

SUMMARY OF PROPOSED RULE

The proposed rule reestablishes existing requirements for emergency medical services agencies, personnel and vehicles except it strikes from the existing rule the requirements for fire department rapid response services that were added in the rule amendment that was effective on September 1, 1997.

STATEMENT OF THE CIRCUMSTANCES WHICH REQUIRE THE PROPOSED RULE

The existing rule, as it pertains to fire department licensure as rapid response agencies, presents a significant burden for compliance. Many fire departments cannot become compliant and, therefore, face obvious legal liability exposure. As a result, many fire departments are beginning to cease services as first responders. Striking the rule sections pertaining to fire departments provides relief from that compliance and liability exposure.

FISCAL NOTE FOR PROPOSED RULES

Rule Title: West Virginia Division of Health Legislative Rules - 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	\$0	\$0	\$0	\$0	\$0
Personal Services	0	0	0	0	0
Current Expense	0	0	0	0	0
Repairs & Alterations	0	0	0	0	0
Equipment	0	0	0	0	0
Other	0	0	0	0	0
Revenue	0	0	0	0	0

2. Explanation of above estimates.

There are no costs in association with these changes.

3. Objectives of this rule:

The Emergency Medical Services rule (64CSR48), W.Va. Code §16-4C-1 et seq., the proposed amendment will provide relief from the compliance issue, the potential legal exposure, and allows departments to continue to provide needed responses in the community.

4. Explanation of Overall Economic Impact of Proposed Rule.

A. Economic Impact on State Government.

There is no economic impact on State Government associated with these changes.

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

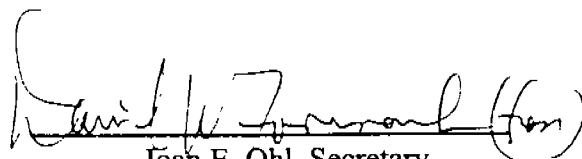
There is no economic impact on Political Subdivisions; Specific Industries; Specific Groups of Citizens associated with these changes.

C. Economic Impact on Citizens/Public at Large.

There is no economic impact on Citizens/Public at Large in association with these changes.

Date: February 18, 1998

Signature of Agency Head or Authorized Representative

A handwritten signature in cursive script, appearing to read "Joan E. Ohl", followed by a circled "for" in parentheses.

Joan E. Ohl, Secretary
Department of Health and Human Resources

QUESTIONNAIRE

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

DATE: April 22, 1998

TO: LEGISLATIVE RULE-MAKING REVIEW COMMITTEE

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

State Capitol Complex, Building 3, Room 265, Charleston, WV 25305

Telephone: (304) 558-3223

LEGISLATIVE RULE TITLE: Emergency Medical Services, 64 CSR 48

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

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

February 19, 1998

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

Notice of Public Comment Period was sent to over 400 fire departments and 175 emergency medical services providers.

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

March 30, 1998

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

Attached X No comments received _____

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

April 30, 1998

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

Marsha Dadisman, Acting Director

Regulatory Development/Department of Health and Human Resources

Room 265, Capitol Complex

Charleston, West Virginia 25305

(304) 558-3223 FAX: (304) 558-1130 MDadisman@WVDHHR.ORG

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

Mark King, Director

Office of Emergency Medical Services

Department of Health and Human Resources

1411 Virginia Street, East

Charleston, West Virginia 25301 (304) 558-3956

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

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

N/A

- b. Date of hearing or comment period:

N/A

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

N/A

- d. Attach findings and determinations and reasons:

Attached N/A

FILED

APR 30 9 05 AM '98

**OFFICE OF WEST VIRGINIA
SECRETARY OF STATE**

WEST VIRGINIA DIVISION OF HEALTH LEGISLATIVE RULES

TITLE 64, SERIES 48

EMERGENCY MEDICAL SERVICES

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

**WEST VIRGINIA DIVISION OF HEALTH LEGISLATIVE RULES
EMERGENCY MEDICAL SERVICES
TITLE 64, SERIES 48**

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OFFICE OF THE
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APR 30 9 06 AM '98

FILED

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

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~~ Amendment of Former Rule. -- This rule ~~repeals and replaces~~ amends Emergency Medical Services, 64 CSR 48, effective ~~April 22, 1992~~ September 1, 1997.

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

1.6.a. Emergency medical services agencies;

1.6.b. Emergency medical services personnel;

1.6.c. Emergency medical services providers;

1.6.d. Emergency medical services line officers;

1.6.e. Medical command; and

1.6.f. Small emergency medical services

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

§ 64-48-2. Definitions.

2.1. Advanced Life Support (ALS). -- A sophisticated level of out-of-hospital and inter-facility 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 this rule, which includes, but is not limited to, transportation of incapacitated individuals, basic life support procedures and ALS assessment, supervision, and interventions.

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

2.3. Ambulance. -- Any privately or publicly-owned vehicle or aircraft which is designed, constructed or modified; equipped or maintained; and operated for the transportation of patients.

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

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

2.5. Attendant-in-Charge. -- A person certified pursuant to this rule to have the ultimate responsibility for the care of a patient with respect to the provision of emergency medical services.

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 an EMT-B, EMSA-LPN, EMT-FR or as stated in this rule.

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

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

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

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

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

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

utilized or otherwise referred to as an ambulance.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2.28. Emergency Vehicle Operator's Course. -- 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. The course includes classroom and driving range skills.

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

~~2.30. 2.29. Legal Recognition. -- The process by which a person acquires a certificate~~

as an EMSP in West Virginia for a level in which he or she is certified in another state.

~~2.31. 2.30. Line Officer. - The emergency medical service personnel, present at the scene of an accident, injury or illness, who has taken the responsibility for patient care.~~

~~2.32. 2.31. Major Medical Emergency. -- Any emergency event which cannot be managed through the use of emergency medical resources available locally.~~

~~2.33. 2.32. Medical Command. -- A designated facility staffed by trained personnel, operating under medical supervision, who, in conjunction with patient wishes, have ultimate authority and responsibility over patient care and facility destination decisions. The medical command supplies professional support through radio or telephone communications for the on-site and in-transit basic and advanced life support services administered by EMS personnel.~~

~~2.34. 2.33. Medical Community. -- The aggregate physician and medical specialist resources located and available within a geographic area.~~

~~2.35. 2.34. 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.~~

~~2.36. 2.35. Operator. -- A person certified pursuant to this rule as responsible for the operation of an emergency medical services vehicle.~~

~~2.37. 2.36. Patient. -- Any person who is a recipient of the services provided by emergency medical services personnel.~~

~~2.38. 2.37. Patient Transportation. -- Movement or transfer of a patient from one (1) location to another by an approved and designated ambulance.~~

~~2.39. 2.38. Rapid Response. -- A form of~~

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

~~2.40.~~ 2.39. Recertification. -- The process by which any person renews a certificate as an EMSP for a level in which he or she is currently certified in this State.

