

**WEST VIRGINIA
SECRETARY OF STATE
KEN HECHLER
ADMINISTRATIVE LAW DIVISION**

Form #3

Do Not Mark In This Box

FILED

AUG 30 3 46 PM '96

OFFICE OF 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 TITLE NUMBER: 64

CITE AUTHORITY W. Va. Code § 16-4C-23

AMENDMENT TO AN EXISTING RULE: YES X NO


IF YES, SERIES NUMBER OF RULE BEING AMENDED: 48

TITLE OF RULE BEING AMENDED: Emergency Medical Services

IF NO, SERIES NUMBER OF RULE BEING PROPOSED:

TITLE OF RULE BEING PROPOSED:

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


Gretchen O. Lewis, Secretary

15.90

Date: August 30, 1996
To: Legislative Rule-Making Review Committee
From: Kay Howard, Director
Regulatory Development
Department of Health and Human Resources
Re: Emergency Medical Services, 64 CSR 48

1. Authorizing statute(s) citation: W. Va. Code § 16-4C-23
2.
 - a. Date filed in State Register with Notice of Public Comment Period: 7-29-96
 - b. Other notice, including advertising, given of the public comment period: Circulated to ambulance services, regional EMS medical directors, the West Virginia EMS Coalition, the West Virginia EMS Advisory Council, the West Virginia EMS Technical Support Network, other potentially concerned agencies and organizations, and to various individuals upon request.
 - c. Date Public Comment Period Ended: 8-28-96
 - d. List of persons who appeared at hearing, comments received, amendments, reasons for amendments.
Attached X No comments received _____
 - e. Date of filing in State Register the Agency-Approved proposed Legislative Rule following public comment period: 8-30-96
 - f. Name and phone number of agency contact person: Kay Howard, 558-3223
3. If the statute under which you promulgated the submitted rules requires certain findings and determinations to be made as a condition precedent to their promulgation: Not Applicable
 - a. Give the date upon which you filed in the State Register a notice of the time and place of a hearing for the taking of evidence and a general description of the issues to be decided.
 - b. Date of hearing:
 - c. On what date did you file in the State Register the findings and determinations required together with the reasons therefor?
 - d. Attach findings and determinations and reasons:

ABSTRACT - PROPOSED RULE
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
DIVISION OF HEALTH
EMERGENCY MEDICAL SERVICES

64 CSR 48

Summary: This proposed new legislative rule sets forth standards for the licensure of various categories of emergency medical services personnel and ambulance services. The rule contains provisions related to requirements for license of emergency medical service agencies, emergency medical services vehicle classifications, requirements, EMS personnel requirements, standards of conduct, legal recognition, scope of practice for EMS personnel, disciplinary and corrective action, accreditation of training agencies, and medical direction.

The rule is needed to comply with new and revised requirements of W. Va. Code §16-4C-1 et seq. as amended and reenacted by the 1996 Legislature in S.B. 262. Based on a long-time need for analysis of the State EMS System in a comprehensive manner, the WV EMS Coalition (providers), the WV Office of EMS, and other EMS participants crafted a section within the newly revised EMS law to require EMS services to meet commonly recognized standards. By meeting these standards in a quantifiable form, the Office of EMS can not only license EMS agencies meeting these standards but can generate data regarding the quality of EMS services with the State.

For further information contact: Mark King, Director, Office of Emergency Medical Services, Bureau for Public Health, telephone (304) 558-3956, Department of Health and Human Resources, 1411 Virginia Street, E., Charleston, West Virginia, 25301; or the Office of Regulatory Development, Bureau of Operations, Department of Health and Human Resources, State Capitol Complex, Building 3, Room 265, Charleston, West Virginia, 25305, telephone (304) 558-3223.

Copies of the proposed rule may be purchased from the Administrative Law Division of the Office of the Secretary of State, State Capitol Complex, Building 1, Suite 157K, Charleston, WV 25305-0771, phone (304) 558-6000.

7/26/96

FISCAL NOTE FOR PROPOSED RULES

Rule Title: Emergency Medical Services, 64 CSR 48

Type of Rule: Legislative Interpretive Procedural

Agency: Bureau for Public Health (For the 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	\$	\$	\$	\$ 77,000	\$ 69,500
Personal Services				26,000	26,000
Current Expense				43,899	43,899
Repairs & Alterations					
Equipment				7,500	
Other					
Revenue				\$ 96,000	\$ 96,000

2. Explanation of above estimates.

<p><u>Personal Services</u> 1 program manager \$26,000</p> <p><u>Current Expense</u> Employee benefits 10,374 Travel 1,904 Office supplies/printing 1,621 Contracts (3 inspectors) 30,000 \$43,899</p> <p><u>Equipment for</u> Program Manager \$ 7,500</p>	<p>These costs represent the amount of funds necessary to staff a position as program coordinator in the Office of Emergency Medical Services (EMS). The position requires a Health and Human Resources Specialist. Due to the regulatory nature of the program, the coordinator within the Office maintains the licensure process and establishes contracts with three individual ambulance inspectors. Benefits, travel, office supplies, printing and contracts are specified in the cost analysis of this program.</p>
---	--

3. Objectives of this rule:

The rule is needed to comply with new and revised requirements of W. Va. Code §16-4C-1 et seq. as amended and reenacted by the 1996 Legislature in S.B. 262. Based on a long-time need for analysis of the State EMS System in a comprehensive manner, the WV EMS Coalition (providers), the WV Office of EMS, and other EMS participants crafted a section within the newly revised EMS law to require EMS services to meet commonly recognized standards. By meeting these standards in a quantifiable form, the Office of EMS can not only license EMS agencies meeting these standards but can generate data regarding the quality of EMS services with the State.

4. Explanation of Overall Economic Impact of Proposed Rule.

A. Economic Impact on State Government.

The program will be self-supporting utilizing fees collected from providers wishing to be licensed.

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

EMS agencies will be required to submit an application for licensure along with a fee (see fee structure below). They would then be inspected according to the standards issued in 64 CSR 48.

EMS agency licensure application fee	\$200 once every two years	
EMS agency vehicular inspection fee	\$100 per vehicle every year	
220 agencies at \$200 each	= \$44,000 per two years	\$22,000 per year
760 ambulances at \$100 each	= \$76,000 per year	<u>76,000</u> per year
		\$96,000

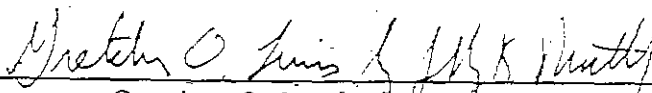
The department believes the number of agencies may eventually be reduced, and also the number of vehicles. If this occurs, the revenue total will decrease, and it may be necessary to adjust the fees.

C. Economic Impact on Citizens/Public at Large.

Citizens of the State will see an improvement in services, improved response times, stability of local EMS systems, and improved planning ability within State government.

Date: July 26, 1996

Signature of Agency Head or Authorized Representative


Gretchen O. Lewis, Secretary
Department of Health and Human Resources

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

199_

**Agency-Approved Proposed Rule
for Filing with the
Legislative Rule-Making Review Committee**

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

TABLE OF CONTENTS

§ 64-48-1. General	1
§ 64-48-2. Definitions	2
§ 64-48-3. Requirements for Emergency Medical Services Agencies	5
§ 64-48-4. Licensure of Emergency Medical Services Agencies	7
§ 64-48-5. Licensing Standards	8
§ 64-48-6. Issuance of Emergency Medical Services Agency License	15
§ 64-48-7. Emergency Medical Services Vehicle Requirements	17
§ 64-48-8. Classification of EMS Vehicles	19
§ 64-48-9. EMS Personnel Requirements	25
§ 64-48-10. Criminal Convictions of EMS Personnel	26
§ 64-48-11. Personnel Positions and Roles	27
§ 64-48-12. Standards of Conduct	28
§ 64-48-13. EMS Vehicle Personnel Requirements	29
§ 64-48-14. Certification, Recertification, Legal Recognition, and Scope of Practice for EMS Personnel	32
§ 64-48-15. Disciplinary and Corrective Action	46
§ 64-48-16. Accreditation of Training Agencies	49
§ 64-48-17. Medical Direction	55

FILED

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

AUG 30 3 46 PM '96

OFFICE OF 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. --

1.4. Effective Date. --

1.5. Supersession and Repeal of Former Rules. -- This rule amends and reenacts Emergency Medical Services, 64 CSR 48, effective April 22, 1992.

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 of public health¹.

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.

§ 64-48-2. Definitions.

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-SCN, EMSA-DO, EMSA-MD, or as stated in these rules, 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 (that is, used on an as-needed basis) aircraft used in air ambulance operations, as defined herein, which 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 operations.

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

2.5. Attendant-in-Charge. -- A person certified pursuant to these rules to have the ultimate responsibility for the care of an incapacitated individual or patient with respect to the provision of emergency medical services. The attendant-in-charge is usually the highest ranking emergency medical services personnel at the scene during a given situation.

2.6. 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 EMT-B, EMSA-LPN, or as stated in these rules. BLS services may include, but are not limited to, the transportation of incapacitated individuals, BLS assessment, supervision and interventions.

2.7. Certification. -- The process by which a person acquires a certificate as an EMSP for a level in which he or she is not currently certified in this state.

2.8. Commissioner. -- The commissioner of the bureau of public health.

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

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

2.11. Emergency Medical Service Agency. -- Any agency licensed under W.V.A. Code §16-4C-6a to provide emergency medical services.

2.12. Emergency Medical Service Ambulance. -- A specially engineered vehicle meeting GSA

64 CSR 48

KKK-A-1822 federal standards as amended from time to time, which mandates the physical specifications of any vehicle to be utilized or otherwise referred to as an EMS ambulance.

2.13. Emergency Medical Service Attendant (EMSA). -- A person certified by the commissioner pursuant to the provisions of W.V.A.. Code §16-4C-8 to render the services authorized pursuant to the provisions of W.V.A.. Code §16-4C-14.

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

2.15. 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.

2.16. Emergency Medical Services. -- All services which are set forth in Public Law 93-154 "The Emergency Medical Services Act of 1975" and those included in and made part of the emergency medical services plan of the department of health and human resources inclusive of, but not limited to, responding to the medical needs of an individual to prevent the loss of life or aggravation of illness or injury.

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

2.18. Emergency Medical Technician-Basic (EMT-B). -- A person certified by the commissioner pursuant to the provisions of W.Va. Code §16-4C-8 to render the services authorized pursuant to the provisions of W.Va. Code §16-4C-14.

2.19. Emergency Medical Technician-Mining (EMT-M). -- A person certified by the commissioner pursuant to the provisions of Article 10, Section 22A-10-1 of the WV Code to render services as authorized pursuant to the provisions of W.Va. Code §16-4C-14.

2.20. Emergency Medical Technician-Paramedic (EMT-P). -- A person certified by the commissioner pursuant to the provisions of W.Va. Code §16-4C-8 to render services as authorized pursuant to the provisions of W.Va. Code § 16-4C-14.

2.21. Emergency Vehicle Operator's Course (EVOOC). -- A course of instruction 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 a health care facility; this course includes classroom and driving range skills.

64 CSR 48

2.22. Governing Body. -- Has the meanings ascribed to it as applied to a municipality in subdivision (1), subsection (b), section two, article one, chapter eight of the W.Va. Code.

2.23. Incapacitated Individual. -- An individual incapable of some function, act or strength. This may be purely physical or mental or both. Incapacitated individuals have no evident, presenting, or reasonably expectant need for any level of medical assistance, assessment, intervention or supervision during transportation.

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

2.25. 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.

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

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

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

2.29. 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.

2.30. Municipality. -- Has the meaning ascribed to it in subdivision (1), subsection (a), section two, article one, chapter eight of the W.Va. Code.

2.31. Office of Emergency Medical Services (OEMS). -- The office created within the state government under the commissioner of the bureau of public health for the purpose of development, coordination, and regulation of emergency medical services in West Virginia.

2.32. Operator. -- A person certified pursuant to these rules as responsible for the operation of an emergency medical services vehicle.

2.33. Patient. -- Means any person who is a recipient of the services provided by emergency medical services.

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

64 CSR 48

2.35. 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.

2.36. 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.

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

2.38. 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.

2.39. Small Emergency Medical Services Provider. -- Any emergency medical services provider which is made up of less than twenty emergency medical service personnel.

2.40. 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.

2.41. 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. -- It is the intent of these rules to provide high quality emergency medical services throughout the state. As such, a measurement of EMS agency standards will be applied beginning in June, 1997. Education on this process for agencies will take place in the Spring of 1997 to insure adequate time for preparation. Technical assistance to help with compliance will be provided. All EMS agencies shall be subject to the following general requirements.

