

**WEST VIRGINIA
SECRETARY OF STATE
JOE MANCHIN, III
ADMINISTRATIVE LAW DIVISION**

Form #3

Do Not Mark In This Box

FILED

2001 JUL 31 P 2:51

OFFICE WEST VIRGINIA
SECRETARY OF STATE

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

AGENCY: Division of Health - DHHR TITLE NUMBER: 64

CITE AUTHORITY: WV Code § 16-4C-23

AMENDMENT TO AN EXISTING RULE: YES NO

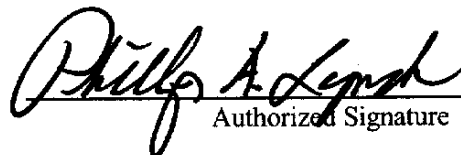
IF YES, SERIES NUMBER OF RULE BEING AMENDED: 48

TITLE OF RULE BEING AMENDED: Emergency Medical Services

IF NO, SERIES NUMBER OF RULE BEING PROPOSED: _____

TITLE OF RULE BEING PROPOSED: _____

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


Authorized Signature

STATEMENT OF CIRCUMSTANCES WHICH REQUIRE THE REVISED RULE

This revision to the current Emergency Medical Services (EMS) Rule, 64CSR48, is necessary in order to update and modernize existing language and to help ensure that the provision of prehospital care addressed in this rule follows national standards. The rule was last updated in 1997 and a significant number of changes are in order, including addition of language that was left out during that update.

BRIEF SUMMARY OF THE RULE

This rule addresses changes to the existing Emergency Medical Services (EMS) Rule, 64CSR48, necessary to upgrade antiquated language and grammatical problems, and replace missing text. This will clarify the original intent and provisions in the rule regarding licensure of EMS agencies, certification of EMS personnel, EMS vehicle requirements, standards of conduct, disciplinary and corrective action, accreditation of training agencies and medical direction.

FISCAL NOTE FOR PROPOSED RULES

Rule Title: Division of Health Legislative Rules - Emergency Medical Services - Title 64, Series 48

Type of Rule: X **Legislative** **Interpretive** **Procedural**

Agency: Division of Health
Department of Health and Human Resources

Address: Building 3, Capitol Complex
Charleston, W. Va. 25305

1. Effect of the Proposed Rule	ANNUAL		FISCAL YEAR		
	Increase	Decrease	Current	Next	Thereafter
Estimated Total Cost	\$	\$	\$	\$ 59,655	\$ 54,655
Personal Services				38,741	38,741
Current Expense				13,914	13,914
Repairs & Alterations					
Equipment				7,000	2,000
Other					
Revenue					

2. Explanation of above estimates.

PERSONAL SERVICES

1 HHR Specialist	\$27,094
Administrative Fees @ \$205/FTE	205
FICA @ 7.65%	2,073
Retirement @ 9.5%	2,574
Workers Compensation @ \$5.35 per \$100	1,450
Health Insurance	<u>5,345</u>
	\$38,741

CURRENT EXPENSES

Travel	\$ 5,000
Office Supplies, Printing	1,000
Rental	1,392
Vehicle Lease	6,000
Other	<u>522</u>
	\$13,914

EQUIPMENT

1 Computer System	\$5,000
Equipment (Miscellaneous)	<u>2,000</u>
	\$7,000

TOTAL \$59,655

3. Objectives of this rule:

This revision to the current Emergency Medical Services (EMS) Rule, 64 CSR 48, is necessary in order to update and modernize existing language and to help ensure that the provision of prehospital care addressed in this rule follows national standards. The rule was last updated in 1997 and a significant number of changes are in order including addition of language that was left out during that update.

4. Explanation of Overall Economic Impact of Proposed Rule.

A. Economic Impact on State Government.

Increased compliance issues resulting from background checks creates the need for an additional staff position, classified at the HHR Specialist level.

B. Economic Impact on Political Subdivisions; Specific Industries; Specific Groups of Citizens.

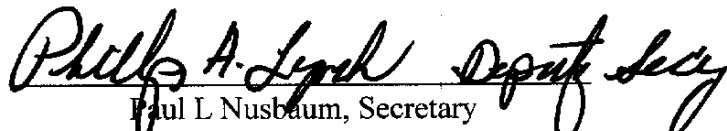
Critical Care Transport (CCT) Services addressed in this rule revision are voluntary for EMS Agencies. If an Agency elects to provide these services, there will be some associated costs to it, such as vehicles, equipment, advertising, etc. These costs should be covered by the revenue that the service generates. Criminal background checks will cost \$26.00 per person for those seeking certification or legal recognition into the WV EMS System.

C. Economic Impact on Citizens/Public at Large.

No economic impact on citizens/public except fees for use of Critical Care Transport (CCT) Services. Costs associated with CCT will cost several hundred dollars, but insurance, Medicare, etc. will cover these costs, at least in part, as is the case with all other ambulance transport charges. These charges are determined by the EMS Agency.

Date: July 30, 2001

Signature of Agency Head or Authorized Representative


Paul L Nusbaum, Secretary
Department of Health and Human Resources

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 30, 2001

TO: LEGISLATIVE RULE-MAKING REVIEW COMMITTEE

FROM: (Agency name, Address & Phone No.) Division of Health
Department of Health and Human Resources

State Capitol Complex, Building 3, Room 201, Charleston, WV 25305

Telephone: (304) 558-5598

LEGISLATIVE RULE TITLE: Emergency Medical Services, 64CSR48

1. Authorizing statute(s) citation: WV Code Sections 16- 4C-23

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

May 24, 2001

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

850 draft copies of the rule were distributed to each EMS association

and licensed EMS agency, as well as to the West Virginia EMS Advisory Council

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

June 25, 2001

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

Attached X No comments received

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

 July 30, 2001

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

 Martha Barnitt

 Office of Regulatory Support - DHHR

 Building 3, Room 201, Capitol Complex

 Charleston, West Virginia 25305

 Tel: (304) 558-5598

- 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):

 Jerry Rhodes, Deputy Director, Office of Emergency Medical Services

 Department of Health and Human Resources

 350 Capitol Street, Room 515

 Charleston, West Virginia 25301-3716

 (304) 558-3956 FAX: 304 558-1437

2. 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 a hearing for the taking of evidence and a general description of the issues to be decided.

 N/A

b. Date of hearing or comment period:

N/A

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

N/A

d. Attach findings and determinations and reasons:

N/A

TITLE 64
LEGISLATIVE RULE
WEST VIRGINIA DIVISION OF HEALTH
SERIES 48
EMERGENCY MEDICAL SERVICES

FILED
2001 JUL 31 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 personnel and agencies in West Virginia.

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

1.3. Filing Date. -- ~~June 30, 1997.~~

1.4. Effective Date. -- ~~September 1, 1997.~~

1.5. Supersession and Repeal of Former Rules. -- This rule repeals and replaces Emergency Medical Services, 64 CSR 48, effective ~~April 22, 1992.~~ September 1, 1997.

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

- 1.6.a. Emergency medical services agencies;
- 1.6.b. Emergency medical services personnel;
- 1.6.c. Emergency medical services providers;
- 1.6.d. Emergency medical services line officers;
- 1.6.e. Medical command; and
- 1.6.f. Small emergency medical services providers.

1.7. Enforcement. -- This rule is enforced by the commissioner of the bureau for public health¹.

§ 64-48-2. Definitions.

¹ The Department of Health and Human Resources (DHHR) was created by the Legislature's reorganization of the executive branch of State government in 1989. The Department of Health was renamed the Division of Health and made a part of the DHHR (W. Va. Code § 5F-1-1 et seq.). Administratively within the DHHR the Bureau for Public Health through its Commissioner carries out the public health function of the Division of Health.

2.1. Advanced Life Support (ALS). -- A sophisticated level of ~~out-of-hospital and interfacility~~ emergency medical services provided by the following levels of EMS personnel: EMT-P, EMSA-RN, EMSA-PA, EMSA-FN, EMSA-I, ~~EMSA-SCN~~, 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. Ambulance. -- Any privately or publicly-owned vehicle or aircraft which is designed, constructed or modified, equipped or maintained, and operated for the transportation of patients.~~

~~2.4.2.3.~~ 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.

~~2.5.2.4.~~ Attendant-in-Charge. -- A person certified pursuant to this rule to have the ultimate authority and responsibility for the care of a patients with respect to the provision of emergency medical services.

~~2.6.2.5.~~ Basic Life Support (BLS). -- A basic level of out-of-hospital and interfacility emergency 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-LPN, EMT-FR~~ EMSA-FR or as stated in this rule.

~~2.7.2.6.~~ 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.

~~2.8. Commissioner. -- The commissioner of the bureau for public health, or his or her designee.~~

~~2.9. Council. -- The emergency medical service advisory council (EMSAC) created pursuant to W. Va. Code §16-4C-5.~~

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 system 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.

~~2.10.2.9.~~ 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.

~~2.11. Emergency Medical Service Agency. -- Any agency licensed under W. Va. Code §16-4C-6a and this rule to provide emergency medical services.~~

~~2.12. Emergency Medical Service Ambulance. -- A specially engineered vehicle meeting the GSA KKK-A-1822 federal standard for ambulance manufacturer which mandates the physical specifications of any vehicle to be utilized or otherwise referred to as an ambulance.~~

~~2.13.2.10. EMSA-DO. -- A person certified as an Emergency Medical Services Attendant - Doctor of Osteopathic Medicine.~~

~~2.14.2.11. EMSA-FN. -- A person certified as an Emergency Medical Services Attendant - Flight Nurse.~~

~~2.15.2.12. 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.~~

~~2.16. EMSA-LPN. -- A person certified as an Emergency Medical Technician - Licensed Practical Nurse.~~

~~2.17.2.14. EMSA-MD. -- A person certified as an Emergency Medical Services Attendant - Medical Doctor.~~

~~2.18.2.15. EMSA-PA. -- A person certified as an Emergency Medical Services Attendant - Physician's Assistant.~~

~~2.19.2.16. EMSA-RN. -- A person certified as an Emergency Medical Services Attendant - Registered Nurse.~~

~~2.20. EMSA-SCN. -- A person certified as an Emergency Medical Services Attendant - Speciality Care Nurse.~~

~~2.21. Emergency Medical Service Personnel (EMSP). -- Any person certified by the commissioner to provide emergency medical services in W. Va. Code §16-4C-8. EMSP includes, but is not limited to: emergency medical services attendant, emergency medical technician-basic, and emergency medical technician-paramedic.~~

~~2.22. Emergency Medical Service Provider. -- Any authority, person, corporation, partnership, or other entity, public or private, which owns or operates a licensed emergency medical services agency providing emergency medical service in this state.~~

~~2.23. Emergency Medical Services. -- All services which are set forth in W. Va. Code §16-4-C, "The Emergency Medical Services Act of 1996" and those services included in and made part of the emergency medical services plan of the department of health and human resources including, but not limited to, responding to the medical needs of an individual to prevent the loss of life or aggravation of illness or injury.~~

~~2.24.2.17. 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.~~

~~2.25.2.18.~~ EMT-B. -- A person certified as an Emergency Medical Technician - Basic.

~~2.26.2.19.~~ EMT-M. -- A person certified as an Emergency Medical Technician - Mining.

~~2.27.2.20.~~ EMT-P. -- A person certified as an Emergency Medical Technician - Paramedic.

~~2.28.2.21.~~ 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 range skills.

~~2.29.~~ Fire Department Rapid Response Service. -- A recognized fire department that is licensed or temporarily licensed as an EMS agency to provide Rapid Response - BLS or Rapid Response - ALS service as indicated in this rule.

~~2.30.2.22.~~ 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.

~~2.31.~~ Line Officer. -- The emergency medical service personnel, present at the scene of an accident, injury or illness, who has taken the responsibility for patient care.

~~2.32.2.23.~~ Major Medical Emergency. -- Any emergency event which cannot be managed through the use of emergency medical services resources available locally.

~~2.33.2.24.~~ Medical Command Center. -- A designated facility staffed by trained personnel, operating under medical supervision, who, ~~in conjunction with patient wishes,~~ 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 OEMS Medical Direction System to give on-line medical direction to EMS personnel as established by OEMS Medical Direction system guidelines.

~~2.34.2.26.~~ Medical Community. -- The aggregate physician and medical specialist resources located and available within a geographic area..

~~2.35.2.27.~~ 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 office of EMS 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.

~~2.362.29.~~ Operator. -- A person ~~certified~~ recognized pursuant to this rule as responsible for the operation of an emergency medical services vehicle.

~~2.37. Patient. -- Any person who is a recipient of the services provided by emergency medical services personnel.~~

~~2.38.2.30. Patient Transportation. -- Movement or transfer of a patient from one (1) location to another by an approved and designated ambulance.~~

~~2.39.2.31. Rapid Response. -- A form of emergency medical services where 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. Initial response EMS personnel can provide on-scene assessment, intervention and supervision without patient transportation.~~

~~2.40.2.32. 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.~~

~~2.41. Recognized Fire Department. -- Any organization established for the purposes of providing fire suppression, fire protection and related activities which is recognized by the State fire commission.~~

~~2.42.2.33. 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.~~

~~2.43. Service Reciprocity. -- The provision of emergency medical services to citizens of this state by emergency medical services personnel certified to render those services by a neighboring state.~~

~~2.44. Small Emergency Medical Services Provider. -- Any emergency medical services provider which is made up of less than twenty (20) emergency medical services personnel.~~

~~2.45. Specialized Life Support. -- A level of sophisticated and specialized medical care and transportation requiring specifically trained and skilled personnel, operating under medical supervision and limited to the interfacility transfer of patients with highly specialized needs.~~

~~2.46.2.34. Squad or County Medical Director. -- A physician licensed in this state who provides 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 beginning in July, 1997. EMS Agencies will receive education on this process in the Spring of 1997 to insure adequate time for preparation. Technical assistance will be provided 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 ~~linens~~, equipment, and supplies ~~at each place of operations~~. These storage spaces shall be constructed to permit thorough cleaning;

3.3.b. Supplies. -- The EMS Agency will maintain medical supplies ~~and linens at each place of operations~~ 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 legislative rule 64 CSR 56.

3.4. Operational Policies and Procedures. -- All EMS Agencies shall ~~have~~ maintain current written operational policies and procedures which shall be subject to and available for inspection by the 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 ~~and Reports~~. -- All EMS Agencies are responsible for the preparation and maintenance of records. The records ~~and reports which~~ shall be subject to and available for inspection by the commissioner. Records ~~and reports~~ 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 ~~run reports~~ which specifically identify the vehicle operator and attendant in charge, dispatch records, and other OEMS ~~run reports~~ Patient Care Record information. The OEMS ~~run report~~ 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.

3.7. System Requirements. -- All EMS agencies shall provide one (1) or more of the following types of service: ~~basic life support~~, rapid response, basic life support, advanced life support, ~~specialized life support~~ critical care transport, rotary wing transport, ~~and or~~ fixed wing transport.

3.8 ~~Ability to Pay~~ 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, ~~and determined not to need EMS agency services.~~

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-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-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 ~~be compatible~~ comply with the State EMS communications plan state and 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 ~~any combination~~ 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 ~~Specialized life support~~;
- 4.3.f. Rotary wing transport; ~~and~~
- 4.3.g. Fixed wing transport.

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

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.

4.6. Verification. -- The commissioner may 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, 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. Records of protected status may be inspected but not copied by or maintained by the commissioner.

4.9. Alternative Licensing Method.

4.9.a. In lieu of the standards described thus far in these sections, 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 such a program will be consistent with that of state licensure. The accrediting standards shall meet or exceed established State standards.

4.9.b. An official of the WV Office of EMS will accompany accreditation officials during the site visit to the EMS provider.

4.9.c. A copy of the findings of the accrediting agency will be forwarded to the commissioner by the agency seeking alternative licensure.

4.9.d. Agencies seeking alternative licensing shall be subject to fees as described in section 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 will be applied to a chart as referenced in subdivision 6.3.f of this rule to rank the agency accordingly.

~~Fire department rapid response organizations shall meet the following specific standards of this rule:~~

5.3.a - Off-Line Medical Direction; 5.3.c - Quality Assurance; 5.4 - Communications; 5.5 - Rapid Response; 5.6 - Disaster Capability; 5.8 - Personnel; 5.9 - Training; 5.11.c - Facilities; 5.11.d - Equipment; 5.11.e - Supplies; 5.12.b - Mission and Organization; and 5.12.c - Management Training.

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 staffed EMS vehicles are sent on all emergencies, BLS staff EMS vehicles are sent on non-emergencies - twelve (12) points; 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 ~~selectively~~ or on a part-time basis - ~~eight (8)~~ 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 as above 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 State commissioner - four (4) points.

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

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, specific inservice training for individuals or the entire agency. The medical director insures 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, specific inservice training for individuals or the entire agency. The medical director or delegated EMS professional is involved in such 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 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 ~~has~~maintains current, written, standard operating policies and procedures ~~exist~~ for communications personnel with documented training in the Federal D.O.T. National Standard Curriculum-EMS Dispatcher Training Program - three (3) points; or

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.2.~~ 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. Prearrival 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 ~~ambulance~~ emergency medical services vehicle dispatching - one (1) point.

5.4.d. Logging.

5.4.d.1. The dispatch center for the EMS Agency ~~uses dedicated, recorded lines for phone and radio conversations and they are automatically recorded at all times~~ automatically records all radio transmissions and dedicated emergency phone line conversations - three (3) points; or

5.4.d.2. The dispatch center for the 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 taught - 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;

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 EMS-disaster response within the EMS agency and between adjacent providers - three (3) points; or

5.6.b.2. The EMS Agency has an EMS 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 ~~has~~ maintains mutual aid agreements written 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 ~~has~~ 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 (populations of twelve thousand (12,000) or more).

5.7.a.1. The EMS Agency provides a staffed ambulance on scene of emergency calls responses within eight (8) minutes of receipt of the call by the EMS Agency in 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 calls 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 (population less than twelve thousand (12,000)).

5.7.b.1. The EMS Agency provides a staffed ambulance on scene of emergency calls 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 calls 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 ~~has~~ maintains current written job descriptions for all personnel - three (3) points.

5.8.b. Orientation. -- The EMS Agency ~~has~~ utilizes a formal orientation process with documented completion of specific stated objectives ~~and some retention measures in place~~ - three (3) points.

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

5.8.d. Personnel Screening. -- The EMS Agency screens and selects applicants and they are selected 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 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 developed 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.

5.10.d. Financial Stability. -- The EMS Agency has a financial status that is stable so that crisis situations affecting employee compensation, routine supply, equipment purchases, and daily operations don't occur - three (3) points.

5.10.e. Financial Responsibility. -- The EMS Agency has ~~a specific individual~~ with financial responsibility. ~~This individual has~~ 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 ~~sterile~~, 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 ~~has~~ utilizes 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, 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 ~~& Hazard~~ Health Administration or applicable State rules or regulations - three (3) points.

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

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

~~The commissioner shall issue a temporary license from passage through June 30, 2000 for EMS agencies such as, but not limited to: recognized fire departments seeking licensure as a Rapid Response = BLS or Rapid Response = ALS service, if the fire department rapid response service does not charge a fee for services rendered. This does not preclude any EMS agency from seeking full licensure to include fees and inspections. The EMS agency will be issued a temporary license at no cost to the agency provided the agency complies with the application and documentation requirements of activities and practices of Sections 3, 4, 5, and 6 of this rule.~~

6.2. The commissioner shall notify the EMS Agency in writing of the approval and issuance of 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 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 such 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 utilize 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 the requirements of Section 5 of this rule are met;

6.5.d. The EMS Agency shall be notified in writing by the commissioner 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;

6.5.f. The commissioner shall issue a modified EMS agency license within ten (10) days 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 ~~on July 1, 1997 and as applicable~~. The fees are:

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

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

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

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

6.8. Fees shall be made payable to: WV Bureau for Public Health.

6.9. Applicable Fees will be due on July 1, 1997 ~~and each July 1 thereafter as applicable~~ of each year.

6.10. Rapid response vehicles (Class A EMS vehicles) are not charged 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 state motor vehicle code §17C-2-5.

7.1.d. Sanitation. -- The following requirements for sanitary conditions shall 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;

7.1.d.2. Freshly laundered linen, 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. ~~Implements~~ Single use devices or supplies inserted into the patient's ~~nose or mouth~~ 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 unit 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 ~~the provider or the provider's agents knows to have~~ 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 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 Medical Services, Medicaid Program Regulations~~ Bureau for Public Health, Office of Emergency Medical Services.

7.1.e.1. The EMS Agency shall ensure that vehicle equipment is maintained in good working ~~order~~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 ~~call~~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 ~~employ~~ 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 (POV's) may be utilized for rapid response purposes and are exempt from Class A requirements under the authority of the official representative of the licensed EMS agency. This does not exclude POV's and their operators from other requirements of the Division of Motor Vehicles and Office of Emergency Medical Services Emergency Vehicle Permit program.

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

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. ~~A minimum of two (2) flashing red lights shall be installed on the front of the EMS vehicle below the level of the windshield and above the level of the bumper. One (1) or more audible warning devices shall be installed to provide adequate audible warning. These devices shall be located below the cab level (in or below the grill).~~ All Class A vehicles shall have communications equipment which provide 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. ~~If the EMS vehicle is used for the delivery of advanced life support, then the communications capabilities shall include radio communications between the attendant-in-charge and the regional medical command center or the receiving medical facility where regional medical command is not available.~~

8.1.l. Equipment and Supplies. -- The Class A vehicle equipment and supplies will be inspected according to requirements of the West Virginia Department of Health and Human Resources, Bureau for Medical Services, Medicaid Program Regulations Bureau for Public Health, Office of Emergency Medical Services.

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 specialized life support critical care transport services (Class D) if additional equipment and personnel are added to the vehicle for the type form of specialized life support care being provided.