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

~~2.42.~~ 2.40. Rescue. -- A service which may include: the search for lost persons; gaining access to trapped persons; the extrication of persons from water, confined space, heights, remote/wilderness locations and other potentially dangerous situations; and the rendering of assistance to those persons.

~~2.43.~~ 2.41. Service Reciprocity. -- The provision of emergency medical services to citizens of this state by emergency medical services personnel certified to render those services by a neighboring state.

~~2.44.~~ 2.42. Small Emergency Medical Services Provider. -- Any emergency medical services provider which is made up of less than twenty (20) emergency medical services personnel.

~~2.45.~~ 2.43. 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 inter-facility transfer of patients with highly specialized needs.

~~2.46.~~ 2.44. Squad or County Medical Director. -- A physician licensed in this state who

provides medical oversight, quality assurance, medical audits, and advice for an EMS agency or a group of EMS agencies within a county.

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

3.1. General Requirements. -- The commissioner shall evaluate EMS Agencies according to this rule beginning in July, 1997. EMS Agencies will receive education on this process in the Spring of 1997 to insure adequate time for preparation. Technical assistance will be provided to EMS Agencies to help with compliance.

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

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

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

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

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

3.3.d. Medical Waste. -- All forms of medical waste shall be stored and disposed of according to W. Va. Code 25-5 and legislative rule 64 CSR 56.

3.4. Operational Policies and Procedures. -- All EMS Agencies shall have written operational policies and procedures which shall be subject to and available for inspection by the commissioner. The policies and procedures shall establish methods for the operation and maintenance of the services provided by the EMS Agency including equipment and facilities and the responsibilities of personnel associated with the agency as limited by the licensure level of the agency.

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

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

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

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

3.6. Insurance. -- Each EMS agency shall have in effect and be able to furnish proof on demand of contracts errors and omissions

insurance as required by W. Va. Code §16-4C-16.

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

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

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

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

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

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

subdivision 3.9.b of this rule.

3.11. Communications. -- All EMS communications systems shall be compatible with the State EMS communications plan.

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

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

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

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

4.3.a. Rapid response-basic life support;

4.3.b. Rapid response-advanced life support;

4.3.c. Basic life support;

4.3.d. Advanced life support;

4.3.e. Specialized life support;

4.3.f. Rotary wing transport; and

4.3.g. Fixed wing transport.

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

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

4.6. Verification. -- The commissioner may use whatever lawful investigatory means

necessary to verify any or all information contained in the application.

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

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

§ 64-48-5. Licensing Standards.

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

~~Fire department rapid response organizations shall meet the following specific standards of this rule: 5.3.a Off-Line Medical Direction; 5.3.c Quality Assurance; 5.4 Communications; 5.5 Rapid Response; 5.6 Disaster Capability; 5.8 Personnel; 5.9 Training; 5.11.c Facilities; 5.11.d Equipment; 5.11.e Supplies; 5.12.b Mission and Organization; and 5.12.c Management Training.~~

5.2. Level of Service.

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

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

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

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

5.3. Medical Accountability.

5.3.a. Off-Line Medical Direction.

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

5.3.a.2. The medical director is minimally involved with clinical performance, training or equipment selection as above - four (4) points.

5.3.b. Quality Review.

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

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

5.3.c. Quality Assurance. -- The EMS Agency regularly provides findings from quality reviews to those involved in the activities reviewed. The findings may call for change in operations, specific inservice training for

individuals or the entire agency. The medical director insures such findings are binding and implemented - ten (10) points.

5.4. Communications.

5.4.a. System Tracking.

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

5.4.a.2. The EMS Agency has a single communication center but the center does not consistently track EMS vehicle availability, location and status - one (1) point.

5.4.b. Expertise and Consistency.

5.4.b.1. The dispatch center for the EMS Agency has current, written, standard operating policies and procedures exist for communications personnel with documented training in the Federal D.O.T. National Standard Curriculum-EMS Dispatcher Training Program - three (3) points; or

5.4.b.2. The dispatch center for the EMS Agency has preorientation training for dispatchers offered but there is no practiced standard operating policies and procedures - one (1) point.

5.4.c. Prearrival Instructions.

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

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

5.4.d. Logging.

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

5.4.d.2. The dispatch center for the EMS Agency has telephone and radio conversations that are not recorded but consistent, current written logs are created - one (1) point.

5.5. Rapid Response.

5.5.a. Capability.

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

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

5.5.b. Public Information and Education.

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

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

5.6. Disaster Capability.

5.6.a. Communications and Control.

5.6.a.1. The EMS Agency has a normal operational communications and control system that is capable of affecting and coordinating a system-wide response to a single

disaster without any change in personnel or operations - three (3) points;

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

5.6.b. Disaster Plan.

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

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

5.6.c. Mutual Aid.

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

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

5.7. Response Time Performance.

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

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

5.7.a.2. The EMS Agency pro-

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

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

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

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

5.8. Personnel.

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

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

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

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

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

accordance with all applicable State and Federal laws, rules, and regulations - three (3) points.

5.9. Training.

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

5.9.b. Squad Training Officer's Program.

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

5.10. Financial.

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

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

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

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

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

5.11. Facilities and Equipment.

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

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

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

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

5.11.e. Supplies. -- The EMS Agency has supplies that are available in adequate quantities to meet the anticipated needs of the provider and there is a process for replenishment or replacement of supplies and equipment in a convenient, timely manner so that there will be no lapse in availability as needed - three (3)

points.

5.12. Accountability and Stability.

5.12.a. Government Support.