3.2. Responsibility. -- The EMS agency shall be responsible for ensuring that all EMS vehicles operated and maintained by the agency and all personnel associated with the agency comply with these regulations, the Motor Vehicle Code, the State Pharmacy Act and OSHA or W.V.A., equivalent laws or regulation.

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. -- Adequate and clean enclosed storage space for linens, equipment, and supplies shall be provided at each place of operations. These storage spaces shall be so constructed as to permit thorough cleaning.

64 CSR 48

3.3.b. Supplies. -- At each place of operations, adequate stocks shall be kept of supplies and linens 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 OSHA or equivalent state regulation.

3.4. Operational Policies and Procedures. -- The EMS agency shall have written operational policies and procedures which shall be subject to and available for inspection by the Office of EMS and which provide procedures 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. -- Each EMS agency shall be responsible for the preparation and maintenance of records which shall be subject to and available for inspection by the Office of EMS. Records and reports shall be stored in a manner as to insure reasonable safety from water and fire damage and from unauthorized disclosure to persons other than those authorized by law. Secure storage shall be provided for medical records. The following records shall be prepared and maintained for a period of not less than five (5) years.

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 to include maintenance records, valid vehicle registration records, records of safety inspections, a record of vehicle insurance coverage, and accident report forms.

3.5.c. Records of EMS agency service activity including state OEMS run reports which specifically identify vehicle operator and attendant in charge, dispatch records, and other OEMS run reports information as may be reviewed by commissioner. The OEMS run report minimum data set as defined by the Office of EMS is to be submitted on a schedule set by the Office of EMS.

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 set forth in W.V.A. Code §16-4C-16.

3.7. System Requirements. -- All EMS agencies shall be required to satisfy the following EMS system requirements:

3.7.a. Types of Services. -- Each EMS agency shall provide one or more of the following types of service: rapid response, basic life support, advanced life support, and specialized life support.

64 CSR 48

3.7.b. Licenses to provide rapid response services may only be obtained by an EMS agency which provides either basic or advanced life support services or both. Rapid response services must be a legal extension of ~~the~~ a licensed ALS or BLS service or have a written agreement with the service to function.

3.7.c. An EMS agency or its agents shall not provide services beyond the agency's licensed capability.

3.8. Ability to Pay. -- EMS agencies shall not refuse treatment or transportation to patients to the nearest appropriate facility in the case of a critical illness or injury, nor other required services. ~~including dispatch, response, rescue and life support, based on the inability of the patient to provide means of payment for services rendered by the agency. This does not preclude EMS agencies from refusing to transport those persons who have been properly assessed and determined, via state approved triage protocols, 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.

3.9.a. Such number shall be answered on a 24-hour basis.

3.9.b. Exception. -- Any EMS agency that, according to its written policy, does not respond to calls from the general public but responds only to calls from a unique population, such as the population of a state institution, an industrial plant, between specified health care facilities, or a university, shall not be required to provide for a publicly listed telephone number. Such agency shall provide for a telephone number and shall make that number known to the unique population it services. Such 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 24-hour continuous basis either by providing the service themselves or by written arrangement with another EMS agency.

3.11. Communications. -- All EMS communications systems shall be compatible with the state EMS communications plan as amended. At a minimum, each EMS agency shall ensure that all associated EMS vehicles, and EMS personnel are in conformance with the communications requirements of the sections within 64-48-9 of these rules.

§ 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 or in violation of the terms of a valid license.

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

64 CSR 48

4.3. Licenses. -- EMS licenses shall be issued for any combination of the following EMS services:

- 4.3.a. Rapid response-BLS;
- 4.3.b. Rapid response-ALS;
- 4.3.c. Basic life support;
- 4.3.d. Advanced life support;
- 4.3.e. Specialized life support;
- 4.3.f. Rotary wing transport; and
- 4.3.g. Fixed wing transport.

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

4.5. EMS agency licenses shall be issued according to the following procedures:

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

4.5.b. Verification. -- The commissioner may use whatever investigatory means necessary to verify any or all information contained in the application.

4.5.c. Determination of. -- The commissioner shall determine whether an applicant or licensee is entitled to a license based upon 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 service applying agency licensing standards by an inspection team, and evidence of current compliance with all state, local, and federal tax obligations.

4.5.d. Inspection. -- All places of operation of an EMS agency or proposed EMS agency shall be subject to, and available for inspection by the Office of EMS for the compliance with these rules. Such inspection shall be in addition to other federal, state, or local inspections required by law. The EMS agency or proposed EMS agency shall permit the commissioner to inspect the EMS agency or proposed EMS agency for compliance with these rules. Such inspection may include all places of operations of the EMS agency or proposed EMS agency, all records used by the EMS agency or proposed EMS agency. Records of protected status may be inspected but not copied to or maintained by the Office of EMS, and all certified EMS vehicles used by the EMS agency or proposed EMS agency.

§ 64-48-5. Licensing Standards.

64 CSR 48

5.1. In addition to the requirements set forth in this rule, the EMS agency or proposed EMS agency will be scored according to the following standards. The score reflected as the total for the licensing standards will be applied to a chart as per 7.3.g. to rank the agency accordingly.

5.2. Level of Service.

5.2.a. All EMS vehicles, emergency and non-emergency are capable of full ALS performance at all times (15 points or).

5.2.b. ALS staffed EMS vehicles are sent on all emergencies, BLS staff EMS vehicles are sent on non-emergencies (12 points or).

5.2.c. ALS staffed EMS vehicles are provided selectively or on a part time basis (8 points or).

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

5.3. Medical Accountability.

5.3.a. Off-Line Medical Direction.

5.3.a.1. Medical ~~direction~~ director has a written contract with the agency outlining duties and responsibilities and is actively involved with the agency as demonstrated by direct participation in training and recertification oversight, equipment selection and clinical performance oversight (6 points or).

5.3.a.2. Medical director is not as involved with clinical performance, training or equipment selection as above (4 points).

5.3.b. Quality Review.

5.3.b.1. There is a current, written plan of the EMS agencies medical quality review regularly conducted by their physician medical director (6 points or).

5.3.b.2. The agency participates in quality review processes as established by the region and state (4 points).

5.3.c. Quality Assurance.

5.3.c.1. Findings from quality reviews are regularly provided to those involved. Such 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 (10 points).

5.4. Communications.

64 CSR 48

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, this may be a 911 center or an EMS agency dispatch center (3 points or).

5.4.a.2. A single communication center exists but does not consistently track unit availability, location and status (1 points or).

5.4.a.3. No single communication center exists to track unit availability, location and status (0 points).

5.4.b. Expertise and Consistency.

5.4.b.1. Current, written, standard operating policies and procedures exist for communications personnel with documented training in the National Standard Curriculum EMS Dispatcher Training Program (3 points or).

5.4.b.2. Dispatcher preorientation training offered but there is no practiced standard operating policies and procedures (1 point or).

5.4.b.3. No formal dispatcher training or EMS orientation exists (0 points).

5.4.c. Prearrival Instructions.

5.4.c.1. Standard, written format for questioning and information gathering, as well as nationally approved pre-arrival instructions exists for communications personnel (2 points or).

5.4.c.2. Uniform but unwritten format exists for caller questioning and appropriate ambulance dispatching (1 point or).

5.4.c.3. No consistent method for obtaining and documenting caller information exists (0 points).

5.4.d. Logging.

5.4.d.1. Dedicated dispatch phone and radio conversations are automatically recorded at all times (3 points or).

5.4.d.2. Telephone and radio conversations are not recorded but consistent, current written logs are created (1 point or).

5.4.d.3. No consistent documentation policies in place (0).

5.5. Rapid Response.

64 CSR 48

5.5.a. Capability.

5.5.a.1. Formal, authorized, rapid response program is in place which routinely places trained and equipped personnel on the scene of potential life-threatening emergencies within 4-8 minutes 90% of the time in necessary areas (2 points or).

5.5.a.2. Rapid response capability exists but is not regularly used or available in all necessary areas (1 point or).

5.5.a.3. No rapid response capability exists (0 points).

5.5.b. Public Information and Education.

5.5.b.1. Functional community CPR training and EMS education program for the covered population exists with frequent published and well attended courses routinely taught (2 points or).

5.5.b.2. Community CPR training and EMS education program for the population exists and intermittent courses are conducted (1 point or).

5.5.b.3. No regular community CPR or EMS education program exists (0 points).

5.6. Disaster Capability.

5.6.a. Communications and Control.

5.6.a.1. Normal operational communications and control system is capable of affecting and coordinating a system-wide response to a single disaster without any change in personnel or operations (3 points or).

5.6.a.2. Communications and control systems must be dramatically altered to respond to a disaster situation, with associated time delays (2 points or).

5.6.a.3. Communications and control systems are fragmented and unable to respond to a disaster in a timely manner (0 points).

5.6.b. Disaster Plan.

5.6.b.1. A current, written, widely, distributed acceptable and routinely practiced plan for EMS disaster response exists within the EMS agency and between adjacent providers (3 points or).

5.6.b.2. An EMS disaster response plan exists and is available to local providers. EMS agencies occasionally participate in disaster drills (2 points or).

5.6.b.3. EMS disaster response plan does not exist or does not meet the above criteria

(0 points).

5.6.c. Mutual Aid.

5.6.c.1. Adjacent EMS agencies have written mutual aid agreements with common communication frequencies, equipment, and cross-training to allow personnel to adequately function together during a disaster (3 points or).

5.6.c.2. Written mutual aid agreements exist between the EMS agency and selected adjacent providers which cover disasters but little cross-training and drills exist (2 points or).

5.6.c.3. No written mutual aid agreements or cross-training exists (0 points).

5.7. Response Time Performance.

5.7.a. Cities.

5.7.a.1. A staffed ambulance is on scene of emergency calls within 8 minutes of receipt of the call in 90% of the cases in cities with populations of 12,000 or more (6 points or).

5.7.a.2. A staffed ambulance is on scene of emergency calls within 15 minutes of receipt of the call in 90% of the cases in cities with populations of 12,000 or more (4 points or).

5.7.a.3. The ambulance response does not meet the above standards in cities with populations of 12,000 or more (0 points).

5.7.b. Rural Areas.

5.7.b.1. A staffed ambulance is on scene of emergency calls within 15 minutes of receipt of the call in 90% of the cases for a rural area (6 points or).

5.7.b.2. An ambulance is on scene of emergency calls within 30 minutes of receipt of the call in 90% of the cases for a rural area (4 points or).

5.7.b.3. A staffed ambulance does not meet the above standards for a rural area (0 points).

5.8. Personnel.

5.8.a. Job Description.

5.8.a.1. Current written job descriptions exist for all personnel (3 points).

5.8.b. Orientation.

5.8.b.1. A formal orientation process exists with documented completion of specific

64 CSR 48

stated objectives and some retention measures are in place (3 points).

5.8.c. Recruitment.

5.8.c.1. Qualified new personnel are actively recruited from both inside and outside of the immediate area with active measures in place to preserve and maintain adequate personnel (3 points).

5.8.d. Personnel Screening.

5.8.d.1. Applicants are screened and selected via a formal, objective process to identify the most qualified (3 points).

5.8.e. Personnel Policies and Procedures.

5.8.e.1. Written personnel policies and procedures that address all appropriate areas of qualifications, job performance, and other employment practices exist, and are distributed to all agency personnel. These shall be in accordance with state and federal standards (3 points).

5.9. Training.

5.9.a. Continuing Education.

5.9.a.1. Personnel are required and encouraged to obtain continuing education. The agency provides adequate opportunity for regularly scheduled in-house and outside-the-agency training activities (6 points).

5.9.b. Squad Training Officer's Program.

5.9.b.1. The 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 (10 points).

5.9.b.2. Continuing education is available but not to the extent of the above standards (4 points or).

5.9.b.3. Personnel are required to only meet minimum standards for recertification with little or no agency responsibility (0 points).

5.10. Financial.

5.10.a. Budget.

5.10.a.1. A written budget is developed and utilized with accounting of receipts and expenditures according to generally accepted accounting practices. Financial statements shall be available for review (3 points).

5.10.b. Billing.

5.10.b.1. Written billing policies and procedures exist that are compliant with generally accepted auditing standards (3 points).

5.10.c. Pricing.

5.10.c.1. Pricing policies 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 service (3 points).

5.10.d. Financial Stability.

5.10.d.1. Financial status is stable so that crisis situations affecting employee compensation, routine supply, equipment purchases, and daily operations don't occur (3 points).

5.10.e. Financial Responsibility.

5.10.e.1. Financial responsibility is fixed on an identified individual who has ultimate responsibility and authority. Any delegation of financial responsibility is established in writing and that individual or those individuals shall be appropriately insured and/or bonded (3 points).

5.11. Facilities and Equipment.

5.11.a. Vehicle Inspection Program.