8.2.e. The EMS Agency may use the 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 United States Government Services Agency KKK-A-1822 ~~guidelines~~ 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 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. ~~A minimum of two (2) flashing red lights shall be installed on the front of the EMS vehicle below the level of the windshield and above the level of the bumper. One (1) or more audible warning devices shall be installed to provide adequate audible warning. These devices shall be located below the cab level (in or below the grill).~~ All Class B vehicles shall have communications equipment which provide 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. ~~If the EMS vehicle is used for the delivery of advanced life support, then the communications capabilities shall include radio communications between the attendant-in-charge and the regional medical command center or the receiving medical facility where regional medical command is not available.~~

8.2.m. Equipment and Supplies. -- The Class B vehicle equipment and supplies shall be inspected according to requirements of the West Virginia Department of Health and Human Resources, Bureau for Medical Services, Medicaid Program Regulations Bureau for Public Health, Office of Emergency Medical Services.

8.3. Class C. -- An advanced life support vehicle ~~shall be~~ 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 utilized for ~~specialized life support~~ critical care transport services (Class D) if the proper additional equipment is added to the vehicle for the ~~form of specialized life support~~ type of care being provided.

8.3.c. Vehicle Specifications. -- The Class C EMS vehicle shall meet or exceed the design specifications of the United States Government Services Agency KKK-A-1822 ~~guidelines~~ specifications for the appropriate year of manufacture ~~and requirements of the Class C EMS vehicle.~~

8.3.d. The major portion of the body of the Class C 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.

8.3.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. ~~A minimum of two (2) flashing red lights shall be installed on the front of the EMS vehicle below the level of the windshield and above the level of the bumper.~~ One (1) or more audible warning devices shall be installed to provide adequate audible warning. ~~These devices shall be located below the cab level (in or below the grill).~~ All Class C vehicles shall have communications equipment which provide 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. ~~If the EMS vehicle is used for the delivery of advanced life support, then the communications capabilities shall include radio communications between the attendant in charge and the regional medical command center or the receiving medical facility where regional medical command is not available.~~

8.3.h. Equipment and Supplies. -- The Class C vehicle equipment and supplies will be inspected according to requirements of the West Virginia Department of Health and Human Resources, Bureau for Medical Services, Medicaid Program Regulations Bureau for Public Health, Office of Emergency Medical Services.

8.4. Class D. -- ~~Specialized life support~~ A critical care transport units are 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 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,~~ 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 United States Government Services Agency KKK-A-1822 guidelines for the appropriate year of manufacture ~~and requirements of the Class C EMS vehicle.~~

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.

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. ~~A minimum of two (2) flashing red lights shall be installed on the front of the EMS vehicle below the level of the windshield and above the level of the bumper.~~ One (1) or more audible warning devices shall be installed to provide adequate audible warning. ~~These devices shall be located below the cab level (in or below the grill).~~ All Class D vehicles shall have communications equipment which provide 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. ~~If the EMS vehicle is used for the delivery of advanced life support, then the communications capabilities shall include radio communications between the attendant-in-charge and the regional medical command center or the receiving medical facility where regional medical command is not available.~~

8.4.i. Equipment and Supplies. -- The Class D vehicle equipment and supplies shall be inspected according to requirements of the West Virginia Department of Health and Human Resources, Bureau for Medical Services, Medicaid Program Regulations Bureau for Public Health, Office of Emergency Medical Services.

8.5. Class E - The life support vehicle for air transportation ~~shall be~~ 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) ~~for the transportation of patients who require specialized care provided that it is equipped and staffed for these services to be delivered.~~ or for the transportation of equipment, medical personnel, supplies, blood, human organs, or other health related services.

8.5.a.3. ~~The EMS Agency may employ Class E rotary winged aircraft for the transportation of equipment, medical personnel, supplies, blood, human organs, or other health related services:~~

8.5.a.4.3. 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) litter stretcher patient. ~~with the capability for provision of a second temporary litter. The second litter may be stored.~~

8.5.a.5.4. When the Class E rotary winged aircraft is used for the delivery of advanced life support care and techniques, the patient care compartment must ~~may~~ be configured so that advanced life support techniques can be performed for at least one (1) person patient during transport.

8.5.a.6.5. If the aircraft is used for the ~~delivery of neonatal life support and 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.7.6. The aircraft operator's cockpit area shall be constructed to allow adequate accommodations for the safe operation of the craft.

8.5.a.8.7. Door openings shall be of sufficient size to permit the safe loading and unloading of a person occupying a ~~litter or~~ stretcher.

8.5.a.9.8. The word "AMBULANCE" may appear on the aircraft. The name of the EMS agency or program shall appear on both sides of the craft. An additional logo is permissible.

8.5.a.10.9. 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.11.10. The aircraft shall be equipped with a remote-controlled search light.

8.5.a.12.11. The patient area lighting shall include overhead or dome lighting that does not interfere with the safe operation of the aircraft.

8.5.a.13.12. The aircraft shall be equipped with a light that illuminates the tail rotor area. The device may be a Tel-Tail or equivalent light.

~~8.5.a.14.13. Emergency warning lights shall be installed so as to provide adequate visible warning from all four (4) sides of the EMS vehicle. A minimum of two (2) flashing red lights shall be installed on the front of the EMS vehicle below the level of the windshield and above the level of the bumper. One (1) or more audible warning devices shall be installed to provide adequate audible warning. These devices shall be located below the cab level (in or below the grill). All Class E rotary wing vehicles shall have communications equipment which provide 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. If the EMS vehicle is used for the delivery of advanced life support, then the communications capabilities shall include radio communications between the attendant-in-charge and the regional medical command or the receiving medical facility where regional medical command is not available.~~

8.5.a.15.14. Equipment and Supplies. -- The Class E rotary wing vehicle equipment and supplies shall be inspected according to the West Virginia Department of Health and Human Resources, ~~Bureau for~~

Medical Services, Medicaid Program Regulations Bureau for Public Health, Office of Emergency Medical Services.

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) for the transportation of patients who require specialized care provided that it is equipped and staffed for these services to be delivered or for the transportation of equipment, medical personnel, supplies, blood, human organs, or other health related services.

~~8.5.b.3. The EMS Agency may employ Class E fixed winged aircraft for the transportation of equipment, medical personnel, supplies, blood, human organs, or other health related services.~~

8.5.b.4.3. 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) litter stretcher patient

8.5.b.5.4. Door openings shall include an opening which shall be of sufficient size so as to permit the safe loading and unloading of a person patient occupying a litter, stretcher, or transport incubator, without interrupting life support measures.

8.5.b.6.5. The cabin shall be large enough to allow access to the patient while in flight by at least two (2) team certified crew members, as well as adequate room for medical equipment and supplies. The upper surface of the litter stretcher shall not be less than thirty (30) inches from the ceiling of the aircraft or the undersurface of another litter.

8.5.b.7.6. 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.8.7. All electrically operated medical equipment used on the aircraft shall have its own external alternative compatible power source available.

8.5.b.9.8. Emergency warning lights shall be installed so as to provide adequate visible warning from all four (4) sides of the EMS vehicle. A minimum of two (2) flashing red lights shall be installed on the front of the EMS vehicle below the level of the windshield and above the level of the bumper. One (1) or more audible warning devices shall be installed to provide adequate audible warning. These devices shall be located below the cab level (in or below the grill). All Class E fixed wing vehicles shall have communications equipment which provide 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. If the EMS vehicle is used for the delivery of advanced life support, then the communications capabilities shall include radio communications between the attendant-in-charge and the regional medical command center or the receiving medical facility where regional medical command is not

available:

8.5.b.+0.9. Equipment and Supplies. -- The Class E fixed wing vehicle equipment and supplies shall be inspected according to requirements of the West Virginia Department of Health and Human Resources, Bureau for Medical Services, Medicaid Program Regulations Bureau for Public Health, Office of Emergency Medical Services.

§64-48-9. EMS Personnel Requirements.

9.1. General Requirements.

9.1.a. Personnel Qualifications. -- EMS personnel shall meet and maintain the following qualifications:

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

9.1.a.2. Demonstrate competency during ~~in handling~~ emergencies using basic or advanced life support equipment and skills in accordance with the course objectives from the U.S. Department of Transportation National Standard ~~Curriculae~~ Curricula for ~~EMTs or paramedics~~ EMS personnel, including having the ability to:

9.1.a.2.A. ~~Verbally c~~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. Hear spoken information from co-workers, patients, physicians, and dispatchers and sounds common to the emergency scene;~~

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 height of thirty-three (33) inches, for a distance of ten (10) feet;

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

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

9.1.a.2.~~B~~. 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 ~~pre-hospital~~ care of a patient.

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

10.1. ~~General Denial-Felony Convictions.~~ 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 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 infirmed, 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 a elderly or infirmed person; ~~and~~

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. ~~Felony~~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 at least five (5) years have passed since the conviction or five (5) years have passed since release from custodial confinement, which ever occurs later:

~~10.2.b.1. 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; or~~

10.2.b.2.1. Crimes involving controlled 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.3.2. Serious crimes against property, such as grand larceny, burglary, embezzlement or insurance fraud; ~~and or~~

10.2.b.4.3. Any crime involving sexual misconduct.

10.3. ~~Felony~~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 shall provide consistently, 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 and given the procedures, treatments, and techniques are in accordance with medical treatment protocols and medical command protocols and on-line direction provided by squad and regional medical directors; all policies and procedures established by the OEMS Medical Direction System.

~~11.5. On-line medical direction with a medical command physician is required to perform procedures, treatments, or techniques for which EMS personnel are trained.~~

~~11.6.5. An EMS personnel may refuse to perform specific procedures, treatments, or techniques if he or she is not adequately trained and proficient to perform the procedure, treatment, or technique if the procedure, treatment, or technique is not fully understood, or if the procedure is judged by the EMS personnel to not be in the best interests of the patient. If the procedure, treatment, or technique was ordered by a physician, the physician will be informed of the refusal. If a documented living will (natural death act declaration) is presented and communication with the physician indicates his position is that the patient's condition is terminal and no further treatment is to be given or if there is a valid do not resuscitate order in effect as prescribed by W. Va. Code § 16-30b, the efforts to revive the individual may be stopped. 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 WV Code 16-30b.~~

~~11.7.6. 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/or 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 shall be responsible for providing patient care information as required by this rule to the commissioner.

12.5. Medical information concerning any individual is confidential and shall not be shared without patient consent or disclosed except for continuing medical care, or 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 run form.

§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. ~~Be currently certified in CPR~~ Have successfully completed a CPR and first aid course as approved by the commissioner and have possession of valid and current credentials; and

13.1.b.3. ~~Beginning five (5) years after the effective date of this rule~~ Beginning September 1, 2002 and thereafter, must have passed the successfully completed an emergency vehicle operator's training course ~~specified by this rule, or an equivalent 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-M~~; an EMT-B; an ~~EMSA-LPN~~; 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 services,

the attendant-in-charge shall be: an EMT-P; ~~an EMSA-I,~~ 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 ~~two (2) EMS personnel~~ 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. ~~Be currently certified in CPR and first aid~~ Have successfully completed a CPR and first aid course as approved by the commissioner and have possession of valid and current credentials, or be certified as an EMSA-FR, an EMT-M, an EMT-B, ~~an EMSA-LPN,~~ or an equivalent EMSP approved by the commissioner; and

13.2.b.3. ~~Beginning five (5) years after the effective date of this rule~~ Beginning September 1, 2002, and thereafter, must have passed the successfully completed an emergency vehicle operator's training course ~~specified by this rule, or an equivalent 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.

13.2.e. Only the operator is required to be 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 ~~two (2) EMSP~~ 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 in addition to the required certified personnel at the discretion of the EMS agency.

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 a ~~physician, an EMSA-SCN trained and experienced in the type of care needed by the patients being transported, an EMT-P trained or experienced for the type of care needed, or an EMSP with equivalent training or experience as approved by the commissioner.~~ certified as an EMSA-MD, EMSA-DO, an EMSA-PA, EMSA-FN, or an EMSA-RN or EMT-P that 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 in addition to the required certified personnel at the discretion of the EMS agency.

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 ~~commercial pilot's~~ sairman's certificate for rotor craft, and has a minimum of ~~one~~two thousand ~~(1000)~~(2000) hours of flying experience in the applicable category of aircraft, including a minimum of ~~two~~ one hundred ~~(200)~~ (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 determined 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 D.O.T. National Standard Curriculum for the of a national registry of EMT-Paramedic (NREMT-P) 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 specialized critical care life support and for the transportation of patients who require advanced life support such care, the flight crew shall consist of the following:

13.5.a.4.A. A pilot in command 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, shall meet 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.

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 such care, the attendant-in-charge shall be certified as 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 ~~skills~~ knowledge and skills from the National Standard Curriculum for the EMT-Paramedic to those of an NREMT-P or an equivalent EMSP training or experience as approved by the commissioner.

13.5.b.3. If a fixed-wing aircraft is utilized for the delivery of ~~specialized-critical care~~ life support and for the transportation of patients who require such 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~~ A 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 meets the following conditions and qualifications:

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. Has successfully completed a U.S. Department of Transportation National Standard Curriculum First Responder Training Program approved by the commissioner;

14.1.a.1.D. Has ~~passed~~ successfully completed the written examination prescribed by the commissioner;

14.1.a.1.E. Has ~~passed~~ successfully completed a practical test of first responder skills prescribed by the commissioner;

~~14.1.a.1.F. Has completed other requirements specified by the commissioner;~~

14.1.a.1.GF. ~~Possess a current CPR certificate~~ Has successfully completed a CPR course as approved by the commissioner and has possession of valid and current credentials and

14.1.a.1.HG. Is affiliated with an EMS agency.

14.1.a.1.H. Has submitted an application for, and been cleared by, a legal background check, to be performed at the applicant's expense. Such a background check will be conducted as specified by the commissioner, but 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. Has completed 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.a.3. The commissioner shall not grant final certification credentials to provide service according to the Office of EMS "Standards of Practice for EMS Personnel" will not be granted until the individual becomes affiliated with an EMS agency and its associated medical director.~~

14.1.b. Recertification. -- 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. Failure to apply for recertification in a timely manner may result in the individual not being recertified before the prior certification expires. The Office of EMS will recertify as an EMSA-First Responder an individual who meets the following qualifications:

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. Is or was previously certified as an EMSA-First Responder;~~

14.1.b.2. Has successfully completed a CPR course as approved by the commissioner and has possession of valid and current credentials;

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

14.1.b.3.A. The Office of EMS squad training officers program - ~~twenty (20) hour~~ EMSA-First Responder continuing education requirement; and;

14.1.b.3.B. The EMSA-First Responder written and practical skills exam; or;

14.1.b.3.C. An OEMS approved D.O.T. National Standard Curriculum First Responder refresher course; or

14.1.b.3.E,D. The entire OEMS approved D.O.T. National Standard Curriculum - first responder training program and the accompanying written and practical skills examinations, and:

14.1.b.4. Has completed 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 meets the following qualifications:

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 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. Has successfully completed 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. Has successfully completed a CPR course as approved by the commissioner and has possession of valid and current credentials;

14.1.c.5. Has submitted an application for, and been cleared by, a legal background check, to be performed at the applicant's expense. Such a background check will be conducted as specified by the commissioner, but shall consist of, at a minimum, a check of federal and state convictions, child support judgements, and driving records, and

14.1.c.6. Has completed other requirements specified by the commissioner.

14.1.c.47. An individual whose first responder certification has expired at the time of application shall meet the requirements in paragraph 14.1.a. 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 subsection 14.1.b.

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

14.1.e. For individuals who are not affiliated with a licensed EMS agency, final certification credentials and the ability to provide service according to the Office of EMS "Standards of Practice for EMS Personnel" will not be granted until such time as the individual becomes affiliated with an EMS agency and it's associated medical director.

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

14.2.a. Certification EMT-B. -- The Office of EMS will certify as an EMT-B an individual who meets the following qualifications and conditions:

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

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

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

14.2.a.4. ~~Possess current CPR certification~~ Has successfully completed a CPR course as approved by the commissioner and has possession of valid and current credentials;

~~14.2.a.5. Complete other requirements as specified by the commissioner.~~

14.2.a.5. Has submitted an application for, and been cleared by, a legal background check, to be performed at the applicant's expense. Such a background check will be conducted as specified by the commissioner, but shall consist of, at a minimum, a check of federal and state convictions, child support judgements, and driving records, and

14.2.a.6. Has completed other requirements specified by the commissioner.

14.2.a.6. Certification is valid for three (3) years and subject to disciplinary action under ~~§64-48-16~~ section 15 of this rule.

~~14.2.a.7. For individuals who are not affiliated with an EMS agency, final certification credentials and the ability to provide service according to the Office of EMS "Standards of Practice for EMS Personnel" will be not granted until such time as the individual becomes affiliated with an EMS agency and its associated medical director.~~

14.2.b. Recertification EMT-B. -- An EMT-B shall apply for recertification during the last year of their recertification period, but no later than ninety (90) days prior to the end of their recertification period. Failure to apply for recertification in a timely manner may result in the individual not being recertified before the prior certification expires. The Office of EMS will recertify as an EMT-B an individual who meets the following requirements:

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

~~14.2.b.2. Is or was previously certified as an EMT-B;~~

14.2.b.2. Has successfully completed a CPR course as approved by the commissioner and has possession of valid and current credentials;

14.2.b.3. Files with the Office of EMS proof of successful completion of one (1) of the

following:

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

14.2.b.3.B. Completion of an OEMS approved D.O.T. National Standard Curriculum ~~thirty-three (33) hour~~ EMT-B refresher course, or;

14.2.b.3.C. Completion of an OEMS approved D.O.T. National Standard Curriculum ~~one hundred and ten (110) hour~~ EMT-B course.

14.2.b.4. In addition to the educational requirements above, EMT-B recertification written and practical examinations as prescribed by the commissioner must be successfully completed ~~successfully~~.

14.2.b.5. Has completed other requirements specified by the commissioner.

~~14.2.b.5. Transition of EMT-A to EMT-B must be completed by January 1, 1998 by completing the EMT-B recertification process in 14.2.b above.~~

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 Office of EMS which has final authority in decisions made. Legal recognition may be granted to EMT-Bs from states that the Office of EMS has formal agreement with if:

14.2.c.1. The applicant is currently certified in a state with an agreement on file at the West Virginia Office of EMS;

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

14.2.c.3. The current certification has more than six (6) months remaining before expiration;

14.2.c.4. Has successfully completed a CPR course as approved by the commissioner and has possession of valid and current credentials;

14.1.c.5. Has submitted an application for, and been cleared by, a legal background check, to be performed at the applicant's expense. Such a background check will be conducted as specified by the commissioner, but shall consist of, at a minimum, a check of federal and state convictions, child support judgements, and driving records, and

14.2.c.46. 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 Office of EMS "Standards of Practice for EMS Personnel" as authorized by the OEMS medical director and the state ~~critical~~ medical policy and care committee.

14.2.e. For individuals who are not affiliated with a licensed EMS agency, final certification credentials and the ability to provide service according to the Office of EMS "Standards of Practice for EMS Personnel" will not be granted until such time as the individual becomes affiliated with an EMS agency and

it's associated medical director.

14.3 EMSA-Intermediate(EMSA-I).

14.3.a. Certification EMSA-I.–The WV Office of EMS will certify as an EMSA-I individuals who meet the following qualifications and conditions:

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 D.O.T. 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. Has successfully completed a CPR course as approved by the commissioner and has possession of valid and current credentials;

14.3.a.7. Has submitted an application for, and been cleared by, a legal background check, to be performed at the applicant's expense. Such a background check will be conducted as specified by the commissioner, but 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.a.9. Certification is valid for four (4) years and subject to disciplinary action under section 15 of this rule.

14.3.a.10. For individuals who are not affiliated with an EMS agency, final certification credentials and the ability to provide service according to the WV Office of EMS "Standards of Practice for EMS Personnel" will not be granted until such time as the individual becomes affiliated with an EMS agency and its associated medical director.

14.3.b. Recertification EMSA-I-An EMSA-I shall apply for recertification during the last year of their certification period, but no less than ninety (90) days prior to the end of their period. Failure to apply for recertification in a timely manner may result in the individual not being renewed before their current certification expires. The WV Office of EMS will recertify as an EMSA-I an individual who meets the following requirements:

14.3.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;

14.3.b.2. Completes a D.O.T.National Standard Curriculum Refresher Course;

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

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

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

14.3.b.6. Has successfully completed a CPR course as approved by the commissioner and has possession of valid and current credentials; and

14.3.b.7. Completes other requirements as prescribed by the commissioner.

14.3.c. 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 WV Office of EMS which has the final authority in decisions made. Legal recognition may be granted to the EMSA-I from states that the WV Office of EMS has formal agreement with if:

14.3.c.1. The applicant is currently certified in a state with an agreement on file at the WV Office of EMS;

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

14.3.c.3. The current certification has more than six (6) months remaining before expiration;

14.3.c.4. Has successfully completed a CPR course as approved by the commissioner and has possession of valid and current credentials;

14.3.c.5. Has submitted an application for, and been cleared by, a legal background check, to be performed at the applicant's expense. Such a background check will be conducted as specified by the commissioner, but shall consist of, at a minimum, a check of federal and state convictions, child support judgements, and driving records; and

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

14.3.d. Scope of practice EMSA-I— An EMSA-I shall provide ALS services according to the WV Office of EMS "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.e. For individuals who are not affiliated with a licensed EMS agency, final certification credentials and the ability to provide service according to the Office of EMS "Standards of Practice for EMS Personnel" will not be granted until such time as the individual becomes affiliated with an EMS agency and it's associated medical director.

