recertification, registration, and continuing education requirements established by state law;

17.1.c.2.N. Establish operational procedures for the regional medical command center consistent with OEMS guidelines and policies for regional medical command center operations, data collection, and quality assurance;

17.1.c.2.O. Recommend to the state medical director disciplinary actions involving prehospital care personnel;

17.1.c.2.P. Delegates portions of

17.1.d.3.A. Establish, and review all medical protocols, drugs, and procedures used within the regional EMS system, and submit to the State Medical Policy and Care Committee for approval;

17.1.d.3.B. Act on and/or advise

his or her authority to other qualified physicians;

17.1.c.2.Q. Review regional plans, procedures, and processes for compliance with state standards of emergency care; and

17.1.c.2.R. Meet with the squad/county medical directors within the region as necessary to disseminate information regarding the state statutes, rules, policies, and direction.

17.1.c.3. Powers. -- The regional medical director may restrict privileges of any prehospital personnel within the region at any time in order to assure quality patient care. This may be accomplished in conjunction with the squad/county medical director. This restriction of privileges shall be according to guidelines established by the OEMS medical direction system.

17.1.d. Regional Medical Policy and Care Committee (MPCC)- The Regional MPCC serves as the primary advisory committee to the Regional Medical Director on all medical issues involving the regional EMS system.

17.1.d.1. Composition- The committee is composed, at a minimum, of all the squad medical directors in that region. At the discretion of the regional medical director and by appointment of the state medical director, other persons may serve on this committee.

17.1.d.2. Organization- The committee shall meet at least annually and more frequently as required to carry out its function.

17.1.d.3. Responsibilities- The Regional Medical Policy and Care Committee shall:

the Regional Medical Director on issues presented to them; and

17.1.d.3.C. Perform other duties as assigned by the regional or state medical director, or the commissioner.

17.1.d.4. Powers - The Regional Medical Policy and Care Committee may implement procedures necessary to carry out the duties outlined in Paragraph 17.1.h.3 of this rule.

17.1.e. County/Squad Medical Director - The squad or county medical director, by agreement with the the squad/county and approval by the Regional Medical Director, is in charge of all medical aspects of the local EMS system and takes responsibility for the medical care rendered by those local EMS personnel.

17.1.e.1. Qualifications - The county/squad medical director shall have:

17.1.e.1.A. A valid license to practice medicine in the State of West Virginia; and

17.1.e.1.B. Experience in prehospital and emergency department management of the critically ill or injured patient;

17.1.e.2. The following qualifications are desirable but may be waived by the Regional Medical Director:

17.1.e.2.A. Experience in base station radio direction of prehospital emergency units;

17.1.e.2.B. Experience in the training of basic and advanced prehospital personnel;

17.1.e.2.C. Experience in the medical audit, review, and critique of basic and advanced prehospital personnel; and

17.1.e.2.D. Board certification in

17.2.a. Regional Medical Command Centers are centers designated by the State Medical Policy and Care Committee, and the OEMS, under advisement of the respective Regional EMS Board of Directors, to serve as the regional medical command center for all on-line medical control of EMS units and personnel operating in a particular region.

emergency medicine.

17.1.e.3. Responsibilities- The squad/county medical director shall:

17.1.e.3.A. Be responsible for advice and guidance of all aspects of the medical care provided by the squad/county agency;

17.1.e.3.B. Be the physician on whose authority all medical care is administered by the EMS personnel;

17.1.e.3.C. Grant or deny privileges for personnel to perform medical procedures and care within the squad/county agency;

17.1.e.3.D. Perform medical audits of patient care provided by the squad/county agency;

17.1.e.3.E. Serve as a member of the Regional Medical Policy and Care Committee; and

17.1.e.3.F. Perform other duties as assigned by the regional or state medical director or the commissioner.

17.1.e.4. Powers - The squad/county medical director may restrict medical practice privileges of any prehospital personnel within his or her squad/county at any time in order to assure quality patient care. This restriction of privileges shall be according to guidelines established by the OEMS medical direction system.