5.11.a.1. All EMS vehicles shall be in good working order and maintained in a safe sterile, clean and sanitary fashion as documented by the annual OEMS-EMS vehicle inspection process (3 points).

5.11.b. Vehicle Maintenance Program.

5.11.b.1. There is a documented, comprehensive program of routine inspection and preventative maintenance for all EMS vehicles and equipment (3 points).

5.11.c. Facilities.

5.11.c.1. Facilities (stations/quarters) are adequate for the needs of all personnel. They are maintained in a clean and sanitary fashion and supplies are provided to allow for proper decontamination of personnel and/or equipment contaminated with blood and/or body fluids, including cleansing agents and storage of contaminated waste and equipment as per OSHA or state equivalent rules or regulations (3 points).

5.11.d. Equipment.

64 CSR 48

5.11.d.1. Medical equipment is properly functional, clean, and fully compatible with current standards and protocols (3 points).

5.11.e. Supplies.

5.11.e.1. Supplies 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 (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 (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 (1 point).

5.12.b. Mission and Organization.

5.12.b.1. The 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 (3 points).

5.12.c. Management Training.

5.12.c.1. Agency managers are trained in EMS management practices and procedures. Continual education in management practice is demonstrated (3 points).

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

6.1. The application shall be approved and the agency shall be issued a license by the commissioner provided information contained in the application is complete and correct, the applicant is determined by the commissioner to be entitled to licensure in accordance with sections contained in 64-48-5 of this rule, and the agency inspection meets the minimum requirements of the standards for licensure including, but not limited to 64-48-5, 64-48-6, and 64-48-9 of this rule.

6.2. The applicant shall be notified in writing of the approval and issuance within sixty (60) days of receipt of the application and completion of the agency and vehicle inspection process.

6.3. Content of License. -- The EMS agency license shall include the following information:

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

64 CSR 48

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 expiration 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 for which the EMS agency is licensed to operate and maintain;

6.3.f. Any special conditions as may apply;

6.3.g. The standards rating of the EMS agency as per the following scale:

6.3.g.1. Superior	90% of points applicable
6.3.g.2. Advanced	80% of points applicable
6.3.g.3. Standard	70% of points applicable
6.3.g.4. Non-licensed	less than 70% of points applicable

6.3.h. Conditions of License. -- The EMS agency shall be valid for a period of two years from the date of issuance unless and until revoked or suspended by the commissioner.

6.4. Renewal of a License. -- License may be granted by applying for renewal during the last year of licensure but no later than ninety (90) days prior to the end of the licensure. Renewal shall be predicated 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 these rules, and there have been no violations of these rules which in the sole discretion of the commissioner would preclude such renewal.

6.4.a. Delay. -- Should the commissioner be unable to take action on renewal of a license prior to expiration, that license shall remain in full force and in effect until such time as he takes such action.

6.5. Modification of a License. -- Any changes in the service provided by an EMS agency or in the number and classifications of the EMS vehicles operated and maintained by the agency or in any of the conditions that may apply to the EMS agency shall necessitate the modification of the EMS agency license. 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 full provisions of section 64-48-4 in processing such request as an application;

6.5.c. The commissioner may waive the full process of section 64-48-4 in the case of changes in the number and classification of EMS vehicles only. In such cases, requests shall be approved by the commissioner provided the requirements of section 64-48-5 are satisfied;

6.5.d. The licensee shall be notified in writing of the approval within thirty (30) days of receipt of the request;

6.5.e. The licensee 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;

6.5.g. The licensee 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 hereunder shall not be construed as 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 such.

6.6. Denial of a License. -- EMS agency licenses shall be denied according to the following procedures:

6.6.a. An application for an EMS agency license shall be denied by the commissioner if any of the conditions of section 64-48-4, 64-48-5, or 64-48-6 fail to be met.

6.6.b. A request for modification of any EMS agency license shall be denied by the commissioner if any of the conditions of section 64-48-4, 64-48-5, or 64-48-6 fail to be met unless the commissioner has waived such process for modification as provided in section 64-48-4, 64-48-5, or 64-48-6.

6.6.c. Notification. -- In the event that a license is denied, the commissioner shall notify the applicant or licensee of the denial in writing and within the same period of time as would apply to an issuance, renewal, modification, as the case may be.

6.7. Fees for Application. -- Fees for licensure application and inspection process will be applied as follows:

- 6.7.a. original license application \$200
- 6.7.b. bi-annual renewal applications \$200
- 6.7.c. yearly EMS vehicle inspection \$100 per vehicle
- 6.7.d. license modification \$100
- 6.7.e. fees will be made payable to: WV Bureau of Public Health
- 6.7.f. fees will be due on January 1, 1998 and each January 1 thereafter as applicable.
- 6.7.g. 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.-- All EMS vehicles shall be subject to the following general requirements.

7.1.a. Safety. -- Each EMS vehicle shall be maintained in good repair and operating condition and shall meet the same motor vehicle safety requirements as apply to all motor vehicles in West Virginia, i.e., state safety inspection shall be current.

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. -- The following requirements for vehicle operations shall apply to all EMS vehicles in addition to those requirements specified by law: no EMS vehicle shall be operated or maintained except by an EMS agency licensed by the Commissioner and exercise of emergency operating privileges including the use of audible and visible emergency warning devices shall be permitted 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.

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

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

7.1.d.2. Freshly laundered linen or disposable sheets and pillow cases or their 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 any EMS vehicle shall be kept clean and in good repair. Protective covers shall be used.

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

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

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

7.1.d.7. Implements inserted into the patient's nose or mouth shall be stored properly, and disposed of after use. Reusable items shall be sterilized in accordance with current acceptable medical technology.

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

7.1.d.9. A bleach or disinfectant solution, as approved by the Center for Disease Control, shall be available on each unit for cleaning purposes.

64 CSR 48

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

7.1.d.11. When an EMS vehicle has been used to transport a patient that the owner, operator, his agency or his agents knows to have 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. -- According to its classification, each EMS vehicle shall be equipped with all the required equipment and supplies while en route to a scene or during transport of a patient.

7.1.e.1. Equipment shall be maintained in good working order at all times.

7.1.e.2. Supplies shall be restocked as necessary to maintain the minimum requirements during each call.

7.1.f. Inspection. -- All EMS vehicles shall be subject to, and available for, inspection by the Commissioner or his designee, for compliance with these regulations. Such inspection shall be in addition to other federal, state, or local inspections required for the EMS vehicle by law. The Commissioner may conduct such inspection at any time and without prior notification.

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

8.1. Class A. -- The rapid response vehicle shall be classified as a Class A EMS vehicle.

8.1.a. The Class A EMS vehicle is an optional unit intended solely for the immediate and/or logistic response to the location of a call for the delivery of life support. ~~unit the arrival of a class of EMS vehicle which is designed for patient care and transport.~~

8.1.b. Such an EMS vehicle 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. An operator's compartment shall be constructed to allow for adequate accommodations for the safe operation of the EMS vehicle.

8.1.e. Safety belts shall be provided for all persons riding in the front seats.

8.1.f. If the EMS vehicle is utilized for the delivery of advanced life support, the interior design shall include 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 of four approved safety colors: bright, highly visible shades of red, white, yellow, orange, or combinations

64 CSR 48

thereof. Additional colors shall be permitted provided if at least fifty percent of the body remains the approved safety color or colors.

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

8.1.i. The name of the EMS agency, and the city, town, or county shall appear on both sides of the EMS vehicle. Logos or emblems may be permitted in addition to this requirement.

8.1.j. Vehicles that are licensed as emergency vehicles with a primary purpose other than the delivery of EMS (i.e., fire apparatus) shall not be required to meet regulations 9.1.g. through 9.1.i.

8.1.k. Emergency warning lights shall be installed so as to provide adequate visible warning from all four sides of the EMS vehicle. A minimum of two 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 or more audible warning devices shall be installed as to provide adequate audible warning. These devices must be located below the cab level (in or below the grill). All Class A vehicles shall be required to have communications equipment which shall provide voice communications between the EMS vehicle and the base of operations, voice communications between the EMS vehicle and other EMS vehicles of the same EMS agency for which this requirement applies, such communications equipment shall be operational and compatible with the EMS communications systems as set forth in the EMS Communications Plan, and if the EMS vehicle is utilized 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, where approved, the receiving medical facility.

8.1.l. Equipment and Supplies. -- Equipment and supplies will be inspected according to the "WVOEMS Vehicle Inspection Guidelines" for Class A vehicles.

8.2. Class B. -- The basic life support vehicle shall be 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, the delivery of basic life support, and for the transportation of patients who require such care.

8.2.b. The Class B EMS vehicle shall not be utilized for the delivery of advanced life support on a regular basis but ALS level personnel and equipment may be added in a Class B vehicle for the purpose of increasing the level of care during a transport in a mutual aid situation.

8.2.c. The Class B EMS vehicle may be utilized for the care and transportation of patients who require less than basic life support, such as non-medical 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 Class B EMS vehicle may also be utilized for specialized life support services (Class D) if the proper additional equipment and personnel are added to the vehicle for the form of

specialized life support being provided.

8.2.e. The Class B EMS vehicle may also be utilized for specialized life support services (Class D) if the proper additional equipment and personnel are added to the vehicle for the form of specialized life support being provided.

8.2.f. The Class B EMS vehicle may be utilized for the care and transportation of patients receiving intravenous fluids with no added medications when the patient is a non-emergency interfacility transport and under the care of an EMT-B.

8.2.g. The Class B EMS vehicles may be utilized for the 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.h. The Class B EMS vehicle may be utilized 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.i. Vehicle Specifications. -- The Class B EMS vehicle shall meet or exceed the design specifications of the GSA KKK-A-1822 guidelines for the appropriate year of manufacture.

8.2.j. All Class B EMS vehicles shall be required to have communications equipment which shall provide the following capabilities: voice communications between the EMS vehicle and the base of operations, voice communications between the EMS vehicle and other vehicles of the same agency for which this requirement applies, voice communications between the EMS vehicle and the regional medical command or, where approved, the receiving medical facility. Such communications equipment shall be operational and compatible with the EMS communications system as set forth in the EMS communications plan, a means of communication shall be provided between the patient compartment and the operator compartment, and a means of communication with other EMS agencies shall be provided through incorporation of two-way radio equipment capable of operating on any one of the EMS mutual frequencies. Those frequencies are outlined in the state EMS communications plan.

8.2.k. Equipment and Supplies. -- Equipment and supplies will be inspected according to the "WVOEMS Vehicle Inspection Guidelines" for Class B vehicles.

8.3. Class C. -- The advanced life support vehicle shall be 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, the delivery of basic and advanced life support, and for the transportation of patients who require such care.

8.3.b. Such a vehicle may be operated 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 services (Class D) if the proper additional equipment is added to the vehicle for the form of specialized life support being provided.

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

8.3.d. Equipment and Supplies. -- Equipment and supplies will be inspected according to the "WVOEMS Vehicle Inspection Guidelines" for Class C vehicles.

8.4. Class D. -- Specialized life support transport units shall be 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 requiring specialized care during patient transfers.

8.4.b. Such vehicle may be utilized for the treatment and transportation of BLS and ALS adult/pediatric/neonatal patients provided the vehicle is equipped and staffed for type and class of patient being transported.

8.4.c. Such vehicle shall be not utilized for the treatment or transportation of any other patients who are intended to be served by any Class B or C EMS vehicle unless so equipped and staffed.

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

8.5. Class E - The life support vehicle for air transportation shall be classified as Class E EMS vehicle. There shall be two categories, one for rotary wing aircraft and one for fixed wing aircraft. Both categories of aircraft shall comply with current Federal Aviation Regulations (FAR), Part 135. Any 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. Class E EMS vehicle is primarily intended for the response to the location of a call, the delivery of basic life support, and for the air transportation of patients who require such care.

8.5.a.2. Such EMS vehicle may be utilized for the delivery of advanced life support and for the transportation of patients who require such care provided that it is so equipped and staffed.

8.5.a.3. Such EMS vehicle may be utilized for the delivery of specialized transportation

64 CSR 48

services such as, neonatal and for the transportation of patients who require such care provided that it is so equipped and staffed.

8.5.a.4. The Class E EMS vehicle may be utilized for the care and transportation of patients who require less than basic life support provided that all requirements for operation of such vehicle continue to be met.

8.5.a.5. Such EMS vehicle may be utilized for the transport of equipment, medical personnel, supplies, blood, human organs, or other health related services.

8.5.a.6. The patient compartment design shall allow sufficient space to accommodate at least one trained medical person and at least one litter patient with capability for provision of a second temporary litter. The second litter may be stored.