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

14.34.a. Certification EMT-P. -- The Office of EMS will certify as an EMT-P an individual who meets the following qualifications and conditions:

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

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

14.34.a.3. Successfully completes an EMT-P training course program following the D.O.T. National Standard Curriculum for EMT-Paramedic as approved by the commissioner;

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

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

14.34.a.6. ~~Possess current CPR certification~~ Has successfully completed a CPR course as approved by the commissioner and has possession of valid and current credentials;

14.4.a.7. Has submitted an application for, and been cleared by, a legal background check, to be performed at the applicant's expense. Such a background check will be conducted as specified by the commissioner, but shall consist of, at a minimum, a check of federal and state convictions, child support judgements, and driving records; and.

14.34.a.78. Completes other requirements as specified by the commissioner.

14.34.b. ~~Certification Renewal~~Recertification EMT-Paramedic.

14.34.b.1. An EMT-P shall apply for ~~renewal~~ recertification during the last year of their certification period, but no later than ninety (90) days prior to the end of their period. Failure to apply for ~~renewal~~ recertification in a timely manner may result in the individual not being renewed before their current certification expires.

14.34.b.2. EMT-Paramedic certification is considered continuous in nature. The Office of EMS will renew the continuous certification of EMT-Paramedics on a two (2) year or four (4) year basis dependent on the individual's EMS agency practice licensure status and in conjunction with the squad or county medical director and the Office of EMS approval. The two (2) or four (4) year period will be referred to as a certification period.

14.34.b.3. For EMT-Paramedics whose EMS agency scores the maximum allowable points in EMS Agency Licensure Standards for medical accountability (section 64-48-6.35.3) and training (section 64-48-5.9.) and in conjunction with the approval of the squad or county medical director and Office of EMS, the individual EMT-Paramedic may be ~~renewed~~ recertified on a two (2) year basis by:

14.34.b.3.A. Completion of a ~~forty-eight (48) hour~~ D.O.T. National Standard EMT-P refresher course or the equivalent Office of EMS approved squad training officer's program for EMT-Paramedics;

14.34.b.3.B. Completion of EMT-P 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 Office of EMS;

~~14.34.b.3.C.~~ Completion of ~~an additional twenty-four (24) hours of~~ continuing education in EMS related topics as specified by the commissioner;

14.4.b.3.D. Has successfully completed a CPR course as approved by the commissioner and has possession of valid and current credentials;

~~14.34.b.3.D.E.~~ Completion of an application attesting to the above on a form as prescribed by the commissioner; and

~~14.34.b.3.E.F.~~ Completion of other requirements as specified by the commissioner.

~~14.3.b.4. Transition of EMT-CCs to EMT-P must be completed by January 1, 1998. Transition will include successful completion of a special course of study to be prescribed by the commissioner and completion of certification requirements for EMT-P as per 14.3.a.~~

14.34.b.54. For the EMT-Paramedic 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, renewal/recertification shall occur on a four (4) year basis by:

14.34.b.54.A. Completion of a ~~forty-eight (48) hour~~ D.O.T. National Standard Curriculum EMT-P Refresher Course or the equivalent WV Office of EMS squad training officer's program for EMT-Paramedics;

14.34.b.54.B. Completion of ~~an additional eighty-five (85) hours of~~ continuing education in EMS related topics as specified by the commissioner;

14.34.b.54.C. Successful completion of a written examination as approved by the commissioner;

14.34.b.54.D. Successful completion of a practical skills examination as approved by the commissioner;

14.4.b.4.E. Has successfully completed a CPR course as approved by the commissioner and has possession of valid and current credentials;

~~14.3.b.5.E~~14.4.b.4.F. Completion of an application attesting to the above on a form as prescribed by the commissioner; and

~~14.3.b.5.F;~~14.4.b.4.G. Completion of other requirements as specified by the commissioner.

14.34.c. Legal Recognition EMT-Paramedic.

14.34.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 WV Office of EMS which has final authority in decisions made.

14.34.c.2. Legal recognition may be granted to EMT-Ps from states that the Office of EMS has formal agreement with if:

14.34.c.2.A. The applicant is currently certified in a state with an agreement on file at the Office of EMS;

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

14.4.c.2.C. Has successfully completed a CPR course as approved by the commissioner and has possession of valid and current credentials;

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

14.4.c.2.E. Has submitted an application for, and been cleared by, a legal background check, to be performed at the applicant's expense. Such a background check will be conducted as specified by the commissioner, but shall consist of, at a minimum, a check of federal and state convictions, child support judgements, and driving records, and

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

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

14.4.e. For individuals who are not affiliated with a licensed EMS agency, final certification credentials and the ability to provide service according to the Office of EMS "Standards of Practice for EMS Personnel" will not be granted until such time as the individual becomes affiliated with an EMS agency and it's associated medical director.

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

14.45.a. Certification EMSA-RN and EMSA-PA. -- The Office of EMS will certify as an EMSA-RN or EMSA-PA individuals who meet the following qualifications and conditions:

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

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

~~14.4.a.3. Has successfully completed a course of study to include the American Heart Association or equivalent approved by the commissioner in advanced cardiac life support and pediatric advanced life support;~~

~~14.4.a.4. Has successfully completed a course of study in basic trauma life support or equivalent approved by the commissioner;~~

14.45.a.53. Has successfully completed a course of study designed by the individual's medical director and approved by the Office of EMS to meet the objectives for which no previous training or education exists from the D.O.T. National Standard Curriculum for the EMT- Paramedic;

14.45.a.64. Possess current CPR certification Has successfully completed a CPR course as approved by the commissioner and has possession of valid and current credentials;

14.5.a.5. Has submitted an application for, and been cleared by, a legal background check, to be performed at the applicant's expense. Such a background check will be conducted as specified by the commissioner, but shall consist of, at a minimum, a check of federal and state convictions, child support judgements, and driving records, and

14.45.a.76. Completes all other requirements as established and specified by the commissioner.

14.45.b. Certification Renewal Recertification EMSA-RN and EMSA-PA.

14.45.b.1. An EMSA-RN or EMSA -PA shall apply for renewal recertification during the last year of their certification period, but no later than 90 days prior to the end of their period. Failure to apply for renewal recertification in a timely manner may result in the individual not being renewed before their current certification expires.

14.45.b.2. EMSA-RN and EMSA-PA certification is considered continuous in nature. The Office of EMS will renew that continuous certification of EMSA-RN or EMSA-PA 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 and regional medical director's approval. The two (2) or four (4) year period will be referred to as a certification period.

14.45.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 Office of EMS, the individual EMSA-RN or EMSA-PA may be renewed recertified on a two (2) year basis by:

14.45.b.3.A. Completion of a ~~forty-eight (48) hour~~ D.O.T. National Standard EMT-P refresher course or the equivalent WV Office of EMS approved squad training officer's program for EMSA-RNs and EMSA-PAs;

14.45.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 WV Office of EMS;

14.45.b.3.C Completion of an additional ~~twenty-four (24) hours~~ of continuing education in EMS related topics as specified by the commissioner;

14.5.b.3.D Has successfully completed a CPR course as approved by the commissioner and has possession of valid and current credentials;

14.45.b.3. ~~DE~~. Completion of an application attesting to the above on a form as prescribed by the commissioner; and

14.45.b.3. ~~EF~~ . Completion of other requirements as specified by the commissioner.

14.45.b.4. For the EMSA-RN or 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, renewal recertification shall occur on a four (4) year basis by:

14.45.b.4.A. Completion of a ~~forty-eight (48) hour~~ D.O.T. National Standard Curriculum EMT-P Refresher Course or the equivalent WV Office of EMS squad training officer's program for EMSA-RNs and EMSA-PAs;

14.45.b.4.B. Completion of ~~an additional eighty-five (85) hours of~~ continuing education in EMS related topics as specified by the commissioner;

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

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

14.5.b.5.E Has successfully completed a CPR course as approved by the commissioner and has possession of valid and current credentials;

14.45.b.4.EF . Completion of an application attesting to the above on a form as prescribed by the commissioner; and

14.45.b.4.FG . Completion of other requirements as specified by the commissioner.

14.45.C. Legal Recognition EMSA-RN and EMSA-PA.

14.45.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 Office of EMS which has final authority in decisions made.

14.45.c.2. Legal recognition may be granted to EMSA-RN or EMSA-PA equivalents from states that the Office of EMS has formal agreement with if:

14.45.c.2.A. The applicant is currently certified in a state with an agreement on file at the WV Office of EMS;

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

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

14.5.c.2.D. Has successfully completed a CPR course as approved by the commissioner and has possession of valid and current credentials;

14.5.c.2.E. Has submitted an application for, and been cleared by, a legal background check, to be performed at the applicant's expense. Such a background check will be conducted as specified by the commissioner, but shall consist of, at a minimum, a check of federal and state convictions, child support judgements, and driving records, and

14.45.c.2.~~DF~~. The individual meets other requirements as specified by the commissioner.

14.45.d. Scope of Practice EMSA-RN and EMSA-PA. -- ~~An EMSA-RN or EMSA-PA shall provide ALS services according to the Office of EMS "Standards of Practice for EMS Personnel" for the EMSA-RN or EMSA-PA as authorized by the OEMS medical director and the state critical care committee. In addition, they may perform those services as authorized by state code for registered nurses and physician's assistants. 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 state code for Registered Nurses or Physician's Assistants.~~

14.5.e. For individuals who are not affiliated with a licensed EMS agency, final certification credentials and the ability to provide service according to the Office of EMS "Standards of Practice for EMS Personnel" will not be granted until such time as the individual becomes affiliated with an EMS agency and it's associated medical director.

14.56. EMSA-Flight Nurse (EMSA-FN).

14.56.a. Certification EMSA-FN. -- The Office of EMS will certify as an EMSA-FN individuals who meet the following qualifications and conditions:

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

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

~~14.5.a.3. Has successfully completed a course of study to include the American Heart Association or equivalent approved by the commissioner in advanced cardiac life support and pediatric advanced life support;~~

~~14.5.a.4. Has successfully completed a course of study in basic trauma life support or equivalent approved by the commissioner;~~

~~14.5.a.5. Has successfully completed a course of study designed by the individual's medical director and approved by the Office of EMS to meet the objective of the D.O.T. National Standard Curriculum for the EMT-Paramedic, for which no previous training or education exists;~~

14.56.a.63. ~~Possess current CPR certification~~ Has successfully completed a CPR course as approved by the commissioner and has possession of valid and current credentials;

14.56.a.74. Completes a course of study in specialized aeromedical knowledge and skills designed by the individual's medical director and approved by the WV Office of EMS;

14.6.a.5. Has submitted an application for, and been cleared by, a legal background check, to be performed at the applicant's expense. Such a background check will be conducted as specified by the commissioner, but shall consist of, at a minimum, a check of federal and state convictions, child support judgements, and driving records, and

14.56.a.86. Completes all other requirements as established and specified by the commissioner.

14.56.b. Certification-Renewal Recertification EMSA-FN.

14.56.b.1. An EMSA-FN shall apply for renewalrecertification during the last year of their certification period, but no later than ninety (90) days prior to the end of their period. Failure to apply for renewalrecertification in a timely manner may result in the individual not being renewed before their current certification expires.

14.56.b.2. EMSA-FN certification is considered continuous in nature. The Office of EMS 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 Office of EMS approval. The two (2) or four (4) year period will be referred to as a certification period.

14.56.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 Office of EMS, the individual EMSA-FN may be renewedrecertified on a two (2) year basis by:

14.56.b.3.A. Completion of a ~~forty-eight (48) hour~~ D.O.T. National Standard EMT-P refresher course or the equivalent WV Office of EMS approved squad training officer's program for EMT-Paramedics;

14.56.b.3.B. Completion of 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 renewalrecertification 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 WV Office of EMS;

14.56.b.3.C. Completion of ~~an additional twenty-four (24) hours of~~ continuing education in Aeromedical or EMS related topics as specified by the commissioner;

14.6.b.3.D. Has successfully completed a CPR course as approved by the commissioner and has possession of valid and current credentials;

14.56.b.3.~~DE~~. Completion of an application attesting to the above on a form as prescribed by the commissioner; and

14.56.b.3.~~EF~~. Completion of other requirements as specified by the commissioner.

14.56.B.4. For EMSA-FN whose EMS agency did not score the maximum allowable points for EMS Agency Licensure Standards for medical accountability and training, renewalrecertification shall occur on a four (4) year basis by:

14.56.b.4.A. Completion of a ~~forty-eight (48) hour~~ D.O.T. National Standard Curriculum EMT-P Refresher Course or the equivalent WV Office of EMS Squad Training Officers Program for EMT-Paramedics;

14.56.b.4.B. Completion of ~~an additional eighty-five (85) hours of~~ continuing education in

EMS related topics as specified by the commissioner;

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

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

14.6.b.4.E. Has successfully completed a CPR course as approved by the commissioner and has possession of valid and current credentials;

14.56.b.4.EF . Completion of an application attesting to the above on a form as prescribed by the commissioner; and

14.56.b.4.FG . Completion of other requirements as specified by the commissioner.

14.56.c. Legal Recognition EMSA-FN.

14.56.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 Office of EMS which has final authority in decisions made.

14.56.c.2. Legal recognition may be granted to EMSA-FN equivalents from states that the Office of EMS has formal agreement with if:

14.56.c.2.A. The applicant is currently certified in a state with an agreement on file at the WV Office of EMS;

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

14.6.c.2.C. Has successfully completed a CPR course as approved by the commissioner and has possession of valid and current credentials;

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

14.6.c.2.E. Has submitted an application for, and been cleared by, a legal background check, to be performed at the applicant's expense. Such a background check will be conducted as specified by the commissioner, but shall consist of, at a minimum, a check of federal and state convictions, child support judgements, and driving records, and

14.56.c.2.EF. The individual meets other requirements as specified by the commissioner.

14.56.d. Scope of Practice EMSA-FN. -- ~~An EMSA-FN shall provide ALS services according to the Office of EMS "Standards of Practice for EMS Personnel" for the EMSA-FN as authorized by the OEMS medical director and the state critical care committee. In addition, they may perform those services as authorized by the state code for registered nurses. 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 state code for Registered Nurses.

14.6.e. For individuals who are not affiliated with a licensed EMS agency, final certification credentials and the ability to provide service according to the Office of EMS “Standards of Practice for EMS Personnel” will not be granted until such time as the individual becomes affiliated with an EMS agency and it’s associated medical director.

~~14.6. EMSA-Speciality Care Nurse (EMSA-SCN):~~

~~14.6.a. Certification EMSA-SCN. -- The Office of EMS will certify as an EMSA-SCN individuals who meet the following qualifications:~~

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

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

~~14.6.a.3. Has successfully completed a course of study designed by the individual’s medical director and approved by the Office of EMS to meet the needs of the type of speciality care patient being transported;~~

~~14.6.a.4. The EMSA-SCN is not certified to provide care on an ALS or BLS ambulance but only in the speciality care role as indicated by their course of study, i.e. burn care, pediatric care, neonatal, high risk obstetric, and high risk cardiac;~~

~~14.6.a.5. Possess current CPR certification;~~

~~14.6.a.6. Completes other requirements as specified by the commissioner;~~

~~14.6.b. Certification Renewal EMSA-SCN:~~

~~14.6.b.1. An EMSA-SCN shall apply for renewal during the last year of their certification period, but no later than ninety (90) days prior to the end of their certification period. Failure to apply for renewal in a timely manner may result in the individual not being renewed before their current certification expires.~~

~~14.6.b.2. EMSA-SCN certification is considered continuous in nature. The Office of EMS will renew that continuous certification for the EMSA-SCN on a four (4) year basis. The four (4) year period will be referred to as a certification period.~~

~~14.6.b.3. The individual EMSA-SCN will be renewed by completing continuing education requirements as established by the individual’s medical director and approved by the Office of EMS. The continuing education requirements shall consist of one hundred (100) hours minimum with at least fifty (50) hours in the EMSA-SCN’s area of expertise.~~

~~14.6.c. Legal Recognition EMSA-SCN:~~

~~14.6.c.1. No manner of legal recognition shall exist for the EMSA-SCN level of certification.~~

~~14.6.d. Scope of Practice EMSA-SCN. -- An EMSA-SCN shall provide specialty care services according to the Office of EMS "Standards of Practice for EMS Personnel" for the EMSA-SCN as authorized by the OEMS medical director and the state critical care committee. In addition, they may perform these services as authorized by the State Code for Registered~~

~~14.7. EMSA-Licensed Practical Nurse (EMSA-LPN):~~

~~14.7.a. Certification EMSA-LPN. -- The Office of EMS will certify as an EMSA-LPN individuals who meet the following qualifications:~~

~~14.7.a.1. Completes an application on a form prescribed by the commissioner and meets the EMS personnel requirements of Section 9 of this rule;~~

~~14.7.a.2. Is professionally licensed by the State of West Virginia as a licensed practical nurse;~~

~~14.7.a.3. Has successfully completed a course of study designed by the individual's medical director and approved by the Office of EMS to meet the objectives of the D.O.T. National Standard Curriculum for EMT-Basics, for which no previous training or education exists;~~

~~14.7.a.4. Possesses current CPR certification;~~

~~14.7.a.5. Completes other requirements as specified by the commissioner.~~

~~14.7.b. Recertification EMSA-LPN:~~

~~14.7.b.1. An EMSA-LPN shall apply for recertification during the last year of their recertification period, but no later than ninety (90) days prior to the end of their recertification period. Failure to apply for recertification in a timely manner may result in the individual not being recertified before the prior certification expires. The Office of EMS will recertify as an EMSA-LPN an individual who meets the following requirements:~~

~~14.7.b.1.A. Completes an application on a form prescribed by the commissioner;~~

~~14.7.b.1.B. Is or was previously certified as an EMSA-LPN;~~

~~14.7.b.1.C. Files with the Office of EMS proof of successful completion of the continuing education requirements as specified under the W. Va. Office of EMS "squad training officers program" for EMSA LPNs, or;~~

~~14.7.b.1.D. Completion of OEMS approved D.O.T. National Standard Curriculum thirty-three (33) hour EMT-B refresher course, or;~~

~~14.7.b.1.E. Completion of an OEMS approved D.O.T. National Standard Curriculum one hundred ten (110) hour EMT-B course;~~

~~14.7.b.1.F. In addition to the educational requirements above, EMSA-LPN recertification examinations as prescribed by the commissioner must be completed.~~

~~14.7.c. Legal Recognition EMSA-LPN.~~

~~14.7.c.1. An individual who possesses EMSA-LPN certification from another state may qualify for legal recognition as an EMSA-LPN in West Virginia. Applications shall be submitted to the Office of EMS which has final authority in decisions made.~~

~~14.7.c.2. Legal recognition may be granted to EMSA-LPNs from states that the Office of EMS has formal agreement with if:~~

~~14.7.c.2.A. The is currently certified in a state with an agreement on file at the WV Office of EMS.;~~

~~14.7.c.2.B. The applicant completes the written and practical exams or equivalents as specified by the commissioner;~~

~~14.7.c.2.C. The current certification has more than six (6) months remaining before expiration.~~

~~14.7.c.2.D. The individual meets other requirements as specified by the commissioner.~~

~~14.7.d. Scope of Practice EMSA-LPN. -- An EMSA-LPN shall provide BLS services according to the Office of EMS "Standards of Practice for EMS Personnel" as for EMSA-LPNs as authorized by the OEMS medical director and the state critical care committee. In addition, they may perform these services as authorized by the State Code for Registered Nurses.~~

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

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

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

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

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

14.87.b. ~~Certification Renewal~~ Recertification EMSA-DO and EMSA-MD.

14.87.b.1. An EMSA-DO or EMSA -MD shall apply for renewal recertification during the last year of their certification period, but no later than ninety (90) days prior to the end of their period. Failure to apply for renewal recertification in a timely manner may result in the individual not being renewed before their current certification expires.

14.87.b.2. EMSA-DO or EMSA-MD certification is considered continuous in nature. The

Office of EMS will renew that continuous certification on a four (4) year basis. The four (4) year period will be referred to as a certification period.

~~14.87.b.3. The individual EMSA-DO or EMSA-MD will be renewed by completing continuing education requirements as established by the individual's medical director and approved by the Office of EMS. In cases where the EMSA-DO or EMSA-MD is the squad or county medical director, that continuing education course of study shall be approved by the Office of EMS solely. The continuing education requirements shall consist of one hundred (100) hours minimum with at least fifty (50) hours in EMS-related topics. The individual EMSA-DO or EMSA-MD will be recertified by completing continuing education requirements as established by the commissioner.~~

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

14.87.d. Scope of Practice EMSA-DO or EMSA-MD. -- An EMSA-DO or EMSA-MD shall provide ALS services according to the Office of EMS "Standards of Practice for EMS Personnel" for the EMSA-DO or EMSA-MD as authorized by the OEMS medical director and the state critical care committee 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. Demonstrated incompetence to provide adequate 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.g. Disclosure of medical or other information if prohibited by Federal or State law;
- 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 Office of EMS or regional EMS procedural, transfer and medical treatment protocols;

15.1.l. Failure to comply with ~~ambulance trip~~ 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

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

15.2. It is the duty of all EMS personnel and the official EMS agency representative to 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 ~~performing~~practicing in EMS and to safeguard the interests of EMSP's by affording them due process of law and an opportunity for fair notice and a meaningful hearing.

15.4.c. Those persons adversely affected by the enforcement of this rule desiring a contested case hearing to determine any rights, duties, interests or privileges shall do so in a manner prescribed in Rules of Procedure for Contested Case Hearings and Declaratory Rulings, West Virginia Division of Health Procedural Rules, 64 CSR 1, 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 such administrative remedies and procedures only to the affected EMSP, 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 WV Office of EMS 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 EMSP, his EMS agency, 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 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 ~~commissioner~~ WV Office of EMS. The applicant shall provide all information requested on the application. The commissioner will grant ~~accreditation~~ to an applicant for accreditation as a continuing education sponsor ~~who satisfies the commissioner provided~~ that the courses the applicant will offer will meet the following minimum standards and conditions:

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

16.1.b. The courses shall contribute directly to the professional competence, skills, and education of ~~prehospital~~ EMS personnel;

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

16.1.d. 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.e. The courses shall be presented in a suitable setting devoted to the educational purpose of the course; and the course shall be open to ~~prehospital~~ EMS personnel interested in the subject matter.