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

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

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

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

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

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

~~The commissioner shall issue a temporary license from passage through June 30, 2000 for EMS agencies such as, but not limited to: recognized fire departments seeking licensure as a Rapid Response BLS or Rapid Response ALS service, if the fire department rapid response service does not charge a fee for services rendered. This does not preclude any EMS~~

~~agency from seeking full licensure to include fees and inspections. The EMS agency will be issued a temporary license at no cost to the agency provided the agency complies with the application and documentation requirements of activities and practices of Sections 3, 4, 5, and 6 of this rule.~~

6.2. The commissioner shall notify the EMS Agency in writing of the approval and issuance of EMS Agency license within sixty (60) days of receipt of the application and completion of the agency and vehicle inspection processes.

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

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

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

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

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

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

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

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

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

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

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

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

6.4. Renewal of a License. -- The EMS Agency may apply for renewal of its license during the last year of licensure but no later than ninety (90) days prior to the license renewal date. The Agency may renew its license based on the following provisions: the renewal meets minimum requirements of the inspection criteria as specified in this rule; the EMS Agency is in compliance with the standards as set forth in this rule; and there have been no violations of this rule which in the sole discretion of the commissioner would preclude such renewal. If the commissioner is unable to take action on renewal of a license prior to expiration, the license shall remain in full force and in effect until such time as he or she takes such action.

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

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

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

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

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

6.5.e. The MS Agency shall return the

EMS vehicle certificates of any EMS vehicles which have been eliminated from service to the commissioner within ten (10) days of their elimination;

6.5.f. The commissioner shall issue a modified EMS agency license within ten (10) days of receipt of the discontinued EMS vehicle certificates or within ten (10) days of issuance of any new EMS vehicle certificates required by the modification upon completion of applicable inspections;

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

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

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

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

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

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

6.7. Fees for Application. -- Fees for licensure application and inspection process shall be submitted with the application on July 1, 1997 and as applicable. The fees are:

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

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

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

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

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

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

6.10. Rapid response vehicles (Class A EMS vehicles) are not charged an inspection fee.

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

7.1. General Requirements.

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

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

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

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

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

7.1.d.2. Freshly laundered linen, disposable sheets, and pillow cases or the equivalent shall be used in the transporting of patients and shall be changed after each use;

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

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

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

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

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

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

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

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

7.1.d.11. The EMS Agency shall ensure that when an EMS vehicle has been used to transport a patient that the provider or the provider's agents knows to have an infectious disease other than a common cold, the EMS

vehicle and all contact surfaces shall be cleaned and disinfected prior to its being occupied by another patient.

7.1.e. Equipment and Supplies. -- The EMS Agency shall ensure that, according to its classification, each EMS vehicle is equipped with all the required equipment and supplies while en route to a scene or during transport of a patient as required by the West Virginia Department of Health and Human Resources, Bureau for Medical Services, Medicaid Program Regulations.

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

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

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

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

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

8.1.a. The EMS Agency may employ a Class A EMS vehicle as an optional unit intended solely for the immediate response to the location of a call for the delivery of life support.

8.1.b. If the EMS Agency employs a Class A EMS vehicle, it may be utilized for the delivery of advanced life support until the arrival of a class of EMS vehicle which is designed for patient transportation provided that it is so equipped and staffed.

8.1.c. The Class A EMS vehicle shall not be utilized for the transportation of patients

except in the case of a disaster.

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

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

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

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

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

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

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

8.1.k. Emergency warning lights shall be installed so as to provide adequate visible warning from all four (4) sides of the EMS vehicle. A minimum of two (2) flashing red lights shall be installed on the front of the EMS vehicle below the level of the windshield and above the level of the bumper. One (1) or more audible warning devices shall be installed to provide adequate audible warning. These devices shall be located below the cab level (in or below the grill). All Class A vehicles shall have communications equipment which provide voice

communications between the EMS vehicle and its base of operation and voice communications between the EMS vehicle and other EMS vehicles of the same EMS agency for which this requirement applies. The communications equipment shall be operational and compatible with the EMS communications system. If the EMS vehicle is used for the delivery of advanced life support, then the communications capabilities shall include radio communications between the attendant-in-charge and the regional medical command or the receiving medical facility where regional medical command is not available.

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

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

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

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

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

8.2.d. The EMS Agency may use the Class B EMS vehicle for specialized life support services (Class D) if additional equipment and

personnel are added to the vehicle for the form of specialized life support being provided.

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

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

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

8.2.h. Vehicle Specifications. -- The Class B EMS Vehicle shall meet or exceed the design specifications of the United States Government Services Agency KKK-A-1822 guidelines for the appropriate year of manufacture.

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

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

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

Logos or emblems are permitted.

8.2.l. Emergency warning lights shall be installed so as to provide adequate visible warning from all four (4) sides of the EMS vehicle. A minimum of two (2) flashing red lights shall be installed on the front of the EMS vehicle below the level of the windshield and above the level of the bumper. One (1) or more audible warning devices shall be installed to provide adequate audible warning. These devices shall be located below the cab level (in or below the grill). All Class B vehicles shall have communications equipment which provide voice communications between the EMS vehicle and its base of operation and voice communications between the EMS vehicle and other EMS vehicles of the same EMS agency for which this requirement applies. The communications equipment shall be operational and compatible with the EMS communications system. If the EMS vehicle is used for the delivery of advanced life support, then the communications capabilities shall include radio communications between the attendant-in-charge and the regional medical command or the receiving medical facility where regional medical command is not available.

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

8.3. Class C. -- An 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 advanced life support.

8.3.b. The EMS Agency may use a Class C EMS vehicle as a Class B EMS vehicle provided that all requirements for the operation of a Class B EMS vehicle are met. It may also be utilized for specialized life support 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 United States Government Services Agency KKK-A-1822 guidelines for the appropriate year of manufacture and requirements of the Class C EMS vehicle.

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

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

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

8.3.g. Emergency warning lights shall be installed so as to provide adequate visible warning from all four (4) sides of the EMS vehicle. A minimum of two (2) flashing red lights shall be installed on the front of the EMS vehicle below the level of the windshield and above the level of the bumper. One (1) or more audible warning devices shall be installed to provide adequate audible warning. These devices shall be located below the cab level (in or below the grill). All Class C vehicles shall have communications equipment which provide voice communications between the EMS vehicle and its base of operation and voice communications between the EMS vehicle and other EMS vehicles of the same EMS agency for which this requirement applies. The communications equipment shall be operational and compatible with the EMS communications system. If the EMS vehicle is used for the delivery of advanced life support, then the communications capabilities

shall include radio communications between the attendant-in-charge and the regional medical command or the receiving medical facility where regional medical command is not available.