8.5.a.7. If the aircraft is to be used for the delivery of advanced life support care and techniques, the patient care shall be configured so that advanced life support techniques may be performed for one (1) person during transport.

8.5.a.8. If the aircraft is utilized for the delivery of neonatal life support and for the transportation of patients who require such care, then the interior design shall provide space for a minimum of one transport module.

8.5.a.9. The operator's cockpit area shall be constructed to allow adequate accommodations for the safe operation of the craft.

8.5.a.10. Door openings shall be of sufficient size so as to permit the safe loading and unloading of a person occupying a litter or stretcher.

8.5.a.11. The word "AMBULANCE" may appear on the craft the name of the EMS agency or program shall appear on both sides of the craft. Any logo or emblem may be permitted in addition to this requirement.

8.5.a.12. Visible warning device may be installed on the underside of the aircraft so as to provide adequate day/night emergency warning and an audible warning device may be installed so as to provide adequate emergency warning and external voice communications.

8.5.a.13. The aircraft shall be equipped with a remote controlled search light.

8.5.a.14. The patient area lighting shall include overhead or dome lighting.

8.5.a.15. The aircraft shall be equipped with a light that illuminates the tail rotor area. The device may be a Tel-Tail light.

8.5.a.16. Communications. -- All Class E EMS vehicles shall be required to have communications equipment which shall provide voice communications between the craft and the base of operations, voice communications shall be required between the aircraft and ground law enforcement, fire, or EMS vehicles, direct voice communications between the craft and the regional

medical command or, where approved, the receiving medical facility, and, any aircraft to hospital communications shall be conducted on frequencies, and within technical parameters, authorized by the Federal Communications Commission and the state EMS communications plan.

8.5.a.17. Equipment and Supplies. -- Equipment and supplies will be inspected according to the "WVOEMS Vehicle Inspection Guidelines: for Class E vehicles (rotary wing aircraft).

8.5.b. Fixed Wing.

8.5.b.1. The fixed wing 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 life support, and for the air transportation of patients who require such care.

8.5.b.2. Such vehicle may be utilized for the delivery of advanced life support and for the transportation of patients who require such care provided that it is so equipped and staffed.

8.5.b.3. Such vehicle may be utilized for the delivery of specialized transportation services such as neonatal and for the transportation of patients who require such care provided that it is so equipped and staffed.

8.5.b.4. The fixed wing Class E EMS vehicle may be utilized for the care and transportation of patients who require less than basic life support provided that all requirements for operation of such vehicle continue to be met.

8.5.b.5. Such vehicle may be utilized for the transport of equipment, medical personnel, supplies, blood, human organs, or other health related services.

8.5.b.6. If the vehicle is to be used for the delivery of basic life support, the patient compartment design shall have sufficient space to accommodate at least one trained medical person and one litter patient.

8.5.b.7. If the vehicle is to be used for the delivery of advanced life support, the patient compartment design shall have sufficient space to accommodate at least two trained medical persons and one litter patient.

8.5.b.8. Door openings shall include an opening which shall be of sufficient size so as to permit the safe loading and unloading of a person occupying a litter, stretcher, or transport incubator, without interrupting life support measures.

8.5.b.9. The cabin should be large enough to allow access to the patient while in flight by at least two team members, as well as adequate room for medical equipment and supplies. The upper surface of the litter shall not be less than thirty (30) inches from the ceiling of the aircraft or the undersurface of another litter.

64 CSR 48

8.5.b.10. The patient area lighting shall include overhead or dome lighting adequate for patient care.

8.5.b.11. All electrically operated medical equipment used on the aircraft shall have its own external alternative compatible power source available.

8.5.b.12. All fixed winged Class E EMS vehicles shall be required to have communications equipment which shall provide direct voice communications between the craft and the regional medical command or, when approved, the receiving medical facility. Any aircraft to hospital communications shall be conducted on frequencies, and within technical parameters, authorized by the Federal Communications Commission and the state EMS communications plan.

8.5.b.13. Equipment and Supplies. -- Equipment and supplies will be inspected according to the "WVOEMS Vehicle Inspection Guidelines" for Class E vehicles (fixed wing aircraft).

§ 64-48-9. EMS Personnel Requirements.

9.1. General Requirements. -- Personnel involved in delivery of emergency medical services shall be subject to the following general requirements:

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

9.1.a.1. Be a minimum of eighteen (18) years of age.

9.1.a.2. Be clean and neat in appearance.

9.1.a.3. The emergency medical technician must demonstrate competency in handling emergencies utilizing basic and/or advanced life support equipment and skills in accordance with the objectives in the U.S. Department of Transportation National Standard Curriculum for EMTs or paramedics to include having the ability to:

9.1.a.4. Verbally communicate in person, via telephone and telecommunications using the English language.

9.1.a.5. Hear spoken information from co-workers, patients, physicians, and dispatchers and sounds common to the emergency scene.

9.1.a.6. Lift, carry, and balance a minimum of one hundred twenty-five (125) pounds equally distributed (250 pounds with assistance) a height of thirty-three (33) inches, a distance of ten (10) feet.

9.1.a.7. Read and comprehend written materials under stressful conditions.

9.1.a.8. Document physically, in writing, patient information in prescribed format.

64 CSR 48

9.1.a.9. Demonstrate manual dexterity and fine motor skills, with ability to perform all tasks related to quality patient care.

9.1.a.10. Bend, stoop, crawl, and walk on uneven surfaces.

9.1.a.11. Meet minimum vision requirements to operate a motor vehicle within the state.

9.1.a.12. Not be addicted to the use of any drugs or intoxicating substances.

9.1.a.13. Not be under the influence of any illicit drugs or any intoxicating substances while on duty or when responding or assisting in the pre-hospital care of a patient.

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

10.1. General Denial-Felony Convictions. -- Certification of individuals having been convicted of certain crimes presents an unreasonable risk to public health and safety. Thus, applicants for certification by individuals convicted of the following crimes will be denied in all cases:

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

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

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

10.2. Felony Convictions-Presumptive Denial. -- Applicants for certification by individuals in the following categories will be denied except in extraordinary circumstances, and then will be granted only if the applicant establishes by clear and convincing evidence that certification will not jeopardize public health and safety.

10.2.a. Applicants for certification by individuals who have been convicted of any crime and who are currently incarcerated on work release, on probation or on parole.

10.2.b. Applicants for certification by individuals convicted of crimes in the following categories unless at least five years have passed since the conviction OR five years have passed since release from custodial confinement, 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;

10.2.b.2. Crimes involving controlled substances or synthetics, including unlawful

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

10.2.b.3. Serious crimes against property, such as grand larceny, burglary, embezzlement or insurance fraud.

10.2.b.4. Any other crime involving sexual misconduct.

10.3. Felony Convictions-Discretionary Denial. -- Applicants for certification by individuals convicted of any crimes including DUI, but not including minor traffic violations may be denied 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 of 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.

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 shall serve as operator, attendant-in-charge, or attendant.

11.2. Provision of Care. -- EMS personnel shall be expected to provide consistently high quality emergency medical care to all patients.

11.3. EMS personnel shall be responsible for providing emergency medical care consistent with certified levels of training and within the scope of the licensure level of the EMS agency with which they may be affiliated.

11.4. EMS personnel shall be permitted to perform any procedures, treatments, or techniques for which they are trained and certified to perform provided that such are in accordance with medical treatment protocols or, in ALS services, in accordance with medical ~~control~~ command protocols and direction provided by squad and regional medical directors.

11.5. Performance of procedures, treatments, or techniques for which EMS providers have been trained and there are no preexisting protocols, and where no previous authorization under the squad or regional medical director has been provided, shall be permitted if the circumstances at the scene

of an emergency are such that there is an immediate threat to loss of life or limb. Under such circumstances, on-line medical control will be required to authorize such procedures, treatments, or techniques.

11.6. EMS personnel shall have the right to refuse to perform specific procedures or treatments if not adequately trained and proficient to perform the procedure, if the procedure is not fully understood, if the procedure is judged not to be in the best interests of the patient, provided that if the procedure or treatment was ordered by a physician, such physician shall be informed of the refusal, and 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.

11.7. During transportation of a patient, the patient shall be attended in the patient compartment of the vehicle by an attendant-in-charge who shall be certified for the class of EMS vehicle involved, except as otherwise permitted by these regulations. Where additional attendants are required by this part, they shall attend the patient in the patient compartment of the vehicle during transportation unless otherwise permitted by these regulations.

§ 64-48-12. Standards of Conduct.

12.1. All EMS personnel shall comply with the requirements of the rules and regulations governing EMS in West Virginia.

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 have been convicted of a felony as noted in 64-48-11.

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

12.5. EMS personnel and EMS agencies shall be responsible for providing patient care information as required by the rules and regulations and state law.

12.6. EMS personnel shall provide patient care at the level for which they are certified within the scope of services for which the EMS agency is licensed with which they are affiliated and according to the scope of practice for which the individual is certified.

12.7. Medical information concerning any individual is confidential and shall not be shared or disclosed except for continuing medical care or for investigations by the department of health and human resources except where otherwise provided for by law.

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

12.9. All decisions not to transport a patient shall be fully documented.

12.10. EMS personnel and agencies shall not leave a patient without assuring that an equal or higher level of care is provided. Informed consent shall be obtained or informed refusal of care shall be documented. This does not preclude EMS personnel and agencies from leaving those persons who have been properly assessed and determined, via established triage protocols, to not need EMS services.

12.11. EMS personnel on duty shall be readily identifiable to the public, other emergency responders and health care workers.

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

13.1. Class A EMS vehicle personnel (a minimum of one EMS personnel is required).

13.1.a. Operator, who at a minimum shall possess a valid motor vehicle operator's permit, shall have successfully completed the EVOC training course or an equivalent approved by the commissioner within five (5) years of the effective date of these regulations, and shall possess current CPR certification.

13.1.b. Attendant-in-Charge.

13.1.b.1. If the EMS vehicle is utilized for the delivery of basic life support, then the attendant-in-charge shall be a certified EMSA First Responder, EMT-M, Emergency Medical Technician-Basic, EMSA-LPN, or an equivalent approved by the commissioner.

13.1.b.2. If the EMS vehicle is utilized for the delivery of advanced life support, then the attendant-in-charge shall be certified in as an emergency medical technician-paramedic, EMS-RN, EMSA-FN, EMSA-DO, EMSA-MD, or equivalent approved by the commissioner.

13.1.c. The operator may serve as the attendant-in-charge provided he or she meets the certification requirements for the attendant-in-charge.

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

13.2. Class B EMS Vehicle Personnel (a minimum of two EMS personnel required).

13.2.a. Operator, who at a minimum shall possess a valid motor vehicle operator's permit, have successfully completed the EVOC training course or an equivalent approved by the commissioner within five (5) years of the effective date of these regulations, and shall be certified currently trained in CPR and first aid or CPR certified and as an EMSA-First Responder, EMT-M, EMT-Basic, EMSA-LPN or an equivalent approved by the commissioner.

13.2.b. Attendant-in-charge, who at a minimum shall be a certified emergency medical technician-basic or an equivalent approved by the commissioner.

64 CSR 48

13.2.c. Non-certified assistants or observers may be permitted in addition to the required certified personnel at the discretion of the EMS agency.

13.2.d. Only the operator shall be required during response to call, provided there is no patient in the vehicle or the required certified personnel are known to be en route or at the location. ~~or during transportation of patient for non-medical convenience purposes and patients transported in this manner must be able to sit up and must not be restrained on a stretcher.~~

13.3. Class C EMS vehicle personnel (a minimum of two EMS personnel required).

13.3.a. Operator, who at a minimum shall meet the requirements of a Class B EMS vehicle operator;

13.3.b. Attendant-in-charge, who at a minimum shall be certified as an emergency medical technician-paramedic, an EMSA-RN, EMSA-PA, EMSA-FN, EMSA-DO, EMSA-MD or equivalent training or experience as approved by the commissioner. The operator may serve as the attendant, provided he is a certified EMT-B, but shall not serve as the attendant-in-charge.

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

13.3.d. The Class B EMS vehicle personnel requirements shall apply when the Class C EMS vehicle is operated as a Class B EMS vehicle and likewise as a Class D EMS vehicle.

13.4. Class D EMS Vehicle Personnel (a minimum of two EMS personnel required).

13.4.a. Operator, who at a minimum shall meet the requirements of a Class B EMS vehicle operator:

13.4.b. Attendant-in-charge, who shall be a physician, registered nurse (EMSA-SC) trained and experienced in the care of the type of patient(s) being transported, EMT-P trained or experienced for the type of care needed, or equivalent training or experience as approved by the commissioner.