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

16.1.h. Accreditation of the continuing education sponsor shall be effective for ~~three (3)~~ five (5) calendar years.

16.1.i. At least thirty (30) days prior to expiration of the ~~three (3)~~ five (5) year accreditation period, a continuing education sponsor shall apply to the commissioner for renewal of the sponsor's accreditation. The commissioner will renew the sponsor's accreditation if the sponsor meets all of the following requirements:

16.1.j. The sponsor has presented, within the preceding ~~three (3)~~ five (5) years, at least five (5) separate continuing education courses which meet the minimum standards in subsection 16.1; and

16.1.k. The sponsor establishes to the commissioner satisfaction that future courses to be offered by the sponsor will meet the minimum standards in subsection 16.1.

16.2. BLS Training Institutes. -- A BLS training institute shall be accredited by the 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 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, D.O.T. National Standard Curriculum;

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

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

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

16.2.a.5. EMS Instructor Training Program, D.O.T. National Standard Curriculum.

16.2.a.6. 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.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.B. Assisting with the recruitment, selection and orientation of training institute faculty; and

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 ~~P~~rehospital patient care. Responsibilities of the administrative director include:

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

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

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

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

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

16.2.~~B~~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 ~~observation~~ activities;

16.2.b.3.C. Completing course 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 ~~part~~rule.

16.2.b.5. Other Faculty. -- A BLS training institute may use the instructional services of other personnel as may be deemed 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 WV Office of EMS BLS training course manual.

16.2.d. Operating Procedures.

16.2.d.1. The institute shall ~~adopt~~ develop and implement ~~the commissioner an~~ nonanti-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.

16.2.d.3. The institute shall provide a 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.

16.2.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 Office of EMS BLS training course manual.

16.2.e. Alternative Accreditation Methods.

16.2.e.1. In lieu of the standards described thus far in this section, the WV Office of EMS will 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 that of the state program and the standard used by that agency will meet or exceed state accreditation standards.

16.2.e.2. An official of the WV Office of EMS will accompany national accreditation agency officials during the site visit of the BLS Training Institute.

16.2.e.3. A copy of the findings of the National accrediting agency will be forwarded to the WV Office of EMS by the institution seeking accreditation.

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 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, D.O.T. National Standard Curriculum;

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

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

16.3.a.4. Emergency Medical Services Attendant - Intermediate Refresher Course, D.O.T. 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 ~~part~~ 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;

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 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 ~~Prehospital~~ 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 Office of EMS 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 coordinator also include:

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

16.3.b.3.B. Scheduling and supervising student clinical ~~observation~~ 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.

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 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 Office of EMS ALS training manual. The equipment includes items necessary to perform skills required by the course curriculum, as defined in this part rule.

16.3.d. Operating Procedures.

16.3.d.1. The institute shall adopt develop and implement an ~~the Office of EMS nonanti-~~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 WV Office of EMS 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 WV Office of EMS 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 meet or exceed state accreditation standards.

16.3.e.2. An official of the WV Office of EMS will accompany national accreditation agency officials during the site visit to the ALS Training Institute.

16.3.e.3. A copy of the findings of the national accreditation agency will be forwarded to the WV Office of EMS by the institution seeking accreditation.

16.4. Suspension/Revocation of Accreditation. -- 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. Failure to maintain compliance with the criteria (relating to BLS and ALS training institutes) and standards and policies in their respective WV Office of EMS ALS and BLS training manuals.

16.4.b. An absence of students in the program for two (2) consecutive years.

16.4.c. Before withdrawing accreditation, the commissioner will give written notice to the institution's administrative director and the regional EMS field office that the action is contemplated. The notice will identify reasons for withdrawal of accreditation and will provide sufficient time for response and a request for appeal and review of the commissioner determination.

16.4.d. A revocation or suspension of accreditation may be appealed to the commissioner.

§64-48-17. Office of EMS Medical Direction System.

17.1. 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 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.

17.1.a. State EMS Medical Director. -- ~~A~~ The state EMS medical director shall be a physician appointed by the commissioner to be in charge of overseeing the medical aspects of the West Virginia EMS System: and shall have the following qualifications:

17.1.a.1. A valid license to practice medicine in the State of West Virginia;

17.1.a.2. Experience in prehospital and emergency department management of the acutely ill or injured patient;

17.1.a.3. Experience in on-line, base station radio direction of prehospital emergency units;

17.1.a.4. Experience in the training of basic and advanced prehospital personnel;

17.1.a.5. Experience in the medical audit, review, and critique of basic and advanced prehospital personnel;

17.1.a.6. Board certification in emergency medicine; and

17.1.a.7. Experience in administration and management with interpersonal skills at consensus and task building.

17.1.b. The state medical director shall carry out the following duties:

17.1.b.1. Act as the primary medical authority on all medical issues pertaining to the EMS system;

17.1.b.2. Chair the state critical medical policy and care committee;

17.1.b.3. ~~Provide final approval of~~ Appoint all regional EMS medical directors;

17.1.b.4. Establish and review all system-wide medical protocols in consultation with the state ~~critical~~ Medical Policy and eCare eCommittee;

17.1.b.5. Approve the designation of all regional medical command centers;

17.1.b.6. Review and make recommendations to the commissioner concerning all suspensions or revocations of certification of EMS personnel;

17.1.b.7. Assure that personnel in the EMS system meet the certification, recertification, and continuing education requirements as set forth in the rules;

17.1.b.8. Review and recommend to the commissioner the designation of trauma centers;

17.1.b.9. Conduct hearings on issues as described in the rules;

17.1.b.10. Maintain liaison with the members of the legislature on medical issues related to EMS;

17.1.b.11. Review state and regional procedures, plans, and processes for compliance with state standards of emergency medical care;

17.1.b.12. Delegate portions of his/her authority to other qualified physicians; and

17.1.b.13. Other duties as assigned by the commissioner.

17.1.c. Powers. -- The state EMS medical director has the following powers:

17.1.c.1. Final decision on all matters of a medical nature related to the EMS system;

17.1.c.2. The authority to suspend or revoke certification of EMS personnel as delegated by the commissioner;

17.1.c.3. The authority to establish policies and procedures to carry out the activities outlined in this rule; and

17.1.c.4. Other powers as designated by the commissioner.

17.1.d. State ~~Critical Medical Policy and Care Committee (MPCC)~~. -- ~~The committee~~ 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 is composed of all regional medical directors and the state medical director.~~ The committee shall meet at least annually and more frequently as required to carry out its function. The state ~~critical~~ medical policy and care committee has the following duties and powers:

17.1.d.1. Establish, review, and approve all medical protocols, drugs, and procedures utilized within the EMS system;

17.1.d.2. Establish the scope of practice of all personnel within the EMS system.

17.1.d.23. Act on and/or advise the state medical director on issues presented to them;

17.1.d.34. Designates regional medical command centers;

17.1.d.5. Establishes policies and procedures governing categorization of facility's medical capabilities in order to determine appropriateness of EMS transport to that facility.

17.1.d.46. Other duties as assigned by the state medical director or commissioner;

17.1.d.57. The state critical Medical Policy and eCare eCommittee has the power to implement procedures necessary to carry out its duties.

17.1.e. Regional Medical Director. -- The regional medical director shall be a physician who is ~~appointed~~ recommended by the regional board of directors and ~~approved~~ appointed by the state medical director to be in charge of all medical aspects of the regional EMS system. The regional medical director shall have the following qualifications:

17.1.e.1. A valid license to practice medicine in the State of West Virginia;

17.1.e.2. Experience in prehospital and emergency department management of the acutely ill or injured patient;

17.1.e.3. Experience in on-line base station radio direction of ~~prehospital emergency units~~ EMS personnel and vehicles;

17.1.e.4. Experience in the training of basic and advanced prehospital personnel;

17.1.e.5. Experience in the medical audit, review, and critique of basic and advanced prehospital personnel; and

17.1.e.6. Board certification in emergency medicine, which certification may be waived ~~by~~ at the discretion of the state EMS medical director if requested in writing by the regional board of directors.

17.1.f. The regional EMS medical director shall carry out the following duties:

17.1.f.1. Approve the medical command physicians who operate in the regional medical command centers;

17.1.f.2. ~~Be~~ Serve as the medical liaison with the state EMS medical director;

17.1.f.3. Serve as a member of the state critical Medical Policy and eCare eCommittee (MPCC);

17.1.f.4. Serve as the chairman of the regional critical Medical Policy and eCare eCommittee;

17.1.f.5. ~~Be~~ Serve as the primary medical authority on medical issues of the regional EMS system;

17.1.f.6. Provide final approval of all squad/county medical directors;

17.1.f.7. 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.f.8. Serve as medical director of the regional medical command center;

17.1.f.9. ~~Sign~~ Review for approval all recertification documents for prehospital personnel after they are received from the squad/county medical director;

17.1.f.10. Mediate and provide final regional approval on all disciplinary actions;

17.1.f.11. Establish and review ~~all regional system-wide~~ protocols in consultation conjunction with the ~~regional critical~~ state medical policy and care committee;

17.1.f.12. Serve as medical liaison to the regional EMS board of directors;

17.1.f.13. 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.f.14. 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.f.15. Recommend to the state medical director disciplinary actions involving prehospital care personnel;

17.1.f.16. Delegates portions of his or her authority to other qualified physicians;

17.1.f.17. Review regional plans, procedures, and processes for compliance with state standards of emergency care; and

17.1.f.18. 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.g. Powers. -- The regional medical director has the authority to 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.h. 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.h.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.h.2. Organization– The committee will meet at least annually and more frequently as

required to carry out its function.

17.1.h.3. Responsibilities– The Regional Medical Policy and Care Committee shall have the following duties:

17.1.h.3.A. Establish, and review all medical protocols, drugs, and procedures utilized within the regional EMS system, and submit to the State Medical Policy and Care Committee for approval.

17.1.h.3.B. Act on and/or advise the Regional Medical Director on issues presented to them.

17.1.h.3.C. Other duties as assigned by the regional or state medical director, or the commissioner.

17.1.h.4. Powers– The Regional Medical Policy and Care Committee shall have the power to implement procedures necessary to carry out the duties outlined in 17.1.h.3 above.

17.1.i. County/Squad Medical Director– That physician, who by agreement of the the squad/county and approved 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.i.1. Qualifications– The county/squad medical director shall have the following qualifications:

17.1.i.1.A. A valid license to practice medicine in the State of West Virginia.

17.1.i.1.B. Experience in prehospital and emergency department management of the critically ill or injured patient.

17.1.i.1.C. The following are desirable but may be waived by the Regional Medical Director:

17.1.i.1.C.1. Experience in base station radio direction of prehospital emergency units.

17.1.i.1.C.2. Experience in the training of basic and advanced prehospital personnel.

17.1.i.1.C.3. Experience in the medical audit, review, and critique of basic and advanced prehospital personnel.

17.1.i.1.C.4. Board certification in emergency medicine.

17.1.i.2. Responsibilities– The squad/ county medical director shall carry out the following duties:

17.1.i.2.A. Be responsible for advice and guidance of all aspects of the medical care provided by the squad/county agency.

17.1.i.2.B. Be the physician on whose authority all medical care is administered by the EMS personnel.

17.1.i.2.C. Grant or deny privileges for personnel to perform medical procedures and care within the squad/county agency.

17.1.i.2.D. Perform medical audits of patient care provided by the squad/county agency.

17.1.i.2.E. Serve as a member of the Regional Medical Policy and Care Committee.

17.1.i.2.F. Other duties as assigned by the regional or state medical director or the commissioner.

17.1.i.3. Powers— The squad/county medical director shall have the authority to restrict medical practice privileges of any prehospital personnel within their 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 is the medical direction given by a physician or their designee from a medical command facility to EMS personnel at the time of the incident, by voice or other means. 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.

17.2.a. Regional Medical Command Centers are centers designated by the Regional EMS Board of Directors, the State Critical Medical Policy and Care Committee, and the State Office of Emergency Medical Services, 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.

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 Office of Emergency Medical Services, to be able to communicate with EMS units and interface with the state EMS communications ~~plansystem~~;

17.2.a.1.B. Meet all requirements listed in this rule; and

17.2.a.1.C. Agree to participate in ~~the regional/state EMS system and abide by the procedures and protocols established by the Regional Board and Regional Critical Care Committee 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. ~~Develop procedures governing the delivery of medical command and direction of units in conjunction with OEMS guidelines and policies for regional medical command center operation; data collection, and quality assurance; Follow all Regional Medial 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 commissioner 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 facility(s) 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.

**PUBLIC COMMENTS AND DEPARTMENT RESPONSES
DIVISION OF HEALTH LEGISLATIVE RULE, 64 CSR 48
EMERGENCY MEDICAL SERVICES**

A public comment period on the proposed rule, Division of Health Legislative Rule, 64 CSR 48, was held beginning May 24, 2001 and ending June 25, 2001. There were multiple commenters and the comments are summarized below, and the Department's responses are detailed. Some changes and revisions to this rule were necessitated by these comments.

General Comments: Will changes affect fire departments providing rapid response service through affiliation agreements with EMS agencies?

Response: No, the change will not affect fire departments operating under an affiliation agreement with a licensed EMS agency.

Comment: Is the American Red Cross Emergency Response a recognized curriculum for first responder certification training?

Response: Not currently. In order for a curriculum to be used as a certification course, it must be reviewed and approved by the State Curriculum and Education Committee (CEC).

Comment: What are the official reasons for the removal of several definitions from the definition section of the current rule.

Response: Some of the deleted definitions can be found in applicable code (WV Code 16-4-C) and according to LRMRC Counsel, should not be duplicated in the associated rule. The specific fire-department-related definitions were deleted because they appear in Legislative Rule §64 CSR 44, Fire Department Rapid Response.

Comment: Why have the requirements for licensure of fire department rapid response organizations been removed from the rule?

Response: Because those licensure requirements are part of a different rule that was developed and passed through the Legislature to deal specifically with fire department rapid response organizations. It was removed from §64 CSR 48 to avoid duplication.

Comment: Does the elimination of fire department of fire department rapid response from §64 CSR 48 signal DHHR's intent to remove EMS agency license requirements for fire departments providing rapid response service?

Response: Absolutely not. The agency still believes that any organization, including the fire service, who engages in EMS activity should be regulated by the agency through the WV Office of EMS. Elimination of language regarding fire department rapid response from §64 CSR 48 was due to the creation of §64 CSR 44 which specifically deals with the issue.

Comment: The agency discovered some technical modifications that improve both clarity and accuracy of the language and will make changes.

Response: Changes are made.

Comment: What procedures exist for determining who (or what agency) may administer EMS personnel certification and recertification exams at the BLS level?

Response: The agency uses established educational institutions to provide training programs for ALS and BLS levels of certification, which includes testing. For BLS level training, the program and related testing is currently provided by RESA (Regional Education Service Agency) within the State Department of Education. The process involved (and still does) mutual collaboration and interaction between both agencies for the initial and continued evaluation of the programs.

Comment: What provisions exist in the proposed rule describing testing requirements and certification procedures for EMS personnel at the BLS level? What training and testing standards have been incorporated by reference? Do those training and testing standards have the required data references?

Response: Section 14.2 documents the certification process for EMT-B, including testing requirements. Specific details and processes further elaborated in agency and Department of Education policy and procedures.

Comment: Add new section 18 written as included, regarding Regional EMS Board of Directors.

Response: The agency agrees that a section regarding Regional EMS Board of Directors should be added to the rule, but feels to most accurately define the organization and reflect its mission and contribution to the state EMS system, a thorough review of any previous impacting federal or state legislation, as well as soliciting input from all the existing boards should occur. Due to time limitations, this will be considered for the next revision of the rule.

Section 2. Comment: Add definition of communication center.

Response: Agency agrees. Definition will be added.

§2.1 Comment: EMS is not always out of hospital. This needs to be clarified.

Response: The agency agrees that this definition could be clarified by deleting "out of hospital" and "interfacility" in the definition as it is written in the current rules and regulations.

§2.3. Comment: Reinstate definition of ambulance.

Response: This definition can be found in applicable code (WV Code 16-4-C) and according to LRMRC Counsel, should not be duplicated in the associated rule.

§2.7. Comment: Concerned that CCT trained EMS personnel will relieve hospital from sending a hospital-based nurse on interfacility transfer.

Response: The CCT Program is being developed in a manner in which the patient involved in each transfer is evaluated to ensure that the appropriate staffing level of the CCT vehicle is supplied. This staffing will vary, depending on the patient's condition from specially trained CCT paramedics, EMSA-Registered Nurses (RN's), specially trained RN's, physicians, or a combination of those listed. The agency believes that matching the medically determined skill level to the patient's condition enhances the system that currently exists today. It does not necessarily preclude the use of hospital personnel for the transfer - in fact, specially trained hospital personnel such as neonatal ICU nurses will be used when appropriate.

Comment: What specific training will personnel received that are involved in CCT and how is that training determined?

Response: The training is being developed using several sources, including analysis of existing CCT training programs from other areas. A curriculum work team has met to begin building the program. This teams consists of physicians, registered nurses (particularly critical care nurses), paramedics, EMS educators, and other professionals under the guidance of the State EMS Medical Director.

Comment: The Board believes this language expands the scope of practice of EMS personnel in rule without supporting legal authority in Code.

Response: The Agency believes that this provision of service does have legal authority under Code, as does all other types of service covered under Legislature Rule (see WV Code 16-4C-14). Levels of service for EMS personnel are determined by the Commissioner of the Bureau for Public Health via oversight by the State EMS Medical Director. Scopes of practice are determined by the OEMS Medical Direction system.

Comment: Delete words "interfacility transfer".

Response: Agency agrees to amend section to read ...under medical supervision "as established by the WV State OEMS Medical Direction System".

§2.20. Comment: Add word "from" after transportation of patient to..."

Response: Agency agrees. Word will be added.

§2.21. Comment: Definition of EMSP removed.

Response: This definition can be found in applicable Code (WV Code 16-4-C) and according to LRMRC Counsel, should not be duplicated in the associated rule.

§2.31. Comment: Several definitions need to be added to reflect the more current medical direction system. Definition of the following need to be added:

- Office of EMS Medical Direction System
- Medical Director
- Medical Command
- On-line Medical Director
- Off-line Medical Director
- State EMS Medical Director
- Regional EMS Medical Director
- Medical Command System

Response: Agency agrees. Definitions will be added.

§2.37. Comment: Reinstate definition of patient.

Response: This definition can be found in applicable Code (WV Code 16-4-C) and according to LRMRC Counsel, should not be duplicated in the associated rule.

§3.5.c. Comment: Change name from "Prehospital Care Record" to "Patient Care Record".

Response: Agency agrees. Revision will be made.

§3.8. Comment: Change title from "Refusal of Service" to "Provision of Service". Second sentence should be deleted.

Response: Agency agrees with changing title. Revision made, however, the second sentence is an important qualifier in that it allows EMS personnel in conjunction with appropriate protocol, the flexibility not to transport every patient in which contact is made. This reduces the number of inappropriate transports that tie up otherwise available

ambulances and could potentially delay the response to a patient who needs prehospital care.

§4.4. Comment: Add to section the following sentence: "No EMS agency shall advertise any telephone number for receipt of emergency calls other than the universal 911 or PSAP".

Response: WV Code 7-1-3-c mandates that the county is responsible for establishing emergency numbers. This rule is promulgated as a result of WV Code 16-4-C. Such language should be directed towards Chapter 7 and its associated code.

§5.2.a. Comment: Is ALS performance defined as equipment and personnel?

Response: Advanced life support (ALS) is defined in Section 2.1. refers to both the level of certification of personnel and the level of service that is provided. Both areas determine the type of equipment used. The scores established in section 5.2.a., 5.2.b., 5.2.c., and 5.2.d. reflect the agency's attempt to provide optimal points to those EMS squads who can provide ALS coverage to the public at the most appropriate time.

§5.4.a.1. Comment: Add "Public Safety Answering Point" after "911 Center".

Response: Agency agrees. Revision will be made.

§5.4.c.1. Comment: Why are EMS agencies being graded on the abilities of another agency (i.e. dispatch centers).

Response: Because the dispatch center, (though sometimes , but not always) is a separate entity, plays a key role in an EMS incident, and its resultant performance can directly affect patient care. Across the country, dispatch-driven pre-arrival instructions have proven to dramatically improve patient outcomes. There is no attempt to punish rural EMS systems. The intent is to encourage the use of a proven method optimal patient care that will affect the most significant numbers of citizens and visitors of the state.

§5.4.c.2. Comment: Change "emergency" to "emergency medical service".

Response: Agency agrees. Revision will be made.

§5.11.a. Comment: The word "sterile" should be deleted.

Response: The agency agrees. Revision will be made.

§6.5. Comment: Doesn't understand why "official representative" was added to section.

Response: The agency believes that it is vitally important that EMS organizations maintain

an official representative and medical director that assumes legal responsibility for the existence and function of the organization. Furthermore, the agency must have a record of the current personnel who fill these positions in order to conduct legal business with the organization.

Comment: Believes that the one hundred dollar (\$100) fee for licensure modification is excessive.

Response: These are nearly two hundred (200) licensed EMS agencies in West Virginia. To maintain the licensure status of existing squads, as well as process licensure data for new squads, a fee must be charged. The agency believes that one hundred dollars (\$100) is a reasonable fee for an EMS organization to bear.