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

8.4. Class D. -- Specialized life support transport units are classified as a Class D EMS vehicle.

8.4.a. The Class D EMS vehicle is specifically intended for the response to a request from a physician or medical facility, for the delivery of basic and advanced life support for the patient who requires specialized care during patient transfers.

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

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

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

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

combinations thereof. Additional colors shall be permitted upon approval of the commissioner.

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

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

8.4.h. Emergency warning lights shall be installed so as to provide adequate visible warning from all four (4) sides of the EMS vehicle. A minimum of two (2) flashing red lights shall be installed on the front of the EMS vehicle below the level of the windshield and above the level of the bumper. One (1) or more audible warning devices shall be installed to provide adequate audible warning. These devices shall be located below the cab level (in or below the grill). All Class D vehicles shall have communications equipment which provide voice communications between the EMS vehicle and its base of operation and voice communications between the EMS vehicle and other EMS vehicles of the same EMS agency for which this requirement applies. The communications equipment shall be operational and compatible with the EMS communications system. If the EMS vehicle is used for the delivery of advanced life support, then the communications capabilities shall include radio communications between the attendant-in-charge and the regional medical command or the receiving medical facility where regional medical command is not available.

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

8.5. Class E - The life support vehicle for air transportation shall be classified as a Class E EMS aircraft. There shall be two (2) categories, one (1) for rotary wing aircraft and one (1) for

fixed wing aircraft. Both categories of aircraft shall comply with Federal Aviation Regulations (FAR), Part 135. Any engaging in air ambulance service for compensation or hire under these regulations shall be a certified air carrier under (FAR), Part 135.

8.5.a. Rotary Winged Aircraft.

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

8.5.a.2. The EMS Agency may employ Class E rotary winged aircraft for the delivery of specialized transportation services such as, neonatal and high risk obstetrics for the transportation of patients who require specialized care provided that it is equipped and staffed for these services to be delivered.

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

8.5.a.4. The Class E rotary winged aircraft patient compartment design shall allow sufficient space to accommodate at least two (2) trained medical personnel and at least one (1) litter patient with the capability for provision of a second temporary litter. The second litter may be stored.

8.5.a.5. When the Class E rotary winged aircraft is used for the delivery of advanced life support care and techniques, the patient care may be configured so that advanced life support techniques can be performed for one (1) person during transport.

8.5.a.6. If the aircraft is used for the delivery of neonatal life support and for the transportation of patients who require neonatal care, then the interior design of the aircraft shall provide space for a minimum of one (1) transport

module.

8.5.a.7. The aircraft operator's cockpit area shall be constructed to allow adequate accommodations for the safe operation of the craft.

8.5.a.8. Door openings shall be of sufficient size to permit the safe loading and unloading of a person occupying a litter or stretcher.

8.5.a.9. The word "AMBULANCE" may appear on the aircraft. The name of the EMS agency or program shall appear on both sides of the craft. An additional logo is permissible.

8.5.a.10. A visible warning device may be installed on the underside of the aircraft to provide adequate day and night emergency warning. An audible warning device may be installed to provide adequate emergency warning and external voice communications.

8.5.a.11. The aircraft shall be equipped with a remote-controlled search light.

8.5.a.12. The patient area lighting shall include overhead or dome lighting.

8.5.a.13. 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.14. Emergency warning lights shall be installed so as to provide adequate visible warning from all four (4) sides of the EMS vehicle. A minimum of two (2) flashing red lights shall be installed on the front of the EMS vehicle below the level of the windshield and above the level of the bumper. One (1) or more audible warning devices shall be installed to provide adequate audible warning. These devices shall be located below the cab level (in or below the grill). All Class E vehicles shall have communications equipment which provide voice communications between the EMS vehicle and its base of operation and voice communications between the EMS vehicle and

other EMS vehicles of the same EMS agency for which this requirement applies. The communications equipment shall be operational and compatible with the EMS communications system. If the EMS vehicle is used for the delivery of advanced life support, then the communications capabilities shall include radio communications between the attendant-in-charge and the regional medical command or the receiving medical facility where regional medical command is not available.

8.5.a.15. Equipment and Supplies.
-- The Class E vehicle equipment and supplies shall be inspected according to the West Virginia Department of Health and Human Resources, Bureau for Medical Services, Medicaid Program Regulations.

8.5.b. Fixed Wing/Aircraft.

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

8.5.b.2. The EMS Agency may employ a Class E fixed wing aircraft for the delivery of specialized transportation services such as neonatal and high risk obstetrics and for the transportation of patients who require specialized care provided that it is equipped and staffed for these services to be delivered.

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

8.5.b.4. When the Class E fixed winged aircraft is used for the delivery of advanced life support, the patient compartment design shall have sufficient space to accommodate at least two (2) trained medical persons and one (1) litter patient

8.5.b.5. 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.6. The cabin be large enough to allow access to the patient while in flight by at least two (2) 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.

8.5.b.7. The patient area lighting shall include overhead or dome lighting adequate for patient care.

8.5.b.8. All electrically operated medical equipment used on the aircraft shall have its own external alternative compatible power source available.

8.5.b.9. Emergency warning lights shall be installed so as to provide adequate visible warning from all four (4) sides of the EMS vehicle. A minimum of two (2) flashing red lights shall be installed on the front of the EMS vehicle below the level of the windshield and above the level of the bumper. One (1) or more audible warning devices shall be installed to provide adequate audible warning. These devices shall be located below the cab level (in or below the grill). All Class E vehicles shall have communications equipment which provide voice communications between the EMS vehicle and its base of operation and voice communications between the EMS vehicle and other EMS vehicles of the same EMS agency for which this requirement applies. The communications equipment shall be operational and compatible with the EMS communications system. If the EMS vehicle is used for the delivery of advanced life support, then the communications capabilities shall include radio communications between the attendant-in-charge and the regional medical command or the receiving medical facility where regional medical command is not available.

8.5.b.10. Equipment and Supplies.
-- The Class E vehicle equipment and supplies shall be inspected according to the West Virginia Department of Health and Human Resources, Bureau for Medical Services, Medicaid Program Regulations.

§ 64-48-9. EMS Personnel Requirements.