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

13.5. Class E EMS Vehicle Personnel.

13.5.a. Rotary Wing Aircraft. -- The flight crew shall consist of the following and will be required when the craft is utilized for the delivery of basic life support and for the transportation of patients who require such care:

13.5.a.1. "Pilot in command who at a minimum shall meet all the requirements of the Federal Aviation Administration, including possession of a valid commercial pilot's certificate for rotor craft and shall have a minimum of one thousand (1000) hours in category, of which a minimum

of two hundred (200) hours shall be night time.”

13.5.a.2. Attendant-in-charge, who at a minimum shall be a certified EMT-B or equivalent approved by the commissioner.

13.5.a.3. The flight crew shall consist of the following and will be required when the craft is utilized for the delivery of advanced life support or neonatal life support and for the transportation of patients who require such care to include the pilot in command as specified in 14.5.a.1. and attendant-in-charge - aeromedical specialist.

13.5.a.4. If the craft is utilized for the delivery of advanced life support and for the transportation of patients who require such care, then the attendant-in-charge aeromedical specialist shall be certified in one of the following as an emergency medical technician-paramedic with specialized aeromedical training, minimum two years experience as a paramedic, and demonstrated expertise in intensive, emergency, and prehospital care or EMSA-FN with specialized aeromedical training, minimum two years experience in critical care nursing, demonstrated expertise in intensive, emergency, and prehospital care, and possessing the equivalent skills of a national registry of EMT-Paramedic (NREMT-P) or equivalent training or experience as approved by the commissioner.

13.5.a.5. If the craft is utilized for the delivery of specialized life support and for the transportation of patients who require such care, then the attendant-in-charge shall be a physician, a registered nurse trained and experienced to provide care for the type of patient being transported, or equivalent training or experience as approved by the commissioner.

13.5.a.6. Additional attendant, who at a minimum, shall be a certified emergency medical technician-paramedic or an equivalent approved by the commissioner;

13.5.a.7. Non-certified assistants or observers may be permitted in addition to the required certified personnel at the discretion of the EMS agency.

13.5.b. Fixed Wing Aircraft. -- The flight crew shall consist of the following and will be required when the craft is utilized for the delivery of basic life support and for the transportation of patients who require such care:

13.5.b.1. Pilot in command, who at a minimum, shall meet all the requirements of the Federal Aviation Administration Part 135.

13.5.b.2. Attendant-in-charge, who at a minimum, shall be a certified EMT-B or equivalent, approved by the commissioner.

13.5.b.3. The flight crew shall consist of the following and will be required when the craft is utilized for the delivery of advanced life support of neonatal life support and for the transportation of patients who require such care to include the pilot in command as specified in 15.4.b.1. and attendant-in-charge.

13.5.b.4. If the craft is utilized for the delivery of advanced life support and for the

transportation of patients who require such care, then the attendant-in-charge shall be certified as an emergency medical technician-paramedic with specialized aeromedical training, minimum of two years experience as a paramedic, and demonstrated expertise in intensive, emergency, and prehospital care or EMSA-FN with specialized aeromedical training, minimum two years experience in critical care nursing, demonstrated expertise in intensive, emergency, and prehospital care, and possessing in the equivalent skills of a NREMT-P or equivalent approved by the commissioner.

13.5.b.5. If the craft is utilized for the delivery of specialized life support and for the transportation of patients who require such care, then the attendant-in-charge shall be a physician or registered nurse trained to provide care for the type of patient being transported or equivalent training or experience as approved by the commissioner.

13.5.b.6. Additional attendant, who at a minimum, shall be a certified emergency medical technician-paramedic or an equivalent approved by the commissioner.

13.5.b.7. Non-certified assistants or observers may be permitted in addition to the required certified personnel at a discretion of the 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. -- EMSA-FR. -- The Office of EMS will certify as an EMSA-First Responder an individual who meets the following qualifications and conditions:

14.1.a.1. Completes an application on a form prescribed by the commissioner and meets the EMS personnel requirements as per § 64-48-10.

14.1.a.2. Has successfully completed an OEMS approved D.O.T. National Standard Curriculum First Responder Training Program.

14.1.a.3. Has passed a written examination prescribed by the commissioner.

14.1.a.4. Has passed a practical test of first responder skills prescribed by the commissioner.

14.1.a.5. Possess a current CPR certificate.

14.1.a.6. Completed other requirements as specified by the commissioner.

14.1.a.7. An EMSA-First Responder's certification is valid for three (3) years, subject to disciplinary action under § 64-48-16 of these rules.

14.1.a.8. 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 not be granted until such time as the individual becomes affiliated with an EMS agency and its associated medical director.

14.1.b. Recertification. -- EMSA-First Responder shall apply for certification during the last year of his or her certification period, but no later than 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 form prescribed by the commissioner and meets the EMS personnel requirements as per § 64-48-10.

14.1.b.2. Is or was previously certified as an EMSA-First Responder.

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

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 as per 64-48-10.

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. An individual whose first responder certification has expired at the time of application shall meet the requirements in paragraph 15.1.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

64 CSR 48

(3) years. Upon expiration of legal recognition certification, the individual to whom the commissioner granted legal recognition shall meet requirements for recertification in subsection 15.1.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 care committee.

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. Complete an application on a form as prescribed by the commissioner and meets the EMS personnel requirements as per §64-48-10;

14.2.a.2. Successfully complete 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 complete and EMT-B written examination as approved by the commissioner.

14.2.a.4. Successfully complete an EMT-B practical skills examination approved by the commissioner;

14.2.a.5. Possess a current CPR certificate;

14.2.a.6. Complete other requirements as specified by the commissioner;

14.2.a.7. Certification is valid for three (3) years and subject to disciplinary action under §64-48-16.

14.2.a.8. 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 as per 64-48-10.;

64 CSR 48

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

14.2.b.3. Files with the Office of EMS proof of successful completion of one 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 33 hour EMT-B refresher course, or;

14.2.b.3.C. Completion of an OEMS approved D.O.T. National Standard Curriculum 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 completed successfully.

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 15.2.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 WV 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. 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 care committee.

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

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

64 CSR 48

14.3.a.1. Complete an application on a form prescribed by the commissioner and meets the EMS personnel requirements as per § 64-48-10;

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

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

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

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

14.3.a.6. Possess current CPR certification;

14.3.a.7. Complete other requirements as specified by the commissioner.

14.3.b. Certification Renewal-EMT-Paramedic.

14.3.b.1. An EMT-P shall apply for renewal 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 in a timely manner may result in the individual not being renewed before their current certification expires.

14.3.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 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.

14.3.b.3. For EMT-Paramedics whose EMS agency scores the maximum allowable points in EMS Agency Licensure Standards for medical accountability (section 64-48-6.3) and training (section 64-48-6.9.) and in conjunction with the approval of the squad or county medical director and Office of EMS, the individual EMT-Paramedic may be renewed on a two (2) year basis by:

14.3.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;

14.3.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;

64 CSR 48

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

14.3.b.3.D. Completion of an application attesting to the above on a form as prescribed by the commissioner.

14.3.b.3.E. 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 15.3.a.

14.3.b.5. 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 shall occur on a four (4) year basis by:

14.3.b.5.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;

14.3.b.5.B. Completion of an additional eighty-five (85) hours of continuing education in EMS related topics as specified by the commissioner;

14.3.b.5.C. Successful completion of a written examination as approved by the commissioner;

14.3.b.5.D. Successful completion of a practical skills examination as approved by the commissioner;

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

14.3.b.5.F. Completion of other requirements as specified by the commissioner.

14.3.c. Legal Recognition-EMT-Paramedic.

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

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

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

64 CSR 48

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

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

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

14.3.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 care committee.

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

14.4.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:

14.4.a.1. Completes an application on a form prescribed by the commissioner and meets the EMS personnel requirements as per § 64-48-10;

14.4.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;

14.4.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 objectives for which no previous training or education exists from the D.O.T. National Standard Curriculum for the EMT- Paramedic;

14.4.a.6. Possess current CPR certification;

14.4.a.7. Completes other requirements as specified by the commissioner.

14.4.b. Certification Renewal-EMSA-RN and EMSA-PA.

14.4.b.1. An EMSA-RN or EMSA-PA shall apply for renewal 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 in a timely manner may result in the individual not being renewed before their current certification expires.

64 CSR 48

14.4.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.

14.4.b.3. For EMSA-RNs or EMSA-PAs whose EMS agency scores the maximum allowable points in EMS Agency Licensure Standards for medical accountability (section 64-48-6.3.) and training (section 64-48-6.9.) 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 on a two (2) year basis by:

14.4.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;

14.4.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 Office of EMS;

14.4.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. Completion of an application attesting to the above on a form as prescribed by the commissioner.

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

14.4.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 shall occur on a four (4) year basis by:

14.4.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;

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

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

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

64 CSR 48

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

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

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

14.4.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.

14.4.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:

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

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

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

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

14.4.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.

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

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

14.5.a.1. Completes an application on a form prescribed by the commissioner and meets the EMS personnel requirements as per § 64-48-10;

14.5.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;

14.5.a.6. Possess current CPR certification;

14.5.a.7. Complete a course of study in specialized aeromedical knowledge and skills designed by the individual's medical director and approved by the Office.

14.5.a.8. Complete other requirements as specified by the commissioner.

14.5.b. Certification Renewal-EMSA-FN.

14.5.b.1. An EMSA-FN shall apply for renewal 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 in a timely manner may result in the individual not being renewed before their current certification expires.

14.5.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.

14.5.b.3. For EMSA-FN whose EMS agency scores the maximum allowable points in EMS Agency Licensure Standards for medical accountability (section 64-48-6.3.) and training (section 64-48-6.9.) and in conjunction with the approval of squad or county medical director and the Office of EMS, the individual EMSA-FN may be renewed on a two (2) year basis by:

14.5.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;

14.5.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 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 Office of EMS;

14.5.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;

64 CSR 48

14.5.b.3.D. Completion of an application attesting to the above on a form as prescribed by the commissioner.

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

14.5.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, renewal shall occur on a four (4) year basis by:

14.5.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;

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

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

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

14.5.b.4.E. Completion of an application attesting to the above on a form as prescribed by the commissioner;

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

14.5.c. Legal Recognition-EMSA-FN.

14.5.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.

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

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

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

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

14.5.c.2.D. The individual meets other requirements as specified by the

commissioner.

14.5.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.

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 as per §64-48-10.

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. Complete 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 100 hours minimum with at least 50 hours in the EMSA-SCN's area of expertise.

64 CSR 48

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 Nurses.

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 as per § 64-48-10;

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. Possess 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 WV Office of EMS "squad training officers program" for EMSA-LPNs, or;

14.7.b.1.D. Completion of an OEMS approved D.O.T. National Standard

Curriculum 33 hour EMT-B refresher course, or;

14.7.b.1.E. Completion of an OEMS approved D.O.T. National Standard Curriculum 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 successfully.

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 application 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.

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

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

14.8.a.1. Complete an application on a form prescribed by the commissioner and meets the EMS personnel requirements as per §64-48-10;

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

14.8.b. Certification Renewal-EMSA-DO and EMSA-MD.

64 CSR 48

14.8.b.1. An EMSA-DO or EMSA-MD 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 period. Failure to apply for renewal in a timely manner may result in the individual not being renewed before their current certification expires.

14.8.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.

14.8.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.

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

14.8.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. 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 Office of EMS may conduct investigations, hearings and dispositions, imposing upon EMS personnel one or more of the disciplinary or corrective measures in subsection (16.3.) for one 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.

64 CSR 48

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 reporting requirements as established by the Office of EMS.

15.1.m. Failure to meet recertification requirements.

15.1.n. Conviction of a felony or crime according to section 64-48-11.

15.1.o. Conviction of a misdemeanor which relates to the practice or the profession of the EMS personnel. Conviction is a judgment of guilt.

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 Office of EMS.

15.1.t. Violating a duty imposed by the act, this part or an order of the Office of EMS previously entered in a disciplinary proceeding.

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

15.2. It is the duty of all EMS personnel to report to the Office of EMS, 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 of the reasons listed in subsection (16.1.), the Office of EMS may:

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

64 CSR 48

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.

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. Rules to Provide Due Process of Law.

15.4.a. The provisions of W. Va. Code § 16-4C-9 and 16-4C-10 are adopted herein as if fully set out.

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 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 Board 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.

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, said agencies medical director and the regional medical director of the region affected.

15.6. Filing Papers.

15.6.a. Written communications concerning proceedings under Sections 8.4 et seq. of this rule shall be filed with the Office of EMS by mailing them to that office in the City of Charleston, and the same shall be deemed filed as of the date of the postmark.

15.6.b. Copies of the aforesaid written communications shall be furnished the affected EMSP, his EMS agency, said agencies medical director and the regional medical director for the region affected, and a notation shall be endorsed on all such communications showing that all of said persons have been furnished copies.