§6.9. Comment: Add “applicable” as first word of sentence.

Response: Agency agrees. Revision will be made.

§8.1.k. Comment: Retain last sentence that was struck.

Response: The sentence before the last one was amended to make the entire passage more readable and covers the intent of the last sentence. It was not needed, and therefore, struck.

§8.5.a.4. Comment: Insert “at least” after “can be performed for...”.

Response: Agency agrees. Revision will be made.

§8.5.a.12. Comment: Add to last line” or equivalent”.

Response: Agency agrees. Revision will be made.

§8.5.b.1. Comment: These sections reference “specialized care” and “specialized life support”. “Specialized care” is not defined and the definition of “specialized life support” has been struck. Should use the term “critical care transport” in place of these terms?

Response: Agency agrees. Revisions will be made.

§8.5.b.3. Comment: These sections reference “specialized care” and “specialized life support”. “Specialized care” is not defined and the definition of “specialized life support” has been struck. Should use the term “critical care transport” in place of these terms?

Response: Agency agrees. Revisions will be made.

§8.5.b.4. Comment: Change “person” to “patient”.

Response: Agency agrees. Revision made.

§8.5.a.13. Comment: Concerned about reference to voice communication between EMS vehicles and their base of operations, and situations (high altitude and long distance) which interrupt contact.

Response: The agency understands that it is impossible for aircraft to have radio communication during high altitude or long distance flying. The aircraft should have the means to access the EMS communications system with the use of radio equipment that is compatible in performance to that of ground EMS vehicles when the aircraft is within a reasonable range or altitude of the base. This requirement is the same for all EMS vehicles, ground or air.

§8.5.b.8. Comment: Concerned about reference to voice communication between EMS vehicles and their base of operations, and situations (high altitude and long distance) which interrupt contact.

Response: The agency understands that it is impossible for aircraft to have radio communication during high altitude or long distance flying. The aircraft should have the means to access the EMS communications system with the use of radio equipment that is compatible in performance to that of ground EMS vehicles when the aircraft is within a reasonable range or altitude of the base. This requirement is the same for all EMS vehicles, ground or air.

§9.1.a.1. Comment: The Board believes including 16 year olds as first responders may place them in a situation for which they have not gained the maturity and decision-making capacity to handle.

Response: EMSA-First Responders are trained at a level of sophistication and depth of medical education below that of BLS (i.e. EMT-Basic). This limited training is used by first responder personnel as they respond to a scene to provide early initial care until more advanced care arrives (BLS and/or ALS). These personnel do not transport patients and only provide that initial, limited care. The EMS system in West Virginia (as is the case for nursing) is experiencing a shortage in numbers of qualified personnel. Reducing the minimum age for just this level of certification allows for EMS training institutions to develop high school EMS programs. It is hoped that involving students at the 16 year old age group (and beyond) will draw a population that will ultimately seek EMS certification at higher levels and will combat the shortage issue.

Comment: Typo after word "age".

Response: Agency agrees. Revision made.

§9.1.a.2.b. Comment: Object that EMS personnel should be made to maintain this lifting

requirement after initially meeting the requirement. Suggest that this section be deleted and a new section 9.1.b. be added which states that this requirement be met during initial certification.

Response: This section dictates that all EMS personnel should be prepared to perform tasks that are considered appropriate reasonable and prudent by the public. There is no provision in the law or rule for some type of certification or designation that would allow EMS personnel to continue to maintain certification and not be able to provide the level of care that the public expects. Further, there is no way to assure that a person who cannot meet this requirement will not end up on a scene without additional manpower to assist in lifting the patient. This puts the individual, the patient, and EMS agency in jeopardy and creates a liability problem. The agency believes that deleting or revising this section will negatively impact public safety.

Comment: Questions compliance with Americans with Disabilities Act.

Response: The agency does not believe that the ADA would require an organization to jeopardize public safety to meet its intent. Again, with the reasonable assumption that all EMS organizations will respond to a multi-casualty incident or a scene requiring EMS personnel to very quickly move patients from imminent danger, the agency believes that no EMS organization can assure that there will always be extra personnel on-scene that could perform the lifting and carrying requirement for other EMS personnel not physically able to do so.

Comment: Is there data to show that personnel not meeting this requirement are unable to perform other duties if there are other personnel available to lift?

Response: The agency knows of no such data but strongly believes that in a court of law (among other areas), it is reasonable and prudent for the public to expect that any EMS personnel that responds to calls for help be fully capable of performing all duties required, including lifting and moving of patients.

§9.1.a.2.e. Comment: Word missing in the sentence.

Response: Agency agrees. The word "function" will be added to the sentence after the word "needed".

§9.1.a.5. Comment: The word "illicit" was added to this section which now focuses away from the most common drugs used in substance abuse (prescription) drugs.

Response: Agency agrees. Word will be removed.

§9.1.a.6. Comment: Removal of word "Prehospital" appears to widen the boundary for EMS personnel practice.

Response: The term "Prehospital" is self-limiting. The intent at removal was not to widen the boundary for EMS practice, but to ensure that the entire boundary for EMS practice that currently exists is covered under this section. The term "out of hospital" is as restrictive as "prehospital". Therefore, the sentence was modified as it currently reads. The intent of the agency is to ensure that impaired EMS personnel do not practice, not to redefine boundaries of practice.

Section 10. Comment: Under the criminal section of these rules, is domestic violence covered?

Response: Though not directly identified or labeled, the agency believes that domestic violence is adequately covered under the following sections: Sections 10.1.d., 10.2.b.3., 10.3, and 15.1.

§11.5. Comment: Retain at least part of this section unless "policies and procedures" referred to in the latter part of this section will cover EMSP who cannot provide treatment as ordered by medical command.

Response: The section regarding "policies and procedures" referred to directly after this section (new section 11.5) does cover the concerns noted.

§12.2. Comment: Delete "...to their EMS operations" from the end of this sentence.

Response: The phrase needs to remain. Section 12 covers standards of conduct for EMS personnel. This language refers only to EMS personnel engaging in EMS activity. It is assumed that everyone, including EMS personnel, should comply generally with all federal, state, and local law.

§12.5. Comment: As it is proposed, will this section preclude QA processes.

Response: No. Quality assurance is a portion of continuing medical care.

§12.7.c. Comment: Change name from "Prehospital Care Record" to "Patient Care Record".

Response: Agency agrees - revision will be made.

§13.1.b.2. Comment: This language doesn't indicate a current certification or provide a timeline on when the course should have been successfully completed.

Response: CPR is not an accepted "level of certification" by OEMS standards and the wording needs to be modified. The agency agrees with the commenter and will revise the statement to read - "have successfully completed a CPR and first aid course as approved by the commissioner and have possession of valid and current credentials.

§13.1.b.3. Comment: Does the EMSP have to have current EVOC certification, or only successfully complete the course one time?

Response: As the rule is currently written, EMS personnel are only required to complete one EVOC course. There is no requirement for continued certification.

§13.1.c.3. Comment: Questions this section that allows the operator of a Class A vehicle to also serve as an attendant. Suggests that these sections be dropped or language clarified.

Response: In all classes of EMS vehicle (except Class A), the personnel requirement lists an operator (or driver) and a separate attendant in charge who is responsible for patient care. All classes of EMS vehicle (except Class A) are transport vehicles. §13.1.c.3. addresses Class A EMS vehicles are rapid response vehicles which deliver first responders to the scene to provide initial patient care until other EMS units arrive. Class A vehicles are not transport vehicles and first responders do not transport patients. Therefore, it stands to reason that the operator of the vehicle, upon arrival at the scene, will also function as the attendant in charge, providing that initial patient care §13.3.c. refers to class C vehicles which provide transports and require both an operator and an attendant. The commenter misunderstood the delineation between classes of EMS vehicle.

§13.2.b.2. Comment: This language doesn't indicate a current certification or provide a timeline on when the course should have been successfully completed.

Response: CPR is not an accepted "level of certification" by OEMS standards and the wording needs to be modified. The agency agrees with the commenter and will revise the statement to read - "have successfully completed a CPR and first aid course as approved by the commissioner and have possession of valid and current credentials.

§13.3.c. Comment: Questions this section that allows the operator of a Class A vehicle to also serve as an attendant. Suggests that these sections be dropped or language clarified.

Response: In all classes of EMS vehicle (except Class A), the personnel requirement lists an operator (or driver) and a separate attendant in charge who is responsible for patient care. All classes of EMS vehicle (except Class A) are transport vehicles. §13.1.c.3.

addresses Class A EMS vehicles which are rapid response vehicles deliver first responders to the scene to provide initial patient care until other EMS units arrive. Class A vehicles are not transport vehicles and first responders do not transport patients. Therefore, it stands to reason that the operator of the vehicle, upon arrival at the scene, will also function as the attendant in charge, providing that initial patient care §13.3.c. refers to class C vehicles which provide transports and require both an operator and an attendant. The commenter misunderstood the delineation between classes of EMS vehicle.

§13.4.c. Comment: Does the nurse and/or PA not need to be certified to make the vehicle legal?

Response: The agency agrees that the name and/or PA do need to be certified by the Office of EMS to make the vehicle legal. The wording of 13.4.c. will be changed to read as follows:

A Class D EMS vehicle shall have an attendant-in-charge who shall, at a minimum, be certified as an EMSA-MD, an EMSA-DO, an EMSA-PA, an EMSA-FN, or an EMSA-RN or EMT-P that has been trained and meets the requirements for critical care transport as established by the commissioner.

§13.5.a.1.b. Comment: "EMT should be "EMT-B".

Response: Agency agrees. Revision will be made.

§13.5.b.1.b. Comment: "EMT should be "EMT-B".

Response: Agency agrees. Revision will be made.

§13.5.a.3. Comment: These sections reference "specialized care" and "specialized life support". "Specialized care" is not defined and the definition of "specialized life support" has been struck. Should use the term "critical care transport" in place of these terms.

Response: Agency agrees. Revisions will be made.

§13.5.a.4. Comment: These sections reference "specialized care" and "specialized life support". "Specialized care" is not defined and the definition of "specialized life support" has been struck. Should use the term "critical care transport" in place of these terms.

Response: Agency agrees. Revisions will be made.

§13.5.b.3. Comment: Reinstate definition of EMSP in Section 2 if the term is going to be used in these sections.

Response: This definition can be found in applicable Code (WV Code 16-4-C) and

according to LRMRC Counsel, should not be duplicated in the associated rule.

Comment: Clarify that one attendant must be an RN, MD, or DO.

Response: The phrase "EMSP with equivalent training or experience as approved by the commissioner", as used in this section would only apply to an EMSA-RN, EMSA-MD, or EMSA-DO. If both personnel on the aircraft were EMSP's with equivalent training, they would be an RN, MD, or DO.

Comment: These sections reference "specialized care" and "specialized life support". "Specialized care" is not defined and the definition of "specialized life support" has been struck. Should use the term "critical care transport" in place of these terms.

Response: Agency agrees. Revisions will be made.

§13.5.b.4. Comment: Reinstate definition of EMSP in Section 2 if the term is going to be used in these sections.

Response: This definition can be found in applicable Code (WV Code 16-4-C) and according to LRMRC Counsel, should not be duplicated in the associated rule.

Comment: Clarify that one attendant must be an RN, MD, or DO.

Response: The phrase "EMSP with equivalent training or experience as approved by the commissioner", as used in this section would only apply to an EMSA-RN, EMSA-MD, or EMSA-DO. If both personnel on the aircraft were EMSP's with equivalent training, they would be an RN, MD, or DO.

§14.1.a.1.h. Comment: Objects to requirement for legal background checks during recertification, but support checks during initial certification.

Response: The requirements for legal background checks applies only to those individuals seeking initial certification or those seeking legal recognition (reciprocity) into West Virginia from some other state. There is no requirement written for recertification. This was considered and struck down by consensus vote in workteam meetings held to develop these rule revisions. The commenter simply misread these sections.

Comment: Why perform background checks on persons who have previously been checked by the agency for which they work.

Response: Primarily because not all EMS agencies perform background checks, the checks could have been performed long in the past, and the agency has no record of such checks. Secondly, these checks will usually be performed on individuals who are preparing to engage in EMS activities - many are not yet involved in patient care. The attempt is to

put the burden (effort and cost) on the individual, not the squad or agency with which he or she decides to affiliate.

Comment: If a person has been an EMT for 2 years and had previously had a background check, has been a good employee, and wants to become a paramedic, why should the person incur the expense of another background check.

Response: The agency believes that it is possible for a person, while engaged in EMS activity with a squad (and after a background check has been conducted) to commit some crime or unlawful activity that the squad might not find out about. Since background checks are not going to be performed when an individual recertifies, this may be the only means to check an individual years later when he/she moves into a more advanced level of EMS activity. The agency believes that the consequences of having EMS personnel that have committed serious offenses, actively engaged in sensitive patient care activities constitutes a danger to the patient and significant liability problems for the EMS squad.

Comment: Believes the imposition of the fee for a background check on volunteer or part-time EMS responders is unfair and will place a burden on the organizations that use these personnel. Suggest this section be revised to exempt the fee for personnel that volunteer their services or work part-time.

Response: The agency believes that all EMS personnel entering the system should be cleared by a legal background check, that this is a matter of public safety, and is reasonable. The cost will be born by an applicant during initial certification or legal recognition, not the organization. Even if the organization did decide to pay the fee, fifty dollars (\$50) should not impose a financial hardship. The commenter's solution is further problematic in that many fire and EMS personnel volunteer or work part-time with one organization and work full-time with another. These personnel would slip through the cracks and may likely evade the background check.

Comment: Has an economic impact analysis been performed to judge the true weight of this requirement on agencies and individuals?

Response: No. Again, the rule places no requirement on any organization to provide the background checks - only the individual who is applying for initial EMS certification or legal recognition. Secondly, as has been stated before, the agency believes that public safety issues are more important than the small economic impact of a background check on an individual.

§14.1.a.1.i. Comment: These sections are discretionary in nature and would circumvent the rule-making process. Should be deleted.

Response: The commissioner needs to have some flexibility and discretion in applying the rule (and associated state code) to the multitude of program areas within the EMS system.

To attempt to rigidly set all programmatic activity in rule would create a unwieldy bureaucracy that could not adapt to ever-changing dynamics of the EMS system.

Comment: Has DHHR legal counsel provided opinions to OEMS regarding the enforce ability of this section?

Response: No.

Comment: Has DHHR legal counsel provided opinions to OEMS regarding "notice requirements: that laws and regulations provide to affected persons.

Response: No.

§14.1.b.4. Comment: These sections are discretionary in nature and would circumvent the rule-making process. Should be deleted.

Response: The commissioner needs to have some flexibility and discretion in applying the rule (and associated state code) to the multitude of program areas within the EMS system. To attempt to rigidly set all programmatic activity in rule would create a unwieldy bureaucracy that could not adapt to ever-changing dynamics of the EMS system.

Comment: Has DHHR legal counsel provided opinions to OEMS regarding the enforce ability of this section?

Response: No.

Comment: Has DHHR legal counsel provided opinions to OEMS regarding "notice requirements: that laws and regulations provide to affected persons.

Response: No.

§14.1.c.5. Comment: Objects to requirement for legal background checks during recertification, but support checks during initial certification.

Response: The requirements for legal background checks applies only to those individuals seeking initial certification or those seeking legal recognition (reciprocity) into West Virginia from some other state. There is no requirement written for recertification. This was considered and struck down by consensus vote in workteam meetings held to develop these rule revisions. The commenter simply misread these sections.

Comment: Why perform background checks on persons who have previously been checked by the agency for which they work.

Response: Primarily because not all EMS agencies perform background checks, the checks could have been performed long in the past, and the agency has no record of such checks. Secondly, these checks will usually be performed on individuals who are preparing to engage in EMS activities - many are not yet involved in patient care. The attempt is to put the burden (effort and cost) on the individual, not the squad or agency with which he or she decides to affiliate.

Comment: If a person has been an EMT for 2 years and had previously had a background check, has been a good employee, and wants to become a paramedic, why should the person incur the expense of another background check.

Response: The agency believes that it is possible for a person, while engaged in EMS activity with a squad (and after a background check has been conducted) to commit some crime or unlawful activity that the squad might not find out about. Since background checks are not going to be performed when an individual recertifies, this may be the only means to check an individual years later when he/she moves into a more advanced level of EMS activity. The agency believes that the consequences of having EMS personnel that have committed serious offenses, actively engaged in sensitive patient care activities constitutes a danger to the patient and significant liability problems for the EMS squad.

Comment: Believes the imposition of the fee for a background check on volunteer or part-time EMS responders is unfair and will place a burden on the organizations that use these personnel. Suggest this section be revised to exempt the fee for personnel that volunteer their services or work part-time.

Response: The agency believes that all EMS personnel entering the system should be cleared by a legal background check, that this is a matter of public safety, and is reasonable. The cost will be born by an applicant during initial certification or legal recognition, not the organization. Even if the organization did decide to pay the fee, fifty dollars (\$50) should not impose a financial hardship. The commenter's solution is further problematic in that many fire and EMS personnel volunteer or work part-time with one organization and work full-time with another. These personnel would slip through the cracks and may likely evade the background check.

Comment: Has an economic impact analysis been performed to judge the true weight of this requirement on agencies and individuals?

Response: No. Again, the rule places no requirement on any organization to provide the background checks - only the individual who is applying for initial EMS certification or legal recognition. Secondly, as has been stated before, the agency believes that public safety issues are more important than the small economic impact of a background check on an

individual.

§14.1.c.6. Comment: These sections are discretionary in nature and would circumvent the rule-making process. Should be deleted.

Response: The commissioner needs to have some flexibility and discretion in applying the rule (and associated state code) to the multitude of program areas within the EMS system. To attempt to rigidly set all programmatic activity in rule would create a unwieldy bureaucracy that could not adapt to ever-changing dynamics of the EMS system.

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Response: No.

Comment: Has DHHR legal counsel provided opinions to OEMS regarding "notice requirements: that laws and regulations provide to affected persons.

Response: No.

§14.1.e. Comment: Delete this section as they may prevent fire department personnel not affiliated with an EMS agency from being able to render aid in the event that no EMS personnel are present at an emergency.

Response: Nothing in this rule prohibits fire department personnel from providing first aid at emergency scenes. More advanced care, such as basic life support and advanced life support fall within the purview of the state EMS system as per mandated of WV Code 16-4-C. Therefore, any person engaging in the scope of practice for any level of EMS certification must be part of the EMS system. Assurance that the person is appropriately and legally operating within the system is accomplished through the requirement that all personnel engaging in EMS activity be affiliated with an EMS agency licensed by the WV Office of EMS.

§14.2.a.5. Comment: Objects to requirement for legal background checks during recertification, but support checks during initial certification.

Response: The requirements for legal background checks applies only to those individuals seeking initial certification or those seeking legal recognition (reciprocity) into West Virginia from some other state. There is no requirement written for recertification. This was considered and struck down by consensus vote in workteam meetings held to develop these rule revisions. The commenter simply misread these sections.

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Response: Primarily because not all EMS agencies perform background checks, the checks could have been performed long in the past, and the agency has no record of such checks. Secondly, these checks will usually be performed on individuals who are preparing to engage in EMS activities - many are not yet involved in patient care. The attempt is to put the burden (effort and cost) on the individual, not the squad or agency with which he or she decides to affiliate.

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Response: The agency believes that it is possible for a person, while engaged in EMS activity with a squad (and after a background check has been conducted) to commit some crime or unlawful activity that the squad might not find out about. Since background checks are not going to be performed when an individual recertifies, this may be the only means to check an individual years later when he/she moves into a more advanced level of EMS activity. The agency believes that the consequences of having EMS personnel that have committed serious offenses, actively engaged in sensitive patient care activities constitutes a danger to the patient and significant liability problems for the EMS squad.

Comment: Believes the imposition of the fee for a background check on volunteer or part-time EMS responders is unfair and will place a burden on the organizations that use these personnel. Suggest this section be revised to exempt the fee for personnel that volunteer their services or work part-time.

Response: The agency believes that all EMS personnel entering the system should be cleared by a legal background check, that this is a matter of public safety, and is reasonable. The cost will be born by an applicant during initial certification or legal recognition, not the organization. Even if the organization did decide to pay the fee, fifty dollars (\$50) should not impose a financial hardship. The commenter's solution is further problematic in that many fire and EMS personnel volunteer or work part-time with one organization and work full-time with another. These personnel would slip through the cracks and may likely evade the background check.

Comment: Has an economic impact an analysis been performed to judge the true weight of this requirement on agencies and individuals?

Response: No. Again, the rule places no requirement on any organization to provide the background checks - only the individual who is applying for initial EMS certification or legal recognition. Secondly, as has been stated before, the agency believes that public safety issues are more important than the small economic impact of a background check on an individual.

§14.2.a.6. Comment: These sections are discretionary in nature and would circumvent

the rule-making process. Should be deleted.

Response: The commissioner needs to have some flexibility and discretion in applying the rule (and associated state code) to the multitude of program areas within the EMS system. To attempt to rigidly set all programmatic activity in rule would create a unwieldy bureaucracy that could not adapt to ever-changing dynamics of the EMS system.

Comment: Has DHHR legal counsel provided opinions to OEMS regarding the enforceability of this section?

Response: No.

Comment: Has DHHR legal counsel provided opinions to OEMS regarding "notice requirements: that laws and regulations provide to affected persons.

Response: No.

§14.2.b.5. Comment: These sections are discretionary in nature and would circumvent the rule-making process. Should be deleted.

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Response: No.

Comment: Has DHHR legal counsel provided opinions to OEMS regarding "notice requirements: that laws and regulations provide to affected persons.

Response: No.

§14.2.c.5. Comment: Objects to requirement for legal background checks during recertification, but support checks during initial certification.