9.1. General Requirements.

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

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

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

9.1.a.2.A. Verbally communicate in person, via telephone and telecommunications using the English language;

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

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

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

9.1.a.2.E. Document in writing, patient information on the West Virginia OEMS run form; and

9.1.a.2.F. Demonstrate man-

ual dexterity and fine motor skills, with ability to perform all needed for providing quality patient care;

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

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

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

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

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

10.1. General Denial-Felony Convictions. -- Certification of individuals having been convicted of certain crimes presents an unreasonable risk to public health and safety. The commissioner shall deny applications for certification by individuals convicted of the following crimes in all cases:

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

10.1.b. Felonies involving the sexual or physical abuse of children, the elderly or 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; and

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

10.2. Felony Convictions-Presumptive Denial. -- The commissioner shall deny applications

for certification by individuals in the following categories except in extraordinary circumstances, and then shall grant certification only if the applicant establishes by clear and convincing evidence that certification will not jeopardize public health and safety:

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

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

10.2.b.1. Serious crimes of violence against persons, such as assault or battery with a dangerous weapon, aggravated assault and battery, murder or attempted murder, manslaughter except involuntary manslaughter, kidnapping, robbery of any degree, or arson; or

10.2.b.2. Crimes involving controlled substances or synthetic drugs, including unlawful possession or distribution, or the intent to distribute unlawfully, Schedule I through V drugs as defined by the Uniform Controlled Dangerous Substances Act;

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

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

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

10.3.a. The seriousness of the crime;

10.3.b. Whether the crime relates

directly to the skills needed for prehospital care service and the delivery of patient care;

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

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

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

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

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

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

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

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

11.4. EMS personnel may perform any procedures, treatments, or techniques for which they are certified and trained and the procedures, treatments, and techniques are in accordance with medical treatment protocols and medical command protocols and on-line direction provided by squad and regional medical directors.

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

11.6. An EMS personnel may refuse to perform specific procedures, treatments, or

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

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

§ 64-48-12. Standards of Conduct.

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

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

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

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

12.5. Medical information concerning any individual is confidential and shall not be shared without consent or disclosed except for continuing medical care or for investigations by the department of health and human resources.

12.6. EMS personnel shall not represent

themselves as qualified to perform a level of care for which they are not currently certified.

12.7. EMS personnel shall document all decisions not to transport a patient on the OEMS run form.

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

13.1. Class A EMS Vehicle.

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

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

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

13.1.b.2. Be currently certified in CPR; and

13.1.b.3. Beginning five (5) years after the effective date of this rule, have passed the emergency vehicle operator's training course specified by this rule, or an equivalent course approved by the commissioner.

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

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

13.1.c.2. If a Class A EMS vehicle is used for the delivery of advanced life support services, the attendant-in-charge shall be: an EMT-P; an EMSA-RN; an EMSA-FN; an EMSA-DO; an EMSA-MD; or an equivalent EMSP approved by the commissioner.

13.1.c.3. The operator of a Class A EMS vehicle may serve as the attendant-in-charge if he or she meets the requirements of

paragraphs 13.1.c.1, or 13.1.c.2 of this rule, as applicable.

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

13.2. Class B EMS Vehicle Personnel.

13.2.a. A Class B EMS vehicle shall have a minimum of two (2) EMS personnel.

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

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

13.2.b.2. Be currently certified in CPR and first aid, or be certified as an EMSA-FR, an EMT-M, an EMT-B, an EMSA-LPN, or an equivalent EMSP approved by the commissioner; and

13.2.b.3. Beginning five (5) years after the effective date of this rule, have passed the emergency vehicle operator's training course specified by this rule, or an equivalent course approved by the commissioner.

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

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

13.2.e. Only the operator is required to be in a Class B vehicle while it is en route in response to an emergency call, if the necessary EMS personnel are known to be en route or at the location of the call, and there is not a patient in the vehicle.

13.3. Class C EMS Vehicle.

13.3.a. A Class C EMS vehicle shall

have a minimum of two (2) EMSP.

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

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

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

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

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

13.4. Class D EMS Vehicle.

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

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

13.4.c. A Class D EMS vehicle shall have an attendant-in-charge, who shall be a physician, an EMSA-SCN trained and experienced in the type of care needed by the patients being transported, an EMT-P trained or experienced for the type of care needed, or an EMSP with equivalent training or experience as approved by the commissioner.

13.4.d. Non-certified assistants or ob-

servers are permitted in addition to the required certified personnel at the discretion of the EMS agency.

13.4.e. When a Class D EMS vehicle is used as a Class B EMS vehicle, the personnel requirements for a Class B EMS vehicle apply.

13.5. Class E EMS Vehicle Personnel.

13.5.a. Rotary Wing Aircraft.

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

13.5.a.1.A. A pilot in command who at a minimum meets all the requirements of the Federal Aviation Administration, including possession of a valid commercial pilot's certificate for rotor craft, and has a minimum of one thousand (1000) hours of flying experience in the applicable category of aircraft, including a minimum of two hundred (200) hours of night time flying experience; and

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

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

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

13.5.a.2.B. An attendant-in-charge who is an aeromedical specialist.

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

13.5.a.3.A. A pilot in command who meets the requirements of subparagraph 13.5.a.2.A of this rule; and

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

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

13.5.a.3.B.2. An EMSA-FN who: has had specialized aeromedical training; has a minimum of two (2) years of experience in critical care nursing; has demonstrated expertise in intensive, emergency, and prehospital care; and has the equivalent skills of a national registry of EMT-Paramedic (NREMT-P) or equivalent training or experience as approved by the commissioner.

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

13.5.a.4.A. A pilot in command who meets the requirements of subparagraph 13.5.a.2.A of this rule;

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

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

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

13.5.b. Fixed Wing Aircraft.

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

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

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

13.5.b.2. If a fixed-wing aircraft is used for the delivery of advanced life support and for the transportation of patients who require such care, the attendant-in-charge shall be certified as an: emergency medical technician-paramedic with specialized aeromedical training, a minimum of two (2) years of experience as a paramedic, and demonstrated expertise in intensive, emergency, and prehospital care; or EMSA-FN with specialized aeromedical training, a minimum of two (2) years of experience in critical care nursing, demonstrated expertise in intensive, emergency, and prehospital care, and with skills equivalent to those of an NREMT-P or an equivalent EMSP approved by the commissioner.

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

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

13.5.b.5. Non-certified assistants

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

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

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

14.1.a. Certification.