15.7. Hearing Examiners.

64 CSR 48

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 such 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 deems 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 Office of EMS an application on a form supplied by the Office of EMS. The applicant shall provide all information requested on the application. The Office of EMS will grant accreditation to an applicant for accreditation as a continuing education sponsor who satisfies the Office of EMS 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 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.

16.1.f. The course shall be open to prehospital 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) calendar years.

16.1.i. At least thirty (30) days prior to expiration of the three (3) year accreditation period, a continuing education sponsor shall apply to the Office of EMS for renewal of the sponsor's accreditation. The Office of EMS 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) years, at least five (5) separate continuing education courses which meet the minimum standards in subsection 9.1.a.

16.1.k. The sponsor establishes to the Office of EMS satisfaction that future courses to be offered by the sponsor will meet the minimum standards in subsection 9.1.a.

16.2. BLS Training Institutes. -- A BLS training institute shall be accrediting by the Office of EMS. 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 part. 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 or more of the following training programs approved by the Office of EMS.

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.

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 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

64 CSR 48

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 part.

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

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 Prehospital care. Responsibilities of the administrative director include:

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

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

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

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

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

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

16.2.b.3. Course Coordinator. -- The BLS training institute shall designate a course coordinator for each course of instruction conducted by the training institute. The coordinator shall have qualifications as determined by the Office of EMS. 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.

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

64 CSR 48

Office of EMS. Instructors are responsible for presenting course materials in accordance with the curriculum established by this part.

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 Office of EMS.

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 Office of EMS 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 Office of EMS BLS training course manual.

16.2.d. Operating Procedures.

16.2.d.1. The institute shall adopt and implement the Office of EMS nondiscrimination 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 Office of EMS.

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 training course manual.

16.3. ALS Training Institutes. -- An ALS training institute shall be accredited by the Office of EMS. An ALS training institute shall be a secondary or a postsecondary institution, hospital, regional office, EMS agency, or another entity which meets the criteria in this part. 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 or more of the following training programs approved by the Office of EMS.

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.

64 CSR 48

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.

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.

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 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.

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 part, 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.

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 part.

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 Office of EMS.

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 shall be of sufficient size to conduct didactic and practical skill performance sessions. The Office of EMS 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.

16.3.d. Operating Procedures.

16.3.d.1. The institute shall adopt and implement the Office of EMS nondiscrimination 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.

64 CSR 48

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 Office of EMS.

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 Office of EMS ALS training manual.

16.4. Suspension/Revocation of Accreditation. -- The Office of EMS may suspend or revoke the accreditation of a training institute upon written complaint and substantiated investigation for one 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 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 Office of EMS will give written notice to the institution's administrative director and the regional EMS 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 Office of EMS determination.

16.4.d. A revocation or suspension of accreditation may be appealed to the commissioner who has final authority in the decision made thereto.

§ 64-48-17. Medical Direction.

17.1. Off-Line Medical Direction.

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

17.1.a.1. A valid license to practice in the state of WV.

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.

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 care committee.

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

17.1.b.4. Establish and review all system-wide medical protocols in consultation with the state critical care committee.

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.

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

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

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

64 CSR 48

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 carry out the activities outlined under roles and responsibility section ~~18.1.b~~ 17.1.b.

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

17.1.d. State Critical Care Committee. -- The committee is composed of each regional medical director and chaired by the state medical director, which 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 will meet at least annually and more frequently as required to carry out its function. The state critical care committee shall have 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. Act on and/or advise the state medical director on issues presented to them.

17.1.d.3. Designates regional medical command centers.

17.1.d.4. Other duties as assigned by the medical director or commissioner.

17.1.d.5. The state critical care committee shall have the power to implement procedures necessary to carry out the duties outlined in ~~18.1.d~~ Section 7.1.d.

17.1.e. Regional Medical Director. -- That physician who is appointed by the regional board of directors and approved 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 WV.

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.

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.

17.1.e.6. Board certification in emergency medicine.

64 CSR 48

17.1.e.7. The board certification in emergency medicine may be waived by the state 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 center(s).

17.1.f.2. Be the medical liaison with the state EMS medical director.

17.1.f.3. Serve as a member of the state critical care committee.

17.1.f.4. Serve as the chairman of the regional critical care committee.

17.1.f.5. Be 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 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 with the regional critical care committee.

17.1.f.12. Serve as medical liaison to the regional 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.

64 CSR 48

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

17.1.f.18. Meet with the squad/county medical directors within the region as necessary to disseminate information regarding the state statutes, regulations, policies, and direction.

17.1.g. Powers. -- The regional medical director shall have the authority to restrict privileges of any prehospital personnel within the region at anytime in order to assure quality patient care. This may be in conjunction with the squad/county medical director.

17.2. On-line Medical Direction. -- 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.

17.2.a. Regional Medical Command Centers. -- That center or centers designated by the Regional EMS Board of Directors, the State Critical Care Committee, and the State Office of Emergency Medical Services to serve as the regional medical command center for all on-line medical control of EMS units and personnel operating in that region.

17.2.a.1. Qualifications/Designation. -- The regional medical command centers will 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 plan.

17.2.a.1.B. Meet all requirements listed under ~~18.2.a.2~~ Section 17.2.a.2.

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.

17.2.a.2. Staffing. - The Regional Command Center will be staffed twenty-four (24) hours per day, three hundred sixty-five (365) days per year by qualified operators and shall be located such that the medical command physicians have immediate access at all times.

17.2.a.3. Responsibilities. -- The regional medical command facility shall have the following duties:

17.2.a.3.A. Serve as the authoritative medical command facility for that region.

17.2.a.3.B. Control and facilitate all communications of a medical nature for the EMS units operating in that 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 the region.

64 CSR 48

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.

17.2.a.3.E. Maintain in place a record keeping system and make those records and/or tapes available to OEMS for review.

17.2.a.3.F. Other duties as assigned by the regional or state medical director.

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 shall have the authority to implement procedures necessary to carry out the duties outlined in ~~18.2.a.3.~~ Section 17.2.a.3 as per 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.

Discussion of Public Comments Received Concerning the Proposed Rule Emergency Medical Services, 64 CSR 48

A public comment period on the proposed rule, Emergency Medical Services, 64 CSR 48, was held beginning on July 29, 1996 and ending on August 28, 1996. There were only six (6) commenters. Comments are summarized below, and the Department's responses and changes to the rule are detailed.

General Comments

General Comment: Notification and Inclusion

Response: The West Virginia Office of EMS developed the proposed rule in concert with the EMS agencies throughout the state including their three primary organizations - the Ambulance Association of West Virginia, the Mountain State EMS Association, and the West Virginia EMS Administrator's Association. Three separate drafts were issued to each ambulance service at their address of record, which is recorded with the Office of EMS on a yearly basis. Three meetings were held with the WV EMS Coalition, the last one at Flatwoods with over fifty organizations in attendance. At each stage of this consensus building process, comments were accepted and changes made to reflect the interests of the Department and the EMS agencies it serves. Lack of notification and inclusion is clearly a local problem.

General Comment: Fiscal Note and Economic Impact

Response: An error was indicated in the fiscal note and was corrected. The statement that "ambulance inspections are now conducted free - why start changing" is answered thusly . . . The ambulance inspection process is not free. It costs the Department approximately a hundred to two hundred thousand dollars a year as a contractual service included in program delivery activities by the WV EMS Technical Support Network. We are proposing a shift of a hundred thousand dollar activity to a thirty thousand dollar activity to "free-up" the current providers of ambulance inspections to be able to inspect EMS agencies. This will allow the meeting of generally accepted standards as agreed upon by all but a few EMS agencies in the state. We expect few, if any, closures of ambulance services for not being able to meet the standards as proposed in 64 CSR 48. We do expect a significant progressiveness of EMS agencies with little to no economic impact on the state. The agencies themselves are in agreement that this process is much needed to generate improvements in the services and the legislature has pointed out that a method to monitor system performance is not in place.

General Comment : Training - requesting more options for training at the EMT level.

Response: The newly proposed rules would provide for a site accreditation system with accepted standards for educational sites on three levels - continuing education, EMT and, Paramedic. This would, in effect, open up more opportunities and options for training. It is envisioned that additional sites and methods of delivery will be developed as other agencies throw their various resources into an improved package of training activities.

General Comment: Previous driving experience in lieu of EVOC course.

Response: The emergency vehicle operator's course is a significant method for improving driving skills and combating improper operation of EMS units. This would include individuals with prior experience.

General Comment: Small volunteer organizations can't afford inspection fees.

Response: Many small volunteer organizations do not bill patients for their services. Although these organizations historically have very low overhead operating expenses due to a lack of paid personnel, they still need every possible source of funding. Adoption of the standards proposed in these rules will encourage and foster the development of improved billing services, hence improving the financial condition of some EMS agencies.

General Comment: These rules should improve patient care by establishing commonly accepted standards of operational practice for all EMS agencies.

Response: It is agreed that most states have licensure legislation in place and utilize standards for measuring the delivery of patient care. This is at the forefront of consideration in these rules.

General Comment: The adoption of these rules will cause a strict policing of EMS agencies.

Response: It is the intent of the legislation approving licensure and these rules to help establish standards that should cause improvement. There is no intent to police an agency out of existence. However, identification of weakness will allow the EMS system to continue to offer technical assistance to help with improvement.

General comment: **Points rating system penalizes squads and the public.**

Response: The points rating system is a method to allow for measurement. As citizens and government agencies require more and more accountability, a means of objectively rating this accountability must be established to give citizens and governmental systems the kind of feedback they need to make necessary decisions.

Comments Related to Specific Items

§2.10. and 5.6.b. Comment: **Disaster and Disaster Drills - this is currently a function of the Office of Emergency Services.**

Response: This section of the rules is not intended to realign the responsibilities of the Office of Emergency Services. The Office of EMS is the coordination point for disaster assistance and planning for the Department. Numerous disaster activities and drills are conducted by the Office of Emergency Services with participation by local EMS agencies. This is the emphasis of this section of these rules. This standard requires the EMS agency to plan and participate in disaster activities in cooperation with other agencies. Again, this is a widely known and accepted standard, both nationally and among the various state EMS agencies.

§14. Comment: No provision for EMT-Intermediate

Response: The National D.O.T. Curriculum is in transition. EMT-I was utilized in this state unsuccessfully about six years ago. The Office of EMS is monitoring and participating in the development of the new curriculum for EMT-I and EMT-P. Based on the acceptance of these changes in the upcoming years, EMT-I could be added to the rules at that time. As to the additional skills of the EMT-I, our newly established EMT-B level of certification trains individuals to do all the skills of an EMT-I except starting IV's. This skill is currently in a downward trend on a national scale and our regional and state medical directors making up the Critical Care Committee (which approves skills for EMS personnel) are not in favor of the IV skill for non-paramedic level providers.

§3.7.b. Comment: Does this prohibit non-EMS agencies from providing rapid response?

Response: No. Any police, fire, or other EMS related agency may provide rapid response as an extension of a licensed EMS agency. Licensed added to rule as commented.

§3.8. Comment: Definition of life support and requirement of the EMS agencies to transport.

Response: Change to rules as indicated by commenter. Unnecessary service should not occur. Proper assessment and triage in conjunction with patient treatment protocols and medical direction as provided in the proposed rules will preclude this activity.

§3.10. Comment: Service for which licensed.

Response: Change to rules as indicated by commenter.

4.5.c. Comment: Need for service.

Response: Development of additional procedures to establish need of an EMS agency in a given area is not within the scope of this rule, but is in legislation in Article 15 of the Emergency Medical Services of 1975 which allocates this responsibility to the County Commission.

5.3.a.1. Comment: Change Medical Direction to Medical Director.

Response: Change to rules as indicated by commenter.

5.3.b.1. Comment: Conducted by the physician, not their physician.

Response: Change to rules as indicated by commenter.

5.6.b.2. Comment: Change punctuation.

Response: Punctuation is correct as is.

5.7. Comment: Why remove system status management from previous draft of rules.

Response: This section is properly covered by utilization of mutual aid in section 5.6.c.

5.7.a.2. and 5.7.b.2. Comment: Too many points for this response time.

Response: This section was developed with considerable debate and the consensus of the wide variety of EMS agencies participating in review and discussion of the rules development is reflected here.

5.8.a.1. Comment: Change to current written and signed job descriptions.

Response: Rules to reflect addition of written but not signed. Signed job descriptions can be required by the process of inspection to meet this standard if necessary.

5.8.d.1. Comment: Add selected to screening process.

Response: Change to rules as indicated by commenter.

5.9. Comment: Change order to section and points.

Response: This section also met with significant debate and consensus was reached as indicated by the current proposed rule.

5.11.a. Comment: Delete safe from sentence as ambulance mechanical safety is documented by Department of Motor Vehicles safety inspection.