17.2. On-line Medical Direction.

17.2.a.1. Qualifications/Designation. - The regional medical command centers shall meet the following qualifications:

17.2.a.1.A. Be equipped with appropriate communication equipment, as specified by the OEMS, to be able to communicate with EMS units and interface with the state EMS communications system;

17.2.a.1.B. Meet all requirements listed in this rule; and

17.2.a.1.C. Agree to participate in and abide by all policies and procedures contained in the state/regional communications systems plan as established by the OEMS Medical Direction System.

17.2.a.2. Staffing. - The Regional Command Center shall be staffed twenty-four (24) hours per day, three hundred sixty-five (365) days per year by qualified operators and shall be located so that the medical command physicians have immediate access to the center at all times.

17.2.a.3. Responsibilities. -- The regional medical command facility shall:

17.2.a.3.A. Serve as the authoritative medical command facility for its region;

17.2.a.3.B. Control and facilitate all communications of a medical nature for the EMS units operating in its region including ground and aeromedical units if applicable;

17.2.a.3.C. Serve as the final decision maker in all areas of medical care and transfer or diversion of medical units to the various facilities in its region;

17.2.a.3.D. Follow all Regional Medical Command Center procedures and guidelines governing delivery of medical command and direction of units as established by the OEMS Medical Direction System including, but not limited to, data collection and quality assurance.

17.2.a.3.E. Maintain in place a record keeping system as outlined by OEMS guidelines and make those records and/or tapes available to the state and regional medical directors for review;

17.2.a.3.F. Perform other duties as assigned by the regional or state medical director; and

17.2.a.3.G. Provide medical command to all units passing through the region who require medical direction on a non-routine basis.

17.2.a.4. Powers. -- The regional medical command center has the authority to implement procedures necessary to carry out its duties outlined in this rule and OEMS guidelines.

17.2.a.5. Alternative Facilities. -- Regions may elect to have alternate command facilities in the event of equipment malfunction or when the primary center cannot be contacted for any reason. These backup facilities should be so designated and included in the regional communication plan. In the event none of the command facilities can be reached, then the receiving hospital may provide medical command as needed to EMS personnel.

**§64-48-18. Provision of services by emergency medical services personnel in hospital emergency rooms.**

18.1. EMS personnel may in the event of a life threatening emergency perform their full scope of practice as outlined by the State MPCC, within the hospital emergency room under the direct supervision of the attending physician.

18.2. In all other situations EMS personnel may only perform those services outlined in the written policy and procedures established by the local facility as outlined in 18.3 below.

18.3. Any hospital utilizing and/or employing EMS personnel to provide services within the hospital emergency room must develop and implement written policies and procedures governing these activities. These policies and procedures shall:

18.3.a. Include the roles, responsibilities, and specific tasks or procedures which may be performed by the EMS personnel.

18.3.b. Be developed jointly by

the director of nursing of the emergency room and the medical director of the emergency room.

room setting and shall also contain the definition of a life threatening emergency.

18.3.c. Allow for the direct supervision of the EMS personnel by a registered professional nurse and comply with all supervision guidelines established by the Board of Registered Professional Nurses.

18.3.d. Comply with the training requirements established by the State MPCC.

18.3.e. Contain specific procedures governing the medical review and quality improvement of services provided by the EMS personnel and must include the mechanisms for identification, correction, training, and disciplinary functions associated with these activities.

18.3.f. Be approved by the Joint Care Committee as established in 18.7 of this rule.

18.4. At no time may the EMS personnel perform any service which exceeds the scope of practice established by the State MPCC for that level of personnel.

18.5. Personnel must maintain active EMS certification and complete all required continuing education.

18.6. The training records and in-service records of the personnel must be maintained by the local facility and available for inspection by the State MPCC and/or the Board of Registered Professional Nurses.

18.7. The State EMS Medical Director or his or her designee and the President of the Board of Registered Professional Nurses shall establish jointly a Joint Care Committee for the purpose of establishing the minimum guidelines for the policies and procedures to be utilized by the local facilities concerning the functioning of EMS personnel in the emergency room setting. These guidelines may include a list of specific procedures and activities which may be performed or may not be performed by EMS personnel in the emergency