14.1.a.1. A person qualifies for certification as an EMSA-First Responder if he or she meets the following conditions and qualifications:

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

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

14.1.a.1.C. Has successfully completed a U.S. Department of Transportation National Standard Curriculum First Responder Training Program approved by the commissioner;

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

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

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

14.1.a.1.G. Possess a current CPR certificate; and

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

14.1.a.2. An EMSA-First Respon-

der's certificate is valid for three (3) years, subject to disciplinary action under Section 16 of this rule.

14.1.a.3. The commissioner shall not grant final certification credentials to provide service according to the Office of EMS "Standards of Practice for EMS Personnel" will not be granted until the individual becomes affiliated with an EMS agency and its associated medical director.

14.1.b. Recertification. -- EMSA-First Responder shall apply for certification during the last year of his or her certification period, but no later than ninety (90) days prior to the end of the certification period. Failure to apply for recertification in a timely manner may result in the individual not being recertified before the prior certification expires. The Office of EMS will recertify as an EMSA-First Responder an individual who meets the following qualifications:

14.1.b.1. Completes an application form prescribed by the commissioner and meets the EMS personnel requirements of Section 9 of this rule.

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

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

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

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

14.1.b.3.C. 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 of Section 9 of this rule.

14.1.c.2. Can demonstrate successful completion of a first responder training curriculum which is recognized by the department as meeting or exceeding standards for the curriculum in the first responder training course approved by the commissioner, within the two (2) years preceding submission of the application, or as an alternative, successfully completes the West Virginia EMSA-First Responder training course approved by the commissioner;

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

14.1.c.4. An individual whose first responder certification has expired at the time of application shall meet the requirements in paragraph 14.1.a. and shall successfully complete the EMSA-First Responder practical skills and written knowledge examination prescribed by the commissioner. Legal Recognition certification under this subsection is valid for a period of three (3) years. Upon expiration of legal recognition certification, the individual to whom the commissioner granted legal recognition shall meet requirements for recertification in subsection 14.1.b.

14.1.d. Scope of Practice EMSA-First Responder. -- An EMSA-First Responder shall provide BLS services according to the Office of EMS "Standards of Practice for EMS Personnel" as authorized by the OEMS medical director and the state critical 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 of Section 9 of this rule;

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 practical skills examination approved by the commissioner;

14.2.a.4. Possess a current CPR certificate;

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

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

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

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

14.2.b.1. Completes an application

on a form prescribed by the commissioner and meets the EMS personnel requirements of Section 9 of this rule;

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 (1) of the following:

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

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

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

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

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

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

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

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

14.2.c.4. 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:

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

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

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 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.

14.3.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 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;

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 14.3.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 Office of EMS;

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 of Section 9 of this rule;

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.

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 and training and in conjunction with the approval of squad or county medical director and Office of EMS, the individual EMSA-RN or EMSA-PA may be renewed 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;

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 of Section 9 of this rule;

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 individ-

ual'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 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.

14.5.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 and training and in conjunction with the approval of squad or county medical director and the Office of EMS, the individual EMSA-FN may be 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;

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 of Section 9 of this rule;

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

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

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

14.6.a.5. Possess current CPR certification;

14.6.a.6. 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 one hundred (100) hours minimum with at least fifty (50) hours in the EMSA-SCN's area of expertise.

14.6.c. Legal Recognition EMSA-SCN.

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

14.6.d. Scope of Practice EMSA-SCN. -- An EMSA-SCN shall provide specialty care services according to the Office of EMS "Standards of Practice for EMS Personnel" for the EMSA-SCN as authorized by the OEMS medical director and the state critical care committee. In addition, they may perform these services as authorized by the State Code for Registered 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 of Section 9 of this rule;

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

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

14.7.a.4. 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 W. Va. 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 thirty-three (33) hour EMT-B refresher course, or;

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

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

14.7.c. Legal Recognition EMSA-LPN.

14.7.c.1. An individual who pos-

sesses 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 of Section 9 of this rule;

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.

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 commissioner may conduct investigations, hearings and dispositions, imposing

upon EMS personnel one (1) or more of the disciplinary or corrective measures in this rule for one (1) or more of the following reasons:

15.1.a. Demonstrated incompetence to provide adequate emergency medical services;

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

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

15.1.d. Abuse or abandonment of a patient;

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

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

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

15.1.h. Willful preparation or filing of false medical reports or records, or the inducement of others to do so;

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

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

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

15.1.l. Failure to comply with ambulance trip reporting requirements as established by the Commissioner;

15.1.m. Failure to meet recertification requirements;

15.1.n. Conviction of a felony or crime;

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

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

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

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

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

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

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

15.2. It is the duty of all EMS personnel to report to the commissioner, within thirty (30) days, a misdemeanor or felony conviction, or a revocation, suspension or other disciplinary sanction of a certificate or other authorization to practice a health care profession or occupation.

15.3. If, upon investigation, hearing and disposition disciplinary action is appropriate for one (1) of the reasons listed in subsection 16.1 of this rule, the commissioner may:

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

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

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

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

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

15.4. Due Process.

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

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

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

15.5. Confidentiality of Proceedings.

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

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

15.6. Filing Papers.

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

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

15.7. Hearing Examiners.

15.7.a. The commissioner may appoint neutral and impartial persons as hearing examiners to receive evidence following a notice of appeal filed pursuant to W. Va. Code § 16-4C-10.

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

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

15.8. Hearings.

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

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

otherwise to conduct the hearing in a fair and orderly fashion.

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

16.1. Accreditation of Sponsors of Continuing Education. -- Entities and institutions may apply for accreditation as a continuing education sponsor by submitting to the commissioner an application on a form supplied by the commissioner. The applicant shall provide all information requested on the application. The commissioner will grant accreditation to an applicant for accreditation as a continuing education sponsor who satisfies the commissioner 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 pre-hospital 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 commissioner for renewal of the sponsor's accreditation. The commissioner will renew the sponsor's accreditation if the sponsor meets all of the following requirements:

16.1.j. The sponsor has presented, within the preceding three (3) 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 commissioner 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 commissioner. 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 (1) or more of the following training programs approved by the commissioner.

16.2.a.1. Emergency Medical Technician-Basic course, D.O.T. National Standard Curriculum.

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

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

16.2.a.4. Emergency Medical Services Attendant-First Responder Refresher course,

D.O.T. National Standard Curriculum.