Response: Word safe deleted from sentence as indicated by the commenter. This is not a function of the vehicle inspection process.

5.11.d. Comment: Add biomedical equipment maintenance as per manufacturer specifications.

Response: This is an extremely expensive process and many EMS agencies can not afford the expense of contracts for such maintenance. However, the liability for equipment failure and potential loss of life indicates a need to encourage this practice and the proposed rule would allow this to occur.

8.1.a. Comment: Delete language in sentence after "life support."

Response: Change to rules as indicated by commenter.

8.1.f. Comment: Delete "interior" from sentence.

Response: Change to rules as indicted by commenter.

11.4. Comment: Difference between medical protocols and medical control procedures.

Response: Terms made clearer by addition of treatment to medical treatment protocols and changing control to command for medical command protocols.

11.6. Comment: Add language to explain Do Not Resuscitate as per Chapter 16, Article 30-b.

Response: Change to rules as indicated by commenter.

§64-48-12. Comment: Add readily identifiable language to this section.

Response: Added 12.11 to rules as indicated by commenter.

12.10. Comment: Add language to make unnecessary transports less of a burden on EMS agencies.

Response: Change to rule as indicted by commenter.

13.2.a. Comment: Change rules to clarify CPR training.

Response: Change to rule as indicated by commenter.

13.2.d. Comment: Refers to driver only for non-medical transport.

Response: The section on non-medical transport was deleted from an earlier draft. Rule was change to strike language after "location" thereby disallowing only a vehicle operator during transports.

§64-48-14. Comment: Keep recertification periods consistent at two and four years.

Response: Extensive study by the Office of EMS determined two, three, and four year periods to be more acceptable for current staffing practices. Secondly these periods were agreed upon during the consensus building phase with a wide variety of EMS agencies participating in the process.

14.1. Comment: Add CPR requirement.

Response: Change to rule as indicated by commenter.

14.4. Comment: Does not consider reduction in requirements for Registered Nurses and Physician Assistants to become EMS Attendants to be consistent with development of the EMS profession.

Response: The debate and discussion to reduce requirements for Registered Nurses and Physician Assistants is in response to their respective provider communities and serves to assist in recruiting these practitioners at an Advanced Life Support Level in the most rural areas of the state.

14.7. Comment: LPN's should take an EMT course.

Response: Comparison of their training curriculum to the D.O.T. EMT-B curriculum and acceptance of identical training could reduce the training time required of such individuals, thereby improving the recruiting effectiveness in many rural areas of the state.

15.1.m. Comment: Does this rule mean individuals not recertifying will be disciplined?

Response: This allows for disciplinary action if an individual does not recertify but continues to practice.

17.1.a. Comment: Change language to accurately reflect the State Medical Director position.

Response: Change to rule as indicated by commenter.

17.1.c.3. Comment: Where is section 18?

Response: Change to rule to remove reference to section 18 and change to section 17.

17.1.d.3. Comment: State Critical Care Committee should not designate Regional Medical Command Center.

Response: The State Critical Care Committee is made up of the Regional Medical Directors and the State Medical Director. They are the ultimate authority in trauma care designation and facility categorization. This is a natural extension to their other functions and helps depoliticize a potentially difficult decision in some communities.

17.1.f.1. Comment: Regional Medical Directors can't approve physicians that work for a given facility that provides medical command.

Response: By contract, medical command is provided based on the needs of the region. The Regional Medical Director is responsible for this area of medical direction and this approval process can occur within the scope of the contract designating medical command.

17.1.f.8. Comment: It is unrealistic to expect the Regional Medical Director to serve as the Medical Director of the Medical Command Center.

Response: In an effort to standardize and improve coordination of Regional Medical Command operations, it is a necessary addition to the Regional Medical Director's responsibility to oversee this aspect of the Command Center.

17.1.f.14. Comment: Change language to include the contract with Regional Medical Command.

Response: Change rule as indicated by commenter.

17.2.a. Comment: Change language to allow state to approve actions by Regional Board and State Critical Care Committee, and the Office of EMS regarding designating Regional Medical Command Centers.

Response: This designation process includes elements of approval by all three entities. These entities must be in agreement for the designated Regional Medical Command Center to be properly operational.

17.2.a.3.b. Comment: Delete "as applicable".

Response: Change to rule as indicated by commenter.

Commenters

**Proposed Rule - Emergency Medical Services, 64 CSR 48
Division of Health, Department of Health and Human Resources**

Burlington Volunteer Fire Department - Buddy Ebert, Chief
Lambert's Ambulance Service, John R. Hershberger, Squad Chief/Asst. Gen. Mgr.
Mathias-Baker Volunteer Fire Company & Rescue Squad - Brenda K. Peer, Captain
Richie County Emergency Squad, Inc. - T. Stephen Landvoight, President
Williamstown Emergency Ambulance Service - Jack Joy, Chief & Kathy Kennedy, President
WV EMS Technical Support Network, Inc., Region 1 - Gerald Kyle, Program Director

7.

S

C

Lambert's Ambulance Service

P.O. Box 1022
Romney, WV 26757
Bus. (304) 822-7124
Emerg. (304) 822-3722

RECEIVED

AUG -7 1996

181 Armstrong Street
Keyser, WV 26726
Bus. (304) 788-6635
Emerg. (304) 788-6520

REGULATORY DEVELOPMENT

TO: Kay Howard
Regulatory Development
Dept. of Health & Human Services

Mark E. King

FROM: John R. Hershberger
Squad Chief / Asst. Gen. Mgr.
Lambert's Ambulance Service

DATE: August 5, 1996

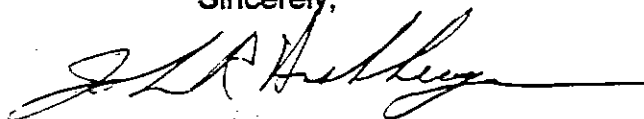
SUBJECT: Proposed Legislative Rules.

After reading the proposed legislative rules for Emergency Medical Services I have only one thing to say. FANTASTIC !!!

The context of the proposed legislation clearly shows that the state of West Virginia is devoted to PATIENT CARE and is ready to take the steps necessary to move the state Emergency Medical Services System to the forefront of the field.

Mr. King, the E.M.S. Advisory Council and all parties involved in drafting the proposed legislation should be applauded for their insight and for the hard work they have put forth to date.

Sincerely,



John R. Hershberger
Squad Chief / Asst. Gen. Mgr.
Lambert's Ambulance Service
P. O. Box 1022
Romney, W.Va. 26753
(304) 822-7124

BURLINGTON VOL FIRE DEPT

P.O. BOX 97 • BURLINGTON, WV 26710 • Telephone 304-289-3032 • Fax 304-289-5244

RECEIVED

AUG 27 1996

REGULATORY DEVELOPMENT

Office of Emergency Services
Mark E. King, Director

August 22, 1996

Dear Mr. King;

The Burlington Vol. Fire Dept. has reviewed the proposed legislative changes to the rules for Emergency Medical Services. This letter is to express our concern in two areas.

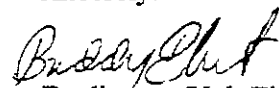
1. The proposal to charge a license fee to non-profit volunteer ambulance services is counter-productive to better ambulance service in the state of West Virginia. Squads need increased funding, not higher costs just to provide a service. The only apparent reason for charging this fee is to pay the salary of a person or persons to police compliance with the rules. Our volunteers are dedicated and concerned enough to comply with standards without being forced. A strict policing will only drive our people out of the service. Issue the license if you must, but do not divert hard earned funds away from where they will be put to the most efficient use, the local volunteer ambulance services.

2. The establishment of a point rating system will totally destroy the prompt and efficient response to needs in areas where there are overlapping ambulance services. The public will request the squad with the highest rating regardless of the type of call or distance. Some squads will be penalized in points for items over which they have no control. (Example : Only the county can provide an enhanced 911 system). Any squad which receives less than a perfect score will be viewed with suspicion by the public. This point system can only cause chaos and consternation. If squads must be graded, establish a pass/fail system where either they can do the job or they can not.

The Burlington Vol. Fire Dept. does not object to the issuance of guidelines for improved ambulance service in the state of West Virginia. However, we feel the proposed rules as stated will be a top down directed system which will ultimately drive the state to depend on commercial, privately owned ambulance services.

Thank you for your consideration of our views.

Sincerely,



Burlington Vol. Fire Dept.
Buddy Ebert, Chief

CC. Governor Caperton
Delegate Evans
Delegate Thomas
Allen Dulaney
William Ramsey

3. Objectives of this rule

At this point in history, there is not need for new rules to be promulgated to generate data. Properly analyzed, run sheets, Medicare & Medicaid claims, hospital reports, simple questionnaires and regional reports could easily bury the EMS office in data on the quality and quantity of EMS services. Why not send out section 64-48-5 as a questionnaire to discover how many EMS providers such standards would close? Are less providers an improvement in the quality of EMS service?

4. Explanation of Overall Economic Impact of Proposed Rule

Economic - Of or pertaining to the development and management of the material wealth of a government or community.

All regulations have costs. Cost of regulation of EMS can be borne by levy, taxes or direct billing for the services. The Department of Health & Human Resources has no idea from this proposal as to the cost to A. State Government, B. Specific Industries or Groups, C. Citizens of the state.

No EMS provider in this or any other state has closed to be replaced by a less expensive service. This is not the history of EMS in the past 30 years. These proposed rules will force the closing or upgrading of existing EMS providers in the name of improved EMS service, therefore the cost of EMS service within the state of West Virginia will rise as a result of these proposed rules. The department has made no estimate of how great that cost will be or its economic impact on government, industries, and citizens of this state

Proposed Rule - Title 64

2.10 Disaster & 5.6.b Disaster Plan

Disasters within the state are under the direct control of the West Virginia Office of Emergency Services a division of the Department of Military Affairs and Public Safety. Planning and practice for disasters must be made across EMS, fire and police normal chain-of-command. Unless the department is requesting to take control of these departments and divisions, it cannot mandate such planning and practice. Nor can any EMS provider individually do such planning and practice.

14. Certification, etc.

There is no provision in this section for the existence of EMT-I (advanced). The addition of only 50 hours above EMT-B on the DOT curriculum and over 400 hours below EMT-P makes this a very cost effective step to improving the quality of EMS care. This nationally recognized rating would provide for a level of service within the state that could be called BLS-Advanced. The training requirement in Ohio for example is 90 hours and allow for an EMT-I to perform the procedures of starting IV lines, Sub Q

injections and manual defibrillation. These services, at a training time of less than 100 hours in Ohio, could prove extremely cost effective for most rural volunteer providers.

MATHIAS-BAKER

Volunteer Fire

Company & Rescue Squad

MATHIAS, WEST VIRGINIA 26812

August 23, 1996

RECEIVED

AUG 27 1996

REGULATORY DEVELOPMENT

Ms. Kay Howard
Regulatory Development
Department of Health & Human Resources
Capitol Complex - Building 3, Room 265
Charleston, WV 25305

Re: Emergency Medical Services - Title Number 64

Dear Ms. Howard:

In reviewing your rule change Title Number 64 of the Emergency Medical Services our emergency squad finds the proposed license application fee in the sum of \$ 200.00 every two years and the vehicular inspection fee of \$ 100.00 per vehicle per year appalling.

We are a small completely volunteer organization in a rural area that has given service to our community since 1968 with not charging fees to our patients. We operate entirely on donations, fund raisers and \$ 4,500.00 per year from our County Commission. With insurance coverages costing us around \$ 10,000.00 a year plus gas, supplies and upkeep you can see we have limited funds. The inspection fee would be a hardship for our organization.

We are forty-five minutes to an hour from the nearest hospital. So we spend around three hours covering a call or transport.

We would like to suggest previous ambulance driving experience as an alternative to the EVOC course.

We also feel there are various proposals listed that would make it difficult to provide service in our area.

We feel you should strongly consider continuing the Emergency Medical Services in rural areas verses requirements that would force discontinuing services.

We would greatly appreciate all the support that you could give us.

Sincerely,

Mathias-Baker Volunteer Rescue Squad

Brenda H. Peer

By: Brenda K. Peer
Captain

BKP/

cc: Mark King, Director
Office of Emergency Medical Services
Bureau for Public Health
Department of Health and Human Resources
1411 Virginia Street, E.
Charleston, West Virginia 25301

Dr. C. Vincent Townsend
Regional Medical Director
123 Old Mill Road
Martinsburg, West Virginia 25401

Mr. Harold K. Michael, House of Delegates
Old Field
Moorefield, West Virginia 26836

Ms. Marianne A. Perry
Program Director
Region VII/IX EMS Office
602 A Rock Cliff Drive
Martinsburg, WV 25401

Mr. Roger Champ, President
Hardy County Commission
Mountain View Addn.
Moorefield, WV 26836

Further, this could provide the larger impact on critical patients than any part of these proposed rules. EMT-I must be included for West Virginia to improve the quality of its EMS service.