Response: The requirements for legal background checks applies only to those individuals seeking initial certification or those seeking legal recognition (reciprocity) into West Virginia from some other state. There is no requirement written for recertification. This was considered and struck down by consensus vote in workteam meetings held to develop these rule revisions. The commenter simply misread these sections.

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Response: Primarily because not all EMS agencies perform background checks, the checks could have been performed long in the past, and the agency has no record of such checks. Secondly, these checks will usually be performed on individuals who are preparing to engage in EMS activities - many are not yet involved in patient care. The attempt is to put the burden (effort and cost) on the individual, not the squad or agency with which he or she decides to affiliate.

Comment: If a person has been an EMT for 2 years and had previously had a background check, has been a good employee, and wants to become a paramedic, why should the person incur the expense of another background check.

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Response: The agency believes that all EMS personnel entering the system should be cleared by a legal background check, that this is a matter of public safety, and is reasonable. The cost will be born by an applicant during initial certification or legal recognition, not the organization. Even if the organization did decide to pay the fee, fifty dollars (\$50) should not impose a financial hardship. The commenter's solution is further problematic in that many fire and EMS personnel volunteer or work part-time with one organization and work full-time with another. These personnel would slip through the cracks and may likely evade the background check.

Comment: Has an economic impact an analysis been performed to judge the true weight

of this requirement on agencies and individuals?

Response: No. Again, the rule places no requirement on any organization to provide the background checks - only the individual who is applying for initial EMS certification or legal recognition. Secondly, as has been stated before, the agency believes that public safety issues are more important than the small economic impact of a background check on an individual.

§14.2.c.6. Comment: §14.1.b.4. Comment: These sections are discretionary in nature and would circumvent the rule-making process. Should be deleted.

Response: The commissioner needs to have some flexibility and discretion in applying the rule (and associated state code) to the multitude of program areas within the EMS system. To attempt to rigidly set all programmatic activity in rule would create a unwieldy bureaucracy that could not adapt to ever-changing dynamics of the EMS system.

Comment: Has DHHR legal counsel provided opinions to OEMS regarding the enforceability of this section?

Response: No.

Comment: Has DHHR legal counsel provided opinions to OEMS regarding "notice requirements: that laws and regulations provide to affected persons.

Response: No.

§14.2.e. Comment: Delete this section as they may prevent fire department personnel not affiliated with an EMS agency from being able to render aid in the event that no EMS personnel are present at an emergency.

Response: Nothing in this rule prohibits fire department personnel from providing first aid at emergency scenes. More advanced care, such as basic life support and advanced life support fall within the purview of the state EMS system as per mandated of WV Code 16-4-C. Therefore, any person engaging in the scope of practice for any level of EMS certification must be part of the EMS system. Assurance that the person is appropriately and legally operating within the system is accomplished through the requirement that all personnel engaging in EMS activity be affiliated with an EMS agency licensed by the WV Office of EMS.

§14.4.c.2.D. Comment: Believes that current practice of requiring an EMT-P from another state to have six (6) months or more of certification remaining makes it difficult to recruit personnel from outside of West Virginia. This is due in part because states won't issue new certification until the old certification is expired. Suggestion is to reduce the six (6) month requirement to three (3) months.

Response: Agency does not believe this revision would better serve the individuals applying for legal recognition. If the current six (6) month requirement is reduced, it would be conceivable that an individual applies on November 30, 2001 for legal recognition. Their out-of-state card expires March 30, 2002. Clearly, they meet the three (3) month requirement. However, the agency will not grant certification beyond the expiration date (3/31/02). Therefore, this individual would be issued a certification card that will expire December 31, 2001. At this time, they would have to recertify.

Under current rules, if a person does not have six (6) months before their certification when they apply, they have two (2) options:

- (1) Recertify with state in which certification is held;
- or
- (2) Complete a 48-hour refresher course, successfully complete the state written and practical recertification exam and receive a full certification period.

Gaining certification through legal recognition under the current rule is just as fast as it would be under a three (3) month rule and is much easier on the individual who is applying.

§14.4.d. (Corrected to §14.5.d.) Comment: The Nursing Practice Act and the WV Health Legislative Rules are conflicting when governing nurses and their related activities. In addition, the Office of EMS cannot regulate the practice of nursing. Therefore, any reference to the practice of nursing should be removed from this rule.

Response: The agency does not concur with any of the comments. Despite some similarity, nursing and emergency medical services are two distinct fields in the healthcare system and thus operate under different rules and regulations. The commenter cites Section 14.4.d. as being the rule which negatively impacts the scope of practice for a nurse. However, that section pertains to the scope of practice for an EMT-Paramedic. Section 14.5.d. addresses the scope of practice for the EMSA-RN.

With that clarification, it must be understood that EMS in West Virginia operates under an intricate medical direction system. This system includes the State Medical Director, Regional Medical Directors, and local EMS Agency Medical Directors through off-line and on-line medical direction. All of these levels are involved in developing and approving the scopes of practice for all levels of certification in the EMS system. The certified personnel work under the medical licenses of the involved medical directors and are granted that authority to practice within the realm of the approved scopes of practice.

It is not the intent, nor has it ever been the intent, of these rules to regulate the practice of nursing. In fact, the Office of EMS recognizes and respects the authority and jurisdiction of the WV Nursing Board. Furthermore, the agency believes the assertions made by the commenter regarding nursing practices in the EMS setting are not supported by the Scope

of Practice Decision-Making Model for Registered Professional Nurses.

§15.1.c. Comment: Replace phrase "prehospital care reporting" with "patient care reporting".

Response: Agency agrees. Revision will be made.

§15.1.i. Comment: HIPAA legislation will affect this. Common sense must prevail.

Response: Even though the full impact of HIPPA on the state EMS system is unknown at this time, this section as written will most likely support the federal rule.

§16.1.b. Comment: Replace term "prehospital care personnel" with "EMS personnel".

Response: Agency agrees. Revision will be made.

§16.1.e. Comment: Replace term "prehospital care personnel" with "EMS personnel".

Response: Agency agrees. Revision will be made.

§16.1.g. Comment: The accreditation period for continuing education training institutions is different than those of BLS and ALS institutions. This creates staggered accreditation dates for institutions that provide more than one type of training. Suggestion is to make dates consistent.

Response: Agency agrees. Will revise rule to reflect a five-year term for continuing education training institutions.

§16.2.b.1.A., §16.2.b.1.B., §16.2.b.1.C., §16.2.b.3.A., §16.2.b.3.B., §16.2.b.3.C., §16.2.b.3.D., §16.3.b.1.A., §16.3.b.1.B., §16.3.b.1.C., §16.3.b.1.D., §16.3.b.1.E., §16.3.b.1.F. Comment: Delete "ing" from end of word of sentence.

Response: Agency believes spelling and grammatical formatting is appropriate.

§16.2.b.2. Comment: Replace "prehospital care" with "patient care".

Response: Agency agrees. Revision will be made.

§16.2.b.2.D. Comment: Are these written and practical skills examinations the same evaluations required for certification of BLS personnel? If not, what is the purpose of the extra examinations?

Response: This language certainly includes written and practical certification examinations, but may also include curriculum or program exams that the institution feels necessary in order to prepare the student for successful completion of the program.

§16.2.e.1. Comment: The phrase “in lieu of the standards described thus far in these sections” is confusing when considered with the last line of the paragraph and should be deleted.

Response: The phrase simply means that National accreditation standards can be used in place of state accreditation standards if they met or exceed the state standards. The phrase is necessary because even though the National standards must meet or exceed those of the state, the programs are different and the National standards will be used as a substitute for the state standards. The educational facility won't be judged by state standards. They will be judged by a National accrediting standard, separate, and distinct with its own title.

§16.3.b.2. Comment: Replace “prehospital care” with “patient care”.

Response: Agency agrees. Revision will be made.

§16.3.e.1. Comment: The phrase “in lieu of the standards described thus far in these sections” is confusing when considered with the last line of the paragraph and should be deleted.

Response: The phrase simply means that National accreditation standards can be used in place of state accreditation standards if they met or exceed the state standards. The phrase is necessary because even though the National standards must meet or exceed those of the state, the programs are different and the National standards will be used as a substitute for the state standards. The educational facility won't be judged by state standards. They will be judged by a National accrediting standard, separate, and distinct with its own title.

Section 17. Comment: This section should probably be renamed “WV OEMS Medical Direction System”.

Response: The agency agrees and will re-title section §64-47-17 as “West Virginia Office of EMS Medical Direction System”.

Comment: The organization of section 17 needs improved.

Response: Agency agrees. Revisions will be made to the format.

§17.1.a. Comment: The word "Medical" needs inserted between "EMS" and "director".

Response: The agency agrees that the word "medical" has been omitted in the current rule. It should read as follows: "State EMS Medical Director - The state EMS medical director shall be the physician appointed by the commissioner to be in charge of overseeing the medical aspects of the West Virginia EMS system and shall have the following qualifications".

§17.1.a.1. Comment: "Medicine" needs inserted between "practice" and "in".

Response: The Agency agrees that the correct wording should be "a valid license to practice medicine in the State of West Virginia".

§17.1.b.3. Comment: Change to "appointment of" instead of "provide final approval".

Response: The agency has no objection to this wording change. Revision will be made.

§17.1.b.8. Comment: Need to include language regarding the "WV Emergency Facility Categorization Plan".

Response: Agency agrees that facility categorization should be mentioned but feels that the new language would better fit the rule if placed in section 17.1.d. New language will be added there.

§17.1.c.3. Comment: Should read "Authority to establish policies and procedures to carry out the activities outlined in this rule; and".

Response: Agency has no objection to the change. Revision will be made.

§17.1.d.1. Comment: Following this section, another section needs to be added which states: "Establish the scope of practice of all personnel operating within the EMS system."

Response: Agency agrees with this addition. Revision to be made.

§17.1.e.3. Comment: Amend to "experience in on-line base station radio direction of EMS personnel and vehicles".

Response: Agency agrees. Revision to be made.

§17.1.f.4. Comment: "Medical Policy and Care Committee" should be capitalized.

Response: Agency agrees with recommendation. Revision will be made.

§17.1.f.12. Comment: Amend to “serve as medical liaison to the Regional EMS Board of Directors.

Response: Agency agrees. Revision to be made.

§17.1.g. Comment: Should be “OEMS Medical Direction System”.

Response: Agency agrees with changes. Revision will be made.

§17.1.g.1. Comment: Change “make up of members” to “composition”.

Response: Agency agrees. Revision to be made.

§17.1.i.3. Comment: Should be “OEMS Medical Direction System”.

Response: Agency agrees with changes. Revision will be made.

§17.2. Comment: Should read “On-Line Medical Direction is the medical direction given by an approved Medical Command Physician from a medical command center to EMS personnel at the time of the incident, by voice, or other means, as established by OEMS Medical Direction System guideline.

Response: Agency agrees to changes. Revision to be made.

Comment: Change “at” to “during”. Change “incident” to “response”.

Response: Agency agrees to changes. Revision to be made.

§17.2.a. Comment: In the third line, change “advisement” to “recommendation”.

Response: A work team meeting with the State EMS Director and State EMS Director, the term of advisement was deemed to be the most appropriate term to accurately describe this particular function of the Regional EMS Board of Directors.

§17.2.9.1.c. Comments: Amend to read “Regional EMS Board of Directors” and State Medical Policy and Care Committee.

Response: The Agency agrees to amend this section to better reflect that the centers will abide by policies and procedures as established by the OEMS Medical Direction system. Different phrasing will be used to avoid confusion, but the intent of the commenter will be met.



STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive
Charleston, WV 25311-1620

June 22, 2001

Beth Marquart, Director
Office of Regulatory Development
Department of Health and Human Resources
Building 3, Rom 201
1900 Kanawha Boulevard, East
Charleston, WV 25305

Dear Ms. Marquart:

The West Virginia Board of Examiners for Registered Professional Nurses reviewed the Proposed Revisions to the Division of Health EMS Rule 64 CSR 48 during their June Board meeting. The Board has comments and questions regarding some portions of the rule. These are as follows:

1. Page 2; §64-48-2.7. "Critical Care Transport. - A level of sophisticated and specialized medical care and transportation requiring specifically trained and skilled personnel, operating under medical supervision and limited to interfacility transfer of patients with highly specialized needs."

This definition is new. The Board's understanding of this definition is that it is for specific EMS personnel within an EMS agency. The intent being to establish a level of trained EMS personnel within an EMS agency who could then do interfacility transfers with the possibility of relieving the hospital from sending a registered professional nurse on the transfer. The Board interprets "specifically trained and skilled personnel, operating under medical supervision" to include the registered professional nurse with or without the EMSA-RN designation, thus not requiring the registered professional nurse to obtain another credential to accompany a patient on an interfacility transfer. What specific training will these individuals receive and how is that training determined? The Board Believes this language expands the scope of practice of EMS personnel in rule without supporting legal authority in Code.

2. Page 25; §64-48-9.1.a.1. Be a minimum of eighteen (18) years of age, with the exception of EMSA-ER, which shall be at least sixteen (16) years of age. The Board believes including 16 year old as first responders may place them in a situation for which they have not yet gained the maturity and decision making capacity to handle.
3. Page 26; §64-48-9.1.a.5. The word "illicit" was added in this language. This agency has found most of the substance abuse to be related to prescription drugs. The word "illicit" widens the boundary of drugs to abuse or have an addiction to and remain within the language of this rule. The Board encourages the agency to take this into consideration.
4. Page 26; §64-48-9-1.a.6. The term "pre-hospital" is removed from this definition. Removing this language appears to widen the boundary for EMS personnel practice. Perhaps "pre-hospital" is not the most comprehensive word and "out-of-hospital" would appropriately describe the area of practice.
5. Page 28; §64-48-13-1.b.2. The language reads "Have successfully completed a CPR and first aid course as approved by the commissioner" This language doesn't indicate a current certification or provide a timeline on when the course should have been successfully completed. This appears in a variety of ways throughout the document.

Thank you for the opportunity to respond to this rule. Should you have any questions or require further information from this agency please contact me.

For the Board,



Alice R. Faucett-Carter, JD

Assistant Executive Secretary for Discipline

xc: Mark E. King, Director Office of Emergency Medical Services

06/22/01

COMMENTS on draft version of proposed EMS rule changes.

Submitted by

Gail M. Drago
RR2, Box 63
Fairmont, WV 26554
(304) 366-4353

Thank you for the opportunity to review!

NO.	PAGE	SECTION	COMMENT	NOTE
1.	2	64-48-2	Add a definition for communications centers.	Section 5.4 refers to communications center, dispatch center, 911 center, EMS agency dispatch center. Need clarification for communications center. Is it one or all of these?
2.	4	2.20	In the last line, amend to "...transportation of a patient to/from a health care facility."	EMS performs many types of transports FROM health care facilities.
3.	7	4.4	Add: "No EMS Agency shall advertise any telephone number for receipt of emergency calls other than the universal 9-1-1 or PSAP."	Addition of this section would preclude EMS agencies from bypassing 911 centers or PSAPs.
4.	10	5.4.a.1	In the last line, amend to "...a 911 center, PSAP,..."	Some counties do not have 911 capability, but they do have a public safety answering point.
5.	10	5.4.c.2	In the last line, amend to "...questioning and appropriate EMS vehicle dispatching."	Change to conform to definitions.
6.	16	6.9	Amend to "Applicable fees will be due on July 1."	Fees described in 6.7.c are due on an annual basis. Fees described in 6.7.d are due upon modification of a license. The other fees are due every two years.

NO.	PAGE	SECTION	COMMENT	NOTE
7.	19	8.1.k	Retain the last sentence that is currently marked for deletion.	Although KKK specifications require a two way radio, retention of this section will further define the need for radio communications requirements.
8.	23	8.5.a.4	In the last line, amend to "...can be performed for at least one..."	Addition of two words will allow for transportation of more than one patient.
9.	23	8.5.a.12	Add to last line, "or equivalent".	
10.	24	8.5.b.4	In the second line, change "person" to "patient".	
11.	27	11.5	Retain at least part of this section unless the "policies and procedures" referred to in the latter part of this section will cover EMSP who cannot provide treatment as ordered by medical command.	
12.	28	12.2	Delete "...to their EMS operations" from the end of this sentence.	EMSP should comply - period.
13.	28	12.5	As it is proposed, will this section preclude QA processes?	QA process might be interpreted to be a part of "continuing medical care"???
14.	28	13.1.b.2	Statement should be consistent throughout Rules.	Although this section states, "Have successfully completed a CPR and first aid course...", other sections state, "Possesses evidence of current CPR training" or "the applicant possesses evidence of CPR training". All sections should be stated identically.
15.	29	13.1.b.3	This states that operators must have successfully completed an EVOC.	Does the EMSP have to have <i>current</i> EVOC certification, or only successfully complete the course one time throughout their EMS career?
16.	31	13.5.a.1.B	"EMT" should be changed to "EMT-B".	
17.	32	13.5.b.1.B	"EMT" should be changed to "EMT-B".	

NO.	PAGE	SECTION	COMMENT	NOTE
18.	32	64-48-14	Legal background checks for initial certification and legal recognition may be acceptable. However, the cost and logistics for recertification are unknown and not yet calculated.	
19.	35	14.1.d	A definition of the "state medical policy and care committee" should be added to the definitions section.	
20.	50	15.1.g	HIPAA legislation will affect this. Common sense must prevail.	
21.	59	17.1.a	In the first line, amend to "state EMS medical director...."	
22.	60	17.1.b.8	Although this section refers to trauma centers, we need something for the "WV Emergency Facility Categorization Plan".	
23.	61	17.1.e.3	Amend to: "Experience in on-line base station radio direction of EMS personnel and vehicles."	
24.	62	17.1.f.12	Amend to: "Serve as medical liaison to the Regional EMS Board of Directors."	All references to the Regional EMS Board of Directors should be made to be consistent throughout this draft.
25.	64	17.2.a	In the third line, changed "advisement" to "recommendation".	
26.	63	17.1.h.1	Change "Makeup of Members" to "Composition".	
27.	64	17.2.a.1.C	In the second line, amend to "...by the Regional EMS Board of Directors, the Regional and State Medical Policy and Care Committees."	Although the Regional and State Medical Policy and Care Committees may establish medical policies, there may be other policies established by the Regional EMS Board of Directors (i.e., communications plan).

NO.	PAGE	SECTION	COMMENT	NOTE
28.	N/A	New	Add a section for the "Regional EMS Boards of Directors". PLEASE SEE NEXT PAGE FOR RECOMMENDATION.	These Boards are an integral part of the Regional and Statewide EMS Systems. They should be accorded status that recognizes the need for them and their continuing responsibilities and contributions.

64-48-1B Regional EMS Boards of Directors

- 18.1 Comprehensive EMS regions, represented by Regional EMS Boards of Directors, are needed to facilitate the continued development of adequate medical staff and emergency facilities; transportation, equipment, and other resources to provide Emergency Medical Services to all persons in the Regional EMS Board of Directors service area
- 18.2 Each Regional EMS Board of Directors shall:
 - 18.2.a Be a corporation in good standing in West Virginia
 - 18.2.b Establish by-laws
 - 18.2.c Apply for US IRS 501(c)3 status
 - 18.2.d Provide ad hoc representation as needed and required by the Department by its membership on various committees, panels and organizations serving the EMS community, including, but not limited to: WV EMS Advisory Council; Regional Categorization Committee
 - 18.2.e Provide recommendation to the state medical director, as needed and required by the state medical director for the appointment of a regional medical director
 - 18.2.f Provide recommendation to the State Critical Care Committee and the Department for designation of Regional Medical Command Centers
 - 18.2.g Provide recommendations, as needed and required by the Department on the needs and funding priorities of constituent EMS agencies
 - 18.2.h Provide advice and consultation, as needed and required by the State Medical Director and/or the Regional Medical Director, the Regional Critical Care Committee on the establishment and implementation of EMS procedures and protocols

CAUD208 Regboards amendments .wp4



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Bob Wise
Governor

June 21, 2001

Paul L. Nusbaum
Secretary

Beth Marquart, Director
Regulatory Development
Department of Health and Human Resources
Building 3, Room 201
1900 Kanawha Boulevard, East
Charleston, WV 25305

Dear Beth:

Please find enclosed my comments for proposed rule **§64 CSR 48 -Emergency Medical Services**. It is my recommendation that the following corrections and additions be made.

Comments: §64 CSR 48 Emergency Medical Services

- 2.1. EMS is not always out of hospital. This needs to be clarified here.
- 2.31. Several definitions need to be added to reflect the more current medical direction system. Definitions of the following need to be added:
- Office of EMS Medical Direction System
 - Medical Direction
 - Medical Command
 - ✓ On-line Medical Direction
 - Off-line Medical Direction
 - ✓ State EMS Medical Director
 - ✓ Regional EMS Medical Director
 - Medical Command Physician
- 13.2.b.2. Why only successfully complete? Do they not need to maintain the certification? I think they do.
- 13.4.c. Does the nurse and or PA not need to be certified to make the vehicle legal?
- 64-48-17. This section should probably be renamed "WV OEMS Medical Direction System."
- 17.1.a. The word "Medical" needs inserted between "EMS" and "director".

BUREAU FOR PUBLIC HEALTH
Office of Community & Rural Health Services
Office of Emergency Medical Services
360 Capitol Street, Room 515
Charleston, West Virginia 25301-3716

Phone: (304) 558-3056

FAX: (304) 558-1437

Beth Marquart, Director
Page Two
June 26, 2001

- 17.1.a.1. "Medicine" needs inserted between "practice" and "in".
- 17.1.b.3 Change to "Appointment of" instead of "Provide final approval".
- 17.1.c.3. Should read: "Authority to establish policies and procedures to carry out the activities outlined in this rule; and".
- 17.1.d.1. After this section, should be added another section reading: "Establish the scope of practice of all personnel operating within the EMS system."
- 17.1.f.4. "Medical Policy and Care Committee" should be capitalized.
- 17.1.g. Should be "OEMS Medical Direction System".
- 17.1.i.3. Should be "OEMS Medical Direction System".
- 17.2. Should read: "On-line Medical Direction is the medical direction given by an approved Medical Command Physician from a medical command center to EMS personnel at the time of the incident, by voice or other means, as established by OEMS Medical Direction System guidelines.