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

16.2.a.6. The institute shall provide evidence of professional liability and errors and omissions insurance in the amount of one million dollars (\$1,000,000) for all training programs offered by the institute.

16.2.b. Personnel.

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

16.2.b.1.A. Assuring that the course content is in compliance with this 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 commissioner. The course coordinator is responsible for the management and supervision of each BLS training course offered by the training institute. Specific duties of the course coordinator also include:

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

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

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

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

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

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

16.2.c. Facilities and Equipment. -- The institute shall maintain or by agreement have available facilities necessary for the provision of

BLS training courses. The facilities shall include classrooms and space for equipment storage, and shall be of sufficient size to conduct didactic and practical skill performance sessions. The commissioner is responsible for determining the appropriateness of the facilities provided. The institute shall provide and maintain the essential equipment and supplies as identified in the Office of EMS BLS training course manual.

16.2.d. Operating Procedures.

16.2.d.1. The institute shall adopt and implement the commissioner 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 commissioner.

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

16.2.d.5. The institute shall evidence compliance with policies contained in the Office of EMS training course manual.

16.3. ALS Training Institutes. -- An ALS training institute shall be accredited by the commissioner. 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 (1) or more of the following training programs approved by the commissioner.

16.3.a.1. Emergency Medical Technician-Paramedic Course, D.O.T. National Standard Curriculum.

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

16.3.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 Pre-hospital 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 commissioner.

16.3.c. Facilities and Equipment. -- The institute shall maintain facilities appropriate for conducting ALS training courses. Facilities include classrooms and space for equipment storage shall be of sufficient size to conduct didactic and practical skill performance sessions. The commissioner is responsible for determining the appropriateness of the facilities. The institute shall provide and maintain the essential equipment and supplies as identified in the Office of EMS ALS training manual. The equipment includes items necessary to perform skills required by the course curriculum, as defined in this part.

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.

16.3.d.3. The institute shall provide a clear mechanism by which students may grieve decisions made by the institute regarding dismissal or other disciplinary action. The grievance procedure shall be subject to approval by the commissioner.

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

16.3.d.5. The institute shall evidence compliance with policies contained in the Office of EMS ALS training manual.

16.4. Suspension/Revocation of Accreditation. -- The commissioner may suspend or revoke the accreditation of a training institute upon written complaint and substantiated investigation for one (1) or more of the following:

16.4.a. Failure to maintain compliance with the criteria (relating to BLS and ALS training institutes) and standards and policies in their respective Office of EMS ALS and BLS training manuals.

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

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

time for response and a request for appeal and review of the commissioner determination.

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

§ 64-48-17. Medical Direction.

17.1. Off-Line Medical Direction.

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

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

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

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

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

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

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

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

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

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

17.1.b.2. Chair the state critical

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; and

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

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

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

system;

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

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

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

17.1.d. State Critical Care Committee.
-- The committee is composed of each regional medical director and chaired by the state medical director. The committee serves as the primary policy making body and advisory body to the state medical director concerning medical issues involving the EMS system. The committee is composed of all regional medical directors and the state medical director. The committee shall meet at least annually and more frequently as required to carry out its function. The state critical care committee has the following duties and powers:

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

17.1.d.2. 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 has the power to implement procedures necessary to carry out its duties.

17.1.e. Regional Medical Director. -- The regional medical director shall be a physician who is appointed 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 West Virginia;

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

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

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

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

17.1.e.6. Board certification in emergency medicine, which certification may be waived by 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 centers;

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 improve-

ment 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;

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

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

17.1.g. Powers. -- The regional medical

director has the authority to restrict privileges of any prehospital personnel within the region at any time in order to assure quality patient care. This may be accomplished in conjunction with the squad/county medical director.

17.2. On-line Medical Direction is the medical direction given by a physician or their designee from a medical command facility to EMS personnel at the time of the incident, by voice or other means.

17.2.a. Regional Medical Command Centers are 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 a particular region.

17.2.a.1. Qualifications/Designation. -- The regional medical command centers shall meet the following qualifications:

17.2.a.1.A. Be equipped with appropriate communication equipment, as specified by the Office of Emergency Medical Services, to be able to communicate with EMS units and interface with the state EMS communications plan;

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

17.2.a.1.C. Agree to participate in the regional/state EMS system and abide by the procedures and protocols established by the Regional Board and Regional Critical Care Committee.

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

17.2.a.3. Responsibilities. -- The regional medical command facility shall:

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

17.2.a.3.B. Control and facilitate all communications of a medical nature for the EMS units operating in its region including ground and aeromedical units if applicable;

17.2.a.3.C. Serve as the final decision maker in all areas of medical care and transfer or diversion of medical units to the various facilities in its region;

17.2.a.3.D. Develop procedures governing the delivery of medical command and direction of units in conjunction with OEMS guidelines and policies for regional medical command center operation, data collection, and quality assurance;

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

17.2.a.3.F. Perform other duties as assigned by the regional or state medical director; and

17.2.a.3.G. Provide medical command to all units passing through the region who require medical direction on a non-routine basis.

17.2.a.4. Powers. -- The regional medical command center has the authority to implement procedures necessary to carry out its duties outlined in this rule and OEMS guidelines.

17.2.a.5. Alternative Facilities. -- Regions may elect to have alternate command facilities in the event of equipment malfunction or when the primary center cannot be contacted for any reason. These backup facility(s) should be so designated and included in the regional communication plan. In the event none of the command facilities can be reached, then the receiving hospital may provide medical command as needed to EMS personnel.

COMMENTORS ON PROPOSED RULE
(see attached letters)

Grant K. Gunnoe, Vice President
Professional Firefighters of West Virginia
250 Springdale Avenue
Wheeling, West Virginia 26003

Donna Fonner, E. Car Captain
Valley Grove VFD
P.O. Box 136
Valley Grove, West Virginia 26060

Professional Fire Fighters of West Virginia

250 Springdale Ave. Wheeling, WV 26003



RECEIVED

MAR 27 1998

REGULATORY DEVELOPMENT

March 25, 1998

Mr. Larry Arnold, Attorney
Department of Health & Human Resources
Bldg. 3, Room 265, Capitol Complex
Charleston, West Virginia 25305

Subject: **West Virginia Division of Health Legislative Rules
Title 64, Series 48 - Emergency Medical Services**

Fire departments in many cities and counties in the U.S. and West Virginia are involved in pre-hospital emergency medical care. Some departments, however, are only now taking on the responsibility of patient care as rapid responders or are enhancing existing emergency medical response services. This has led those who are not as familiar with emergency medical services to think that this field is something new for the Fire Service and will cause undo hardships upon their departments. Yet, from the beginning of EMS provision, fire departments have played an integral role in the development of pre-hospital emergency care. Cross/trained/dual-role firefighters have not only provided time-critical response and treatment, but also have developed and tested much of the equipment and emergency procedures commonly used to deliver such care today.