Training

Throughout these proposed rules we see references to training or continuing education for personnel. In our region, training is done by RESA, a division of the Department of Education. RESA refuses to hold classes for less than 20 people. This criteria effectively eliminates training in the rural counties of West Virginia. I propose that the department lobbies the Dept. of Ed. to include CPR and infectious disease as part of the health curriculum in every public high school. Further, the board of regions should include EMT-RR, EMT-B, EMT-I and EMT-P as elective courses for credit in all the public colleges of the state. State medical schools should encourage pre-med and other health related undergraduates to work in these classification as an introduction to patient assessment and care. Any of these actions would provide opportunities for young people to become involved in the EMS field at a very low cost to the state. Thus meeting the need for a continuing supply of volunteers (nationally two-thirds of all pre hospital care givers) in a very cost effective manner.

In conclusion, I support any effort of by the Division of Health & Human Resources to improve the quality of EMS service within the state. Many parts of this proposal could assist in that effort. A public comment period of 90 to 120 days would be more appropriate for in depth review by all interested parties. My comments reflect only my initial impressions on parts of this rule. However, even given this time restraint, I find this proposed rule 64 as written is both inadequate in its current form and poorly researched as to impact and effect.

Sincerely,

T. Stephen Landvoigt
President
Ritchie County Emergency Squad, Inc.

cc: Gretchen O. Lewis
Mark E. King
Dr. William Ramsey
Larry Wiedenbush
Otis Leggett

Williamstown Emergency Ambulance Service
P.O. Box 65
Williamstown, WV 26187

RECEIVED

AUG 27 1996

REGULATORY DEVELOPMENT

August 23, 1996

Regulatory Development
Department of Health and Human Resources
Capitol Complex - Building 3, Room 265
Charleston, WV 25305

Kay Howard:

We are writing in response to the proposed amendment to the EMS Rule, 64 CSR 48.

Foremost, our questions center around the estimated total cost of the proposed program. Why collect an 'estimated' \$98,000 for a program that is only 'estimated' to need \$77,000? (By the way, the financial figures filed do add up to \$98,000, not the \$96,000 figure listed.) From our prospective, why the need to CHARGE for services that we are already receiving at NO CHARGE!

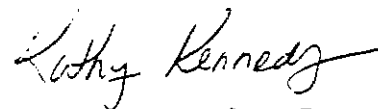
We are currently operating and existing with a State Medicare/Medicaid Certification and yearly truck inspections at no cost to us. Roger Bibbee of Region V EMS inspects ambulance services yearly, this service is included in his yearly salary. (This is in compliance with the 5.11.a. Vehicle Inspection Program). If the salary currently paid to Mr. Bibbee covers the inspection process for our region--why is the state considering paying an additional \$30,000 to contract three more inspectors?

As far as responding to Section 4C containing the statement, "Citizens of the State will see an improvement in services, improved response times, stability of local EMS systems,"...etc. What possible way can adding to the financial burden of each individual EMS agencies, (especially volunteer squads), improve their services? or response times? or stability? The correct response to the Economic Impact on Citizens/Public at large would that in due time the additional financial burdens placed on the local squads will indeed be passed on and felt by the public. It will not, however, make any difference in an improvement of services, or response times, or stability. Indeed, it may even close down smaller squads unable to meet these added requirements. The citizens/public at large in those areas of no EMS agencies would see what improvements? Where's the logic?

Respectfully Submitted,



Jack Joy, Chief WEAS



Kathy Kennedy, President WEAS

WEST VIRGINIA EMS
TECHNICAL SUPPORT NETWORK, INC.

REGION I

P. O. BOX 39 • ALDERSON, WV 24910

RECEIVED

AUG 22 1996

REGULATORY DEVELOPMENT

REGIONAL
OFFICES

REGION I
445-2022

McDOWELL
MERCER
MONROE
RALEIGH
SUMMERS
WYOMING

REGION III/IV
965-0573

BOONE
CLAY
FAYETTE
GREENBRIER
KANAWHA
NICHOLAS
POCAHONTAS
PUTNAM
WEBSTER

REGION V/VI
366-8764

BARBOUR
BRANTON
DODDRIDGE
GILMER
HARRISON
LEWIS
MARION
MONONGALIA
PRESTON
RANDOLPH
TAYLOR
TUCKER
UPSHUR

REGION II
736-4090

CABELL
LINCOLN
LOGAN
MASON
MINGO
WAYNE

REGION V
295-0111

CALHOUN
JACKSON
PLEASANTS
RITCHIE
ROANE
TYLER
WIRT
WOOD

REGION VII
263-4913

BERKELEY
GRANT
HAMPSHIRE
HARDY
JEFFERSON
MINERAL
MORGAN
PENDLETON

REGION VIII
233-4440

BROOKE
HANCOCK
MARSHALL
OHIO
WETZEL

August 21, 1996


Kay Howard
Regulatory Development
Department of Health & Human Resources
Capitol Complex - Building 3, Room 265
Charleston, West Virginia 25305

Dear Ms. Howard:

Enclosed please find written comments regarding proposed Legislative Rule Title 64, Series 48, Emergency Medical Services.

Thank you.

Sincerely,


Gerald Kyle
Program Director

cc: Mark King
William Ramsey

WEST VIRGINIA



(304) 445-2022

FAX (304) 445-2082

Comments on EMS Legislative Rules & Regulations Filed July 29, 1996.
Gerald Kyle, Region 1 Program Director
August 21, 1996

- 3.7.b. Question: Does this intentionally prohibit non-EMS agencies (fire, police, etc.) from providing rapid response? If so, why?
Change: . . . only be obtained by an EMS agency which provides. . . a legal extension of the a licensed ALS or. . .
- 3.8 Questions: What is the definition of "life support" as utilized here? Does this require EMS providers to respond to known non-emergency convenience transports (taxi rides)? If it does, it needs to be changed!
Add: This does not preclude EMS agencies from refusing to transport those persons who have been properly assessed and determined, via established triage protocols, to not need EMS services.
Comment: Some method of changing the current philosophy of providing *unnecessary* service "on demand" should be built in to these rules!
- 3.10. Change: . . . shall ensure that service for which they are licensed is available. . .
Comment: Requires that a given level of service must always be available, i.e. requires "part time" ALS squads or rapid response units to get in or out of business!
- 4.5.c. Question: What happened to the concept of determining if there is a *need* for service?
Comment: This was one of the key reasons we developed licensing. *If need is not a consideration for determining if a license is issued, let's scrap the whole licensing process!*
- 5.3.a.1. Change: Medical direction director has a written. . .
- 5.3.b.1. Change: . . . conducted by their physician. . .
- 5.6.b.2. Change punctuation: A current, written, widely distributed, acceptable and routinely. . .
- 5.7 Question: Why were criteria containing "system status management" points removed?
Comment: This section contains nothing to stimulate changes in current poor ambulance placement practices. *The concept of standards was to improve overall quality, not just quantify it! If we are just setting up a process for the sake of doing it, let's forget it all!*
- 5.7.a.2. & 5.7.b.2. Comment: Too many points for such a dismal response time! This should be *at most* 2 points!
- 5.8.a.1. Change: Current written & signed job descriptions. . .
Comment: This will insure that agency personnel actually *know* what their job description says.

Rules Comments, page 2

- 5.8.d.1. Change: . . . screened and selected via a formal.
Comment: Insures that selection is also done by a pre-established method.
- 5.9 Comment: This section seems disorganized. Seems it should be only one section with a different title.
Change: Suggest changing as follows:
5.9 Training Continuing Education.
5.9.a. The agency participates fully in the State Squad Training officers program with a State designated Squad Training Officer who maintains training records of personnel and coordinates training activities on a regular basis. (~~10~~ 6 points).
Comment: *Ten points is too much for something so routine!*
5.9.b. Personnel are required and encouraged to obtain continuing education. The agency provides adequate opportunity and financial support for regularly scheduled in-house and outside-the-agency training activities (6 points).
Comment: Points should only be given to those who also *fund* c.e.!
5.9.b.1. Continuing education is available but not to the extent of the above standards (4 points).
5.9.b.2. Personnel are required to only meet minimum standards for recertification with little or no agency responsibility (0 points).
- 5.11.a. Comment: This must be for the next generation of OEMS-EMS vehicle inspections because we don't "document safe and sanitary" now!
- 5.11.d. Add: 5.11.d.2. Biomedical equipment shall be maintained per manufacturers recommendations and specified intervals by qualified technicians.
Comment: *Most squads do only breakdown repairs now, preventive maintenance is generally non-existent.* Liability for failures in this area is very high.
5.11.d.1. is not specific enough for biomedical equipment to cause a change in the status quo.
- 8.1.a. Change: . . . ~~delivery of life support unit the arrival of a class of EMS vehicle which is designed for patient care and transport.~~
Comment: Hopefully, EMS will advance to a point that every patient won't need a transporting vehicle. We should not obstruct such progression with restrictive wording.
- 8.1.f. Change: . . . advanced life support, the interior design shall. . . .
Comment: Adequate storage can be accomplished in many ways on a fire apparatus, not necessarily inside.
- 11.4. Question: What is the difference between "medical protocols" and "medical control protocols"?

- 11.6 Add: . . . treatment is to be given, or if there is a valid Do Not Resuscitate order in effect as prescribed by Chapter 16 Article 30-b.
 Comment: DNR orders actually *apply* to us, let's included them here.
- 64-48-12. Add somewhere: EMS personnel on duty shall be readily identifiable to the public, other emergency responders and health care workers.
 Comment: EMS personnel need to be *seen*! This is not a problem for career services, but it is a problem for volunteer responders. My regional medical director, who is an ER doc, feels very strongly about this!
- 12.10 Add: . . . higher level of care is provided. This does not preclude EMS personnel and agencies from leaving those persons who have been properly assessed and determined, via established triage protocols, to not need EMS services. Informed consent. . .
 Comment: We need to be realistic and develop protocols that allow for *refusals by EMS* when care is not needed. If we don't allow such change, it won't happen and EMS will continue to provide *unneeded* transports!
- 13.2.a. Change: . . . and shall be ~~certified in CPR and first aid~~ or currently trained in CPR and first aid, or certified as an. . .
 Comment: Confusing to read, and nobody is "certified" in CPR now.
- 13.2.d. Comment: Allowing "non-medical" transport in an ambulance with an operator only is opening the door for fraudulent practices, al la McDowell County!
- 64-48-14. Comment: Certification periods in this section should be *consistent* at either two or four year intervals depending on licensure status. *Please eliminate the three year periods.*
- 14.1. Add: 14.1.a.4.1. Possess a current CPR certificate;
 Comment: First Responders need to have CPR too! Also, if this is added here, the change proposed for 13.2.a. makes sense.
- 14.4. Comment: *Same as draft 2; we will never be considered a legitimate medical profession in our own state if we give our certifications away with such minimal requirements. They sure as hell won't do the same for us! If we are to allow them at all, I think they should have to take and pass the EMT-P practical and written exams.*
- 14.7 Comment: *Same as draft 2; LPNs should take an EMT class if they want to work in EMS. There is no compelling reason to include this level of certification!*

- 15.1.m. Questions: Does this mean everyone who chooses not to recertify will be disciplined or corrected? Or, is it intended to apply to *falsification* of recertification requirements?
Change: ~~Failure to meet~~ Falsification of recertification requirements.
- 17.1.a. Change: State EMS Medical Director. . .the WV EMS System. The state medical director shall have the following qualifications:
- 17.1.c.3. Question: Where is section 18 of these rules as referred to here and in subsequent passages?
- 17.1.d.3. Comment: This *should not* be a function of the State CCC. The regional boards have done a good job of this so far, there is no need to change!
Change: Approve ~~Designates~~ designations of regional. . .
- 17.1.f.1. Comment: *This is unrealistic!* The regional medical director can't "approve" physicians that work for someone else!
- 17.1.f.8. Comment: *Also unrealistic!* The regional medical director may not even work at the medical command facility! Someone in-house should serve as the center's medical director.
- 17.1.f.14. Change: . . .command center in accordance with the regional medical command contract and consistent. . .
Comment: Each region has a medical command contract. Most contracts specify how operational procedures are developed. These rules shouldn't supersede existing contracts.
- 17.2.a. Change: . . .Board of Directors and approved by the State. . .
Comment: Same as those for 17.1.d.3.
- 17.2.a.3.B. Change: . . .aeromedical units if applicable.
Comment: Medical communications within a regional *always* apply to *all* ambulances, ground or air.