Note: The organization of section 17 needs improved.

Thank you for allowing me the opportunity to comment on these very important rules. If I can be of further assistance, please do not hesitate to contact me.

Sincerely,

William D. Ramsey, MD, FACEP
William D. Ramsey, M.D., FACEP
State EMS Medical Director

cc: Dr. Henry Taylor
Chris Curtis
Mark King
Jerry Rhodes



West Virginia University

Extension Service

June 25, 2001

Beth Marquart, Director
Office of Regulatory Development
Department of Health and Human Services
Building 3, Room 201
1900 Kanawha Boulevard, East
Charleston, WV 25305

Dear Ms. Marquart:

Please register my comments and questions on the amendments to DHHR's 64CSR48 as promulgated by your agency.

1. What are the official reasons for the removal of a) Fire Department Rapid Response Service, b) Line Officer, and c) Recognized Fire Department from the definition section of the current regulations?
2. Why have the requirements for the licensure of fire department rapid response organizations been removed from the rule and, specifically, from §64-48-5, 5.1.
3. Does the elimination of Fire Department Rapid Response from 64CSR48 signal DHHR's intent to eliminate EMS Agency licensure requirements for fire departments providing rapid response services?
4. Throughout §64-48-14 there are new requirements for legal background checks for certification of various EMS responders. These requirements are duplicative of background checks currently conducted by many West Virginia fire departments when hiring new firefighters or accepting new volunteers.
The proposed background checks for certification (and even recertification) will impact negatively the budgets of these organizations plus have the potential of decreasing the provision of necessary lifesaving services because departments will be unable to finance both the cost of training, testing, certification, and background checks.
Additionally, the cost of background checks will adversely affect West Virginia volunteer fire departments that already have difficulty acquiring sufficient operating capital. Again, many of these departments currently obtain background checks on proposed members prior to admitting them to membership in their organizations.
Has an economic impact analysis been performed to judge the true weight of this requirement on agencies and individuals?

Center for
Community,
Economic, and
Workforce
Development

Fire Service Extension

Phone: 304 293-2106
Fax: 304 293-2107
www.wvu.edu/~exten/

Monongahela Boulevard
PO Box 6610
Martinsburg WV 26506-8610

Beth Marquart
DHHR EMS Rule Comments
Page 2

5. Throughout §64-48-14 there are numerous subsections with the following wording: "has completed other requirements specified by the commissioner." This language has prompted many responders from around the state to comment that they are concerned with the scope of the language. The language itself is too vague and ambiguous to provide adequate notice to affected individuals desiring certification as EMS responders.

Has legal counsel for DHHR provided any opinions to the Office of EMS or other agencies regarding the enforceability of this section?

Has legal counsel for DHHR provided any opinions to the Office of EMS or other agencies regarding the "notice" requirements that laws and regulations provide to affected persons?

6. Throughout §64-48-14 there are numerous subsections with the following wording: "Possesses evidence of current CPR training." It appears that to be effective the individual being certified or recertified would have to provide that evidence to DHHR OEMS as verification of current CPR training.

7. Under §64-48-16.2.b.2.D (Accreditation of Training Agencies, BLS Training Institutes) reference is made to Administration of written and practical skills examinations.

Are these written and practical skills evaluations the same evaluations required for certification of BLS personnel?

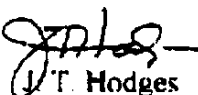
If not, why not, and what purposes would the additional written and practical skills evaluations serve?

8. What provisions exist in the proposed rules describing the actual testing requirements and certification procedures for EMS Personnel at the BLS Level?

What training and testing standards have been incorporated by reference? Do those training and testing standards have the required date references?

9. What procedures exist for determining who (or what agency) may administer EMS Personnel certification and recertification exams at the BLS level if those certification and recertification testing functions have been delegated to an agency not within DHHR?

Thank you for the opportunity to submit these questions and observations. If you have any questions please feel free to contact me at listed number.

Sincerely,

J.T. Hodges
Director

WEST VIRGINIA EMS COALITION

RECEIVED

JUN 5 2 2001

June 21, 2001

Beth Marquart, Director
Office of Regulatory Development
Department of Health and Human Resources
Building 3, Room 201
1900 Kanawha Boulevard, East
Charleston, WV 25305

RE: *Division of Health Rule 64 CSR 48*

Dear Ms. Marquart,

The members of the West Virginia EMS Coalition have received and reviewed the proposed revisions to the Division of Health EMS Rule 64 CSR 48 and have expressed the following concerns and comments:

Deleted Section 2.3 Definition of Ambulance

This section should be reinstated. EMS agencies are ambulance operators and it is our position that this important definition should be maintained. This word is an important part of everyday operations for agencies and is necessary for clarity because the word is referenced in several sections of the rules.

Section 2.7 Definition of Critical Care Transport

The words "*interfacility transfer*" should be deleted so that this section reads:

2.7 Critical Care Transport. A level of sophisticated and specialized medical care and transportation requiring specifically trained and skilled personnel, operating under medical supervision and limited to patients with highly specialized needs.

There are situations requiring critical care transports to occur that are not interfacility. By removing "*interfacility transfer*", the intent is not damaged but it allows agencies to respond to these situations while still operating within the law.



Deleted Section 2.37 Definition of Patient

This definition should also be reinstated into the rules. EMS agencies are operated in order to provide quality patient care. Without patients, there is no EMS. Additionally, this word is regularly incorporated into the rules and we feel it should be defined within the rules.

Section 3.5.c, Section 12.7 and all other references to "Prehospital Care Records"

This section deletes the term "run records" and replaces it with "Prehospital Care Records." We advocate that all references to "Prehospital Care Records" be renamed "Patient Care Records". Not all EMS agency services are conducted in the prehospital setting. A more accurate and consistent term for the intent of the records would be "Patient Care Records."

Section 3.8

We advocate two changes to this section. The section titled "Refusal of Service" should be changed to "Provision of Service." We also believe that the second line should be deleted in its entirety. This second line is ambiguous and the language is redundant. It is our position that this section should read:

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.

Section 8.5.a.4

The words "at least" should be inserted following the phrase "support techniques can be performed for". This addition would keep wording consistent with section 8.5.a.3.

Sections 8.5.b.1, 8.5.b.3, 13.5.a.3, 13.5.a.4, 13.5.b.3

These sections reference "specialized care" and "specialized life support." The definitions section deletes the definition of specialized life support. It appears that these sections should add Critical Care Transport. The addition of Critical Care Transport would tie into the definition as well as make these sections consistent with the other classes of transport.

Section 8.5.b.4

The word "person" should be changed to "patient".

Section 8.5.b.8

This section makes reference to voice communication between EMS vehicles and the base of operation. There are concerns about flight situations such as high altitude and long distances that make it impossible to maintain contact.

Section 9.1 General Requirements

We support nearly all of the personnel qualifications as outlined in section 9.1.a and its subsection. However, we strongly object to the requirement that personnel must "meet and maintain" section 9.2.a.2.B pertaining to lift requirements.

We advocate that this section be removed from section 9.1.a and be inserted into a new section 9.1.b that reads as the following:

9.1.b. Personnel Qualifications - EMS personnel shall meet the following qualifications upon initial certification:

9.1.b.1 Have the ability to 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 height of thirty-three (33) inches, for a distance of ten (10) feet.

While we believe that it is important for field personnel to be physically fit to perform their duties, this requirement is overly restrictive for individuals that may no longer perform field service but may need to remain certified for employment purposes.

Individuals that can no longer lift the required amount because of a worker-related injury or age can still be a valuable resource for EMS agencies in training or other positions that require proper certification but do not place the level of patient care at risk.

Sections 13.5.4.B and Section 13.5.b.3

These sections refer to an EMSP. That definition has been deleted. It needs to be added back to the definitions and include MDs, DOs and RNs or the reference omitted in these sections. These sections need to be clear that one of the two attendants must be an EMSP (if the term is maintained) and one of which must be at least an RN, MD or DO.

Sections 14.1.c.5, 14.2.a.5, 14.1.c.5, 14.3.a.7, 14.3.c.5, 14.4.a.7, 14.4.c.2.E, 14.5.a.5, 14.5.c.2.E, 14.6.a.5, 14.6.a.5, 14.6.c.2.E, 14.6.c.2.E, and 14.7.a.3

These sections require a legal background check be performed for recertification. We do not object to these checks being required for initial certification, but we do object to them being required for recertification.

With over 10,000 active EMS personnel in the State of West Virginia, we believe this would be a cumbersome and expensive process to maintain for these key members of our state's health care delivery system. Many of our state's EMS personnel and agencies are volunteers. Requiring personnel or the squads to pay for regular legal background checks is unnecessary and uneconomical.

A more suitable approach may be to incorporate the background check language into the section we are proposing to be created under Section 9.1 (Section 9.1.b *qualifications upon initial certification*). This would clarify that EMS personnel must pass a legal background check for certification but would not have to submit additional checks to recertify.

Section 14.4.c.2.D

This section applies to individuals that possess EMT-P certification from another state and wish to practice in West Virginia. It requires that the current certification have more than six (6) months remaining before expiration. This requirement makes it very difficult to recruit quality personnel to West Virginia from other states.

States will not issue new certification for EMT-P until the old certification has expired even if they have already achieved the required hours for recertification. *This requirement significantly slows the recruitment of new personnel and should be reduced to three (3) months.* This would have no impact on the quality of care since the State only extends reciprocity through the length of the existing certification.

Section 15.1.1

"Prehospital care reporting" should be replaced with "patient care reporting" as previously indicated to more accurately reflect the services being provided.

Sections 16.1.b, 16.1.e, and all other applicable sections

The phrase "prehospital personnel" should be changed to "EMS personnel" to more accurately reflect the duties of the described personnel.

Sections 16.2.b.2 and 16.3.b.2

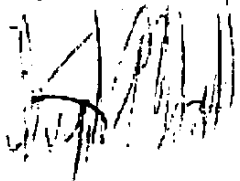
"Prehospital care" should be replaced with "patient care" as previously indicated to more accurately reflect the experience required.

Sections 16.2.e.1 and 16.3.e.1

The phrase "In lieu of the standards described thus far in these sections," should be deleted. This line is confusing when considered with the last line of this subsection, "The accrediting standards shall meet or exceed established State standards." If the accreditation must meet or exceed state standards, "In lieu of standards described thus far..." is not an appropriate statement.

Thank you for considering our recommendations for changes to the proposed revisions to the Division of Health EMS rules. If the West Virginia EMS Coalition can provide further information about our comments and concerns, please do not hesitate to contact me at 304-752-0917.

Sincerely,



Chris Hall, Executive Director
West Virginia EMS Coalition



SHEPHERD COLLEGE

RECEIVED JUN 22 2001

Community and Technical College • Shepherdstown, West Virginia 25443-3210 • 304/876-4207

June 19, 2001

www.shepherd.edu/ctcweb/

Beth Marquart
Director of Regulatory Support
DHHR, Building #3, Room 201
State Capitol Complex
Charleston, WV 25305

Ref: Legislative Rules For Emergency Medical Services
16 4C 23

Ms. Marquart,

In regard to the proposed Legislative, we would like to point out the following concerns:

Pg. 23 9.1.a.1

The end of the sentence states shall be at least sixteen (16) years of age; the one (1) should not be after the word age.

Pg. 25 9.1.a.2.E

There is a word missing in this sentence. We suggest one of the following be inserted after the word needed: skills, tasks or functions.

Fgs. 53-58 Accreditation of Training Programs

Shepherd College conducts training at all levels, Continuing Education, Basic Life Support and Advanced Life Support. Since there is nothing in the rule that indicates an institution accredited at the ALS level is automatically accredited at the CE or BLS level, we presume that we would have to maintain three separate accreditation levels. As the rule now stands, the CE accreditation would be on a three-year cycle and the BLS and ALS accreditation would be on a five-year cycle. If we were accredited by OEMS in the year of 2002 for all three levels the following would occur

2002	Initial accreditation	2011	CE Renewal
2005	CE renewal	2012	ALS/BLS Renewal
2007	ALS/BLS renewal	2014	CE Renewal
2008	CE Renewal	2017	CE/ALS/BLS Renewal

It would be the year 2017 or a fifteen-year cycle before all three levels were due in the same year. During that same fifteen-year cycle, we would have to go through the accreditation process eight (8) times. While we believe in high standards and fully support the accreditation process, we believe that this would represent an unfair burden on the College faculty and staff. We strongly recommend that all accreditation levels be placed on the same cycle, or give OEMS the authority to issue accreditation on 3 or 5-year cycle for CE.

Sincerely,

R. Allen Dulaney, NREMT-P
EMS Coordinator
Community and Technical College
of Shepherd

Dr. Peter D. Checkovich
Provost
Community and Technical College
of Shepherd



EMERGENCY

24 HOURS

P.O. BOX 5068
CAPITOL STATION
CHARLESTON, WV
25361-5068

June 25, 2001

Ms. Beth Marquart, Director
Office of Regulatory Development
Department of Health and Human Resources
Building 3, Room 201
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305

RE: *Division of Health Rule 64 CSR 48*

Dear Ms. Marquart:

The Ambulance Association of West Virginia has reviewed the proposed revisions to the Division of Health EMS Rule 64 CSR 48. Listed below are the comments and concerns our organization has in regard to the proposed revisions.

Deleted Section 2.3 Definition of Ambulance

This section should be reinstated. EMS agencies are ambulance operators and it is our position that this important definition should be maintained. This word is an important part of everyday operations for agencies and is necessary for clarity because the word is referenced in several sections of the rules.

Section 2.7 Definition of Critical Care Transport

The words "*inter-facility transfer*" should be deleted so that this section reads:

2.7 Critical Care Transport. A level of sophisticated and specialized medical care and transportation requiring specifically trained and skilled personnel, operating under medical supervision and limited to patients with highly specialized needs.

There are situations requiring critical care transports to occur that are not inter-facility. By removing "*inter-facility transfer*," the intent is not damaged but it allows agencies to respond to these situations while still operating within the law.

304-599-4511

Deleted Section 2.37 Definition of Patient

This definition should also be reinstated into the rules. EMS agencies are operated in order to provide quality patient care. Without patients, there is no EMS. Additionally, this word is regularly incorporated into the rules and we feel it should be defined within the rules.

Section 3.5.c, Section 12.7 and all other references to "Pre-hospital Care Records"

This section deletes the term "run records" and replaces it with "Pre-hospital Care Records." We advocate that all references to "Pre-hospital Care Records" be renamed "Patient Care Records." Not all EMS agency services are conducted in the pre-hospital setting. A more accurate and consistent term for the intent of the records would be "Patient Care Records."

Section 3.8

We advocate two changes to this section. The section titled "Refusal of Service" should be changed to "Provision of Service." We also believe that the second line should be deleted in its entirety. This second line is ambiguous and the language is redundant. It is our position that this section should read:

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.

Section 8.5.a.4

The words "at least" should be inserted following the phrase "support techniques can be performed for". This addition would keep wording consistent with section 8.5.a.3.

Sections 8.5.b.1, 8.5.b.3, 13.5.a.3, 13.5.a.4, 13.5.b.3

These sections reference "specialized care" and "specialized life support." The definitions section deletes the definition of specialized life support. It appears that these sections should add Critical Care Transport. The addition of Critical Care Transport would tie into the definition as well as make these sections consistent with the other classes of transport.

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We advocate that this section be removed from section 9.1.a and be inserted into a new section 9.1.b that reads as the following:

9.1.b. Personnel Qualifications – EMS personnel shall meet the following qualifications upon initial certification:

9.1.b.1 Have the ability to 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 height of thirty-three (33) inches, for a distance of ten (10) feet.

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Individuals that can no longer lift the required amount because of a worker-related injury or age can still be a valuable resource for EMS agencies in training or other positions that require proper certification but do not place the level of patient care at risk.

Sections 13.5.4.B and Section 13.5.b.3

These sections refer to an EMSP. That definition has been deleted. It needs to be added back to the definitions and include MDs, DOs and RNs or the reference omitted in these sections. These sections need to be clear that one of the two attendants must be an EMSP (if the term is maintained) and one of which must be at least an RN, MD or DO.

Sections 14.1.c.5, 14.2.a.5, 14.1.c.5, 14.3.a.7, 14.3.c.5, 14.4.a.7, 14.4.c.2.E, 14.5.a.5, 14.5.c.2.E, 14.6.a.5, 14.6.a.5, 14.6.c.2.E, 14.6.c.2.E, and 14.7.a.3

These sections require a legal background check be performed for re-certification. We do not object to these checks being required for initial certification, but we do object to them being required for re-certification.

With over 10,000 active EMS personnel in the State of West Virginia, we believe this would be a cumbersome and expensive process to maintain for these key members of our state's health care delivery system. Many of our state's EMS personnel and agencies are volunteers. Requiring personnel or the squads to pay for regular legal background checks is unnecessary and uneconomical.

A more suitable approach may be to incorporate the background check language into the section we are proposing to be created under Section 9.1 (Section 9.1.b *qualifications upon initial certification*). This would clarify that EMS personnel must pass a legal background check for certification but would not have to submit additional checks to re-certify.

Section 14.4.c.2.D

This section applies to individuals that possess EMT-P certification from another state and wish to practice in West Virginia. It requires that the current certification have more than six (6) months remaining before expiration. This requirement makes it very difficult to recruit quality personnel to West Virginia from other states.

States will not issue new certification for EMT-P until the old certification has expired even if they have already achieved the required hours for re-certification. *This requirement significantly slows the recruitment of new personnel and should be reduced to three (3) months.* This would have no impact on the quality of care since the State only extends reciprocity through the length of the existing certification.

Section 15.1.1

"Pre-hospital care reporting" should be replaced with "patient care reporting" as previously indicated to more accurately reflect the services being provided.

Sections 16.1.b, 16.1.c, and all other applicable sections

The phrase "pre-hospital personnel" should be changed to "EMS personnel" to more accurately reflect the duties of the described personnel.

Sections 16.2.b.2 and 16.3.b.2

"Pre-hospital care" should be replaced with "patient care" as previously indicated to more accurately reflect the experience required.

Sections 16.2.e.1 and 16.3.e.1

The phrase "In lieu of the standards described thus far in these sections," should be deleted. This line is confusing when considered with the last line of this subsection, "The accrediting standards shall meet or exceed established State standards." If the accreditation must meet or exceed state standards, "In lieu of standards described thus far..." is not an appropriate statement.

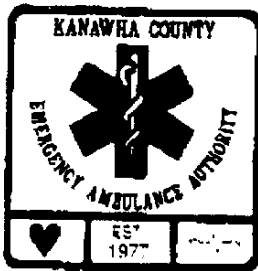
The Ambulance Association of West Virginia is very appreciative of the opportunity to provide input in regard to the proposed revisions to the Division of Health EMS rules. If we can be of any further benefit or answer any questions you may have, please feel free to contact us at 304-599-4511 or 304-345-2312, Extension 12.

Sincerely,



Joe Lynch
President
Ambulance Association of WV

JL/th



601 BROOKS STREET
CHARLESTON, WV 25301

Kanawha County Emergency Ambulance Authority

POST OFFICE BOX 292
CHARLESTON, WEST VIRGINIA 25321
304-345-2312

RECEIVED
JUN 25 2001

June 25, 2001

Ms. Beth Marquart, Director
Office of Regulatory Development
Department of Health and Human Resources
Building 3, Room 201
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305

RE: Division of Health Rule 64 CSR 48

Dear Ms. Marquart:

The Kanawha County Emergency Ambulance Authority has received and subsequently reviewed the proposed revisions to the Division of Health EMS Rule 64 CSR 48. To that regard, we would like to submit the following recommendations and comments:

Deleted Section 2.3 Definition of Ambulance

This section should be reinstated. EMS agencies are ambulance operators and it is our position that this important definition should be maintained. This word is an important part of everyday operations for agencies and is necessary for clarity because the word is referenced in several sections of the rules.

Section 2.7 Definition of Critical Care Transport

The words "*inter-facility transfer*" should be deleted so that this section reads:

2.7 Critical Care Transport. A level of sophisticated and specialized medical care and transportation requiring specifically trained and skilled personnel, operating under medical supervision and limited to patients with highly specialized needs.

There are situations requiring critical care transports to occur that are not inter-facility. By removing "inter-facility transfer," the intent is not damaged but it allows agencies to respond to these situations while still operating within the law.

Deleted Section 2.37 Definition of Patient

This definition should also be reinstated into the rules. EMS agencies are operated in order to provide quality patient care. Without patients, there is no EMS. Additionally, this word is regularly incorporated into the rules and we feel it should be defined within the rules.

Section 3.5.c, Section 12.7 and all other references to "Pre-hospital Care Records"

This section deletes the term "run records" and replaces it with "Pre-hospital Care Records." We advocate that all references to "Pre-hospital Care Records" be renamed "Patient Care Records." Not all EMS agency services are conducted in the pre-hospital setting. A more accurate and consistent term for the intent of the records would be "Patient Care Records."

Section 3.8

We advocate two changes to this section. The section titled "Refusal of Service" should be changed to "Provision of Service." We also believe that the second line should be deleted in its entirety. This second line is ambiguous and the language is redundant. It is our position that this section should read:

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.

Section 8.5.a.4

The words "at least" should be inserted following the phrase "support techniques can be performed for". This addition would keep wording consistent with section 8.5.a.3.