Response time has also been critical in the survival of patients suffering life-threatening illnesses, and this need has been met by fire departments since these services have been provided. Currently, according to a survey conducted by the Phoenix Fire Department in 1993, more than 80% of fire departments provide some level of emergency medical care.

As communities evaluate their present emergency care needs, they may focus exclusively on patient transport issues. Third party payers for emergency medical services, including Medicare, Medicaid, and private insurers, still reimburse only for transport services. Most research on patient survival, however, has demonstrated that rapid, on-scene medical intervention produces the best patient outcomes. The Fire Service is best positioned to deliver this critical care. This comprehensive approach to emergency medical care is what makes the difference in patient survival, and patient survival is the true measure of quality for any pre hospital emergency medical system.

Affiliated with International Association of Fire Fighters AFL-CIO, CLC
West Virginia Labor Federation AFL-CIO

Therefore, members of the Professional Firefighters of West Virginia have voted to ask the West Virginia State Legislation and State Office of Emergency Medical Services, "NOT" strike out any language pertaining to fire department rapid response. If other departments choose not to follow the rules and regulations, then providing language allowing departments to have that choice without any state penalty, will better suit individual departments wishing to provide quality emergency medical care to their citizens.



Grant K. Gunnoe, Vice President
Professional Firefighters of West Virginia

cc: Mark King

GKG/sb

RECD MAR 23 1998

Valley Grove VFD
P.O. Box 136
Valley Grove, WV
26060

March 18, 1998

Dear Sir:

Valley Grove VFD appreciates of the
changes made

Sincerely
Lonna Finner
E-Car Captain

RESPONSE OF THE DEPARTMENT OF HEALTH AND HUMAN RESOURCES
TO COMMENTS RECEIVED ON THE PROPOSED RULE

COMMENT:

The Professional Firefighters of West Virginia commented as follows in the last paragraph of their letter:

Therefore, members of the Professional Firefighters of West Virginia have voted to ask the West Virginia State Legislation and State Office of Emergency Medical Services "**NOT**" strike out any language pertaining to fire department rapid response. If other departments choose not to follow the rules and regulations, then providing language allowing departments to have that choice without any state penalty, will better suit individual departments wishing to provide quality emergency medical care to their citizens.

RESPONSE:

Striking from the existing rule the requirements for fire department rapid response services will alleviate the hardship for meeting these requirements while allowing any fire department the choice to complete full emergency medical services agency licensure as was the case in the rule as it existed prior to September 1, 1997.

COMMENT:

A person representing the Valley Grove Volunteer Fire Department stated support for the proposed rule.

ANALYSIS OF PROPOSED LEGISLATIVE RULE

Agency: Division of Health
Subject: Emergency Medical Services
CSR Cite: 64CSR48
Counsel: JAA

OFFICE OF THE CLERK
SECRETARY OF STATE

JUN 9 9 25 AM '99

FILED

PERTINENT DATES

Filed for public comment: February 19, 1998
Public comment period ended: March 30, 1998
Filed following public comment period: April 30, 1998
Filed LRMRC: April 30, 1998
Filed as emergency: n/a

Fiscal Impact: None.

ABSTRACT

This rule establishes licensing requirements and standards for all agencies who provide transportation of ill and injured persons in emergency situations.

This rule amendment removes references to fire departments in the rule, which in effect removes fire departments from the rule's licensing requirements. Under the current rule, fire departments and other agencies are eligible for free temporary licenses through June 30, 2000. This proposed rule change removes the license requirement for all fire departments.

AUTHORITY

Statutory authority: W.Va. Code, §16-4C-6, which reads as follows:

The commissioner shall have the following powers and duties:

(a) In accordance with chapter twenty-nine-a of this code, to propose rules regarding the age, training, retraining, testing, certification and recertification of emergency medical service personnel: *Provided*, That the commissioner may not propose any rule required by the provisions of this article until it has been submitted for review to the emergency medical services advisory council and this council has had at least thirty days to review such proposed rule. The council may take no action unless a quorum is present....

ANALYSIS

I. HAS THE AGENCY EXCEEDED THE SCOPE OF ITS STATUTORY AUTHORITY IN APPROVING THE PROPOSED LEGISLATIVE RULE?

No.

II. IS THE PROPOSED LEGISLATIVE RULE IN CONFORMITY WITH THE INTENT OF THE STATUTE WHICH THE RULE IS INTENDED TO IMPLEMENT, EXTEND, APPLY, INTERPRET OR MAKE SPECIFIC?

Yes.

III. DOES THE PROPOSED LEGISLATIVE RULE CONFLICT WITH OTHER CODE PROVISIONS OR WITH ANY OTHER RULE ADOPTED BY THE SAME OR A DIFFERENT AGENCY?

No.

IV. IS THE PROPOSED LEGISLATIVE RULE NECESSARY TO FULLY ACCOMPLISH THE OBJECTIVES OF THE STATUTE UNDER WHICH THE PROPOSED RULE WAS PROMULGATED?

Yes.

V. IS THE PROPOSED LEGISLATIVE RULE REASONABLE, ESPECIALLY AS IT AFFECTS THE CONVENIENCE OF THE GENERAL PUBLIC OR OF PERSONS AFFECTED BY IT?

Yes.

VI. CAN THE PROPOSED LEGISLATIVE RULE BE MADE LESS COMPLEX OR MORE READILY UNDERSTANDABLE BY THE GENERAL PUBLIC?

No.

VII. WAS THE PROPOSED LEGISLATIVE RULE PROMULGATED IN COMPLIANCE WITH THE REQUIREMENTS OF CHAPTER 29A, ARTICLE 3 AND WITH ANY REQUIREMENTS IMPOSED BY ANY OTHER PROVISION OF THE CODE?

No. The authorizing statute requires that the agency get approval of the Emergency Medical Services Advisory Council prior to proposing any change in this rule. The agency did not receive this prior approval.

VIII. OTHER.