Sections 8.5.b.1, 8.5.b.3, 13.5.a.3, 13.5.a.4, 13.5.b.3

These sections reference "specialized care" and "specialized life support." The definitions section deletes the definition of specialized life support. It appears that these sections should add Critical Care Transport. The addition of Critical Care Transport would tie into the definition as well as make these sections consistent with the other classes of transport.

Section 8.5.b.4

The word "person" should be changed to "patient".

Section 8.5.b.8

This section makes reference to voice communication between EMS vehicles and the base of operation. There are concerns about flight situations such as high altitude and long distances that make it impossible to maintain contact.

Section 9.1 General Requirements

We support nearly all of the personnel qualifications as outlined in section 9.1.a and its subsection. However, we strongly object to the requirement that personnel must "meet and maintain" section 9.2.a.2.B pertaining to lift requirements.

We advocate that this section be removed from section 9.1.a and be inserted into a new section 9.1.b that reads as the following:

9.1.b. Personnel Qualifications – EMS personnel shall meet the following qualifications upon initial certification:

9.1.b.1 Have the ability to 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 height of thirty-three (33) inches, for a distance of ten (10) feet.

While we believe that it is important for field personnel to be physically fit to perform their duties, this requirement is overly restrictive for individuals that may no longer perform field service but may need to remain certified for employment purposes.

Individuals that can no longer lift the required amount because of a worker-related injury or age can still be a valuable resource for EMS agencies in training or other positions that require proper certification but do not place the level of patient care at risk.

Sections 13.5.4.B and Section 13.5.b.3

These sections refer to an EMSP. That definition has been deleted. It needs to be added back to the definitions and include MDs, DOs and RNs or the reference omitted in these sections. These sections need to be clear that one of the two attendants must be an EMSP (if the term is maintained) and one of which must be at least an RN, MD or DO.

Sections 14.1.c.5, 14.2.a.5, 14.1.c.5, 14.3.a.7, 14.3.c.5, 14.4.a.7, 14.4.c.2.E, 14.5.a.5, 14.5.c.2.E, 14.6.a.5, 14.6.a.5, 14.6.c.2.E, 14.6.c.2.E, and 14.7.a.3

These sections require a legal background check be performed for re-certification. We do not object to these checks being required for initial certification, but we do object to them being required for re-certification.

With over 10,000 active EMS personnel in the State of West Virginia, we believe this would be a cumbersome and expensive process to maintain for these key members of our state's health care delivery system. Many of our state's EMS personnel and agencies are volunteers. Requiring personnel or the squads to pay for regular legal background checks is unnecessary and uneconomical.

A more suitable approach may be to incorporate the background check language into the section we are proposing to be created under Section 9.1 (Section 9.1.b *qualifications upon initial certification*). This would clarify that EMS personnel must pass a legal background check for certification but would not have to submit additional checks to re-certify.

Section 14.4.c.2.D

This section applies to individuals that possess EMT-P certification from another state and wish to practice in West Virginia. It requires that the current certification have more than six (6) months remaining before expiration. This requirement makes it very difficult to recruit quality personnel to West Virginia from other states.

States will not issue new certification for EMT-P until the old certification has expired even if they have already achieved the required hours for re-certification. *This requirement significantly slows the recruitment of new personnel and should be reduced to three (3) months.* This would have no impact on the quality of care since the State only extends reciprocity through the length of the existing certification.

Section 15.1.1

"Pre-hospital care reporting" should be replaced with "patient care reporting" as previously indicated to more accurately reflect the services being provided.

Sections 16.1.b, 16.1.e, and all other applicable sections

The phrase "pre-hospital personnel" should be changed to "EMS personnel" to more accurately reflect the duties of the described personnel.

Sections 16.2.b.2 and 16.3.b.2

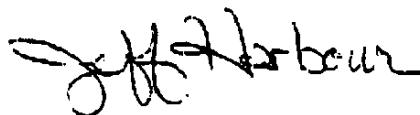
"Pre-hospital care" should be replaced with "patient care" as previously indicated to more accurately reflect the experience required.

Sections 16.2.e.1 and 16.3.e.1

The phrase "In lieu of the standards described thus far in these sections," should be deleted. This line is confusing when considered with the last line of this subsection, "The accrediting standards shall meet or exceed established State standards." If the accreditation must meet or exceed state standards, "In lieu of standards described thus far..." is not an appropriate statement.

We thank you for allowing us the opportunity to submit our recommendations for changes to the proposed revisions to the Division of Health EMS rules. If you should have any questions or require any additional information in regard to the above referenced comments, please do not hesitate to contact me at 304-345-2312, Extension 12.

Sincerely,



Jeff Harbour
Director of Support Services

JH/th

RECEIVED
JUN 25 2001

June 22, 2001

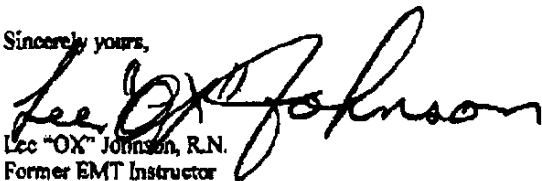
Beth Marquart, Director
Office of Regulatory Development
Department of Health and Human Resources
Building 3, Room 201
1900 Kanawha Boulevard, East
Charleston, WV 25305

Dear Ms. Marquart,

In reviewing the proposed Division of Health EMS Rule 64 CSR 48, I have found items that I feel should be further revised. This listing will refer to the specific items.

- 5.11.a The word sterile needs to be deleted from the proposed rule (it would be very difficult to render an ambulance patient compartment sterile, if you could, once the door(s) was/were opened, the sterility would be lost).
- 16.2.b.1.A. Delete the "ing" from the word assuring and add the letter "e".
- 16.2.b.1.B. Delete the "ing" from the word assisting.
- 16.2.b.1.C. Delete the "ing" from the word providing and add the letter "e".
- 16.2.b.3.A. Delete the "ing" from the words scheduling and supervising and add the letter "e" to each word.
- 16.2.b.3.B. Delete the "ing" from the words scheduling and supervising and add the letter "e" to each word.
- 16.2.b.3.C. Delete the "ing" from the word completing and add the letter "e".
- 16.2.b.3.D. Delete the "ing" from the word providing and add the letter "e".
- 16.3.b.1.A. Delete the "ing" from the word assuring and add the letter "e".
- 16.3.b.1.B. Delete the "ing" from the word assisting.
- 16.3.b.1.C. Delete the "ing" from the word providing and add the letter "e".
- 16.3.b.1.D. Delete the "ing" from the word approving and add the letter "e".
- 16.3.b.1.E. Delete the "ing" from the words identifying and approving and add the letter "e" to the word approve.
- 16.3.b.1.F. Delete the "ing" from the words identifying and approving and add the letter "e" to the word approve.
- 17.2 I suggest changing the word "at" after the word "personnel" to the word "during". Also change the word "incident" after the word "the" to the word "response".

Sincerely yours,


Lee "OX" Johnson, R.N.
Former EMT Instructor

**EMERGENCY
DIAL 911**

ALUM CREEK VOLUNTEER FIRE DEPT., INC.

**P.O. BOX 748
ALUM CREEK, WV 25003-0748**

**Station 1/Business Office
756-2011
Station 2/Substation
756-3644**

JUNE 22, 2001

Beth Marquart, Director
Office of Regulatory Development
DHHR-Building 3, Room 201
1900 Kanawha Blvd., E
Charleston, WV 25305

RE: Proposed Legislative Rules, Title 64, Filed May 24, 2001

Dear Ms. Marquart,

In response to your request for comments regarding the above proposed rules, I submit the following for your consideration.

The comment period should be extended to allow for at least 30 days following receipt of the proposed rules. This Department did not receive them until June 8th, 2001. Also, I suggest that due to the impact that these rules will have on the WV FD's, a public meeting properly advertised and held at a central location in the state is needed. There has been substantial mistrust created in the past between the fire service and the WVOEMS due to this same type of action.

I further submit the following for consideration:

Change sections 14.1.a.1.H; 14.1.c.5; 14.2.a.5; 14.2.c.5 to read as follows:

Has submitted an application for, and been cleared by, a legal background check, to be performed at the applicant's expense. Such a background check will be conducted as specified by the commissioner, but shall consist of, at a minimum, a check of federal and state convictions, child support judgements, and driving records. EXCEPTION: any applicant not employed full-time by a licensed EMS agency shall be exempted from the requirements of this section.

I recommend that sections: 14.1.a.1.I; 14.1.b.4; 14.1.c.6; 14.2.a.6; 14.2.b.5; 14.2.c.6 be deleted as they are discretionary in nature and would circumvent the rule making process.

I recommend that sections 14.1.e and 14.2.e, be deleted as they may prevent Fire Department personnel not affiliated with an EMS agency from being able to render aid in the event that no EMS personnel are present at an emergency.

I further suggest that your agency review the entire document and remove any requirements that operationally or financially affect the Fire Service's duty and obligation to the

community when they are not receiving any financial gain from doing so.

I estimate that the aforementioned background checks will cost no less than \$50.00 per person. Many rural VFD's such as ours will not pay this cost for a program which is performed as a courtesy to the local communities. The EMS agencies will be unlikely to pay the fee's for non-employees. Volunteer first responders will not be likely to pay the fee's out of pocket, and I am concerned that these rules will lead to a reduction in the number of first responders available in the rural areas.

I believe that if these rules proceed as written, a legislative battle will ensue that will negatively impact other legitimate legislative efforts by the fire service and emergency medical services. We both have had that experience before and we can hopefully avoid the same in the future.

Thank you in advance for your consideration of these comments. Please advise me of the final determination of these recommendations. Also, so as I can assist with completing a workable set of rules, please provide me with a copy of any changes to these rules and notify me of any further meetings to be held concerning these rules, and any correspondence concerning the proposed rules between the DHHR and the Legislative Rule Making Committee.

Sincerely,



James L. Oldaker, Chief

NO. 424 605
RECEIVED

JUN 25 1997

*Bantow, Frank, Durbin Volunteer Fire Co.
and
Rescue Squad*

DURBIN - CASS, WEST VIRGINIA

Mailing Address
P.O. Box 267
Durbin, WV 26264

COMMENTS ON THE NEW EMS RULES WV Code 16-4c-23

2.21 Emergency Medical Service Personnel (EMSP) - entire section was eliminated, however, starting with 8.2 Class B EMS vehicle, there are many places where the term "EMSP" is still included. This is an editorial change to be repaired when the other typos are fixed, (i.e. in the new paragraph about background check that should say "its" instead of "it's" starting with 14.1.e).

6.5 and 6.7.d. The rationale for inserting the "official representative" in 6.5 is not clear. That implies that the quality of service provided by an agency is dependent on a single individual. The system should be set up that the agency provides quality service regardless of the person carrying the title of Agency Director. I understand the need to charge for processing a new application with agency changes. It is unfair, however, to squads that have yearly election of officers, including a "Rescue Chief" or similar who is the "official representative", to charge \$100 to change the name of the "official representative" on the license and in state records. The rule as written will force especially volunteer squads to keep an "official representative" who may not be the best person in that position because they cannot afford the \$100 to change. The same argument applies to the "Medical Director", but those personnel are not as likely to change. This addition to the rule seems to have the possibility of forcing the opposite of the purpose of the license requirement.

9.1.a.2.B. "Lift, carry, and balance etc" - I assume this has not yet been challenged in court as contrary to the Americans with Disabilities Act, but are there any data to show that personnel not meeting this requirement are unable to perform the duties of medical personnel in an ambulance, as long as personnel are available to do any lifting? This seemed illegal in the original rules; it still seems that way.

13.1.c.3 and 13.3.c It makes no sense to have special rules allowing the "operator", i.e., driver, to serve as an attendant. If the driver is the attendant, who is driving? If the "operator" is an EMT serving as the attendant, he or she is not serving at that time as the "operator" but is the "attendant" or "attendant in charge." Would anything be lost if these two rules were simply dropped, or are they trying to make a valid point? If there is a point to be made, the language needs to be changed to clearly make the point.


Janet Ghigo, EMT-P
Rescue Chief

**WEBSTER MEMORIAL "EMS"
"WMEMS"**

PO BOX 312

324 MILLER MTN. DRIVE

WEBSTER SPRINGS, WV 26288

OFFICE: (304) 847-5682 ext. 3111

FAX: (304) 847-5417

email: mlhart132@hotmail.com / wmems@access.mountain.net

June 12, 2001

Beth Marquart, Director
Office of Regulatory Development
Department of Health and Human Resources
Building 3, Room 201
1900 Kanawha Boulevard, East
Charleston, WV 25305

Beth Marquart,

After reading the proposed rule changes for Emergency Medical Services, I have some comments.

#1. Level of Service: 5.2a: All EMS vehicles, emergency and non-emergency are capable of full ALS performance at all times.

Comment: Is ALS performance, defined as equipment, and personnel?

In our last inspection, we only received 8 of the possible 15 points, on the level of service. We have 5 ambulances, all of which are ALS capable, but only two are staffed with full time personnel. When the duty crew is on a call, back up personnel staff the back up ambulances. At times, these units are staffed with BLS personnel. This was the reason for not receiving the maximum points. In comparison, an agency that has 2 ALS staffed units, but at times, only has 3 personnel working. When one unit is on a call the second unit is not available for transport. The agency then has to relay on another agency to make the call. This agency is still receiving the maximum points, because they are placing ALS on all calls. It appears that we, as a rural EMS agency, are being penalized for maintaining spare units. (so that back up personnel may answer a call when needed). If we wanted to receive the 15 maximum points, should we delete our stand-by ambulances, and use outside agencies at high call volume times? In our case we would have to wait as long as 30 to 40 minutes, or longer, to receive assistance from an outside agency.

Cont.

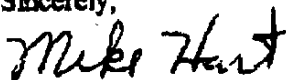
#2. Pre-arrival Instructions: 5.4.c.1: The dispatch center for EMS Agency has a standard, written format for questioning and information gathering, as well as approved pre-arrival instructions for communications personnel.

Comment: Why are we being graded on other agencies?

I have been told by our 911 dispatch center, if a tele-communicator, starts giving directions, they are committed to that caller till such time that help arrives on the scene, being, Police, Fire, or EMS. Our 911 center only has 1 tele-communicator working per shift. If another 911 lines rings, they have to answer it. Again, it appears we are being penalized for living in a small, rural county of West Virginia.

Thank you for your time and efforts put forth to make our great state of West Virginia a better place to live.

Sincerely,



Mike Hart, EMS Supervisor
Webster Memorial EMS
PO Box 312
Webster Springs, WV 26288
Phone: (304) 847-5682 ext. 3111
Fax: (304) 847-5217
e-mail: mlhart132@hotmail.com

**BRIDGEPORT
FIRE DEPARTMENT**
Chief Kelly L. Blackwell



P.O. BOX 1310
131 W. MAIN ST.
BRIDGEPORT, WV 26330
PH# 304-842-8251 FAX 304-842-8254

6/21/01

Beth Marquart, Director
Director of Regulatory Development
DHHR
Building 3 Room 201
1900 Kanawha, Boulevard, East
Charleston, WV 25305

JUN 22 2001
RECEIVED

Re: Comments to Revised Health EMS Rule 64 CSR 48

Comment #1 Background Check, Why would you want check a persons background if he is working for an agency that does background checks before they are hired?

Comment #2 If this person has been an EMT for 2 years and has had the background check done on him and he wants to move up to a paramedic and has been a good employee why should anyone incur the expense of another background check?

Comment #3 Under the Criminal section of the rules does this cover domestic violence ?


Kelly L. Blackwell
Fire Chief

CITY OF BLUEFIELD FIRE DEPARTMENT

RECEIVED
JUN 26 2001

P.O. Box 4100, 101 Bluefield Ave., Bluefield, WV 24701...Phone 304-327-8652...Fax 304-324-7914

Gerald Steele
Fire Chief
Bluefield, WV 24701

Beth Marquart, Director
Office of Regulatory Development
Dept. of Health & Human Resources
Building 3, Room 201
1900 Kanawha Boulevard, East
Charleston, WV 25305

Dear Ms. Marquart,

Concerning the proposed revisions to EMS Rule 64 CSR 48, I have the following questions.

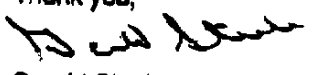
- 1) What is the effect of these changes on fire departments that provide first responder services through a signed affiliation with a licensed EMS agency?
- 2) Is the American Red Cross Emergency Response (1995 USDOT First Responder Curriculum) acceptable for the training requirement for licensure?

In the City of Bluefield, we respond to medical emergencies and are dispatched with the Bluefield Rescue Squad. We do not charge for the service, provide transport or do invasive medical care. We have signed agreement with them for oversight and medical direction.

We also have in our department, an instructor for the Local Red Cross office. It is very cost effective for us to utilize him for our training. We have not been able to budget for RESA instruction in this area.

We would like to continue to provide this service. It helps our citizens, the EMS personnel and our own department, but I am somewhat concerned over the cost that we may have to entail for licensure on our own.

I appreciate your time and consideration and I look forward to your comments..

Thank you,


Gerald Steele
Fire Chief
Bluefield, WV
6/22/01

**Williamstown Emergency Ambulance Service
PO Box 65
Williamstown, WV 26187**

RECEIVED

JUN 25 2001

June 20, 2001

Beth Marquart, Director Regulatory Support
DHHR, Building 3, Room 201
State Capitol Complex
Charleston, WV 25305

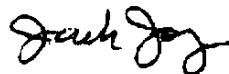
Dear Ms. Marquart:

There appears to be a conflict between the EMS rules and The Nursing Practice Act which creates potential civil liability relative to the level of care authorized and/or required to be performed. This affects the local EMS service, West Virginia State EMS, and the RN practicing in the EMS setting.

My question is this: How many regulatory agencies are permitted to legislate the practice of registered professional nursing? Chapter 30-7-1 defines the practice of registered professional nursing. Now we have the EMS legislative rule 64CSR 48, chapter 16-4c-2, section 14.4d which regulates requirements for the practice of nursing in EMS. This rule applies to all persons engaging in the provision of EMS in West Virginia, and it requires a certification and scope of practice at a level below the standard of practice to which an RN is licensed. A West Virginia state EMS official told me in a phone conversation on June 6, 2001 that I could not be held liable as an RN while providing services as an EMSA-RN. My malpractice insurance carrier only provides coverage to me if and when I am in compliance with the scope of practice of professional registered nursing as defined by Nursing Practice Act.

The definition and regulation of nursing is the sole responsibility of the Board of Nursing. The practice of nursing itself remains the same regardless of where the nursing is taking place, whether it be in a hospital, in a doctor's office, in a hospice setting, or the back of an ambulance. Since the practice of nursing is universal, by what authority does the EMS agency regulate the practice of nursing to a lower level of competency/certification as a paramedic. Therefore it would stand to reason that the EMS agency cannot in any way regulate the practice of nursing and any reference to the practice of nursing should be removed from this rule.

Sincerely,



Jack Joy

cc: Senator Donna Boley
John Allevato, Attorney-at-Law

RECEIVED

JUN 25 2001



419 Brooks Street
Post Office Box 1749
Charleston, West Virginia 25326
(304) 348-7436
Fax (304) 348-3901

June 21, 2001

Beth Marquart, Director
Office of Regulatory Development
Department of Health and Human Resources
Building 3, Room 201
1900 Kanawha Boulevard, East
Charleston, WV 25305

Dear Ms. Marquart,

HealthNet Aeromedical Services has received and reviewed the proposed revisions to the Division of Health EMS Rule 64 CSR 48 and would like to express the following concerns and comments:

Deleted Section 2.37 Definition of Patient

This definition should also be reinstated into the rules. EMS agencies are operated in order to provide quality patient care. Without patients, there is no EMS. Additionally, this word is regularly incorporated into the rules and we feel it should be defined within the rules.

Sections 8.5.b.1, 8.5.b.3, 13.5.a.3, 13.5.a.4, 13.5.b.3

These sections reference "specialized care" and "specialized life support." The definitions section deletes the definition of specialized life support. It appears that these sections should add Critical Care Transport. The addition of Critical Care Transport would tie into the definition as well as make these sections consistent with the other classes of transport.

Section 8.5.b.4

The word "person" should be changed to "patient".

Section 8.5.a.13 & 8.5.b.8

These sections make reference to voice communication between EMS vehicles and the base of operation. There are concerns about flight situations such as high altitude and long distances that make it impossible to maintain contact.

Sections 13.5.4.B and Section 13.5.b.3

These sections refer to an EMSP. That definition has been deleted. It needs to be added back to the definitions and include MDs, Dos, and RNs or the reference omitted in these sections. These sections need to be clear that one of the two attendants must be an EMSP (if the term is maintained) and one of which must be at least an RN, MD or DO.

Sections 14.1.c.5, 14.2.a.5, 14.1.c.5, 14.3.a.7, 14.3.c.5, 14.4.a.7, 14.4.c.2.E, 14.5.a.5, 14.5.c.2.E, 14.6.a.5, 14.6.a.5, 14.6.c.2.E, 14.6.c.2.E, and 14.7.a.3

These sections require a legal background check be preformed for re-certification. We do not object to these checks being required for initial certification, but we do object to them being required for re-certification.

A more suitable approach may be to incorporate the background check language into the section we are proposing to be created under Section 9.1 (Section 9.1.b *qualifications upon initial certification*). This would clarify that EMS personnel must pass a legal background check for certification but would not have to submit additional checks to re-certify.

Section 15.1.1

"Prehospital care reporting" should be replaced with "patient care reporting" as previously indicated to more accurately reflect the services being provided.

Thank you for considering our recommendations for changes to the proposed revisions to the Division of Health EMS rules. If you have any questions or concerns, please do not hesitate to contact me at (304)388-7436.

Sincerely,



George P. Sovick, III
President and CEO